

P.S.A. NEWSLETTER

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

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**November 2005 Newsletter including a report on the November Meeting
held at the Burnside Hospital on 21st Nov '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., The State Funded Volunteer's Support Fund, and The Federal Government's Cancer Support Groups Grant Program.

Our next meeting will be held on **Monday 20th February '06**, which will be an open discussion night, and also our **Annual General Meeting** where we will have the **Election of Officers for 2006**. We will also screen a number of short videos and there will be a free sampling of some of Dr Red Ginger Punch. There will be no meetings during December 2005 or January 2006.

Seasons Greetings



BEST WISHES FOR A MERRY CHRISTMAS AND A HAPPY NEW YEAR

**FROM:-YOUR PRESIDENT – GERRY MCCREANOR,
VICE PRESIDENT – BARRY OAKLEY,
SEC/TREASURER/EDITOR – REG MAYES,
LIBRARIAN – JOHN MAYES,
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'NEWSLETTER' TEAM MEMBERS - JEFF ROBERTS AND
PAUL FERRETT.**



Chair: Barry Oakley

Members present 75

Apologies: Mr. Christopher Pyne, M.P., Dr. Alan Stapleton, Gerry and Cynthia, Michael and Barbara, John, Paul and John and Dawn.


New Members: Bill and Heather, Graham and Rosemary, John and Julie, Owen(Victor Harbor) and Clayton and Rae .

Passing of Ivan Eichorn:

We regret to announce the passing of one of our interstate members, Ivan Eichorn, the Foundation Chairman of the Northern Rivers Prostate Cancer Support Group, N.S.W. Ivan regularly received our monthly Newsletter and knew everything that was going on in the Adelaide Group. He was a tireless worker who devoted a lot of his time and energy in campaigning to raise public awareness of advanced prostate cancer. We have sent a sympathy card to his wife, Dossie and family, on behalf of all our members.


Newsletters to Members for 2006

Would any member not requiring copies of our Newsletters for 2006, please drop me a line at **39 Greenfield Rd., Seaview**

Downs, S.A.5049, or give me a ring on **8298 8040** and I will take you off our mailing list. (*Thanks – Reg*). 

Important Announcement re Next Year's Meeting Dates

We announced that next year's meetings will be held on the 3rd Monday of each month. However, this is **now incorrect** and we have had to make some amendments to the dates. **The new dates are as follows:-** Monday 20th Feb., March 27th, April 24th, May 15th, June 19th, July 17th, Aug. 28th, Sept. 18th, Oct. 16th and Nov. 20th. No meeting in Dec. **You will**

note that all the meetings do not fall on the 3rd Monday of the month. We suggest you mark these dates on your calendar. Full details of our next year's program and the names of lecturers will be published in the **next Newsletter** which will be posted to members around **3rd to 6th March '06**. 


Federal Government's Grants for Cancer Support Groups Grants Program

Mr. Christopher Pyne, MP for Sturt, and Secretary to the Minister for Health, the Hon. Tony Abbott M.P., sent his apologies for not being able to attend our meeting, (he's up in Queensland on parliamentary business) but sent along **Ms. Kay Gaskin** from his office to say a few words on his behalf. Kay spoke about the above grants program and mentioned that the **Association of Prostate Cancer Support Groups (SA) Inc.**, was successful in obtaining about **\$26,760 over the next 4 years** which will be divided up between the various SA groups. (These are the Adelaide PSA Group, the Barossa Valley, Onkaparinga, Mitcham and Port Pirie and the Association itself).

Kay handed the first cheque for **\$6,600** to Gary Bowes, Chairman on the Association, and later during the evening, Gary handed a cheque for **\$853 to the Adelaide Group** covering some of our expenses since 1st July '05. This was greatly appreciated by all members. Cheques will be sent to the other groups as early as possible. We know the Port Pirie Group has just bought a DVD player to show various country members DVD's about prostate cancer, treatments etc. so the money will come in handy for them. **Gary said that over the past 6 months about 650 people have attended the various P/C support group meetings throughout the State.** He also mentioned that care should be taken by the Government to keep any overlapping of grants to a minimum as this would avoid the problem of some cancer support groups receiving extra funding which could result in other cancer support groups missing out altogether.

Kay went on to say that **the Federal Government is now much more aware of men's health problems than they**

were in the past, and she herself, was personally pleased that some prostate cancer support groups throughout Australia were successful in their application for funding from the Federal Grants Program. Kay said that **during the next 5 years the Federal Government will allot \$189.4 million for a program known as "The Strengthen Cancer Care Budget Initiative"**. This money will be solely devoted to the best ways of co-ordinating the cancer effort with quite a sizable amount going into research into the various types of cancers, their causes and possible cures. (*We hope that men will get their "fair share" allotment of some of this money in order to carry out research into prostate cancer, because in the past we have dipped out at both the state and federal levels. – Reg*)

Barry thanked Kay for her efforts in coming along to our meeting, talking and getting to know us, and rewarded her with some of Wolf Blass' very best Red Label Shiraz. 




