

P.S.A. NEWSLETTER

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NEWSLETTER NO. 68

**April/May '06 Newsletters including reports on the April/May Meetings
held at the Burnside Hospital on 24.4.06 and 15.5.06**

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

The next meeting will be held on Monday 19th June at 7.00pm in 5 weeks time, not 4 weeks. Our two speakers will be Dr. Linda Foreman and Ms. Ellen Kerrins from the Cancer Council, SA. Roll up!

VALE GERRY McCREANOR - 22.12.1934 - 4.5.2006

It is with deep regret that the Prostate Support Awareness (Adelaide Group) has to announce the passing of our Foundation President, Gerry. He was also our President for the past eleven years up until February this year when he retired due to ill health. Our sincere sympathy goes out to his wife, Cynthia and their four daughters, Christine, Ann, Susan and Julie and their families.

Gerry's funeral was conducted at the St. Ignatius Church, Queen St., Norwood, S.A. and at the Heysen Chapel, Centennial Park, Panorama, on the 9th May. He was 71 years of age. Over 200 people attended the Heysen Chapel, including 30 members of our Adelaide P/C Group, the Onkaparinga and Mitcham P/C Groups and the P/C Action Group (SA) Inc.

The Eulogy was read by Christine, Ann, Susan and Julie and Barry Oakley, our President, addressed the gathering. Some of Gerry's magician mates also contributed to the Service. Gerry had helped many members over the past eleven years, with his kind generosity, knowledge and wit. He was a very friendly and an easily approachable person and nothing was ever too much trouble for him. He personally spoke to hundreds of men concerning their prostate cancer problems, and given them hope and assistance.

Gerry was a Member of the Australian Prostate Cancer Collaboration and was also on the Support and Advocacy Committee (SAC) of the Prostate Cancer Foundation of Australia (Sydney). He was an inaugural member of the Association of Prostate Cancer Support Groups (SA) Inc. Many of his ideas and suggestions were acted upon by these committees

He was a carpenter by trade specializing in the construction of roofs for houses and later became a Supervisor for the firm A.V. Jennings & Co, but about 15

years ago, he decided to become a Professional Magician (his life long hobby) and worked under the name of "Merlin the Magician" right up to 2005. He mainly performed for school children in S.A., N.T., and W.A. and made over 1,000 school performances. At some schools, 500 students watched his magical spells. The school children will always remember him, as will we!



Gerry was first diagnosed with prostate cancer 15 years ago and was later concerned that there wasn't a Support Group in S.A. for men with this disease, so he and Cynthia called a meeting of interested people to gather at the Cancer Council, S. A., on Greenhill Road. At the first meeting only two other people turned up. They were Gary Bowes and Gerry Germer. This was nearly eleven years ago. Meetings were shifted to the Burnside Memorial Hospital where the Prostate Support Awareness (Adelaide Group) was formed. Ten meetings per year are held there, so to date over 100 meetings have been conducted. The Group now has 320 members spread over four States. Usually from 40 to 60 members, both men and women, attend each meeting. Monthly PSA Newsletters, started by Gerry and Cynthia, are posted to members. Well done Gerry and Cynthia!

As the daughters said in their Eulogy, "Dad was a kind, patient, vigorous, dynamic and happy man", - and we couldn't agree more! "Merlin the Magician" has now moved on!

Cynthia has asked to pass onto all Support Group members her sincere thanks for the many sympathy cards and letters of appreciation that she has received. Owing to the large number of cards, she is unable to answer them all personally.

Chair: Barry Oakley

Members present on 24.4.06 ... 28

Members present on 15.5.06 ... 52

Apologies: (at meeting on 15.5.06). Trevor and Coralie, Gary, Brian, Leon, Noel, Brother Noel, Jean, Ian and John .

New Members: Leith and Gerry.

