P.S.A. NEWSLETTER

Proudly affiliated with the PROSTATE CANCER FOUNDATION of AUSTRALIA	***PROSTATE(CANCER) SUPPORT AWARENESS ADELAIDE GROUP*** www.psaadelaide.org over 2,180 hits since Nov 03 A Member of the Association of Prostate Cancer Support Groups (SA) Inc.	Mailing Address:- PSA Prostate Cancer Support Group 39 Greenfield Rd Seaview Downs, SA 5049 Reg at (08) 8298-8040

July 2005 Newsletter

including a report on the July Meeting held at the Burnside War Memorial Hospital on 18th July '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.

Our next meeting will be held on Monday 15th August commencing at 7.00-pm when Dr. Carole Pinnock, Research Scientist from the Daw Park Repatriation Hospital will give an illustrated lecture on What's What with prostate cancer. Roll up! Roll up!

Chair: Barry Oakley

Members present 47

Apologies: Gerry and Cynthia, Gary, Jeff and Theban, Jim and Elaine, Keith and Joy, Brian and Lynn, Les and Joy, Ken Ritter, John Francis, Peter, Roger, and Coralie. GET WELL Gerry and Coralie. Gerry has sent us a message saying that he has to rest for a while as his legs are very weak and also it is unwise for him to go out on these cold winter nights. He wishes us all the best! We all wish both Gerry and Coralie all the best as well!

New Members: Alan, Krsto, Grant, Elfriede and Erich. A big welcome to all our new members!

Brochures:

A big thanks goes to Cate Franklin of Sanofi Aventis P/L for printing 2,000 of our up-dated brochures for the Association and also to Anne Milne at the Cancer Council S.A. for folding them on her machine. This saved members a lot of time in folding them. Members at the meeting took 200 for placing in their doctors surgeries, John Shields took another 200 for the Onkaparinga Group, 150 have gone to Port Pirie and the Barossa Valley Groups and the P/C Action Group S.A. (Inc.) took another 100 for Mitcham and the Kadina Awareness Evening to be held on 19th August. Reg has distributed another 200 around the Marion area. Gary Bowes telephoned and requested 150 brochures for the Modbury Hospital and the R.A.H. If any member requires brochures for their doctor's surgeries, please ring Reg on 8298 8040 and he will post you some. Please remove any old out-dated brochures that you might come across.

Mitcham and Kadina Meetings:

A meeting of the newly formed **Mitcham P/C Support Group** was held on **Thursday 28th July** from 7.15pm to 8.45pm. It was held at the RSL Club Rooms, 4 Prince George Parade, Colonel Light Gardens. The speaker was our own Ian Fisk who gave an illustrated lecture on Brachytherapy his Treatment. Next meeting Aug 25th. **The Prostate Cancer Action Group (SA.) Inc. (PCAGSA),** will hold a **Public Awareness Evening at Kadina on Friday 19th** August from 7.00pm to 9.30pm. It will be held at the Farm Shed Museum, 50 Moonta Road, Kadina and the Speaker will be Urologist **Dr. Zenon Herzberg**. Please ring 8823 0271 to register your interest if you wish to attend.

The Cancer Council South Australia Prostate Cancer Call-in on 13 11 20 Thursday September 8th
Experts will be available to answer questions or concerns about prostate cancer from 6:00pm to 9:00pm.

Adelaide Awareness Evening Wednesday 14th September promoted by PCAGSA and The Cancer Council SA
The Cancer Council Function Room, 202 Greenhill Road, Eastwood. 7pm - 9.30 pm.
Speakers and topics include:- An overview of prostate cancer - presenter Prof Villis Marshall, Urologist, Prostate cancer survivors speak about their own experiences, Nutrition information - presenter Dr Elizabeth Isenring, Flinders University, GP Education Program - presenter Dr Linda Foreman, The Cancer Council South Australia and a Forum - open discussion and questions to a panel.

PCAGSA's application for a Small Equipment Grant was successful! The Group now has its own Benq Video Projector for use at its information evenings. No longer will they have to bother others to obtain one! Thanks to **B&H Australia** for the good deal they gave the group.

The Elizabeth Health and Information Day:

On the 4th of July a Health and Information Day was held at the Grenville Centre, Elizabeth, and we were invited to have someone there to hand out brochures and talk about prostate cancer issues. The day was mainly for the over 50's and over a dozen stalls had been set up dealing with various health issues. 400 people turned up during the day and our member **Roger Brown** was good enough to attend and distribute brochures and talk to people. **Many thanks** Roger**!** We asked Roger to send us a report as to what went on and his report is as follows:-

"ALARM BELLS AT ELIZABETH!

