

P.S.A. NEWSLETTER

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

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September 2005 Newsletter including a report on the September Meeting held at the Burnside Hospital on 19th Sept. Thank you to our sponsors: Abbott Australasia Ltd., City of West Torrens Council, the Burnside War Memorial Hospital, Sanofi Aventis P/L, The SA State Funded Volunteer's Support Fund, and the Federal Government's Cancer Support Groups Grants Program.

Our next meeting will be held on Monday 17th October at 7.00pm when our guest speaker will be Dr. Graham Sinclair, Urologist. Graham will give an illustrated lecture on prostate cancer and watchful waiting, when it is appropriate or not appropriate, other types of treatment and will answer questions from members. Roll up!

Chair: Barry Oakley

Members present 38

Apologies: Gerry & Cynthia, Trevor & Coralie, Gary, John, John, Jeff & Theban, Ross & Pam, Margaret, Bill & Maxine, Brian & Lyn, Darrell, Lyn and Elfriede.

New Members: John & Dawn.

John gave us some details of his newly diagnosed P/C and will obtain a second opinion regarding any future treatment. Everyone thought that this was a good idea. He is leaning towards conformal radiation treatment at the moment and hopes that Adeline Lim's talk on this subject later in the evening will fill in some details. (*Best of luck with any treatment you choose John. Reg.*)

Correspondence Received:

Dr. Bob Such, M.P. Speaker, has advised us that he would be happy to talk to our Group about his robotic prostatectomy, next year. Also he will assist, where possible, with the S.A. launch of the "Be-a-Man" Campaign in November. Thanks Bob!

Books from the Queensland Cancer Trust:

We have just received 30 copies of the booklet titled "**Coping with a diagnosis of Prostate Cancer**", from the Queensland Cancer Trust. These were made available to us free of charge. Thanks QCT! This handy little booklet will be given to any new members who join our Group in the future. Incidentally, Pam Fisk tells us that from her records of name tags, 31 new members have joined since February '05.

Some Recent Events:

The Prostate Cancer "Call-in". The annual "Call-in" was held on the evening of 8th Sept. when 179 people phoned in to ask questions about prostate cancer. Another 80 people had phoned in during the afternoons from 5th to 8th Sept. A number of Urologists took part, together with people from Cancer Connect Volunteers, Cancer Action Group (SA) Inc., and some of our own PSA Adelaide and Barossa Valley members. They were Jeff Roberts, Trevor Hunt, Ian Fisk, Dean Wall, Gordon Frith, Barry Oakley, Tony Woolley, John Francis, John Bailey, Bob Bognor and Eric Francis.

Thanks to all the Urologists and members of the various Support Groups and Action Group that gave up their time to take part. The "Call-in" was arranged by the Cancer Council SA and was conducted on their premises on Greenhill Road. Thanks Cancer Council SA! We noticed that one of our members, John Francis, who is also a member of the Mitcham Group, managed to get his photo in "The Advertiser". Well done John! We have reproduced John's photo, together with a story about the event, on page 7 of this Newsletter.

The 2005 Prostate Cancer Awareness Evening:

This important event was held in the Function Room at the Cancer Council SA on 14th September and attracted 133 people. The evening was organized by the Prostate Cancer Action Group (SA) Inc., in conjunction with the Cancer Council SA. The main speakers were Professor Villis Marshall from the R.A.H., who gave an overview of prostate cancer. Other speakers were Dr. Elizabeth Isenring, (APD, Flinders University) who spoke about nutrition, Dr. Linda Foreman (GP Education Program from the Cancer Council SA), and two P/C Support Group members, Dean Wall and Ian Fisk. Ian gave an interesting power point presentation about his brachytherapy procedure in Melbourne. An open discussion and questions to a panel was conducted afterwards. We were able to distribute quite a few of our brochures and "Be-a-Man" pamphlets at the meeting. (*At a rough*

guess I would say about 90 of each – Reg). There were plenty of others booklets and pamphlets from various groups and the Cancer Council SA also available. Thanks to everyone who took part. Tea/coffee and biscuits were provided.

Dr. Elizabeth Isenring and Dr. Linda Foreman were good enough to e-mail us with some notes concerning their lectures. We have re-produced these on pages 5 & 6 of this Newsletter. Thanks Elizabeth and Linda!

