Oct 2007 Newsletter including a report on the Sept and October Meetings held at the Fullarton Centre on Sept 17 2007 and Oct 15 2007

Thank you to our sponsors:- State Funded Volunteer’s Support Fund. Members please note:- At our next meeting will be held on November 19th. Our speaker will be :- Professor Gary Wittert see page 4 for more information.

7.00 pm in “The Park View Room” at the Fullarton Park Centre, 411 Fullarton Road, Fullarton.

PLUS

CHRISTMAS BARBECUE
SUNDAY 25th November 12 Noon to 4-30 pm CHAPEL HILL

Sept 17, 2007 Meeting

Chair: Phil Davis

Members present 30

Apologies: Reg (an update on his health was given, mentally bright, physically weak and in Daw House Palliative care), John, Trevor and Barry.

New Member(s):- Murray and Faye.

The Position of Secretary:
There were no nominations for the Secretary position!

PCFA SA Help:-
Karyn Foster, from Foster Hill spoke briefly on how she will assist the support groups in South Australia. Included in her projects were:- Promotion of the Oct 6th Men’s Health Forum, promotion of Movember, Statewide Newsletter commencing early 2008 and a media campaign to recruit new people to support groups.

Ray Nicholson:- Ray was reported to not being well with an immune system failure and to be sent a get well card.

Events:-
Members were told of two upcoming Awareness evenings, Sept 19th at Sturt Football Club and Oct 17th at the Blackwood Over 50’s Club, Blackwood.
The PCFA Men’s Health Promotion Forum on Oct 6th was also promoted.

Launch of the McLaren Districts Prostate Cancer Support Group
A report was given on the meeting of the above group held on Sept 6th. Jeff and Theban Roberts and Ian Fisk attended along

Reg Mayes Update

Reg is still hanging on. He was not strong enough to undergo chemotherapy when he visited Flinders Hospital in October.

Reg has spent a number of days at home in recent weeks. On Oct 28th, the day before his 80th birthday he attended a birthday party at home. His children and most of his grand children were there to spoil him on the occasion.

This newsletter was prepared with funding assistance from the Australian Government as part of the Building Cancer Support Networks project.
with about 30 others. The speakers included Brent Frewen (ProstateSA), Dr Graham Lovell (local GP), Dr Carole Pinnock, Kathriye Strassnic (TCCSA) and Jeff Roberts who spoke on the role of Support Groups.

Anne Collins Talk: see page 4

Oct 15, 2007 Meeting

Chair: Phil Davis

Apologies: Reg, Trevor, Jeff & Theban, and Richard & Val.

New Member(s): Neville, Tony, Barry, William (Billy).

The Secretary Position:
As there were no other nominations for the secretary position, I Fisk volunteered and was elected unanimously.

Association of Prostate Cancer Support Groups S.A. Inc. (APCSGSA)
See the report on their meeting on page 3. The constitution of the association allows for each support group to have two delegates. A motion was moved for Phil Davis and Ian Fisk to be the Adelaide Prostate Cancer Support and Awareness Group delegates on the APCSGSA - passed.

Events:- An Awareness evening at Blackwood on Oct 17th was promoted, as well as one in Mt. Barker on Nov 21st.

REPORT on John Mayes Oct meeting talk (by J Mayes!)

At our October Meeting, the occasional speaker was our Resource/Research Librarian John Mayes.

Besides administering our Library Resources, John is usually known for enthusiastically spruiking the benefits of changing to an Anti-Cancer Diet and the benefits of drinking large quantities of Green Tea. At our Oct. Meeting, John spoke about: ‘Using one’s Mind to Help Heal one’s Body.’

The Speaker spoke about how he perceived matters when he first attended the Adelaide PSA Group at the first meeting for the year February 2001. He found that he was ‘like a fish out of water’ as his experience of his diagnosis and treatment for Prostate Cancer was completely atypical, completely unlike the experience of virtually all the other men he met in the Group. The speaker explained that the difference went to the nub of the topic for the night:- ‘Using one’s Mind to Help Heal one’s Body.’