On Monday 4th July, I represented the PSA Adelaide Support Group at a health expo at the Elizabeth Seniors' Grenville Centre. I had a booth nestled between a Seniors Holiday Travel Service and a Funeral Company! Great for conversation! About 400 people attended the variety of events, mini-seminars, large number of displays and info-booths such as ours. I gave out all my brochures and over 90% of men and women I talked with had no idea what a PSA number meant. It was four hours well spent and I recommend similar opportunities for other members when they eventuate. *Roger Brown"*

Letters to the Editor of Local Newspapers:

Did anyone get around to writing a letter about **prostate cancer awareness** to their local newspaper as suggested in our last Newsletter? No? – Well you still have time to drop them a line before the **"Be a Man**" campaign is launched in South Australia. **REMEMBER THE PEN IS MIGHTIER THAN THE SWORD!**

Andrology Australia:

The Prostate Cancer Association of S.A. (Inc) has been successful in obtaining about **300** booklets from Andrology Australia dealing with Enlarged Prostate (BPH), Testicular Cancer, Erectile Dysfunction and Androgen Deficiency. These have been distributed to the various Groups. We have also obtained 20 back copies of **"Medicine Today**" magazines and if you want to borrow these or the Andrology booklets, please see our **Librarian John Mayes** at our next meeting. Any of our members can borrow books, and/or videos for a month at a time from our Library. Thanks Andrology Australia.

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Court case procedures - Yes it's true! Here are a lawyer's questions to a defendant in a recent court case.

Q. So the date of conception (of the baby) was 8th August, was it not?
A. Yes.
Q. And what were you doing at the time?

More real answers given by children in a recent Science Exam:

Q. How can you stop milk going sour?
A. Keep it in the cow.
Q. What does "Varicose" mean?
A. Nearby.
Q. What happens to a boy when he reaches puberty?
A. He says goodbye to his boyhood and looks forward to his adultery.

Videos:

Reg and Ian screened four short videos dealing with a new endoscope machine recently installed at the Adelaide Children's Hospital used for treating children with cancer, the amazing face re-construction of a small Papuan toddler who had part of his brain protruding out of the front of his face, the latest on the Ginger Wine Punch being made by a winery in Queensland and said to be beneficial for those with prostate cancer (check their website out at http://www.drred.com.au for more ordering and further information or ring Greg Jardeen on (07) 3289 5111, Mt Nebo Queensland) and the value of soy milk in controlling prostate and other cancers and ailments.

Prostate S.A.

Barry then introduced **Professor Villis Marshall** from the Royal Adelaide Hospital. Before giving his lecture on the latest research on prostate cancer, Villis took the opportunity of up-dating everyone about **Prostate S.A.** He said the organization was being formed to further research into prostate cancer and would be particularly linked to **South Australia and the Cancer Council SA**. During the last 6 to 9 months a number of people have been developing the structure of the organization jointly with the Cancer Council SA. This was in order to bring costs down to a minimum as Prostate SA started off with no funds at all. Since then a **"start up" fund of $100,000** has been established with $25,000 being generously donated by **Sanofi Aventis P/L**, $50,000 from the **Urologist's Society of S.A**. and the balance coming from **the Cancer Council SA. (*Many thanks to you guys and gals –Reg.)***

It has just been announced that **Mr. Ray Blight** has been appointed as **Project Manager** to set up the required infrastructure and to co-ordinate all matters between the Cancer Council SA and Prostate S.A. Already a number of important matters dealing with prostate cancer are being investigated in S.A. He mentioned the C.S.I.R.O experiments with wheat and selenium, **Dr. Howe** looking into the beneficial effects of Soy Milk, **Professor Wayne Tilley** working very hard on a number of projects at the **Hanson Research Institute**, the **Robotic Surgery** on prostate cancer patients now being performed at the **Royal Adelaide Hospital**, and Brachytherapy treatment soon to be made available there as well.

The primary aim now is to raise money for prostate cancer research in this State. The State Government has not put any money into actual medical research to date, but has left this to the private sector or Canberra's National Health and Medical Research Council. Villis said that once the right infrastructure has been put into place, it is hoped that **the State Government will assist with adequate research funds** for this very important project. Once this happens, more clinical trials can be carried out within the group as well as research being made into quite a few projects at present being **starved of funding**. In closing, Villis said that it is very important to get the general community on our side as this would be half the battle.

