

P.S.A. NEWSLETTER

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

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NEWSLETTER NO. 67

March 2006 Newsletter including a report on the March Meeting held at the Burnside Hospital on 27th Mar 06.

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 Grant Program.

Important Notice re our Next Meeting. - This will be held on Monday 24th April at 7.00pm at the Burnside Hospital, but the previously announced Speaker, **Professor Willis Marshall**, will be unable to attend. We will re-schedule him for later in the year. Instead, there will be an "Open Discussion Night" amongst members. We will also screen a 20 minute video of extracts from TV SBS's "Insight Discussion Program" about various types of cancers. There is an interesting segment showing Mr. Wayne Swan, M.P. and Professor Coates talking about prostate cancer. Roll up for a very interesting evening! **Don't forget that on May 15th we will have Dr. Alan Stapleton come along to give us his annual lecture on prostate cancer.** This lecture will be only 3 weeks from our next meeting. No Newsletter will be published for April due to the closeness of the two meetings and the fact that there will be no lecture to report on. **Our next Newsletter will therefore be issued in May.**

Chair: Barry Oakley

Members present 51

Apologies: Jeff & Theban, Bob, Ian, Brian, Gabby, Eric & Elfrieda and Bill & Nanette.

New Members: Hans, Robin and Phillip. (Welcome to all our new members!)

It is with regret that we announce the recent passing of one of our members. He was **Jack Doward**, aged 74 years. Jack had attended some of our earlier meetings. We extend our sympathy to his wife Christine and family.

E-Mail Addresses for our Newsletters:

We are still looking for members who are on the Internet and may wish to have "The Newsletter" delivered via the internet, instead of a hard copy per Post. If so, **please e-mail your email address** to our Webmaster, Ian Fisk, at info@psaadelaide.org

Treasurer for the Association of Prostate Cancer Support Groups (SA) Inc.:

Gary Bowes, Chairman of the Association, is still on the look-out for a **Treasurer**. He wants someone who has Accountancy Qualifications or has good book-keeping skills. If anyone is interested in this position, please ring Gary on **8261 1004 (after hours)**. By the way, it is a voluntary position, so you don't get paid for your work. (*I could have guessed this! - Reg*).

Library News:

Our Research Librarian, **John Mayes**, has just up-dated his list of books and videos. 45 copies were handed out to members at our last meeting. Further copies will be available at our next meeting. In addition, the new list has been posted on our web site www.psaadelaide.org John spoke briefly about the list and the "core" library dealing with books that are most frequently borrowed. We have also purchased, for \$35, another copy of **Dr. Peter Scardino's** book called, "**The Prostate Book**". John's review of this book was published in our last Newsletter. It is available in **Angus and Robertson's book shops** should you want to buy a copy for yourself. John recommends the book as good, up-to-date reading on the subject of Prostate Cancer.

Newsletters and Pamphlets etc:

We have received the latest **Andrology Australia Newsletter** about a telephone study dealing with "**Sex, fertility and contraceptive use in middle aged and older Australian Men**". The study was called "The Men in Australia - Telephone (MATEs)". Some brief extracts from the study can be found on Page 4 of this "Newsletter". Copies will also be available to

members at our next meeting.

We also received the latest edition of the “**Mosaic**” Magazine from the **Cancer Council (SA)** compiled by **Kathiye Strassnick**. It contains a very good write-up of the recent “**Be-a-Man**” **Launch** held in Adelaide plus a coloured photo of all our “**volunteers**” who took part. We handed out copies of the magazine at our last meeting, but if you missed out, see Reg, as he still has some spare copies available. I will bring more copies along to our next meeting.. **Thanks Kathiye for a very fine effort!**

Members took away about 500 of our own **Information**

Brochures and the **Be-a-Man Pamphlets** from the last meeting. They will distribute these in doctor’s surgeries, chemist shops and some hospitals. Thanks guys and gals! Remember that **any old yellow “Information Brochures”** you may come across **should be removed and disposed of** as they are out-of-date with the incorrect meeting dates for some of the P/C Groups. **For any country members in S.A.** who may wish to distribute some of our brochures or the **Be-a-Man pamphlets** to their doctor’s surgeries etc., **please give me a ring on (08) 8298 8040** or drop me a line and I will post you up a bundle. (Reg). Thanks!