Ms. Kay Gaskin and Gary Bowes



Reg and Gary

Monash University Study on Erectile Dysfunction

This is a National Study exploring the impact of successful oral Erectile Dysfunction medications on relationships. The university would like to talk with men aged 40+ who are in committed relationships and successfully using an ED medication such as **Viagra, Cialis or Levitra**. They would also like to talk to their partners. Men and their partners would be asked to separately complete a confidential survey pack and take part in a telephone interview. Interviews

are conducted in a supportive, sensitive and friendly way. Each person who participates **will receive a \$40 shopping voucher.** If interested, please contact **Cath Andrews on (03) 8575 2223 (Tues-Fri), or Sandra Wilson on (03) 8575 2293 (Weds).** We thought that some of our interstate readers may like to participate in this survey as well as South Aussies. Check here for more details <http://www.andrologyaustralia.org/news/EDStudyNov.htm> 

What's the best advice to give a worm? (*see page 5 for the answer*)

Zometa Drug Trials

Professor Villis Marshall at the R.A.H. is still looking for a number of PSA members who would like to volunteer to take part in these trials. He has 4 volunteers so far, but would like another 6, if at all possible. If you are

interested, please ring Paula Vanderzon or Catherine Easterbrook on 8222 4438, or alternatively, Professor Marshall on 8222 5680, for further particulars. Some of the requirements for the trial are listed hereunder.

Professor Villis Marshall is conducting a trial at the Royal Adelaide Hospital which is aimed at investigating the value of a drug called Zometa which has been shown to be effective in improving quality of life and bone events such as fractures in men with metastatic prostate cancer which is no longer fully controlled by androgen deprivation. The new study is to determine if similar benefits can be achieved in men who have metastatic disease, but where the disease is still controlled by androgen deprivation therapy. In essence, it is repeating the earlier studies, but at a time when the disease is still amenable to androgen deprivation. Men will be randomised to either a treatment arm where they will receive Zometa intravenously, or no treatment until the disease becomes hormone-resistant. All participants will be followed up for 3 years to monitor the progress of the disease to determine whether the Zometa is having further beneficial effects. It seemed that there may be men known to the PSA group who would be interested in joining this trial, and as I have indicated, the requirements are that they have known spread of the prostate cancer to their bones, but their PSA levels are stable on androgen deprivation therapy. Before entering the men into the trial, we would need to inform their treating doctors to ensure that there would be no disruption to their normal care if they entered the trial.



Dr. Red Ginger Punch

Our member, Michael Phillips, has obtained some of **Dr. Red Ginger Punch** from the Mt. Nebo Winery in Queensland. Michael gave me a sample of it and it tastes pretty good. It is actually a **non-alcoholic type cordial** costing \$28 per bottle, but you would get about 30 glasses out of one bottle when mixing it with water, soda-water or what-ever. **It is said to be beneficial to prostate cancer sufferers and can help with water works problems.** Michael thinks it is helping him.

He will bring along a couple of sample bottles to our next meeting in February for **members to try out** and we will also screen a short DVD about it as well. Thanks, Michael!

If anyone is interested in finding out more about this new product, check out their web site on www.drred.com.au which will tell you about their range of products, prices etc and how to order. Their e-mail address is info@drred.com.au or you can phone them on (07) 3289 5111.



Prostate Cancer Options Manual

Kathriye Strassnick, from the Cancer Council SA, has posted us a copy of "The Prostate Cancer Options Manual" which is full of ideas about the running of meetings, committee

responsibilities etc., and suggested subjects to talk about at meetings.

Many thanks Kathriye!



Xmas BBQ

We had a very successful Xmas BBQ at Graham Lyons' property at Chapel Hill on Sunday 13th November. The weather on the day was perfect and the 36 members who attended, all had a jolly good time. A number of members had a ride on Graham's quad bike. **Graham's emu was there as usual and kept a wary eye on members.** At one stage when he noticed someone throw a chicken on the BBQ, he took off! **Many thanks for having us on your property and looking after us Graham!** It was pleasing to see Gerry and Cynthia come along. Gerry had a great time running a bingo game and other games and told us a few jokes. **Well done Gerry!** Joy Belton donated a basket full of Xmas goodies she had organized as the main prize in our free raffle and this was won by Joy Gobbett. Many thanks, Joy! Three boxes of chocolates were also won by Kornelia Mayes, Simon Ranford and Keith Gobbett. Free Xmas cake was handed out to all. At the BBQ, Barry Oakley, our Vice President, took the opportunity to hand out a number of gifts to our hard working members as a small appreciation of their efforts during the year. We presented Graham with some of Wolf Blass' finest Shiraz and in responding, he said that **as we didn't barbecue his emu, we are all welcome to come back next year.**



