

# P.S.A. NEWSLETTER

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

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## Report on the October and November Meetings.

Held at the Burnside Hospital on 18<sup>th</sup> October and 1<sup>st</sup> of November 2004

Thank you to our sponsors: Abbott Australasia Ltd., City of West Torrens  
Council and the Burnside Memorial Hospital for use of their Lecture Room.

The next meeting will be held on Monday Feb. 21<sup>st</sup>, 2005, commencing at 7.00 pm, when we will have our  
annual election of officers, a short talk about High Intensity Focused Ultrasound treatment followed by a  
**LECTURE DEALING WITH VARIOUS ASPECTS OF PROSTATE CANCER BY UROLOGIST  
DR. JAMES ASPINALL.**



## Seasons Greetings

**BEST WISHES FOR A MERRY  
CHRISTMAS  
AND A HAPPY NEW YEAR  
FROM:- YOUR PRESIDENT – GERRY  
MCCREANOR,  
VICE PRESIDENT – BARRY OAKLEY,  
SEC/TREASURER – REG MAYES,  
LIBRARIAN – JOHN MAYES,  
MEMBERSHIP SECRETARY  
– MARALYN TOOP,  
WEBMASTER – IAN FISK,  
JEFF ROBERTS AND PAUL FERRETT -  
'NEWSLETTER' TEAM MEMBERS**



**XMAS BBQ – SUNDAY 21<sup>ST</sup> NOVEMBER '04. - AT CHAPEL HILL. ROLL UP!!**



Don't forget to roll up for our Giant Christmas BBQ to be held from 12 Noon to 4. 30pm on **Sunday 21<sup>st</sup> November.**

Where? At Graham's property at Chapel Hill near Echunga in the Adelaide Hills. **See map on our last page re how to get there.** Bring your own chairs, tables, chops, sausages, steaks, chickens, salads and drinks etc. The salads are pooled for everyone. We supply hay rides, quad rides, free raffles and free Xmas cake. You can bring along a friend if you wish. **Members of other P/C Support Groups are also very welcome to attend.**

Roll up and see Graham's live two legged emu!



Check out the website at <http://www.psaadelaide.org> it is updated regularly.

## PSA Adelaide Report on October and November 2004 Meetings

Vaile Max Gardner AM

It is with profound sadness the death is announced of Max Gardner at the Sacred Heart Hospice, Sydney, at around 8pm on Tuesday 19<sup>th</sup> October. Our deepest sympathy is extended to Wilhelmina; Max's children Josephine and Richard and their families; and Wilhelmina's daughter, Vicky and her family. For those of us connected with Max through the auspices of the Prostate Cancer Foundation of Australia, we have lost a devoted and passionate leader to the cause. We will be inspired to continue his many projects with enthusiasm and compassion in his memory. May he rest in Peace.



On 21<sup>st</sup> July '02, Max was the Deputy Chairman of the PCFA and Leader of the Foundation's Support and Advocacy Committee. On that day he was appointed an Honorary Member (AM) of the Order of Australia in the General Division for services to the community in the establishment of the first prostate cancer support group at St. Vincent's Hospital and assisting in the establishment of the Association of Prostate Cancer Support Groups and the Prostate Cancer Foundation of Australia. Max was also awarded the 2002 Cancer Council NSW Advocacy Award for his work as an exceptional advocate for men with prostate cancer in NSW resulting in increased support for men diagnosed with the disease. About 3 months ago, Max was elected Chairman of the Prostate Cancer Foundation of Australia. At our meeting held on 1<sup>st</sup> November, Barry called for 2 minutes silence in respect of Max and asked members to reflect on his achievements on behalf of all prostate cancer sufferers.

### MEETING HELD ON 18<sup>TH</sup> OCTOBER MEETING '04

**Chair Barry Oakley**

**Members Present 32**

**Apologies:** Gerry & Cynthia, Ken, John, Bill, John and Linda, and Dennis.

**Welcome again** to John and Nina from the Darwin Prosper Support Group. (John is still undergoing radiotherapy here in Adelaide. Yes John, we know it's a long grind!).