Dr. Red Ginger Punch

A DVD was shown to members dealing with the **Dr. Red Ginger Punch**. Members were very interested and are keen to await the results of further tests being undertaken at the Sydney University. Anyone wanting further information

about this new product, or a supply of it, should ring Greg Jardine on (07) 3289 5111 or e-mail www.drred.com.au Please see a more detailed report about Dr. Red on page 7 of our February Newsletter.

Election of Offices for 2006

An error occurred (Computer gremlin) in our last Newsletter on page 5, dealing with the Election of Offices.

The name of our 1st Vice President should have read, John

Mayes and our 2nd Vice President, Jeff Roberts. John is also our Research Librarian.

The Treasurer’s Report

A detailed Treasurer’s Report is now read out at each of our meetings and will not be published in future editions of our Newsletter. However, we will still continue to publish a list of donations and details of any Government Grants we may receive from time to time. Last month we received the following donations from members:- Roger and Janet Taylor, \$50., Bob Glatz, \$35., Allen and Di Mayes, \$10.,

Keith and Joy Gobbett, \$10., Total - \$105.00. Thanks all! We also received **\$501.24** by way of a **Federal Government Grant under the Cancer Support Grants Program** via the Association of P/C Support Groups (SA), Inc. This was a reimbursement of part of our expenses incurred over the last 3 months. Gary Bowes, Chairman of the Association, handed the cheque to Treasurer, Reg, which he quickly salted away.

Prostate S.A. - The Latest

Professor Villis Marshall has advised that both the **Cancer Council SA and their National body** have agreed to an **Alliance with Prostate SA**. The next step will be to **establish the Constitution and the appointment of a Board of Directors**. Prostate SA has also had discussions with the **Prostate Cancer Foundation of Australia** as they (the PCFA) are concerned that this new entity could cause them problems, and Prostate SA are going to explore if there could be a **similar Alliance Agreement** with them. This may take a little time, but the Cancer Council SA is happy to explore this option, Professor Marshall concluded.

I noticed in “**The Advertiser**” on **25.3.06** that the Cancer Council SA and Prostate SA are jointly calling for **five Board**

Members to establish a brand new Board. They will work in conjunction with the Independent Chairman, **Mr. Ray Blight** and an existing Cancer Council SA Board member as part of a seven person Board. All new positions will be on a voluntary basis, “providing corporate governance through advocacy, leadership, fund raising activities and influencing prostate cancer control in S.A.”. They should have excellent commercial acumen and appropriate experience. All applications should be forwarded to success@stillwellmanagement.com.au quoting Ref. No.. 006/1416 as early as possible or ring **Stillwell Management Consultants Pty. Ltd., on (08) 8212 0999 for further particulars.** (Any takers? – Reg).

Have you had your Shots Yet?

This chap in his late 70’s or early 80’s got up and was putting on his coat. His wife says, “Where are you going?” He replied, “I’m going to the doctor”. And she said, “Are you sick?” “No” he said, “I’m going to get me some of those new fangled Viagra pills. So his wife gets out of her rocking chair and puts on her coat. He said, “Where are you going?” She

said, “I’m going to the doctor too”. He replied, “Why, for goodness sake?” She said, “If you’re going to start using that rusty old thing again, I’m going to get me a tetanus shot.” (Thanks to the Nepean P/C Group for this one).



New Linear Accelerator No.5 Machine Installed at the Royal Adelaide Hospital

On the 28th March, Barry Oakley, Reg Mayes, Ian Fisk, Gary Bowes, and John Shields were invited to attend the opening of the new "Linear Accelerator No.5" machine at the R.A.H. About 50 other people were also present and the actual opening was performed by the Minister for Health, the Hon. John Hill, M.P. Professor Ian Olver, Director of the R.A.H. Cancer Centre, the General Manager of the R.A.H., Ms. Virginia Deegan, Associate Professor Eric Yeoh, Director of the Radiation Department and Ms. Adeline Lim, Senior Radiation Therapist at the R.A.H., also spoke.

