

P.S.A. NEWSLETTER

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PROSTATE CANCER
FOUNDATION of AUSTRALIA



*PROSTATE(CANCER) SUPPORT
AWARENESS
ADELAIDE GROUP*

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A Member of the Association of Prostate Cancer
Support Groups (SA) Inc.

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Support Group
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March 2005 Newsletter including a report on the March Meeting.

Held at the Burnside Hospital on 21st March '05

Thank you to our sponsors: Abbott Australasia Ltd., City of West Torrens Council, the Burnside War Memorial Hospital for use of their Lecture Room, Aventis Pharma P/L, and PMP Print and the Arte Grafica Printing Pty. Ltd.

The next meeting will be held on Monday 18th April '05 commencing at 7.00pm when Professor Ian Olver, Medical Oncologist and Director of the Cancer Centre, Royal Adelaide Hospital, will give an illustrated lecture on prostate cancer, clinical trials and hormonal treatments. Roll Up! Roll Up!

Chair: John Mayes

Members Present 55

We regret to announce the passing of Brian of Salisbury. Brian was one of our long standing members but was unable to attend our meetings. He kept in touch with our activities through our monthly Newsletters. Our sympathy goes out to members of Brian's family.

Apologies: Barry and Margaret, Kate, Roger, and Pam and Ross.

New Members: Peter and Joan, Paul, Bruce, John, Alan, Geoff and Gilda, Ralph and Verna, and Cliff and Brenda.

A big welcome was extended to all the new members. Bruce said that he had a **PSA reading of 2,500** at one stage but this had now dropped to 8.9 after a course of **zolodex** and a mixture of other hormonal drugs. His cancer has spread into his bones. He recently tried a course of **dexamethodine** (I may have spelt this incorrectly) tablets. He had a very severe pain in his right leg, but thankfully this has now gone. Bruce said that he intended to battle on regardless. That's the shot Bruce!

Other members told of their experiences after having Radical Prostatectomies and Radiotherapy treatment. One chap said the spreading of **Aloe Vera** cream on his stomach area reduced skin irritation and radiotherapy burns. The only other effects he had were slight bowel and bladder problems but these went away after radiotherapy ceased. Reg handed the new members copies of our brochure, our last Newsletter and Dr. Phillip Stricker's article dealing with localised prostate cancer.

Abena Sanicare Products:

Gary Bowes brought along a large carton of various **Abena Sanicare** products made available, free of charge, by Ms. Meredith Ente. Members in dire need helped themselves to the pads. Many thanks Abena Sanicare! Anyone interested in checking out these products (men and women's varieties) should visit their premises at 167a Richmond Road, Richmond, or **give Meredith a ring on 83526159.**

Government Grants:

We have been advised that we are not eligible to apply for a grant to cover our Newsletter production costs or postages of Newsletters to members under the provisions of the S.A. Grants for Seniors Fund. However, there is a new Federal Grants Scheme called "**Cancer Support Groups Grants Program**" which closes on **11.4.05**. Groups must be incorporated to apply for this grant, so our PSA Adelaide Group, plus the Barossa Valley and Onkaparinga groups, intends to apply for a grant through the Association. Keep your fingers crossed! If your group is interested in applying, **ring the Grants Program Officer on 1800 020 103** or e-mail cancer@health.gov.au for further particulars. You can down-load the required documents on your computer, **but hurry as there is not much time left.**

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Gary Bowes has advised that he has just received a **cheque for \$1,500 from the Premier's Department** and this will shortly be split up between the various S.A. P/C Support Groups. The cheque was from the State funded S.A. Volunteer's Support Fund. Also, the Adelaide Group has received a **cheque for \$200 from Aventis Pharma P/L**. The other groups received a similar amount. Aventis Pharma P/L made a total grant of \$1,500 altogether. Many thanks Aventis!

