

PROSTATE CANCER ACTION GROUP (S.A.) INC.

Affiliated with
Prostate Cancer Foundation of Australia



ABN 26 499 349 142

NEWSLETTER

The views expressed in this newsletter are not necessarily those of the Group. This Group does not offer medical or other professional advice.

Articles printed in this newsletter are presented only as a means of sharing information and opinions with members, with the object of promoting stimulation for independent thought and analysis, and sharing the experiences of others. It is not intended to recommend any particular treatment or product in this publication. Each person should assess the relevance to him/her self, and any person acting on information in this newsletter takes the responsibility for any such action. It is important that any person should consult with his/her health professional before making any decision about treatments, and all articles should be read in this context.

OCTOBER 2004

CHAIRMAN'S REPORT

As a result of the changes to our Office Bearers, the format of our monthly newsletter will change slightly. As Chairman, I will comment on the various issues that have arisen during the preceding month, followed by Trevor's normal comprehensive information. I'm sure that everyone will be pleased that Trevor will continue to provide the wide range of topics that have been so well received over the past three years.

Onkaparinga Awareness Evening

The date for this function is Wednesday 3rd November, and will be held at the Christies Beach Surf Lifesaving Club, Esplanade, Christies Beach. Our key speaker is urologist, Dr. David Elder. Flyers promoting the Evening have now been prepared, and will be available for members at the meeting. Unfortunately, the Evening does clash with the recently arranged Prostate SA meeting. Advertising has commenced with an advertisement in the Southern Times Messenger, and flyers are being distributed. Both the Onkaparinga Prostate Cancer Support group and the Noarlunga Health Services at Woodcroft are giving our Group very good support. Further arrangements will be discussed at our October meeting.

City of Playford Men's Health Forum

The Playford Council held a Men's Health Forum on Tuesday 21st September. Our Group manned a table and displayed a good selection of pamphlets. The sessions were from 2-5 p.m. and 7-9 p.m. During the afternoon there were various health checks available, e.g., blood pressure checks, and quite a good number attended. Unfortunately, in the evening, very few tables remained, although there were some interesting speakers. Ian and Ray manned our table in the afternoon, and Robert, Theban and myself in the evening. I spoke to one of the organizers, and she said they were happy with the overall outcome. I provided her with additional information on our Group, and she will contact me if there are any further activities relating to prostate cancer in the Council area.

Prostate SA

Gordon Frith has advised me of a very interesting development, and details have been passed on to members. The Collaborative Centre for Prostate Health will no longer continue. However, it has now been proposed to establish a new organization with the suggested title of Prostate SA. Information received about the proposed organization mentions considerable recent activity in South Australia in various aspects of prostate cancer, and the aim is to develop a major centre in Adelaide relating to prostate diseases.

If there is sufficient interest in this proposal, a meeting is to be held on Wednesday 3rd November. As mentioned earlier, this date clashes with the Awareness Evening at Christies Beach. However, we hope to arrange for some of our members to attend.

Prostate Cancer Call-In

The Call-In held on 23rd September was quite successful, although down on last year's excellent result. 133 calls were received which was considered a good number. Trevor, Dean, Bill and Tony attended from our Group.

At this stage, I have not heard of the outcome in other States. I thought it a pity that no details of the Call-In appeared in The Advertiser the following day.

Max Gardner

Recent advice has been received that Max Gardner has resigned as Chairman of the Prostate Cancer Foundation of Australia, due to health reasons. I understand he is currently in hospital undergoing a range of tests. I'm sure everyone will receive this information with a great deal of regret. Best wishes will be forwarded to Max on behalf of the Group.

Jeff Roberts, Chairman

ELECTIONS, NOT ERECTIONS

Prior to last Saturday's Federal election, we were reassured that there were some very positive signs that the matter of prostate cancer had become much more recognized by Members of Parliament, following a significant and successful meeting with the Minister of Health and Ageing, Tony Abbott. As a result of these signs of optimism, we were warned against waging a political campaign against either of the major political parties, as it could possibly jeopardize the support that we had obtained. It could even alienate our closest allies in the Parliament, we were told.

There are two questions:-

1. **What support was that?**
2. **Who were our closest allies?**

Well, what short memories our parliamentary representatives have. Obviously, it was quite expedient to omit any tangible assistance to this chronic illness, in the cause of composing health policies for the next three years. It is time to remind our political "friends" (who needs enemies?) that we are not quite so forgetful, and will definitely carry out a campaign to ensure that this topic becomes part of the political agenda in the near future. It has been said that Australian men are politically naïve, and our politicians have taken advantage of this, without shame or embarrassment.