The machine itself, plus building alterations and extensions to accommodate it, **cost a whopping \$6 million or more**, paid for by the State Government. It's very pleasing to see that our taxes are being put to very good use and for the benefit of all South Australians. The machine is the most modern and expensive of its type in Australia and is actually a **conformal X-Ray type machine** which will be used to treat most types of cancers (not only prostate cancer). Highly computerized, it delivers the required dose of radio-activity to affected cancer "hot spots" a lot more accurately than previous machines. **Another two are expected to be delivered to the R.A.H by March or May of next year.**

Professor Olver outlined his work at the R.A.H. over past years and said that this week would be his last at the hospital. In May he will take over **Professor Coates'** position in Sydney as **Chief Executive Officer of the Cancer Council of Australia**, but still hopes to have close ties with South Australia. After the opening ceremony we were invited to have a look at the machine where Adeline switched on a series of gadgets and laser beams and a set of dazzling computer

squares and numbers to demonstrate the machine's accuracy. I thought for a while that we were going to have a game of X- lotto or noughts and crosses! I was a bit disappointed that they did not have a patient there undergoing treatment, but I suppose you can't have everything. We then all adjourned to a nearby room where we were provided with an excellent morning tea. **Thanks Adeline** for inviting members of the various P/C Support Groups to attend the opening.



Professor Eric Yeoh, Hon. John Hill, MP and Professor Ian Olver



The Accelerator Inspection - Adeline Lim and Barry Oakley and others

After all the guests had left, members of the **P/C Support Groups personally thanked Professor Olver** for his past efforts in the treatment of various types of cancer and for pushing for the most modern machines available for the R.A.H. We also thanked him for lecturing to our Group last year and wished him every success in his new position. We also told him that he would be hearing from us and other Prostate Cancer Support Groups from time to time. With these words, the Professor thought to himself, **"Hmmmm. - I wonder what this mob are up to now!"**

The Clipsal 500 V8 Race

Through the R.A.H. Health- in- Men "Pit stop" program, Gary Bowes and John Mayes went along to the **Clipsal 500 V8 race** and handed out over **100 "Be-a-Man" Pamphlets and our Information Brochures**. They were able to talk to about 50 men regarding prostate cancer and waterworks problems. John was amazed when a **29 year old male** told him that he was experiencing **severe peeing problems** and had not seen a GP about it. John advised him to seek urgent medical attention as soon as possible. We don't give medical advice but John suspected the chap was suffering from a **severe infection, probably prostatitis**. Isn't it amazing that some men are prepared to suffer pain and debilitating

problems and will not seek medical attention **until they are half dead?** The chap promised John he would consult a doctor in the next day or so. He took away some of our pamphlets to study.



Gary Bowes, John Mayes and others
Photo from James Smith of the RAH

Man Alive – Men's Health and Well-Being Festival at Semaphore

On Sunday 19th March members of the Prostate Cancer Action Group manned a stall at Semaphore foreshore. The event was hosted by Channel 7's Graeme Goodings. The aim was to promote men's health and well being in a positive, fun way for men, women and children to enjoy. Ninety two people stopped at the stall! Other things there included:-multicultural food, live music & entertainment, fun activities including rock wall climbing, face painting, drumming workshops, life be in it activities, the fling-a-thong championship, giant

puppets, larger than life creations and art exhibitions and - other community groups and services for men



Fred, Trevor and Coralie Hunt and Robert Kitto

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

The **Mitcham's** P/C Group's ordinary monthly meeting:

This will be held from 7.00pm on Thursday 27th April at the RSL Club Rooms, 4 Prince George Parade, Colonel Light Gardens. The guest speaker will be John Mayes, Vice President and Research Librarian of the PSA (Adelaide Group). John will talk on diets and lifestyle using himself as a example. Tea, coffee and biscuits will be provided. Everyone is very welcome to attend.