Publicity - Media Release:

Reg and Ian sent out about 40 copies of the recent PCFA and Association Media Release (which appeared in our last Newsletter) to all the country newspapers in S.A., the Stock Journal, the Messenger Press, the Advertiser and 5 community radio stations. The news release dealt with the vital role support groups play in the fight against prostate cancer. At this stage we are unable to say how many newspapers printed the item, but Radio Adelaide telephoned us and offered a 10 minute spot for an on-air interview. We sent Ian Fisk along and he did a really good job in urging men to go along and have a talk and check up about prostate cancer and other piddling problems with their local G.P. Well done Ian! We are slowly getting our message across! It takes time though!

The South Australian “Be-a-Man” Campaign:

This campaign will be launched in S.A. in late November in conjunction with the Health Improvement for Men (H.I.M.) program at the Royal Adelaide Hospital. Full details will be announced in our October Newsletter, and it is hoped a number of well known celebrities will take part in the launch and that we will get some TV coverage on programs such as “Today Tonight” or the Channel 10 News. Members have already distributed about 1,000 “Be-a-Man” pamphlets around Doctors’ and Urologists’ surgeries and chemist shops in Adelaide, Onkaparinga and the Barossa Valley. So this is a start!

The campaign is being organized by the PCFA in conjunction with the Australian Pensioners Insurance Association who are footing the bill of some two and a half million dollars spread over the next three years. You may have already seen some of the adverts just prior to some weather reports on Channel 10, and by the way, these Australian wide TV ads don’t come cheap. Congrats to the APIA for helping out men when help is really needed!

PCFA Support and Advocacy Committee:

This Committee, with representatives from each State, held their Annual Conference on 19th and 20th Sept. in Sydney. Gary Bowes attended as representative of the Association of Prostate Cancer Support Groups (SA) Inc., and Trevor Hunt

represented the Prostate Cancer Action Group (SA) Inc. As the minutes of this conference are not yet available, we will bring you further details re what was discussed in our October Newsletter, particularly anything that may affect the S.A. Support Groups.

One item to come from the PCFA-SAC Conference is that a Speaker’s Kit/Leader’s/Kit has now been produced and will soon be posted to all 61 Prostate Cancer Support Groups in Australia. Also a DVD called “Living with Prostate Cancer” has been made with the aid of a grant from Novartis Pty. Ltd., and copies of this DVD will be posted to all support groups within the next two weeks. We look forward to the arrival of these excellent resources.

Other P/C Support Group Meeting Dates:

On 18.10.05 Dr. Graham Lyons will talk about his research into selenium at the **Barossa Valley P/C Support Group**. Commencing at 7.00pm, the meeting will be held at the Uniting Church Hall, Cnr. Murray St., and Memorial Ave., Nuriootpa. Ring Alan Hall on 8564 2015 for further particulars.

On 27.10.05 the **Mitcham Group** will hold their meeting from 7.15pm at the RSL Clubrooms, 4 Prince George Parade, Colonel Light Gardens. Ring Jeff Roberts on 8277 3424 for further particulars.

On 5.10.05, the **Onkaparinga Group** will hold their meeting from 6.30pm in the Boardroom at the Noarlunga Hospital, Noarlunga Centre, Alexander Kelly Drive. The guest speaker will be Ms. Lisa Foley, who will talk about relaxation and meditation. Ring John Shields on 8382 6671 for further particulars. Naturally everyone is welcome at all of the above meetings!

The Association of Prostate Cancer Support Groups (SA) Inc:

The next meeting of the Association will be held at Barry Oakley’s house at 10.00am on Sunday 23rd October ’05. On the Agenda is:

- a. The Federal Government Grant distribution between our Groups.
- b. S.A.C. (Support and Advocacy Committee) Sydney Conference report.
- c. State Grants.
- d. P.S.A (Prostate South Australia)
- e. Finance report.

A bit of humour! - Some Analogies and Metaphors found in High School Kids Essays in the USA

She had a deep, throaty, genuine laugh, just like the sound a dog makes just before it throws up.

The little boat gently drifted across the pond exactly the way a bowling ball wouldn’t.