Lecture by Professor Villis Marshall, Clinical Director of Surgical Specialties, Royal Adelaide Hospital: **Notes compiled by Reg Mayes.**

Professor Villis Marshall has just returned from the USA where he attended the **Urologists Association's Annual Conference held at San Antonio** where the latest research details were discussed on various urological subjects and where a large number of scientific papers were exchanged between delegates from all over the world. Nearly **20,000** (yes, this is not a miss-print) Urologists, Oncologists, Radiologists and other Scientists took part in discussions held over a number of days. At least **25%** of the conference time was devoted to the subject of prostate cancer and other prostate problems.

England: Investigations there revealed that 25% of men with prostate problems such as prostate cancer, enlarged prostates (Benign Prostatic Hyperplasia), Prostatitis or Erectile Dysfunction, **were taking vitamin supplements**, **minerals (such as selenium), herbal medicines or other types of complementary medicines** and foods containing Lycopenes (compounds found in red wines, red grape juice, cranberry juice, tomatoes, tomato sauce and tomato paste used on pizzas, etc.) green tea, soy milk, or were on very low fat diets or low protein diets, **without telling their treating doctors or Urologists.** Whilst some of these products might do some good and be positively healthy for the individual, **men should tell their doctors** what they are taking as there are some herbs and high dose vitamins which could interfere with the doctor's prescribed medications and could give false results to the doctor's treatment. Villis thought that certain types of complementary medicines may have a place in one's treatment, but the jury is still out on some products. (*Over recent years some herbal medicines in America have been taken off the market – Reg.)* Villis said that in the future, herbal and other complementary medicines may play a bigger part in finding a cure for prostate cancer and other types of cancers. He quoted the example of the new drug "**Taxotere"** which is having a limited success in advanced prostate cancer and breast cancers although more work needs to be done to extend the effectiveness of this drug. It is made from the needles of the Pacific **"Yew"** tree. This in some quarters could be termed as being an herbal drug. (*The most famous drug of all is "Quinine" which is made from the bark of an evergreen Amazonian forest tree called "cinchona" which is used to treat malaria and some other ailments and diseases, although I don't know what will happen when they cut down all the trees in the Amazon forest, which humans are trying very hard to do right now! – Reg.)*

U.S.A.: Records show that some **999 Urologists performed 10,737 prostatectomies** and in that number a significant 30% of patients had various long-term after effects. 67% of these had long- term incontinence. Some of the incontinence problems persisted for well over 12 months.

Pomegranate Juice: This juice is receiving a bit of attention in the USA. It was found in various tests that, in men drinking daily glasses of pomegranate juice, the doubling rate of PSA readings was lengthened from **14 months to 26 months**. In other words, it slowed down the rate of a rising PSA by some 12 months. *(Villis – where do you buy this stuff in Adelaide? – Reg.)*

Germany: In a unique experiment it was discovered that after a prostatectomy, if men were required to wear **4 or less urinary pads per day** to control incontinence, there was a high probability that they would be OK in the waterworks department within a reasonable period. However, if they wore **5 or more pads per day**, they could well be incontinent for 12 months or more.

Gleason Score Figures: Studies showed that the Gleason score figure was sometimes **"a moving target**". In one study, 20% of men tested had a Gleason score of 5, but after 10 years, 5% of these had shifted up to a figure of 6. It was also noted that some readings initially made by pathologists looking at strands of cancerous material under their microscopes (from biopsies taken from prostates) **varied from one pathologist to another**. **This is of real concern and a Bio Resource Centre will be set up to standardize readings**

Where the Gleason score is 8 or higher, the prostate cancer is very difficult to deal with, mainly by using hormone injections and lately, also modern Chemotherapy drugs. In a study, about 27% of these patients died within six years of commencing treatment.

Obesity: It was once thought that there was an association between obesity and having an aggressive prostate cancer. It is known that fat can convert testosterone into oestrogen and more research needs to be done on this subject.

Preserving Erectile Function: At a Cleland Clinic in the USA, out of 80% of men who had erectile dysfunction after a prostatectomy, 78% of these had to use Viagra, Levitra or Cialis tablets in order to obtain an erection. After 5 years, only 30% of these men were sexually active even when taking these tablets. Investigations revealed in another study, after taking **Zoladex or Luprin** hormonal injections, in some cases androgens were still found in prostate cancer cells. This was a bit puzzling.