The speaker pointed out that in talking about his experience of using mind/ body techniques that inevitably there would have to be a fair deal of self-disclosure as he would have to talk about what happened to him as way of illustrating the various mind/body techniques he was proposing to discuss.

The speaker handed out a sheet with one side - Steps towards using your Mind to help heal your Body. Listing fourteen Concepts dealing with various aspects of mind/body technique. The other side of the sheet listed twelve books that may be of interest to people seeking to pursue the topic. The speaker pointed out that while some of the listed books had been published some time ago, many were still available in new Editions or Reprints.

It became clear as the speaker talked about his experience, that many of the listed concepts had been used simultaneously and certainly in not any special order. It was clear that using one’s mind to help heal one’s body, was more a matter of accessing a seamless web rather than picking ideas as it were, out of an array of mental boxes.

One can best illustrate what concepts were alluded to by briefly listing them together with a brief explanation. Obviously length limitations in a Newsletter precludes any narration of specifically how the ideas were applied.

Taking Stock Considering one’s circumstances, background and antecedents as a means of building hope and encouragement and determination. The speaker pointed out that everyone in the room were the products of survivors who grew through their formative years at a time when few of the advantages of modern allopathic Medicine were available. If your parents could survive under much less advantageous conditions, of course you can do so now.

Reframing Looking at a dire situation in a different way so as to find a ‘silver lining’ and not only finding the ‘silver lining’, but believing the perception.

Clearing the Deck Getting rid of the residue of ‘toxic memories’ that get in the way of effectively using your mind to help heal. Don’t blame, forgive, eliminate resentments etc. It really is a matter of choice. Exercise it to get rid of the mental burdens. Doing so leaves you feeling liberated.

Self Love / Self Esteem You cannot really fight for your survival if you are subconsciously or consciously not sure that you deserve to survive. Proper Self Love is not vanity or narcissism, but a vital pre-requisite for thinking that you matter and are worth fighting for. Self Esteem and Self love in this sense, is very good for one’s immune system. Being loved and giving love was important. The Speaker urged men to kiss and cuddle their wives/partners often. It was good for both parties.

Imagery & Visualisation This takes advantage of the fact that your body cannot distinguish between a vivid mental experience and an actual physical experience. This technique has been used by cancer patients to secure some astounding remissions from cancer. It has also been used by some elite sports people to mentally rehearse a winning performance.
Remembered Wellness / Placebo Effect  It is well documented that beliefs and expectations manifest themselves throughout our bodies. There is some argument as to whether the phenomenon is the mind and immune system acting de novo or in an entirely new way, or whether it is the mind seeking out distant memories of when the body was healthy [remembered wellness], and reinstating them to a position of dominance.

Relaxation Response / Meditation  This is a means of digging deep into the unconscious to unlock all the benefits of ‘remembered wellness’. It also works in synergy with all the other mind/body techniques listed. Remember the comment about a seamless web.

Acceptance  Willingness to recognize & accept how things are. - Not Resignation! Implies a compassionate relationship with oneself. Learn how to say NO!

It is necessary to establish clear boundaries between you and the world.

Awareness  Look for emotional clues, be aware of language you use and thoughts expressed. Hans Selye :- Danger signs - fatigue, sweating,, frequent urination, headaches, backaches, diarrhoea, over alertness, anxiety, etc.

Anger  Real anger that empowers rather than anger repressed or anger uncontrollably expressed. Repression or ‘acting out’ or ‘losing one’s temper’ is the response of the hurt child. People grow beyond those responses both of which clinically show all the signs of extreme anxiety. Real anger is focused on what needs to be done. It empowers and at the same time shows all the signs of extreme anxiety. Real anger is focused on what needs to be done. It empowers and at the same time eliminates all anxiety. The speaker was unbelievably angry for about 3 days, as a response when he was first diagnosed, however it was the ‘real anger’. This empowered him to fight and eliminated all anxiety so that he was able to sleep very peacefully and well.

