

P.S.A. NEWSLETTER

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*PROSTATE(CANCER) SUPPORT
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A Member of the Association of Prostate Cancer
Support Groups (SA) Inc.

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**April 2005 Newsletter including a report on the April Meeting
held at the Burnside Hospital on 18th April '05.**

**Thank you to our sponsors: Abbott Australasia Ltd., City of West Torrens Council,
the Burnside War Memorial Hospital, Sanofi Aventis P/L, PMP Print and the Arte Grafica Printing Pty. Ltd.
and the State Funded Volunteer's Support Fund.**

**The next meeting will be held on Monday 16th May '05, commencing at 7.00pm when the main subject will be
an open discussion night amongst members. We will also show a couple of videos. Monday 16th May is a public
holiday (The Adelaide Cup Holiday), but we will still hold our meeting. Roll up! Roll up!**

The June meeting will be on the 20th with Dr. James Aspinall giving an illustrated lecture on various aspects of
Prostate Cancer plus Questions and answers.

Chair: Barry Oakley

Members present 56

Apologies: Gerry & Cynthia, Roger, Ken, John & Eric. (Get well Gerry and Eric).

New Members: Roger & Glenys (Strathalbyn), Bill & Maxine, Colin & Margaret (Murray Bridge), Peter, Olivier
& Rebecca, and Amanda. All the new members were given a big welcome and spoke briefly of their prostate cancer
situation.

It was pleasing to see Ian and Judy return after a couple of years. Ian told members that a doctor had missed the fact
that he had localized prostate cancer 9 years ago and was actually diagnosed with it only 3 years ago when his PSA
was 66. It climbed to 80. It was too late for a prostatectomy or radiotherapy treatment. He was immediately placed
on zolodex and his PSA eventually went down to 24, but has stayed there and not gone any lower. He has now been
taken off zolodex and is now on steroids. At the end of the next two months if the steroids are not having any effect,
his Urologist will decide of what further treatment will be given. There is some talk of stem cell treatment. Over the
last two years other things have also been happening to him. Ian gave members a further run down as to what
transpired.

**He said that it was essential one should not overlook other symptoms which may develop when you are trying
to deal with prostate cancer.** Don't put every ache and pain down to having prostate cancer or the side effects of
various treatments. A number of our other members have also mentioned this fact.

In Ian's case the pains in his stomach were not related to his prostate cancer and side effects in any way, but
something else had occurred. After some tests it eventually transpired that he had **cancer of the oesophagus** which
resulted in him having a major operation to remove half his stomach. He **lost 30 kilograms in weight** over a period
of 2 months. Ian said that he felt pretty crook for six months, but is now putting on weight and his doctor is sure that
he has removed all of the cancer. However, another problem has now occurred and that is he has **lost nearly all of his
sight** and has been declared "legally blind". In closing Ian said that the main thing is "I am still here and will battle on
regardless". We say **THREE CHEERS FOR IAN!**

Federal Government Grant:

The Association has applied for a Federal Government Grant under the provisions of "**The Cancer Support Groups
Grants Program**". We mentioned this in our last Newsletter, but no word as yet if we were successful or not. If the
Association receives a grant, it will be split up between the various P/C Support Groups in S.A. and the Association.
The money will be **spread over 4 years** and covers such things as photo copy paper, computer inks, toners, internet
connections, the production of information brochures, postage costs, hire of the lecture room, travelling and petrol
expenses etc. **Let's keep our fingers crossed!**

Aventis Pharma P/L - Donation to the Association:

Cate Franklin from Aventis Pharma P/L was welcomed by members. **Cate's firm recently donated \$1,500 to the Association** to be split up between the PSA Adelaide, The Barossa Valley, Onkaparinga, Port Pirie, the North East Groups and the Association. Cate outlined what **Aventis Pharma P/L** was doing in relation to new hormonal drugs that are just reaching the market or are being trialled. World wide, a large amount of money is being spent on the development of new hormonal drugs for advanced prostate cancer. Her company had recently applied to the Pharmaceutical Benefits Scheme Board for some of their chemotherapy drugs to be included in the PBS scheme thus making the drugs affordable to the general public. The company was very happy to grant funds to the prostate cancer support groups in South Australia because of the great assistance such groups give to men who have been diagnosed with prostate cancer. In closing Cate mentioned that her company had recently changed its name to **Sanofi Aventis**.