The Men in Australia, Telephone Survey (MATEs) – Andrology Australia

A total of **7,636 men** across Australia were selected for the survey. The men had to be 40 years or older and in permanent residence. **5,990 agreed to participate.** The telephone interviews each took about 20 minutes. The title of the survey was, "**Sex, fertility and contraceptive Use in Middle-aged and older Australian Men.**"

Some conclusions were:- 78% of the men had been sexually active in the 12 months prior to the interview. 40% want more sex, on average, twice a week. Over a third of the men over 70 years are still having sex. A quarter of these want more sex than they are currently having. Although the frequency of sex changed with age, sexual physical pleasure with a partner was the same as for younger men.

14% of the men surveyed had used commercial sex services in their lifetime. On average they paid for sex about 4 times a year. 14% of those had a regular sex partner. About 8% of all men over 40 never wanted children. 34% with no children

The **Onkaparinga** Group instead of their usual meeting on the first Wednesday, the May meeting will be a indoors family day BBQ at the Lions Willunga Saleyard (corner of Binney and Strout roads Willunga) on Sunday May 7th.

The **Barossa/Gawler** Group don't have a meeting in April, but Dr Christine Hoff will speak to the group on May 16th.. Check their web page for the latest. (links on our site) 


still want to be fathers. Men with 6 children or more were likely to be living in regional areas. 12% of men over 40 have never had children. 8% of the men have tried to have children but were unable to. This does not indicate with which partner this problem lies. 40% of the men having casual sex do not use condoms. Men in the older age group were less likely to use condoms. Of the men that had used condoms (about 70%) half reported that they interfered with sexual enjoyment.

One in four Australian men (over 40) has had a vasectomy. 9% of these regretted having had one, but only 1% had a vasectomy reversed. Australia has one of the highest vasectomy rates in developed countries. This shows a willingness of Australian men to take responsibility for family planning.

For more information e-mail info@andrologyaustralia.org or check out their web site on www.andrologyaustralia.org 

The Public Address System


Ian Fisk, Reg Mayes and Darryl Mulberry have been busy looking at **various public address systems** available **around the Adelaide audio shops.** Ian eventually tracked down a small **15watt system** which would be suitable for a small lecture room. We don't want a large powerful sound system. The one selected is a "**Megga** " brand which includes the amplifier/speaker and microphone for only **\$174.** Originally over \$225 **the Southern Music Centre** at the Marion

Shopping Centre gave us a **discount of over \$50.** We thought this was pretty good. We decided to buy it straight away as it was a special deal. We will demonstrate it to you at our next meeting. There is a 12 month guarantee on it. The idea is to help members sitting at the rear of the lecture room to hear the speakers a bit better. **Many thanks to Ian and Darryl,** for their foot-work in locating a suitable PA system for us. 

Prostate Cancer Action Group (SA) Inc., Awareness Evenings

Blackwood: Jeff Roberts reports that there will be a P/C Awareness Evening at **Blackwood on Wednesday 10th May.** The venue will be the **Blackwood Over 50's Club at 4 Young Street, Blackwood.** The key speaker is **Dr. Peter Sutherland (Urologist).** **Graham Lyons** from the Adelaide University will also speak on "Diet and Prostate Cancer". A DVD from the PCFA will be shown as well. The evening opens at 7.00pm. Coffee, tea and biscuits will be served at

the conclusion of the evening. Please ring Jeff on Ph .No. 8277 3424 for any further information. Roll Up! Everyone is welcome!

Clare: This **Awareness Evening** is being arranged for the **21st August** in the annexe to the Clare Town Hall. The key speaker will be **Dr. Kim Pese (Urologist).** The meeting will commence at 7.00pm. Further details will be published in our later Newsletters. 


Cancer drug hope

AUSTRALIAN researchers say they have developed a drug to cure aggressive types of cancer.

