

P.S.A. NEWSLETTER

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NEWSLETTER NO. 73

**October 2006 Newsletter including a report on the October Meeting
held at the Burnside Hospital on 16.10. 06. Thank you to our sponsors:**

**The Burnside War Memorial Hospital, the Federal Government's Cancer Support Groups
Grant Program and the State Funded Volunteer's Support Fund.**

**Our next meeting will be held on Monday 20th November when our guest speaker will be
Professor Villis Marshall, Clinical Director of Surgical Specialities, R.A.H. Roll up!**

Chair: Barry Oakley

Members present 31

Before commencing the meeting, Reg and Ian screened an interesting video dealing with selenium in wheat, flour and bread. In the video, Dr. Graham Lyons spoke of the benefits of having selenium in one's diet. Should any member be interested in obtaining the "Bio-Max" bread containing selenium, this is available in some super markets and the Health Food shop near Woolworths at the Marion Westfield Shopping Centre. The Health Food shop charges about \$4.60 per loaf and get their supplies in on Tuesdays. It may pay to order!

Apologies: Jeff and Theban, Brian, Pam and Ross, Elfriede and Erich, Paul, John and Joe.

New Members: James. (Welcome James).

SCOOP! NEWS FLASH! A ONE MILLION DOLLAR DONATION!

At the recent Support and Advocacy Committee's Annual Conference in Sydney, the C.E.O. of the PCFA, Mr. Andrew Giles, announced that the Director of Visey Board Ltd., Mr. Richard Pratt, pledged one million dollars to the PCFA over the next 3 years. This money will be used for prostate cancer research via the PCFA. Also, the BHP-Billiton Chairman, Mr. Don Argus, announced through its Community Fund, that they have donated \$100,000 to the PCFA, to fund the First National Audit of Prostate Cancer Research in Australia. Mr. Argus is also the Chairman of the PCFA Corporate Funding Committee. Well, that is very good news indeed. Many thanks to those firms for their kind generosity. The money will be well spent!

Public Awareness Evening – Mt. Barker:

This will be held from 7pm to 9.30pm at the **Mt. Barker Bowling Club (Mann St.) on Wed. 15th November.** The evening is being sponsored by the Freemasons of Mt. Barker, Hahndorf, Stirling and Blackwood with the assistance of the Adelaide Hills Community Service and the Cancer Council SA and conducted by the Prostate Cancer Action Group (SA) Inc. The speakers will be **Dr. Christopher Switajewski** (an overview of prostate cancer), **Dr. Graham Lyons** (diet and prostate cancer) and also a number of prostate cancer survivors will talk about their experiences. If you would like to come along, please register your interest with the Adelaide Hills Community Health Service, on Ph. **8393 1833.** Everyone is welcome to attend!

"Taxotere" Petition to the Minister for Health:

The Ballarat Prostate Cancer Support Group has sent us a petition for members to sign, urging the Minister for Health, the Hon. Tony Abbott, to place the drug "Taxotere" on the PBS Scheme for subsidizing medicines for men with advanced prostate cancer. It is already on the PBS for the treatment of breast cancer, lung and ovarian cancers, but not for prostate cancer. At present it costs men about \$2,000 per treatment for using this drug and up to \$50,000 for prolonged treatment. Who has got this sort of money? All our 31 members signed the petition at our meeting and Reg has posted it onto the Ballarat P/C Support Group for further action by them. Dr. Bob Such MP for Fisher, has also sent the Minister a letter urging him to place the drug onto the PBS. Thanks Bob!

The Classic Car Rally for 2006

This event will be held from 15th to 19th November and **ProstateSA** has been named as the main community organization to benefit. ProstateSA is looking for **10 to 15 volunteers** to raise funds with cash tins along the various routes over the 5 days event and also to help cook sausages for BBQ's and help with various tasks on the final night on the 19th. **Funds raised will go to ProstateSA projects.** If

you are interested, **please ring Brent Frewen at the Cancer Council on 8291 4111** for further particulars, and to find out how you can best be of assistance. Ian Fisk, Jeff Roberts and Barry Ferris have already volunteered. Thanks guys!