Even in his last years, Grandpappy had a mind like a steel trap, only one that had been left out so long, it had rusted shut.
(Hell, this sounds like me – Reg)

The young fighter had a hungry look, the kind you get from not eating for a while.

The ballerina rose gracefully en pointe and extended one slender leg behind her, like a dog at a fire hydrant.

Now Here's a Scoop - Pomegranate Juice

Two of our members are looking into pomegranate juice as recent tests in U.S.A. have shown that it has the ability to lower the PSA levels in certain cases. For example, men with a Gleason score of 7 or less and a PSA level of under 5 ng/ml, who drank 8ozs of the juice a day, increased the doubling time of their PSA reading from 14 to 26 months. (*Say, there could be something in this stuff. – Reg*). In a recent lecture, Dr. Carole Pinnock said that “It sounds promising, but let’s wait until all the evidence is in – that was only a small study”.

Well our two intrepid Adelaide PSA members were not about to let grass grow under their feet! Bill Kennedy decided to track some of this juice down in Sydney as he found here was none available in Adelaide. In Sydney, imported juice was selling at \$25 per bottle (standard size). Bill thought that this was a bit pricy. He was told that local juice could be on the market and available in supermarkets by the end of the year, and it should be a bit cheaper than \$25 per bottle. Bill thought that he would wait and see what happens.

Meanwhile, John Bailey was doing his research and decided the best idea was to juice his own. After searching numerous Adelaide fruit stalls he found one selling pomegranates in the

Central Market for \$1.80 each (imported from the U.S.A.). It seems that the fruit is out of season in Australia at the moment. John decided to buy two, and juiced them in his Panasonic juicer, skins and all. They made only 4 ozs of juice which tasted pretty bitter. This was probably due to the skins being juiced as well as the fruit. The valuable isoflavins and lycopene that combat prostate cancer are in the red portions of the fruit and skin. The recommended dose, however, was 8 ozs per day, 4ozs short of what John was able to get.

John got out his calculator and worked out that 8 ozs per day would cost him \$7.20 or \$50.40 per week, or \$2,620.80 per year. Wow! And no Medicare subsidy either! You might have to grow some of your own trees John. At Quorn, where I was brought up as a kid, lots of home gardens had pomegranate trees growing. Us kids used to knock these off regularly and spat pomegranate seeds all over the place. We only used to knock off the pomegranates from the people we knew – but we knew everyone in Quorn didn’t we? That was 70 years ago and I reckon there must be thousands of trees growing up there now, all about 70 years old. The last I heard from John was that he was packing up his van to go up to Quorn to search for some of these trees. Good luck John!

Videos

Reg and Ian screened four short videos dealing with the latest research into calcium and prostate cancer at the Flinders Medical Centre, eating red meat and its relationship to cancer, dogs sniffing out bladder cancer by sniffing people’s urine,

and the smartest parrot in the world. Barry then introduced our guest speaker for the evening, Ms. Adeline Lim, Senior Radiation Therapist from the Royal Adelaide Hospital who spoke on Radiotherapy Up-dates.

Lecture by Ms. Adeline Lim: Latest Up-dates on Radiotherapy at the Royal Adelaide Hospital

(notes made by Reg Mayes)

Low Dose Brachytherapy Treatment:

This type of treatment has been carried out at the hospital for quite a few months now. There are some limiting factors as to who is eligible for this type of treatment under the present Medicare rules. These are that (1), The Gleason score must be under 7., (2) The PSA level has to be under 10, (3) adequate flow and (4) The prostate volume has to be under 50cc.

High Dose Brachytherapy Treatment:

It is hoped that this type of treatment will be available at the R.A.H. during January ’06. The State of the Art equipment has already been in-stalled and we are waiting on trained staff to become available plus further State Government funding to enable these operations to commence. Radioactive iridium seeds are used in this procedure and are only left in the prostate for about ten minutes, unlike low dose brachytherapy where about 110 radioactive seeds are left in permanently. This procedure will also be used in conjunction with conformal external beam radiotherapy. Very good results have been obtained using this treatment in other Australian and overseas hospitals. The other good news is that patients will not have to travel to other States after January 06’ to obtain this type of treatment.