#### **Library and Other News:**

We have just received a complimentary copy of an excellent video from the **Rural Health Education Foundation** titled "**Prostate Cancer: Treatment and Access.**" Thanks Rural Health! The video normally costs \$50. It is 90 minutes long and we thoroughly recommend it to all prostate cancer support groups. Whilst it is primarily aimed at GP's, there is a **wealth of information about prostate cancer, choices of treatments, side effects** etc., for the ordinary layman. The discussion panel who took part in the video were Dr. Norman Swan (Presenter), Mr. Glen Wood (Urologist), Dr. Sandra Turner (Radiation Oncologist), Dr. Matt Bryne (a Rural GP), Dr. Suzanne Steginga (Director, Community Services, Queensland Cancer Trust), and Mr. David Sandoe, (Consumer and Chairman, Support & Advocacy Committee, Prostate Cancer Foundation of Australia). The Video has just been produced, so everything in it is up-to date. The Rural Health web address is <http://www.rhef.com.au/>. If you want to order the video, visit their site or drop a line to the **Rural Health Foundation, P.O. Box 219, Mawson, ACT.2607** or ring them on **(02) 6232 5480**

We were also lucky enough to be given some brand new videos and audio tapes by **the Cancer Council S.A.** These are, "Understanding the Prostate and Prostate Cancer", "Treating Impotence with the Primary Care Practice", "A Step by Step Guide to Administering The Zoladex 10.8 Implant", and "A Promo For Better for Worse". The five audio tapes by Dr. Ric Gordon were titled "Body Talk – Prostate Cancer". A similar number of videos and audio tapes were donated to the Prostate Cancer Action Group (SA) Inc. **Thanks Cancer Council SA.** We also received 15 booklets titled "Coping with the Diagnosis of Prostate Cancer", and 5 booklets titled "Making Choices – Unproven Remedies", from **the Queensland Cancer Trust, all free of charge.** Many thanks QCT. See John if you want to borrow any of these videos or books.

#### **The Annual Support and Advocacy Committee Conference held at Brisbane on 19<sup>th</sup> & 20<sup>th</sup> August '04.**

We have received the minutes of the above conference and copies have been distributed to all our Committee members. The following two extracts are printed here for the benefit of members:-

#### **Funding an Awareness Campaign, 2005:**

"The Chairman, the late Max Gardner, advised that **the Australian Pensioners Insurance Agency have agreed to fund an "Awareness Campaign". Funding will be \$1.5 million over three years** Max advised that it had taken two years, to be a reality. This agreement was signed between the APIA and the PCFA last week. The Awareness Campaign is supported by the Minister for Health, Tony Abbott M.P. and the Department of Health and Ageing. The Victoria Board are to be congratulated for organising the funding".

## PSA Adelaide Report on October and November 2004 Meetings

PCFA Web Site: <[www.prostate.org.au](http://www.prostate.org.au)>

“Trevor Hunt asked whether groups could have their group web site as a “link” directly from the PCFA website. A number of issues relating to this were discussed, but basically as most of the group websites are not protected from people linking to the local websites, we are unable to directly link into them. **The PCFA is looking at providing the website address for each group, without providing a direct link.** We have recently had a couple of occasions where support group members have reported entering a website only to be connected with a pornographic website. The PCFA has a protected website”.

Mr. John Holt's Radio-Wave Therapy Treatment for Cancer Patients – Perth:

We screened a ten minute video from **Ray Martin's 60" Report** dealing with **Dr. Holt's controversial “radio-wave” treatment.** We have an open mind on this subject but should point out that nothing was said about treating or curing prostate cancer. We have come across an interesting article written by **Specialist Mr. Bruce Kynaston**, which appeared in the Sept. '04 issue of “The Queensland Prostate Cancer News”. Here is an extract from one of the paragraphs:-

“The National Health and Medical Research Council investigated claims of cure by heat at this centre, and I happened to be a member of the Council and its Radiation Health Advisory Committee at the time. (*This was quite some years ago*). A block of jelly was submitted to a treatment dose of microwave radiation at the Perth unit and a thermometer's bulb was plunged into the middle of that jelly. It revealed some temperature rise, but barely enough to be significant. To a biological scientist and physicist, this meant any heating in the middle of a patient where a cancer might lie would be cleared by the circulating blood as fast as it was developed. **The NH&MRC was not convinced by the claim from Perth. In all, I would not recommend that a reader of this letter consider going to Perth (or Dublin).**”

The latest report on this matter is that the AMA and the Department of Health are now investigating Dr. Holt's treatment program in order to determine whether there is anything worth-while in this form of treatment, or otherwise. We will keep you posted re developments.