Autonomy  Illness not only has a history but also tells a history. Since the immune system confusion that leads to disease reflects a failure to distinguish self from non-self, healing has to involve establishing or reclaiming the boundaries of an autonomous self. How? Start taking Responsibility. The locus of control has to be inside ourselves. Do not allow your fight against your cancer to be fought by proxy or out-sourced exclusively to your Doctors.

Attachment  Connection is vital for healing. Lonely ones - greatest risk for illness. Good support/ better prognosis. Active membership of the Adelaide PSA Group for example can provide the support and encouragement necessary to tackle your ‘own demons’ and use mind/body techniques and dietary techniques to fight.

Assertion  letting go of the very need to act - you don’t need to somehow justify one’s existence. - Chill Out! You do not need to validate one’s existence by activity or the opinions of others. You are special and unique in yourself and never forget that.

Affirmation  Value our own creative self. Recognise our connection with all that is. One is not alone, - one belongs. To believe otherwise forms part of the pathological biology of belief. “Seek & ye shall find”. The seeking itself is the finding, since one can fervently seek only what one knows to exist. Every day morning and night the speaker says to himself - “Truly I am blessed”, “I’m exceptionally lucky”, the “Best is yet to be”.

The speaker has indicated that there exists an 8 page Report of his ‘Talk’ that is far too long for the Newsletter. Readers who wish to pursue the topic further are invited to personally get in touch with the speaker, to secure a copy of the much longer Report. (note the longer report is on our website)

September and October were busy months involving many Prostate Cancer events. On Sept 13th was the national Prostate Cancer Call in. A number of our members helped out on the evening. On Sept 15th the Freemasons Art Exhibition opened (proceeds to Men’s Health Projects). On Sept 19th, the Action Group and ProstateSA held an Awareness Evening in The Sturt Football Club, Unley. The attendance was 74.

The launch of the Freemasons Foundation Centre for Men’s Health happened on Oct 2nd see page 4.

The Association of Prostate Cancer Support Groups SA Inc. meeting held a meeting on Oct 4th, see page 5.

The Support and Advocacy Committee of the Prostate Cancer Foundation of Australia was held in Adelaide on Oct 5th Minutes not yet available.

PCFA ran a Men’s Health Promotion Forum on Oct 6th. It ran from 10am to 5pm at the University of South Australia. There were around 20 different speakers on a wide range of topics. Trevor has written a summary in the Action Group’s October Newsletter. Check http://www.pcagsa.org.au.

The Action Group, with the help of the Freemasons ran an information evening at Blackwood on Oct 17th the attendance was 75.

There was also a ‘Free men’s Health Seminar’ on Oct 30th at the Masonic Centre Adelaide, disappointingly only 24 attended.

There have been the regular monthly meetings of the Support Groups including Adelaide, Mitcham and Onkaparinga. The new support group in McLaren Vale also had another meeting.

Your secretary attended all but one of the above events! Those meetings together with music events, did not leave enough time to get a newsletter out last month!
Anne spoke at length about her late husband, including his missing out on motherly love as a child, his studies to the PhD level in geology and their migration to Australia in 1970 from England. He became involved in forensic analysis for the police. He worked on a number of famous cases, his evidence being very decisive. He even analysed a baby’s jumpsuit found near Ayres Rock.

In his 30 years of forensic work he was involved in two cases that were subjected to royal commissions, The cases especially created considerable stress, even though he loved the job.

He retired from work earlier than he hoped to, and became depressed. Their marriage suffered as a result.

After separation for a while they got together again. He was diagnosed with prostate cancer shortly after that. He appeared not to have had a good experience at a support group meeting. He obtained a second opinion and after a MRI he was told that the cancer had escaped the capsule and that he should have radiotherapy. Ann tried to get to get Barry to see her doctor about his being so distressed but before this appointment and his radiotherapy started, Barry committed suicide.

