

# P.S.A. NEWSLETTER

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**PROSTATE(CANCER)  
SUPPORT AWARENESS  
ADELAIDE GROUP**

[www.psaadelaide.org](http://www.psaadelaide.org)

over ?? hits since Nov 03

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

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**NEWSLETTER NO. 78**

**June 2007** Newsletter including a report on the May and June Meetings  
held at the **Fullarton Centre** on **May 21, 2007 and June 18 2007**

Thank you to our sponsors:- Federal Government's Cancer Support Groups Grant Program and the State Funded Volunteer's Support Fund. Members please note:- Our next meeting will be a General Discussion Night amongst members plus short videos on TomoTherapy and Tomatoes at 7.00 pm

**July 16<sup>th</sup> 2007**, at the **Fullarton Park Centre, 411 Fullarton Road, Fullarton.**

## **May 21, 2007 Meeting**

**Chair:** Barry Oakley

Members present 28

**Apologies:** Reg, John, Gary., Keith and Joy, Ross and Darrell.

**New Member(s):-** Wes – only diagnosed in March, was about to have his first of many External Beam Radio Therapy session.

## **The Positions of President and Secretary:**

A call was made for new President, a Secretary and a 2<sup>nd</sup> Vice President, no one volunteered for any position!

## **Joe Bridges marathon walk:**

Joe had just completed the mammoth task of walking from Adelaide to Melbourne, some 734 kilometres, in order to raise funds for prostate cancer and breast cancer research. Joe's full story can be found on our web site, and a shortened version was published in April "Newsletter". Joe spoke briefly about his walk.

Summarising:- Joe was kicked by a bull many years ago, this old injury caused Joe some grief during the walk! He and Foster Bibron slept in small tents on the way, mostly at Caravan Parks. Foster snored rather loudly, consequently Joe did not sleep well. Lions Clubs on the way made many donations. Many publicans provided free meals for the pair of them. Joe was not sure how much money they had raised, but he found the walk very rewarding.

## **Library News:**

We have now up-dated all our Mr. PHIP Prostate Cancer pamphlets and these can be obtained from our Librarian, John Mayes, should you want a copy. John also has a few copies of the revised version of the book "Localized Prostate Cancer".

Copies of Andrology's latest "The Healthy Male" Newsletter which deals with the PSA test were placed on the front table for anyone interested.

## **The Prostate Cancer Information Kit:**

Reg has been able to post out 100 of these kits to 5 Urologists to hand out to some of their prostate cancer patients. He wrote to 25 Adelaide Urologists about a month ago, but to date, has only had replies from 5. The idea is an initiative of the Association of Prostate Cancer Support Groups (SA). Reg still has about 100 kits to post out. (25 more sent out since)

## **ProstateSA:**

Brent Frewen, the Events Manager of Prostate SA., had written to us giving details of the "Loose Change Day" to be held on Friday 29<sup>th</sup> June. Briefly, three Prostate SA blue Ford utes will be driven around Adelaide on Thursday 7<sup>th</sup> June, Sunday 10<sup>th</sup>, Thurs 14<sup>th</sup>, Sunday 17<sup>th</sup>, Thursday 21<sup>st</sup>, and Friday 29<sup>th</sup> June, stopping at multiple locations across the city.

Brent was looking for some volunteers to either drive the Utes, and for two volunteers to sit in the back of each Ute and interact with patrons by handing out information and seeking donations in support of Prostate SA. Two of the Utes were to be located inside shopping centres. Those interested were asked to give Brent a ring at the Cancer Council on 8291 4110.

## PCFA and Commonwealth Bank RoadShow:

Jeff Roberts and Trev Hunt spoke about the upcoming Roadshow. More details were in our April newsletter page 8.

### General Discussion:

There was some discussion about the advantages of having a benchmark bone density test done before going on hormone replacement treatment. The "Zone Diet" was also questioned. Again there is a lot of information about that on the web.

### Dr Kim Moretti's HIFU presentation.

Barry Oakley introduced Dr. Kim Moretti. Dr Kim had done a prostatectomy on Barry twelve years ago!

With the help of a Power Point presentation the doctor told of how just about everything has been done to try and treat Prostate Cancer: cut, burn, microwave, fry, heat, freeze, laser it radiate it etc.

HIFU (High Intensity Focused Ultrasound) is one of the latest procedures, although it is not cutting edge technology, it is not main stream yet. Beams are focused on a point to destroy prostate tissue.

There are a number components including The Probe uses low intensity ultrasound so that the operator can see the prostate and high intensity ultrasound to destroy the prostate (by heating up the prostate to over 100 degrees). Another component is the cooling system which keeps the tissue away from the focus point cool.

The whole procedure can take up to two to three hours to do.

There are currently at least two machines available to perform HIFU. The relative merits of the two were shown and explained.

Only relatively small prostates can be treated by HIFU (say about 40grams) due to the limited focal range that the beam can reach. Zones of about 12 – 14 mm in length are treated in each burst. The focus point is moved about under the control "plan" to try and destroy all of the prostate, keeping clear of the urethra and rectum. The initial planning process can take up to an hour.

Usually the patient has at least one night in hospital, and has to use a catheter from 4 to 10 days until the swelling has gone down. The prostate must be "rested" for at least 3 month ie no Bike riding, jumping on tractors etc.

Only 5 or 6 thousand HIFU have been performed in the world so far. People who are suitable for treatment include those whose prostate cancer is confined to the prostate, Gleason Score less than 7 PSA less than 20. (he thought 15 might be more appropriate), there should not be any pre-existing retention problems, nor any previous rectum problems as it is cooked just a bit during the procedure.

In Australia he said it is used mostly for radiotherapy and brachytherapy failures.

**Complications:** An early complication can be the making of a hole in the rectum wall (rectal fistula), the results are much better now (with better control of the HIFU energy). Another complication can be restriction of the urethra at the tip of the prostate (stricture) which could cause retention problems. Figures were given on the percentage incidences of all complications. Incontinence can be up to 3%, infection can be around 6%, impotence can be around 24%, but of a form that can be easily treated with Viagra type drugs.

