

# P.S.A. NEWSLETTER

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Cancer Support Groups (SA) Inc.

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PSA Prostate Cancer Support  
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**NEWSLETTER NO. 70**

**July 2006 Newsletter including a report on the July Meeting  
held at the Burnside Memorial Hospital on 17.7.06**

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

**Our next meeting will be held on Monday 28<sup>th</sup> August at 7.00pm when our speaker will be Dr. Graham Lyons, who will talk on diets to combat prostate cancer and the value of selenium. There will also be a short discussion amongst members. Please note that this meeting is 6 weeks from our July meeting, not the usual 4 weeks.**

**Chair: Barry Oakley**

**Members present 30**

**Apologies:** Jeff and Theban, Les and Joy, John, John, Brian, Geoff and Marilla.

**New Members:** Roy, Trevor and Colin. Welcome chaps! Each new member told us a bit about themselves and hoped to talk to some of our other members with similar problems during supper.

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

Professor Villis Marshall is conducting a trial at the Royal Adelaide Hospital, which is aimed at investigating the value of a drug called Zometa. Zometa has been shown to be effective in improving quality of life and bone events such as fractures in men with metastatic prostate cancer, which is no longer fully controlled by androgen deprivation therapy. This study is designed to determine if similar benefits can be achieved in men who have metastatic disease, but where the disease is still controlled by androgen deprivation therapy. In essence, it is repeating the earlier studies, but at a time when the disease is still amenable to androgen deprivation.

Men will be randomised to either a treatment arm where they will receive Zometa intravenously, or no treatment until the disease becomes hormone-resistant. All participants will be followed for 3 years to monitor the progress of the disease to determine whether Zometa is having further beneficial effects. It seemed that there may be men known to the PSA group who would be interested in joining this trial, and as I have indicated, the requirements are that they have known spread of the prostate cancer to their bones, but their PSA levels are stable on androgen deprivation therapy. Before entering the men into the trial, we would need to inform their treating doctors to ensure that there would be no disruption to their normal care if they entered the trial.

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.

## **The Prostate Cancer Action Group (SA) Inc.**

**Jeff Roberts** reported that plans are well advanced to hold a **Public Awareness Evening at Clare from 7pm to 9.30pm on Monday 21<sup>st</sup> August.** The venue is the Barbara J. Long Function Room (Town Hall Annexe) 229 Main North Rd, Clare. **Dr. Kim Pese (Urologist)** will present an "Overview of prostate cancer" and **Dr. Graham Lyons** will speak on "Diet and Prostate Cancer". Two Action Group members will speak of their own experiences and **Coralie Hunt** will speak as a carer. If you are interested in attending, please register with the Lower North Health Community Centre, Clare, on **8842 6555** or **fax 8842 6556.** The evening is supported by the PCFA, the Lower North Health-Community Centre with assistance from the Cancer Council SA.

## Andrology Australia's new up-dated web site

They have just up-dated their web site so that quality information is more easily accessible and men can make better decisions about their health. **As well as checking out your health, check out this web site address:-**  
[www.andrologyaustralia.org](http://www.andrologyaustralia.org)

By the way, if you want any information about **“Peyronie’s Disease”** or **“Klinefelter’s Syndrome”** let’s know and I will post you out a copy of their latest magazine. One other interesting thing they have mentioned is that recent studies have shown a **link between cardiovascular disease**

## Eric’s Malbec grape vine Give-a-Way

As promised, member **Eric Reuschle**, arrived at our meeting with 50 cuttings from his 100 year old **“Malbec”** grape vines. These were eagerly taken by members anxious to make their own **“Malbec”** wine, full of **cancer fighting anti-oxidants, reveratrol and lycopene** etc. Also, we believe the red grapes are pretty tasty just eaten off the vine. Eric said that there is

**and Erectile Dysfunction.** So, if you suffer from ED it may not be caused by sexual problems, the prostate or side effects from various treatments. It could well be caused by a **dickie heart**. Yikes! I knew I used the wrong word there – I should have said **“a heart problem”** or **“congestive heart failure”**. Anyway, the moral to this story is **GET YOUR HEART AND BLOOD PRESSURE, CHOLESTEROL AND SUGAR LEVELS, LIVER AND KIDNEY CHECKED OUT BY YOUR GP. AS WELL AS YOUR OTHER BITS AND PIECES.**



not much **malbec** around in Australia, but a bit is grown at **Langhorne Creek**. Incidentally, when they first arrived from England, one vine cutting was worth the cost of a small citrus tree. Today you can pay anything from \$20 to \$35 for a small orange or lemon tree from a nursery. So, how about that?  
**Thanks Eric!**



## Library News

Over the last 6 weeks or so, we have purchased three copies of **Dr. Peter Scardino’s book “Prostate Cancer”, Dr. Prem Rashid’s new edition of his book, “A guide to Prostate Cancer”,** and **Professor Jane Plant’s book “Prostate Cancer.”** These books cost us \$160 altogether but we think it is money well spent in order to get the latest information about prostate cancer, various modern treatments etc. If you go to a **Public Library**, you are lucky to find a book on this subject under 5 years old. During that time there have been a lot of advances in the treatment of prostate cancer. It is hardly worth while reading books 8 years or older on this subject or watching videos the same age. **John Mayes**, our Research Librarian, has just read Dr. Rashid’s book and said **it is an excellent publication and thoroughly recommends it.** If you want your own copy, these are available at **the PCFA head Office, P.O. Box 1332, Lane Cove, NSW. 1595,** or ring 1800 22 00 99. **The cost is \$35** including postage. John noticed a few errors on **page 122** regarding protein values

in vegetables set out in a table and will write to the doctor suggesting an errata slip be put in the book.