Prostate Cancer Call-In for 2004:

This years “Call-in” was conducted from 6pm to 9pm on Thursday 23<sup>rd</sup> Sept when **133 calls** were received. Trevor, Dean, Bill, and Tony from the Prostate Cancer Action Group (SA) Inc, and Barry from the PSA (Adelaide Group), took part, together with a number of Urologists. The evening was pronounced a success, but it was a little disappointing that no mention of it appeared in the “Advertiser”.

Hi Intensity Focused Ultrasound Machines, or HIFU:

As mentioned in our last Newsletter, a chap from Adelaide flew over to the Dominican Republic in the Caribbean in September and **had the HIFU Ablatherm treatment carried out.** This involves the burning of the cancer cells in the prostate gland by using a probe and high intensity focused ultra-sound waves. The chap landed in the middle of the recent hurricanes that hit Cuba, Haiti, Florida and the Dominican Republic. He was shifted over to the other side of the island to Santiago where **his treatment was satisfactorily performed.** We understand that he was the first Australian to have gone to this centre for treatment. The only side affect he has suffered so far is some water problems; he has to know where all the toilets are in shopping centres and in the rest of Adelaide. (*Wee all have to know that don't we?*) *Note see information and brochure from <http://www.edap-hifu.com>*

Anyway, we have prevailed upon this chappie to come along to our **first meeting in February next year and tell us his very interesting story.**

Mr. Mark Latham's Public Forum held at Thebarton, S.A., on 5<sup>th</sup> Oct '04:

Our Research Librarian, **John Mayes**, went along to this forum held during the Federal Election Campaign, to fly the flag for the PSA (Adelaide Group), and in fact, **for all prostate cancer sufferers in Australia.** Before an audience of **about 850**, John was able to ask **Mr. Latham**, the Leader of the Opposition in Federal Parliament, the following question:-

“You will be aware that similar numbers of people are diagnosed with Breast Cancer and Prostate Cancer every year and similar numbers of men and women die from their cancers every year. Funding for Research into breast cancer is substantial, however in the nature of things, more could always be spent. On the other hand, funding for research in prostate cancer is only 7% of that spent on breast cancer. **In the cause of simple equity, would you consider ensuring that Research Funding for prostate cancer be equal to that spent on breast cancer by the end of the first term in office of a Latham Labor Government, should you be elected?**”

## PSA Adelaide Report on October and November 2004 Meetings

Mr. Latham told John that he would look into the matter of inequity, but queried the 7% figure he mentioned. He also thought that research into breast cancer overlaps and supports research into other types of cancers, including prostate cancer. John said that the 7% **figure came from the Garvan Research Institute** and that different cancers require different treatments. (*Trevor Hunt, in this month's Prostate Cancer Action Group's Newsletter, said that there has been very little spin-off from breast cancer research, into prostate cancer research.*)

A few days later we received the following e-mail from **Ms .Julian Gillard's** (The Shadow Minister for Health) office:

"In Labor's cancer prevention policy – announced on 16<sup>th</sup> Sept. – funds are made available to tackle prostate cancer.

Labor will provide **\$12.45 million** over the next 4 years to support the **continued development of screening programs for prostate, lung and ovarian cancers**. There is a need for continuing research to assess the best way to **screen for prostate cancer**. Use of the prostate specific antigen test is increasing, but there is no uniform opinion about when treatment should be undertaken. Ongoing population and clinical studies will help resolve current issues and concerns about testing methods and their relevance in diagnosis".

**Well, Well!** They've pulled out the **old hoary chestnut again about "Screening programs"** to try and blind us with science, but they have **sadly under-estimated us** and that we are a wake up! John's question had nothing whatsoever to do with so called "Screening and/or Awareness Programs", but solely dealt with **GOVERNMENT FUNDING TO CARRY OUT MUCH NEEDED RESEARCH INTO THE CAUSE OF THE DISEASE AND IT'S CURE**. They neatly side stepped the issue, didn't they? By the way, the Liberal/Coalition Government are no angels either! No where could we find in their Health Policy any mention what-so-ever of any money being set aside for research into prostate cancer. When their candidates were later questioned by Trevor Hunt about this matter, they were also very evasive about the situation. **Boy have we got a long way to go before we can convince either party in Parliament of the dire need for substantial funds to be injected into prostate cancer research. The ladies absolutely run rings around men when it comes to lobbying Governments for funds for breast cancer research.** (Just look at their "Pink Ribbon" campaign held in October). We should take a big leaf out of their books! For a start, we have to **accurately define to all Federal and State M.P.s the difference between SCREENING, AWARENESS and RESEARCH**. They don't seem to know (or don't want to know). Every-time we mention money for specific research into prostate cancer in order to find a cure, they immediately throw up a smoke screen by bringing up "screening". Very clever! Anyway John, a big cheerio from all members for having the guts to front up to a large public audience and to the Leader of the Opposition and **sock it to him**. We might have more luck at the next election if we play our cards right! **We should start campaigning right now!**

