

P.S.A. NEWSLETTER

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

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May & June 2005 Newsletter including reports on the May & June Meetings

held at the Burnside Hospital on 16.5.05 & 20.6.05 . Thank you to our sponsors: Abbott Australasia Ltd., City Council of West Torrens, the Burnside War Memorial Hospital, Sanofi Aventis P/L, PMP Print, the Arte Grafica Printing Pty. Ltd. and the State Government Funded Volunteer's Support Fund.

Our next meeting will be held on Monday 18th July commencing at 7.00pm when Professor Villis Marshall will give a lecture on various aspects of prostate cancer, the latest developments in prostate cancer research and details on the formation of a new organization called Prostate S.A. Roll up! Roll Up!

May Meeting:

Chair: Barry Oakley

Members present 26

Apologies: Gerry & Cynthia, Jeff & Theban , Harry & Alma, Ian, John, and Peter.

New Members: Arthur & Kathy, John, and Vic from Loxton.

STOP PRESS! SCOOP ANNOUNCEMENT! CANCER SUPPORT GROUPS GRANTS ANNOUNCED.

The Association of Prostate Cancer Support Groups (SA) Inc., has been advised by the Department of Health and Ageing, Canberra, that the S.A. Groups have been successful in obtaining a grant of \$26,760, spread over the next four years, from the Federal Government's Cancer Support Groups Grant Program. Gary Bowes, Chairman of the Association, announced this at our meeting on Monday 20th June. Gary said that \$6,000 will initially be paid in the first 12 months to the Association, with the balance during the following years. A representative from the Department of Health and Ageing will pay us a visit later this year.



Gary Bowes

The money will be spent by the PSA (Adelaide), the Barossa Valley, the Onkaparinga, the Port Pirie Groups and the Association itself. The grant will be used to make men more aware of prostate cancer, the purchase of A4 copy paper for Newsletters, brochures, advertising, computer inks, copying machine toners, internet connections, Post Office Box rentals, telephone calls, petrol expenses for certain country meetings, and postage costs for newsletters and correspondence etc. It costs money to run effective Support Groups! If other groups form in S.A., they will have access to some of the funding as well. More financial details will be announced later.

The news is particularly welcome as it will greatly assist in future campaigns to get men to go along and talk to their doctor about waterworks and prostate problems. (See the "Be-a-Man" campaign mentioned elsewhere in this Newsletter). It is also thought that there will be an increase in membership in all the groups once various publicity campaigns get under way. Our Acting President, Barry Oakley, congratulated Gary for his efforts and also congratulated the members of the various P/C Support Groups who assisted in supplying ideas and information for the Grant Application.



Out of the mouths of babes

Q What happens to your body as you age?

A When you get old, so do your bowels and you get intercontinental.

Q What does the word "benign" mean?

A Benign is what you will be after you are eight.

Q Name the four seasons.

A Salt, pepper, mustard and vinegar.

A Message from Gerry & Cynthia

Gerry said that as his health was picking up a bit, he and Cynthia decided to make a caravan trip up to Broome via Darwin, then to Perth and back across the Nullarbor Plain to Adelaide. Yikes, Gerry, that was a long way wasn't it? They have sent us a few messages from Turtle Creek, WA, Derby and Broome wishing us all the best. They are making good progress on their journey and Gerry has done quite a few "Magic" shows to schoolchildren with great success. It's been pretty hot with temperatures around 34 degrees and he said he would never have made it without a group of "helpers" who travelled with him. He gets a bit tired occasionally. Keep on keeping on Gerry!

Mitcham Prostate Cancer Meeting

The Prostate Cancer Action Group's (S.A.) Inc., Chairman, Jeff Roberts reported that a successful meeting was held at Mitcham on 26th May following a previous P/C Awareness evening. 16 people attended and Gary Bowes, Trevor Hunt



and Jeff all spoke, but to-date, no one has put their hand up to be President or Secretary/Treasurer so that a new Group can be formed. **Any takers?** If so, please ring Jeff on **8277-3424**. Another meeting was held on 23rd June when the guest speaker was one of our PSA Adelaide members, Graham Lyons, who spoke on diets, selenium, vitamins & minerals and how they can affect prostate cancer. Graham's lecture was warmly received by those present. 24 people attended and 6 apologies sent in. Two people put up their hands to be signatories for a new bank account. A further meeting will be held at the RSL Club Rooms at 7.00pm, 4 Prince George Parade, Colonel Light Gardens, on 28th July. Ian Fisk will talk about his brachytherapy experience. Everyone is welcome to attend!

Andrology Australia The Healthy Male Newsletter

We have just received the latest issue of "The Healthy Male" which deals with low libido in men, sexual difficulties and erectile dysfunction. Our Librarian, **John Mayes**, has some copies of these in his library which are available for members to take away. The Newsletter can also be accessed on-line at <http://www.andrologyaustralia.org> or you can write to Andrology Australia, C/o the Monash Medical Centre, 246 Clayton Road, Clayton, Vic.3168 and they will post you a copy.