A man suffered a serious heart attack in the street and was rushed to hospital where he was given immediate by-pass surgery. He awakened to find himself in the care of the nuns at a catholic hospital. As he was recovering a nun asked him how he was going to pay the bill. He replied in a raspy voice, "I don't have any health insurance." The nun asked if he had any money in the bank. He replied, "No, no money in the bank." So the nun asked, "Well do you have a relative who could help you pay?" He said, "Just a spinster sister, who is also a nun". The nun was shocked and said, "Nuns are not spinsters! Nuns are married to God." The patient replied, "Good, the send the bill to my brother-in-law". Thanks Bundaberg P/C Support Group.

Coming Events:

As mentioned in our last Newsletter, **The Freemason's Art Exhibition will be held on the 15th to 17th April in the Great Hall of the Masonic Lodge, 254 North Terrace**. All proceeds will go towards Prostate Cancer Research and the Cancer Care Centre, Unley. We will have an advert in their catalogue. Pop in a buy a painting!

The Cancer Council S.A. will run their **"Relay for Life"** campaign at the Santos Oval from about 1.30pm on Saturday 2nd April to 4pm on Sunday 3rd April. We have donated \$25 to this event. Drop in at 1.30 pm on the Saturday and do a lap around the oval. You can also run around the oval for 24 hours non stop if you like. Just think of the money you could raise!

The Onkaparinga Prostate Cancer Support Group will hold their next meeting on Wednesday 6th April from 6.30pm in the Hospital Board Room, Noarlunga Centre. The speaker will be Ray Nicholson who will talk on his inspiring battle with Mantle Cell Lymphoma. The Chairman, John Shields, says that everyone is welcome to attend.

Other News from Around Adelaide: Human Services Finder Web Site:

This valuable S.A. Government sponsored web site can be found on www.hsfinder.sa.gov.au and has details of over 10,000 services delivered by over 3,000 organizations in more than 3,800 locations. The site brings together health, housing, family and community services information across government, community and private sections in South Australia.

Everything from local support groups, community development organizations, aged care and child care facilities, women's, men's and Aboriginal health organizations to major hospitals (both public and private), housing and welfare agencies and State-wide help lines. Private health professionals are also included such as doctors, dentists and pharmacists etc. **Our own PSA Adelaide Group is listed under Prostate Support Groups**. Well done State Gov!

"The Man Alive 2005 Event", Semaphore, Sunday 13.3.05:

This event proved to be a great success. The Prostate Cancer Action Group (SA) Inc., handed out the Association's brochures and other leaflets and booklets dealing with prostate cancer. Jeff Roberts, the Chairman of the Action Group, has forwarded us the following report:-

"Man Alive 2005, a men's health festival, was held at the Semaphore Foreshore on Sunday 13th March. I believe organisers would view the day as a great success with the number attending seemingly far greater than last year. The location at the foreshore was an ideal spot for families and there were various activities for children.

The Prostate Cancer Action Group had a range of pamphlets on display for people to browse at and take if they wished. A very pleasing aspect was the steady flow of people to our tent, many of which were very interested in prostate cancer problems and the necessity to be informed. Maybe the need for prostate cancer awareness is starting to take off! Jeff."

Adelaide leads the Way in Modern Medical Technology:

The Da Vinci Robotic Surgical System:

Adelaide is leading the way in the use of modern medical technology. **The Royal Adelaide Hospital** is the only public hospital in Australia using **the Da Vinci Robotic Surgical System**. The only other hospital in Australia with this type of advanced machine is the Epworth Private Hospital in Melbourne. The machines cost \$2.9 million each and the R.A.H. was very fortunate indeed in having **Mr. Gordon Pickard of the Pickard Foundation** donate this money together with **Mr Rob Gerard** of Gerard Industries, **Mr. Glen Cooper** from Cooper's Breweries and **Michael**

Brock. The running costs for the machine are very high (e.g. **it costs \$3,000 for each operation**). However, the S.A. State Government has realized the value of having this facility in this State and has chipped in \$250,000 to cover the first year's operating costs. Incidentally, because the R.A.H. is a public hospital, it does not cost the patient anything to have the use of the machine. If you were living in the U.S.A., I just shudder to think what a prostatectomy or a heart operation would cost you if you made use of the Da Vinci. (Please see a more detailed report and photos of this machine on page 6 of this Newsletter).