Regarding **Jane Plant’s** book, John mentioned she argues against eating much in the way of dairy food as it increases the level of IGF-1 in the body which in turn can drive Prostate Cancer. John said that in one of our books in our library, **Jesse A. Stoff M.D.** (an immunologist) on page 36 of his book **“The Prostate Miracle – New Natural Therapies that Can Save Your Life”**, quotes a report in the Journal Science in 1998 which reported that in a study of 15,000 men, those who had a high insulin Like Growth Factor – 1 (IGF-1), were **four times more likely to get Prostate Cancer** than those with low levels. He also pointed out that high levels of IGF – 1 can be detected up to seven years before PSA levels start to indicate that there is a problem. **In fact, high IGF – 1 levels seem to be a precursor for many cancers.** John also mentioned that exercise reduces the level of IGF-1!



## Breast Cancer in Men

I noticed in **“The Advertiser”** on 22<sup>nd</sup> July a small news item announcing a new web site dealing with **breast cancer in men.** In Australia, **about 100 men are being diagnosed with breast cancer each year,** so it is not just a woman’s disease. Men are more likely to die of the breast cancer than women because **they delay in seeking medical treatment.** If they find a lump in their breast they just hope it will go away! Well most often it doesn’t, ending up with dire consequences.

Men over 40 should make a habit of examining their breasts as well as their testicles, looking for lumps or painful areas, whilst they are in the shower. Check out the excellent web site on <http://www.nbcc.org.au/men> or make a free call to **1800 624 973.** Incidentally it is **Daffodil Day on Friday 25<sup>th</sup> August,** so buy a daffodil when approached in a shopping centre or a street **to fight both women’s and men’s breast cancer.**



## Prostate Cancer Call-in Thursday 7<sup>th</sup> September

**People with questions about prostate cancer are encouraged to phone The Cancer Council Helpline on 13 11 20** during a special after-hours call-in being held on **Thursday 7<sup>th</sup> September between 6pm and 9pm.** For the cost of a local call, people can ask experts about all aspects of prostate cancer – from early detection and risk factors, to the treatment and management of the disease. They can

also ask to talk to a “consumer”, that is, **one of us** that have been through the mill. A number of members of the **Cancer Action Group and the PSA Adelaide Group** and possibly some from the other P/C Support Groups, will be on hand to answer questions as well as the Urologists. **Think up a good intelligent question to ask the panel now and then ring in on September 7<sup>th</sup>.**



## The Cancer Support Groups News “Mosaic” Magazine – The Cancer Council SA:

Many thanks to **Kathriye Strassnick, of the Cancer Council SA**, for giving prostate cancer items **an extensive coverage** in the winter addition of their “Mosaic” Magazine. An obituary with a lovely photograph of our late President Gerry McCreanor, taken by Ian Fisk, was published. Also published was an item and photographs concerning the “Certificate of Excellence” awarded to Gary Bowes, John Mayes, Reg Mayes, Barry Oakley and Alan Hall, and details of the Prostate Cancer Call-in on 7<sup>th</sup> September. Thanks Kathriye! Should anyone want a copy of the magazine, please **give Reg a ring on 8298 8040** and he will post you out a copy.



### The Marion Art Group Exhibition and Raffle

This Art Group has advised us that they will be holding their **Annual Art Exhibition at the West Lakes Westfield Shopping Centre** (near the Amcal Chemist and David Jones) from **Monday 7<sup>th</sup> August to Sunday 13<sup>th</sup> August**, and that they will be raffling an original framed painting (in glass) by **Fred Biggerstaff**, who is one of their members and who has donated the painting. (*Thanks Fred*). I have viewed the painting, which is fairly large and depicts a rural scene, and it is excellent. All proceeds go to a selected worthy volunteer Group. Well, for this year they have generously selected the PSA Adelaide Group to be given the raffle proceeds, which usually amounts to around **\$400**. They have also kindly offered to distribute our brochures and Be-a-Man pamphlets at the exhibition. I took these along to their meeting and

spoke for about 10 minutes on what our P/C Support Groups do. **Many thanks Marion Art Group!** We sold 25 of their \$1 raffle tickets at our last meeting. So roll up and have a look at their exhibition and buy a few tickets in the painting raffle. Our Group will benefit! Or you can give **Jan Ullrich** (the Organiser) a ring on **8277 5896** and ask her to post you out a \$5 book of tickets if you like and sell a couple of tickets to your mates. You will have to hurry though, as time is running out! **The Exhibition and sale of original paintings is part of the S.A. Living Artists Festival.** The Marion Art Group would like to meet any of our members who can make it to their Art Exhibition. So if you can attend, would you please introduce yourself and have a bit of a chat with them. Thanks!

### The Masonic Lodge Art Exhibition for 2006

This exhibition will be held in the **Freemason’s Great Hall on North Terrace from 6.00pm on Friday 15<sup>th</sup> September to Monday the 18<sup>th</sup>, and from Thursday 21<sup>st</sup> to Sunday 24<sup>th</sup>**. i.e. over 7 days. Opening times will be from 10am to 4.00pm. The Freemason’s have given us **permission to run a stall** during the exhibition in order to talk to people and hand out our brochures and Be-a-Man Pamphlets. (*Many thanks Freemason’s!*). This will give us a great opportunity to get more of our brochures and pamphlets out into the community.

**So we are looking for about 20 or more members to do a 2 hour shift on the stall** sometime during the exhibition. We already have seven volunteers from the Action Group. If you would like to volunteer, please give Reg a ring on 8298 8040 or drop him a line at 39 Greenfield Rd, Seaview Downs, SA. 5049. or see him at our next meeting. It would be a help if you could state what day would suit you and whether a morning or afternoon shift would be preferable. The PCFA, Sydney, has taken out a \$150 advert in the Art Catalogue to publicize the foundation.

