

P.S.A. NEWSLETTER

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A Member of the Association of Prostate
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**October 2005 Newsletter including a report on the October Meeting
conducted at the Burnside Hospital on 17th Oct. '05.**

**Thank you to our sponsors: Abbott Australasia Ltd., City of West Torrens
Council, the Burnside War Memorial Hospital, Sanofi Aventis P/L, the State Funded Volunteer's Support Fund and
the Federal Government's Cancer Support Groups Grants Program.**

Our next and last meeting for this year will be held on Monday 21st November at 7.00pm when Dr. Alan Stapleton, Urologist, will give his annual talk on all the various aspects of Prostate Cancer with questions and answers and a full up-date regarding the latest treatments. Roll up! Roll Up! Also the Member for Sturt, Mr. Chris Pyne M.P. who is also the Secretary to the Minister for Health, will give a short talk on the Federal Government's involvement with the Cancer Support Groups Grants program.

Chair: Reg Mayes

Members present 40

Apologies: Gerry and Cynthia, Barry and Margaret, John, Trevor and Coralie, Jeff and Theban, John, Don, Brian, Ross and Pam, and Austin and Kath.

New Members: Richard and Valerie Tula, Bill Schmidt, and Jeroen and Lynne Schrama.

It is with regret that we announce the recent passing, through prostate cancer, of member **Ken Willis**. Ken was 72 years of age and before retiring, held a very senior position at the S.A. Submarine Corporation. Ken attended his last meeting with us in March when he spoke to members about his condition. Our sympathy goes out to his wife, Joy, and family. We have sent a sympathy card to Joy.

STOP PRESS:

“Zometa” drug trials at the Royal Adelaide Hospital. Professor Villis Marshall is looking for Prostate Cancer Support Group members who may wish to volunteer for these trials.

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.

For further information please contact the Research Coordinators, Paula Vanderzon and Catherine Easterbrook on 8222 4438 or alternatively, Professor V. R. Marshall on 8222 5680.



Forthcoming P/C Support Group Meetings:

The Mitcham Group will hold their next meeting at 7.15pm on Thursday 27th Oct at the RSL Club Rooms, 4 Prince George Parade, Colonel Light Gardens. The speaker will be **Dr. Lloyd Evans** (a retired G.P.) who has had a long association with the **Royal Flying Doctor Service**. The group's November meeting will be held on Thursday 24th November. Please ring **Jeff Roberts** on **8277 3424** for any further particulars. **Incidentally, Jeff is looking for a President and Secretary for this group. Any volunteers? Ring Jeff!** Everyone welcome!

The Onkaparinga Group's next meeting is on Wednesday 2nd November at 6.30pm. The meeting is held in the Boardroom at the Noarlunga Hospital, Noarlunga Centre, Alexander Kelly Drive. The speaker will be Urologist **David Elder**. Ring **John Shields** for further particulars on **8382 6671**. Everyone welcome!

The Barossa Valley Group. Tony Woolley has advised us that they will conduct a **Prostate Cancer Awareness Evening** from 7.30pm to 9.30pm at the **Vine Inn Hotel, Nuriootpa**, on Thursday 17th November. The main speaker will be **Dr. Denby Steele**, and other speakers will be members of the

local Prostate Cancer Support Group, Nutrition information from the Cancer Council SA, and an open forum for general discussion. To register your interest if attending, please ring the Barossa Division of General Practice on **8564 3266** by Monday 14th November. The evening is being promoted by the Barossa Division of General Practice, and the Barossa Valley Prostate Cancer Support Group in conjunction with the Cancer Council of SA. Everyone welcome!

Our Annual Xmas BBQ: This popular event will be held at **Graham Lyons' Chapel Hill property near Echunga** in the Adelaide Hills commencing at 12 Noon on **Sunday 13th November**. Bring along your own chops, sausages, drinks, salads, chairs and tables. The salads will be pooled as usual. You can also bring along a friend. A good time is guaranteed for all, with free raffles and Xmas cake and rides around Graham's property in his truck or on his quad bike (*if you are game enough!*). There is a map, as to how to find the property, printed on the back page of this Newsletter. (*you will need it!*). **Thanks Graham** for making your farm available to members. 