The Toshiba 64/CT Scan Machine:

Another very interesting piece of advanced technology being trialled in Adelaide at the moment is the \$1.4 million Toshiba 64/CT scan machine – **only one of five being trialled around the world**. The machine is being trialled by medical imaging specialists Dr. Jones and Partners. It is being used to detect heart problems and can pick up excellent images of the coronary arteries. Who knows what the advanced scanner could do in relation to prostate and ovarian cancers in the future. (See more on page 4).

The Daw Park Foundation:

It was unanimously resolved that we make a donation of \$25.00 to the **Daw Park Foundation** at the Daw Park Repatriation Hospital to assist with their work relating to prostate cancer.

Skin cancer vaccine 'readily available'

A SKIN cancer vaccine that appears to offer melanoma sufferers hope is readily available, the senior cancer specialist at Royal Adelaide Hospital says.

The hospital's cancer centre clinical director, Professor Ian Olver, said the experimental vaccine, being trialled at the hospital by Professor Brendon Coventry was available to those wanting to use it.

The trial has had positive results in 14 out of 20 people so far. But \$100,000 is needed to keep the trial running.

Independent MP Nick Xenophon made an appeal last week to Health Minister Lea Stevens to meet the shortfall.

Professor Olver said patients did not have to be on the trial but needed to discuss it with their oncologist, who could prescribe it.

"Patients should ask their oncologist and the treatment can be made available through the surgical oncology unit at the Royal Adelaide," he said yesterday.

A spokesman for Ms Stevens said she was aware the vaccine was available outside the trial. "It is really important for the public to know this," he said.

The vaccine costs \$500 over two years.

The Advertiser 24.3.05

So \$100,000 is needed to keep this trial running. Well how about it Ms. Lea Stevens, Health Minister? Can you rattle the Health Department's till a bit more? Or maybe there is someone out there that's got \$100 grand moulding away under their mattress. Also, here's another thought - what about some of the private health insurance funds coming to the party? They benefit in the long run with lower medical costs involving the treatment of Melanomas, don't they?

Reg.

Your heart in 3D

By Health Reporter REBECCA JENKINS

FROM a snapshot of a beating heart to a revolving 3D view of the spine - advanced technology is allowing Adelaide experts a remarkable virtual tour of our bodies.

The Images are being produced by a \$1.4 million Toshiba 64/CT scan machine - one of only five being trialled in centres across the globe.

The machine arrived at Adelaide medical imaging specialists Dr Jones and Partners about two weeks ago and already is impressing with the speed and clarity of scans.

Partner Dr Ruben Sebben said the machine took 64 Images every 0.4 second as it revolved around the body.

He said the machine was particularly exciting because it had the potential to change the way cardiac patients were scanned.

Dr Sebben said at present the gold standard was the angiogram - an invasive procedure which involves inserting a catheter in the groin.

Some patients, however, now could avoid that by having a scan in this machine.



EXCITED: Marketing manager Jon Martyn with the revolutionary scanner being trialled at the practice.

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The advance has come because this machine is so fast.

“The quicker you can scan the heart the better your image quality is,” he said.

“We think we will be able to scan the heart within eight or nine heartbeats.”

Dr Sebben said the scan would be particularly useful for young patients who were having chest pains but where the cause was inconclusive.

It also would be useful to check up on patients who had had bypass surgery.

The machine could pick up excellent Images of the coronary arteries.

Around 5000 to 10,000 images were needed to create an image of the heart, he said.

Dr Jones and Partners is one of five “luminary” centres for

Toshiba, which is why it has had the opportunity to trial the machine before it is released to the market.

The practice's marketing manager Jon Marytn said CT technology had come a long way in the past 10 years.

“Just to look at the brain or any other organ it would have taken 30 minutes,” he said. “In the old days, we would have had a 2D image, now we take 10 seconds we can get a 3D image of any part of the body.”