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

### Mitcham Support Group Meeting 27<sup>th</sup> July

A new set up was tried at the July meeting. Everyone sat around several tables grouped together. It proved to be popular, people could see each other more easily instead of just the back of other’s heads! Dr. Lloyd Evans spoke about

“Medical care over the last 50 years - its changes from both the clients (patients) point of view and also the expectations of today’s providers” For the August 24<sup>th</sup> meeting the Cancer Council is providing one of their speakers on the topic “Services Provided by the Cancer Council.”

### The Treasurer’s Report

We would like to acknowledge donations from Keith and Elaine (\$25.00), and R. & P. (Balaklava), (\$10.00). Many thanks!

### PSA Newsletters

We have reached a mile-stone (or should I say a kilometre-stone?) with this month’s Newsletter. **It is Number 70**. We are now posting out 320 copies each month. This is a record number! They go to members in S.A., Qld., N.S.W., Vic., Tas., N.T., and W.A., in other words, to all States in Australia, plus the A.C.T. **Our first Newsletter was posted out on 11.2.1999** and was edited by **Graham Lyons**. By the way, if

**you have an item or even your own story** which you think might be suitable for publishing in our Newsletter, drop it in the post to Reg Mayes at 39 Greenfield Rd, Seaview Downs, SA. 5049. (actually, to save Reg having to retype it, it would be better to email your contribution to:- [secretary@psaadelaide.org](mailto:secretary@psaadelaide.org))

## The Number of PSA Blood Tests Allowed Each Year

There has been **some controversy** as to whether men are allowed **one, four or as many PSA blood tests as they like** in a year, which are paid for by **Medicare**. Well we now have something **from the horse's mouth** that clears this up! **Dr. Ken Sikaris, the Mayne Health Expert** and leading authority on **PSA testing**, has advised that the latest situation re PSA blood testing is as follows:- "If there is **no prostatic disease**, there is only **one rebate** under Medicare per year. However, **if there is prostatic disease, then there is no limit**. This can be interpreted as men with known

cancer, hypertrophy or just men with "abnormal" levels of PSA where there is a presumption of underlying hypertrophy or cancer." **So the old idea that men with prostate cancer can only have a maximum of four PSA blood tests per year rebated by Medicare, no longer applies.** (Many thanks to Con Casey, Don Baumber, Spence Broughton, Trevor Cottle and Gary Bowes for clearing this up! It took a bit of ferreting out! I notice that the Federal Government hasn't said too much about this! Are they trying to keep it a secret? – Reg.)

## A New Committee for Next Year

**Some early thoughts on the matter!** Nominations will be called for new committee members in **November** for election at our **February 2007 Annual General Meeting**. Reg has indicated that after 8 years as Secretary/Treasurer and 4 years as Newsletter Editor, he would like to give someone else a go and **split the 3 jobs up a bit**. Reg will take notes of our lectures each meeting and compile these, together with other items for the Newsletter, but would like someone to take over the reigns of **Secretary/Treasurer**, or even make these into two separate positions as Secretary and Treasurer, if that

helps anyone. If anyone would like to nominate for the two positions, let Reg or Barry know.

Regarding the position of President, **Barry** also has some thoughts on this matter. Next year, he would like to see the two Vice Presidents elected, **rotate with the position of President** in running the meetings during the year. We have 10 meetings per year, so the President would preside over 4 meetings and the Vice Presidents would preside over 3 each. This gives the two Vice Presidents experience in running meetings.

## Mr. Wayne Swan's M.P. Adelaide Visit

On the 30<sup>th</sup> June, Mr. Wayne Swan, M.P. Member for Lilly and the Labor Shadow Treasurer, made a flying visit to Adelaide and held a one hour meeting at the RSL Plympton Clubrooms. He spoke about his experiences with prostate cancer. Other speakers were Dr. Peter Sutherland, Dr. Carole Pinnock, Gary Bowes and Mr. Steve Georganas M.P., Labor Federal member for Hindmarsh who organized the meeting. (Thanks Steve!) About **60 members of the public attended**, including members of the various S.A. P/C Support Groups. We were able to hand out 100 or so of our brochures and Be-a-Man pamphlets at the meeting.

Wayne said that prostate cancer was a major issue and is the most common form of cancer in men, with 2,500 dying in Australia from it each year. More effective treatments are always being investigated and **considerable progress has been made over the past five years**, such as robotic assisted surgery, high and low dose brachytherapy, conformal x-ray radiotherapy and improved use of hormone therapy treatments. When men turn 50 years of age they have a one in ten risk of getting prostate cancer. If a father or brother has it, then risk is one in four.

The prostate is hormone sensitive, a bit like women's breast cancer. It is really important to go to your GP and have a PSA Blood test and a digital rectal examination if you are around 50, or earlier if you have any suspicions about your waterworks. An 8 or 10 needle biopsy is the only sure way of telling whether you have cancer or not. Thanks to the **Gordon Pickard Foundation and a few other generous individual donors, the Royal Adelaide Hospital is the only public hospital in Australia** that has a robotic machine which aids Urologists in performing prostatectomies. Wayne said that he would **like to place on record the huge effort**



Mr. Wayne Swan, Mr. Steve Georganas M.P., Labor, Dr. Peter Sutherland, Gary Bowes and Dr. Carole Pinnock

**put in by the former Minister for Health, Ms. Lea Stevens**, who moved mountains to get the robotic surgery and also modern brachytherapy and conformal X-ray machines into the hospital. If anyone wants to make donations towards further prostate cancer research, Wayne suggested donations to the Prostate Cancer Foundation of Australia, Box 1332, Lane Cove, NSW 1595, or the new Prostate S.A. organization C/o the Cancer Council SA., P.O. Box 929, Unley, SA.5061.