Health In Men (HIM) and Prostate Cancer Foundation of Australia join forces for The "Be-a-Man" Campaign Launch in S.A

A men's health screening and referral program, known as Pit Stop, has become an annual component of Health In Men (HIM), Royal Adelaide Hospital men's health initiative. This year Pit Stop will be conducted in conjunction with the SA launch of PCFA's 'Be A Man' campaign. The launch will be held in the main foyer of the RAH on 29th November, 2005 – with the exact launch time yet to be advised. The main purpose of the campaign is to encourage men to talk to their doctor about their health, including prostate issues, with a focus on prevention rather than cure. The health screening program conducted by RAH, will complement the preventive health messages conveyed through the 'Be A Man' campaign. RAH Health Promotion will distribute PCFA's 'Pee Balls' to all men who pass through the Pit Stop program. It is anticipated that a range of men's health experts and well

known personalities will be involved throughout this media launch. For more information please ring the RAH Health Promotion Unit on 8222 5193

Further details will be announced at our next meeting on Monday 21st November. **Andrew Giles, CEO of the PCFA in Sydney has promised us 1,000 "Be-a-Man" pamphlets for members to hand out to the general public.** We will also have some more of our **own brochures** printed by the 29th November so that we can hand those around as well. Gary mentioned that there will be **free blood tests, heart checks and waist line checks etc.**, held during the week long **H.I.M.** men's health campaign, so come along chaps and get things checked out. (*Gary has been pushing for D.R.E. exams as was well, but for some reason, these were knocked back, and incidentally, so were free TURP operations – Reg.*) 

The Support and Advocacy Committee's Annual Conference, PCFA

The fourth Annual Meeting of the above conference was recently held in Sydney and was attended by **Gary Bowes**, Chairman of the Association of Prostate Cancer Support Groups (SA) inc., and **Trevor Hunt** from the Prostate Cancer Action Group (SA) Inc. Gary and Trevor were the representatives from South Australia. Gary gave members details of what took place during the two day conference and we have listed the main discussion points here. (*Due to a lack of space, we were unable to list everything that was discussed. – Reg.*)

The **PCFA** has now agreed to allot more resources to the co-ordination of **Support and Advocacy** activities. Firstly, they

have appointed **John Ramsay** over the next three months to work with various members within the Support Group network to develop a plan and structure to his role and, in this regard, in-put from the 60 Australia wide Support Groups would be appreciated.

A specially designed "**Donor Tissue Form**" by **Gary and Dr. David Horsfall** of the Hanson Research Institute was submitted to the conference for consideration. The idea is for **Urologists** to get their patients to **sign this agreement form** so that tissues from their prostates (from prostatectomies or even TURPS) can now be given to a **Tissue Bank** for further vital research. Up until now, they are just thrown away.

(Burnt, I hope – Reg.) A **Bumper Sticker** alerting men to get tested at 50 years has also been designed by Gary and submitted for consideration. The SA delegates suggested that men should be tested from **45 years** onwards instead of from 50 years. **This is being investigated by the PCFA.**

Gary pointed out that the **PSA (Adelaide Group) has been going now for nearly 10 years.** This surprised a lot of people! The SAC is now looking at training, group leadership, resources and general Australia wide funding for the benefit of Support Groups. They are also investigating why some groups are successful. *(e.g. our own Adelaide Group – Reg)* but other groups fall by the wayside. **Trevor** will send the Committee some notes about “Advocacy”.

All Group Leaders throughout Australia will shortly receive special **Group Leaders and Speakers Kits.** Gary brought along samples to show members. A draft budget was worked out to cover all Support Groups for the next twelve months and this will be submitted to the PCFA. **The figure applied for was \$396,000 but that is not to say it will be approved.**

Details of a money raising event to be conducted during November and called “**Movember**” were outlined. This entails prominent people, media personalities and group members **growing moustaches** with prizes going to the best **mo** at the end of the month. Anyone participating in this event will be required to raise money from sponsors. Last

year an outstanding amount of **\$55,000** was raised, mainly in the Eastern States and the Gold Coast. For details check out the PCFA web site www.prostate.org.au and register via the Movember link. *(For further details, please check out page 9 of the current Prostate News which has been included with this Newsletter.-Reg.)*