From the Advertiser 11.3.05

REQUEST FOR HELP WITH PSA SURVEY

Hi,

I am David Brady from Sydney.

In September 2004 I was diagnosed with prostate cancer and had a radical prostatectomy in November 2004. My story is posted on the prostate cancer support site www.yananow.net which is run by Terry Herbert of South Africa.

I am currently doing a study on PSA trends, which if successful, could lead to earlier diagnosis and treatment of prostate cancer. In order to complete this study, I need details of PSA tests and biopsies from as many men as possible and I was wondering whether any of your members would be interested in taking part. To ensure confidentiality, no personal details are required and correct names are not needed.

Who do I need information from?

Any man who has had at least one PSA test following a prostate biopsy (negative or positive).

What details do I need?

- Age at diagnosis
- A list of your PSA tests with dates. Could you also include any PSA tests you had prior to your first (or only) biopsy.
- A list of biopsies with dates and whether negative or positive.
- The start date of any treatment with details (including alternative therapy if used).

I would be very grateful if men could take the time to send me their PSA/biopsy details. If you take part in this important study, you could be helping to significantly improve the earlier diagnosis and treatment of prostate cancer.

All the best, David Brady

Email: dav999@hushmail.com

Or by snail mail to D. Brady,

12 Rosemary Row,
Menai, NSW, 2234

“First Class Carriage in the Cancer Patient’s Journey” at the Department of Radiation Oncology, Cancer Centre, **Royal Adelaide Hospital.** (*Dr. E Yeoh, Director & Ms Adeline Lim, Operations Manager*)

The Staff of the Department of Radiation Oncology continuously strive to meet the challenges of an increasing workload, evolving technologies that require training and learning on the job, teaching and education of undergraduates and newly qualified staff, trials and research. Even with no commensurate increase in wages and human resources (Radiation Therapists, Oncologists, Medical Physicists, Nurses and Clerical Officers), their passion and commitment shine through to provide a very high standard and comprehensive cancer patient service, as demonstrated by the following activities.

- 1) Commencement of gold seed markers trial to study the prostate organ movements and treatment set-up positions. This trial will be completed and results evaluated later this year to improve accuracy and hence better outcomes. However, speed of implementation will depend on availability of increased Radiation Therapists.
- 2) Commissioning of computerized radiography equipment that replaced the conventional wet processing of X-rays of treatment area. This has improved efficiency in acquiring, viewing and analyzing radiation images with greater accuracy that will result in better patient outcomes. The Department is privileged to have the best of the three

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systems in the country, and is working in partnership with the supplier/manufacturer to lead in this field of image acquisition and verification.

- 3) Besides other on-going trials, most recent is the collaboration with the CSIRO Health Sciences and Nutrition, in the research on the radiation sensitivity for each prostate cancer patient. This would lead to individualizing the patient's treatment for better outcomes.
- 4) Successfully implemented high quality prostate seed implants in the relatively short time of three months. This involved the acquisition of the stepping unit and the treatment planning system both of which are far in advance of the systems currently available in other public teaching hospitals and all but one privately funded facility in Australia. The Royal Adelaide Hospital in general and the Cancer Centre in particular are fortunate in having such dedicated staff who are determined to bring the benefits of this treatment modality to South Australian patients despite current staff shortages and the well recognized resource intensiveness of the treatment. The Multidisciplinary team of Radiation Oncologists, Urologists, Radiation Therapists, Medical Physicists and Oncology Nurses went to Leeds (UK) and Seattle (USA) for training.

The demand for prostate seed brachytherapy in western countries has risen because of the increasing detection of low risk prostate cancer. Many of these patients can expect to live for many years even in the absence of active intervention. The increasing demand for prostate seed brachytherapy has been matched in North America by a reduction in radical prostatectomy rates and has no doubt been influenced by long term data from Seattle, Leeds and other centres which show that LDR prostate seed brachytherapy produces comparable biochemical free survival rates to radical surgery with lower treatment related morbidity. Of all available treatment options for low risk prostate cancer, it is arguably the only one which alters the risk/benefit ratio in these patients in favour of active treatment.