It appears that our closet allies went missing during the preparation of health policies, and during the election campaign, especially as they seem to have assured us that everything was on the improve. Free of any pressure, they romped through the campaign, without even a blush that they had not given prostate cancer any attention. Well, it's time to remind these people that they can expect pressure next time around, and we will not call off the dogs again.

I have developed a habit of requesting, from the candidates from both major parties in my electorate, a copy of each party's health policy. We are fed press releases of the major items in each policy, but never get to hear the full details in each policy. That policy is usually available after the official launch of each party's election campaign (which appears to be getting later in the campaign – there's less time for scrutiny, that way).

This year, however, the responses to my requests were much less than satisfactory. A week after making my requests, I had not received any response from either party, so I telephoned each candidate's office. The Labor Candidate wanted to know what part of the policy I required. (Truly!) When the assistant started to nominate the various parts that make up the full policy, I firmly stated that I did not need the material relating to Medicare, as I had already read enough of that in the newspapers. Guess what? Yes, I received the full deal on Medicare and obtaining more doctors. Obviously this was being promoted to cover up any obvious weaknesses in their policies.

COALITION POLICIES

The Liberal candidate could not find any evidence of my original request, but promised to phone back. That happened on the Thursday night before the election – a request for me to repeat my request for the information, with a promise to get details to me a.s.a.p. – I am still waiting.

Now, these are men who want to impress upon us that they are capable of running our nation for the next three years. All the evidence tends to indicate that neither of these candidates could even run a chook raffle (and that is evidence-based). As a result, I consigned those candidates to the bottom positions on my ballot paper.

I am, therefore, indebted to other people who appear to have fared a little better with requests for information from their candidates, for any comment on policy mention of prostate cancer.-

Dom Baumber, from the Gold Coast Support group, carried out a critique of the Liberal Party policy. Prostate cancer does not have any specific \$ amount allocated, as compared to specifically allocated \$ amounts for breast, ovarian and skin cancers. The Breast Cancer Network (a coalition of some 90 breast cancer support groups) has been allocated \$600,000 over 3 years from 05/06. The National Breast Cancer Centre is allocated an additional \$3m over the next 4 years, including the current year (you can see where the priorities are). Yet politicians just avoid making any \$ commitment towards prostate cancer.

The key new developments are funding for the formation of the oft-touted overarching body similar to the USA National Cancer Institute (NCI), and now identified as "*Cancer Australia*". Funding is also being provided for "*Clinical Trials*" "*for cancer patients*"

Under the heading of "Highlights of the Government's Achievements" since coming to office, the final dot point says "Providing \$1.4m to help GPs give more information to men about prostate cancer testing" Sounds impressive, if you don't know any better! Firstly, it is but a token amount, spread over 2 years. But, more importantly, it refers to the Academic Detailing project. What a fiasco that has been. That amount was spent on trialing their methods on about 200 or so doctors – does that represent any significant effort? Moreover, the AD methods were also tried for other medical conditions, so I can assure you that the full amount of \$1.4m was not spent entirely on prostate cancer. If one deducts the amount of funds expended on staff expenses and training, an infinitesimal amount was actually spent on prostate cancer. Big deal, Mr. Abbott. Officially, this project is still "live", because the final report has never been presented to the Government – they have no idea whether the money was well-spent, or not. In any event, it almost goes without saying that the men of Australia have gained absolutely nothing out of that miserable amount of \$1.4m. It should also be noted that this project has been overtaken by other events in the spreading of advice to doctors about PSA screening. It is now a non-event, in my opinion. It is an insult to Australian men to claim this as an achievement, but it was the only way they could mention prostate cancer.

There is much more in a document entitled "Strengthening Cancer Care", but don't expect any considerations for prostate cancer. – it gets mentioned twice in 16 pages, and then nothing specific – no mentions of research, awareness, etc. Obviously, this Government will continue with its "wise monkey" approach – see, hear or speak no prostate cancer.

I will try to give an assessment of the contents of the above document in another issue of this newsletter.

LABOR POLICIES

The only way I was able to obtain any information about Labor policy came from e-mails originating from John Mayes. On 3rd October, John contacted the Leader of the Opposition, Mark Latham. Having noticed that neither party had made any mention of prostate cancer up to this date, John suggested that an announcement guaranteeing equality of research funding for both breast and prostate cancers would be a good idea, and that it would probably catch the government by surprise.