Japan: Prostate cancer stem cell markers have been found for the first time. Prostate cancer cells can still survive without androgens. There is big difficulty in identifying stem cells in prostate cancer. Once again, more research is required.

The "Lependilly" Plant: Japanese researchers have found an extract or agent in this plant which seems promising in the treatment of prostate cancer. In a test performed on mice, they found that the prostate cancer does not grow as quickly or metastasises as much. **Here again, more research!**

Australia: In a recent Australian study with numerous volunteers who had had biopsies, it was surprising to find that in those with a very low PSA reading of from 1 to 2, 13% had prostate cancer, and some of these had a Gleason Score of 7. In those with a Gleason Score of 2 to 3, 15.6% had prostate cancer. In those with a PSA of 3 to 4, 21% had prostate cancer. This proves that you don't always have to have a PSA of 4 or higher to indicate you may have early localized prostate cancer. In a similar study in the U.S.A.,

it was revealed that 11.4% of men who had prostate cancer, only 1% had a PSA level of from 1 to 1.25. It would be a huge statistical problem to test the PSA of all men in the various age groups. As mentioned above, some with men very low PSA levels would have prostate cancer, but would not know that they had it until **Digital Rectal Exams were carried out and biopsies performed**. It was also interesting that although PSA tests were first discovered in 1979, it was many years later before the tests were put into practice.

In the USA, for men over 75 years of age, it was found that there was not much benefit in having PSA blood tests. (*Jeepers Creepers and bloody hell – I'm glad I don't live over there. I'm 78 - Reg).*

What is Significant in PSA Readings? If the PSA level doubles in less than 2 years, (say from 2 to 4) that could indicate something could be amiss and, in my opinion, one should have further investigations made. E.g. a biopsy being performed by an Urologist.

Brachytherapy Treatment: (Low Dose): Although this treatment has been around for quite some years, the procedure of **permanently** implanting radio-active seeds (100 or more) into the prostate has been greatly refined. The main problem comes with the difficulty some men have in voiding afterwards. **To get the treatment in Australia one has to meet certain criteria**. For example, the PSA level has to be under 10, the flow rate of urine should not be under 15 mls per second, the volume of the prostate should not be bigger than 50 grams, and the Gleason Score should be 6 or under. *(Some Urologists have told us that if you can't pee before having Brachytherapy, you won't be able to pee afterwards. – Reg.)* Another method of brachytherapy being used here in Australia, is where the radioactive seeds are inserted in special hollow wires which are left in the prostate for 24 or 36 hours and then withdrawn. This is called **high dose brachytherapy.**

The rush to have treatment done: Villis said that there is no rush for men to have certain types of treatment carried out as soon as they find out they have prostate cancer. **This type of cancer is usually very slow growing** (sometimes over many years) and men should get themselves well informed on the various options that are available to them. They should discuss these with their Urologist and families. You have time to research all options thoroughly. *(For example, join a Support Group, look at their books, videos, magazines, and check out the big PSA Adelaide Group's web site on www.psaadelaide.org Talk to other men with similar problems - Villis, we've taken a free plug here! Reg).*

However, with bladder cancer things are vastly different. If you wait more than 12 weeks for treatment after being diagnosed, you could be in big trouble, requiring urgent, complicated and sometimes dangerous operations. So never confuse bladder cancer with prostate cancer.

Biopsies: The usual number taken is 8 cores from 8 needles. **In some cases, 10 cores are taken.** In certain special cases, 16 cores have been taken. In a test carried out, 40% of the cores taken were found to have prostate cancer cells in them. Where prostate cancer was discovered, and the prostate later removed, the average size of the cancer was found to be 2.4 cc in cases where the Gleason Score was greater than 4.

Family History: Where the father or brother or another close relative such as an uncle, has prostate cancer, there is a **2 to 4 times greater chance** that you may have prostate cancer as well. In these family history cases, it is wise to have yearly PSA tests from the age of 40 onwards just to keep a check on things.

Switzerland: Is early treatment better? There appears to be not much difference in the mortality rate, but the figure is confused because you could die from something else in the meantime. The Swiss also consider it sensible to defer **Androgen Deprivation** (hormone treatment) for a while, in order to avoid the adverse side effects. *(But they didn't say for how long, did they? – Reg).*

This ended Villis' actual lecture but he said there was **plenty of information on the internet** dealing with this very important San Antonio Conference. **Our Webmaster, Ian Fisk**, has been hard at work digging up some of the sites and these are listed hereunder for you to have a look at should you be on the internet. One member asked Villis would he be prepared to have his next year's lecture taped, to which he replied, "No worries". Members then decided to ask Villis some curly questions.