Gary brought along **two DVD discs made by the PCFA** and funded by **Novartis Oncology.** Many thanks, Novartis! They are titled “**Living with Prostate Cancer**” and “**All you need to know about Prostate Cancer**”. The DVD’s are now being distributed to all 60 P/C Support Groups throughout Australia. Owing to a shortage of time, we were only able to screen about 15 minutes of one disc, but will screen the whole two discs to members as soon as possible. Gary concluded his report by mentioning that both he and Trevor attended a **Prostate Cancer Collaboration talk** given by various scientists and urologists about the world wide advances in the treatment of prostate cancer. Unfortunately, these new treatments are at least 5 years away. *(What is urgently needed in Australia at the moment is MUCH MORE FEDERAL AND STATE GOVERNMENT MONEY TO BE DIRECTED INTO PROSTATE CANCER RESEARCH. Do you know how much Federal and S.A. State Government money was allotted to pure prostate cancer scientific research in this year’s annual Budgets? Well, the answer was NONE! – Reg.)*



The latest news on some complementary products that our members are investigating

Pomegranate Juice – Member **Theo Ruchert** brought along a small quantity of “**Al-rabih**” brand **concentrated pomegranate juice** and told us that he had bought it from **Gaganis Ltd,** Wholesale Food Importers, 9-13 Bacon St., Hindmarsh, SA. It cost **\$7 per bottle,** but they had run out of stock. They expected more to arrive by 25th October. If you are interested, give them a ring on **8346 5766** and see if they have any left of their latest shipment, or put in an order from their next shipment. Theo said it tastes OK but is very bitter. He takes two dessert spoonfuls per day and hopes that it will knock down his PSA level.

John Bailey, has found out that there is a large pomegranate plantation at **Robinvale,** just up the river from Mildura. The last I heard from John was that he is now heading up there (**fast**) with his trailer. He’s worried though because he has been told that you cannot store pomegranates as they turn black in no time once they are picked. John, it looks like you will have to juice the lot!

Wirra Wirra “Malbec” wine:

This wine is supposed to have higher concentrations of **resveratrol, lycopene and other anti-oxidants due to the way it is made.** Resveratrol comes from the skins of red grapes and the longer you leave the skins in the fermentation process, the higher the amount of resveratrol. Several studies have shown **resveratrol to be a strong anti-oxidant and may reduce the incidence of coronary heart disease and cancer, e.g. prostate cancer.** “Malbec” is actually a lighter variety red wine. **John Bailey and Bill Kennedy** have been

trying to track it down as it doesn’t seem to be in bottle shops. *(In fact, it isn’t in the bottle shops – Reg.)* A couple of bottle shop attendants told me it is only used as a blending wine. I presume “Malbec” is the name of the grape variety. John rang the winery and a guy called **Chris** told him they only sell it as a “**clean skin**” wine direct from the winery and use the rest for blending. It costs **\$84 for 12 bottles, which works out at \$7 per bottle,** which is pretty cheap. The minimum order is 12 bottles. This is because the law requires “**cleanskins**” to be sold in lots of one dozen bottles. **The Wirra Wirra Winery is located in McMurtrie Road, McLaren Vale and their phone Number is 8323 8414, if you are interested.** *(Tell Chris Reg sent you).* PS:- I rang Chris to make further enquiries and he posted me two free sample bottles to try, and I thought it was pretty good. I took one bottle along to the Association meeting on 23rd Oct for members to sample and they declared it to be a “good quality young red wine” sold at a very attractive “clean skin” cellar door price. *(They wanted to know what happened to the other bottle?)* A report on the Association meeting will be printed in our next Newsletter.

Tomatoes:

John also came up with a new variety of **tomatoes called “Health Kick”** tomatoes which have 50% more **lycopene** in them than normal ones. The Magazine “**Garden Guru**” recently gave them a write-up. **Get digging and planting, boys!** Keep a look-out in the shops for them later!

Dr. Red Ginger Punch:

Another member, **Michael Phillips,** has been able to obtain

a few bottles of **Dr. Red's** Ginger Punch from a winery in Queensland, but **it costs \$28 per bottle (plus postage)**. Michael has tried some and hopes it will bring his PSA reading down a bit. He had radiotherapy treatment 10 years

ago and some time ago his PSA went as high as 38, but then drifted back to 23. He said he would bring some Dr. Red along to our next meeting for members to sample it. Thanks Michael.