Conformal External Beam Radiotherapy Treatment:

The other up-to-date radiotherapy treatment available at the R.A.H. is conformal external beam radiotherapy. In

the Department we have five linear accelerators and a large bore CT simulator. It is the third largest Public Hospital Oncology Department in Australia and, after Launceston, it has the most up-to-date radiotherapy, brachytherapy and CT scan equipment in Australia. In addition, it is only the second hospital in Australia to have the very expensive Da Vinci robotic surgery machine, so you can see that when it comes to modern equipment, the R.A.H means business and is certainly up there with the best.



Adeline with her thank you gift

All machines are checked daily and because the R.A.H is a teaching hospital as well as a general working hospital, it is absolutely essential that best practices are maintained at a very high level at all times, both for patients and students. There is a multi-disciplinary approach where all Urologists, Oncologists, Radiation Technicians and Therapists and Specialist Radiation Nurses come together and discuss the best management and treatment options for each individual patient and these are then discussed with the patient.

When contemplating a certain type of prostate cancer treatment, it is wise for the patient to obtain a second opinion.

In order to get the desired treatment it is suggested that one should first visit the Cancer Council SA where they have numerous pamphlets, booklets and videos etc that are made available free to the general public. After this, a visit should be arranged to come along to the Radiotherapy Department at the R.A.H and have a talk with us and look at our modern equipment. Next a referral needs to be obtained from your local GP to consult a Urologist or Oncologist here at the hospital. Once you get a referral, ring our Radiotherapy Department so that we can arrange the necessary appointment.

Usually a CT scan will be done in the first instance in order to correctly determine your prostate volume and its exact position for the 37 radiation treatments if you are contemplating Conformal External Beam Radiotherapy. We usually have a look at the rest of your body at the same time. This is done using specialist equipment in conjunction with a powerful computer system. At least 100 images are taken and these are individually checked and the prostate volume marked. A small margin around the prostate perimeter is put in by an Oncologist. With the conformal beam procedure, the radiation is directly focused onto the prostate. With the older type machines used in the past, this was not always possible and some patients suffered undesirable side effects. Patients have reported back to their Urologists that the side effects (such as burning urine, incontinence and bowel problems) are very much less than what Urologists were experiencing with their patients of say 5 to 10 years ago. Of-course, the main thing is to knock out the cancer from the prostate

before it escapes from the prostate capsule because once this occurs, it is much harder to control. We feel that with these latest modern machines and treatments, we are now having considerable success in treating prostate cancer.

In closing, Adeline said that for anyone contemplating radiotherapy or brachytherapy treatment, she would be very happy to arrange a visit to her Department for a brief look around and have the various machines and technology explained to them. An appointment would be necessary - *(Yeah! Some patients are a bit finicky and don't like onlookers watching their treatment – Reg.)* Adeline said to ring her work No. 8222 4950 or mobile number 0401 123 876 so that a visit can be arranged. Many thanks, Adeline for this.

For further information on brachytherapy or conformal external beam radiotherapy treatment, please check out our May/June '05 Newsletter pages 6 and 7, Oct/Nov '04 Newsletter page 4, June '04 Newsletter pages 3 and 4, and Ian Fisk's Slide Show on our web site www.psaadelaide.org In addition, there are pamphlets on the subject contained in the Mr. PHIP (Prostate Health Improvement Project). See our Librarian John Mayes or Reg Mayes if you require a copy.

At the conclusion of Adeline's lecture, Barry thanked her for the very informative power-point presentation and handed her some of the best Wolf Blass Chardonnay. Barry also thanked her husband, Winston, for coming along for the evening and assisting with the presentation. 

Christmas B.B.Q. 2005

This will again be held at Graham Lyons property at Chapel Hill, near Echunga, commencing around 12 Noon on Sunday 13th November '05. All please make a note of the date! Thanks! Bring your own chops, sausages, drinks, salads, chairs and tables. The salads will be pooled. Members of the other S.A. Prostate Cancer Support Groups are very welcome to attend. You can also bring along a friend if you wish. We will print a map re how to get there in our next Newsletter. We guarantee a good time will be had by all. Graham said he would take everyone around his property in his truck and show us his bulls – and that's no bull!