Go to the **URO Today** website:- http://www.urotoday.org click the Conference Reports tab, then the Conference AUA 2005 (San Antonio) Abstracts are available for some of the sesssions.

On hormonal treatment, he said that with **Zoladex or Luprin** one could add an anti androgen which would extend the treatment and then withdraw it. A second one could be used later and then withdrawn. Intermittent hormonal treatment seems to be the thing in advanced prostate cancer treatment. Modern chemotherapy drugs are also being used. It is early days yet and much more work needs to be done. This all takes time and money. He pointed out that we are at least 10 to 12 years behind compared to the treatment of breast cancer for women.

HIFU or High Intensity Focused Ultra-sound: Another member asked what the future is for HIFU in Australia and just how good is it? This treatment is carried out in some overseas countries such as Germany, U.K., Canada and the Dominican Republic. In reply, Villis said that it was difficult to know if this ultra-sound treatment really gets all the cancerous cells in the prostate because there is no tissue available to test it. Most of it gets vaporized in the process. Ten years is really required to evaluate the results and this period is not up yet. In carrying out the delicate procedure, **the operator must be very careful not to "zap" the urethra tube** running through the prostate. The recovery time for the patient is not much better than Robotic Prostatectomies now being performed at the Royal Adelaide Hospital.

Someone else asked about **Radio Frequency Ablation.** Villis said that this procedure has the same problems as HIFU. Someone else asked how long after a prostatectomy,

radiotherapy or brachytherapy would one know if he was completely cured of prostate cancer or not? Villis wondered where members were getting these hard questions from! He said he thought that it would be from 10 to 15 years. Some people had suggested 5 years, but he thought that this was a bit short.

Does a person's race have anything to do with Prostate Cancer? Yes – In the USA for example, **black Americans** have a 30% higher chance of getting prostate cancer than **white Americans**. No one knows the reason for this as diets are mostly the same for both races. Re the **Australian aborigine**, insufficient studies have been made, but sadly the life span of the aborigine is very much lower than the white Australian. A lot pass away before the prostate age of from 60 to 80. **Asian races** do however have a lower rate of prostate cancer when compared to Western nations. Is this due to their diet or genetic factors? We don't really know! Maybe eating rice, soy products & soy milk, vegetables and fish and less red meat and dairy products such as milk, cream, ice cream and cheese may have something to do with it. It would be interesting to find out!

What about the types of blood groups throughout the population? Men with different types of blood groups such as A B O or whatever, all get prostate cancer so there is no difference between the various groups. A study of bike riders does not reveal that they are more prone to prostate cancer when compared to non bike riders. Villis said that it would be a good idea to give bike riding away for 5 or 6 months after having brachytherapy or a prostatectomy. Some of our members who have had brachytherapy said **"Yes - we've found that out!."** Vasectomies or celibacy do not have any influence of the prostate cancer rate. A recent study has shown that more frequent ejaculations in men do seem to lower the prostate cancer incidence rate a bit. *(I'll guarantee that all men tell that to their wives – Reg)*

Proton Beam Treatment: Another member asked about Proton Beam machines. Villis said these were extremely expensive ($5 to $7 million mark) and specially built buildings are needed to house them. There are only a few in the world. They are a **Russian** invention. There are none in Australia. There has not been a lot of study as to their effectiveness.

More about the PSA Test: Villis said that the PSA test was a pretty good marker after having treatment such as a prostatectomy, radiotherapy or brachytherapy. Is the "**Free to Bound PSA Test**" any good? *(See page 10 of our May/ June Newsletter)*. Villis said that there was not a great deal of interest in this at the conference. It doesn't really guarantee that you have or haven't got prostate cancer. The doubling of the PSA figure over 6 months or 12 months is a more reliable gauge as to what is going on and after an operation or other procedure, the doubling rate under 2 years is when some other treatment should be looked at.

Barry and Villis

At the conclusion of Villis' lecture, Barry thanked him for his very informative up- to- the- minute talk and handed him a bottle of the very best **Houghton Shiraz from W.A.** adding that this wine would do wonders for his prostate. Villis suitably responded and said he couldn't wait to sample it.

BREAST CANCER DRUG COULD BENEFIT PROSTATE

A new study gives encouraging signs that a hormonal drug used to fight breast cancer might help prevent abnormal prostate growths from turning into cancers.