**He said that early detection of prostate cancer saved his life.** He was only 47 years of age at that stage and was told that he only had 7 to 10 years to live if he did not have early treatment. Wayne opted to have a prostatectomy and is going along pretty well. His father had died 10 years earlier because of prostate cancer and Wayne did not know at that time he was vulnerable. Even today, one of his four brothers is reluctant to being tested. Blokes are very pig headed about being tested

and this is just plain stupid! They fear prostate cancer because it may affect their future sexual performance. Well as he told someone recently, you can't have sex in a coffin! There is a real fear of the word "cancer" out in the community. **We find it is a big challenge to raise "Awareness"** and believes the Be-a-Man campaign is slowly re-addressing this. Unfortunately, **there is little Federal Government support in supplying funds to raise awareness about PSA testing, DRE tests, what treatments are available etc.** Would you believe that the PCFA, the governing body of nearly 70 Volunteer prostate cancer support groups throughout Australia, **cannot get one cent of Government money.** How deplorable is that?

There is a myth that many men die with prostate cancer, and not from it. Well the truth is that there have been far too many deaths due to prostate cancer in Australia, i.e. 2,500 per year. This is about the same as for breast cancer. We need more **"switched on" G.P's** out there in the community to help men with proper advice and PSA blood tests and DRE's. Remember that prostate cancer is curable if detected and treated early enough. Recently there was a big promotion for breast cancer by the Rugby League in Sydney who raised quite a sizable amount of \$\$\$\$\$\$. That's all very good indeed, **but what about a similar effort for men's prostate cancer?**

In closing, Wayne noted that the Chairman of the Cancer Council Australia, Professor Alan Coates, has just retired and was replaced by Professor Ian Olver from the Royal Adelaide Hospital. Wayne thought that Ian Olver will be more realistic and sympathetic to PSA testing for men than Professor Coates ever was. He said that he felt it was a good thing for men in

general that Professor Coates had retired.

Barry Oakley, our President, asked what support groups could do to get more Federal Government support? Wayne said he thought the best thing would be **to talk to their local Federal Members** about the problem. He said that Federal Bureaucracy was part of the problem. Artie Fergusson from the Onkaparinga P/C Support Group suggested that a **nation wide petition** be taken up highlighting the Government's in-action on men's health and calling on a massive increase in Federal funding on this matter. Wayne thought this was a good idea and will talk to Andrew Giles and the PCFA in Sydney about the suggestion. Steve Georganas asked what could be done to lessen the chance of one getting prostate cancer. Wayne guessed that Steve would throw up a curly question! His answer was, (1) Choose your father very carefully. (2) Alter your diet and lifestyle to a healthier one. (3) Give up smoking. (4) Reduce the amount of alcohol you drink. (5) Have more frequent medical check ups, and watch your blood pressure. (6) Eat more vegetables, salads and fruit. (7) Eat less red meat and less fat, but eat more fish and chicken. (8) Exercise regularly, but don't overdo it. **AND REMEMBER ANYTHING THAT IS GOOD FOR YOUR HEART IS GOOD FOR YOUR PROSTATE.** Take a note of the various heart diets that are kicking around. There could be one out there for you!

MANY THANKS TO STEVE GEORGANAS FOR ORGANIZING WAYNE SWAN'S ADELAIDE TALK ON PROSTATE CANCER. 

**Lecture by Dr. Raghu Gowda, Radiotherapy Department, Royal Adelaide Hospital.**

Notes by Reg Mayes.

Dr. Gowda told members that he had trained in England and had been in Adelaide for a couple of years. There is a world wide problem with prostate cancer and in the USA, nearly 250,000 men are diagnosed with it each year. In Australia, it is the most common of all cancers in men. With earlier PSA testing and modern medical techniques, the mortality rate has been dropping in recent years.

The prostate gland usually grows bigger in men aged from 40 years onwards. It is slightly larger than a walnut and makes about one third of the ejaculate fluid, the remainder produced by the seminal vesicles. Because of early diagnosis (most of which are related to PSA testing in asymptomatic men) most of the cancers are found to be contained within the capsule of the prostate gland.

In the management of prostate cancer, the Urologist / Radiation oncologist looks for certain things. These are the blood PSA level, the Gleason score, what does the prostate feels like in a digital rectal examination (hard and irregularity, lumpy or soft), the number of positive (ie cancer containing needle biopsies) and the percentage of these against the total biopsies taken. These days' 8 to 12 needle biopsies are usually taken and a local anaesthetic given. In determining the type of treatment to be given other factors which are considered are the patient's general health, the function of his urinary



system, and life expectancy.

Prostate cancer can be categorised into 3 different risk groups

- Low risk- PSA <10, T1-2a, Gleason score ≤6 – (should have all of these)
- Intermediate risk – PSA 10-20, Gleason score = 7, T2c (any one of these)
- High risk- T3 –T4, PSA > 20, Gleason score 8 – 10 (any one of these)

In the low risk group the PSA should be below 10, the Gleason score 6 or under, and the stage should be T1c – T2a.

The various treatment options are explained such as watching and waiting, conformal beam radiotherapy, brachytherapy, (both high dose and dose), radical prostatectomy and hormonal treatment. The patient cannot always have his preferred type of treatment as there are certain restrictions which may prevent this.

In the word brachytherapy, “brachy” means “close by”. In the radioactive seeds that are inserted into the prostate in this procedure, there is a very short transmission range of the radioactive particles with which high dose of radiation can be given to the cancer containing tissues and spare the surrounding normal organs (rectum).