There are around 4 machines in Australia, mainly Sydney and Melbourne. They can be carted around in the back of a standard vehicle.

At two years the results report about a 90% success rate. Long term? It is still early days, too soon to be able to determine the true cure efficiency of the procedure, 5 year data is required before that can be better evaluated.

He felt HIFU's place was to be used after other treatments failed or as an alternative to brachytherapy.

The machines can cost around \$100,000 and the treatment can cost around 15 to 18 thousand dollars.

No treatments have yet been done in Adelaide.

Many questions were asked, and answered. David Parkin who travelled to the Caribbean over two years ago to have the HIFU procedure said he is still pleased with his results. He said he has had no side effects at all.

Barry presented our speaker with a bottle of "preventative" in thanks for his presentation.



## May 21, 2007 Meeting

**Chair:** Barry Oakley

Members present 18

**Apologies:** Reg Mayes, Gary Bowes and John Bailey, Jeff and Theban Roberts, Arthur and Kathie Seager and John Kozlowski

**New Member(s):-** Patrick Cassime

### Noel Allen:

Barry read a letter from Jean Maklin regarding the passing of Noel Allen.

*“To Barry, Reg and members of the PSA Adelaide Group.*

*Noel and I did so enjoy our evenings with PSA and always came away from the meetings feeling we had learnt a lot and the comfort of being able to share problems with each other. I feel comforted that Noel didn't have to go through suffering that lay ahead of him. I was with Noel for 17 years and his love for people and his Ministry as a Chaplain has been a big comfort to help me come to terms with his passing. With Love and affection for a Great Group, My best wishes for the future of PSA Adelaide.*

*God Bless, Jean Maklin.”*

### Gary Bowes:

Reg had supplied a report on Gary for the meeting, but Gary's wife Margaret has recently supplied the words below via Reg.

*“Gary has been in the Mary Potter Hospice for 4 weeks and has had three lots of radiotherapy treatment, a blood transfusion and has been on a course of pain killers such as morphine and methadone. He also suffered from pneumonia for a few weeks but has got over this. Gary seems to be improving a little and there is talk by the doctors that they may let him go home at the week end. He still has a long way to go. If anyone wishes to drop Gary a line, his address is 12 Knight Ave, Windsor Gardens, SA.5087.*

*I am sure he would be glad to hear from you.”*

### Taxatore:

**Trev Hunt** spoke about the drug “Taxatore” and the PCFA's attempts to get this drug listed under the PBS Scheme. Jeff Roberts organized and Reg photocopied a number of copies of a suggested letter for members to send to their federal members.

### ProstateSA “Loose Change Day Campaign”:

A mention of the campaign was made along with a call for any volunteers to contact Brent Frewen of ProstateSA. More details in last month's meeting summary and on the web!

Pictured to the right is ProstateSA Loose Change Van at Bunnings Marion with Reg Mayes, Joe Bridges and Julie McConnell.

Reg and Ian Fisk made a quick visit to get rid of some loose change and get a picture for this newsletter! (naturally it was all Reg's idea!)



### The Commonwealth Bank-PCFA Awareness Initiative about Prostate Cancer in Country Areas:

Since our meeting in June there have been meetings in Victor Harbor, Murray Bridge and Port Pirie. One is due for Aug 17<sup>th</sup> in Port Lincoln with the Urologist speaking being Dr Peter Sutherland.

Prior to the Victor Harbor meeting, Ian Fisk was interviewed on one of the local community radio stations at Victor Harbor.

Trev and Coralie Hunt spoke at the Victor evening and reported that the attendance was only 18, so not very good. The Murray Bridge evening was attended by more (around 40), Dean Wall spoke there. Jeff Roberts also attended.

### Videos:

Reg had supplied a video on Tomotherapy to view and had asked the Fullarton Centre to leave out the TV and video, but as neither was put out, we will have another try in July!

## ABC Radio National Interview on Life Matters:

There was an interesting interview of PCFA's CEO Andrew Giles and Associate Professor Gary Richardson of Foundation 49. the topic was "Men need women for their health". "Men need women to keep them healthy." That seems to be the message from a Newspan poll survey just released.

Nearly 80% of men were encouraged by a woman to visit the doctor in the past 12 months.

The survey also revealed that the majority of men think that male health problems get less attention and funding than predominantly female health issues like breast cancer." Ian Fisk has the mp3 podcast file of the interview if anyone is interested.

## Graeme Goodings:

We have been successful in obtaining **Graeme Goodings** to give us a lecture here on Monday 20<sup>th</sup> August about bowel cancer and how it affected him. Graeme is also on the Board of Prostate SA. The lecture will be held in the "Lounge Room" which holds about 100 people. **Note the meetings starts at 7.30 instead of the usual 7.00pm**

We have invited members of the Onkaparinga Bowel Cancer Support Group to come along to our meeting on that night.

Graeme has also advised that Prostate SA will hold a **Fund Raising Feast Night at Zak's Restaurant** at West Lakes on Tuesday 10<sup>th</sup> July '07. The cost will be **\$80 per person**. Please ring 8353 5000 to make a booking and check out the starting time. The address is 149 Brebner Drive, West Lakes.

## Accountant:

A request was made for an Accountant that may be able to audit the Association's books? there was no response. See a later report on page 6 of this Newsletter.

## The Treasurer's Report:

Arthur Seager was an apology for the evening's meeting so there was no treasurer's report at the meeting, but Arthur provided the below for this newsletter.

In view of my absence at the last meeting I have decided this month's report will cover the quarter from 01/04/07 to 30/06/07. In some cases this will include information already presented in earlier Newsletters - so be prepared!

During this quarter we made only one donation and that was \$35 to Foundation Daw Park Inc.

During this quarter we received: (full details on the paper version!)

- (a) Grants totalling \$X, paid to us to reimburse the majority of our office type expenses, from the Federal Government via the Association of Prostate Cancer Support Groups, and
- (b) Donations, which go a long way to covering expenses not otherwise reimbursed, from the following members: Frank \$25, Graham \$50, Iain \$20, Keith \$20, Peter \$25, Shirley \$55, W H \$35.