Back came the reply that prostate cancer had a mention in their cancer prevention policy, dated 16th September, and that they had allocated \$12.45m over the next 4 years to support continued development of screening programmes for prostate, lung and ovarian cancers. No specifics. But we have seen this before, where prostate cancer is thrown in among "other cancers", and usually comes out with nothing. It's a good smokescreen, but men are not likely to fall for it for much longer. Of course, the reply also included the old chestnut about the use of the PSA test and no uniform opinion about when treatment should be undertaken. Well excuse me, I was diagnosed 5 years ago, and that little quote was being thrown around then. It is to all political parties' shame that they have not seen fit to provide funding to assist with research into these two very important aspects of prostate cancer.

John later attended the Community Forum at Thebarton Theatre, where Mark Latham was available to answer questions from the audience. John asked, after giving a short background, "In the cause of simple equity, would you consider ensuring that research funding for prostate cancer be equal to that spent on breast cancer by the end of the first term in office of a Latham Labor Government.

The response was that he would "look into it", and went on to excuse the lack of policy by saying that research into breast cancer inevitably supports and aids research into other cancers. In a later e-mail rebuttal, John expressed his disagreement with this (and so do I). Generally, John rebutted Latham's response quite well. The flow-on from breast cancer research has been quite small.

Further to his e-mail, John received another blurb from the ALP Campaign Information Unit, which virtually reiterated the Coates line about prostate cancer, and went on to tell him about rebuilding Medicare, public awareness programmes for testicular cancer and ovarian cancer, free prostheses for women who have mastectomies, Medicare gold, hospitals, dental care, aged care, mental health, obesity, etc. The political smoke screen was going full blast. One can get the general drift of the reply - they obviously knew they had very little to offer prostate cancer patients, and used the typical political stunt of talking about anything else but the real topic.

So there you have it. Our "closest allies and supporters" have totally deserted us, for political expediency. No doubt, the matter of prostate cancer will never get another mention in the Australian Parliament, for people like Messrs Abbott and Lloyd are quite safe for another 3 years, and Mr. Swan will be perfectly happy that he doesn't need to deal with us for the same period. There is already enough cynicism about politicians in the community, and all they have done this time is to reinforce that opinion. We have every reason to feel that we have been let down by men who have experienced the disease, but appear more intent on increasing their respective pensions when they leave the parliament.

ELECTION CAMPAIGN, OR AUCTION?

This election was conducted more like a prolonged and boring auction, than any other that I can recall. Both parties had plenty of money to spend, as they attempted to outbid each other. Money was tossed about like confetti, yet not one red cent specifically for prostate cancer. On polling day, I was staggered by the amount of material displayed around the polling booths - fences, walls, posts, tree guards, etc. were absolutely covered with posters and banners - all most unnecessary, when they have so many people handing out "how to vote" cards. The amount of money that must have been outlaid for the promotional material, not to mention the continuous stream of material delivered to households, must have been enormous. I thought, on polling day, that if only, say, half of the money wasted so ostentatiously on unnecessary displays, could have been put towards prostate cancer research, what a difference it could have made. But no, our politicians were much more interested in keeping their comfortable seats in Parliament house, than putting money into research on a chronic illness that affects over 10,000 new families each year. To those people, I say "Thanks for nothing". Political parties should hang their collective heads in shame at such largesse, when the money could have been put to far better purposes. One good cause that needs finance is the production of the clinical guidelines for advanced prostate cancer, yet no commitment was forthcoming for any amount, from any source.

Obviously, MPs feel comfortable with the fact the 2,500 men who die from this disease each year won't be around to vote for them at the next election - they are expendable, politically. But I wonder whether we will ever know the truth about why men's health issues are so neglected in this country.

No doubt, we have missed a great opportunity to really put pressure on our politicians, just for a short period of time. It is not too soon to start preparing for the next election (some of us have to survive that long, of course), when we should make sure that prostate cancer becomes a front-line subject in the minds of all politicians. First move should be to engage the services of an expert, experienced political lobbyist. Even though 2,500 of our colleagues die each year, politicians should remember that another 10,000 men are diagnosed each year - we don't have to embark on a recruiting campaign, as the Government's own inaction will ensure that there are always adequate troops to promote our cause. More's the pity.

BUT, THERE IS GOOD NEWS

We have e-mail advice that our application for funds from the Prostate Cancer Foundation of Australia has been approved. This is great news, and means that we are now able to continue with further extensions to our series of Awareness Meetings around South Australia. Our sincere thanks to the PCFA for providing this funding towards a very important part of our work in the community.