Anti Cancer Formulation Capsules:

These capsules were mentioned in our last Newsletter. **David Archibald** from Perth rang to say he is still looking for a few members to trial the capsules. The capsules will be supplied free of charge but he would like a PSA test done each month to see what effect they have. David said he would pay for the PSA tests if you are a pensioner. If interested give him a ring on **(08) 9285 0386** or e- mail him on dca@arach.net.au

Please note our Disclaimer at the end of our Newsletter. The PSA Adelaide Group is not responsible for the use of any of the above-mentioned juices, wines, vegetables, capsules or whatever. They are only mentioned here for the information and interest to members generally. It's a good idea to let your doctor know if you are taking any complementary medicines as they could interfere with your normal medication.

Dr. Holt's Radio Wave Treatment for Cancer

On 29th Sept., the **Minister for Health, the Hon. Tony Abbott**, released a report from the **National Health and Medical Research Council**, which found the **microwave treatment** touted by **Perth Dr. John Holt, as not being superior to any conventional treatment**. The report cost

\$250,000 to prepare. The Minister warned cancer patients against the use of this particular therapy, but rejected suggestions that Dr. Holt had been irresponsible, describing him as a very dedicated doctor.

Brian Newell's Photographic Exhibition

This interesting photographic exhibition is being conducted at the National Railway Museum, Lipson St., Port Adelaide, until the 21st November. A large selection of the best of Brian's photographs have been enlarged and framed and are available for sale. The selection has been made from his book **"Following the Old Ghan Railway Line"**, which is also available for sale at **\$40 per copy**. The book would make

an excellent Xmas gift. All proceeds go towards The Newell Foundation for research into prostate cancer. Brian passed away in 2002. The exhibition was opened on 21st October by **Dr. Bob Such, MP**, Speaker of the House and who recently underwent robotic surgery for prostate cancer. Admission charge for entry into the museum is \$10 and \$7 for pensioners and students. It's well worth while having a look around.

Lecture by Dr. Graham Sinclair, Urologist. Notes made by Reg Mayes

Prostate Cancer is age related and is the most common organ cancer diagnosed in South Australia. It is the second most common cause of death in men in S.A. But it is also well known that many men with prostate cancer die from other causes.

Detection: In Western countries, men at 50 years and over, or those with an expected further 10 year life span have a reasonable need for a PSA and a DRE (Digital Rectal Examination). Screening for women for both breast cancer and cervical cancer helps with the early detection of these types of cancers. With men, they should see their G.P and ask for a medical check up, a PSA test and a DRE as soon as they turn 50. If a father or brother has prostate cancer it would be wise for them to be checked out at 40 years instead of 50. Remember that with prostate cancer, if you wait for symptoms to develop, it is usually too late as by then the cancer has escaped from the prostate capsule. Whilst it is still within the prostate, there usually are no symptoms whatsoever. Prostate cancer is usually a very slow growing disease.

Diagnosis: The PSA blood reading will alert the doctor that something abnormal may be going on in your prostate, be it an enlarged prostate (benign prostatic hyperplasia), prostatitis (inflammation or infection) or prostate cancer. A DRE is usually done at the same time that a blood test is taken. Ask your doctor for both to be done. The doctor may feel something abnormal in your prostate such as general hardness

or lumpiness. He feels this with a lubricated gloved finger placed up one's rectum. (*Guys – Don't be surprised! How else is he going to feel your prostate? – Reg.*) To actually prove that you have prostate cancer, **a tissue sample must be taken**. This

involves a biopsy of 8 to 10 needles being inserted directly into your prostate through your rectum. The extracted strands of prostate material are then sent to a pathologist who examines them under a microscope. These days a local anaesthetic is given before any needles are inserted into the prostate through the rectum wall. It wasn't long ago that this procedure was carried out without local anaesthetic, but men complained. (*Yeah Doc, tell me about it – Reg.*) The biopsy is done in combination with an ultrasound probe being inserted into the rectum. This is to help the Urologist guide the needles into the proper position.