Anne was very disappointed that Barry was not given any psychological support at all. Anne was also disappointed that Barry’s GP had not recommended regular PSA tests and DREs.

If these tests had been done earlier, Barry might still be here today.

In the last five years Ann has been in contact with the Prostate Cancer Foundation regarding the lack of psychological support. Through her group’s wine tastings and luncheons she and her group have raised 25 to 26 thousand dollars for the Foundation. Some of the money goes to a fellowship that is assisting researchers to attend overseas conferences.

Ann was hoping to assist in establishing a way for newly diagnosed men and partners to receive support in South Australia in a similar way to how it is done in NSW. Ann is also still involved in her wine appreciation group and welcomed any of the audience to come and become involved.

If interested please contact Ann on 8558 6236.

No one remembered to bring a thank you gift for Ann, but a bottle was later posted to her to do more than just taste!

**Professor Gary Wittert** our November Speaker

Professor Gary Wittert is a graduate of Johannesburg’s University of Witwatersrand who obtained postgraduate training at Christchurch Hospital and Otago University, in New Zealand, at the Harvard Medical, Boston and Oregon Health Sciences University. He is currently Mortlock Professor of Medicine, and Head of the School of Medicine at the University of Adelaide, Senior Consultant Endocrinologist at the Royal Adelaide Hospital, and a member of the Hanson Research Institute. He is a past President of the Australasian Society for the Study of Obesity, and is currently vice president of the Asia Oceania Association of the Study of Obesity.

Professor Wittert’s research focuses on the relationships between dietary macronutrients, appetite, nutrient-oxidation, and energy expenditure, leptin, uncoupling proteins and the regulation of cellular energy utilisation and the relationships between gonadal hormones and body composition. He is the lead investigator on the Florey Adelaide Male Aging Study (FAMAS), and is also an investigator in the North West Adelaide Obesity and Lifestyle and Environment (NOBLE) Study and the Men in Australia, Telephone Survey (MATEs). He is also the principle investigator of a number of clinical trials of novel drugs to treat obesity and type 2 diabetes mellitus.

Professor Wittert has authored over one hundred peer-reviewed papers and book chapters, and is a founding Editor in Chief of the “Journal of Obesity Research and Clinical Practice”.

**Freemasons Foundation Centre for Men’s Health**

The University of Adelaide and the Freemasons Foundation have jointly established the Freemasons Foundation Centre for Men’s Health, which aims to enable men to live longer, healthier and happier lives.

The $2.25 million centre was launched at the Art Gallery Tuesday 2 October by key figures in industry, sport and government: industry leader Sir James Hardy; Head Coach of the Adelaide 36ers Phil Smyth; and South Australian Minister for Health the Hon. John Hill.

To be established within the University of Adelaide’s School of Medicine, the Freemasons Foundation Centre for Men’s Health is the first of its kind in Australia and one of only a handful of centres in the world with a focus on all aspects of men’s health.

The Freemasons Foundation and the University of Adelaide are co-funding the establishment of the centre. The Freemasons Foundation has committed approximately $1.5 million over five years to establish the Centre.

Funding is also being provided for two Freemasons Foundation Research Fellows and six Freemasons Foundation PhD Scholarships.