Tirapazamine, used by Cathy Freeman's ex-husband Sandy Bodecker during clinical trials, could revolutionise the treatment of patients with advanced head neck cancers, most often caused by smoking. There is also hope it could be used to treat cervix, lung and oesophagus cancers. It is expected to

be available next year after more trials.

"It can be a cure; not in everybody, of course, but, in a large number of patients that has been the case," cancer expert Professor Lester Peters said in Sydney yesterday.

Tirapazamine, which is administered by injection, is said to be effective because it kills tumour cells known to be resistant to standard treatments. *The Advertiser 27.11.05* 

The Statewide Cancer Control Plan 2006 - 2009

As reported in our last newsletter, the plan was launched on Feb 3rd. A 96 page document details the plan. Some of the topics covered include the following:- Reducing cancer risk, increasing cancer prevention and early detection, Optimising cancer care, Support for cancer control and Implementing the Statewide Cancer Control Plan (SCCP).

Many recommendations are made on the following topics: to lead change in cancer control, to reduce cancer risk, increase cancer prevention and early detection, optimise cancer care, for infrastructure planning, workforce planning, for cancer control research and for cancer information

The vision for the Statewide Cancer Control Plan is to:-

- 1 Save more lives by reducing the number of new cases of cancer and improving rates of survival when cancer does occur.
- 2 Ensure people receive effective support as well as the best treatment and care.
- 3 Improve the quality of life of people with cancer, cancer survivors and carers.
- 4 Address inequalities in cancer risk and cancer outcomes, between more and less advantaged sectors of the community, by addressing the causes.
- 5 Build for the future through investment in the cancer control workforce, infrastructure and strong cancer research.
- 6 Provide and improve information for cancer control.

Prostate Cancer gets a number of mentions.

In the “Recommendations to reduce cancer risk, increase cancer, prevention and early detection” section item 14 is:

“Continue to monitor research outcomes on efficacy of population screening for prostate cancer mortality reduction. In recognition of strong public interest in prostate cancer testing and the associated demand on GPs, develop expert clinical information and community education programs.”

In the table on “**Strengths of associations between lifestyle factors and cancer Diet Specific nutrients**”, selenium is listed as “Selenium?” Where “?” means “Indications of decreased or increased risk but data base too small or variable to be definitive or to assign risk level”

On “Prostate cancer testing”

“In 2002, prostate cancer was the most commonly diagnosed cancer (apart from non-melanoma skin cancer) in Australian men. Proven means of preventing prostate cancer do not exist, although the typical Western diet, high in fat, red meat, milk and dairy products, and low in vegetables, is suspected to be a risk factor. Population-based screening of asymptomatic men is not being advocated by most Australian health authorities in advance of the results of current field trials, due to uncertainties about benefits and adverse side effects. Even so, there is widespread community concern about prostate cancer reflected in the high rates of Prostate Specific Antigen (PSA) testing in general practice. Most clinical practice

guidelines recommend that such testing only take place after patients are adequately informed about the risks and benefits. However, Australian studies suggest that this frequently does not occur.

Prostate cancer is a widespread disease where research is urgently needed to find opportunities for prevention, screening and more effective treatments.”

In a section on “Screening”.

“In the case of prostate cancer, screening may eventually be proven to save lives. So in dealing with an individual patient, if a medical practitioner does not offer testing, there is potential for harm. This clinical context is not the same as a population context in that it is possible to obtain additional information from the patient that may change their possibility of benefit or harm from the test. Information might include age, family history and the patient’s own anxiety or desire for testing.”

“There is still no conclusive evidence that population based screening for cancers of the prostate, head and neck or melanoma reduces the mortality rates from those sites.”

“How will we reduce cancer risk, prevent cancer and detect cancer early?” Section

“National cancer priorities”

“The National Cancer Strategies Group has nominated priority areas for cancer control in Australia. They include cancers of the large bowel (colon and rectum), female breast, prostate, lung, skin (melanoma), cervix, non-Hodgkin’s lymphoma, and skin (non-melanoma). Control measures identified by the National Cancer Strategies Group directed at reducing cancer risk, increasing cancer prevention and early detection of these cancers include the following:”

“*Prostate cancer*: promoting healthy diets (as a precaution and for broader health reasons) and seeking early results of field trials of PSA testing, in order to better reconcile potential benefits and side effects.”