From the May 05 Walter Reed Army Medical Centre(USA) Newsletter Boy, Is My Face Red!

OK! OK! I know! There were three egregious misspellings in the last issue and all on the first page no less! It is so hard to get good help these days! I want to demonstrate conclusively that I know the difference between “**prostate**” and “**prostrate**” by telling you about my friend John Doe who went to see his urologist and said, “Doc, I have a severe **prostrate** problem.” The doctor smiled benignly and said,

“No, Mr. Doe, you mean you have a **prostate** problem.” John insisted he had a **prostrate** problem. They bickered for several minutes until the exasperated doctor almost shouted, “Mr. Doe, the word is “**prostate, prostate!** If something is **prostrate**, it means it just lies there.” “That's it,” said John, “That's my problem!”

Summary of Nutrition and Prostate Cancer lecture by Dr Liz Isenring, APD, Flinders University

Background

- When you are fit and healthy, eating a balanced diet with plenty of fruit, vegetables, and whole-grain foods is recommended.
- Healthy eating habits throughout life can help decrease the risk of health problems such as heart disease, certain types of cancer, diabetes and obesity.
- However, during cancer treatment, eating can become a challenge. This can be due to the cancer itself or due to side-effects of treatment (chemo or radiotherapy).
- Some problems that may be experienced include: diarrhoea, constipation, loss of appetite, nausea
- As a result, loss of weight can occur and therefore general healthy eating principles may not be appropriate for you during your treatment. Weight loss may reduce your ability to fight infections, lead to tiredness and contribute to low mood.
- Maintain your weight within the healthy weight range or regain lost weight.

Overcoming common nutritional problems that may be experienced during treatment: Diarrhoea

- Limit high fibre foods eg raw fruit & vege, & whole grains, but do include soluble fibre foods eg apple puree, Metamucil
- Try plain, bland & non-spicy foods. Limit high fat foods
- Avoid very hot or cold drinks
- Limit alcohol & caffeine and possibly dairy if worsening symptoms
- Trial probiotics

Poor appetite

- eat when desired and make up for the periods of low intake by eating more when you feel better
- have easier snacks and meals on hand
- eat small frequent meals
- make meals a social event and visually appealing. Eat outside or set an attractive table
- eat your favourite foods and satisfy cravings
- consume nutrient dense foods and fluids

Nausea or vomiting

- avoid cooking odours
- try cold fluids and snacks, rinse mouth
- eat dry starchy foods like crackers, toast, potato crisps, mashed potato etc & have by the bed or chair before getting up.
- avoid rich, spicy or fatty foods.
- limit caffeine although some people find that cola drinks help with nausea
- have 6-8 small meals a day & try to sit up for at least 30mins after meals

Follow a healthy lifestyle for decreasing the risk of prostate cancer

- Maintain weight within the healthy weight range for your height
- Limit or moderate alcohol intake
- Make regular physical activity a part of your life

- Lycopene, vitamin E, A and C, selenium and phytoestrogens may be protective
- Dietary fat and obesity may play a role in increasing risk of developing prostate cancer
- More research is needed before we know exactly how nutrition influences prostate cancer
- Also we don't know the effects of high amounts of these nutrients obtained from supplements ie best to obtain nutrients from foods
- Always inform your doctor if you are taking vitamins, mineral or herbal products
- A diet based on fruits, veges, legumes(soy), nuts and wholegrains (flaxseed) will provide plenty of protective nutrients



Dr Liz Isenring

Lycopene

- Red-orange pigment that gives some fruit and veges their colour
- Tomatoes and tomato products are a rich source. Processing the tomatoes eg products like tomato sauce and pasta sauces increases the availability of the lycopene by the body
- Melon and watermelon
- Several studies have reported that consuming tomato products reduces the risk of some cancers including prostate, but uncertain whether due to lycopene or other nutrients

Differences between nutritious and alternative diets

- Alternative diets are often restrictive and may lack essential nutrients eg be low in protein, energy, iron, calcium etc
- A nutritious diet should be made up of a variety of foods and not exclude whole food groups.
- Alternative diets often encourage the use of supplements eg vitamins and minerals in very high doses which may be toxic or interfere with the mechanism of action of the anti-cancer treatment.
- Nutritious diets can help patients tolerate anti-cancer therapies more effectively, but diets should not replace medical treatment.
- Alternative diets are often restrictive, rigid and expensive.