Reg Cate and Barry

The Cancer Council S.A. has advised that **about \$200,000 was raised for cancer research** at the recent "Relay for Life" fund-raising event held at the Santos Oval. 90 separate teams participated with most of the money being raised before the actual event. Similar events will take place all over Australia during the next 6 months. **Well done!**

The Relay for Life Event:

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The Freemasons Art Exhibition:

Our Vice President Barry Oakley and his wife Margaret went along for the opening to represent our group. They had a jolly good time and were very interested in viewing the **350 paintings**. Free drinks were handed out to guests. Lady J. Neal opened the exhibition. 300 people attended the opening and **1,000 came to the exhibition** over the week end. It is too early to say how much money was raised for prostate cancer research and for the Cancer Care Centre. Many thanks to **Ray Nicholson** for giving us a good deal with this ad. A few thousand copies of the catalogue, including colour photographs, were printed. **175 copies of our own Information Brochures were handed out to the public during the exhibition.** Many thanks to the chaps at the Masonic Lodge for doing this for us. The winners were 1st Prize of \$2,500, David Taylor, 2nd Prize of \$1,200 to Ms. Lyn Robins, 3rd equal prize of \$400 to Mrs. Margaret Long and Mrs. Margaret McEntee. **Congratulations**

The Cancer Care Centre, - "Living with Cancer Education Program":

Ray Nicholson will be running another "Living with Cancer Education Program" at the Cancer Care Centre, 76-78 Edmund Ave., Unley, commencing 7th June each Tuesday from 10am to 12 Noon for a period of 8 weeks. These programs are popular so book in early if you are interested. Their phone number is **8272 2411** or e-mail them at ccc@senet.com.au You can check out their web site on www.cancercare.asn.au.

Prostate S.A.:

Prostate S.A. will hold their second meeting on **5th May** and we will keep you posted re the outcome. This new organization is just being formed in Adelaide **primarily to raise funds for prostate cancer research** and to deal with other matters concerning prostate cancer. The aim of Prostate S.A. is to provide an organization that will include all who are involved in research, treatment or suffer from prostate diseases and assist them to raise resources from Government, Industry and the community to advance our knowledge and treatment of these diseases. The organization would be able to network with like organizations interstate to help formulate and **develop National and International initiatives to improve the management of prostate diseases.**

Well, all we can say that this is **certainly a step in the right direction.** Our PSA Adelaide Group, plus members from the Barossa Valley and Onkaparinga Groups and Association members will go along to the meeting and report back.

PCFA – The Prostate News and the "Be a Man" Campaign:

Members will find a copy of the March '05 issue of "The Prostate News" included in our current P.S.A. Newsletter. Many thanks to **Ann Smith, of the PCFA Sydney** for posting us 400 copies. The Prostate News deals with the recent interstate launch of the "Be a Man" campaign which is trying to make men in Australia more aware of prostate cancer, and that they should talk to their doctors about it. It is aimed at men 50 years and older. The campaign is being generously funded to the tune of **one and a half million dollars over 3 years by the Australian Pensioners Insurance Association.** **Good on them for that!** There is also an interesting article by Dr. Michael A. IZARD dealing

with **Brachytherapy** treatments and another item called “**Breaking the silence surrounding prostate cancer**”. It is suggested that you pass a copy of the Prostate News onto someone you know who could be interested, after you have finished reading it. **The word will soon spread!**

News from the Onkaparinga P/C Support Group:

John Shields has advised that their next meeting will be held on **Wednesday 4th May**, commencing at 6.30pm at the Noarlunga Community Hospital (in the room behind the shop). It will be a general discussion night amongst members, the main topics being treatment and outcomes, did your treatment meet expectation etc. **Ring John on 8382 6671 if you would like to attend.**

News from the Barossa/Gawler PSA Support Group:

The Barossa/Gawler PSA Group is also spreading the word around the Barossa Valley and we noticed in their latest Newsletter that they have come up with some novel ideas. e.g. Peter shared his idea for a bumper sticker and showed a prototype which read:- **MEN -- TALK TO YOUR DOCTOR ABOUT PROSTATE CANCER**. He also suggested the preparation of a bookmark distributed through local libraries with a message urging men to seek a test for prostate cancer. Doug will **write a column about prostate cancer** which will be submitted to the local paper each month. Are there any takers from the PSA Adelaide Group’s budding writers prepared to send our local “Messenger Press” monthly articles about prostate cancer? Let Reg know! A “**Welcome Pack**” for all new members is being prepared. (Now that’s a good idea. We should do the same).

Four hardy members walked 10 Km in over 30 degrees heat in the Vintage Festival Parade from Nuriootpa to Tanunda and **handed out hundreds of the Association’s Information Brochures to bystanders.**

Another great idea is to have all future meetings at the **Vine Inn, Nuriootpa**, starting with a slap up meal at 6.00pm and washed down with some very best red from the Barossa Valley vineyards and then the meeting at 7.00 pm. A meeting room has been made available by the Vines management free of charge. Call **Alan Hall on 8564 2015** or **Tony Woolley on 8562 2485** if you are up that way and wish to attend the dinner and meeting. Future dates are 17.5.05, 21.6.05, 16.8.05, 20.9.05 and 18.10.05. All welcome, but let the guys know in advance.

More good ideas - this time from Queensland: Money for Medical Research.

The following item appeared in “The Advertiser” on 19.4.05:-

“Research to Gain”

“Interest earned on more than **\$20 million** in unclaimed lotto prize money is to be used in Queensland to fund medical research. Two un-claimed first prize lotto draws are earning **\$1.3 million in interest each year**. The money will now be used as part of the Queensland Government’s so-called “**Smart State Strategy**”. Prize winners have seven years to claim.”

Well what about some “Smart State Strategy” for **South Australia**? We should use interest on all unclaimed prizes from lotto draws, scratch tickets, kenos, and other gambling games to fund research into prostate cancer, and all other types of cancer for that matter. There must be quite a bit of money lying around accumulating interest similar to what is happening in Queensland. **The Minister for Health, Ms. Lea Stevens M.P.** has said she is not keen to spend State Government money on medical research but will leave it to the private sector and public donations. I’d like to know what the other State Governments are doing and why can’t some government money be spent on medical research? The results of medical research could make the population healthier in the long run and **save the Government millions of \$\$\$\$ in medicines, hospital, doctors, nurses, & nursing home costs.**

In a recent editorial in “**The Advertiser**” the Editor had a similar view to ours and strongly felt that the State Government ought to accept responsibility for some funding into medical research in this State. Similar views have been expressed by writers of “Letters to the Editor” in “The Advertiser”. If there is not enough money lying around as interest from unclaimed lotto wins etc., then what about making some money available from the taxes from **pokie machines**? I think I’ll drop a line to Ms. Stevens, also to the Treasurer Kevin Foley M.P and for good measure, a copy to Nick Xenophon M.P. of the No Pokies party. **Let’s see if we can get some action!**

Who’s Who in our PSA Adelaide Group.

We thought we would repeat the list of our 2005 Committee members in case you missed the announcement in our February Newsletter. They are:-

President: Gerry McCreanor.