Prostate SA

Professor Willis Marshall has advised us that Prostate SA hosted their first multi-disciplinary meeting for Urologists, Oncologists and Radiation Oncologists on November 10th. **Dr. Mark Rosenthal**, who is an Oncologist, was the key guest speaker. There will be a planned series of meetings over

the next 12 months. Progress is being made with the **Cancer Council SA** and they now have a number of options proposed by the consultant **Mr. Ray Blight**. Professor Marshall also said that Prostate SA will lend their support in the Be-a-Man Launch in February '06.

The "Be-a-Man" Launch in S.A.

This long awaited launch will now be held in the **Rundle Mall in early February '06**. The exact time and date is not yet available so we might have to rely on the TV, radio and newspapers to find out. This is because our next Newsletter will not be printed until early March '06, which is after the

launch. The "**Be-a-Man**" project (where the main idea is to get men to visit their GP for a medical check up and possibly have a PSA test and a DRE) will be strongly supported by the **Health-in-Men project from the R.A.H. and also Prostate S.A.**

Mitcham and Onkaparinga 2006 meetings

The Onkaparinga support group will have their next meeting on Wed Feb 1st commencing at 6.30 at the Noarlunga Hospital. The Mitcham support group will have theirs on Thursday Feb

23rd commencing at 7.15pm at the Col Light Gardens RSL. The Mitcham group are now officially affiliated with the Prostate Cancer Foundation of Australia.

November Meeting Summary

Christmas Greetings:

On behalf of Gerry, Barry took the opportunity of wishing everyone a Very Merry Christmas and a Happy New Year. He also thanked members for their support, donations and attendances during the year and thanked the Committee members for their hard work and for making the group a success. **Ian Fisk** thanked members who helped with the labelling of our Newsletter envelopes each evening, setting up chairs and assisting with the supper arrangements. **A member of the audience stood up and thanked Barry and all the Committee members for their great efforts, which was greeted with loud applause.**



Dr. Alan Stapleton telephoned to apologise for being unable to attend to give his lecture due to having to perform an emergency operation. **Instead we screened four short videos** dealing with selenium in wheat and bread, Professor Willis Marshall's short talk on new research into certain types of proteins that when injected into the prostate may control prostate cancer, vaccinations to prevent cervical cancer in women, the drug "Herceptin" used in advanced cases of breast cancer and the latest on **High Intensity Focused Ultrasound** now being done in Melbourne. We then threw the meeting open for a general discussion amongst members. Reg took down a few notes about this discussion and these are as follows:-

Bill has just had **HIFU** (High Intensity Focused Ultrasound) treatment at the **Cabrini Private Hospital**, Melbourne, and is going along OK except for a bit of incontinence. He was only in hospital for one day. **(you can check out the Australian HIFU's web site on www.hifu.net.au/ Also we have an article about HIFU in our February '05 edition of our Newsletter.)**

John visited a large pomegranate orchid somewhere near

Mildura and asked did they intend to juice pomegranates and put the juice on the Australian market. They said "No! **It would cost about \$500,000 to build a modern juicing plant** and they didn't think it was worth it". It seems that the only pomegranate juice on the market is the imported variety called "**Al-rabih**" and which is sometimes available from **Gaganis Ltd**, 9-13 Bacon St, Hindmarsh, S.A., as mentioned in our last Newsletter. (Ph. 8346 5766)

One chap said that **selenium enriched bread called "Country Life - Biomax"**, is now available in some supermarkets. Graham Lyons told Reg that the firm is now making **puffed rice flat round biscuits** sold under the **IGA** brand and these make a delicious morning snack or can be eaten for breakfast. **These also contain selenium.** *(They are pretty tasty. I've tried some, Reg.)*

Another chap said that he had a prostatectomy about a month ago with the aid of the **Da Vinci Robotic machine** at the R.A.H. He only spent 3 days in hospital and everything is OK except for some **fairly bad incontinence**. He is wondering when this is going to stop.

Gary said he saw on the ABC TV the other night that they are trialling a new drug in Perth which is **keeping the PSA level stable and shows great promise**. He thinks the name of the drug is "**Synoxidile**" but doesn't know if that is the correct spelling. **The drug also boosts the immune system.** *(We*

could all do with some of that! – Reg). It tricks the “T” cells into getting stronger and they then squeeze out the prostate cancer cells. Pretty amazing stuff! We don’t think it is on the market as yet! *(Well, get it on the market fast! – Reg).*

Mark said that he has been on **John Mayes’ prostate cancer diet**, which includes selected foods, whey, vitamins, minerals and green tea, and no sugar, fats or red meat for about 12 months, and his **PSA level is now down to .6**. He has calculated that **if it wasn’t for John’s diet, his PSA level would now be about 6**. He is feeling pretty good and the fittest he has been for some time.