Check:

<http://www.classicadelaide.com.au> and

<http://www.prostatesa.org.au>



Federal Government money being spent on Breast Cancer - So what about Ovarian & Prostate Cancer?

In a report in "The Advertiser" dated 20.10.06 (on page 17), **South Australian Senator Jeannie Ferris**, said that **Breast Cancer Groups had received \$34.5 million in Federal funding over the past 10 years**, while Ovarian Cancer Groups had only received \$800,000 over the same period. Over 4,000 women were diagnosed with gynaecological cancers in 2001. They included cervical and ovarian cancers, cancer of the uterus, fallopian tube, vulva, vagina and placenta cancers.

10,000 men in Australia are diagnosed with prostate cancer each year and approx. 2,700 die from the disease.

These statistics are about the same for breast cancer in women. We are thinking about writing to Senator Ferris to try and find out **how much Federal Government funding was made available for prostate cancer groups** over the last 10 years to compare it with the funding given to women's breast cancer groups. My guess is that it wouldn't exceed **10% i.e. about \$3.45 million**. What we would like to know is, if this is the case, why such a huge difference and when are men going to catch up with women in regards to Federal Government expenditure? Jeannie (who is a sufferer of ovarian cancer) may be able to find something out for us. If so, we will let you know in a later Newsletter.



The Freemason's Art Exhibition

We would like to **thank all our volunteers (25 of them)** who attended this exhibition and handed out our brochures and other literature and spoke to members of the general public. Ray Nicholson has advised us that the Freemasons' **raised \$10,000 from the exhibition** and this money will go towards prostate cancer research projects in S.A. and the Cancer Care Centre at Unley. The morning sessions were a bit "light on", but plenty of our pamphlets were handed out during the afternoon sessions and quite a few people came up to our stand and spoke to members. **We also made some valuable contacts with other organizations that were at the exhibition.** Well done all! Incidentally we handed 500 of our brochures to Freemason members to distribute at their

numerous "**No more Secrets**" public awareness men's health seminars that they are conducting throughout S.A. (and the other states) during October and November. **It is planned to hold 900 men's health seminars throughout Australia and New Zealand sponsored by the Freemasons, Beyond Blue and Andrology Australia with support from Smorgon Steel and the PCFA – What a fantastic effort!** Please visit <http://www.menshealth.org.au> They are holding their **last seminar at 7pm on 21.11.06 at 111 Hutt St, Adelaide, at the Naval Military and Airforce Club.** Everyone welcome! A full list of the Freemasons' seminars conducted in S.A. during October was published in our last Newsletter.



STOP PRESS! STOP PRESS! Our Christmas BBQ

Don't forget our popular **Annual Christmas BBQ** to be held at Graham Lyons' **Chapel Hill property near Echunga on Sunday 12th November** between 12 Noon and 4.30pm. You can bring along a friend if you like. Also bring your own chops, sausages, prawns, drinks, chairs and tables etc plus a salad which will be pooled with others. **There will be plenty**

of fun – free raffles and Xmas cake and more. Has anyone got any jokes, puzzles, etc they would like to share? Bring them along as well. To find out how to get to the property, please see our map on page 10 of this Newsletter. You had better bring the map along with you as you will never find the property without it. See you there! Thanks Graham!



The Treasurer's Report

Since our last meeting we have received the following donations:- John (\$20), Pam and Ross (\$50), Keith and Joy (\$20), - a total of \$90. Thanks all! We have also received a cheque for \$846.60 from the Federal Government's Cancer

Support Groups Grant Program. This covered some of our expenses for 3 months from July to September. Without the Federal Grant money, we would be sunk!