Vice President and Acting President at the moment: Barry Oakley. Phone No. 8265 3446

Secretary/Treasurer/Newsletter Editor: Reg Mayes. Phone No. 8298 8040

Research Librarian: John Mayes. Phone No. 8346 1056

Webmaster/Assistant Newsletter Editor/Photographer: Ian Fisk. Phone No. 8296 3350

Name Tag Secretary: Pam Fisk.

Newsletters:

Newsletters have been received from the following Groups:- Onkaparinga, Barossa Valley, Bundaberg, Cobram, "The Queensland Prostate Cancer News", the Gold Coast, the Prostate News (PCFA) & the Prostate Cancer Action Group (SA) Inc. While we are talking about Newsletters, **there will be no Newsletter from the PSA Adelaide Group next month due to the fact that there will be no guest speaker at our next meeting. We will be having a discussion night amongst members. Our next Newsletter will be published at the end of June.**

Brief Notes from the lecture given by Professor Ian Olver:

Professor Olver is a Medical Oncologist at the Royal Adelaide Hospital and is the Director of the Cancer Centre at the hospital. The Professor gave the 56 members present a very interesting illustrated lecture and also answered about 25 or more questions from the audience. He had just arrived back in Adelaide from Palm Springs U.S.A. on Sunday after attending an important cancer conference. At the conference, quite a few new treatments were discussed and details of some recent clinical trials were also examined.



Ian said that the following combination drugs were being looked at and some were showing interesting results:-

Taxotere plus Avastin. Taxotere plus Thalidomide. Taxotere plus Altrasentin. Taxotere plus Glivex. Taxotere plus Catcotriol

These types of chemotherapy drugs are designed to block new blood vessels being grown by tumours in advanced metastatic prostate cancer (and other types of cancers). **If the blood supply can be cut off from tumours, they eventually dry up and die. This is good news!**

Ian went on to say it was back in 1941 when it was first discovered that the withdrawal of androgens reduced the size of prostate cancers. The main treatment in those days was the surgical removal of the testicles. However, today this is no longer necessary as modern hormonal drugs actually do the same job. As well as injections, anti androgen tablets are also now available. Do you need to block all the male hormones in the treatment? – no, not necessarily. Do you need treatment for prostate cancer if there are no symptoms? **In some cases, "watching and waiting" is used for a while where 6 monthly checks on PSA blood readings are carried out in combination with digital rectal examinations. Radical prostatectomy, conformal radiotherapy treatment or brachytherapy treatment can then be considered.**

In a study that took about 10 years to complete, it has been shown that radiotherapy treatment plus the use of the drug **"zolodex"** does extend the survival rate of patients with advanced prostate cancer. Some years ago the chemotherapy drugs were only 10% effective. Today, the modern types of hormonal drugs are much more effective. For example, the drug **"mitoxantrone" plus steroids** can be used for advanced prostate cancer and can reduce pain and symptoms. Most of these types of drugs have side effects such as tiredness, flu like symptoms and in some cases, infections. Another new drug being looked at is **"Doxetaxel"** which is derived from the needles of the **European "Yew" tree**. It is proving useful in the treatment of breast, ovary and lung cancer.

Weekly doses of **"doxetaxel"** improved the quality of life for advanced prostate cancer sufferers, but to date, unfortunately has extended one's life by only a few months. The cost of the course is several thousand dollars, but pharmaceutical firms are trying to get the drug onto **the PBS Scheme**, but no success to date. This drug also has side effects such as flu like symptoms. Another recent interesting discovery is that by "trickling" hormonal injections into one's body very slowly seems to help with the quality of life as opposed to giving sudden injections as is usually the case.

Radiotherapy is now given to combat any pain from metastatic cancers in the bones and has a good rate of success.

Another treatment for bone cancer is the injection of the **radioactive isotope "strontium 89"**. The isotopes "home in" on the cancer cells and help to bring them under control. It is thought that the drug **"doxetaxel prednisolone"** will become the regimen of choice for the treatment of advanced prostate cancer in the near future.