Another chap asked what drink or food substance had the most **“lycopene” or “isoflavens”** in it. Was it red wine such as the “Malbec” wine mentioned in the last Newsletter, other red wines, dark grape juice, pomegranate juice, tomato juice, tomato paste or tomato sauce or whatever? He’s confused! Trevor said he checked this out on the internet and the answer is **“Watermelon”**. *(Well that was a surprise wasn’t it? We’ve all been eating or drinking the wrong stuff. – Reg.)*

Jeff asked if anyone out of the 75 people present has had **“High Dose Brachytherapy Treatment?”** No one replied, but a few members said that they had had **“Low Dose Brachytherapy Treatment”**. The ladies in the audience (and there were quite a few), said they didn’t think that they had either of these treatments. Jeff said he was listed for a course of **conformal radiotherapy treatment here in Adelaide next March or April and then straight over to Melbourne for a two day course of “High Dose Brachy.”**

A bloke on the internet has asked what’s a cure for **bleeding bowels & haemorrhoids** that has occurred 9 months after having **radiotherapy**? Going to the toilet 2 to 4 times a day, grunting, straining and groaning is driving him up the wall. A member said, “Try **“Paravan”** available from chemist shops. Also try sprinkling **“Bran”, “Meta-mucil” or “psyllium husks”** over your normal breakfast cereals. Also cut out eating hard-to-digest-foods such as red meat, nuts etc. Eat more chicken, oily fish, fruit and vegetables. Drink plenty of water. Do a bit of exercising. Chop out the grog and sugary drinks such as coca cola, lemonade etc.” If you are carrying a bit of weight, it’s best to try and reduce it and cut out eating big meals. Reduce your salt intake. May-be a colonoscopy is required to check out the lower bowel. **It’s probably badly scarred due to the radiotherapy** and is not working as well as previously. **The haemorrhoids might have to get the chop!**

Another chap said he had to go onto **hormone treatment** and after the second injection, became **very lethargic**. His wife said, **“So, what else is new?”** Someone else asked, “Do men on hormone injections get tired, cross, irritable, depressed, disorientated at times and have lots of hot flushes?” Five blokes immediately put up their hands and said **“YES”**. One chap said he has about **20 hot flushes a day**. The

chap asking the question said, “Well it’s not only me then so that’s a bit of a relief.” *(Check with your GP or Urologist as I believe they have some sort of medication for chaps having hot flushes. – Reg)*

Another chap said that he suffered no side effects at all after undergoing 37 days of conformal radiotherapy treatment. His PSA level has since dropped from 6 to .04.

Another suggested that men over 50 should all have a PSA test and if we know anyone at this age we should tell them about it. **He thought support groups were a fantastic idea.** **Jeff Roberts, Chairman of the Prostate Cancer Action Group (SA) Inc.**, said that his group has been doing this for the last 4 years and have told over **1500** men to see their GP’s and **have a PSA blood test and a DRE**. The five P/C support groups in S.A. have **had 650 people** come along to their meetings over the past 6 months alone. Jeff knew of two people aged only 40 and 43 who have got prostate cancer. **A Urologist told him that he has treated someone only aged 38**. So it is not an old man’s disease any longer. In some cases the disease is hereditary and it has been strongly recommended that men at 40 years should have yearly PSA and DRE tests if prostate cancer is in the family. By the way, **should your GP hum and hah over whether you should have a PSA test or not, drop him like a hot cake and go to another GP who will carry out the tests without any arguing. It’s your prostate, not a GP’s! Your life could depend on early prostate cancer detection!**

Another member read in the **“Prostate News”** recently that **high ejaculations in men (say about 21 per month), reduces the risk of getting prostate cancer.** *(The lucky sods! Where do they get all these from? I think the author of that article must have been dreaming. – Reg.)*

The last member to speak said he thought that **contaminates in the environment could be causing an increase in prostate cancer over recent years**, and I agree with him on this point. The huge increase in the use of **pesticides, herbicides and insecticides** must have some effect on the human population. Also there is the **increase in petrol and diesel fumes, the use of rubber and carbon (known cancer causing substances), drugs, smoking and asbestos.** **And what about the genetically modified foods now coming into the market place?** No one knows too much about these. **How safe are they?** Some countries have banned their use already. Most of the above items were not around during the last century, or if some were, they were not in such abundance. It is very chilling indeed to know that in a recent autopsy performed on some unfortunate, **the pathologists found a total of 47 different chemicals in his body**. Some were harmless, but others were dangerous to the human system. The chap asking the question said that **this problem has not yet been addressed properly by any country and he’s right! How many of these chemicals and contaminates are giving us prostate cancer?**



Answer to Page 2 Worm advice “Sleep Late!” (from *The Wicked book of Really Bad Jokes*)

Good news on cancer

HORMONE treatment improves the chances of surviving prostate cancer by more than one-third, the Early Prostate Cancer study shows.