Summary

- Good nutrition is important
- There may be a difference between diet for cancer treatment & cancer minimisation
- There are many things you can alter with food & drinks to overcome treatment problems
- Alternative diets & supplements
- Healthy lifestyle

For further information
Cancer Council South Australia booklets: Eating Made Easier,
Food for Faded Appetites and Lifestyle Tips for Decreasing
the Risk of Cancer
Dietitians Association of Australia website: www.daa.asn.au

Dr Liz Isenring completed the Nutrition and Dietetics degree with honours at the Queensland University of Technology (QUT), Brisbane. She has worked as a nutrition consultant/dietician at The Wesley Hospital, managing the oncology wards, prior to commencing her PhD in oncology nutrition. The title of her thesis was "The impact of nutrition support in oncology outpatients receiving radiotherapy to the gastrointestinal or head and neck area". Since completing

the PhD in early 2003 she has worked in a conjoint position between The Wesley Hospital and the QUT where she has been able to combine her passion for evidence-based clinical dietetics and improving the nutritional-care for patients with cancer and their families. Liz has recently commenced a NHMRC Postdoctoral Fellowship at Flinders University where she will continue her clinical nutrition practice research. Liz is recognised by the Dietitians' Association of Australia (DAA) as an expert in oncology nutrition, has had eight journal articles accepted for publication in international, peer-reviewed journals, presented over 15 conference papers and was recently awarded the Young Investigator Award for the 16th MASCC/ISOO International Symposium on Supportive Care in Cancer, Miami, USA (24-27 June 2004).

Summary of Dr. Linda Foreman's talk at the Adelaide Prostate Cancer Awareness Evening Sept 14th on The Cancer Council SA's GP Education Program

The Cancer Council South Australia is involved in a number of initiatives to support GPs, through education, information and resources, so that they can assist men in making decisions about testing for the early detection of prostate cancer. As well as continuing to promote the Mr Phip resources, a new resource has been developed to assist GPs and men in gaining information about PSA testing. This resource card, entitled "The Early Detection of Prostate Cancer in General Practice: Supporting Patient Choice", has been developed by a number of partners including professional and consumer groups.* The resource is designed to be used during consultations and contains evidence based information. Feedback has shown that it has been a valuable resource in general practice.

In 2006, the Cancer Council South Australia will be running a series of GP workshops about the early detection of prostate cancer. Again, the focus is on informing GPs about the issues involved in testing and the importance of supporting patient choice about decisions regarding prostate cancer testing. The workshops consist of a presentation by a urologist about prostate cancer and early detection, a session about how GPs can support patient choice, and a number of case discussion, where GPs work on real-life scenarios. This workshop is part of a national project, and was developed in Queensland. A number of workshops have already been held in Queensland and Victoria and they have received very good feedback

from the GPs involved.

The Cancer Council South Australia is pleased to be involved in educating and supporting GPs so that they in turn can have the most up-to-date information and resources to support men in the community. Both men in the community and GPs can also access information and resources via the Cancer Helpline, on 13 11 20.



**Queensland Cancer Fund, the Australian Prostate Cancer Collaboration, the Cancer Council Australia, The Northern Section of the Urological Society of Australia, National Cancer Control Initiative, Prostate Cancer Foundation of Australia, National Seniors Foundation*

Dr Linda Foreman - the Cancer Council South Australia, Group Executive Research and Development.

STOP PRESS - SELENIUM ENRICHED BREAD NOW ON SALE

Dr. Graham Lyons, from the University of Adelaide's School of Agriculture and Wine, has been involved with research which has helped convince **Laucke Flour Mills** to develop high-selenium products. Graham believes that Laucke's biscuits and flour offer major rewards, not just for consumers, but also to farmers.

The biscuits and bread may offer an easier way to take selenium than popping pills or eating Brazil nuts. The beauty is that the selenium is sprayed on the crop in spring and the plant converts it into an organic form, making it better for people to eat. It is thought that selenium taken in conjunction with Natural Vitamin E can bring benefits including protection against heart disease and cancer.