With the low dose type of brachytherapy (suitable for low risk disease), the seeds are left in the prostate for ever which gradually lose radioactivity over time (usually 90% of activity lost by 6 months). There are usually from 85 to 100 seeds within 20 – 25 needles and it takes about 45 minutes to insert them into the prostate.

With the high dose brachytherapy (suitable for intermediate and selected high risk group), a single radioactive pellet (the size of grain of rice) attached to a long steel wire cable in a special machine (microSelectron) is sent into plastic needles inserted into the prostate (about 16 – 20). This gives out radiation at predetermined times within the prostate at steps while being retracted back into the microSelectron. Since this gives out a large amount of radiation within a short time it is called high dose rate. Patients may 2 – 3 treatments with 6 – 8 hours interval.

For low dose treatment, men must have a PSA of under 10, a Gleason score of six or under and the volume of the prostate should be less than 50cc. They should have a good flow of urine, and not have had a TURP operation or a hip replacement. (*Another Urologist told us that if you can't pee before having a brachytherapy operation, you won't be able to pee afterwards. – Reg.*) There is a good outcome with low dose brachytherapy. 85% of patients will have long term control over their cancer. Some men will suffer a burning sensation when urinating. This may only last a few weeks or so and can be controlled by medication and the use of substances like “Ural” and “Citrasweet Powders”. In other cases, it could last for much longer periods. In other instances men may have trouble in urinating, particularly in starting the flow. When this happens it is best to take regular doses of “Flomaxtra”, but this can cost up to \$120 per month (for two tablets per day) as it is not on the PBS scheme.

The big advantage with both types of brachytherapy is the short stay in hospital. With low dose, the man could be discharged the same day or early the next day. Most have catheter removed same day or after the second treatment in case of HDR treatment. With the high dose, he is usually discharged after two days. After 5 days the man can return to work. The difficulty in passing water is due to the prostate swelling up and squeezing the urethra. After 3 weeks he may notice painful ejaculations for a time. It is recommended that men refrain from having sex for at least 2 weeks after



High dose rate machine (microSelectron)

either of the above procedures- if doing so to use condoms. Do not cuddle pregnant women for two months if you have low dose brachytherapy as the radioactivity could affect the foetus. (*I take it that this means no sex for two months in those cases – Reg.*) One other point is that brachytherapy does not guarantee against fertility.

Dr. Gowda said that the longest time one of his patients had to use a catheter every day, was for three months. In a recent study in the USA the following side effects (following seed brachytherapy) which looked into all published results on side effects after seed brachytherapy the following were noted:- Urinary retention occurred in less than 5% of 26 studies, Incontinence was less than 3% in 17 studies, Impotence was less than 25% in 19 studies, Rectal problems occurred in less than 5% of 19 studies, Urethral stricture was about 3% in 7 studies and the passing of blood in the urine was noticed in about 3% of 5 studies.

It is thought that in future one in two patients in the USA will opt for brachytherapy treatment as opposed to other forms of treatment. In Australia at the present time, 7% of patients opt for brachytherapy. The big advantage is that higher doses of radiotherapy can be concentrated into the prostate as compared with conformal X- ray treatment and you are in and out of hospital in one or two days. With conformal X-ray treatment you are tied up with daily sessions of radiotherapy for 37 days. (*Don't I know it? – Reg.*) It is far less invasive than a prostatectomy. With the latter operation, you could be hospitalized for 5 to 7 days, and could be away from work for at least 4 weeks.

The doctor illustrated his lecture with an excellent PowerPoint presentation which adequately showed the exact procedures for both types of brachytherapy now being done at the Royal Adelaide Hospital. At the moment the R.A.H. has secured funding for 26 patients to undergo the operation each twelve months, without cost, but with strict guidelines. This funding was made available by the State Government, without which each operation could cost up to \$16,000 although those who have private health cover can have treatment at the RAH without needing to pay any gap. Next year it is hoped that funding will be made available for 52 patients (negotiations still on).

Someone in the audience asked about “intensity modulated” procedures- this is a further form of external

radiation therapy which is more conformal – it is highly specialised and is available only in certain centres in Australia. It is not available in Adelaide and the machine and software costs about \$2,000,000. It is labour intensive to operate and takes at least 2 hours to outline the structure of the prostate and the surrounding structures and more number of hours to come up with an acceptable plan.

There are only eight places in Australia where high dose brachytherapy is carried out. We are lucky to have this facility in Adelaide. It can treat locally advanced prostate cancer and also TURP patients. There is no residual radiation left in the prostate after the treatment. The patient selection is any two of the following:- A PSA of between 10 and 20, A Gleason score of 7 - 8, and a T2c-T3b stage. Over a short

### **To Pee or not to Pee! That is the burning question.**

One of our members is having big trouble in passing water after having brachytherapy ten months ago. He is OK but has to take 2 Flomaxtra tablets per day, otherwise his waterworks clam up and he just can't pee. Well that can have very dangerous side effects to say the least.

This costs \$4.00 per day or \$120 per month because although you can only get the tablets on a doctor's prescription, they are not on the PBS scheme. You might say, well what about the Medicare "Safety net"? If you are a pensioner, this cuts in after you spend \$300 per year on medications and you might get some sort of a rebate. In our member's case, he is 59 and not on a pension. He therefore has to spend \$900 per year before any sort of rebate cuts in.

study period of from 5 to 6 years, the PSA control rate of patients undergoing High Dose Rate Brachytherapy has been 80 - 85%. This is considered to be very good.