The staff is still waiting for more resources to accelerate research and development of new techniques and offer timely treatments for better outcomes. The latter includes High Dose-rate Brachytherapy for Prostate Patients that are not suitable for Iodine Seed Implants, and are prescribed external beam radiation therapy. For the latter, the inclusion of High Dose-rate Brachytherapy with a shorter course of external beam radiation therapy, would improve outcomes and quality of lives with reduced side effects. Other new techniques that will also become available include IMRT (Intensity Modulated Radiation therapy) for Breast, Head and Neck Tumours to improve outcomes and reduce side effects. The Department is very privileged to have state-of-the-art technology and highly skilled and committed staff whose passion and goodwill have reached its height.

We are looking forward to receiving more staff resources mentioned earlier, to maintain a "First Class Carriage in the Cancer Patient's Journey". When the patients get a 'ticket' to this Carriage, they will be assured of the best service and effective treatments. Their follow-ups would only be pleasant and courtesy calls. Both the patients and staff will realise the greatest sense of achievements because of best outcomes in survival rates and quality of lives.

To conclude, there is no doubt the furnishings of a "First Class Carriage" are attributed by the following:- Radiation Oncologists, Radiation Therapists, Nurses & Transport Officer, Clerical Staff, Health Minister, CEO and Directors, State-of-the-Art Equipment and the funding for the best equipment & resources.

Pictures of some of the above.



Radiation Oncologists



Radiation Therapists



Health Minister, CEO and Directors with Large Bore CT- Sim behind.

Visitors are very welcomed for a tour of the Department to view the equipment and facilities. They can contact the Operations Manager (Ms Adeline Lim – 0401 123 876) or the Treat. Coordinator (Mr K. Giam 0421 770 524).

I take this opportunity to thank Reg and the Committee of the Prostate (Cancer) Support Awareness Adelaide Group to include us in the Newsletter and their educational activities.

Eric went to the doctor for a check up. A few days later the doctor saw Eric walking down the street with a gorgeous young woman on his arm. He took Eric to one side and said, "You're looking much better. Why do you think you've improved such a lot?" Eric replied, "Just doing what you said Doc: Get a hot Mamma and be cheerful". The doctor looked shocked and said, "Eric, I didn't say that. I said, :You've got a heart murmur. Be Careful".

The Da Vinci Robotic Surgery



Dr Peter Sutherland has recently given two talks about the Da Vinci Robot Surgery system he has been using for radical prostatectomies. The talks have been illustrated by very graphic video presentations, some preliminary information about the hardware, its history of development from a military need to the story of its

establishment at the Royal Adelaide Hospital.

There is a lot of information on the system on the Web, complete with videos. One of the best sites is at <http://www.davinciprostatectomy.com/> specializing in its application for prostatectomies.

Below are some words from the makers, Intuitive Surgical's website (<http://www.intusurg.com/>).