Staging: This gives an indication as to whether the cancer may have spread outside the prostate. With a PSA reading of over 10, there is a risk that the cancer may have escaped from the prostate. The higher the PSA reading, the greater the risk. For example a T3* staging has a lower cure rate than a



T2* staging. Other tests that can be done are a bone scan, and a MRI scan. The MRI scans only show lesions of a certain type. It has been found that 15% of staging techniques are eventually proved wrong. Of particular importance is that the Gleason score readings are determined by the pathologist from certain type patterns he can see in his microscope when looking at the strands of material taken from your prostate in the needle biopsy. They are given numbers from 1 to 10 and this method was discovered by a Mr. Gleason many years ago. Nos., 1 to 4 are a very low score with not much to worry about. 5 to 6 are a medium score where you may have a slow growing cancer. 7 is at a "moderate" level where you will have to have regular monitoring and should be considering some sort of treatment. 8 to 10 usually indicates an aggressive or faster growing cancer where you definitely should have urgent treatment, maybe including hormonal therapy.

Options: A stage T2* disease usually means localized prostate cancer where the options for treatment are:-

"Watchful Waiting" i.e. regular 3 or 6 monthly PSA and DRE tests, Conformal Radiotherapy treatment (35 or 37 days radiotherapy for about 15 minutes per day) or a radical prostatectomy (complete surgical removal of the prostate). With "Watchful Waiting" any alterations in the PSA level or in the feel of the prostate is immediately followed up. Some men get anxious with "Watchful Waiting" and don't like the close monitoring involved. There is a chance that they may miss a cure. But the benefits are, no incontinence, no sexual change, and the cancer is very slow growing and doesn't need any radical treatment at that stage. One could also die of something else, but I don't know if that's a benefit or not.

"Watchful Waiting" in my opinion is very good if you have only a 10 years life expectancy left. eg., You may also have another very serious life threatening disease so why subject yourself to invasive type cancer treatments? The extent of the slow growing prostate cancer is low (T2* or less). The PSA level is less than 10. The Gleason score is less than 7. Scores of 8, 9 and 10 are difficult to treat. 90% of men on "Watchful Waiting" programs survive for at least 10 years from the date of diagnosis.

Brachytherapy: There are two types of brachytherapy treatments available. One is called "high dose" and the other "low dose". It is done as a day procedure in a hospital and involves inserting radio-active iridium seeds into the prostate. In the "high dose" procedure, the seeds are inserted and after about 10 minutes, are withdrawn. In the "low dose" about 110 seeds are inserted and left there permanently. About 6% of men have voiding difficulties afterwards. The sphincter muscle doesn't work as well and some men will "dribble" for some time afterwards. One percent of men will suffer from proctitis (inflammation of the bowel), and .1 percent from cystitis (inflammation of the bladder). 50% may suffer from erectile difficulties and 20% from perineal difficulties (burning in the rectum). The results are usually about the same as a radical prostatectomy. The operation costs about \$16,000 but high Medicare rebates are available if you comply with certain conditions. They have a PSA of less than

10, a Gleason score of under 7, an adequate urine flow and a prostate volume of under 50cc. Remember if you can't pee well before the operation, you won't pee well afterwards. The brachytherapy operation does not fix any voiding problems. *(Please refer to Ian Fisk's account of his brachy operation on our web site www.psaadelaide.org)* The Royal Adelaide Hospital hopes to commence "high dose" brachytherapy during January '06. "Low dose" brachytherapy has been performed at the hospital for some time.

External Beam Radiotherapy: Conformal 3D computerized radiotherapy treatment is becoming more popular. It takes about 6 to 7 weeks and involves a daily visit to a hospital for about 10 or 15 minutes treatment. You have the weekends off. Best results are if you have a PSA of 10 or less, a grade of T2* or less, and a Gleason score of 7 or less. A "Gray" power of 74 is used in the X-ray machines. Complications are 5% of men will "dribble", usually later on in life. 50% will have some sort of erectile difficulties. 1 to 2% will have rectal irritation. No rectum problems have been reported since using the new conformal X-ray machines in Adelaide. It is best used in patients that have a 10 year survival rate.