**Sept/Oct 2007 4**
After much trouble finding a date convenient to most, an Annual General Meeting was held in North Adelaide on Thursday 4th of October 2007. Representatives were there from the following support groups:- Adelaide, Mitcham, and the City of Onkaparinga plus Dean Wall from the Action Group. Appologies were received from the Barossa and Port Pirie Groups. Andrew Giles, CEO of the Prostate Cancer Foundation of Australia (PCFA) joined us midway. Until the following office bearers were elected, Phil Davis was the facilitator. The results of the elections are as below:- Chairperson:- Malcolm Ellis Vice Chair:- Phil Davis. Secretary/Public Officer/Treasurer:- Ian Fisk. Karen Foster, of Foster Hill (who also organized the venue and light refreshments) took minutes at meeting. Andrew Giles presence was most helpful at the meeting. He was able to speak about the Chapters of Support Groups that the other States have and how they have regular teleconferences. As it is a problem for Port Pirie and the Gawler/Barossa support groups to attend meetings in the city, with the assistance of the PCFA we hope to do the same in SA. Consideration was given to the APCS CSA becoming a Chapter, presently the group is the equivalent of a chapter. While we still have some funds available on the Federal Grant obtained almost two years ago it was agreed to reconsider the option of becoming a Chapter later. After the close of the AGM a regular meeting was held in which a number of things were sorted out, such as new Credit Union signatories, change of postal address of the Association and the need for receipts to be submitted for the next grant installment etc. SA representatives on the PCFA Support and Advocacy Committee (SAC) for 2008 were agreed to be Dean Wall from the Action Group and Ian Fisk from the APCS CSA. As I Fisk had attened the April 2007 SAC conference in April 2007 and would attend also in October it was agreed that he continue in 2008. Andrew Giles spoke about the possibility of the Commonwealth Bank replacing APIA as the PCFA major sponsor. Negotiations were still sorting out the fine details before a final decision on November 1. Andrew was able to assure those concerned that no group would be forced to change their banking arrangements, all would still have their autonomy.  

## Prostate Cancer Awareness Evening - Mt Barker

Interested men, women and/or their partners are invited to attend this free presentation.

Speakers and topics include:
- An overview of prostate cancer - Dr Christopher Switajewski.
- Nutrition and Prostate Cancer - Dr. Graham Lyons
- Prostate cancer survivors speak about their own experiences.
- A Carer will speak of her experiences
- Role of Prostate Cancer Support Group

Where: Mt Barker Bowling Club
Mann St, Mt Barker

Date: **Wednesday 21st Nov 2007**

Time: **7pm-9.30pm**

To Register call the Adelaide Hills Community Health Service on 8393 1833

The evening is sponsored by The Freemason of South Australia and the Northern Territory and conducted by the Prostate Cancer Action Group (S.A.) Inc.

## ProstateSA ‘blue ribbon’ event Classic Adelaide 2007 volunteers required

ProstateSA is delighted to be the charity for this year’s Aeromil Pacific Classic Adelaide. Once again ProstateSA will have a branded car (Marcos GT 3000) in Australia’s premier international tarmac rally for classic sporting vehicles. Volunteers are required for fund raising each day along the route, at the Gouger St party Friday 23rd, helping Lions Club run BBQs and general assistance. If you would like to help ProstateSA throughout this event, please call Jessica Schell at The Cancer Council SA on 8291 4191 for further information.
Election Time is the time to Lobby for Men’s Health.
Please send the below or something similar to the future Health Minister

To the next Commonwealth Health Minister,

WHAT ABOUT MEN’S HEALTH?

Despite men’s higher mortality and morbidity rates Australia does not have a National Men’s Health Policy.

You will be aware that since 1989 there has been a National Women’s Health Policy. The Australasian Men’s Health Forum, supports the Women’s Health Policy and is asking you, and your party, to develop and implement a National Men’s Health Policy. This is by no means a “Me Too!” knee jerk reaction, rather it is an appeal for a population health and therefore evidence-based approach to men’s health in our country.

I support the Australasian Men’s Health Forum’s call for National Men’s Health Policy, and I ask you to declare your support for a National Men’s Health Policy which:

- Insists that all providers draw up plans to involve men and boys
- Makes screening for men and boys’ health problems part of regular practice
- Calls on health services to make demonstrable efforts to deliver male-friendly health services.
- Respects the diversity of men and boys’ health needs and makes provision for Aboriginal men, culturally and linguistically diverse (CALD) men, youth, gay and bisexual men, men living in rural and remote and disadvantaged urban communities as well as other groups such as recent immigrants who have difficulty in being accepted in this country and whose health suffers accordingly.