Brachytherapy Treatment now being done at the Royal Adelaide Hospital:

The first patient to receive Brachytherapy radio-active seed treatment at the R.A.H. was **Mr. Tony Klieve**, 66, from the American River, Kangaroo Island. This occurred around the middle of September. See article from "The Sunday Mail" on page 8 in this Newsletter.

A team of four Specialists went to Leeds in England to learn the correct technique. They were Dr .Eric Yeoh, Dr. Martin Borg, Dr. S. Karatis and Dr. James Aspinall. Professor Jillian Duchesne of the Peter MacCallum Institute in Melbourne came over to assist the Adelaide team. **Strict rules apply to men desiring the brachytherapy treatment.** e.g. They should not have a PSA reading above 10, the Gleason score should be 6 or less, the cancer stage should be T.1 or T.2 and experience has shown that when a prostate gland is more that 60 cc in volume, there is a high probability that a portion of the gland will be lodged behind the pubic bone, preventing the insertion of the seed-carrying needles. The size of the prostate and its position relative to the pubic bone is determined at the time of the initial visit by performing a prostate ultrasound volume study. If the volume study indicates the likelihood of pubic bone interference, several months of treatment with hormones will usually shrink the prostate enough to make the implant technically possible. Men interested in this treatment, costs etc, should talk to their Urologist and also have a chat with **Ms. Adeline Lim, Senior Radiology Therapist at the R.A.H. on phone no. 8222 4950 or 0401 123 876.**

Perks for being over 70 years of age:

Kidnappers are not interested in you. \* In a hostage situation you are likely to be released first. \* No one expects you to run into a burning building. \* The things you buy now won't wear out. \* You can live without sex, but not without glasses. \* You have a party and the neighbours don't realize it. \* You quit trying to hold your stomach in, no matter who walks into the room. \* Your investment in health insurance is finally beginning to pay off. \* Your joints are more accurate meteorologists than the National Weather Service. \* Your secrets are safe with your friends because they can't remember them either. \* Your supply of brain cells is finally down to manageable size.



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## PSA Adelaide Report on October and November 2004 Meetings

### The New Computer:

Our new computer is going along pretty well – it's only the operator that is dragging the chain! The photo shows Ian doing his very best to impart some knowledge to Reg. Reg has now learnt to switch on the computer and switch it off correctly. He has tried to frazzle the computer's brains, but instead, it has **frazzled his**. As reported in our last Newsletter, we were very fortunate in obtaining a grant of **\$1,863** from the Federal Government's Volunteer Small Equipments Grants Office in Canberra in order to purchase the XP computer and a scanner. Reg thinks that all Prostate Cancer Support Groups should **keep a look out** for Government and Semi-Government Grants to Volunteer Groups. Check these out with your **State & Federal Members of Parliament and your Local Councils**. Most grants have closed for this year, but drop a line to the **Federal Government's Volunteer Small Equipment Grants Office, Locked Bag 4596, Kingston, ACT. 2604** to enquire about next year's grants. Nothing ventured – Nothing gained! Also in South Australia, apply to **The Grants for Seniors Fund, Dept of Human Services, P.O. Box 70, Rundle Mall, Adelaide, S.A. 5000**, to see what's around for next year. Also, **Local Councils** quite often give out grants under their **Community Grants Programs** to worthy volunteer groups, so check them out as well. Remember a faint heart has never won the hand of a fair maiden! Oh dear! Don't tell me that you have forgotten that!