The Australian Society for Medical Research:

The above Society has arranged a free public lecture on **Thursday 8th June from 6.00pm to 9.00pm at the Palace Nova East End Cinema complex in Rundle Mall.** The four lecturers will be **Dr. Graeme Suthers**, (Familial Cancer Unit, Women's & Children's Hospital), **Professor Graeme Young** (Head of the Flinders Centre), **Professor Villis Marshall** (Clinical Director of Surgical Specialties, R.A.H.), and **Professor Shaun McColl**, (Founder of the Adelaide Proteomics Centre at the Adelaide University). Members of the general public are invited to come along and listen and ask expert medical scientists burning questions, such as – What exactly is cancer? Is there a cure? Can I do anything to prevent cancer? And, what are the most current therapies? Light snacks will be available before the lecture commences. **Everyone is welcome to attend. Roll up! Roll up!** For further information contact Nicole Pendini or Briony Forbes on 8303 5581.

Awareness Evening at Blackwood:

This was held on 10th May when **128 people** rolled up to hear **Dr. Peter Sutherland**, Urologist, speak about robotic surgery at the R.A.H. and **Dr. Graham Lyons** talk on diets and prostate cancer. Everyone present found both speakers very interesting. Dean Wall and Ian Fisk also spoke about their prostate Cancer experiences. Jeff Roberts said that the evening was the best yet and that a large amount of our pamphlets were distributed. Well done Jeff, Graham and Peter!



Dr. Graham Lyons

ETC Café Fund Raiser Event:

The proprietors of the **ETC Café at the East End** helped promote prostate cancer on 11th May by allowing the Prostate Cancer Action Group (SA) Inc., to display banners, photos, posters and pamphlets in their café. Part of the proceeds from meals sold on that day went to the **Cancer Council (SA)** as part of their **“Australia's Biggest Morning Tea”** event. This money will be used for cancer research. **Nick Xenophon, M.P.** unveiled a plaque. The plaque highlighted those men and their families who have been affected by prostate cancer. The restaurant was full most of the day. Eight members of the PCAG attended. Sorry we were unable to give you any notice about this event.



Mariann Mcnamara and Nick Xenophon, M.P.

Association News:

At our April meeting, the Chairman Gary Bowes, said he hoped committee members would travel to the Barossa Valley to attend a prostate cancer seminar in June and to Port Pirie for a similar seminar in July. He also mentioned that he will forward to **All The SA P/C Support Groups a budget shortly outlining what money can be spent from the Federal Grant during the coming months.** This money has to be spent on specific items and not spent “willy nilly”.



Our PSA Newsletter

We are on the **look-out** for cartoons, and interesting news items about prostate cancer which might be suitable for publication in future PSA Newsletters. **Even a story about yourself and your P/C experience could be OK.** Just drop Reg a line at 39 Greenfield Rd., Seaview Downs, SA .5049 if you have anything of interest.

Talking about our Newsletter, we have received the following letter from the Office Manager to the Minister for Health:-

“**The Hon. John Hill, M.P., Minister for Health**, has asked

me to thank you for your letter enclosing the March 2006 PSA Newsletter and the Prostate News. The Minister **appreciates** you providing him with a copy of the publications. Signed, Carolyn Lee, Office Manager to the Minister for Health.”

We are still looking for more members who are on the Internet and wish to have “**The Newsletter**” delivered via the internet, instead of a hard copy via post. If you would like to save us postage and printing, **please e-mail your email address** to our Webmaster, Ian Fisk, at info@psaadelaide.org



We have been awarded “Certificates of Excellence” from the Minister for Volunteers

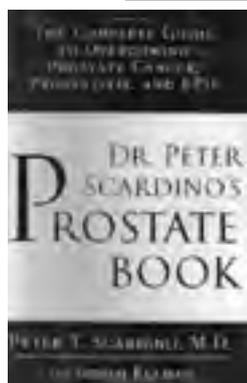
Yes, we have been awarded these certificates from the SA Minister for Volunteers, The Hon. Jennifer Rankine, M.P. Certificates were awarded to the PSA (Adelaide Group) and the Association of Prostate Cancer Support Groups S.A. Inc. “in recognition of your wonderful contribution to the Adelaide Community.” Other certificates were received by Reg Mayes, Sec/Treas. of the Adelaide Group, John Mayes, our Research Librarian and Gary Bowes, the Chairman of the Association. The certificates were awarded during “Volunteers’ Week” held in Adelaide recently. Take a bow everyone!