There is one point that we need to work through, though. That is that we will not be given a cheque for the amount, but PCFA want us to submit accounts to their Sydney office for payment. It is preferred that we do not

pay any accounts from our funds, and then seek reimbursement. The problem is that, when arranging items like advertising and facility hire those providers often want payment at the time of us lodging advertisements or bookings. We will need to try to make more convenient arrangements with PCFA, if possible, but it could be awkward, when faced with a delay for the cheques to arrive from Sydney. But it is not insurmountable.. We can still get on with the job.

MASONIC FOUNDATION INC. ASSISTS PROSTATE CANCER RESEARCH

Masonic Lodges often go unheralded for their charitable work in the community, but they deserve a mention here for their current campaign to raise funds for prostate cancer research, with a project called "Men's Secret Business". I note from their official newsletter that many Lodges are busy with all manner of fund raising efforts – some quite novel.

This campaign is the result of one Mason who identified prostate cancer as an important men's health issue which needed attention (after all, the Government can't see it). This initiative was endorsed by the Masonic Foundation, which considered it an exciting new direction, because the disease not only affects men, but families, too. Masons believe that they can, by harnessing their collective energies, make a difference and be seen actively at work in the community.

The Foundation has committed \$75,000 to fully fund a doctoral research scholarship into prostate cancer over 3 years, in partnership with the Cancer Council South Australia. The scholarship has been awarded, and was to commence in July, this year.

One of the functions planned to meet the challenge of raising the necessary funds is an art exhibition, to be held on April 15th-17th 2005. This exhibition has total prize money of \$4500, and will be held in the Great Hall of the Masonic Centre, 254 North Terrace, Adelaide.

The Freemasons of South Australia and Northern Territory deserve our appreciation and support for this project. Funding for any prostate cancer project is difficult to obtain, and such benevolence is most welcome. I hope to have further news of developments in this project.

WIN A CRUISE FOR TWO

The prize in the Prostate Cancer Foundation's latest lottery is a wonderful cruise for two on the luxurious Pacific Princess, valued at \$5,000. The prize includes 8 nights aboard the luxury cruise liner, and the winner will get to see some of the Pacific's most envied locales. Tickets are \$3.00 each.

STAT5 PROTEIN TIED TO PROSTATE CANCER VIRULENCE

Activation of signal transducer and activator of transcription 5 (Stat5) is associated with a high histological grade of prostate cancer, according to researchers in the USA and Finland. "Active Stat5 might be a particularly good candidate as a novel therapeutic target protein for patients with advanced prostate cancer", senior investigator Dr. Marja T. Nevalainen of Georgetown University, Washington, DC, told Reuters Health.

Previous findings have shown that inhibition of Stat5 kills human prostate cancer cells, she added. In the current study, published in the July 15th issue of Cancer Research, Dr. Nevalainen and colleagues examined 114 human prostate cancer specimens obtained at radical prostatectomy from patients with localized or locally advanced prostate cancer..

The researchers established a strong positive correlation between activation of Stat5 and a high Gleason score. In other work in mice and with human prostate cancer specimens, the team found that Janus kinase 2 is the principal Stat5 tyrosine kinase involved in human prostate cancer and that it may be activated by prolactin. These signaling cascade components "are potential molecular targets for pharmacological intervention"., the investigators write.

Moreover, Dr. Nealainen concluded, "active Stat5 might serve as a potential prognostic factor for prostate cancer patients. A greater abundance of active Stat5 in prostate cancer might predict biologically more aggressive behaviour of the tumour." (Source: Cancer Research 2004, <http://www.cancerpage.com/news/article.asp?id=7335>)

ANTIOXIDANTS BLOCK PROSTATE CANCER IN LADY TRANSGENIC MICE

Venkateswaran V., Fleshner NE., Sugar LM, Klotz LH. (Division of Urology, Sunnybrook and Women's College Health Sciences Princess Margaret Hospital, Toronto, Ontario, Canada.)