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### Lecture by Ms. Ann Bressington: (October meeting)

**Ann is the Founder and Administrator of the Drug Beat of S.A. Program for ADTARP Inc. (Australian Drug Treatment and Rehabilitation Program Inc.)** Her daughter, Shay Louise, tragically died in 1998 from heroin. This is what motivated Ann into the area of drug treatment and rehabilitation. Ann told members that the **"Drug Beat SA. Program"** was the most innovative of its kind in Australia at present. Most drug users are not aware of the effect of drugs on their central nervous system. There is a **93%** success rate at Elizabeth Grove in the rehabilitation of drug offenders. **This is the highest success rate in the world.** The usual success rate is under **5%**. Recently, 3,000 drug affected school children were studied and it was found that they start off using alcohol, then tobacco, marijuana, and end up using drugs such as ecstasy, LSD, prescription drugs, amphetamines (speed), heroin and then have to resort to methadone to try and rid themselves of the drug habit. **By then the damage to their bodies is well and truly done.** There is also the enormous cost of the drugs and resultant damage to the community to consider, such as robberies, violence, fraud and prostitution etc. just to pay for the habit. A new drug which is causing a lot of concern to the Government is **Methamphetamine**. The street name for this drug is **Crystal Meth, Speed, Ice or Crack**. The dangerous long term effects of this drug can cause paranoia leading to Paranoid Psychosis, chronic depression and permanent mental illness (**Paranoid Schizophrenia**). *(Two days after Ann's lecture, the Customs Dept. announced that they had seized a shipment of this drug with a street value of \$100 million and arrested three people.)*



*(Another frightening new drug is called "Red Mitsubishi" This is a mixture of ecstasy and caffeine and is extremely dangerous. On October 24<sup>th</sup> a Prospect man, aged 28, was found dead in his motel room and police consider his death was the result of an overdose of this particular drug. The man's death follows an overdose last weekend attributed to the designer drug "Fantasy" and the overdose of 10 people admitted to the Royal Adelaide Hospital in one weekend earlier in October.)*

There are three levels of addiction – **Physical, Emotional and Psychological**. The drug counselling and preventative program usually takes about 18 months to complete, **assuming the drug user wants to get off drugs**. Most have tried at least **15** times to stop but are unable to do so. A recent survey revealed that **92%** of drug users **did not want** legalized "shooting galleries" or the legalization of illicit drugs. One ecstasy tablet can affect the body for up to 6 weeks. **Some kids are dropping out of school at the age of 10 to 12 yrs** as they are using alcohol and marijuana. These drugs affect their memory and they just cannot learn anything at school. It is a tragedy!

Withdrawal symptoms last from 5 to 10 days resulting in a person becoming violently ill due to no dopamine being left in their system. They suffer acute diarrhoea and cannot eat. Their skin becomes very painful and some describe it as "electric skin". There is no such thing as a "harmless" or "soft" drug. People think marijuana or "pot" is relatively harmless, but 30 young people have committed suicide in Adelaide over recent years because of the effect of that drug. The **"Drug Beat of S.A."** program is labour intensive but is well worth while. More trained workers are necessary, but money is short. In Sweden there has been a **75%** reduction in the use of drugs due to the Government's hard line approach. In recent studies it has been found that most drug addicts have to reach rock bottom before they can be helped. There are four health workers at the Drug Beat of SA centre at Elizabeth Grove where there is an 18

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month structured recovery program in place.

Ann handed out 7 different pamphlets about drugs to all our members and also took a number of questions from the audience. Further information on this subject can be obtained by phoning **Drug Beat of SA on (08) 8255 5555** or drop them a line at **P.O. Box 759 Elizabeth, S.A. 5112**, Also check out their web site on <http://www.drugbeat.org> Barry thanked Ann for her very interesting and eye opening lecture and handed her a large tin of toffee.

### Stop Press – Prostate S.A.

An important meeting was held on 3<sup>rd</sup> November at Chloe's Function Room, Norwood. The meeting was organized by the **Dame Roma Mitchell Cancer Research Laboratories**, with a view to establishing an organization to be called **"Prostate S.A."**. The idea is to establish a Nationally and Internationally recognized centre in Adelaide focussing on prostate disease. Professor Willis Marshall chaired the meeting. Between 50 and 60 people attended, including Urologists, Oncologists, Doctors, members of the general public and 6 representatives of the various P/C Support Groups in S.A. Those who attended were split up into groups of 10 and discussed and submitted ideas re how to improve the public awareness of Prostate Cancer in S.A., funding suggestions for future research, publicity, organization structures and various other aspects of prostate cancer. "Prostate S.A." has replaced the former Collaborative Centre for Prostate Health. Further meetings will be held in the New Year. Dates to be advised.