In the “Recommendations section” item 14.

“Continue to monitor research outcomes on efficacy of population screening for prostate cancer mortality reduction. In recognition of strong public interest in prostate cancer testing and the associated demand on GPs, develop expert clinical information and community education programs.”

Parts of the above were extracted from the SCCP we acknowledged the Government of South Australia’s copyright.

The complete document is available on the web. If interested put the title into Google, find it and download it . There are many references listed at the end, and referred to throughout.

There is also a summary in The Cancer Council South Australia’s March 2006 “Mosaic” “A newsletter for cancer support groups.”

Hot Chilli trials

Mr. David Archibald of Summa Developments Ltd., is looking for some members who would like to participate in trials using capsules containing chilli powder and sulforaphane for

the treatment of prostate cancer. If interested please e-mail David for further particulars.

His address is: dca@arach.net.au

Talk by Dr. Bob Such, M.P. Member for Fisher

Since joining Parliament in 1989 Dr. Such told members that he has always been interested in both men's and women's health. Today, there are still lots to be done to improve the general health of both men and women. Governments have been aware of this situation and in recent years more money is being spent to address this problem. Improvements in this area are now starting to get a bit of momentum.

He said that his father had prostate problems but he was unaware of the exact nature of them. It wouldn't surprise him that it may have been prostate cancer. Bob made a point of having regular check ups with both PSA blood tests and DRE examinations. Last year his PSA reading crept up a little so he decided to have a biopsy and an ultrasound examination. The Urologist told him that the biopsy revealed prostate cancer, so he then decided to have a full body bone scan. This revealed no cancer "hot spots", but that he had a heel spur on one of his feet. So that's why he had an aching foot – the bone scan proved to be useful after-all!

Bob was then given the option of having radiotherapy treatment or a prostatectomy using robotic surgery. He decided to go for the robotic surgery and waited 6 weeks for this to be done at the R.A.H., the only public hospital in Australia to have this facility. *(Full details concerning robotic surgery at the R.A.H. can be found in the March '05 issue of our "Newsletter".)* The operation went pretty smoothly with

hardly any bleeding at all. The machine pumps air into your belly to prevent bleeding. The precision is very accurate and the robot has proven its worth. One problem did crop up, however, where the urethra is re-attached to the bladder. This didn't quite stitch tightly enough and caused a slight leak which resulted in a manual operation later. This proved to be successful but it was like sitting on a red hot poker for a few weeks.

Bob did not suffer from any incontinence and each of his three PSA readings since to operation, all showed zero. He is pretty happy about this. Bob thought that the RAH did an excellent job and would highly recommend robotic surgery to anyone contemplating a prostatectomy. In closing, he mentioned that modern scanning machines now available at the RAH, has resulted in picking up prostate cancers that would have been missed five years ago.

Barry then presented Bob with a sample of the very best Wolf Blass Red Shiraz to help his PSA along a bit to which Bob suitably responded.



Wills and the Powers of Attorney etc -Talk by Mr. Andrew Baggio

Lawyer, Mr. Andrew Baggio, was good enough to come along and give us a talk about Wills and the various Powers of Attorney etc. **He said it was essential that people draw up correctly prepared Wills and also have Enduring and Medical Powers of Attorney.** The cheap \$28 "Do you own wills kits" are not satisfactory and have caused lots of problems as most have been filled out incorrectly. **His firm can draw up proper family wills for \$400.** More complicated wills involving family trusts etc are more costly (around \$1,000). **The Public Trustee will draw up a will free of charge, but many people don't realize that upon a person's death, they deduct a sizeable commission for handling the estate and probate etc.** For example, on a \$425,000 estate (which is not that much these days when perhaps a house is involved, furniture & effects and investments and a bank account) the Public Trustee will deduct a commission of around \$12,000. **(about 2.9%). People who die without making a will cause large problems for their families and relatives in trying to sort out their assets etc and sometimes these assets end up with someone that you wouldn't have left them to.**