Reg receives Another Award

Kate Ellis, MP for Adelaide, awarded Reg a certificate during a National Day for Older Australians. Reg and Amy were invited to the RSL Clubroom at Walkerville on 25th Oct to receive the Certificate in recognition of his voluntary service to the PSA Adelaide Group over the last 8 years. About 30 other older Australians also received certificates for their voluntary efforts in various fields. Gary Bowes said "Well done Reg, you deserve it!"



The Support and Advocacy Committee

Gary Bowes, Chairman of the Association, and a delegate, gave a talk regarding his recent visit to Sydney on 3rd to 5th October, to attend **the Annual Conference of the Support and Advocacy Committee and the Australian Prostate Cancer Collaboration Committee (A.P.C.C) meetings.**

Trevor Hunt went along representing **the Prostate Cancer Action Group (SA) Inc.**, and **Jeff Roberts** was invited to attend as an observer. We expect to receive the minutes of the S.A.C. meeting within the next few weeks and will publish highlights from the meeting in our next Newsletter.

The Men's Health Appointment Diary

The Association of Prostate Cancer Support Groups (SA) Inc. has printed **250 copies** of the diary brochures and **250 copies** of a large printed envelope to hold about **10 different men's health pamphlets.** We have collected 2,500 appropriate pamphlets from various sources and are ready to go with the project. However, we have struck a snag with the **Men's Prostate Cancer Donor Tissue Form** and this has to be temporarily withdrawn due to a legal technicality. We have had to re-print 250 large envelopes and hope to have the project up and running in various hospitals and

Urologists offices **during November.** We will use the first lot of envelopes containing the donor tissue form next year, so they won't be wasted. The whole idea of the project is to **make men more aware of what assistance is available to them out in the community when they are diagnosed with prostate cancer and have their first treatment.** The diary, 10 pamphlets and large printed envelope will be known as "**The Prostate Support Information Kit**". It is an experimental project by the Association. **We hope it will be a success!**

Book Review – "Foods that Fight Cancer" by Richard Beliveau

We have just bought a new \$35 book for our library titled "**Foods that Fight Cancer**". **John Mayes**, our Research Librarian, has been good enough to compile a review of this book for our readers, and this is repeated hereunder:-

'Foods that Fight Cancer - Preventing and Treating Cancer through Diet.'

By Richard Beliveau Ph.D. & Denis Gingras Ph.D. Allen & Unwin, Aust. 2006.

The above book has just been added to our Library and placed in our 'high demand' one month loan category. Depending on response, we may need to acquire further copies. Beliveau and Gingras are members of a Research Team working at the Molecular Medicine Laboratory of the Sainte-Justine Hospital Research Centre at the University of Quebec at Montreal. The book was first published in French in 2005 so for it to appear in English in 2006 is certainly suggestive of the quality and 'weight' of the book. Usually only the very good books get translated as quickly as this.

The first Preface to the book is by the President and Medical Director of The Angiogenesis Foundation Cambridge, Massachusetts, USA. He presents what the book is about very well so I quote - the authors, "both internationally renowned cancer researchers, bring forth the cutting-edge scientific facts about diet in a remarkable, easy to understand way designed for all audiences. They authoritatively discuss the history behind foods, spices, and beverages, such as green tea, turmeric, berries, and even chocolate, taking the reader on a journey from the past to the scientific present of dietary knowledge. Their focus is on cancer, and their discussion includes suggestions on how dietary factors may be rationally incorporated in daily living with the goal of cancer prevention and disease suppression. The authors combine their decades of scientific research experience to explain how genetic and cellular forces conspire to cause cancer and enable its spread throughout the body as metastases. Then, they describe how substances naturally present in foods possess the biochemical

ability to prevent, thwart, and reverse cancer-promoting mechanisms in the body. In particular this book is the first to discuss how tumour angiogenesis, the growth of new blood vessels that feed cancer cells, may be inhibited by dietary factors." This book brings home the reality that eating is not an act devoid of consequences, in fact it is without doubt the simplest, most basic and natural way to actively arm oneself against cancer.