### Prostate Cancer Support Onkaparinga Group Dec 6<sup>th</sup> Meeting at 7pm.

Terry Crabb, who is Chairman of the Brian Newel Foundation for Prostate Cancer Research will talk at the meeting. Note the meeting will be held at PORT NOARLUNGA-CHRISTIES BEACH RSL SUB BRANCH, which is on the corner of the Esplanade and Castleton Avenue, just north of the Port Noarlunga jetty, next to the old Caravan Park site.

## MEETING HELD ON MONDAY 1 NOVEMBER 04

**Chair: Barry Oakley**

**Members Present 50**

**Apologies:** Les and Elaine, John, Dennis, Dean, Rhonda, Margaret, Geoff and Helen and Roger and Janet.

**New Members:** Darryl and Julie, Graeme and Dianne, Ian and Ros.

### Welcome Back Gerry:

Our Acting President Barry Oakley, plus all members, gave **Gerry a big welcome back after an absence of some nine months**. Gerry gave a talk about what had happened to him during that time. Last December he fell off a stool in his garage and hit his head on a concrete floor. A few weeks later he started to have severe head aches that sometimes **lasted 24 hours per day**. Doctors treated him with pain killers (that mostly didn't work) and also treated him **for shingles**. That proved to be wrong. The doctors then thought he had **facial neuralgia** (this is sometimes known as tic douloureux). After some months, this diagnosis also proved to be incorrect. Another doctor thought he was suffering from **ménages disease**. Wrong again! Gerry became **more depressed** and couldn't eat very much, or sleep very well. He just couldn't do anything.



**Eventually Gerry consulted Dr. Alan Stapleton and a bone scan was done. A CAT scan and an MRI scan taken previously at two other hospitals didn't show any abnormalities.** The bone scan revealed that a prostate cancer metastasis had moved to a bone in the back of his neck and was squeezing on a nerve, thus causing severe headaches. Gerry then had ten sessions of radiotherapy treatment at the Flinders Private hospital. Around the same time his lungs filled with fluid and had to be drained twice. **The first time 2.5 litres were drained and then another 3 litres later on.** On the second occasion they bored a hole into his lungs and blew in a heap of special dust which sealed the inside of his lungs to stop more fluid from coming in. He thought that he might be suffering from pleurisy. **Yipes Gerry, what else could happen????** Well his tongue played up and became twisted causing him to suffer a **slight impediment in his speech**. Also with the amount of antibodies pumped into Gerry over the months, he suffered from **very severe thrush** in his mouth which resulted in difficulty in eating and a loss of appetite. He also shed quite a few kilograms in weight. During the 9 months Gerry spent a week or so in each of four different hospitals. **He says the best hospital is still the Daw Park Repat.** Anyway, Gerry battled on regardless and now his head aches have gone, his appetite is improving and he was able to come along to our meeting and tell us about his ordeal. He said that he may have to have five more sessions of radiotherapy later. In closing Gerry said that if your PSA level doubles in 6

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months, even from a low level of say 0.5, this is a sure sign that your prostate cancer is on the move. **Hot foot it to your Urologist double quick! He said he'll see you all at the Xmas BBQ. Goodonya Gerry!**

Presentations:

**The success of the PSA (Adelaide Group) has been due to the hard work of a number of our members**, and also to the members themselves for regularly coming to our meetings. Other members unable to attend, quite often forward donations. In appreciation of the work done throughout the year, Barry presented gift packs of 4 bone china coffee cups to Gerry our President, Reg, Secretary/Treasurer and Newsletter Editor, John, our Research Librarian, Ian, our Webmaster, photographer and Assistant Newsletter Editor, Maralyn, our Membership Secretary, Jeff Roberts and Paul Ferrett who are part of our Newsletter team and who have folded up hundreds of Newsletters for posting out to members. Reg then presented Barry with a set of coffee cups for his sterling effort in acting as our President during Gerry's absence on sick leave.

Owing to our lecturer, Dr. Alan Stapleton being unable to attend the meeting due to an emergency, the meeting was open to a general discussion amongst members. Two videos dealing with drugs in the community and testosterone patches for women were also shown.