In answer to some questions from members, Ian said that the PSA blood test is not a great marker test and is sometimes inaccurate. Investigations are now being made to find better markers. He also said that most men who go onto hormone treatment stay on them. Cases have occurred when the PSA level suddenly drops dramatically and what's more, stays at a very low level. These cases have mystified him. Cancer surgery is not usually done by key-hole surgery although robotic surgery is now being done at the R.A.H. Ian thought it was better to do a wide spread surgery procedure to ensure all of the cancerous tissue is removed.

Persistent pain in the bones is the most common indicator that cancer has spread and can usually be checked out with bone scans. Don't forget, you might only be suffering from arthritis. Hormonal treatment is not recommended for early localized prostate cancer. Instead conformal radiotherapy, brachytherapy or prostatectomy is recommended for this condition. Ian was unable to comment on the benefits of ultrasound treatments (**HIFU**) being performed in some overseas countries and **the Dominican Republic**. He said that there was not enough data spread over 5 or 10 years in clinical trials to say whether this type of treatment was beneficial or not. Clinical trials are being undertaken in the USA at the present time, but have not yet been completed. Randomized studies in clinical trials are a fairer way to test new procedures, drugs etc. In answer to another question he said that if you feel well you probably are well but immediately check out with your doctor or Urologist if any symptoms occur.

In closing and in answer to a question about the benefits of **red wine**, Ian said that it is actually the red pigment from the grapes and skins that is of benefit to cancer sufferers. This substance is called "**resveratrol**", and you can get just as much benefit from drinking red grape juice or eating red grapes. You don't have to drink red wine (13% alcohol) if you don't like alcohol. (Try **P & N brand dark grape juice** available at supermarkets for about \$3.00 per 2.2 litre bottle – about the cost of mineral water. So what do you think of that? - Reg).

Barry then thanked Ian for his interesting presentation and handed him a bottle of the very best Wolf Blass red shiraz. Barry assured Ian that it contained tonnes of **resveratrol** and other powerful **anti-oxidants** to help his prostate along in later life. Ian suitably responded, mainly with a wry smile.

Bowel Cancer Research on New Drugs at Flinders Centre for Innovation in Cancer

ADELAIDE researchers are testing new drugs to combat bowel cancer.

Flinders Medical Centre is part of a global clinical trial for two new antibodies.

Bowel cancer is the second most common cancer. If it spreads to other organs, it is usually incurable.

The drugs Avastin and Cetuximab have shown promising results in other trials for the treatment of bowel cancer. FMC senior consultant in medical oncology Dr Chris Karapetis said that in one trial, they were using Avastin for patients who had undergone bowel cancer surgery.

"We're hoping to find that this drug, used in combination with chemotherapy, can further reduce the risk of cancer coming back," he said.

In other trials, they are using Cetuximab for advanced cases of bowel cancer, in combination with chemotherapy.

Researchers also are testing if the drug can help patients in late stages of the disease, where the normal treatment would be palliative care. "Using the antibodies in conjunction with chemotherapy appears to increase the chances of cancer response and may prolong survival," Dr Karapetis said.

Cetuximab works by targeting the surface of cancer cells, interfering with their growth. Avastin works in a slightly different way by stopping the growth of blood vessels, preventing cancer cells from growing and spreading.

Dr Karapetis said clinical trials would be an important part of the proposed \$14.5 million Flinders Centre for Innovation in Cancer.

A public fundraising campaign launched last month aims to raise \$3 million towards the cost of the centre, which will focus on cancer prevention as well as treatment.

Anyone who donates \$250 or more to the cause is being given the opportunity to have their name - or the name of a loved one - written on the centre's glass atrium.

FMC Foundation general manager Deborah Heithersay said the response to the Window of Opportunity campaign had been very exciting.

"People have been extremely moved by the personal stories that have appeared, such as the extreme generosity of flight sergeant Ern Routley and Trish Gamett's tribute to her dear sister," she said.