Gary Bowes, The Hon. J Rankin, John Mayes and Reg Mayes

Library News

It was decided at our last meeting to purchase another copy of **Dr. Peter Scardino's new book called "The Prostate Book"**. These are available from **Angus and Robertson's Book Shops for \$35** should anyone be interested to buying their own copy. The new purchase will mean that we will have three of these books available in our library. (See *page 8 of our February '06 Newsletter for John Mayes' review of this book*).



book/s, they should post them to the **PSA address at 39 Greenfield Road, Seaview Downs, S.A. 5049**.

Reg picked up a bargain the other day! It was a 700 page book titled **"The Complete Book of Vitamins and Minerals for Health"**, by the Editors of the Prevention Magazine in the USA. Originally costing \$50, Reg got it for **\$2 from the Lions Club Book Shop in Brighton**. It is now available in our library.

We have received 22 copies of the book **"Localized Prostate Cancer"** from **Dr. Carole Pinnock** at the Daw Park Repatriation Hospital. Many thanks Carole for these! We understand that this book will be revised later this year.

John, our Librarian, has reminded members that they can only borrow the **"High demand" red dot books for one month** i.e. from one meeting to the following meeting. Sometimes this could be 5 weeks. If members are unable to return the

John will be away from our next meeting, but **Les Belton** has kindly offered to look after the library in John's absence. Many thanks Les!

The Masonic Lodge Art Exhibition for 2006

The Masonic Lodge has advised that they will be holding their **Annual Art Exhibition from the 16th to the 24th September in their Great Hall in North Terrace**. They have offered us a **free stall** to hand out prostate cancer literature at the exhibition. We will need to man the stall ourselves, so later on, **we will be looking for 12 or so volunteers** who can man the stall and talk to men about prostate cancer. We thought that one person could manage the stall for about 3 hours before changing over to someone else.

The PCFA in Sydney has agreed to take out a full page advert in the Art Exhibition's Catalogue **at a cost of \$150**. They will publicize the PCFA and also give all South Australian Prostate Cancer Support Groups "a plug" at the same time. It will be a good opportunity to get our message across. There will be **prize money totalling \$5,000** for budding artists who want to enter their art works in the exhibition. Total proceeds will go **towards prostate cancer research in South Australia and to the Cancer Care Centre at Unley**.

What's on at the other various Association of Prostate Cancer Support Groups (SA) Inc

The Onkaparinga P/C Support Group:

Their next meeting will be held on Wednesday 7th June at 6.30pm in the Boardroom at the Noarlunga Community Hospital. They will screen a DVD about prostate cancer supplied to the group by the PCFA. Please phone John Shields on 8382 6671 for further particulars. Everyone is welcome to attend!

Mitcham Support Group Meeting 25th May

At the start of the meeting Chairman Terry Harbour paid tribute to Gerry McCreanor, founding President of the

Adelaide Support Group, who passed away on the 4th May.

There was an excellent attendance of 35 at the meeting to hear Graeme Goodings (Channel 7 personality) share his cancer experience. Graeme gave an excellent talk starting with his working background leading up to how he handled a diagnosis of bowel cancer, treatment options and his current situation. The many questions from the audience showed the great interest in his presentation.

It is very pleasing to have a well known personality who is willing to share their experience with support groups.

Video - The SBS Insight Program

Reg and Ian screened a video at our April meeting from the SBS's **"Insight Program"**. It dealt with a discussion group talking about various types of cancers. An interesting discussion took place between **Mr. Wayne Swan, M.P.** and **Professor Alan Coates** concerning the merits or otherwise of

having **early PSA tests**. **Needless to say, Wayne Swan won this discussion hands down.** (See *page of this Newsletter which gives the latest information on PSA testing in the USA and taken from page 134 of Dr. Peter Scardino's new book "The Prostate Book"*.)

"World No Tobacco Day"

Yes, the 31st of May was **"World No Tobacco Day"**, so if you wanted to kick the habit, then that would have been a good day to start. You can still **Ring the Quit Line on 13 18 48** for advice and assistance regarding how to do this and ask for some of their literature to be posted out to you. Good luck!