On behalf of the Adelaide Group I would like to publicly thank those people who make donations by post and at the meetings. Without these donations we would have to start running quiz nights or sausage sizzles to increase our income to match expenses!!!

Arthur Seager - eagerly awaiting to be joined by newly elected volunteers for the vacant office bearer positions

## The Positions of President, Secretary and Vice President:

No one volunteered for any of the vacant positions.

As no nominations were received, Barry said that he would continue in the position of President until further notice. Ian Fisk will continue to Act as Secretary with assistance from Reg in both Secretarial work and the Newsletter Editor's job. The position of 2<sup>nd</sup> Vice President will be held in abeyance for the time being.

### **"Stop Press" Rotary Club of Blakiston.**

A pleasant surprise occurred last week when we received a cheque for \$200 from the Rotary Club of Blakiston. There was also a note saying "keep up the good work". It was sent to us via Adrienne Veale.

Many thanks to the Rotary Club and to Adrienne. (the cheque was received too late to be included in the Treas. Report)

Sorry there was no newsletter after the May meeting, but after spending almost two weeks in Barmera at the Country Music Festival, there was not enough time to get a newsletter out before our June meeting! *Ian Fisk*

## Lecture by Ms. Jan Rowe, Continence Nurse, Repat General Hospital

Jan works at the Daw Park Repat. General Hospital as a Continence Nurse and is involved in the education of prostate cancer sufferers with their treatment (both before and after operations, brachytherapy or radiotherapy), and tries to help people make a decision. This is usually done with both the man and his partner being interviewed together. Jan said that she reads our monthly Newsletters and realizes that all members are very well informed on the various up-to-date treating methods and what is going on with prostate cancer, both in Australia and some overseas countries.

Recently there were two conferences held in the USA dealing with continence and sexuality. One was in Los Angeles and the other at Vail, Colorado, in February of this year. This was the 17<sup>th</sup> International Prostate Cancer Conference. Jan attended this conference.

There is also quite a lot of research being carried out the Monash University in Melbourne. What came out at the Vale conference was that there is a lot of “over-treatment” being carried out in the USA. 90% of the men who are diagnosed with prostate cancer want treatment as early as possible.

Jan asked members what did they think was the fastest growing age group in Australia in the following categories:- 15 years to 30, 30 to 45, 45 to 60, 60 to 85 and over 85. Most thought that the group 60 years to 80 was the fastest growing. Wrong! It is the over 85 group. This was a big surprise to everyone.

Jan said that some of the risks in getting cancer or dying younger can be found in whether one smokes or not, high alcohol levels, fat, hypertension, high uric acid volumes in your system, low education, and whether one is married or not. Your life expectancy is longer if you do not have any of these problems. 50% of all new cancers occur after you turn 65. One in 6 prostate cancer sufferers will die. We over-treat here in Australia as well as in the USA as we don't really know who will die without treatment. Men over 75 who have the above mentioned problems (or some of them) will find that the various types of treatment may not be that helpful to them. There used to be easy guideline for treatment but today things are changing. Men are more likely to die with prostate cancer and not of it.

**PSA Testing:** This remains controversial and is not a good and accurate test. It is not good enough for screening the whole population. It is very different to mammogram screening for women. It is very interesting that in 75% of biopsies carried out on men's prostates, no cancer has been found. You can have a PSA of 300, yet still not have prostate cancer. The high level can be due to some other cause. There is an 18% chance of a cancer showing up in a biopsy. 3% of men diagnosed from this 18% will die of prostate cancer and complications.

Mark Moyad gave an interesting talk at the Vail Conference. He said that Americans spend \$35 billion each year of complimentary medicines, vitamin, minerals and potions, but he thinks it is a waste of time and money. Saw Palmetto and zinc supplements haven't been proven. Vitamin

E and selenium may have some value. The jury is still out on this. Tomatoes and lycopene does not protect anyone against cancer. A ginger punch is being investigated in Brisbane.

In his opinion one would be better off following a cardiac diet taking 10mg of the statin (pravacol) daily and also watch your waist measurements. e.g. for men, under 40 inches and for women, 35 inches. And don't forget, cholesterol is a cardiac killer, so watch those levels. He didn't “disagree” with Omega 3, but thought that all other supplements were a waste of time. Also watch your blood pressure and heart condition. A bit of exercise wouldn't hurt either.

In the USA it is becoming more common to tackle the problem of sexuality and impotence soon after surgery or radiotherapy. They recommend taking a daily dose of Viagra and also use the vacuum pump once per day. This is not for sexual purposes but to improve the blood supply and nerve function in the genital area. There is enough evidence in the USA that this idea works after a while.

Trials are being conducted at the Monash University to determine attitudes by different people to sexual dysfunction and what impact it can have on the lives of both men and women. Some studies already show that men's moods often change and they have very negative emotions. Sex can be very difficult. There is often pain during sex. Urinary problems develop. The studies are on-going. Regarding the “Quality of Life” for men with prostate cancer and after they have had operations or radiotherapy treatment, there have been a number of studies on this subject, but hardly any studies regarding what effect it has had on their partners. Mood disturbances, anxiety levels, partner depression and partners trying to adjust to the new situation are some of the things to come out of the study. There needs to be more intervention with patients and their partners to improve this situation. It was also found that men with localized prostate cancer and who have had a prostatectomy seem to have more problems than those who have had brachytherapy or radiotherapy.

A study in the USA has found that a surgeon needs to have performed at least 100 operations before they can be regarded as being really competent in this field. A good surgeon usually gives a good result. Things can go wrong. In the USA it takes 45” for a competent surgeon to do robotic surgery, but in Australia it is taking 3 to 4 hours. There is only one robotic machine in Adelaide and that is in the Royal



Adelaide Hospital. In France, the robotic machine did not come out in front of the other procedures. It is not common in France.

At the conclusion of Jan's interesting lecture, Barry thanked her and handed her a nice box of chocolates.

These notes were made by Reg from a recording made

by Ian Fisk. Reg says he could not hear the questions asked by members and therefore must apologize for missing some of the lecture out of these notes.