Cancer Council S.A. – Support Group Leaders Resource Kit

The Cancer Council S.A. has been good enough to provide us with a new **Cancer Support Group Resource Kit** designed to help **Support Group Leaders** run their organizations. It is very comprehensive and well documented and I am sure it will assist all Support Group Leaders. The kit is based on kits compiled and made available in N.S.W. Any Cancer Support Group Leader in South Australia requiring one of these kits should ring **Kathriye Strassnick** at the Cancer Council SA on **Phone No. 8291-4111** or e-mail her on **kstrassnick@cancersa.org.au** Thanks Cancer Council SA for the kit! **Ian Fisk** went along to the **Leaders Workshop** on 30th May and represented the PSA Adelaide Group. Thanks Ian! If anyone wants to have a read of the Leader's Kit, please see John Mayes, our Librarian.

Adelaide Metro Area Awareness Evening

Jeff also reported that a P/C Awareness Evening will be conducted with The Cancer Council S.A. on **Wednesday 14th September** at their premises at 122 Greenhill Road. The Annual Prostate Cancer Call-In will be held on the **8th September**. There will be more about these events in our later Newsletters.

The PCFA "Be-a-Man" Campaign

This campaign has already been launched in N.S.W. and will open in Queensland on 17th June. S.A.'s turn will come after W.A.'s later this year. It is aimed at getting men to go to their doctors to have a medical check up and **talk about prostate cancer and any "peeing" problems etc.** The doctor may even arrange a **PSA blood test** for them or give a **digital rectal examination**. **Early detection of prostate cancer could save their lives.** (I know we are preaching to the converted here). We have included a "Be-a-Man" pamphlet with this Newsletter, from the PCFA, so that you can pass it onto a friend or relative who may be a bit worried about their water-works problems, especially if they are 50 years of age or older. (By the way, men under 50 years of age also get prostate cancer). You may have already noticed the TV ads on Channel 7 dealing with this campaign just prior to some weather reports after the evening news. It is being sponsored by the **Australian Insurance Pensioners Agency** to the tune of \$2 million. **Thanks AIPA!**

Streaky Bay Calling

Our member, Keith Johnson of Streaky Bay, dropped us a note to say that the **Mid West Health Group** held a Men's Health Night there recently. The guest speaker was **Dr. Peter Sutherland** who lectured on robotic surgery and showed a video of the procedure and also spoke on the subject of erectile dysfunction. Keith said that they were very fortunate in having an Urologist of Peter's standing and knowledge to give men a lecture such a long way from Adelaide 80 men attended.

Prostate S.A.

Barry Oakley, Reg Mayes, Gary Bowes, Jeff Roberts, Dean Wall, Ian Fisk and John and Phyllis Shields attended the second meeting of **Prostate SA** on 5th May at the Lions Hotel, North Adelaide. Over 50 people attended the meeting with representatives from Urologists, Oncologists, Radiation Oncologists, Scientists and patient and prostate cancer support groups. **Sanofi Aventis P/L kindly covered the costs of the function including the provision of drinks and savoury foods** which, believe-you-me, were pretty good. **Thanks Sanofi Aventis** and in particular to **Cate Franklin** and also to **Lisa Perry** from Sanofi, Sydney, who made a special trip over here to attend the meeting. The purpose of the meeting was to update interested parties on the progress of Prostate SA since the initial meeting. Following **Prof. Wayne Tilley's** introduction, (from the Hanson Research Institute), **Prof. Villis Marshall** (from the R.A.H.) outlined the present position. Professor Marshall said that it was agreed Prostate S.A. should continue to work with the Cancer Council S.A. to develop an association that would provide the infrastructure for Prostate SA to develop in partnership with the Council, but would retain a level of autonomy.

To fund this initiative, Prostate SA has received a **grant of \$25,000 from Sanofi Aventis P/L and subject to an appropriate business case, \$50,000 from the South Australian section of the Urological Society of South Australia. The remaining funds would be provided by the Cancer Council S.A.** It was agreed that a steering group would be established and as well as that group, **four other support groups, fundraising, education and patient support, research and clinical trials would be established. Expressions of interest would be sought** for those interested in Prostate SA to participate in these groups. The next important step is to appoint a **Project Manager** with accommodation provided by the Cancer Council SA. Funding will be available for the salary envisaged. A web site will also be developed.

Prof. Tilley then introduced Dr. **David Horsfall** from the **Hanson Research Institute** who spoke about the **Prostate Cancer Bio Resource**. This is a network of tissue bank nodes with clinical data bases located in Adelaide, Brisbane, Sydney and Melbourne. David



Jeff Roberts, Reg Mayes, Gary Bowes, Prof. Wayne Tilly, Prof. Villis Marshall, Dr David Horsfall and Barry Oatley



Prof. Villis Marshall, Prof. Wayne Tilly and Dr. David Horsfall

discussed how Prostate SA can assist the Prostate Cancer Bio Resource and felt it was an opportunity to take a leading role and that Clinicians had an important role in recruiting patients for the Trials.