Eating two slices for females, six slices for males of the specially enriched bread each day may become a new health guide for consumers. That follows the release of **selenium-enriched bakery products**, this week, by South Australian food producer, **Laucke Flour**. The bread is "**Country Life**" **Biomax wholemeal bread** so look for it in Supermarkets, Delies and bakeries.

Company managing director, Mark Laucke said: "Research shows the health benefits of a high selenium diet can help reduce the risk of some cancers, while improving immune system response, brain function and fertility. Based on everything we know, the people who are concerned about their health and over the age of 40, will be the ones who will seek these products". Selenium is a natural mineral and can

be found in fish, rice, selenium supplements and brazil nuts. The selenium enriched grain used in making the flour comes from the upper Mallee and is result of research between the University of Adelaide and Dr. Graham Lyons over a number of years. **Great work Graham!** *(I think I might dash off now*

and make myself a nice Biomax wholemeal bread sandwich with some oily sardines, sprinkled with a bit of boiled rice and ground up Brazil nuts and wash it down with a drop of Wirra Wirra Malbeck red wine. - If that doesn't knock out my prostate cancer, nothing will - Cheers, Reg).



Cancer alerts just a breath away by Robyn Riley

A SIMPLE, cheap breath test that can detect early cancer is set to revolutionise disease diagnoses.

The test, brainchild of an Australian scientist, works like a breathalyser and could become as common as a stethoscope.

The test will first detect lung cancer but is also being adapted to test for other cancers and organ transplant rejection, including heart transplants, kidney disease and diabetes.

Perth-raised Dr Michael Phillips, who is working in the US, spent 25 years developing the newly approved Heartsbreath device.

"If lung cancer is detected at an early stage and treated aggressively, chances of survival are greatly increased," he said.

His device - modelled on breathalyser machines carried by police, but a billion times more sensitive - works on a process called oxidative stress.

Dr Phillips, 62, said a disease generated excessive amounts of free radicals.

"These oxidise cell membranes, releasing the volatile organic compounds that are exhaled in the breath, giving each disease a unique fingerprint," he said.

Dr Phillips said his one breath test detected around 200 volatile organic compounds.

Dr Phillips, who became interested in the science in the 70s, has developed the technology further to also test for lung cancer, breast cancer, the pregnancy condition pre-eclampsia, kidney disease, heart disease and diabetes and has funding to study a test for tuberculosis.

Then, Dr Phillips said, he thought "it was neat that from a single breath test you could get so much information; I was hooked".

The Sunday Mail Sept 4 2005



A warning for all men to heed

LISA ALLISON, MEDICAL WRITER

JOHN Francis knows tomorrow will be one of the most important days of his life.

The 63-year-old from Beaumont is taking part in the Cancer Council SA's first prostate cancer call.

On that day, he will also find out from his doctors how effective his own treatment has been in battling the disease that kills 2500 men in Australia annually - as many men as breast cancer kills women.

"Don't take anything for granted - I urge all men to get themselves checked, particularly if they are over 50," Mr Francis said.

"We (men) don't discuss prostate cancer and it is just stupid. Blokes have to talk about it because it is the second biggest killer of men in SA."

The Cancer Council is running the call-in between 6pm and 9pm to raise awareness about the disease that killed 222 of the 946 South Australian men diagnosed with the disease in 2002.

The calls - on the 13 11 20 Cancer Council helpline - will be answered by men like Mr Francis and by expert urologists and prostate cancer nurses.

Mr Francis said he was a "typical" male who thought prostate cancer would not happen to him.

"I thought this can't happen to me but it did," he said.

"And unfortunately, the cancer had escaped from the prostate a bit but I am very positive that things will be all right." The grandfather of two had his prostate gland removed by Royal Adelaide Hospital doctors using the robotic Da Vinci machine and, four weeks ago, finished radiotherapy.

He now awaits the results.

Urologist Peter Sutherland said men over 50 years should have annual checks for prostate cancer.

Cancer Council president Professor Brenda Wilson said the call-in was an opportunity to learn about early detection, risk factors, treatment and management.

"Callers can remain anonymous if they wish," she said.

Advertiser Sept 7 2005



POSITIVE: John Francis waits for results of his treatment.