There is very little that is questionable in the book, however there is one exception, some tables on pages 22-23 showing incidence of cancer as a function of primary location. The huge discrepancy shown between data for Prostate and Breast Cancer from a 1981 source, either illustrates what many of us have believed for some time, that Prostate Cancer was not even really on the historical epidemiologists 'radar', or there is now a much higher rate of accurate diagnosis, or there has been somehow, a dramatic increase of CaP between 1981 and today. Figures for Australia and North America today indicate figures for diagnosis and death from Prostate Cancer and Breast Cancer to be very similar. Data much closer to present day figures do appear later in the book.

Reading the book immediately triggered two changes in my own dietary behaviour. I now make sure that all cruciferous foods such as broccoli are quite under-cooked so that they are chewy. Readers of the excellent chapter dealing with this, will I suspect do the same. I also consume pepper when I consume turmeric. Every morning I consume almost 7 grams of turmeric, now I also consume a half teaspoonful of freshly ground black pepper. Evidently the curcumin from the turmeric has only a relatively low level of bio-availability however the piperine from the pepper will enhance the bio-availability of the curcumin by a factor of 1000. Various synergies are discussed as a guide to eating. For example the concurrent consumption of green tea polyphenols and curcumin from turmeric, enhances the cancer killing aspects of compounds from both. There are many quite practical hints that one can 'pick-up' from this book. Certainly the authors

do stress the importance of using the whole herb, vegetable or fruit, rather than some pharmaceutically isolated compound from the food, largely because of synergies operating among the huge range of compounds within the foods that not only enhance their metabolic activity when eaten, but also tend to

moderate the activity of fairly potent compounds so that for example a beneficial antioxidant effect, is not readily changed to that of a damaging oxidant. On the whole it is a book full of important, useful information. Very highly recommended.

John Mayes Resource Librarian.



Cancer Voices SA

Cancer Voices SA has recently been formed to make sure the concerns of people affected by cancer are well represented at all levels. For further information about **Cancer Voices SA**, please check out the Cancer Council SA web site at:-

<http://www.cancersa.org.au> or write to them at **P.O. Box 929 Unley, SA.5061.**

The organisers hope to have Cancer Voices SA up and running by early '07.



More Gobbledegook and all that! Yeah, it doesn't have much to do with Prostate Cancer!

Carrying on a bit from our Gobbledegook article in our last Newsletter, I noticed that the **Prime Minister John Howard** wants migrants to learn English and pass an entrance exam before they are allowed into Australia. **Wouldn't it be better to pay for their English lessons after they arrive here?** The Government used to do this, **but I think they cut it out. Why? We want their overseas skills first and also an increase in our population.** It seems strange to me that **we would stop highly qualified people such as nuclear scientists and skilled engineers etc** from coming here just because they can't speak English when they first set foot in Australia. They will soon learn! **Also does a plumber have to know English to fix a tap? I thought we were looking to increase our population and in particular, skilled artisans, as soon as possible. How many Europeans and foreign migrants from other countries knew English when they first came to Australia to build the mighty Snowy River Scheme? Practically none, I'd say! There were**

thousands of them! Are these migrants, their children and grandchildren now good Australian citizens? Of course they are! I rest my case!

On the other hand and with second thoughts, **it may be a good idea to have them learn English before they arrive here.** For example, the following sentence from a **highly respected** Internet Company **UK 2 Net** could be used as one of the questions for a migrant to decipher. It won a gobbledegook **"British Plain English Campaign Award"** for an e-mail sent to one of the company's customers. It says, "Your e-mail **did not reach a humanoid!** It only reached **replicant level One.** E-mails arriving from here are spooled for automatic checking and **will not be read by humanoids.**" Well that's pretty clear isn't it? I think if a foreign migrant, on arriving in Australia, can correctly interpret that sentence, **they should be given 100 entry points straight away and allowed to become an Australian citizen within 3 months.**