Prostate SA hopes to raise at least \$1 million each year for the next 3 years to fund research into prostate cancer at the Hanson Research Institute. Gary, Jeff and Reg spoke at the meeting and promised to give space in our Newsletters and on our brochures to publicize the aims of Prostate SA. **Ms. Amber Doyle** from the **Hanson Research Institute** will e-mail us information from time to time about **Prostate SA** in order to let our members know the latest. **Thanks Amber! From all of the above comments you can see that research into the cause and cure of prostate cancer is now well under way in South Australia. If only we could get some State Government money for cancer research!!!!!!!!!!!!!!!!!!!! (Reg).** (See letter from the Hon. Ms. Lea Stevens, the Minister for Health, later in this Newsletter. Page 4)

Publicity for Prostate Cancer Awareness Campaigns and Cancer Research

During May, Reg decided to write a "**Letter to the Editor**" at "**The Advertiser**" to try and stir up some publicity, but unfortunately it wasn't printed. We thought that you would like to read what was in the letter and, **may-be, even re-write the letter in your own words** (but on similar lines with the facts and figures) and post it off to **your local newspaper, Town Council Magazine or a country newspaper to publish.** You never know – **it's worth a try!** You could even mention in your letter (if you wish) that you consider the **State Government** should be putting **three or four million dollars per year into prostate cancer and other cancer research** instead of **\$178 million into two opening bridges across the Port River.** Really, who wants two extremely expensive

opening bridges to be built in order to let a few high masted yachts through from the basin to the ocean? Haven't they heard of yachts which can **lower their masts backwards onto their decks** in order to go under low bridges? **They're all over Europe!** We think that's the way to go if yachties insist on mooring their boats in the basin. In addition, the **navy has said they do not want the opening bridges and wouldn't even use them if they were built.** Incidentally, the cost of the bridges jumped by another **\$43 million** last week. Just think what the cost will be, if and when they are actually built. \$200Million?? In addition, it was announced in "The Advertiser" on 24.6.05 that it will also cost a further **\$71 million over 30 years to operate (operators' wages etc.) and maintain**

Publicity for PCa Awareness Campaigns etc cont'd

the two bridges above the cost of maintenance for normal level bridges. (*Wow! The mind boggles! The Liberal Opposition has already backed away from this scheme. I wonder why???????? Reg.*)

Anyway, here is the main part of the letter:-

“Dear Editor,

The great efforts of women’s breast cancer support groups in making women more aware of breast cancer cannot be disputed and **are to be admired**. On the other hand, men usually don’t think very much about their general health, prostate cancer or even having simple tests to detect early prostate cancer, which incidentally can usually be cured. But the grim statistics are the same – **10,000 men** get prostate cancer each year in Australia and **2,300** die from it - **10,000 women** get breast cancer yearly and **2,300** die from it!

Thankfully, however, **times are changing fast** and now there are over **60 Prostate Cancer Support Groups** throughout Australia and all are hard at work in an effort to **promote prostate cancer awareness**, particularly amongst men 50 years or older. All the groups are affiliated with **The Prostate Cancer Foundation of Australia**, which is based in Sydney. Every 3 months over **16,000 copies of their “Prostate News”** newsletters are posted out to various addresses in Australia. **The Prostate Support Awareness (Adelaide Group)**, post out nearly **300** of their own Newsletters each month.

A **National Campaign**, called **“Be-a-Man”** and funded by the **Australian Pensioners Insurance Agency for \$1.5 million over the next three years**, was recently launched in Sydney and will be launched in Brisbane on **June 17th**. South Australia’s turn will come later this year. Its aim is to get men, particularly those over 50 years of age, to **talk to their doctors about prostate cancer, water-works problems** and what tests are available (e.g. the PSA blood test and a digital rectal examination) and also what treatments are available should tests prove positive

In S.A., a new organization called **Prostate S.A.** has just been formed with the aim of taking a leadership role in both care and research of prostate cancer disorders. Also, the various **S.A. Prostate Cancer Support Groups** have formed **The Association of Prostate Cancer Support Groups (S.A.) Inc.**, covering Adelaide, Onkaparinga, the Barossa Valley and Port Pirie. To learn more about us just click onto this web site <http://www.psaadelaide.org> or write to The Assoc. of Prostate Cancer Support Groups (SA) Inc., P.O. Box 308, Greenacres, SA. 5086.

Yours sincerely, (your name and address and possible telephone number will be required by the Editor of your local newspaper, but not necessarily for publication). **GO TO IT! IT’S WORTH A SHOT!**

Letter to the Minister for Health, Stevens:

Whilst in a letter writing mood we wrote to various MP’s, the Treasurer and the Minister for Health, Ms. Lea Stevens, asking that the S.A. Government consider funding some medical research into various types of

cancer in this State. This was mentioned in our last Newsletter. We thought that funding could come from **poker machine taxes (now \$302 million per year)** or from the **interest received on un-claimed X-Lotto prizes, and scratch tickets etc.**, which is now being done in **Queensland**. In that State this amounted to **\$1.3 million last year**. Not a bad effort! We are still waiting on a reply from the Minister for Gambling, the Hon. Michael Wright, but we have received a reply from the **Hon. Lea Stevens**, part of which is as follows:-

Minister for Health’s reply 24.5.05

Dear Mr. Mayes,

Please be assured that I recognise and acknowledge the importance of medical research in improving our understanding of diseases and developing more effective treatments. As you state in your letter, it is **the National Health and Medical Research Council, Canberra (NHMRC)** that provides the majority of funds for medical research on behalf of Government. In 2004, South Australian medical researchers received 8.1% of overall NHMRC research grant funding, which is similar to our share of Australia’s population.