Here's a joke left over from St. Patrick's Day:.....Murphy told Quinn that his wife was driving him to drink. Quinn thinks he's very lucky indeed because his own wife makes him walk!



National Prostate Cancer Call-in Day

Advance Notice - This will be conducted from **6pm to 9pm on 7th September** when you can make a call to a panel of Urologists and some of our own members and ask questions about prostate cancer. **The Phone No. is 13 11 20.**

The Treasurer's Report

Donations received over the past two months were as follows:- Kerry(\$20), Peter and Joan (\$30), J and L(Brisbane) (\$50), Bob Glatz (\$25), Jean (\$10), and Ray (\$50). Total donations - \$185.) Many thanks guys and gals!

Talk by Alan James

At our April meeting, 81 year old member Alan James, gave us a talk on his recent prostate problems. He hand made some slides and used the overhead projector to emphasize some of his points. Alan was on a "Watch and Wait" program for a number of years but thinks he waited too long. At what point do you switch over to actual medical treatments? This is a bit of a risk on these programs which mainly consist of 6 monthly PSA blood tests and DRE examinations. His PSA went up to 99, with a Gleason score of 7. He had a TURP in April 2004 and was diagnosed with incurable prostate cancer. He went on hormone injections, viz., Lucrin and Casodex and after while his PSA level dropped down to .04. However, during a 3 monthly test recently his PSA increased from .04

to .6. We might think this is pretty low but it is well and truly above doubling every 6 or 12 months. It is the rate of increase that is the big problem.

Alan will see what happens with his next test in 3 month's time. In the meantime, he is experimenting with various types of complimentary medicines and diets. He is abstaining from milk and all dairy products and is using Soy milk. Many thanks Alan for making those overhead projector slides and giving us an interesting talk. Incidentally Alan has been reading Professor Jane Plants Book "Prostate Cancer" and has found it very interesting. Maybe we should get a copy for our library! What do you say John?

Talk by Des Alvey – A visitor from the Mitcham P/C Support Group

At our May meeting, Des came along from the Mitcham Group and gave us a bit of a talk about what's going on with his prostate. He had a TURP recently and was told that his prostate was twice the normal size. For the TURP operation he was given a spinal injection and was allowed to watch the procedure on a screen. Well this took his mind off things for a start. The Urologist carved out a bit of Des' prostate with the aid of an instrument inserted down his penis. The space left in his prostate immediately filled up with urine and as far as Des knows, it is still there. It's probably being refreshed

each few hours. He has quite a bit of trouble controlling his urgency and dares not stray too far from toilets when on shopping expeditions. (*Yeah Des! We know what that's like! – Reg.*) Cancer cells came out during the operation and these are checked by a pathologist. The Gleason score is obtained from the cells and in Des' case it was a score of 6, which is not too bad. His last PSA test was 5. Des is in the same boat as most of us and doesn't know what the future holds for him. Many thanks for giving us a talk Des!

The latest on early PSA testing for Prostate Cancer - from Dr. Peter Scardino's new book "The Prostate Book"

I came across the following interesting comments on page 134 of Dr. Scardino's new book and I thought it would be worthwhile to repeat the comments here:-

"The American Urological Association (AUA) and their American Cancer Society (ACS) are more positive about the benefits of screening, They advise physicians to offer men annual DRE and PSA testing starting at the age of 50 (45 for those at high risk) as long as the patient's life

expectancy is at least ten years. These groups recommend that doctors present comprehensive information about screening so that men can provide informed consent. The **American College of Physicians (ACP)** suggests that doctors provide information about prostate cancer screening and encourage men to make their own decisions. **The U.S. Preventative Services Task Force (USPSTF)** currently opposes routine prostate cancer screening, **though this recommendation is under review."**

Our June Speakers

Dr. Linda Forman will talk about prostate cancer and the present workshops being held for GPs about prostate cancer education.

Mrs Ellen Kerrins will speak on cancer control programs, information and support and also Prostate SA and its association with the Cancer Council SA.

WHAT DO YOU THINK YOUR MOM AND DAD HAVE IN COMMON?

Both don't want any more kids. -- Lori, age 8

Lecture by Dr. Alan Stapleton, Urologist, given on Monday 15th May '06

Notes made by Reg Mayes.