Talk by Alan James on oestrogen patches

Alan James, one of our members, gave his second talk dealing with **his continued treatment using oestrogen patches.** We have repeated extracts from his talk here:- A friend told Alan that he must keep fighting this (the prostate cancer) disease. Alan decided to consult his son, Andrew, who works at the Australian National University, Canberra. Andrew suggested that they search the **"PubMed"** web site for the latest publications on prostate cancer. They discovered an experimental treatment **giving 6 times the dose** of oestrogen that a doctor would dare give postmenopausal women for Hormone Replacement Therapy. The maximum dose for women is one transdermal patch delivering 100 micrograms of estradiol per day. **Alan is now wearing 7 of these.**

In 4 months his PSA level has dropped from 3.1 to 0.05, but he says that this may represent a refractory residue from which the cancer will rekindle as before. **The treatment has caused fluid retention which could lead to fatal deep vein thrombosis, but he is controlling this with frusemide diuretic** to keep his weight down to no more than it would be without fluid retention. Alan is hoping for the best! He said to a girl at his tailor's "Oestrogen makes you very happy". She replied gravely, "Yes, and vulnerable too!" (*Thanks Alan! If you are thinking about taking these oestrogen patches, please consult your GP first because of the side effects Alan has mentioned.- Reg.*)



Andrology Australia – Vanessa Fleming-Baillie

We have just learned that **Vanessa Fleming-Baillie from Andrology Australia**, resigned on 19th October and will be taking up a position in the **corporate world with an International Company**, but not associated with men's health matters at the moment. **Vanessa has been of immense help to our group** over many years with promptly sending us copies of their numerous booklets and quarterly magazines whenever we requested them. All members wish her every

success in the future and would like to thank her for her past efforts. Good luck, Vanessa! Our new contact with Andrology Australia will be **Cassy Bezeruk.**



Letter from the Minister for Health re closing of the Men's Information Centre

Here are some extracts from a letter dated 13.10.06 from the Minister for Health, the Hon. John Hill, in reply to Gary Bowes letter dated 28.8.06. (see page 7 of our August '06 Newsletter - Reg)

The Minister said that the Dept. of Health was left with no option but to cease funding services to the MISC after it had failed to meet its funding and service agreement with the Department over a number of years. One important

consideration to cease funding was the availability of alternative providers of these services for men. These services are Relationships Australia, Anglicare and the Wesley Uniting Mission. Various Community Health Centres, Mensline Australia and General Practitioners also provide similar services. To advise on the health service needs of men, the Dept. of Health has established a high level task force to fund programs and research into men's health. (signed) John Hill.

Dairy Food and Prostate Cancer – by John Mayes: (Part One.)

Following on from **John Mayes'** first article which appeared on Page 8 of our last Newsletter, John has written another two- part article on the subject. We are printing the **first part here, with the second part appearing in our November Newsletter.** (*Thanks John – Reg.*)

The problem with Dairy Products.

In last month's Newsletter I cautioned against being too easily swayed by Newspaper Reports casting doubt on any suggestion that there is a problem with the consumption of Dairy Products and the incidence of Prostate Cancer. Obviously if there is any possibility of an association between consumption of Dairy Products and incidence of Prostate Cancer, then there will be even more of a problem for men diagnosed with CaP who continue to consume Dairy Products. Clearly any suggestion that consumption of Dairy Products may not necessarily be healthy will get quite a hostile reaction. This is not at all surprising as consuming Dairy Products is a dietary habit not only hallowed by custom and time, but behind it lies a profitable Industry that naturally will want to keep those profits rolling in. I've heard people say "What would I eat? Most of my protein comes from dairy food." This anguish I can relate to quite well as I myself really love the taste and textures of a wide variety of cheeses and I enjoy yoghurt. On the other hand, I want to 'fight the little bastards', my CaP, not provide them with extra growth factors and a helpful environment of depleted vitamin D, hence I now get my protein mostly from other sources.