The two most recent examples of the State Government’s commitment to medical research infrastructure are the announcement of a dedicated new facility to be built shortly to accommodate research at **the Queen Elizabeth Hospital**, as part of that hospital’s major re-development, and the commitment of **\$2.5 million** to help build the **Flinders Medical Centre’s new Centre of Innovation in Cancer**.

As well as providing infrastructure support for research, the State Government is also responsible for funding treatment services for cancer (and other diseases), and provides in excess of **\$34 million a year directly to the RAH Cancer Centre alone to enable treatment of all types to occur**. The Department of Health has to balance a number of competing funding priorities for hospital care, primary health care, health promotion and many other services, as well as support for research. **Unfortunately, I regret that it is unlikely that a significant re-direction of Department of Health funds towards research will be possible at this time.**

Yours sincerely, Ms. Lea Stevens, Minister for Health.

(In other words, - “No Luck Reg!” Does anyone else have any other ideas? – Reg)

Risk of Rectal Cancer

Men who undergo radiation for prostate cancer have nearly double the risk of developing rectal cancer when compared to men who opt to have surgery to treat prostate cancer, according to a study published in **the American Gastroenterological Association (AGA) journal “Gastroenterology”** (reported in Gold Coast Support and Information Network Newsletter May ’05 and also the Prostate Cancer Action Group’s (SA) inc., May ’05 Newsletter). -- *Hell, they would tell me this now, just after I’ve had 38 days radiotherapy treatment - Murphy’s law I’d say! I hope to goodness it’s not true!* - Reg.

June Meeting

Chair: – Barry Oakley.

Members Present - 36

(AND IT WAS A COLD WET NIGHT)

Apologies:

Gerry and Cynthia, Austin and Kathleen, (Austin fell off his bike recently and broke his leg. He now has a few kilograms of steel pins in one leg, but hopes to get back on his bike soon. His 75 years of age doesn't seem to worry him). – Get well Austin! Apologies were also received from Ross and Pam Daniel and Ken.

New Member: Welcome to new member Marcum.

It is with regret that we announce the passing of member Alan Maddesford who has been in a nursing home for some time. Alan kept in touch with us through our Newsletter. Our sympathy goes out to his wife Ruth and family.

A close acquaintance of Gerry's and a prominent member of the community also passed away a few weeks ago. He suffered from prostate cancer for many years. He was a former Mayor of Norwood, Mr. Laurie Fioravanti. Our sympathy goes to Laurie's family.

Brother Noel Allen receives the Order of Australia Medal:

Our member, **Brother Noel Allen**, has been awarded the Order of Australia Medal (OAM) in the recent Queen's Birthday Honours List. This was for his services to the **Queen Elizabeth Hospital by providing Chaplaincy Services** at the hospital over the past 15 years. **Congratulations Noel!** Barry asked Noel to come forward and tell us a little about himself and then awarded him our own version of the OAM together with a bottle of the very best Wolf Blass Shiraz Red. (see picture)! Noel suitably responded amongst laughter from members.

For the record, I asked Noel to pen a little about himself for our Newsletter and here it is! Thanks Noel!

“Reverend Noel Stephen Allen, better known as Br. Noel.

Born in S.E. London on Christmas Day 1948, last of nine children, five Dad's, four Mum's.

First remembrance is of Charlton, then in 1948 moved to Somerset to Wiveliscombe nr Tauton. In 1954 entered Kelham College (junior part) and began training for the priesthood. National Service in the RRA, with over a year in Malaya. Finally back to college till 1963. One season then as a Butlin Redcoat at Filey in Yorkshire.

Ordained Deacon in Dec.63. Priested Dec.64 both at Coventry Cathedral and worked at Nuneaton.

Emigrated in Oct.1967 – Tennant Creek for seven years member of the Brotherhood of the Good Shepherd, hence the title – a break in the middle, then to Darwin 1975, Alice Springs 1980, Fred's Pass, Humpty Doo 1995 and then to the QEH in 1990. Helped rebuild the cathedral in Darwin after Tracy, built a new church in Alice Springs and a new parish at Fred's Pass.

Thank you all for your support since my diagnosis with prostate troubles”. (Signed Br. Noel)



Brother Noel Allen with his “award” and Barry Oatley

Information Day at Elizabeth

Roger Brown has volunteered to distribute our brochures and other information at a **Health & Information Day for the over 50's** to be held at the **Grenville Centre, Elizabeth Centre**, on **Monday 4th July from 10am to 2.30pm**. If you are out that way on 4th July, pop in and say hello to Roger and see what's going on. Thanks Roger!