With the high dose brachytherapy (suitable for intermediate and selected high risk group), a single radioactive pellet (the size of grain of rice) attached to a long steel wire cable in a special machine (microSelectron) is sent into plastic needles inserted into the prostate (about 16 – 20). This gives out radiation at predetermined times within the prostate at steps while being retracted back into the microSelectron. Since this gives out a large amount of radiation within a short time it is called high dose rate. Patients may have 2 – 3 treatments with 6 – 8 hours interval.

But here is another problem. Flomaxtra is regarded as a "private" medication and the rebate is either very small or none at all. It's all very weird indeed. I think that there is a case for Flomaxtra tablets to be placed on the PBS scheme and I will have a talk to our Federal MP mates Wayne Swan and Steve Georganas to take this matter up with the Minister for Health, Tony Abbott. Can you imagine Tony Abbott paying \$4 per day to have a few pees? And every day for months and months! "Not on your Nellie!"

By the way, our member has tried "Pressin 2" tablets to assist with peeing and which are on the PBS scheme but has not had any success with them. These cost \$4.70 for 100 compared with \$60 for 30 of the Flomaxtra.

### **Cancer Consumer Advocacy: An information evening**

The Cancer Council South Australia and the Health Consumers Alliance hosted a public forum on Thursday 20 July for people interested in cancer advocacy.



The Statewide Cancer Control Plan 2006 – 2009 discusses opportunities to improve cancer care by focussing more closely on the needs of people with cancer, their families and carers. One way of doing this is to bring together people who are interested in sharing the unique expertise that comes from a personal experience of cancer.

The forum aimed to increase awareness about consumer advocacy and gauge interest in establishing a Cancer Consumer Advocacy group in South Australia. Seventeen people who attended the forum will meet soon to decide how best to proceed in establishing the group.

An advocacy group provides a means for people who have or have had cancer, family members and carers to influence cancer care through speaking out about their experiences.

According to guest speaker, Mr Ian Roos, Chair of the Steering Committee of Cancer Voices, Victoria, "involved patients and consumers have better health outcomes and this is the case with cancer care".



Speakers Stephanie Newell and Ian Roos and MC Graeme Hall (photo by Chris Nolan)

"This leads to improved community wellbeing and the potential for savings on the health budget. That's why it's so important that the community is involved in consumer advocacy of this kind," said Mr Roos.

Anyone interested in joining the working group should contact the Cancer Council Helpline on 13 11 20.

Thanks to Kathriye Strassnick for the above words.

Cancer Voices NSW has a very interesting website, many past newsletters etc. <http://www.cancervoices.org.au>

Cancer Voices Victoria's website is still under construction, check:- <http://www.cancervoicesvic.org.au/>



## RAH Toolbox Meeting July 26<sup>th</sup> on Sleep

Presentation by Dr. Andrew Thornton, RAH Thoracic Medicine

Dr Thornton gave a very interesting lecture on July 26<sup>th</sup>. The topic was **“Sleep, an essential part of good health: the impact of poor sleep on how we feel in the daytime”**

Ian Fisk attended. Below are some notes on the doctor's lecture plus some information gathered from the many on line resources:-

Compared to 100 years ago, people sleep one hour less now. In 2000 71% of students were dissatisfied with sleep compared with 53% in 1988 and 24% in 1978

### **Sleepiness and Performance.**

A group of University Students were tested on computer tasks that simulated driving, after drinking alcohol and after sleep deprivation. The findings were:-

17 hours without sleep is equivalent to a 0.05 Blood Alcohol Count

24 hours without sleep is equivalent to a 0.10 Blood Alcohol Count

### **Sleepiness leads to “accidents”.**

It was noted that the Exxon Valdez oil spill in Alaska, Chernobyl, and 3 Mile Island where all events that happened in the small hours of the morning! Many vehicle accidents are caused by drivers falling asleep at the wheel.

### **The impact of sleep disorders**

8 million Australians are chronically sleep deprived.

1.2 million Australians experience sleep disorders, with costs of \$10.3 billion in 2004.

30-60% snore

5-20% have insomnia

4.-% have sleep apnea

30% of parents report sleep problems in children

These figures came from A report prepared by Access Economics Oct 2004 called “Wake-up Australia: The Value of Healthy Sleep” (which is available on the WWW)

Sleep disorders underlie signification percentages of:- work-related injuries, depression, motor vehicle accidents, diabetes, kidney diseases, heart disease and stroke.

### **Sleep apnea/apnoea.**

As part of the Power Point Presentation, a video was viewed showing the repetitive closing and opening of the airways with the relaxation of the tongue and then arousal from sleep. For people suffering from Sleep apnea, this can happen many hundreds of times during a night's “sleep”.

Some health effects of sleep apnea include:- increased blood pressure, increased risk of heart attack, increased risk of stroke, cognitive function and memory loss, learning and memory difficulties, chronic sleepiness and accidents.

Some signs and symptoms of sleep may include:- snoring, choking/gasping, restless sleep, night-time sweats, waking unrefreshed, waking with a headache and frequent toilet breaks.

Some Treatments discussed included 19<sup>th</sup> century “Snore Mute Jaw Muzzle” and attaching a round ball to the back

of a person's sleeping attire to prevent them sleeping on their back.

The best way to diagnose sleep apnea is for the patient to spend an evening in a sleep laboratory connected up to a multitude of sensors. Most of the metropolitan hospitals have sleep labs, but there is a long waiting list!

### **Treatment options (from Better Health Channel (part of the Dept of Human Services Victoria)**

“Treatment for sleep apnoea relies on changes to lifestyle, including losing weight and cutting down on alcohol.

Any contributing medical condition, such as low production of thyroid hormone, needs to be corrected. One treatment available is a mask worn at night that keeps the back of the throat open by forcing air through the nose. This is called ‘nasal continuous positive airway pressure’. However, many people with sleep apnoea find the mask not helpful or difficult to tolerate.