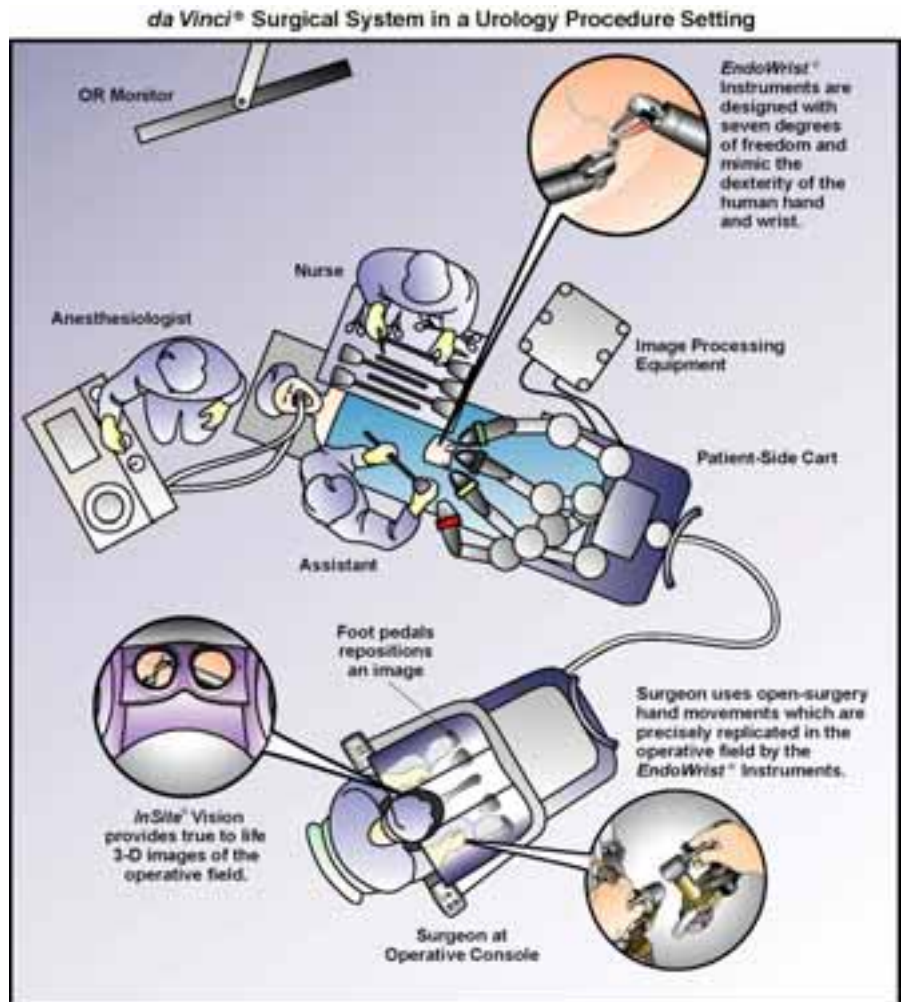
"The *da Vinci*[®] Surgical System is an integral part of the operating room and supports the entire surgical team. The System consists of a surgeon console, patient-side cart, instruments and image processing equipment.

- **The Surgeon Console**

Using the *da Vinci* Surgical System, the surgeon operates while seated comfortably at a console viewing a 3-D image of the surgical field. The surgeon's fingers grasp the master controls below the display with hands and wrists naturally positioned relative to his or her eyes. Our technology seamlessly translates the surgeon's hand, wrist and finger movements into precise, real-time movements of our surgical instruments inside the patient.

- **Patient-side Cart**

Provides the three or four robotic arms -- two or three instrument arms and one endoscope arm -- that execute the surgeon's commands. The laparoscopic arms pivot at the 1-cm operating ports eliminating the use of the patient's body wall for leverage and minimizing tissue damage. Supporting surgical team members assist in installing the proper instruments, prepare the 1-cm port in the patient, as well as supervise the laparoscopic arms and tools being utilized.



- **EndoWrist® Instruments**

A full range of instruments are provided to support the surgeon while operating. The instruments are designed with seven degrees of motion that mimic the dexterity of the human hand and wrist. Each instrument has a specific surgical mission such as clamping, suturing and tissue manipulation. Quick-release levers speed instrument changes during surgical procedures.

- **InSite® Vision System with high resolution 3-D Endoscope and Image Processing Equipment**

Provides the true to life 3-D images of the operative field. Operating images are enhanced, refined and optimized using image synchronizers, high-intensity illuminators and camera control units.

The *da Vinci* Surgical System is the only commercially available technology that can provide the surgeon with the intuitive control, range of motion, fine tissue manipulation capability and 3-D visualization characteristic of open surgery, while simultaneously allowing the surgeon to work through small ports of minimally invasive surgery."



Device Technologies imports the robot to Australia. They kindly directed us to a website to download the above images. They are from "Intuitive Surgical® ©2005 Intuitive Surgical, Inc."

The system has many advantages over laparoscopic surgery and "manual" radical prostatectomy.