Men who took low doses of the drug for a year cut their chances of developing prostate cancer roughly in half, doctors reported at meeting of the American Society of Clinical Oncology (ASCO) in April.

As many as 50,000 men each year are diagnosed with such growths, and then suffer constant worry and frequent biopsies to see whether cancer has developed.

The drug is toremifene, sold as Acapodene for treating advanced breast cancer. It selectively blocks some of the effects of estrogen, a hormone men have but in much smaller quantities than women.

For decades, prostate cancer prevention and treatment has focused on blocking the male hormone, testosterone. Targeting estrogen "opens up a new area," said the cancer society's medical director, Dr. Harmon Eyre.

Men who have abnormal growths called prostatic intraepithelial neoplasia, or PIN, have about a 30% chance of developing prostate cancer within a year and about a 65% chance within two years.

The study involved 514 men with the growths at 64 sites across the country who were given either fake pills or 20, 40 or 60 milligrams of toremifene for a year. Biopsies were done at six months and a year after treatment started.

Cancer rates were similar among the groups at 6 months, possibly because initial biopsies missed some cases found on second biopsy. But after a year, 24.4% of those on the drug had developed cancer versus 31% of those on fake pills.

That means that for every 100 patients who took the drug for a year, seven cancers were prevented, Price said. The benefit was greatest for those who took the lowest dose for a full year. Their cancer risk was 48% lower than men who didn't get the drug.

Side effects were similar for those on the drug and those given fake pills: 1 to 4% reported headaches, hot flashes, fatigue, nausea, dry eye or problems with sex.

A larger study testing the lowest dose is enrolling 1,500 men now. If it confirms that the drug can prevent prostate cancer, it would be "an important step" because there's little

agreement now about how to treat the disease once it's found, said Dr. Peter Greenwald, director of cancer prevention at the National Cancer Institute.

The Associated Press, 14 May 2005

Prostate Radiation: More Side Effects May Appear Over Time

Surgery Side Effects More Stable, Says Study
Article date: 2005/06/08

Summary: A recent study in the *Journal of Clinical Oncology* looked at the long-term side effects of various treatments for early-stage prostate cancer. In it, researchers from the University of Michigan reported that that although patients treated with radiation saw their initial side effects get better with time, they were likely to see new side effects appear, as much as 6 years later. Side effects of surgical treatment were not found to change much over that period.

Why it's important: Men facing treatment for early prostate cancer need to know the potential side effects of the treatment they choose. While all three types of conventional treatment—surgery, external beam radiation, and radioactive seed implants (called brachytherapy) -- are in most cases equally likely to cure a man, they have different side effects. These have only been studied for a short time after treatment, about 2-3 years. Men should know if these can change later on.

What's already known: Surgery, called radical prostatectomy, can lead to urinary incontinence and impotence. This improves in some men. But in an earlier study, the same researchers found that about 2.5 years after surgery, nearly 20% of men still had some problem with incontinence and close to 70% were impotent. This is consistent with other studies.

In the same earlier study, the authors found that men who received external beam radiation also had a high rate of impotence 2.5 years after treatment, but few problems with incontinence. About 15% had rectal irritation from the radiation. Men treated with radioactive seed implants had different urinary problems. About one-fourth had irritation and trouble urinating but incontinence was not a problem. Three-fourths were impotent.

How this study was done: The same men from the original study were asked about their symptoms again, this time around 6 years after their treatment. The new results were compared with the earlier findings. All these results were compared with men who were the same age, but did not undergo treatment for prostate cancer. These "control" men had also been questioned at the time of the first study.

What was found: Men who had surgery reported no change in their symptoms from the time of the first survey. But men who got external radiation or seed implants did see changes in their symptoms. Urinary irritation (pain, burning, bleeding, or frequency) improved in the seed implant patients, and the rectal problems lessened in the external beam radiation patients. But both groups experienced more urinary incontinence, particularly the seed implant patients. Also, in both groups of radiation-treated men, an additional 10% of men had become impotent. All of these symptoms occurred much more often than in the men who never had prostate cancer. But these men also suffered a decline in sexual function that the authors attributed to aging.

When all the side effects were combined, surgically treated men had the best bowel function and even the best sexual function after 6 years, though by only a slight margin. The seed implanted men had the worst outcomes for sexual function and incontinence.

The bottom line: Men who undergo surgery for prostate cancer can be fairly certain that after about 2.5 years, the side effects from the surgery won't change much. This is not true for men who are treated with either radioactive seed implants or external beam radiation. After about 6 years, they may see improvement in rectal or urinary irritation from the radiation. But sexual performance will likely decrease and incontinence may develop.