The drug Casodex delays progression of the cancer for up to three years and reduces the risk of it spreading to the bones by one third, the study shows.

When combined with radiotherapy, patients have a 35 per cent better chance of survival. (*Advertiser 21-11-05*)

THE ADELAIDE PAINLESS HORMONE THERAPY CLINIC



WHAT ARE YOU WEARING THOSE EAR MUFFS FOR?"

Prostate Ruling Hits Thousands

With reference to the above article from "The Sunday Mail" dated 23.10.05 and which we published in our October Newsletter, there are a couple of points we would like to clarify. The \$20,000 cost quoted for low dose brachytherapy treatment only applies where men are ineligible for Medicare funding. i.e. Where their PSA level is above 10, their Gleason score is over 6 and their prostate volume is over 50cc. Private hospital cover and Medicare rebates bring this cost down very considerably where the PSA reading, the Gleason score and the volume of the prostate are all below the figures we have mentioned.

At the Royal Adelaide Hospital, if men are eligible for the Medicare rebate, the RAH will pick up the balance of the cost in some cases, due to a subsidy given to them by the State Government. But check this out with the RAH as I believe there is a cap on the subsidies provided. I know a couple of chaps who are in private health cover and had low-dose brachytherapy carried out in private hospitals in Melbourne and Adelaide a year or so ago, and it cost them about \$6,000 in "gap" payments. They were within the Medicare eligibility rules too. The cost of seeds alone can range from around \$6,000 to \$12,000 depending on the number used.

"The Sunday Mail" article also mentioned that there was a 90% risk of impotence and a 50% chance of incontinence if one has a radical prostatectomy. According to the Australian Prostate Cancer Collaboration Inc (A.P.C.C.) publication "Localised Prostate Cancer", the risk of impotence varies

from 30% to 90%, but there are ways of dealing with this problem by means of Viagra, Cialis or Levitra tablets, injections, vacuum pumps and penile implants etc., but all these cost money. Sometimes the problem tends to go away with time.

Regarding incontinence, the A.P.C.C. book states that there is a 5% to 35% incontinence rate which also tends to go away with time. Severe incontinence is about 5% which is usually controlled by pads and sometimes by having an operation. "The Sunday Mail" article stated that there was a 50% chance of incontinence, but from our investigations, the figure they quoted is too high.

I wholeheartedly agree with Dr. Jeremy Millar at the Melbourne Prince Alfred Hospital in that a review should be made of Medicare's eligibility criteria as I feel that more Australian men are suitable for low dose brachytherapy than Medicare is willing to pay for. This is born out by the fact that men in the U.S., U.K. and Europe are able to get Medicare subsidies at a higher cut off rate than men here in Australia. One would think that the cut off rate (i.e. PSA Levels, the Gleason score figure and the prostate volume of 50cc) would be the same all over the world when it comes down to correct medical practices. Are men in Australia being short changed by Medicare, the Private Health Funds and the Federal Government? I would like to see this matter referred to the Minister for Health, the Hon. Tony Abbott, M.P. for clarification. One other factor is that when the PSA readings

and the Gleason score are higher than mentioned above, the effectiveness of low-dose brachytherapy could be reduced. I

don't really know, so this could be a matter for the experts!
(Reg)

COMBINATION RADIATION/VACCINE THERAPY FOR PROSTATE CANCER MAY BENEFIT SOME PATIENTS

from *National Institutes of Health News, US Dept of Health and Human Services. May 2005*

A pilot study of an experimental therapy for prostate cancer has found that a cancer vaccine can be safely administered to patients undergoing radiation therapy. In some patients receiving the vaccine, an immune response against tumor cells may occur, according to the results of a phase II clinical trial led by scientists at the National Cancer Institute (NCI), part of the National Institutes of Health. A strong immune response is an indication that the body is fighting the cancer.

This was the first trial to combine radiation and a cancer vaccine for treating prostate cancer, and the results now pave the way for a larger trial to evaluate the efficacy of the combination therapy in treating the disease. The combination therapy was well tolerated.

Cancer vaccines are intended either to treat existing cancers or to prevent the development of cancer. The experimental vaccine used in this study was designed to strengthen the body's natural defenses against prostate cancer.