Videos

We screened a couple of videos dealing with **Dr. Red's Ginger Punch, Viagra, Folate, and vitamins and minerals in wheat**. Dr. Red's red wine, ginger and lime punch was recently featured on **Channel 7's Today Tonight** program. The punch is said to have beneficial

effects on prostate cancer but tests results will not be known until the end of the year. **We will keep you posted on this one.** The Viagra news item mentioned that in the U.S.A. last year, four or five cases of blindness were attributed to Viagra. Whether there is any actual proof of this, we don't really know. **Dr. Aspinall**, our guest speaker for the night, mentioned that **a person has to be medically fit to use “Viagra” and the other sex stimulating drugs such as “Levitra” and “Cialis”** as their use by men with **high blood pressure and heart problems could place their health at risk**. Always check with your Urologist or G.P. if you are contemplating the use of these drugs. The last video showed experiments **with certain varieties of wheat** containing folate, minerals and vitamins etc., thought to help men and women suffering from cancer.

Lecture by Dr. James Aspinall, Urologist

Dr. Aspinall conducted a very informative and power-point illustrated lecture and took numerous questions from members during and after the lecture. One can say that the Urologist certainly has a sense of humour. Here are a few notes, made by Reg, of the main points of interest during the Specialist's talk. Many thanks must go to Dr. Aspinall for taking the trouble in coming along to our meeting and delivering a very interesting and down to earth lecture.

Dr. Aspinall said that the prostate gland actually starts working at puberty and produces 50% of the seminal fluid. The prostate enlarges with ageing and produces testosterone. No testosterone – no prostate cancer. Eunuchs do not get prostate cancer. There are different zones in the prostate, the most familiar one being the peripheral (or outer) zone. As well as prostate cancer, one can get prostatitis (an infection) which is readily treatable. Also there is B.P.H (Benign Prostatic Hyperplasia) or an enlarged prostate. The signs for this are a poor urine flow, wetting one's self, infections, pain and erections that go away fast. The condition is not due to cancer. Treatment includes (1) No treatment. (watch and wait and see what is happening) (2) Herbs such as Saw Palmetto. (3) Medicines and (4) An operation as a last resort. *(I suspect that from newspaper reports, this is what the Leader of the National Party and Deputy Prime-Minister, the Hon. John Anderson is suffering from and has prompted his resignation from Parliament. He said he has had a benign prostate problem for 12 years. - Reg).*

Most patients don't know anything about cancer or in particular, prostate cancer. It seems what is needed is a lot more education to the general public. The other problem that is a bit perplexing is that there are different types of cancers which occur in different parts of the body. Prostate cancer cells become invasive.

PSA:- Or Prostate Specific Antigen is a protein made in the prostate "to make babies". This antigen can be measured in the blood after puberty. Screening using the PSA blood test - this is beneficial in some cases and not in others. There is no general screening of the male population being done in Australia. There is screening by way of mammograms being carried out on the female population. Men over 50 should ask their doctor for a PSA blood test and a DRE (Digital Rectal Examination). Many men are reluctant to have a DRE but this is very important for an Urologist to carry out to see if the prostate is soft (palpable) hard, lumpy or whatever. This examination, together with the PSA blood test result, guides the Urologist as to what future treatment is required. e.g. maybe a biopsy. A PSA test is also useful after all treatments to monitor for recurrence. A DRE is not too useful after radiotherapy treatment because of scarring of the prostate.

GLEASON SCORE:- Mr. Gleason was a pathologist who discovered that by looking through a microscope at strands of the prostate material taken in biopsies, he could determine by their patterns, whether a cancer was aggressive or not. He gave these readings a score from

one to 10 – 10 being the most aggressive of the lot. What determines treatment for prostate cancer? Well, there is the Stage and Grade of the cancer, also a man's age. How well the person is at the time and the patient's choice of the various treatments available.

TREATMENTS:- The main treatments available in Australia for localized prostate cancer are, at the moment, (1) Watchful waiting (in other words keeping a 6 monthly check on the prostate by PSA blood tests and DRE exams). (2) Prostatectomy operations (surgically removing the prostate) by suprapubic (the usual way) or perineal operations. (3) Laparoscopic robot assisted surgery. (4) Radiotherapy (Conformal X-rays), or Brachytherapy plus external beam X-rays. (5) Hormonal therapy. Most radiotherapy for prostate cancer is done these days by using the modern conformal beam x-ray machines. (Ask Reg).

HIFU:- or High Intensity Focused Ultra-sound. This is a very interesting new treatment being carried out in a few overseas countries such as Canada (Vancouver), Germany (Munich) and the Dominican Republic in the Caribbean. (Please see David Parkin's account of his HIFU operation in our February '05 Newsletter.) There is no clinical data available on this procedure at the moment, so "the jury is still out" on this one. Someone from the audience said that an Urologist told him to expect this procedure to be carried out in Australia within 12 months and at a cost of about \$10,000, with no Government subsidy.