Another treatment is the use of a mouthguard which, when properly made, is effective for sleep apnoea up to 30 interruptions of breathing per hour. Mouthguards are also used in severe sleep apnoea if the person cannot tolerate the mask. They work by holding the jaw in a forced forward position.”

### **What is Continuous Positive Airway Pressure (CPAP)?**

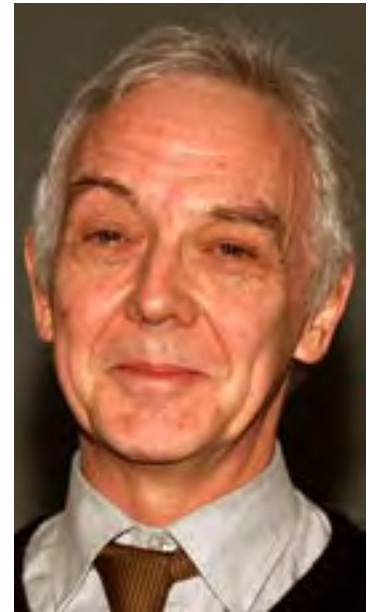
“One way to treat people who have sleep apnea is a continuous positive airway pressure (CPAP) device. A CPAP device has a mask, tubes and a fan. It uses air pressure to push your tongue forward and open your throat. This allows air to pass through your throat. It reduces snoring and prevents apnea disturbances.

You should put your CPAP device on whenever you sleep, even for naps. A CPAP device does not cure sleep apnea. But, when you use the device correctly, your sleep problems should get much better.” From <http://familydoctor.org/791.xml>

CPAP devices can cost well over \$1,000, some suggest that it is therefore best to try one out before purchasing one. As mentioned above “many people with sleep apnoea find the mask not helpful or difficult to tolerate.”

### **Snoring treatments!**

Several treatments were discussed including:- weight loss, avoiding sedatives, changing sleeping position, exercise, diet, mouth clamps. Dr Thornton did not believe that there was any proof that any of the many advertised herbal remedies worked. He was also unconvinced that surgery was a successful solution to apnea, though it may help in reducing some snoring.



Dr. Andrew Thornton



There is a multitude of information on the web on sleeping disorders, do a Google search!

The 2006 Royal Adelaide Hospital annual public seminar will be on November 1<sup>st</sup>, on Sleep Disorders, 7-9pm in the Robson Theatre, Eleanor Harrauld Building. Ph. 8222 5193

### Cancer Connect Volunteer Training

On Monday 31<sup>st</sup> July three members of the Adelaide Support group (John Francis, Jeff Roberts and Ian Fisk) attended a "Profession Training Day" at the Cancer Council Function room, 202 Greenhill Road Eastwood.

Several speakers gave presentations.

The first was **Sarah Lawton** from the Calvary Cancer Centre. Sarah is a social worker working 0.8 time but has a roster of trained volunteers.

The three hospitals became a part of Calvary Health Care Adelaide and as of May 26 2006:

- Calvary Wakefield Hospital: a 180 bed major high acuity medical and surgical facility in inner city Adelaide
- Calvary Central Districts Hospital: a 79 bed medical and surgical hospital in Elizabeth Vale in Adelaide's northern suburbs
- Calvary College Grove Rehabilitation Hospital: a 65 bed "state of the art" rehabilitation hospital at Walkerville in the inner north of Adelaide.

The existing Calvary Hospital in Adelaide, which was established by the Sisters of the Little Company of Mary in 1900, has been renamed Calvary North Adelaide Hospital.

Calvary also operates the Mary Potter Hospice. Admission to the hospice may be primarily for pain control and treatment of other symptoms, or for respite where home carers can be relieved of the responsibility of full time care for a period of time. A significant proportion of patients are able to return home.

Sarah told the group of many of her experiences with a variety of cases she has been involved with (names not given!).

### HOPE FOR CHOLESTEROL BENEFIT FROM COOKED TOMATOES

The humble tomato is currently under examination in the prevention of cardiovascular disease. Researchers at Liverpool John Moores University are investigating the health-giving properties of cooked tomatoes, which contain a substance called lycopene. The team believes lycopene may help reduce high cholesterol, a major risk factor for coronary heart disease.

Cholesterol is transported in human blood by carriers called lipoproteins, of which low-density lipoprotein (LDL) and high-density lipoprotein (HDL) are the most important. Too much LDL cholesterol in the blood can slowly build up on the walls of the arteries to the heart and brain. Together with other substances it can form a hard deposit that can clog these arteries – known as atherosclerosis. Lycopene and other carotenoids are incorporated into lipoproteins in the bloodstream. Most are associated with LDLs, where they may act as antioxidants delaying the onset of atherosclerosis. The team believes that lycopene could play a vital role in preventing atherosclerosis by stopping the lipoproteins

The Next Tool Box Meeting at the RAH is on 6<sup>th</sup> September. The topic is "Fatherhood: being a dad/grandparent/step dad - trying to balance career/work/family & social life" by Steve Sheehy, the Fatherhood Support Project W&CH (Woman's and Children's Hospital).

**Debbie Ball** and **Barbara Hancock** with the The Cancer Council Counselling Service then spoke on survivorship issues. Previous newsletters have mentioned this Counselling service. It was good to hear more about it from the people giving the service.

"The Cancer Counselling Service provides a free counselling service to people affected by cancer, their family and carers. It is particularly designed to meet the needs of people who have difficulty accessing support that relates to their cancer experience." From their brochure.

The service is available to all by calling The Cancer Council Helpline 13 11 20 Monday-Friday 8.30 am-5.30 pm.