Andrew also spoke about "Testamentary Family Trusts" where considerable savings in taxation can be legally made and should definitely be looked at by families with fairly large assets. **Andrew was appalled** to learn that in a recent survey it was found that **only 1 in 3 people in South Australia has made a will.** He said that in those cases and where there were no relatives, **the whole of the estate will go to the State Government.** Well that's good isn't it and after you have been paying taxes all your life! *(Hey, if you don't want that to happen, you had better draw up a will quick. – Reg).*

Andrew provided leaflets to everyone at the meeting who wanted one under the following headings, "Wills – Take the Initiative – For Your Family's Sake", "Leave your affairs in order: Enduring and Medical Powers of Attorney, Enduring Guardianship and Anticipatory Directions", "Testamentary Trusts: Every young family should have one", and, "Testamentary Trusts: They are not all the same". These details are too long and a bit complicated to include in this Newsletter and I wouldn't want to make any mistakes in reporting them to you. If you have concerns about your estate, or want your will altered or want to draw up the Powers of Attorney papers, **the best idea is to give Andrew a ring and discuss your problem with him, and you are under no obligation.** Tell Andrew that you read all about him in the PSA (Adelaide) Newsletter. His phone number is **8232 8889**, mobile phone is **0404 826 554** and his e-mail address is andrew@baggiolegal.com.au If you want to study his web site, this is www.baggiolegal.com.au His office is at **142 Gilles St., Adelaide, SA.5000.** *(Now I can't be more helpful than that, can I? – Reg).*

After the conclusion of Andrew's interesting talk, he took numerous questions from members. Barry thanked him for coming along and talking to members and then presented him with a sample of the best Wolf Blass Shiraz. Gary handed him a "Be-a-Man" T Shirt on behalf of the Association.



Drug aids cancer fight

POST-MENOPAUSAL women prescribed Tamoxifen for early stage breast cancer have a better chance of survival if they switch to an alternative drug, Arimidex, after several years. The combined results of three studies involving more than 4000 women - half on Tamoxifen alone and half who

replaced Tamoxifen with Arimidex - were presented yesterday to the San Antonio Breast Cancer Symposium. Those in the Arimidex group were less likely to suffer a relapse and more likely to be alive five years after surgery to remove the cancer than women taking Tamoxifen alone. *The Advertiser 14-12-05*

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 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 effect 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 the trials to prove these combination therapies will be more effective," Professor Tilley said. *The Advertiser*

Pap smear 'refused'

SOME GPs are refusing women pap smears because of concerns over legal liability, a concerned Sydney doctor says in a letter to Australian Doctor magazine.

Dr Craig Lilienthal, said a woman 38, had been refused pap smears when she phoned two other medical practices.

"She said she was told by the receptionists at the first two practices the doctors there didn't Perform pap smears 'for medico-legal reasons'," he wrote. "If this is correct, I'm appalled." *The Advertiser 22-3-06*

LONGER PROSTATE TREATMENT BEST

Men with high-risk prostate cancer fare better when they are treated with at least 12 months of hormone-reduction therapy rather than a shorter duration of treatment, regardless of how fast growing or advanced the cancer, new research suggests.

Androgen deprivation therapy involves lowering levels of

male hormones, such as testosterone, in the body in an effort to block or slow the growth of prostate cancer. Androgen deprivation therapy is most commonly achieved with medications, but it can also be produced by removing the testes. (Daily Telegraph, 1/12, p25)

Prostate test to get 'easier'

AN Australian company is confident of developing a much more accurate laboratory test to diagnose prostate cancer, based on semen rather than blood, within a year.

Proteome Systems Ltd's chief executive Stephen Porges said he expected the non-invasive test to be cheaper and more

effective than diagnostic methods already in use.

The test measures levels of a cancer marker known as Human Carcinoma Antigen in semen.

Advertiser 17-3-06

YOUNG JOHNNY looked up, puzzled, from something he was reading and stared at his mother.