Before commencing his lecture, Dr. Stapleton paid tribute to the work done by our late President Gerry McCreanor, over many years. He said that Gerry had been a patient of his and that he had got to know him very well and appreciated the immense amount of work he had done in helping men with prostate cancer problems and, in particular, forming the Prostate Support Awareness (Adelaide Group) eleven years ago.

Dr. Stapleton gave members a very interesting power-point assisted lecture on various aspects of prostate cancer. Quite a few questions were taken during the actual lecture and also afterwards. The following are some of the main points Reg took down from the lecture:-

Prostate cancer can now be regarded as a "chronic disease" and in lots of cases early prostate cancer is curable, particularly if the cancer has not escaped from the prostate. During the last three years there has been a slight decline in prostate cancer mortality rates in Australia. This could be due to early detection by the PSA tests and DRE examinations, more modern treatments, or due to some other cause.

It has been shown that if your father or brother has had prostate cancer, your chances of getting it are about doubled. If your father and a brother have both had prostate cancer then the risk of you getting it is increased four to eight-fold.

It is interesting to note the following statistics regarding the leading cause of death in men. The highest death rate is due to heart attacks and other heart problems. Then comes (in order) lungs, strokes, pulmonary diseases, colon and bowel, prostate and accidents last.

The big task at the present time is to educate men re the risk/benefit of investigation into their prostate and urinary problems. With a PSA blood test, if the PSA is abnormal, then have further investigations as early as possible. Usually a digital rectal examination is performed by a GP at the same time that you might ask for a PSA blood test authorization. Under Medicare, you are allowed a funded PSA blood test every 3 months if thought warranted by your GP or Urologist to monitor "prostate disease", benign or malignant. If the PSA is a bit high then your GP will refer you to a Urologist for discussion, typically about a biopsy. These days you are given a local or general anaesthetic and 8 to 12 cores are taken from the prostate by means of a spring loaded gun via an ultrasound probe in your rectum. This allows the Urologist to see the outline of the prostate and guide the needles accordingly. It wasn't that long ago (a few years) that these needles were inserted in your rectum and through the rectum wall, into your prostate, WITHOUT ANAESTHETIC. (*Yeah Alan – We all know about that, don't we chaps?*). The biopsy is the most common way to tell if you have prostate cancer or not. The pathologist tells the Urologist the Gleason score or grade of cancer, length of cancer in the cores, position of the cancer and sometimes precursor lesions. With a PSA level of under 4, you have a 10% chance of having cancer. From 4.1 to 10 there is a 25% chance of cancer and over 10, there is a 55%

chance. So chaps, don't back away from a biopsy test. Your life could depend on it!

It is desirable to have an annual PSA Test and a DRE exam for men from 50 yrs onwards. If there is prostate cancer in family members, you should have these tests from 40 years onwards. Remember the rate of change of the PSA readings over say 6 monthly periods is very important. If the rate doubles in 12 months, then further medical treatment is warranted, even if the first figure is low, e.g. 2. If this goes up to 4 within 12 months, then some action should be taken. It really means that something is on the move down there.

Urinary problems can be a bug-bear for many men. These problems are usually known as LUTS (Lower Urinary Tract Symptoms). It is normal for men to get up once a night for a pee at the age of 65. At 75, getting up twice a night could be regarded as being "normal". As one gets older - the stream gets slower! It won't sail over the fence, Alan said. Stopping and then starting again is quite common as is a bit of a dribble afterwards. Spices, coffee, smoking and alcohol can affect both the force of the stream and the number of times one gets up at night. Diabetes is a disease that also affects the things just mentioned. Try to reduce your fluid intake from your evening meal onwards. If you drink cups of tea or coffee or have a few beers in the evening, it's no wonder you have to get up for a piddle or two.

To increase the rate of flow, there are a number of medications you can take such as "Flowmaxtra" or "Hytrin". "Flowmaxtra" is the newer name of "Flomax" which has been withdrawn by the pharmaceutical company. If your stream is pitifully weak and is worrying you, then surgery could be considered. This might include a cystoscopy, a TURP (trans-urethral resection of the prostate) operation or a bladder neck incision, also known as a TUIP.