Note if anyone wants obtain a copy of the audio file, I Fisk will bring his laptop to the July meeting so that it can be copied to a USB memory stick etc.



## **The Association of Prostate Cancer Support Groups (SA) Inc.**

An abridged report on their activities from 1.11.06 to 30.5.07:

The above Association consists of five individual Prostate Cancer Support Groups in S.A. viz., The Prostate Support Awareness (Adelaide Group), The Mitcham Group, The Port Pirie Group, The Barossa/Gawler Group and the Onkaparinga Group.

All the Groups have held successful meetings during the period under review, ie. from 1.11.06 to 30.5.07. Meetings are conducted each month, but most of the Groups have a two month's Xmas break over December and January. In all, 25 meetings were conducted. The Adelaide Group, for example, attracted 181 people with an average attendance of 36.

Every endeavour is made to provide information about the awareness of prostate cancer in the community, and this includes both the city and country areas in S.A. The Adelaide Group has 52 interstate members on their Newsletter mailing list as well as 270 local members and 45 members living in S.A. country areas. The printing of 10,000 Information brochures in February '06 was a good way of making men living anywhere in S.A. more aware of prostate cancer. Money from the Federal Grant was used for this purpose and came to about \$2,000. As well as city outlets, the brochures were posted out to numerous country towns such as, Quorn, Pt Augusta, Port Pirie, Tanunda, Nuriootpa, Port Lincoln, Crystal Brook, and Jamestown. Members placed them in doctor's surgeries, hospitals, chemist shops, council offices and libraries. As we have now run out, it will be necessary to print another up-dated batch of brochures shortly. They are a very good way of advertising the activities of our groups.

Another important project utilising the Federal Grant money was the printing of 250 "Health Information Diaries" and printing 250 large envelopes showing what was in the envelopes. Each envelope contained 11 pages of prostate cancer information and other vital information for men's health, contact addresses, web sites, Cancer Council "Help Line" information etc. Members placed 2,500 pages in the 250 large envelopes and these "kits" were posted out to a number of Urologists who have agreed to hand them to suitable patients. The total cost of the project, including postages, was \$502 over the period 5.10.06 to 19.4.07. This project has been favourably received with some urologist's suggesting we send them to GP's as well, but this is just about impossible.

A major expense for the five Groups, excepting Port Pirie, is the production and posting of monthly Newsletters to members. Port Pirie does not produce a Newsletter. The Newsletters are posted out to hundreds of members, both in S.A. and interstate, each month. The postage and the cost of

A. 4. copy-paper, is fairly high. Without the Federal Grant assistance, the number of Newsletters sent out each month would have to be drastically reduced. Every three months, we post out a copy of the Prostate Cancer Foundation of Australia's "Prostate News". All the Newsletters can be found on our web site [www.psaadelaide.org](http://www.psaadelaide.org). There are links to the other 4 support groups on this site.

As well as attending their own regular meetings, quite a few Association members have been actively engaged in other prostate cancer and cancer campaigns. For example, members have addressed a number of "Probus" meetings, Freemason's meetings, and meetings at Adelaide, Mitcham, Stirling, Onkaparinga, Tanunda and Nuriootpa. In addition, some have spoken over radio stations at Victor Harbor, 5AA Adelaide, and FM Radio. Lunch time talks have also been given to nurses based at the Lyell McEwen Hospital.

The Association has been working closely with the newly formed ProstateSA and members have been involved in some of their fund raising activities. For example, members have attended the "Crows versus the Collingwood" Football Match on 12.5.07 and sold arm bands and handed out hundreds of our brochures and other pamphlets to patrons. In excess of \$15,000 was raised for Prostate SA at this function. Quite a few volunteers came from other various cancer support groups associated with the Cancer Council (SA).

From 7.6.07 to 29.6.07 a major fund raising campaign was conducted by ProstateSA and the Cancer Council (SA). This was called "The Loose Change Day" and involved three decorated utilities, with a toilet seat at the back, driving around busy Adelaide streets and shopping centres. People were handed out pamphlets and invited to throw money into the toilets. A number of Association members took part in this 3 week campaign.

Adelaide Group member, Joe Bridges, has just completed walking from Adelaide to Melbourne in order to raise funds for both Prostate Cancer and Breast Cancer research. He is 73 years of age. (Please see write-up about his walk in the Adelaide Group's April '07 Newsletter on page 10). Joe was to have taken part in a boxing match with Father Dave Smith, but this has been postponed due to Father Dave coming down with pneumonia. Channel 9 will televise the match.

Twenty five Association members volunteered their services to man stalls at the Freemason's Art Exhibition, conducted during October '06. Spread over a week, they handed out Information Brochures and "Be-a-Man" pamphlets and Mr. Phip literature to a large number of patrons and also spoke to dozens of men and their wives about prostate cancer problems. The Freemasons' raised \$10,000 during the exhibition and this money was split between prostate cancer

research in S.A. and the "Beyond Blue" organization dealing with depression.

The Port Pirie Prostate Cancer Support conducted two recent campaigns at Port Pirie. One involved the Pt. Pirie Xmas pageant and the Bowling Club, and the other involved the Port Pirie Harness and Racing Club. Hundreds of our Information Brochures and "Be-a-Man" pamphlets were handed out at both these events.

The Association is closely involved with the Cancer Council (SA) projects, viz., "The Support Groups Professional Development Days", and "Cancer Voices SA". A number of our members regularly attend their meetings and report back to the various Groups.

#### **PCFA Support and Advocacy Committee (Sydney).**

Mr. Ian Fisk (the Adelaide Group) and Mr. Jeff Roberts (the Prostate Cancer Action Group (SA) Inc., both attended a two day conference in Sydney on 2.4.07 and 3.4.07. This bought them up-to-date with what's going on with prostate cancer and re-affirmed our affiliation with the PCFA. Mr. Roberts is also a member of the Adelaide and Mitcham Groups. On their return they reported the proceedings to members. Air fares and accommodation was paid for by the PCFA.