Timetable for the year 2005:

We are very fortunate in obtaining the third Monday of each month for our meetings next year. As usual they will be held in the lecture room at the Burnside Memorial Hospital from 7pm. There will be no meetings in December '04 or January '05. For your records the dates are:- **21.02.05, 21.3.05, 18.04.05, 16.05.05, 20.06.05, 18.07.05, 15.08.05, 19.09.05, 17.10.05, and 21.11.05.** We haven't yet selected our lecturers but further details will be printed in our February Newsletter.

Our money on the table By Luke McIlveen

FEDERAL Government agencies have ignored bans on gambling with taxpayers' money by betting on the strength of the Australian dollar.

The Australian National Audit Office found four government agencies continued the practice of foreign-exchange gambling - or "hedging" - just three years after taxpayers lost \$4 billion thanks to bumbling bureaucrats.

The high-risk practice involves swapping currencies in the hope of making a profit. Gamblers try to profit by anticipating to what extent a currency is likely to rise or fall.

Hedging can bring huge gains but also catastrophic losses when the dollar unexpectedly drops in value

This occurred between 1997 and 2001, when the Australian Office of Financial Management hedged \$4 billion on currency swaps.

The National Gallery of Australia, Australian Nuclear Science and Technology Organisation, the CSIRO and Overseas Property Office all took part in hedging after the ban in 2002. The Audit Office also found they kept the \$1.6 million proceeds of successful hedging - money that should have been paid to the Treasury.

National Australia Bank currency traders lost \$360 million of shareholder funds in 2003-04 while gambling on the rise and fall of the dollar.

The Audit Office found the Department of Finance had not done enough to drive home to bureaucrats that the practice was forbidden. *(from the Advertiser 15/10/04)*

*Bumbling Australian Bureaucrats blow \$4 billion of taxpayers money – and they are still working. Is this why there is no money for health or prostate cancer research? Unbelievable! Where's the investigation? "Reg"*

US demands free trade deal review

WASHINGTON has warned the free trade deal with Australia could fail unless the Howard Government re-examines laws enabling the agreement.

US Trade Representative Robert Zoellick has echoed concerns held by the US pharmaceutical industry over provisions which ensure drug companies cannot halt the release of generic medicines. He claimed that the changes, forced by Labor, contravene international trading rules.

The US also had concerns over copyright law changes, an official from Mr Zoellick's office told *The Australian* newspaper.

The official said the US was "not prepared at this point to take a position" on whether the Australian laws were acceptable. A spokesman for Federal Trade Minister Mark Vaile said the Government was still optimistic the January 1 timeline for the deal to come into force could be met. *(from Advertiser 15/10/04)*

*Yeah! We guessed that this would happen! Prices for pharmaceutical medicines under the P.B.S. Scheme are sure to go up – and up! See John Mayes article in our July-Aug 04 Newsletter. "Reg"*



"New" Procedure for Patients  
Pellets blast away tumours

**THE TECHNIQUE**

**IT** involves doctors injecting dozens of tiny radioactive pellets into the tumour using a needle.

**EACH** pellet, called a "seed", creates a limited radioactive zone to attack the tumour without harming surrounding healthy tissue.

**THE** seeds stay implanted permanently but the radiation decays to negligible levels.

**THE** method has a cure rate of 80 to 90 per cent and is more convenient and has fewer side-effects than external beam radiotherapy or surgery.

"New" Procedure for Patients  
cont'd (From the Sunday Mail 26.9.04)  
Brad Crouch **Medical Reporter**

DOCTORS at the Royal Adelaide Hospital are injecting radioactive "seeds" into prostate cancer tumours, giving patients a new, less painful option for treatment.

The first patient, Tony Kheve, 66, of American River on Kangaroo Island, underwent the treatment last week and left hospital the next day "feeling great".

The procedure, known as **brachytherapy**, has fewer side-effects and is more convenient for patients than other treatments. However, it is not suitable for all patients.

It involves injecting dozens of radioactive pellets - each the size of a grain of rice - directly into the tumour using a needle.

Each seed gives out a limited amount of radiation, allowing doctors to directly target the tumour without harming nearby healthy tissue.

In a typical case, a person will have around 100 seeds injected during a procedure lasting about three hours and done under a general anaesthetic with doctors guided by an ultrasound image.

The seeds stay in permanently but the radioactive iodine-125 decays to negligible levels within a year. The new method adds to the traditional

choices of surgery or external beam radiotherapy, and is suited for early stage prostate cancer.

One big advantage is its convenience - it needs only an overnight hospital stay compared to daily visits for seven weeks for external beam radiotherapy.