"Mum," he said, "do you and dad have sexual relations?"

Mum had a swift think and decided this was it - and honesty was the best policy.

"Yes," she said, carefully, "we do."

"Fair enough," - said Johnny, "but why don't they ever come to visit us?"



VACCINE HOPE FOR PROSTATE CANCER

A NEW vaccine developed by Brisbane scientists could give hope to the 11,000 Australian men diagnosed with prostate cancer each year.

The breakthrough, which follows the Queensland development of cervical cancer vaccine, comes as Queensland Institute of Medical Research scientists also begin human trials on a malaria vaccine. It has taken the Mater Medical Research Institute more than six years to develop the prostate vaccine, which primes a patient's immune system to identify the cancer cells and destroy them.

The vaccine, has been proven in laboratory trials, and the first human trials are now under way.

MMRI Director Professor Derek Hart, who led the team behind the prostate vaccine, said he was encouraged by laboratory results and hoped to have the results of the phase-one human trials by the end of this year.

During this trial, a dozen patients would be given three vaccine shots at intervals of four weeks to see how well they tolerated the treatment and what effect it had on their illness.

If the phase-one trial succeeded, a larger phase-two trial, funded with a \$1.3 million grant from the U.S. Army, was planned. It would take another three to five years after that before the vaccine would be commercially available.

"Our first hope is that this new vaccine is safe," Professor Hart said. "Our second hope is that it is able to generate an immune response against the cancer and if it has a major impact we will be absolutely delighted." *Tess Livingstone and Jeff Sommerfield 13 February 2006 (from The Courier Mail) and PCAG Mar 06 Newsletter (note the full article and all the recent Prostate Cancer Action Group (SA) Inc. Newsletters (produced by Trevor Hunt) are available on their website www.pcagsa.org.au)*

Erectile problems an 'early warning sign'

MEN with erectile dysfunction have an almost 50per cent increased risk of heart disease.

Three separate studies from the US and Canada found men with erectile dysfunction were also much more likely to have conditions such as diabetes and high blood pressure.

As expected, prevalence of the condition rose sharply with age. One study of 3566 American men found 77.5per cent of men aged 75 and over were affected, but some much younger men - 6.5 per cent of those aged in their 20s - also had the condition.

Australian experts said the findings, published in the US journal Archives of Internal Medicine, underlined the little-understood fact that the causes of erectile dysfunction were very similar to those of heart disease and men with one condition were at high risk of the other.

David Handelsman, professor of andrology at the University of Sydney and director of the ANZAC Research Institute, said many people mistakenly believed that the condition was caused by falling testosterone levels as men aged.

"It's not primarily related to hormones at all - it's a form of the same vascular disease that causes heart attacks and

strokes," he said.

"It's a sentinel early warning. That's one of the most important messages that is not understood by the public, or to a lesser extent by GPs."

Professor Handelsman said one of the three studies was relatively small, involving a sample of just 221 men, while a second, conducted in Canada, surveyed GPs and was funded by drug giant Pfizer, which makes the leading impotency drug Viagra.

The third study was well-conducted, and the main findings were all similar to a large Australian study published in The Lancet last year, called the Mates study.

Professor Handelsman said the message from all studies was similar: erectile dysfunction increased with age and correlated with smoking and diabetes because it was "really a variant of the same disease that causes heart attacks and strokes".

Australian expert Chris McMahon, director of a private Sydney clinic, said a man with ED was two to three times more likely to develop heart disease. (*Adam Cresswell, Health editor The Australian, 25/1 and PCAG Mar 06 Newsletter*)

Making Human Prostate from Embryonic Stem Cells

Benign prostate disease eventually occurs in all men and one in ten develop prostate cancer. It is of great importance to understand how normal tissue develops into diseased tissue. Researchers have made tissue from human embryonic cells

and one of the advantages of this is that it gives them the ability to study prostate development. ABC Radio National "The Health Report" Monday 3 April 2006, the full transcript on <http://www.abc.net.au/rn/healthreport>.

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