"The idea is that you can stimulate the body's immune system to recognize and attack tumor cells through the use of a vaccine," explained James L. Gulley, M.D., Ph.D., of NCI's Laboratory of Tumor Immunology and Biology and the first author on the study. The study appears in the May 2005 issue of *Clinical Cancer Research*.

Thirteen of 17 patients who received the combination therapy had at least a three-fold increase in immune cells that attack

a protein on the surface of tumor cells, compared to no detectable increases in eight patients who received radiation alone. The researchers also found evidence that the vaccine may have "revved up" the immune systems of some patients against other tumor proteins.

The rationale for testing a vaccine/radiation combination came from the preclinical observations that radiation can alter tumor cells in a way that makes it easier for the body's immune system to kill tumors. Furthermore, mice were cured of tumors when given local radiation plus vaccine, as compared with either treatment alone, which had minimal effects.

In addition, cancer patients who get hormonal therapy plus radiation tend to do better than those who receive radiation alone. The researchers hypothesized that stimulating the immune system with a vaccine might be another way to generate a "systemic" therapy that might work in conjunction with localized radiation.

An estimated 30 percent to 40 percent of patients treated with surgery or radiation for localized prostate cancer relapse within a decade.

"We have shown that this therapy is safe and well-tolerated — the first step toward finding alternative treatments for patients with localized prostate cancer, especially those at high risk for failing current treatments," said Gulley.

(From *PCAGA Supplement to Newsletter*)

EARLY PROSTATE SCREENING MAY SAVE LIVES

(HealthDay News) -- Early prostate specific antigen (PSA) screening may reduce men's risk of aggressive, metastatic prostate cancer by as much as 35 percent, University of Toronto researchers report.

This type of early blood testing has been "quite controversial. There are many arguments both for and against the efficacy of this form of early screening," Vivek Goel, one of the study's senior authors and professor of public health sciences and health policy management and evaluation, said in a prepared statement.

Reporting in the August issue of the *Journal of Urology*, the research team pored over medical records, comparing the PSA testing histories of 236 men with advanced metastatic prostate cancer with those of 462 randomly selected control patients.

They found early PSA testing associated with a more than one-third decline (35 percent) in metastatic prostate cancer risk.

"Our study shows a fairly significant benefit, and this benefit

is demonstrated even among men who were not screened regularly as part of a screening program. There may be greater benefit from an organized screening program," Goel said.

Goel and fellow researcher Jacek Kopec, both public health epidemiologists, said they were surprised by the level of protective effect provided by early PSA screening.

"What usually happens with tests like these is that clinicians tend to be very supportive while public health people tend to be more cautious," Kopec said in a prepared statement.

"The clinical members of our study team feel that these findings are confirming what they had believed all along; we were a bit more surprised," he said. "A 35 percent difference is quite a large amount so from our perspective it is quite a significant link in the chain supporting that early prostate screening has a positive effect."

SOURCE: *University of Toronto, news release, July 8, 2005*
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The aim of this newsletter is to inform members of Australian Prostate Cancer Support Groups, Cancer Councils, and treating clinicians of the progress of the Prostate Cancer BioResource since obtaining NHMRC Enabling [infrastructure] Grant funds July 2004.

**AUSTRALIAN PROSTATE
CANCER COLLABORATION
BIO-RESOURCE**

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How the BioResource came about:

The *Mission Statement* of the Australian Prostate Cancer Collaboration (APCC) is “to reduce mortality and morbidity and improve the quality of life of men with prostate cancer by facilitating translational research that will lead to improved prostate cancer management”.

Translational research, as its name implies, incorporates projects which investigate aspects of prostate cancer diagnosis, or markers of disease or treatment outcomes that have a direct bearing on prostate cancer management, and can be directly translated into improved clinical practice. In order to enhance translational research endeavours in prostate cancer on an Australia-wide basis, the Translational Working Group of the APCC agreed that there was a need to establish a national prostate tumour tissue bank with an integrated clinical database. Hence the concept of the APCC Prostate Cancer BioResource was born.

The Prostate Cancer Foundation of Australia (PCFA) with the Commonwealth Bank and Andrology Australia provided the initial funds to establish the BioResource, which the APCC coordinated through a BioResource Management Committee. In July 2004, the BioResource was awarded a prestigious tissue banking infrastructure grant (Enabling Grant) from the National Health & Medical Research (NHMRC) of \$2.1 million over 5 years, to initiate the tissue collection.

Tissue Collection Centres [BioResource Nodes]:

BioResource nodes have been established across Australia, in association with existing prostate cancer research groups. Each collection centre has a network of affiliated hospitals, both public teaching and private hospitals, with collection of tissues from these hospitals specifically for the APCC BioResource to begin shortly.