BRACHYTHERAPY:- – There is a Government restriction on this operation where radioactive seeds are left permanently in the prostate. (It's called low dose brachytherapy). The Government subsidy, through Medicare, is only payable when the Gleason score is 6 or less, and the PSA reading is under 10. Also the prostate itself must be under a certain size. Brachytherapy operations started at the Royal Adelaide Hospital late last year. The Calvary Hospital is the only place in Adelaide that is doing this procedure at the moment. Low dose Brachy treatment cannot treat cancer outside the prostate. High Dose Brachytherapy (HDR) plus external beam x-rays can be used if it is suspected that the cancer has spread outside the prostate. Presently for Adelaide men, this is usually carried out in Melbourne. The area usually irradiated is the fat around the prostate, up to the bladder, down to the rectum and the bones in the immediate vicinity. This treatment involves the placement of hollow tubes into the prostate to deliver high doses of radiation directly into the prostate. Three treatments are given over a 36 hour period. Different centres have variations on their HDR procedure. The Government restrictions as mentioned above, do not apply to HDR. HDR Brachy will be available at the Royal Adelaide Hospital later this year. (More on HDR in a later newsletter!)

HORMONE THERAPY:- In answer to a tricky question



Lecture by Dr. James Aspinall, Urologist cont'd

from a member (*we won't say who*), as to what level should the PSA be allowed to rise before going onto hormones after radiotherapy or prostatectomy, Dr. Aspinall said that there was no hard and fast figure. It depended on a number of factors and is discussed between the patient and his Urologist. For example, his general health comes into it as well as his age and also whether his sexual function is OK, because there are a number of unpleasant side effects in taking hormones. (*Ask some of the guys here tonight. Reg*). Today there are a number of different hormones that are used. Intermittent treatment is becoming more popular and in fact, sometimes when hormonal injections are stopped, the PSA goes down for a period, but then slowly rises again. New chemotherapy drugs are now having some success after the hormonal drugs become in-effective. The doctor said that PSA tests are pretty accurate after radiotherapy or prostatectomy operations, contrary to what has been published in some quarters.

There is a hereditary component in prostate cancer and also breast cancer. Testing should be done at 45 years of age if someone else in the family (brother, sister, mother, father) has had one of these diseases. Breast cancer is also hormonal sensitive, similar to prostate cancer. There is an association between the two. Scientists who study prostate cancer also find that they are studying breast cancer as well.

ERECTILE DYSFUNCTION:— Penile implants were introduced in the 1970's and work fairly well, but sometimes they leak requiring repair operations. Vacuum devices also work fairly well but don't leave the rubber ring on your penis for more than 30 minutes otherwise you

will be in big trouble. Intravenous injections were introduced in the 1980's. This involves self injecting the penis with a certain chemical. Sometimes they work too well causing priapism in 1 to 3% of the men. Prolonged erections result (up to and over 4 hours) requiring an urgent visit to the hospital for an antidote before permanent damage is done to the penis. In 1998 Viagra tablets were introduced followed by Levitra and Cialis tablets. Erections sometimes last up to 4 hours with these tablets. They should not be taken on an empty stomach and no alcohol consumed before, at, or immediately afterwards. There has been a number of deaths worldwide, associated with the taking of these drugs. **Men should consult their doctor re their blood pressure and any heart problems etc., before taking these products.** The three drug companies making these tablets have not allowed any tests or trials to be made as to which tablet is the safest or best to take. The most common side effects are - headaches, dyspepsia, flushing, nasal problems and visual myalgia. Some men reported seeing a blue haze in their vision, after taking Viagra tablets. A Nasal Spray, now being advertised in the newspapers, and containing something similar to morphine, works on the brain. Scripts for this are not readily available and the treatments can be costly. The Doctor thought the tablets were a better way to go. The nasal spray does not work very well if you have had radiotherapy treatment or a prostatectomy.

At the end of Dr. Aspinall's interesting lecture, our Acting President Barry Oakley, thanked him for his efforts in coming along to our meeting on a cold wet night and handed him a bottle of the very best Wolf Blass Shiraz red and assured him that it would do wonders for his prostate. The doctor gleefully grabbed the bottle!

Association of Prostate Cancer Support Groups (SA) Inc.

A meeting was held on the 26th of June to discuss our future involvement with Prostate SA and the proposed Prostate Tissue Bank.

A new Epson printer was given to the Onkaparinga Group and a quantity of A4 copy paper (white and yellow) was distributed to all group members for printing Newsletters and brochures.

Fifty dollars was also donated to the New Mitcham group to help them become established.

The money came from grants received earlier this year from Aventis P/L and the Premier's Department Volunteers Fund.

No rebate for sufferers

UNINSURED Australian men with advanced prostate cancer are having to pay thousands for the best chemotherapy treatment, a specialist says.

Howard Gurney, head of medical oncology at Sydney's Westmead Hospital, said Mito-zantrone did not work as well as Taxotere but Taxotere was not yet subsidised.

"The Advertiser" 7.5.05

Adelaide Prostatectomy Clinic



★ "NOW remember, students — the less cutting you do, the less patching up afterwards!"



Cost of cancer care

THE blood-borne cancer leukemia was the most expensive cancer to treat in 2000-01, a government report shows

The Australian Institute of Health and Welfare report found it cost about \$51,000 per leukaemia case in lifetime treatment charges.

The next most expensive cancer to treat was brain tumours, at \$41,000 per case.