Dr. Stapleton said that with prostate and urinary problems, take your time and study the options and what treatments are available. Maybe get a second opinion and weigh the pros and cons. There is also a wealth of information on the internet which could be of benefit. (*You could also join a Support Group and talk to men with similar problems – Reg*). With localized prostate cancer the Urologist will take into consideration your age, life expectancy, stage, grade and PSA blood levels. In Australia at the present time, if you are 76 years of age, you can expect to live for another ten years on average! When it comes to decision making regarding what medical treatment would be appropriate, many men still like to leave this decision up to the Urologist.

Brachytherapy treatments – Low dose brachytherapy attracts government funding (from Medicare) if the Gleason score is 6 or less and the PSA is less than 10. Both high dose and low dose brachytherapy are now being carried out at the Royal Adelaide Hospital. High dose brachytherapy treatment is delivered by radio-active wires which are removed at the



completion of the procedure. Both these forms of treatment for prostate cancer have been available in different parts of the world during the past 15+ years.

With ordinary radiotherapy treatment, the new conformal x-ray machines are more accurate than the earlier "broad beam" machines. They can focus X-rays more accurately onto the prostate gland and deliver exact doses of radio-therapy to "hot spots". These are now in use at the R.A.H. and two or three private hospitals in Adelaide. On 28th March the R.A.H. installed a new Linear Accelerator No.5 Machine costing a few million dollars and this will be of great benefit to prostate cancer sufferers as well as people who have other forms of cancer.

Hormone therapy remains the mainstay if conventional treatment (such as prostatectomy, brachytherapy or radiotherapy) has failed. A certain amount of bone loss occurs with hormone treatment but this can be controlled by the use of bisphosphonates. A bit of sunshine and exercise also combats bone loss to a certain extent. The drug "Taxotere" can extend one's life, but unfortunately, not indefinitely. This drug has been around for some time and is used in the treatment of breast cancer.

The Da Vinci robotic machine is in constant use at the R.A.H. There is now a three month wait to have a prostatectomy done with the aid of this machine. It takes from 3 to 4 hours to perform the operation. When compared to the manual prostatectomies, there is less blood loss, less pain, and one is in hospital for a lesser period, - about 2 days instead of 5-6. One disadvantage with the machine is that the Urologist cannot actually feel the patient's prostate. Some Urologists like to feel the prostate during an operation to check on its size, hardness and whether any cancer can be felt on the outside of the prostate capsule and therefore guiding to a degree how much of the surrounding tissue should be removed.

One member asked Alan about the value of men having oestrogen hormone patches to reduce their PSA levels. He said that these patches are not available for men in Australia. Estrogens for men have been linked to causing heart attacks. Hormone therapy for advanced prostate cancer can remain effective for anywhere between 1 and 20 years, but typically is effective for 3-4 years on average. Because hormone therapy

is being used earlier in the disease these days compared too previously, expectations are that hormone therapy is more long lasting. Today intermittent hormone therapy is used. This entails a gap of sometimes a couple of years between stopping and restarting therapy for good disease outcome. What works for one person does not necessarily work for another. Each depot injection of an LHRH agonist like Zoladex, Lucrin, Eligard costs over \$1,000, but the PBS scheme picks up nearly all this bill. Side effects include excessive sweating, hot flushes, tiredness, lack of energy, and impotence. Some men say they would be better off having an orchidectomy i.e. removal of the testicles. This operation is still being performed, but not as often as before. It was first done in 1941. The whole idea of giving hormone injections or having an orchidectomy is to stop the production of male hormones like testosterone which feed prostate cancer cells. This typically reduces the testosterone to a level of <20 ng/dl which is the "ideal" castrate level.

Things that the Urologist have to consider before placing his patient onto hormones are, pace of change in the PSA, extent of the cancer, cancer symptoms, previous medication and treatment, the age and general health of the patient and what other diseases he has had. Bone and cat scans cost from \$400 to \$500 each. For pain relief and a feeling of well-being prednisolone can be helpful, but all medications have side effects. In palliative care sometimes non-medications are also used, such as, TENS, massage, acupuncture, dieting, relaxation and meditation. Your GP is the best person to call upon to coordinate your palliative care needs. Sometimes getting onto the various clinical trials for new medications that are not already on the market can be beneficial.