Radical Prostatectomy: This involves the surgical removal of the prostate by a surgeon or with the aid of the new Da Vinci Robotic machine now at the R.A.H. It is best used for patients that have a life expectancy of more than 10 years. Also the PSA level should be 10 or less, the grade a T2, and a Gleason score of between 2 to 7. With a T2 grade cancer, the survival rate at 10 years is about 85%. The incontinence rate is about 5%, but 30% of men may have to wear a pad for some time (even months). I know of one patient that went through 20 pads a day for some time. The erectile dysfunction is around 50%, but this can be controlled to a certain extent, by injections, penile implants, vacuum pumps or Viagra or Calais tablets, but all of this is expensive. The operation requires hospitalization for 5 to 7 days and men are usually back at work from 3 to 6 weeks. Blood loss replacement during, or immediately after the operation, is about 0.4 units.

Laparoscopic surgery is losing favour. The surgeon needs to have performed a large number of cases to become proficient. The complications are the same as in an ordinary prostatectomy. I don't recommend patients to have this type of procedure. **Robotic surgery** is a bit different and surgeons need a smaller learning curve. Blood loss is negligible and the patient needs only a 2 to 3 day stay in hospital. No one has yet proved it is more efficient than an ordinary prostatectomy but time will tell as more and more operations are performed. The robotic machine at the R.A.H costs a lot of money to run. With an ordinary open type surgery, the surgeon can feel the prostate and gauge its tenderness and whether the cancer may have spread just outside of the prostate or not. This guides the surgeon as to whether vital nerves associated with erections can be spared or not. It is difficult to tell this when using robotic surgery. The cure rate is about 85% at 10 years. The earlier the cancer is diagnosed, the better the cure rate. The Federal Government doesn't sanction or pay for the wide spread P.S.A. screening of the male population so you have to decide for yourself whether you want a PSA test done

or not. As I mentioned earlier, all men over 50 should ask their doctors for a PSA test and a DRE. Men with a family history of prostate cancer should have these tests done from 40 years onwards.

At the end of his lecture Graham answered about 20 or more questions from members and Reg thanked him for his very informative lecture and handed him some of the best

Houghton Shiraz. Graham suitably responded and said that the Shiraz could help prostate cancer sufferers and well as some heart sufferers, but only in moderation, he emphasized.

***Note:- Stages**

T1 Clinically inapparent tumour not palpable nor visible by imaging

T2 Palpable tumour but confined within the prostate

T3 Tumour extends through the prostatic capsule



“ARE my glasses ready?”



“YES, we’re happy enough - it’s her husband and my wife that aren’t”

Why not wait until you get symptoms and then find out you no longer have any chance of a cure ?

The headline to an article by Adam Cresswell, health editor of *The Weekend Australian*, 20-Aug-05, said, “Think again before cancer screenings, doctors warn.” The article then went on to say that healthy people with no cancer symptoms should think carefully before undergoing cancer screening tests, because diseases they detect might never have been a threat and treating them can do more harm than good. Modern tests are so sensitive that they can pick up more cancers than ever before, and 30-40% of all adults might thus test positive for some cancers - and tests cannot tell whether the cancers will become dangerous or not.

The result is that many patients handed a cancer diagnosis undergo unnecessary fear and stress, and may undergo unpleasant and risky treatments such as surgery or chemotherapy for small cancers that might not have come to light without the test. Alan Coates, chief executive officer of The Cancer Council Australia, said screening “always does harm, and sometimes does good. We know in some diseases the good outweighs that harm - in breast cancer and bowel cancer, and we are almost certain in cervical cancer,” he told

The Weekend Australian. But in other cases, such as testing for prostate cancer, a positive result “starts a cascade of pressure to do something about it” even though many of the detected cancers would prove harmless if left alone.

Editor’s comment. Why didn’t Prof Coates explain that prostate cancer rarely displays any symptoms until it has advanced beyond the stage at which there may be an opportunity for cure? What significant harm does testing cause? Where is the “cascade of pressure” coming from? Why didn’t he explain that a PSA test cannot be positive for cancer, only a biopsy can? Or that only 2 in 100 PSA tests lead to treatments for prostate cancer, leaving 98 men happy with the management of their health? The arrogance in what “We know” is astounding! It is certain that the criteria he uses to know what is “good” would be challenged by survivors and consumers.

from the Oct 2005 Queensland Prostate Cancer News

Prostate ruling hits thousands

THOUSANDS of Australian men are being denied life-saving treatment for prostate cancer because of a Medicare ruling.