Currently, there are 4 BioResource nodes situated in Australian Mainland Capital Cities: Adelaide [Hanson Institute of Medical Research], Brisbane [Queensland University of Technology], Melbourne [Monash Institute of Medical Research], and Sydney [Garvan Institute of Medical Research].

Personnel Appointments:

Several staff appointments have been made during 2005, using Enabling Grant funds.

- *National Project Manager*, Assoc Prof David Horsfall was appointed in mid January 2005 to oversee operational management of the BioResource on a National scale. David is the first point of contact for all BioResource business. He is based in Adelaide. Contact details are in left panel. David has 25 years experience in prostate research.
- *A State Tissue Bank Coordinator* was recently appointed to each of the 4 nodes. Current staff associated with tissue collection are: New South Wales Node - Ms Anne-Maree Haynes and Ms Ruth Pe Benito, Queensland Node – Ms Pamela Saunders, South Australian Node - Ms Helen Hughes, Victorian Node - Ms Courtney Bamford. Contact details for the respective State Coordinators are shown in the left panel. The State Coordinators are either research nurses, or scientists with prior tissue banking experience. They are the point of contact with patients wishing to donate their tissue for future research. The initial approach to potential donors can only come through the treating clinician.

Ethics Approvals:

The collection of tissues is dependent on the goodwill of men scheduled for prostate cancer surgery, their treating urologists, and the pathologists who examine the prostate tissue after

removal.

However, tissue and follow up clinical data can only be obtained with the informed consent of the donor. To protect individual patient rights, each hospital and research institution has its own Human Ethics Committee and express permission to collect tissue for the APCC BioResource has been obtained from each institution, using approved information and consent forms which may vary slightly in format from one institution to another.

Tissue Access:

Our aim is that the BioResource tissue and data collections will be equitably available to all Australian prostate cancer researchers. An Access Policy and Procedures guidelines has been produced as requested by the NHMRC. The Access Policy indicates the tissue and data resources available, the timeline for their release, and the responsibilities of researchers gaining access to tissue. Tissue and data will only be released to research projects deemed to be of high quality by an independent scientific review, and which have been approved by an Institutional Ethics Committee.

Tissue Collections:

There will 2 types of collections:

- Frozen tissue, which includes prostate cancer, non malignant tissue, and pre-malignant (high grade prostatic intraepithelial neoplasia, HGPIN) tissue, blood serum and plasma, and white blood cells.
- Paraffin-blocked tissue, which will be used to construct Tissue Micro-Arrays. TMAs are a recent innovation to conserve banked tissues and research reagents and labour, by incorporating small cores (1mm) of tissue from numerous patients into a single block of paraffin wax. This advanced technique is up to 30 times more efficient in the search for new approaches to diagnosis and treatment of prostate cancer. Tissues can be selected and intensively studied according to Gleason grade or disease stage. Micro-arrays are also planned for current mouse models of prostate cancer.

Website matters:

The APCC BioResource website (www.apccbioresource.org.au) was originally launched late in 2003.

The APCC BioResource website will undergo a complete update during the next 6-9 months. Early in 2006, the websites for the APCC (www.auspcc.org.au) and the BioResource will most likely be consolidated with a redesigned Lions Prostate Health website (www.prostatehealth.org.au). For the interim period, the BioResource website information was updated early in November 2005, with assistance from the Queensland Cancer Fund.

The website is the public face of the BioResource and informs readers about the origins and aims of the tissue bank, the types of tissues to be held in the collection, and how the bank will operate. Within the proposed consolidated website, the BioResource website will incorporate comprehensive, downloadable proformas for patient information sheet and consent form, the new BioResource Access Policy and Procedures documents, material transfer agreement, etc. Access to certain documents will be password protected. Restricted password access to the BioResource tissue collections will eventually be available to clinical researchers within Australia via the website.

The consolidated website will also provide access to the centralised database of the BioResource tissue collection. Researchers will be able to log into a password-protected area containing an inventory of all available tissues with associated clinical and pathological data. The tissue and data resources will be de-identified, so that it will be impossible for any researcher to track down the name of any tissue donor. This will ensure patient confidentiality.

Future Newsletters:

It is anticipated that the BioResource Newsletters will be released at approximately 6-monthly intervals.

Should any South Australian men wish to donate tissue to the BioResource Centre please contact Helen Hughes on 8222 3225

Zyflamend inhibits 78 percent of prostate cancer cells

An article published in the October issue of the journal Nutrition and Cancer says that Zyflamend, an herbal extract from olive oil could end the search for a drug to beat prostate cancer.