The biggest increase in treatment costs was for **prostate cancer**, which rose from \$8000 per case in 1993-94 to \$18,000 in 2000-01. *The Advertiser* 26.5.05

A Secretary was leaving the office one Friday evening when she encountered Mr. Jones, the Human Resources Manager, standing in front of a **shredder** with a piece of paper in his hand. "Listen" said Mr. Jones, "this is very important, and my own secretary has already left. Can you by any chance make this thing work?". "Certainly," said the secretary. She turned the machine on, inserted the paper, and pressed the **START** button.

Mr. Jones was very impressed and said "Excellent, excellent", as his paper disappeared inside the machine. **"I just need one copy thanks"**.

Political leak:-

WELLINGTON: A New Zealand Government minister has admitted urinating in the corridor of an Auckland hotel after his key card failed to open the door of his room.

Dover Samuels said it was an involuntary action caused by a prostate problem and he was very embarrassed. *"The Advertiser"* 30.4.05

Cancer trial 'significant'

A NEW drug trialled In Australia can prolong the lives of bowel cancer sufferers by 30 per cent, researchers said yesterday.

Professor Paul Mainwaring, director of oncology at Brisbane's Mater Hospital, said clinical trials have shown the drug Avastin was a significant breakthrough in the treatment of the third most common form of cancer.

"We know that if you add Avastin to chemotherapy for colorectal cancer that has spread to other organs, we can actually improve the length of time people live by 30 per cent." Professor Mainwaring said.

"That's a really important step in the management of this dreadful disease."

The drug works by preventing the blood vessels that feed the cancers from functioning normally, helping to starve tumours.

Professor Mainwaring said bowel cancer occurred mostly in the over 60 age group - but it had been diagnosed in people as young as 18.

The cancer affected around 12,000 Australians each year. Clinical trials in Australia and the U.S. had shown Avastin was also showing promising results in breast and lung cancer survival rates.

The Advertiser 10.5.05

Time to be a man and speak up before cancer knocks

THERE has been a lot in the media in recent times relating to breast-cancer screening and the significant cost to society related to this disease process. Men are faced with similar health risks in relation to prostate cancer, but the community is less well-informed about risks of this disease and the nature of the problem.

Men's Health Week is an ideal time to address this issue.

Two-and-a-half-thousand men die as a result of prostate cancer, and 10,000 new cases are diagnosed, each year.

The average man in the street has a one-in-12 chance of developing this disease, but those with a family history of the cancer may have as much as a one-in-four chance.

Men over the age of 50 years are considered the "at risk" group and if they have not already done so, should arrange a checkup with their local doctor who can initiate the appropriate screening tests.

As with breast cancer, early detection and appropriate treatment is associated with far better health outcomes and survival.

Waiting until symptoms - like difficulty passing urine, pain or medical problems due to the spread of disease to other organs or the skeleton - is too late.

The other area of men's health that is too often neglected or ignored due to embarrassment or uncertainty is in the area of sexual problems, more specifically erectile dysfunction. One million men around the country are affected and, in most cases, this dysfunction is the result of reversible or correctable medical conditions.

Hypertension, diabetes, smoking and blood cholesterol or lipid problems are often responsible - conditions that can be effectively treated in the great majority of cases.

Finally, mental-health issues must not be ignored. For too long, men have resisted asking for assistance to overcome depression, stress and anxiety for fear of being ostracised or labelled as being "crazy".

The pace of life, the demands on people's time and the pressures of work too often precipitate a crisis that leads to excessive drinking, smoking, emotional turmoil and difficulties at home.

The solution, in many cases, is little more than a chat with someone, such as your local general practitioner, who understands and can offer assistance.

So what needs to be done? First, men of all ages need to recognise that they are not infallible or immune to these conditions.

Second, they need to seek help or advice when needed and undergo regular health checkups. Men aged over 50 should make an appointment to see their local doctor to discuss the need for screening for prostate cancer, which may be nothing more than a physical examination and a blood test.

Men experiencing sexual problems need to be open about the issue with their partner and understand that there is a reason for it, and a solution in most cases.

Their local doctor is again the person to consult in the

first instance, and they will make the appropriate referral or initiate treatment if indicated,

You will never know unless you ask - and there is no shame in asking.

By Dr Christopher Cain, president of the Australian Medical Association In SA.

From The Advertiser Wednesday, June 15, 2005

<http://www.theadvertiser.com.au>

Flinders "Medical Centre" Research

By Health Reporter REBECCA JENKINS

ADELAIDE researchers are investigating how to use calcium and hormones in the battle against prostate cancer.

About 10,000 Australian men are diagnosed with the disease every year and more than a quarter will die.

Flinders Medical Centre's Professor Greg Barritt is exploring ways to kill prostate cancer cells using calcium. He said that when prostate cancer cells die, calcium is part of the process.

"So what we're doing is almost mimicking a natural process," he said.

Professor Barritt said they were developing ways to make sure the calcium attacked only prostate cancer cells which could lead to a treatment to complement existing therapies.

And a team at Flinders University has discovered an enzyme which could affect the growth of prostate cancer cells.

Early stage prostate cancer cells need male hormones called androgens to grow. Researchers have found an enzyme which helps remove these hormones from the prostate.