Anti Cancer Formulation Capsules

Recently Reg received a phone call from David Archibald of Perth who is trialling a new capsule which may help prostate cancer sufferers. It has been formulated by David and two professors from Purdue University Indiana USA. It is made from well know vegetables mainly broccoli and chilli. No side effects are expected from the capsules.

David is looking for men with advanced prostate cancer (not necessarily on hormones) to test a course of these capsules.

For a start, men would take 3 capsules per day (one with each meal) and would slowly build up from that. His firm will provide the capsules free to participants but in return he would like monthly PSA tests. If you are on a pension, he will pay for these tests because we think Medicare would only pay for four per year.

If you are interested please contact David directly on dca@arach.net.au or Fax 08 92851 1760 or phone 08 9285 0386 for further particulars.



Cancer ‘Smart Bomb’ Kills Tumors From Within

New Technology Allows Drugs to Seek and Destroy Cancer Cells

By Jennifer Warner WebMD Medical News Reviewed By Michael Smith, MD

July 28, 2005 -- A big breakthrough in tiny technology may soon give doctors the power to deliver a one-two punch to cancerous tumors that knocks out cancer cells without harming the surrounding area.

The anticancer “smart bomb” is based on a new dual-chamber “nanocell” that allows a staged release of two different anticancer drugs. The first shuts down the blood supply and surrounds the tumor while the second, a dose of chemotherapy, kills the imprisoned cancer cells.

“Traditional chemotherapy kills tumor cells directly; some newer drugs work instead by cutting the tumor’s blood supply. An innovative approach combines these strategies to pack a double whammy,” writes David Mooney, PhD, of Harvard University, in an editorial that accompanies the findings in the current issue of Nature.

Early tests of the strategy in mice showed the combined therapy shrank melanoma and lung cancer tumors and extended the life span of most mice by more than 60 days compared with the 30 days achieved by using either drug alone.

“The effect of the sequential delivery of these two drugs on tumor growth is dramatic, but we cannot assume a quick translation of these results to therapy in humans,” says Mooney.

New weapon in prostate cancer fight

A TREATMENT combining hormone therapy and drugs to combat prostate cancer soon may be trialled in Adelaide.

Researchers believe traditional hormone therapy, which cuts a man’s production of testosterone, combined with drugs which target a protein in the tumour, could be the next development in preventing relapses.

Professor Wayne Tilley, the Dame Roma Mitchell Chair in cancer research at Adelaide University and the Hanson Institute, said surgery or radiation treatments could cure the disease if it was confined to the prostate.

In many cases, however, the cancer will spread to the bone and other tissues.

Those patients need hormone or chemical treatments - called androgen ablation - which has the potential to target cancer cells in all tissues.

The effectiveness of hormone therapy depends on the tumour needing testosterone for its growth. Hormone therapy

Creating an Anticancer Smart Bomb

The technology combines cancer biology, pharmacology, and engineering, says researcher Ram Sasisekharan, a professor in MIT’s biological engineering division, in a news release.

“The fundamental challenges in cancer chemotherapy are its toxicity to healthy cells and drug resistance by cancer cells,” says Sasisekharan.

Researchers say the dual-chamber nanocell overcomes these challenges by creating a balloon within a balloon, which effectively drops bombs on cancer cells while cutting the supply lines.

They load the outer membrane of the nanocell with a drug that shuts off blood supply to the tumor and the inner balloon with chemotherapy drugs to destroy cancer cells within the protected area.

Meanwhile, the “stealth” surface of the nanocell allows it to evade the body’s natural defenses, the immune system, and enter the tumor directly. The nanocell is designed to be small enough (200 nanometers) to pass through the tumor but too big to enter normal blood vessels.

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eliminates the testosterone that feeds the tumour. This stops the cancer but the tumour inevitably regrows. Professor Tilley’s research shows the protein that governs the effects of testosterone on the tumour cell plays a critical role in this re-growth.

“Until recently we did not understand the mechanisms of tumour re-growth,” he said.

“Now we understand the importance of this protein in stimulating tumour growth, we are able to develop new treatments that target the protein.”

These treatments can be used with hormone therapy to prove a potentially better treatment. “We need to do the appropriate clinical trials to prove these combination therapies will be more effective,” Professor Tilley said.

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