In closing I would like to mention a little about the format of our meetings. These involve open discussions amongst

members where men and their partners share experiences and assist each other in dealing with the impact of prostate cancer on their lives. Health professionals are invited to speak to the groups and these have included leading Adelaide Urologists and Scientists such as Professor Willis Marshall, Dr. Brian Sander, Dr. Alan Stapleton, Dr. Moretti, Dr. Carole Pinnock, Continence Nurse Jan Rowe, Dr. Denby Steele, Dr. Tony Michele and Mr. Ray Nicholson. All lectures have been recorded in our Newsletters. The Groups have extensive libraries when members can borrow books, videos, DVD's and tapes etc on the subject of Prostate Cancer.

A full version of this report was sent to Cancer Australia, Canberra, in connection with the Federal Cancer Support Groups Grant Program. They wanted to know what the 5 SA Support Groups have been doing for the last 6 months and also what we have spent the Grant money on.

Reg Mayes.

Public Officer and Acting Treasurer,

The Association of P/C Support Groups, SA. Inc, 25.6.07

*Reg deserves a medal for the days of work he did sorting out all the receipts for all the groups, writing it all up and sending it all to Canberra on short notice! (If this had not been done the future funding under the grant would have been compromised I Fisk)*



### **Tail End Charlie rides again**



FIFTY years ago, as a 22-year-old sales cadet for Chamberlain Industries, Ron Bywaters set out on a trip of a lifetime. He was one of four drivers of a Chamberlain Champion tractor, which participated in

the 1957 Mobilgas around Australia rally, as a backup vehicle to assist with breakdowns.

The tractor, known as Tail End Charlie, had previously been involved in 1955 and 1956 Redex car rallies from Darwin to Perth.

This year, Ron and his friend, Poll Merino stud breeder Dick Garnett, Gnowangerup, will re-enact the 1957 rally to celebrate its 50th anniversary and to raise funds for the Breast Cancer Foundation of WA and the **Prostate Cancer Foundation of Australia**.

Ron and Dick plan to start in Melbourne on August 19, driving a replica Tail End Charlie, complete with the special final drive gearing, which is owned by Melburnian and co-driver Darren Visser.

The SA itinerary is:-

Aug 21 Naracoorte / Keith / Tailem Bend Adelaide  
Aug 22 Port Wakefield / Port Pirie / Port Augusta / Whyalla  
Cowell  
Aug 23 Port Lincoln / Streaky Bay Smoky Bay

George Doubikin, State Co-Ordinator (Volunteers) WA, for the Prostate Cancer Foundation of Australia, has contacted Jeff Roberts concerning the progress of Tail End Charlie through South Australia. He is seeking assistance from support groups with fund raising and publicity. If you can assist please contact Jeff on 8277-3424. Unfortunately, there are not many support groups in South Australia, and opportunities would be limited. The organisers have this angle covered, however. They have arranged for Rotary Clubs to be involved along the route of Tail End Charlie.

There is more information in the May PCAGSA newsletter, the June 2007 PCFA Prostate News and at:- <http://www.tailendcharliethetractor.org>



## **PCFA National Men's Health Promotion Forum – Adelaide**

**Saturday 6<sup>th</sup> October 2007**

**To be held at the Hetzel Theatre, University of South Australia**

**Please keep this date free – further details shortly**

## ANGRY ANDERSON FULFILS HIS PROMISE TO A DYING MATE AND SPREADS THE WORD ABOUT PROSTATE CANCER

International Men's Health Week (11-17 June 2007) marked the launch of a series of three hard-hitting community service announcements featuring Angry Anderson. Broadcasted nationally, they encouraged Australian men to talk to their doctor about prostate health.

The thirty-second community service announcements were inspired by Peter Wells, the Rose Tattoo guitarist who sadly lost his hard-fought battle with prostate cancer last year. Not long before Peter passed away, he asked his friend and band-mate, Angry Anderson, to help spread the important message about prostate cancer.

In one of the community service announcements, an emotional Angry says of Peter: "I used to think he'd outlive me. We spent 30 years together in the band. He put up a hell of a fight right to the end, but you'd expect that of Pete. "It was prostate cancer. If they had have found it earlier, he might still be around.

"Pete asked me to get the word out. So, don't make me angry. Talk to your doctor about your prostate and if necessary, get it checked. Don't become a legend before your time." In another announcement, Angry reminds Australian men of their responsibility to those they love.

"If you're someone's dad, someone's son or someone's partner, you owe it to them to get yourself checked for prostate cancer ..."

The PCFA is enormously grateful to Angry Anderson for his commitment to his friend and this important message. The new advertisements have been made possible by Blundstone Australia, PCFA, and the Australian General Practice Network.  
*From PCFA June 2007 Newsletter*



## The Masonic Foundation Inc.

Proudly presents

### The 2007 FREEMASONS ART EXHIBITION

(Patron: Lady Joan Neal, AM, DStJ)

To be held in The Great Hall of the Adelaide Masonic Centre

254 North Terrace

On 15, 16 and 20, 21, 22, 23 September 2007

Proceeds to Men's Health Projects including Prostate Cancer Research & The Cancer Care Centre Inc.

In Adelaide the third *Freemasons Art Exhibition* will be conducted to promote art in the community, raise the awareness of the **Men's Health Seminars, raise funds for Men's Health Projects** and the Cancer Care Centre Inc, and bring people into the Adelaide Masonic Centre on North Terrace. Daily tours of this magnificent heritage building will also be available for those interested in architecture and the work of Freemasonry in the community. Last year the *Freemasons Art Exhibition* raised \$10,000 which was all applied to Men's Health research projects areas.

Full details of the Exhibition are available on the web site: [www.freemasonrysaust.org.au](http://www.freemasonrysaust.org.au)

## Treatment: drug shows promise as prostate cancer cure

The drug, BNC105, is a vascular disruption agent (VDA), which works by shutting down blood vessels in tumours, causing them to shrink and disappear.