The head of RAH Radiation Oncology, Dr Eric Yeoh, said the method had a cure rate of 80 to 90 per cent. "It allows us to deliver very high doses very accurately to the tumour while sparing normal tissue," he said.

**More than 10,000 new cases of prostate cancer are diagnosed in Australia each year and the disease causes 2500 deaths a year.**

A team of around 10 people - radiation oncologists, urologists, medical physicists, radiation therapists, nurses and anaesthetists - are required for the procedure.

The hospital's head of urology, Dr Peter Sutherland, said the method was introduced at Calvary Hospital earlier this year but the RAH was the first public hospital in South Australia to use it.

"We are very pleased it is now available to all men who are suited to it through the public system," he said.

**"New" Procedure for Patients cont'd**

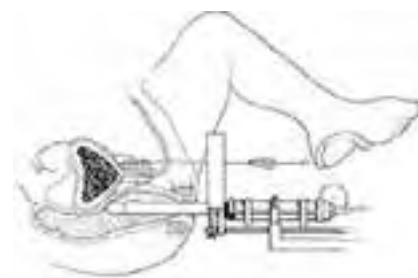
Mr Klieve, who was diagnosed with prostate cancer four months ago, was delighted to have the option of the seeds.

"There was no pain afterwards, you would not even know anything had happened," he said.

"I was given the choice of treatments and this seemed to be the one with fewer side effects and quickest recovery."

"I only needed to come over from KI to stay in hospital overnight instead of having to move to Adelaide for several weeks."

Patients are checked a month after the implants, then three-monthly for the first year.



Breaking News on Supplements, Nutrition & Healthy Foods

A glass of wine a day keeps prostate cancer away?

23/09/2004 - **Drinking a glass of red wine a day may cut a man's risk of prostate cancer in half, and protect him against the most aggressive forms of the disease, according to new research.**

The study by scientists at the Fred Hutchinson Cancer Research Center, Seattle, US, found that men who consumed four or more glasses of red wine per week reduced their risk of prostate cancer by 50 per cent.

"Among men who consumed four or more 4-ounce glasses of red wine per week, we saw about a 60 per cent lower incidence of the more aggressive types of prostate cancer," said Janet Stanford, senior author of the study. "The more clinically aggressive prostate cancer is where the strongest reduction in risk was observed."

However, Stanford and her colleagues found that neither beer, hard liquor or white wine had any significant effect on the disease, leading them to believe that once again the antioxidant resveratrol, is the key to the puzzle.





## PSA Adelaide Report on October and November 2004 Meetings

The researchers were keen to point out that these results did not mean that men now had a licence to drink as much red wine as they wanted. Stanford emphasized that the risk of prostate cancer decreased six percent for every glass of red wine consumed per week, but research showed the law of diminishing returns comes into play when consumption increases beyond moderation.

*"From a public-health standpoint, it's difficult to recommend any alcohol consumption given the risks associated with heavy consumption,"* said Stanford. *"But for men who already are consuming alcohol, I think the results of this study suggest that modest consumption of red wine – four to eight 4-ounce drinks per week – is the level at which you might receive benefit."*

For the study, the researchers interviewed 753 newly diagnosed Seattle-area prostate-cancer patients as well as 703 healthy controls.

*"Even though this study is based on relatively small numbers, the results are intriguing and suggest that the potential beneficial effect of red wine and resveratrol – if indeed resveratrol is the active chemopreventive agent involved – would be very important, as it's the more aggressive forms of prostate cancer that are most important to prevent,"* said Stanford.

She added that a particular strength of the study was the relatively young age – 40 to 64 - of the participants, with the majority being under 60.

She noted that this was particularly true when studying complex diseases such as prostate cancer in which numerous genetic and environmental factors are thought to play a role.

By the way, Green Tea is good for you it has anti cancer benefits, we will show a five minute video about it at our February meeting, and maybe give you a cup of green tea at supper time.



The next newsletter will be published at the end of February 2005.

*This Newsletter was compiled and typed by Reg Mayes. Ian Fisk, Jeff Roberts, Paul Ferrett and Reg folded and posted the Newsletter. After re-arranging news items on his computer and supplying the photographs, Ian printed the master copy. 270 copies were distributed. We would like to thank the Cancer Council South Australia for providing their support and particularly Anne Milne for her contribution. The views expressed in this Newsletter do not necessarily represent the views of The Cancer Council SA.*

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