What's in the future? Well in the pipeline there are a number of targeted therapies including cell therapies, molecular markers, vaccines and new cytotoxics. There are new discoveries and continued experiments going on all the time, both in the refinement of methods of treatment for prostate cancer and with new medications.

At the conclusion of Alan's lecture, Barry thanked him for his very interesting talk and handed him some of Wolf Blass' best Shiraz and also a "Be-a-Man" T Shirt. Alan suitably responded and said that he would wear the T shirt with a pirate's hat that someone had given him.

Medicinal Tomatoes

CANCER-fighting tomatoes went on sale yesterday in British Tesco supermarkets.

The specially-bred tomatoes are extra rich in a pigment which is believed to cut the risk of prostate cancer.

Lycopene, the compound which makes them red, may also ward off cancer of the lung, pancreas, bladder, skin and cervix. The tomatoes were created naturally by crossing varieties known to be high in the pigment. *The Advertiser April 12 2006*



HOW WOULD THE WORLD BE DIFFERENT IF PEOPLE DIDN'T GET MARRIED?
There sure would be a lot of kids to explain, wouldn't there? -- Kelvin, age 8

HOW WOULD YOU MAKE A MARRIAGE WORK?
Tell your wife that she looks pretty, even if she looks like a truck. -- Ricky, age 10

News from the Cancer Council SA

New Cancer Counselling Service-emotional support when it's needed most

Finding out that you or someone close to you has cancer can be a difficult and stressful time. Cancer treatments can be challenging and sometimes getting back to everyday life after treatment seems daunting.

Counselling can help in the following ways;

- To have an opportunity to discuss your cancer experience and its impact on your life,
- To be listened to and respected
- Learn new ways to manage stress
- To have an opportunity to set personal goals and develop new ways to achieve them,
- Find ways to talk to family and friends about concerns

To help improve psychosocial care a free service is now available at The Cancer Council for people diagnosed with cancer, their partners, family or friends experiencing distress.

The new counselling service will build on a person's coping skills and provide them with additional information, emotional support and practical help as needed to reduce cancer related distress.

A social worker and two counsellors are available to talk to between 9.00am and 5.00pm Monday to Friday by appointment.

If you think this service would benefit you or someone you know phone The Cancer Council Helpline **13 11 20**.

The Helpline can also advise of other counselling options in your area.



Cancer drug cleared for sale

From: Daily Telegraph
May 20, 2006

A REVOLUTIONARY cancer vaccine developed by an Australian scientist could be on sale within months after being declared safe and 100 per cent effective by a top US government committee.

The vaccine against cervical cancer, the No.2 cancer killer in women, was developed by Australian of the Year Dr Ian Frazer.

It would be prescribed to teens as young as 13 after the leading advisory board to the US Food and Drug Administration (FDA) yesterday voted unanimously to support the drug Gardasil.

It came after studies showed it was completely effective in stopping a sexually transmitted virus that causes cervical cancer and kills 290,000 women a year worldwide.

It is estimated Gardasil could cut up to two-thirds of the cervical cancer deaths caused by the virus, human papillomavirus, or HPV, or about 191,000 lives a year around the world.

HPV is the most common sexually transmitted virus and affects more than 50 per cent of sexually active adults.

Next month the FDA is expected to follow the advisory board recommendation, the drug is set to be on sale in the US within three months.

Gardasil would be given to children before they became sexually active and would consist of three shots over six months at a cost of up to \$655.

"The data speaks for itself," Dr Frazer, who spent 20 years developing the vaccine, said.

"This is a vaccine that in several clinical trials done by several different groups has proven 100 per cent effective in preventing not only the infection that causes cervical cancer, but also the pre-cancer lesions of the disease that needs to be treated.

"With data like that, plus the excellent safety record the vaccine has demonstrated over the 25,000 women that have been given it now, it would be surprising if they had not recommended it.

"With cancer the most common cause of death in Australia, we need to do everything we can to prevent the disease, as well as treating it."