Doctors say many prostate cancer sufferers could benefit from low-dose radiation brachytherapy, but are ineligible for Medicare funding.

Only a handful of these men can afford to pay the \$20,000 cost themselves.

New research shows as few as one in 20 men who could benefit from the treatment undergo the procedure.

Many have radical surgery to remove the prostate gland, with a 90 per cent risk of impotence and 50 per cent chance of incontinence.

Brachytherapy, which involves implanting radioactive "seeds" in the tumour, has similar benefits to surgery but not the side effects.

Medicare funds brachytherapy for men with low-grade cancers, but a leading Melbourne expert says Medicare should expand benefits to include men with medium-risk cancers.

Dr Jeremy Millar, the Alfred Hospital's head of brachytherapy services, called for a review of Medicare's eligibility criteria.

He said only a minority of men were eligible for funding under the present arrangement in Australia, while more sufferers were eligible for subsidies in the US, England and Europe.

Sue Hewitt *Sunday Mail* Oct 23, 2005



Prostate seed brachytherapy study shows promising results Date: 26-09-2005

Over 3000 men are diagnosed with prostate cancer in Victoria every year and about one quarter of all male cancer incidence is prostate cancer. As the population ages and with increased awareness and screening the incidence is likely to rise.

Since its establishment, the William Buckland Radiotherapy Centre (WBRC) has worked closely with the Urology Unit at The Alfred and this has encouraged significant investment in the development of innovative services and technologies to treat prostate cancer. One of these innovative collaborative services has been the introduction of prostate seed brachytherapy in 1998. Seven years on, this treatment option is looking very favourable.

Senior Radiation Oncology Specialist, Dr Jeremy Millar, recently presented results of a study that looked at the medium-term success of prostate seed brachytherapy at a National Prostate Cancer Collaborative Meeting.

The review involved 161 patients who had been treated with prostate seed brachytherapy at WBRC between 1998 and 2003. The results were very promising, with 93% of men in the study free of progressive prostate cancer at the five year mark.

Jeremy said it was impressive to look at these results and to see what has been achieved.

"The results are very encouraging and show that this treatment option could be a better alternative than a radical

prostatectomy for some patients," he said.

"The outcomes are similar to that of having a radical prostatectomy, where the prostate is completely removed.

"However, the minimal impact on quality of life for most of those who have seed brachytherapy treatment versus radical prostatectomy is significant, with lower rates of incontinence and impotence than with patients treated with surgery."

Prostate seed brachytherapy is an innovative prostate cancer treatment that involves the placement of radioactive sources in contact with, or implanted into the tumour. It enables high radiation doses to be tailored very closely to the prostate alone, thereby minimising both the dose to surrounding healthy tissues such as the rectum and bladder and subsequent side effects.

It is used as an option for the treatment of prostate cancer for men with early, localised malignancy of the prostate and is typically performed as a day procedure.

The Alfred was the first centre in Victoria to commence prostate seed brachytherapy in 1998 and the first facility nationwide to offer a public program for patients.

On September 12 the WBRC/Urology team performed their 300th implant.

from *News at The Alfred* <http://www.alfred.org.au/>



Extracts from letters to the Welfare Department from the Barossa/Gawler PSA Group Oct Newsletter

Mrs Jones has not had any clothes for a year, and has been visited regularly by the preacher.

This is my eighth child. What are you going to do about it?

This Newsletter was compiled and typed by Reg Mayes. Reg, Ian Fisk, Jeff Roberts and Paul Ferrett folded and posted the Newsletter. Ian re-arranged of news items on his computer and supplied the photographs. Proof reading was done by Pam Fisk. 310 copies were distributed. We would like to thank the Cancer Council South Australia for providing their support and particularly Anne Milne for her contribution. The views expressed in this Newsletter do not necessarily represent the views of the Cancer Council SA. Disclaimer – The PSA (Adelaide Group) is not responsible for advice given by guest speakers, or use of products mentioned in this Newsletter. Nor are we responsible for information contained on websites, books, magazines, pamphlets or extracts from articles mentioned in this Newsletter, nor for videos or tapes distributed to members. Medical Advice should be obtained from your Doctor.