Citation: "Long-term outcomes among localized prostate cancer survivors: Health-related quality-of-life changes after radical prostatectomy, external radiation and brachytherapy." Published in the *Journal of Clinical Oncology* (Vol. 23, No. 12: 2772-2780). First author: David C. Miller, MD, University of Michigan Medical School.

The Importance of the Digital Rectal Examination (DRE)

The Darwin prostate cancer support group (PCSG) has come across what they regard as a very serious problem, involving a member of their group. They believe that the problem should be widely publicised because it concerns a potentially life-saving procedure.

The man, in his early 50's, started including the PSA test in his annual health checks, at his GP's instigation. For a few years the count was normal, but on a subsequent occasion it had soared to 66, and he was in serious trouble. It's all been downhill for him since then.

Some time after confirmation of the man's prostate cancer, his GP offered the information, that he had not done one test (the normal DRE), which, he admitted, almost certainly would have picked up the cancer. His explanation was that in his experience, a clear majority of men were homophobic about that sort of thing, and he genuinely feared physical violence, and so didn't even offer it (one suspects that he may now do so).

Members of PCSGs are certainly urged to insist on having the DRE and the PSA test, but there appears to be no legal requirement to offer/ perform the DRE, and there may be many doctors uncomfortable about performing it. Who knows how many cancers have been tragically missed in this way? The DRE is no "party trick", but neither is it life threatening. If only one life were saved each year, through the accepted combination of the DRE and the PSA test, it would be worth it, especially if it was yours or your mate's. Nobody suggests that either test is accurate enough to rely on totally, but the two used together become a much more reliable indicator.

There is a surprising lack of knowledge about prostate problems among GPs, which could be tackled through the Continuing Professional Development program which the GP Divisions run. However, if all men presenting for a prostate check or problem, insisted on having both the PSA test and the DRE, the message would also get around the medical circles. So, it may be irrelevant to us, but it could be extremely relevant to a mate or relation, let's "finger" the problem and get on with the remedy.

Keith Williams

Life's in the Pink

One of our members, Barry Oakley, has written a new book. Barry's new book is called "Life's in the Pink". It deals with life in general and overcoming problems he encountered after having had a prostatectomy some years ago. It is now available. The cost is $5.00 per copy plus $1.60 postage. Just drop Barry a line at:-

Barry Oakley, 15 Rednell St.,
TEA TREE GULLY., SA 5091
or give Barry a ring on (08) 82653446

Barry has been good enough to give us the following information about himself:-

"I have been a cancer survivor for 9 years, but I am always conscious of living in uncertainty. For the first three years my PSA blood count was less than 0.5. Nothing to worry about there, even if I do get a bit twitchy at blood test time. Since then it has been slowly rising up to 4.8 and still rising. I have to go onto hormone treatment. In the meantime I believe that if you eat good food (I have cut out red meats) and give your immune system a boost with some supplements, then it will put your body into a position of advantage in fighting the little sods. I am fortunate in having a good Urologist who is positive and encouraging."

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A man was walking down the street when he was accosted by a particularly dirty and shabby-looking homeless man who asked him for a couple of dollars for dinner. The man took out his wallet, extracted ten dollars and asked, "If I give you this money, will you buy some beer with it instead?" "No, I stopped drinking ten years ago," the homeless man replied. "Will you use it to gamble instead of buying food?" the man asked. "No, I don't gamble," the homeless man said. "I need everything I can get just to stay alive." "Will you spend the money on green fees at a golf course instead of food?" the man asked. "Are you mad?" replied the homeless man. "I haven't played golf for 20 years." "What about women? Will you spend the money on a woman?" the man asked. "Don't be stupid -it's only ten bucks," said the homeless man. "Well," said the man, "I'm not going to give you the money. Instead, I'm going to take you home for a terrific dinner cooked by my wife." The homeless man was astounded. "Won't your wife be furious with you for doing that?" The man replied, "That's OK. I just want her to see what happens to a man when he gives up beer, gambling, golf and sex."

from Bundabery & Distict Prostate Cancer Support Group July 2005 Newsletter

Adelaide Prostatectomy Pty. Ltd

This is Jeff & I taken here last month

"You don't see men angels with beards because most of them got here by such a close shave."