"The *da Vinci*® Surgical System:

- Simplifies many existing surgeries
- Makes difficult Minimum Invasive Surgery (MIS) procedures routine
- Makes new MIS procedures possible in most surgical specialties

Surgeon Benefits:

The *da Vinci*® Surgical System is groundbreaking technology that extends the surgeon's capabilities in the following ways:

- **Enhanced 3-D Visualization:** Provides the surgeon with a true 3-dimensional view of the operating field. This direct and natural hand-eye instrument alignment is similar to open surgery with "all-around" vision and the ability to zoom-in and zoom-out.
- **Improved Dexterity:** Provides the surgeon with instinctive operative controls that make complex MIS procedures feel more like open surgery than laparoscopic surgery.
- **Greater Surgical Precision:** Permits the surgeon to move instruments with such accuracy that the current definition of surgical precision is exceeded.
- **Improved Access:** Surgeons perform complex surgical manoeuvres through 1-cm ports, eliminating the need for large traumatic incisions.
- **Increased Range of Motion:** *EndoWrist*® Instruments restore full range of motion and ability to rotate instruments more than 360 degrees through tiny incisions.
- **Reproducibility:** Enhances the surgeon's ability to repetitively perform technically precise manoeuvres such as endoscopic suturing and dissection.

Patient benefits may include:

- Reduced pain and trauma to the body
- Less blood loss and need for transfusions
- Less post-operative pain and discomfort
- Less risk of infection
- Shorter hospital stay
- Faster recovery and return to normal daily activities
- Less scarring and improved cosmesis

MIS reduces trauma to the patient by allowing surgeries to be performed through small ports rather than large incisions, resulting in shorter recovery times, fewer complications and reduced hospitalization costs."



The blood loss was typically only around 100 ml compared with up to a litre during a normal prostatectomy. One of the reasons for the smaller blood loss is that the abdominal cavity is pressurized with gas. Less blood loss also leads to better vision. Aided by the camera, and its magnification the surgeon's eye can be virtually within centimetres of the procedure.

If the robot had been around two and a half years ago, I might even have opted for it instead of brachytherapy!

I Fisk



**PROSTATE CANCER FOUNDATION OF AUSTRALIA
SUPPORT AND ADVOCACY COMMITTEE**

IMPROVEMENTS IN MEDICAL SERVICE DELIVERY

The following improvements in medical service delivery for prostate cancer are seen by Australian consumers to require priority attention—

- (1) A sustained media campaign is required to bring the following facts about prostate cancer to the attention of all Australian men and their partners:
 - that 10,000 men are diagnosed and 2,500 men die of the disease every year, these figures being virtually identical to those of breast cancer;
 - that men face a 1 in 10 lifetime risk of prostate cancer;
 - that the “age of risk” for prostate cancer commences around age 50, or age 40 for men who have a “family history” of the disease;
 - that men having a “family history” of the disease face significantly higher risk of diagnosis;
 - that the disease is potentially curable if detected and treated early, but otherwise is only treatable and may be fatal;
 - that tests are available, including the implications of testing;
 - that there are seldom any symptoms while the disease is at a potentially curable stage;
 - that men who live in remote rural locations are up to 50% more likely to die of the disease than men who live in cities.
- (2) All men who consult their GP about testing for prostate cancer must be provided with written information presenting a balanced view of the potential advantages and disadvantages of testing. This information should be provided before testing begins and enable each man to make an informed personal decision on whether to be tested.
- (3) All men newly diagnosed with prostate cancer must be provided at the time of diagnosis with written information detailing the specific parameters of their disease such as PSA, Gleason score and stage, and the treatment options available to them, including a description of likely side effects from each treatment method. All men with early stage disease should be encouraged to speak to at least one surgeon and one radiation oncologist before making a final treatment decision.
- (4) The impact of the disease on the patient’s partner/carer shall be recognised at all times by the treating doctor, who should recommend the partner/carer be invited to be present at all stages of diagnosis and decision-making about treatment.
- (5) All newly diagnosed men should be advised by their doctor, at the time of diagnosis, of the nearest prostate cancer support group and be encouraged by that doctor to contact the group, preferably before receiving treatment.
- (6) As far as possible, all men newly diagnosed with early stage disease who decide to seek treatment by surgery or radiotherapy should be encouraged to attend an accredited “centre of excellence” for treatment for the disease. They should be made aware of the importance of the experience and “volume” of their treating doctor and hospital facility to the likely outcome of their treatment.
- (7) All diagnosed men residing in country areas should be offered financial assistance for the cost of travel and accommodation for themselves and their carer, if required to travel 100 km or more away from their home for treatment.
- (8) A voluntary accreditation scheme should be introduced for major treatment hospitals in all States to encourage excellence in the treatment of prostate cancer and the evolution of multidisciplinary teams of treatment specialists.
- (9) Conduct of clinical trials for prostate cancer in Australia should be greatly expanded. A register of all trials currently accepting patients should be available on a web site and all doctors specialising in treating prostate cancer should be encouraged to enrol as many as possible of their patients in those trials.
- (10) New pharmaceuticals approved for the treatment and palliative care of advanced prostate cancer shall be made available on the PBS at the earliest opportunity.