Gardasil was developed by US company Merck and Australian biotech company CSL, which is expected to earn up to 7 per cent of the royalties from the drug's estimated global sales of \$4.3 billion a year.

CSL would produce the drug under licence for the Australian market.

Merck claims Gardasil could be the biggest advance in preventing cervical cancer since development of the cancer screening pap smear.

Head of the FDA's advisory committee Dr Monica Farley said the drug was "certainly a wonderful, good step in addition to our screening processes".

The FDA is set to recommend it be given to females aged 13 to 26. A final decision is expected in early June.



Dr Fraser

HOW CAN A STRANGER TELL IF TWO PEOPLE ARE MARRIED?

You might have to guess, based on whether they seem to be yelling at the same kids. -- Derrick, age 8

Human testing of cancer drug

ADELAIDE medical research company Bionomics will proceed to human clinical trials of an anti-cancer drug after receiving a \$3.7 million grant from the Federal Government. "The Bionomics project has the potential to become a significant new weapon in the fight against cancer," federal Industry Minister Ian Macfarlane said in announcing the Commercial Ready grant yesterday.

Bionomics is developing a drug which shuts down the blood supply to a tumour, starving it of oxygen and nutrients.

Bionomics chief executive Deborah Rathjen said yesterday patients in the trial would "have a variety of solid tumours such as breast, colon, head and neck cancers".

"Our drug has a fairly broad use because it can be used to treat anything that is a solid tumour," she said "Solid tumours need a lot of blood vessels to grow and spread." The

drug was a "breakthrough in the treatment of solid tumours".

Bionomics will lodge applications to conduct the trials in the U.S. and Australia - probably in Brisbane, Melbourne and Adelaide - from next year.

If the trials and subsequent commercial development are successful, the drug could be in use by patients within five to seven years.

The company will match at least dollar for dollar the \$3.7 million grant which Dr. Rathjen said was "one of the largest biotech grants awarded under Commercial Ready".

She believes there is potential for any licensing deal to be worth multimillions of dollars. "It is in the blockbuster drug area which typically have revenues of \$US1 billion a year,"

she said. *The Advertiser April 6 2006*



Research call

THE Federal Government should shelve any tax cuts and invest in more medical research, the Australian of the Year. said. Professor Ian Frazer said the Government was "sitting on the fence" about implementing the Grant Report, which recommended more health research investment. *The Advertiser April 29 2006*



Prostate treatment on the way

PROSTATE cancer patients in South Australia now have access to the full range of treatments with the installation of high dose rate (HDR) brachytherapy equipment at the Royal Adelaide Hospital.

The state-of-the-art technology is the latest medically approved treatment and injects radioactive material into the tumour.

The Adelaide facility means prostate cancer patients no longer need to travel interstate.

The RAH is the second Australian hospital to provide this treatment, although the software has been available in the U.S. and Germany for three years.

The announcement was made at the 15th Australasian Brachytherapy Group Annual Scientific Meeting in Adelaide week. The conference is being hosted by the Department of Radiation Oncology at the RAH's Cancer Centre and continues today and tomorrow.

"Brachytherapy is the delivery of radiation treatment using radioactive sources into the tumour," said Professor Peter Hoskin, the director of the Middlesex Cancer Centre, who is attending the conference. The computer software system at RAH will be supervised by U.S. radiation oncologist Dr Alvaro Martinez. About 10,000 cases of prostate cancer are diagnosed each year in Australia, with 2500 casualties annually. *Adelaide "Looking Forward" April 7 2006*



Subsidy cut will hit drug bills

PATIENTS taking multiple medicines would be forced to pay \$1500 a year more under Federal Government plans to cut \$1 billion in drug subsidies.

Pharmacists say the plan would mean they could not afford to provide free packaging for multiple medications. Instead, 700,000 patients across Australia will be lumped with the \$30-a-week cost of the service, where chemists put daily doses of drugs into special packs.

Under the Government plan, doctors would also be required to prescribe the cheapest generic drugs to patients unless they can show a good reason for choosing a more expensive brand. The Government has asked industry groups to outline any concerns they have within three weeks. *The Advertiser May 18 2006.*



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