Anyone who would like to make a donation to the new centre should call 1800 354 633.

By REBECCA JENKINS *Advertiser 11/04/05*

Generous Donation to Flinders Centre for Innovation in Cancer

IT'S an extraordinary gesture made in memory of a great love.

Retired aircraft engineer and former Spitfire pilot Ern Routley has donated \$200,000 in memory of his late wife, Jean, to help set up a new cancer centre.

The 88-year-old felt so strongly about creating this lasting memory to his wife that he decided to donate a significant part of his life savings to the cause.

Mr Routley was at the launch yesterday of the public fundraising campaign for the \$14.5 million centre to be built at Flinders Medical Centre. "I just hope they raise enough money to get the new centre built," he said.

By REBECCA JENKINS *Advertiser 31/3/05*

Thalidomide trials bring cancer hope

THALIDOMIDE, a drug that became notorious for causing severe birth defects in the 1950s and early 1960s, could change the face of cancer treatment.

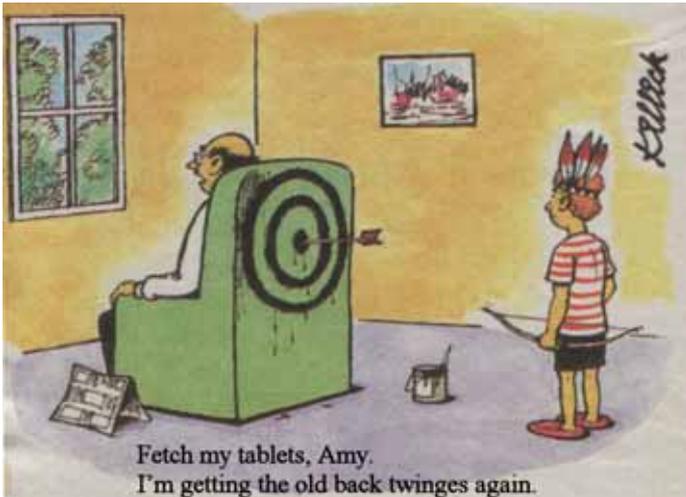
Australian researchers began a trial of the controversial drug in April 2002, involving 224 myeloma cancer patients over a two-year period.

The study found Thalidomide sparked a doubling of the number of T-cells in patients, allowing their own immune system to attack the cancer.

“This is huge,” said Professor Doug Joshua, the head of haematology at the Royal Prince Alfred Hospital.

“We hope this will lead to the first forms of curative therapy for the disease which can then be applied to other forms of cancer.”

A cancer of the bone marrow myeloma affects about 1200 Australians each year. *Advertiser 9/4/05*



New test gives hope to ovarian cancer victims

HUNDREDS of women’s lives could be saved with a breakthrough test to detect early-stage ovarian cancer.

Melbourne researchers are developing a test they hope will diagnose the disease earlier than ever before.

About 1200 women are diagnosed with ovarian cancer in Australia each year and about 700 die from it.

There is no community-based screening test available for early detection of ovarian cancer and most women are diagnosed only when the cancer has spread to other organs.

Researchers from the Gynaecological Cancer Research Centre at The Royal Women’s Hospital have identified a number of biological markers that appear in the blood of women with ovarian cancer.

And they are developing a diagnostic tool known as a multiplex assay that can screen for many markers in one blood sample - improving the accuracy and sensitivity of tests.

“We believe that the measurement of more than one marker of a disease may improve our ability to accurately diagnosed and detect disease earlier,” said GCRC scientific director Professor Greg Rice.

Multiplex assays are used for monitoring autoimmune diseases and will soon be available for heart disease, diabetes and metabolic disorders.

Professor Rice said he hoped the ovarian cancer assay, known as Ovplex, would be running by the end of the year. *Advertiser 14/4/05*

“I am a marvelous housekeeper. Every time I leave a man, I keep his house.” --Zsazsa Gabor-

THE ALMOND

Appreciation of the almond dates back 2,000 years when the Romans showered newlyweds with almonds as a fertility charm.