Dr Rathjen said it was not surprising that the drug was effective against prostate cancer. "What's been surprising is that BCN105 has performed better in the tests than many of the conventional chemotherapies," Dr Rathjen said. "That it actually works in prostate cancer is not surprising because the mechanism of targeting very specifically the cancer blood

vessels is applicable to a range of solid tumours. What was surprising is that it is a very potent inhibitor of prostate cancer proliferation very directly and particularly when compared with other chemotherapies."

Dr Rathjen said further animal testing would be carried out to identify the best treatment regime for prostate cancer, which had already been done in relation to breast and colon cancer.

Adelaide Advertiser, 5/6/07, p33

## "Zometa" Trials being conducted by the Royal Adelaide Hospital

For further information please contact the Research Coordinators, Catherine Easterbrook and Olivia Corso on (08) 8222 4438 or alternatively, Professor V. R. Marshall on (08) 8222 5680. Recruitment will finish Sept 2007.

## Prostate cancer most common form

Article from: Advertiser, LAURA ANDERSON CANBERRA,  
June 27, 2007 11:30pm

**PROSTATE cancer has surpassed colorectal cancer as the most common cancer diagnosed in Australia, a new report shows.**

The Australian Institute of Health and Welfare's Cancer in Australia report, to be released today, says the number of cases of prostate cancer increased from 12,000 in 2002 to 18,700 in 2006.

Institute cancer monitoring unit spokesman Dr Mark Short said the rise in prostate cancer was attributable to a 42 per cent increase in Prostate Specific Antigen blood testing between 2001-02 and 2005-06.

The rate of PSA tests in South Australia was "much higher" than in other states and territories, he said.

"Actual growth in the male population aged 65 and over has also been a factor, as the average age of diagnosis occurs around 70 years," Dr Short said.

In SA, the report found a cancer incidence rate of 414.1 cases per 100,000 persons, when excluding skin cancers. This was third after Queensland and Tasmania.

SA had one of the lowest incidence rates in the nation for skin melanoma and lung cancer.

However, it had some of the highest incidences of prostate cancer, breast cancer and colorectal cancer.

An estimated 106,000 new cases of cancer were diagnosed in Australia in 2006 - a 34 per cent increase over the past decade.

The risk of having a cancer diagnosis by age 85 was one in two for males and one in three for females.

## Men's Health

AUSTRALIAN men believe their health is being ignored by the Government, a survey says.

The Newspoll survey of men over 50 found seven in 10 feel funding for men's health is insufficient compared to that for women's health.

Two-thirds think the media gives more attention to women's health. *The Advertiser 15/6/07*

## What's on at the other Prostate Cancer Support Groups

### Prostate Cancer Support City of Onkaparinga Group:

During their July meeting Doug Ranson, Nutritionist-Southern Primary Health, Noarlunga spoke about Nutrition and Prostate Cancer Please phone John Shields on 8382 6671 for further particulars (or check their webpage [www.pcsog.org](http://www.pcsog.org)). Everyone is welcome to attend!

**Mitcham Support Group** For the June Dr. Carole Pinnock gave a fascinating Power Point presentation on "Prostate cancer: new developments Better information, treatments, symptom prevention." The Lion's Sponsored website also got a well deserved plug! (please also see below).

The **July 26<sup>th</sup>** meeting should be especially interesting with **three** speakers on "**Quality of Life - the new norm**" including - Dr Jehan Titus (Urologist), Virginia Gill (Pelvic Floor Physio), Darren Hosne (Counsellor & Trainer) Adelaide members, other group members and the general public are all welcome to attend.

### Barossa/Gawler Group:-

They will not be having a July meeting but their August (on 21<sup>st</sup>) Guest Speaker, James Smith, Senior Research Officer with the S.A. Department of Health, will speak about 'Men's Health'.

## New Look for Lions Australian Prostate Cancer Website



Site created by Australian Prostate Cancer Collaboration

There were many more items on the Lions web site that may have been of interest to, but there was not enough space to include them all in this newsletter.

Please have a look at [www.prostatehealth.org.au](http://www.prostatehealth.org.au) especially the "What's New" area.

Some of the topics included:-

A diet rich in omega-3 fatty acids may lower prostate cancer genetic risk

Risk: herbicide risk from water reuse (ACT)

Research: fine print of DNA map may rewrite evolution

US: study shows treatment depends on who you see

New drug increases sexual satisfaction as well as function

A new radioisotope may slow prostate cancer metastases

## SA first in cancer treatment

Article from: Advertiser, JILL PENGELLEY, HEALTH REPORTER, June 25, 2007 02:15am

**WELDER Michael Stepney is a guinea pig. He has been told he is the first man in the Southern Hemisphere to have his prostate injected with new radioactive “seeds”.**

The seeds are more likely to kill his cancer and less likely to damage the rest of his body.

Diagnosed with prostate cancer last November, he could have had his prostate removed or had weeks of daily radiotherapy but chose to have the tiny seeds implanted around his tumour.

Called brachytherapy, the process involves injecting seeds into the prostate to kill malignant cells before they spread. Adelaide Radiotherapy Centre has performed the treatment on about 200 men in SA since introducing it three years ago.

However, last Friday, Mr Stepney, 63, of West Hindmarsh, became the first to use a **refined system** which is aimed at allowing the surgeon more precision in placement and *I couldn't see anything difference to the norm in the above report so asked Dr Denby Steel (who was pictured with Dr Swaney) what the difference was, below is his reply. (I Fisk).*

The actual seeds we used at Calvary 9 days ago are the same as we have always used. I-125 seeds are available loose and are occasionally loaded manually with spacers in needles prior to insertion or using an automated device such as a Mic applicator that does it automatically once each needle is inserted. We have been using Rapid Strand seeds which are strands of 10 seeds in a Vicryl suture and our physicist cuts them to length and loads the needles immediately before the case. This is quicker and the seeds are held in the strand so seed mobility and possible migration is much reduced. However, the disadvantage is that only regular spacing of a seed every cm is possible.

The advance reported last week was the use of pre-ordered and pre-loaded needles, though the same seeds. After our preliminary volume study a month before and subsequent planning, the needle loading pattern is sent to the USA and

reducing damage to healthy areas around the tumour.