The development of chemopreventive agents against prostate cancer would benefit from conclusive evidence of their efficacy in animal models that emulate human disease. To date, there has been little in vivo evidence supporting their preventive capabilities. The 12T-10 Lady transgenic model spontaneously develops localized prostatic adenocarcinoma and neuroendocrine cancer followed by metastases, recapitulating the natural history of human prostate cancer in many respects. Using male Lady version of the transgenic adenocarcinoma of the mouse prostate mice, we show that administration of antioxidants (vitamin E, selenium and lycopene) in the diet dramatically inhibits prostate cancer development and increases the disease-free survival. Treatment of animals with the antioxidants resulted in a 4-fold reduction in the incidence of prostate cancer compared with the untreated animals. Prostate cancer developed in 73.68% (14 of 19) and 100% (19 of 19) of the animals from the standard and high-fat diet, respectively. In contrast, only 10.53% (2 of 19) and 15.79% (3 of 19; $P < 0.0001$) of the animals in the standard and high-fat diets supplemented with antioxidants developed tumours. The micronutrients were well tolerated with no evidence of antioxidant-related toxicity. Histopathological analysis confirmed absence of cancer in the additive treated groups. Immunohistochemistry demonstrated a strong correlation between disease-free state and increased levels of the prognostic marker p27 (Kip1) and a marked decrease in proliferating cell nuclear antigen expression. These observations provide support for the chemopreventive effect of these micronutrients and some clues as to their mechanism of action. (from PubMed)

INFORMED DECISION MAKING: WHAT IS ITS ROLE IN CANCER SCREENING?

Interest in informed decision making (IDM) has grown in recent years. Greater patient involvement in decision making is consistent with recommendations to improve health care quality. This report provides an overview of IDM; clarifies the differences between IDM, shared decision making (SDM), and informed consent, and reviews the evidence to date about IDM for cancer screening. The authors also make recommendations for research. We define IDM as occurring when an individual understands the disease or condition being addressed and comprehends what clinical service involves, including its benefits, risks, limitations, alternatives and uncertainties; has considered his or her preferences and makes decisions consistent with them; and believes he or she has participated in decision making at the level desired. IDM interventions are used to facilitate informed decisions. The authors reviewed the evidence to date for IDM and cancer screening based primarily on published meta-analyses and a recent report for the Centre for Disease Control and Prevention's Guide to Community Preventive Services. IDM and SDM interventions, such as decision aids, result in improved knowledge, beliefs, risk perceptions, and combinations of these. Little or no evidence exists, however, regarding whether these interventions result in (1) participation in decision making at a level consistent with patient preferences, or (2) effects on patient satisfaction with the decision-making process. These variables generally either were not assessed or were not reported in the articles reviewed. Results of interventions on uptake of screening were variable. After exposure to IDM/SDM interventions, most studies showed small decreases in prostate cancer screening, whereas four studies on breast and colorectal cancer screening showed small increases. Few data are available by which to evaluate current practices in cancer screening IDM. Patient participation in IDM should be facilitated for those who prefer it. More research is needed to assess the benefits of IDM/SDM interventions and to tailor interventions to individuals who are most likely to desire and benefit from them. There are many system barriers to IDM/SDM and few tools. More work is needed in this area as well. In addition, research is needed to learn how to incorporate IDM into ongoing clinical practice and to determine whether unintended negative consequences of IDM. (Rimer BK, Briss PA, Zeller PK, Chan EC, Woolf SH. Department of Health Behaviour and Health Education, School of Public Health Lineberger Comprehensive Cancer Centre, The University of North Carolina Chapel Hill, Chapel Hill, NC 27599-7295 USA. From PubMed)

ANNUAL CONFERENCE OF S.A.C.

It seems a long time ago, but I did attend the annual conference of the S.A.C. in Brisbane. Rather than give a separate report on the conference, I am providing a copy of the minutes for each of our members to study. It was a very good meeting, and delegates were kept busy. The principal item of business was to settle on an acceptable model for the future governance of the S.A.C. Two alternative models were put forward for consideration, and I must say that a considerable amount of time had been spent by the various members in

preparing these submissions. I had some involvement with one proposal, and I can assure you that it took a lot of e-mails to keep the ideas flowing. It was a tribute to the convenor of that group that he was able to bring all the suggestions from all around the country into some sort of consensus, and submit a credible proposal. Thanks, to Keith Williams.

This item on the agenda had the potential to be a long, drawn out discussion. Fortunately, people worked together, and a sensible proposal came out of the discussion, without too much angst. The final result is as published in the minutes, and S.A. will have 2 members on the new committee, to assume duties as from 1st January 2005 (I think). Election of Chapter representatives will be the responsibility of each Chapter (how do we resolve that?).

Also part of our pre-conference reading was a special 10th Anniversary edition of the Breast Cancer Action Group newsletter. I commend this publication to members, as reading it will provide you with some idea of the dedication and determination of the women who pioneered the movement. Then decide if you are willing to have that sort of input into the same type of organization that is necessary, if men are to obtain equity of funding in the prostate cancer fight. It's inspirational, and seriously worth reading.

Trevor Hunt