Almonds truly are a wonder food. Studies have shown that just eating one ounce of almonds each day can significantly lower LDL - bad cholesterol – and can help reduce heart disease. One study even concluded that eating a handful of almonds five days a week can lower LDL cholesterol the same or even more than some medications.

Amazingly, that's not all; almonds are chock full of many protective nutrients like calcium and magnesium, which help build and maintain strong bones. They also contain phytochemicals, which may help protect against cardiovascular disease and cancer, specifically prostate and cervical cancers.

Still, these tree nuts have other benefits. Almonds, especially their skins, are a great source of vitamin E. Vitamin E is an antioxidant that is credited with fighting the aging processes, such as wrinkles and hair loss. Taken orally, vitamin E helps protect the body's cells from excess oxygen, which causes cell breakdown.

Almonds can be a tasty treat to replace a high-fat, high-calorie snack. Try almonds in a tropical trail mix or sliced on top of your salad. Even the sweet taste of honey roasted almonds will provide you with all of the nutritious health benefits that almonds have to offer. *From the Prostate Action Group April Newsletter*

About Flomax® and cataract surgery

The most important thing for our patients to know is that Flomax® may make your cataract surgery more difficult. It interferes with pupillary dilation, and makes it harder to safely remove the cataract. The most important preventive measure is to STOP TAKING FLOMAX® 2 weeks before your cataract surgery, and to inform your urologist or primary care doctor that you are doing so. Your surgeon may take other measures at the time of surgery; please notify your surgeon and discuss this with him. Flomax® is an excellent medication for its intended purpose; with appropriate measures taken for your cataract surgery, actual complications are infrequent.

Following is an excerpt from a news release to physicians by the **American Society of Cataract and Refractive Surgery** in response to a research study done by Dr Campbell and the staff at Marin Ophthalmic Surgery Center and Dr. David Chang of Los Altos, CA. This syndrome related to Flomax® use was **discovered initially at MarinEyes** as part of our quality assurance program. Dr. David Chang, a noted author and expert on cataract surgery, has taken the lead in confirming and authoring a research study resulting from this discovery

From <http://www.marineyes.com/Flomax.htm>

Mayo Clinic Researchers Scan Tumors of the Prostate for More Effective, Targeting Radiotherapy Treatment

ProstaScint Imaging Localizes Tumors Within Prostate

SCOTTSDALE, Ariz. -- Patients with prostate cancer stand to benefit from new imaging techniques that ultimately allow for concentrated radiation therapy specific to the site of the cancer, part of a promising Mayo Clinic research study. Administration of this targeted therapy means that healthy surrounding tissue could be spared -- a technique called intensity-modulated radiation therapy (IMRT). The new, cutting edge technique could underscore an evolution in targeting and treatment of prostate cancer, according to lead author of the study, Steven Schild, M.D., radiation oncologist, Mayo Clinic. Dr. Schild and his team of researchers in Arizona presented the study's findings at the recent 90th Scientific Assembly and Annual Meeting of the Radiological Society of North America in Chicago.

Mayo Clinic researchers use new scans, called ProstaScint, fused with CT images of the pelvic region, to target "hot spots" within the prostate. The rationale is to use the CT-derived data to localize the prostate and ProstaScint scan to localize the tumor cells within the prostate to better deliver concentrated radiotherapy to the tumor itself. According to Dr. Schild, as radiation therapy continues to progress, the new imaging techniques, such as ProstaScint and CT images, show promise in the development of more sophisticated pinpointing of prostate tumors.

Dr. Schild and colleagues worked with 43 patients with prostate cancer to administer radiation treatment doses to the entire prostate. A dose of 75.6 Gy over 42 fractions was administered to the entire prostate, using data from the CT images. (A Gy is a "gray," or a measure of the absorbed dose of radiation. One Gy is equivalent to 100 rads, or "radiation absorbed dose.") Strict limits were set for how much radiation could be given to the bladder and rectum in order to minimize side effects of treatment.