“I was just relieved the cancer was found at such an early stage,” he said. “I’m very lucky that I could have this because radiotherapy does tend to spread out a bit and surgery is the last resort.”

Radiation oncologist Dr Linda Swaney said brachytherapy could only be used for early or localised prostate cancer. The U.S. drug company which made the seeds told her the batch sent to Adelaide were the first to be used anywhere in the Southern Hemisphere.

Dr Swaney said Mr Stepney was less likely to suffer long-term urinary problems because the seeds allowed for more precise placement.

Doctors also would have reduced radiation exposure because the new seeds came preloaded and did not have to be handled. About 1000 SA men are diagnosed with prostate cancer each year and about 250 die from the spread of the disease.

the stranded seeds are loaded into the needles and delivered ready to implant. This means less handling of radioactive materials and a significant time saving. Of particular importance, seeds back to back or with several spaces between seeds can be ordered still in a strand rather than an orderly every cm only. This gives greater flexibility in dose planning, enabling a more conformal dose distribution and greater ability to minimize the urethral dose.

This advance is less suitable at the RAH because we are doing real time planning, meaning no preliminary volume study so we don't know what custom loaded needles to order.



Dr. Steel (picture taken at our Sept 2006 meeting)

## All about “TomoTherapy.”

On 22.5.07 Ms. Lee McCuskey, presenter of the Today Tonight show on Channel 7, featured a very interesting item dealing with the latest type of radiotherapy treatment called “TomoTherapy”. These particular machines are very effective in eliminating quite a few different types of cancers, such as prostate, neck and other body cancers. The machine beams are a lot more accurate than the present conformal beam radiotherapy machines that we have in Australia. There are only 56 of the new machines in the world and most of these are in the U.S.A. They are pretty expensive and cost about \$5,000,000 each. Never-the-less, Lee asked why aren't some of these machines in Australia? Indeed, why not? We would like to know too!

Reg decided to contact Ms. Adeline Lim, the Operations Manager/Chief Radiation Therapist, at the Royal Adelaide

Hospital, and ask her what she knew about the new type of machine. Ian Fisk also Googled “TomoTherapy machines” on the internet and came up with a few descriptions of them. Adeline's reply and Ian's search answers are printed here-under. It appears from Adeline's reply that she is first looking for a smaller type of machine with a very narrow beam suitable for the treatment of prostate cancer and then, later, the larger “TomoTherapy” machine as listed in the internet articles. So what about it Mr. Foley? We could really do with both types of machines as soon as possible and not have to wait for another 9 years whilst the new Royal Adelaide Hospital is constructed. It will take about 12 months to obtain these machines once an order has been placed. They don't just pull them out of the sky! Are there any generous benefactors around? We know it's too late for anything to be included in the current State budget, but who knows, Mr. Foley may

issue a Supplementary Budget before the end of the year and he then, can put \$8,000,000 in that budget to cover the cost of both machines. (we hope!). He should be able to get plenty of money from increased mining royalties from the big mining projects either now in production or planned for commencement in the next 12 months.

I have just written to Dr. Bob Such, M.P, (Independent) and asked him to take this urgent matter up with the State Government to see what can be done. We will keep you posted. ... Reg Mayes, Public Officer, The Association of Prostate Cancer Support Groups (SA), Inc. 7.6.07

Dear Reg

Further to our discussion about this Tomotherapy Radiation Therapy Equipment, I am pleased to advise that our Dept has already put this equipment on our wish list since last year. We are fully aware of the great advantages of this technology which I was privileged enough to see it working in Philadelphia in Nov 2006. In April 2005, I saw the equipment being marketed in UK. A/Prof Yeoh and our equipment committee are giving this due consideration.

The advantages of this Tomotherapy, from my technical perspective are:

- 1) Can treat multiple areas and large region without having to move the patients. This is more efficient and comfortable for patients who can be treated lying on their back, instead of on tummy for some techniques. This is ideal for treating some children's cancers which require them to lie on their tummy.
- 2) Dosimetry is more uniform and conformal, thus reducing side effects. The conformity of the radiation beams is achieved by the use of 6mm wide shaping/multi-leave

## TomoTherapy

TomoTherapy is a new way of delivering radiation treatment for cancer and literally means "slice therapy". The TomoTherapy HI-ART System can deliver small beamlets of radiation from every point on a spiral which provides for exceptional accuracy.

The more angles that a radiation treatment beam can be delivered from, the better the focus on the tumor and the less effect on surrounding tissue.

What makes TomoTherapy truly revolutionary, however, is the ability to create a computed tomography (CT) image just prior to radiation treatment. This means that we can now view a full three-dimensional image of a patient's anatomy and adjust the size, shape and intensity of the radiation beam to the precise location of the patient's tumor.

Through TomoTherapy, a 3-D representation of the body can be viewed immediately before treatment. This means radiation is delivered with superior precision, reduced radiation to surrounding healthy tissue, and reduced treatment time for the patient. Now that treatment can be adjusted over time to more accurately treat tumors, we are able to make adjustments "on-the-fly". This approach is called Adaptive Therapy.

The TomoTherapy HI-ART System was designed to advance the goals of precise treatment while reducing complexity.

collimators (MLCs)

However, there is another specialised treatment linear accelerator that has 3mm wide leaves that will give precise and conformal radiation beams, especially for stereotactic radiosurgery of small brain lesions and conditions, e.g. AVMs, and other areas that have tumour volumes less than 10cms, eg. prostate, and early staged tumours. Hence, we are now applying for this equipment which, you would agree will have better benefits for smaller tumours.

Our two new linear accelerators have 5mm leaves and quality imaging attachments to check the tumour and patient set-up accuracies before each treatment. The Lyell Mc Dept will also have the same technology in mid to late 2008. This equipment is among the best and gold standard in the world. We do strive at all times to have the best equipment for our SA communities, and to offer timely service. The waiting list to start treatment is inaccurately represented because the quality assurance needed to obtain an accurate treatment plan takes a lot more time; and also more time to treat. The latter uses the quality assurance/imaging tools before and during treatment for any misalignment due to heavy breathing/ movement. Please feel free to contact me if you have queries or have a tour of the dept to see the latest technology. Thank you for your newsletters and keeping me posted.