It was found that this element caused the prostate cancer cells to commit "suicide." The researchers report that the drug had the ability to inhibit 78 percent of the cancer cell growth plus it also caused "apoptosis". This is the natural process by which a cell dies. Cell death in this way is a physiological process and Zyflamend's ability to trigger this action bodes well for the future, according to the lead researcher in the study, Dr. Debra L. Bemis of Columbia University College of

Physicians and Surgeons, New York. "Together, these results suggest that Zyflamend might have some chemopreventive utility against prostate cancer in men," she said.

It was also found that Zyflamend had both COX-1 and COX-2 inhibitory effects on the cancer cells and was shown to decrease the activity of both these enzymes in a dramatic manner in the laboratory setting. "We are currently conducting a Phase I clinical trial for men with a pre-cancerous lesion of the prostate -- prostatic intraepithelial neoplasia -- to gain some information as to Zyflamend's potential to prevent or slow... progression to prostate cancer," Dr. Bemis concluded. The COX inhibitors are known to have some effect on

prostate cancer cells, but are contraindicated in heart disease since they have adverse impact on the heart. Zylflamend was seen to have the similar chemical structure as that of Aspirin.

Medindia on Prostate cancer: Most prostate cancers grow

very slowly and never cause symptoms or spread. Autopsy studies show that many elderly men who died of other disease also had a prostate cancer which neither they nor their doctor were aware of.

For More Information

www.medindia.net/Patients/PatientInfo/prostatecancer_about.htm

www.medindia.net/news/view_news_main.asp?x=5555

www.medindia.net/news/view_news_main.asp?x=5614



Findings identify likely origins of prostate cancer

By Liz Szabo, USA TODAY

Researchers have found a set of genes that may play a key role in prostate cancer — a discovery that doctors are hailing as a major breakthrough that changes the way they think about the genetic roots of the disease.

If further research confirms these findings, published Friday in the journal *Science*, the discovery eventually might lead to better tests for prostate cancer as well as targeted therapies, says one of the study's authors, Mark Rubin, chief of urologic pathology at Brigham and Women's Hospital in Boston.

"This is amazing," says Michael Heinrich, a professor at the Oregon Health & Science University Cancer Institute, who was not involved in the study. "This is the Rosetta stone of prostate cancer. Cracking the code lets you read the whole library. The implications of this are huge in a lot of different ways."

About 232,000 men a year are diagnosed with prostate cancer.

Until now, doctors thought it was the result of lots of random genetic mutations, Heinrich says. This study, however, suggests for the first time that prostate cancer begins after specific genes fuse.

Doctors found these merged genes in nearly 80% of 29 prostate cancer samples, says Arul Chinnaiyan, a professor at the University of Michigan Medical School who directed the study. None of the 50 samples of non-cancerous tissue had the genes, he says.

This may allow doctors to begin to divide prostate cancer — which is now treated as a single disease — into different types. Doctors have been treating breast cancer this way for years: They prescribe the drug Herceptin to women whose tumors make too much of certain protein, and they give the drug tamoxifen to those whose tumors respond to hormones.

So far, Chinnaiyan and his colleagues have found fused genes only in prostate tissue. They are trying to see whether they can detect the genes in blood or urine, which could allow them to develop a more accurate diagnostic test for prostate cancer.

Chinnaiyan also hopes the genes will tell doctors which tumors are deadly and require aggressive treatment. That could allow men whose tumors are relatively harmless to avoid treatment and its side effects. Doctors now have few good ways to tell these men apart, leading about half to undergo unnecessary therapy, says Otis Brawley, medical director of Grady Health System's Georgia Cancer Center for Excellence.

Chinnaiyan says his discovery may allow doctors to develop new treatments. Chronic myeloid leukemia patients can live for years without serious side effects thanks to the drug Gleevec, which was developed after scientists discovered the cancer's genetic roots.

Brian Druker, the scientist who developed Gleevec, says it could take years or even decades to develop a targeted therapy for prostate cancer. But these genes at least give scientists a target, a critical first step. "This is incredibly important," Druker said in an e-mail. "Finding the cause gives us hope for finding a cure."



Salmon with mushrooms and greens Recipe from Mitcham Group's Nov. 05 Newsletter

Healthy Eating

Marinate the required number of salmon steaks or other oily fish in a dressing of 2 parts

olive oil, one part vinegar, fresh tarragon or other herbs, salt, pepper, ginger root if liked.

Add a few sliced mushrooms.

Grill or sauté the fish and mushrooms and serve over a salad of mixed greens torn into bite

sized pieces, sliced shallots, sliced red onion, couple of cherry tomatoes and slice of lemon on the side.

Saute: Lightly coat pan with olive oil, heat to medium/high heat before placing fish in pan.

For medium-rare cook 3 minutes each side, medium to well cook for 4 1/2 minutes each

side. (check <http://www.psa-rising.com> for much more!)



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