**PROSTATE CANCER FOUNDATION OF AUSTRALIA Support and Advocacy Committee
RESEARCH PRIORITIES**

The Consumer View On Research Priorities 2003-4 For Prostate Cancer

1. A treatment for androgen independent prostate cancer.
2. A less intrusive treatment for early stage prostate cancer with fewer side effects.
3. A better marker than PSA - i.e. prostate cancer specific, able to differentiate between aggressive and indolent

tumours, sensitive to aggressive tumours at the early stage of formation.

4. A less invasive form of test to replace the needle biopsy, (e.g. MRI, etc.)
5. A better predictor of tumour aggression than the Gleason score, more sensitive and predictive of likely tumour development, particularly in the existing range of Gleason 6 to 7.
6. A genetic or other predictor of the propensity of a man to develop prostate cancer, effective from approx age 40 years.

Warning on the hidden killer

HEART disease kills five times more women than breast cancer but a new health report shows most Australians are unaware of the threat it poses.

Research in the Pfizer Australia Health Report, published by pharmaceutical company, Pfizer, shows 97 per cent of Australians are unaware heart disease is the biggest killer of Australian women.

The disease kills around 12,000 Australian women each year. There were 1156 in SA in 2003 - only slightly less than the 1316 men.

A Stollznow Research report for the National Heart Foundation of Australia, however, showed only 3 per cent of Australians are aware heart disease is women's leading cause of death. Foundation chief executive officer Lyn Roberts said: "The survey found more people (4 per cent) thought **prostate cancer** kills more women than heart disease. Women don't have prostates." *The Advertiser 21.3.05*

Aunt to nephew, "When I was a little girl, I was told if I made a funny faces, my face would stay like that."

Nephew, "Well you can't say you weren't warned."

Did you hear about the dentist who married a manicurist? They fought tooth and nail.

Steward to seasick passenger. "Do you want me to bring your dinner to the cabin, or shall I throw it overboard now?"

Did you hear about the woman who sent out 40,000 Valentine Cards doused in French perfume and signed, "Guess who?" She's a divorce lawyer.

Old age is when former classmates are so grey and wrinkled and bald, they don't recognize you.

Long ago when men cursed and beat the ground with sticks, it was called witchcraft... Today, it's called golf.

First you forget names, then you forget faces. Then you forget to pull up your zipper. It's worse when you forget to pull it down.

Stop Press:

On Wednesday, March 30, 2005 five members of the Prostate Cancer Action Group SA Inc had a stall from 9am to 4pm, at the Mt Compass-Field Day. Present were Jeff and Theban Roberts, Trevor and Coralie Hunt, and Ian Fisk. Quite a few Prostate Cancer pamphlets were taken by interested visitors. The weather was a bit warm, but it proved to be a worthwhile trip!



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.