Have a good week end!

Kind regards

Adeline

We have received a reply from Bob Such, MP who has referred this matter on to the Hon John Hill, MP, Minister for Health for his consideration.



TomoTherapy combines Intensity Modulated Radiation Therapy (IMRT) with a helical delivery. IMRT is a treatment modality that uses angles and radiation beam shapes to treat tumors. Radiation therapy uses high energy X-rays to damage the DNA in cancer cells. As X-rays go through the body the radiation is absorbed. The patient is capable of handling radiation in small doses.

The ability to move the treatment beam and change its shape means that the level of radiation ("intensity") can be adjusted ("modulated") so that the beam will not affect the part of the body it is passing through very much, while building up the radiation in the tumor. The shape of the radiation beam is adjusted using a Multi-leaf Collimator (MLC), which looks almost like a zipper. As the leaves open and close, the radiation beam is either on or off.

A helical delivery means that the treatment system is like a spiral. In actuality the mechanism that creates the radiation beam, called the Linear Accelerator, is moving in a circular fashion, meanwhile, the patient is moving in and out of the opening of the TomoTherapy unit. This creates a very dynamic, continuous treatment system. Treatments are planned and delivered as a SinoGram, like a sine wave, with the MLC configuration as a function of the angle of treatment.

Some immediate cancer treatment applications of the TomoTherapy HI-ART System include prostate, head and neck, and childhood malignancies. We are also very excited to be a part of a formal collaboration between Johns Hopkins and TomoTherapy Inc. to advance the application of this

new technology. Through translational projects we can solve clinical problems using regular approaches to create new solutions to complex issues.

*from the John Hopkins University Website.*



## New Accelerator for RAH

**A new hi-tech cancer fighting Linear Accelerator was unveiled by Health Minister John Hill at the Royal Adelaide Hospital June 28.**

Minister Hill says the \$3 million Linear Accelerator in the Radiation Oncology Department of the Cancer Centre at the RAH will enable radiation specialists to more accurately pinpoint and deliver radiation to cancerous tumours, resulting in a raft of benefits for patients.

“This machine is at the cutting edge of cancer treatment with radiation. It has the most accurate technology available when it comes to locating cancerous tumours before and during radiation treatments,” Minister Hill said.

“Through the Linear Accelerator, radiation specialists now have the chance to view the tumour in 3-D and in real time.

“By knowing the exact location and dimensions of these cancerous tumours, the specialists are able to be more precise when it comes to delivering radiotherapy.

“This machine is the first in South Australia – and only the fourth in use in Australia - that incorporates image guidance

technology for Image Guided Radiotherapy.

“Because radiation treatment can be delivered more accurately using this machine, the damage to surrounding healthy tissue is lessened. This means fewer radiation-related side effects and it also means cancer patients can expect better tolerance of combined chemotherapy and radiotherapy.

“We all know how vital it is for cancer to be swiftly and correctly diagnosed so that the right treatment can be given and patients can feel better as quickly as possible.

“Most importantly, this new Linear Accelerator should lead to a better treatment for patients, with improved survival rates and improved quality of life.”

The RAH received a new \$2.5 million Linear Accelerator just last year and, in line with *South Australia's Health Care Plan 2007-2016*, another Linear Accelerator, costing approx \$2.5 million, will be commissioned at the Lyell McEwin Hospital next year.

*We received an invitation to witness the official opening but no one was available to attend.*



## Golden Bullets

A new method of attacking cancer by zapping tumours with “seek and destroy” glass particles is to be tried out on patients within weeks, it has been claimed.

The technique involves injecting patients with gold-coated glass “nanoshells” that reveal the location of tumours. A laser is then fired at the disease sites, which excites the gold atoms generating a burst of cancer-killing heat.

Nanospectra Biosciences, a US company based in Houston, Texas, plans to begin patient trials of the treatment in the next two months, *New Scientist* magazine reported on Wednesday.

Dr Jennifer West, who co-founded the company, showed in 2003 that heating up gold-coated particles could destroy tumours in mice while leaving healthy tissues intact.

Because the blood vessels surrounding solid cancers are unusually leaky, the particles can be made the right size to penetrate their walls and accumulate at tumour sites.

The spherical “nanoshells” are designed to scatter radiation, so they can be illuminated by low-intensity infrared light. This means they can mark out where the tumour sites are.

The laser can then be carefully aimed at both the particles and the cancer.

The researchers had to carry out a delicate balancing act between using smaller spheres which produce more heat for destroying cancers, and larger ones that provide better imaging.

*New Scientist* reported: “The team applied a higher-power infra-red laser to each tumour site for three minutes to heat the tissue. After a few weeks they found the tumours had been almost completely destroyed.

“Eighty per cent of the mice treated survived more than seven weeks, while all the control mice who did receive the nanoshells, died after three weeks.”

The imaging step of the process can only reveal the whereabouts of cancers near the surface of the body, such as those of the mouth, skin and cervix. However the scientists hope to modify the nanoshells so that they work with more deeply penetrating radiation such as X-rays.

From Channel 4 News (UK)



*This Newsletter was compiled and typed by Ian Fisk and Reg Mayes. Ian Fisk, Pam Fisk, Paul Ferrett, Reg and Amy Mayes folded and posted the Newsletter. After re-arranging news items on his computer and supplying the photographs, Ian printed the master copy. 325 copies were distributed. Pam Fisk proof read the Newsletter. We would like to thank the Cancer Council South Australia for providing their support and particularly to Chris Noland for her contribution. The views expressed in this Newsletter do not necessarily represent the views of the Cancer Council SA. Disclaimer – The PSA (Adelaide Group) is not responsible for advice given by guest speakers, or use of products mentioned in this Newsletter. Nor are we responsible for information contained on websites, books, magazines, pamphlets or extracts from articles mentioned in this Newsletter, nor for video, DVD's or tapes distributed to members. Medical Advice should be obtained from your Doctor.*