Because the ProstaScint scans were able to reveal the tumor location within the prostate gland, the dose of radiotherapy to the cancer could be boosted to 82 Gy -- a stronger, more therapeutic dose.

Of the 43 patients, 38 were followed for at least one month after radiotherapy and showed promising results. Only one patient had complications that resulted in urinary frequency at one-hour intervals -- a matter that was resolved within one month after completing the therapy. Sixty percent of the participants experienced mild genitourinary toxicity symptoms that could be successfully treated with drugs. Prostate-specific antigen (PSA) levels (a tumor marker) of the study patients dropped from an average of 6.9 before treatment to 1.9 following therapy. This indicates a favorable initial response to therapy.

Because the technology is new, long-term follow-up on patients is still limited. But Mayo Clinic researchers are encouraged by the results using the ProstaScint scans. The ProstaScint scans also appear to improve the accuracy of the staging process for prostate cancer. The integration of newer imaging techniques will be key to improving radiotherapy for many cancers. *Friday, February 18, 2005*

From “Eight Morons of 2004”

WITH A LITTLE HELP FROM OUR FRIENDS



**This one numbs the pain in your prostate.
This one kills the pain in your wallet.**

Police in Oakland, California spent two hours attempting to subdue a gunman who had barricaded himself inside his home. After firing ten tear gas canisters, officers discovered that the man was standing beside them in the police line, shouting, “Please come out and give yourself up.”

DID I SAY THAT???

Police in Los Angeles had good luck with a robbery suspect who just couldn't control himself during a lineup. When detectives asked each man in the line-up to repeat the words, “Give me all your money or I'll shoot”, the man shouted, “That's not what I said!”

WILL THE REAL DUMMY PLEASE STAND UP?

AT&T fired President John Walter after nine months, saying he lacked intellectual leadership. He received a \$26 million severance package. Perhaps it's not Walter who's lacking intelligence.

ARE WE COMMUNICATING???

A man spoke frantically into the phone, “My wife is pregnant and her contractions are only two minutes apart!” “Is this her first child?” the doctor asked. “No!” the man shouted, “This is her husband!”

A man is sitting reading his newspaper when his wife sneaks up behind him and whacks him on the head with a flying pan. “What was that for?” he asks. “That was for the piece of paper in your trouser pocket with the name of Mary Ellen written on it.” she replies. “Don't be silly,” he says. “Two weeks ago when I went to the races, Mary Ellen was the name of one of the horses I bet on.” She seems satisfied at this and apologises. Three days later he's again sitting in his chair reading when she nails him with an even bigger pan knocking him out cold. When he comes around he asks, “What was that for?” His wife replies “Your horse phoned!”

Out of the Mouths of Babes

If you are surrounded by sea you are an Island. If you don't have sea all around you, you are incontinent.
(Wayne age 7)

When you go swimming in the sea, it is very cold, and it makes my willy small. (Kevin age 6)

I like mermaids. They are beautiful, and I like their shiny tails. How do mermaids get pregnant? (Helen age 7)

This Newsletter was compiled and typed by Reg Mayes. Ian Fisk, Jeff Roberts Paul Ferrett and Reg folded and posted the Newsletter. After re-arranging news items on his computer and supplying the photographs, Ian printed the master copy. 280 copies were distributed. We would like to thank the Cancer Council South Australia for providing their support and particularly Anne Milne for her contribution. The views expressed in this Newsletter do not necessarily represent the views of the Cancer Council SA. Disclaimer – The PSA (Adelaide Group) is not responsible for advice given by guest speakers, or use of products mentioned in this Newsletter. Nor are we responsible for information contained on websites, books, magazines, pamphlets or extracts from articles mentioned in this Newsletter, nor for videos or tapes distributed to members. Medical Advice should be obtained from your Doctor.