After a pleasant meal break (lots of healthy food!) Chris Hygonnet spoke on Cancer Connect Practice and Performance and Case studies from calls in 2006.

The "Professional Development Day" was very successful, the smaller room and all sitting around in a circle of chairs proved to be a great setup. Thanks to Chris Hygonnet and Kathriye Strassnick for organizing the event.

#### Cancer Connect

"The Cancer Council's Cancer Connect Program offers people with cancer and their partners/ carers an opportunity to talk with someone who has had a similar experience." From The Cancer Council SA website.

More volunteers are always welcome, give the Cancer Helpline a call on 13 11 20.

Their website has recently been revamped, have a look at <http://www.cancersa.org.au>

from becoming oxidized. The oxidation of low-density lipoproteins can lead to "fatty streaks" being deposited in the arteries. However, for the lycopene to become available to the human body, tomatoes must be cooked, preferably in some form of oil. The researchers will investigate which are the most effective cooking methods in terms of maximizing lycopene availability. They already recommend that one portion of fruit and vegetables consumed each day should be cooked tomatoes.

The research is supported by a recent 420,000 Euro award from the European Union. It forms part of a major initiative involving experts from fifteen institutions in six different European countries. The ways in which smoking affects the body's ability to harness the benefits of lycopene will also be examined. (*El-Agamey, A, et al. Carotenoid radical chemistry and antioxidant/pro-oxidant properties. Archives of Biochemistry and Biophysics, Vol. 430, October 1, 2004, pp37-48. From International Health News, June 2006, p2)*

## Our Program for the Rest of This Year

The following is a **list of our remaining lecturers** and the dates for our meetings for the rest of this year. We still have to work out a suitable date for our **popular Xmas barbecue** for sometime during November. We will let you know about this later.

Monday 28.8.06 - Talk by **Dr. Graham Lyons** on diets to beat prostate cancer and the latest on selenium. There will also be a short general discussion amongst members. We will screen a short video on breast cancer in men and the value of peanuts in our diet.

Monday 18.9.06 - Lecture on the various aspects of Prostate Cancer by **Dr. Denby Steele** (Urologist). This lecture will most likely be accompanied with a PowerPoint presentation.

Monday 16.10.06 - Talk by a speaker from the **Council of the Ageing (COTA)**. The subject will be their popular

**“Beyond Maturity Blues”**. We don't know the speaker's name at present, but we are quite sure this lecture will interest everyone over the age of 55 years. This will be the first time that we have had a speaker from COTA.

Monday 20.11.06 - Lecture by **Professor Villis Marshall**, Clinical Director of Surgical Specialties, Royal Adelaide Hospital. The Professor will give us a general up-date on prostate cancer, the latest on Prostate SA and will take questions from our members. We also hope to have the **Minister for Health, the Hon. John Hill, M.P.** give us a short talk at this meeting if he is available.

Please note:-There are no meetings or Newsletters during December and January. The Annual General Meeting and the Election of Officers takes place in February '07. The actual date will be advised later.

## STOP PRESS - NEW POMEGRANATE JUICE SOURCE

There is a new concentrated pomegranate juice now available in Australia. Processed in the USA from organically grown fruit, the colour is a deep claret with a pleasant taste (not sour or bitter, but a bit like cranberry juice) and is 100% premium quality pomegranate juice. The manufacturer recommends reconstituting with one part juice to 5 parts water. A 473ml bottle will make 2.84 litres when reconstituted and costs \$20 per bottle, plus \$9.50 postage and packaging. For 2 to 3 bottles, the postage is \$11, which is more economical. Therefore 12 days consumption costs \$1.66 per day (excluding postages).

It is loaded with anti-oxidants and isoflavens similar to red wine. Keith says it helps him with his peeing (he suffers from an enlarged prostate), and strangely enough, it helps easing his arthritic pains in his joints.

*(Whether it will reduce your PSA blood levels, remains to be seen! – Reg)* If interested, e-mail Keith at keithcoombe@bigpond.com. Payment can be made by PayPal, bank transfer, cheque or Post Office money order. *(If you have difficulty in peeing, anything is worth a try - Reg)*

## Prostate Cancer Action Group SA Inc AGM

The action group will be holding its Annual General Meeting at the Mitcham Library at 5:30 pm on Aug 9<sup>th</sup>. All positions will be declared vacant. (Chairman, Secretary, Treasurer and committee members). The present Chairman, Jeff Roberts will not be standing for re-election.

If interested in any of the office bearer positions or becoming a committee member, please ring Jeff Roberts on 8277-3424 and come along to the AGM.

For those not aware of the group, it is “A group of people concerned with prostate cancer issues who meet monthly to plan services for people with prostate cancer and increase

community awareness of prostate cancer.”

Since 2001 the group has run 16 awareness meetings from Port Lincoln to Mount Gambier. See Page 1 for the next evening details at Clare. Check their website at:- <http://www.pcagsa.org.au> for more information.

Now that the Cancer Council building renovations are all but complete, the meeting place from September will again be 202 Greenhill Road, Eastwood

Our page, and those of the other SA support groups are all actually sub pages of their website.

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

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

*This Newsletter was compiled and typed by Reg Mayes (plus some by Ian Fisk). Ian Fisk, Jeff Roberts Paul Ferrett, Amy and Reg Mayes folded and posted the Newsletter. After re-arranging news items on his computer and supplying most of the photographs, Ian printed the master copy. Pam Fisk proof read the Newsletter. 325 copies were distributed. We would like to thank the Cancer Council South Australia for providing their support and particularly Chris Nolan 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 videos or tapes distributed to members. Medical Advice should be obtained from your Doctor.*