Virus Selectively Kills Cancer Cells, Study Indicates

A common, benign virus may be a more powerful foe of some cancer cells than previously thought. Research has indicated that the virus, adeno-associated virus type 2 (AAV2), can inhibit the growth of some cancer cells and, in some cases, cause cell death (apoptosis). But researchers from Penn State University recently reported at the annual meeting of the American Society for Virology that, in laboratory cultures, AAV2 entirely wiped out cancer cells of four different types: cervical, squamous cell, breast, and prostate, while leaving healthy epidermal cells intact.

Only single cell lines of breast, squamous cell, and prostate cancer were studied. Not so for human papillomavirus (HPV)-related cervical cancer, explains Dr. Craig Meyers, professor of microbiology and immunology at the Penn State College of Medicine and the lead investigator on the study.

"We did the experiment 30 or 40 times with all different types of [HPV-related] cervical cancer lines: preneoplastic, .invasive carcinoma, HPV16, HPV18, HPV31," he says. "Every single time, they died at 6 days, like clockwork." The 6-day time frame for cell death held true for all four cell types studied.

AAV2, which is estimated to have infected 80 to 90 percent of the U.S. population, appears to recognize the cancer cells as being abnormal, the researchers contend, although they still don't know how or why it takes 6 days before apoptosis sets in.

"With the cervical cancer lines, AAV2 doesn't care if it's preneoplastic or invasive," Dr. Meyers continues. "So it has to be something that happens early in the carcinogenic process. But whatever it is, it remains into the invasive stage."

AAV2, says Dr. Selvarangan Ponnazhagan, an associate professor of pathology at the University of Alabama at Birmingham, is considered to be "replication incompetent," meaning that even after it has infected a cell and integrated into its genome, it needs the assistance of another virus, such as HPV, to replicate and invade its next cellular target.

In terms of AAV2's therapeutic potential, Dr. Ponnazhagan says, "One of the limitations you need to overcome is the ability of the virus to penetrate a good proportion of the tumor cells to have a killing effect."

In this study, however, AAV2 worked without another virus' help, Dr. Meyers notes. His lab has done other work with healthy cells showing the virus can replicate on its own.

Engineered, or recombinant, versions of AAV are increasingly being used as a delivery vehicle for gene therapy approaches to cancer and other diseases. But whether the wild-type (naturally occurring) version of AAV2 could be transformed into a therapeutic presents a number of unanswered questions, says Dr. Peter Beard, a senior scientist at the Swiss Institute for Experimental Cancer Research who has closely studied the virus. Chief among those is just how much virus would be required to have a therapeutic effect *in vivo*.

In addition, says Dr. Doug Lowy, chief of the NCI Laboratory of Cellular Oncology, it's possible that preexisting AAV antibodies or antibodies generated by the introduction of the therapeutic virus might limit its oncolytic activity. Nevertheless, he says, "It's certainly a provocative observation that's in line with previous observations on AAV."

The study results have generated significant interest, says Dr. Meyers. His intent is to conduct further investigations into the intracellular signaling pathways affected by AAV2. He is also working with colleagues at Penn State "to figure out what we need to do to get from the lab to clinical trials," he says. "That's a major goal right now."

Meetings for the Rest of the Year

Sept 19 2005 3rd Mon	Ms. Adeline Lim, Senior Radiation Therapist, R.A.H. - A radiotherapy up-date.
Oct 17 2005 3rd Mon	Dr. Graham Sinclair - An illustrated lecture. Watchful waiting versus prostatectomies, radiotherapy and brachytherapy treatments. When each type of treatment should be used. Questions and answers.
Nov 21 2005 3rd Mon	Dr. Alan Stapleton, Head of the Urology Division of the Daw Park Repat. Hospital - The latest up-dates concerning the various prostate cancer treatments.
	Please Note: The date of our Annual Xmas BBQ will be announced later in the year.

Men's Health Expo

Torrens Parade Ground over 30 exhibitions regarding Men's Health Part of Vietnam Veterans Day
21st August 2005 from 11.00 am
PCAGSA will have a stall there. Everyone welcome.

SEPT IS PROSTATE AWARENESS MONTH

In Australia and the USA.

Cancer Connect 13 11 20

Connecting you with people who have had a similar cancer experience.

P/C Support Onkaparinga Group SA

Their next meeting will be held from 6pm on 3rd August when Snr.Constable Andy Hall (Neighbourhood Watch) will be the Speaker. Ring John on 8382 6671

This Newsletter was compiled and typed by Reg Mayes. Pam and Ian Fisk, 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. 310 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.