The team, lead by Professor Peter Mackenzie, believes levels of this enzyme vary during the development of prostate cancer.

"We believe low levels of this particular enzyme are likely to result in higher androgen concentrations and a corresponding increase in the growth of prostate tumours," Professor Mackenzie said.

They are investigating how levels of the enzyme are regulated and have found the way that it is regulated differs between individuals.

"Working collaboratively with researchers here in Adelaide and Melbourne we are now looking at DNA from prostate cancer patients and others free of the disease to see if this difference in the mechanism we have identified relates to the risk of prostate cancer," he said.

If this can be linked to an individual's risk of prostate cancer, the discovery could help diagnose those at risk.

The projects are examples of the kind of work which will be brought together with the \$14.5 million Flinders Centre for Innovation in Cancer.

More than 100 medical and health professionals helped by community assistance, workshops, psycho-oncology, social services and complementary medicine will provide the latest in cancer care. *"The Advertiser" 11.5.05*

Prostate Cancer Tests

Pam Sandoe, from Sydney Adventist Hospital Prostate Cancer Support, recently sought professional medical advice from a Urologist who attended the American Urological Association in San Antonio to find out the 'latest' on genetic, serum, urine and semen tests. For the time being none are validated or in clinical practice.

So, for the time being, the PSA, PSA II and DRE are it!

PSA II

The PSA II or free/total PSA test is a new type of PSA test that can be used to help the physician discriminate between patients with relatively low standard PSA levels (say 2.5-10.0 ng/ml) who are at greatest risk of having prostate cancer (and therefore need a prostate biopsy), and those patients who are more likely to have benign prostatic hyperplasia (BPH).

Basically, the PSA II test measures the amount of PSA that is free in the blood stream, and compares it to the total free and bound PSA found in the blood (including the PSA that is "bound" to other products in the blood). The lower the ratio of free to total PSA, the higher the likelihood that the patient has prostate cancer as opposed to benign prostatic hyperplasia. Patients with a very low ratio (e.g., 0.05 or 5%) are at very high risk for prostate cancer.

The PSA II test allows the urologist to give a non-invasive test to patients with PSA values between 2.5 and 10.0 ng/ml who may be at risk for prostate cancer and to determine the degree of that risk *before* deciding whether to give the patient a biopsy.

PSA II info from <http://www.phoenix5.org/>

HORMONE THERAPY-WHEN?

- 30-60 PSA, proven metabolic disease or high risk metastasis .
- Rapid doubling time PSA eg 6 months. Gleason 8-10 Seminal vesicles invaded, positive lymph nodes.

Treatment:

- 1/ Orchiectomy-reducing, irreversible.
- 2/ LHRH-reversible, psychological advantage. Costs \$5000/year. NOT A CURE, as above- a holding pattern. Cognitive changes, hot flushes, impotence long term, can 'flare'-anti androgens added for this.
- 3/ ANTI ANDROGENS: Use reducing in Australia.

Male menopause syndrome-loss of erection/libido, hot flushes -which reduce over time. Gain weight-2 to5 Kg over first 12 months. Risk of osteoporosis unless physical

activity kept up. Can worsen diabetes, Reduces energy. Mood swings-shorter fuse! Can be used intermittently, 3-6 months, less side effects, but-not sufficient history to date.

Recommends: Limit meat/fat intake.
Calcium 1200mg+/day

Exercise 1 hour/day minimum. Androcur or flax seed will reduce hot flushes-consult your Doctor.

Bone scan is positive usually after PSA 45 (+5 at 80,+10 at 200) Hormone also used pre-radiotherapy now.

It usually ceases to work after a period=hormone refractory

From the Gold Coast Prostate Cancer Support June 2005 Newsletter Minutes of May Meeting extract from talk by Dr. Peter Swindle from the Mater Hospital.

Erectile Dysfunction (ED)

Sexual function is a central part of a man's identity and a key factor in healthy relationships. Impotence, the inability to attain or sustain an erection, is a complex condition that affects more than just sexual performance. Loving needs both desire (libido) and erectile function for its consummation. Erectile dysfunction (ED) thus damages the social and emotional wellbeing of men of all ages and also affects their partners. The totality of male sexual dysfunction covers libido disorder, erectile dysfunction, ejaculatory dysfunction and orgasmic failure.

There are many causes of erectile dysfunction, but the chief cause of *continued* dysfunction is ignorance. Many men believe that if initial treatments fail, there is no hope for resolving male impotence. However, restoration of erectile function is possible for almost all men, including prostate cancer survivors, patients with diabetes and those for whom initial ED treatment did not work. The following organisations can help.

Impotence Australia:-

<http://www.impotenceaustralia.com.au/>

National Impotence **Help-line: 1800 800 614** (a free call)



Impotence Australia is an independent not-for-profit consumer organisation that was set up to decrease the suffering of men with impotence and their partners by providing quality telephone counselling. It now also provides information fact sheets on many sexual issues, and strives to develop and maintain relations with consumers and health professionals in order to improve treatments and care.

From Queensland Prostate Cancer News May 2005

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.