Sincerely

[your name]
[your address]
[your contact details]

To The Hon Tony Abbot, MP, PO Box 6022, House of Representatives Parliament House, Canberra ACT 2600
And:-Ms Nicolo Roxon, MP, PO Box 6022, House of Representatives Parliament House, Canberra ACT 2600
Or email to Tony.Abbott.MP@aph.gov.au and Nicola.Roxon.MP@aph.gov.au, amhf@optusnet.com.au

Movember
Grow a MO and help raise as much money and awareness about male health issues
For more information contact Mo HQ
Phone: 1300 GROW MO (1300 4769 66) within Australia or +61 3 8416 3900 (international).
email: info@movember.com - Website: www.movember.com
There were many items on the Lions web site that may have been of interest, but there was not enough space to include them all in this newsletter.

Please have a look at www.prostatehealth.org.au especially the “What’s New” area for more details and the full stories.

Some of the topics included on Nov 7th included:-

**Prostate Cancer Watchful Waiting Gets Poor Marks for Medicare Patients** - Nov 05, 2007

**Exercise prevents bone loss on androgen deprivation therapy** - Nov 01, 2007

**ASTRO: Statins May Slow Prostate Cancer Relapse** - Nov 01, 2007

**Warning about hearing loss caused by Erection Medications.** - Nov 01, 2007

**Prostate cancer increases hip fracture risk by eight times in 50 to 65 year-olds, says large-scale study** - Oct 25, 2007

**Androgen Deprivation Therapy for Localized Prostate Cancer Associated with Cardiovascular-related Death** -
Oct 25, 2007  Researchers from the United States recently conducted a clinical study evaluating data including patients with prostate cancer treated with ADT. This study included data from 3,262 patients with early prostate cancer who were treated with surgery and 1,630 patients treated with radiation therapy or cryotherapy. Overall, 1,105 patients also received ADT. Follow-up was approximately four years.

The median duration of ADT use was four months.

The use of ADT was associated with a greater than twofold increased risk of death from cardiovascular causes.

**Experts divided on best treatment** - Oct 24, 2007

The Australian Doctor reports in a recent study that surgery offers the best prospects for survival compared with other treatments has caused disagreement amongst prostate cancer experts. The Swiss study found that that the risk of death from prostate cancer at 10 years was twice as high amongst radiotherapy-treated patients and three times as high amongst hormone-treated patients. The study included 844 men who were diagnosed with localised prostate cancer during the 1990s.

Associate Professor Phillip Stricker, chairman of the department of urology at Sydney’s St Vincent’s Hospital, said prostatectomy was the gold standard for men who had more than 15 years’ life expectancy and tumours with Gleason scores above seven. However, radiation oncologist Andrew Kneebone, senior lecturer at the University of NSW in Sydney, pointed out that patients with non-surgical treatments are likely to have more severe disease. Also treatments have improved: “Radiation treatment in the last 10 years has changed dramatically,” he said. “For the great majority of men in their 60s and 70s with prostate cancer, treating with good quality radiation should [now] offer similar survival to surgery.”

Watchful waiting had also changed and now involved much closer surveillance and, thus, better survival outcomes, he said.

The study was published in Archives of Internal Medicine 2007: 167:1944-50

**High-Grade Tertiary in Prostate Cancer Biopsy Signals Trouble** - Oct 8, 2007

The widely used Gleason score is a method of assessing cancer tissue to find out how aggressive it is grading. Normally the two most common cell patterns are assessed and give a score (eg 4 + 3=7). The following study suggests that scoring the third most common cell type may also be helpful. - - - -

**Treatment: PET project zooms in on cancer hot spots** - Oct 23, 2007

In an Australian-first, Perth researchers are trialling a probe which could greatly improve the success of cancer surgery by allowing surgeons to detect tiny tumours by zooming in precisely on cancer “hot spots”