It seems to me that critical concerns regarding dairy consumption can be placed in three categories. The first is the least controversial as it relates to the high level of saturated fats in most dairy foods. These days it would be hard to find an 'expert' who would argue against a connection between high saturated fat intake and CaP as well as a range of other diseases. Obviously one can resort to skim milk or better still substitute soy milk, eat unsweetened low fat natural yoghurt or consume very low fat cheese. I actually consume very small quantities of all of these, however I take other steps in my diet to counter any harmful effects from my very small dairy consumption. Obviously the high saturated fat concern also applies to the consumption of meat - hence the warnings to consume less - especially red meat.

Because this is a Newsletter and citing of references to various research papers backing what I am now going to write would extend very greatly the length of this article, they

are not cited, however if anyone wishes to take issue with anything, I'm quite happy to provide the references.

The second critical concern is the claim that a high calcium intake either from Dairy foods or supplements is related to a higher rate of CaP. There is some controversy and conflicting reports on this issue. In many of the studies, as is often in the case in dietary studies, it is very difficult to control for a wide range of variables that can easily skew any result. Obviously the higher propensity for osteoporosis [thinning of the skeleton] as we age seems to suggest that we cannot neglect the need for an adequate calcium intake. If one is unfortunate enough to be on some sort of 'hormone blockade,' then the problem of osteoporosis becomes even more acute. Clearly the difficult question is what constitutes an adequate calcium intake. The studies that show a very clear relationship between high rates of CaP and high intakes of calcium from Dairy food or anything else, also tend to be looking at populations that also have a high animal protein intake [probably inevitable if one has a high dairy intake but this would also include meat]. They also often look at populations that eat very little fruit. When studies look at populations that tend to have a relatively high Dairy intake but also seem to eat a lot of fruit, the relationship between high dairy/calcium intake and Prostate Cancer is nowhere near so clearly indicated. What is going on ?

It is interesting that osteoporosis rates are lower in societies where people eat few, if any , Dairy products. This may be because they are high protein foods, and too much protein tends to leach calcium out of bones. For every gram of protein you eat, you lose 1 to 2mg. of calcium in your urine. For post-menopausal women for example, their protein calcium ratio is actually a stronger predictor of risk of bone fracture than calcium intake alone. I would not be surprised if the same applied to men on hormone blockade.

OK this relates to osteoporosis but how does it relate to Prostate cancer? We know that a high circulating level of the useable biologically active form of Vitamin D, [Cholecalciferol] or Vitamin D3 in the body, is known to inhibit formation of cancer in the prostate. We also know that eating a diet high in meat and milk and low in fruit reduces the level of this anti-prostate cancer vitamin. The high intakes of calcium and phosphorus largely from Dairy products, lowers circulating Vitamin D3 and sulphur containing amino acids from animal protein lowers blood pH, which also suppresses this bio-logically active Vitamin D production.

Interestingly, eating lots of fruit can reverse or modify this process as it stimulates the body to make more of the active form of Vitamin D. An intake of dietary fructose from fruit can reduce plasma phosphate levels by 30 to 50% for more than 3 hours.

Obviously one can take Vitamin D supplements [as I do] and ensure that one gets sufficient ultra-violet exposure to the sun each day to trigger ones body's production of the active form of Vitamin D and you can ensure that you eat a fair bit of fruit throughout the day, [remember you want those plasma phosphate levels to be kept low]. Finally of course, either dramatically reduce your intake of Dairy food or eliminate it from your diet completely. You should be aware that excessive ingestion of Vitamin D supplements can be dangerous, more is not necessarily better. If you are uncertain consult your Doctor or rely on diet and Ultra Violet B exposure as a means of naturally generating active Vitamin D3.

The third critical issue regarding Dairy products is perhaps the most hotly contested issue of all as it relates to the level of peptides and growth stimulating hormones etc. that can be found in Dairy products. A multi-million dollar Industry is at stake here. Perhaps the most important ingredient in milk and dairy products as it relates to Cancer and CaP is that of IGF-1 or insulin like growth factor-1. There are significant amounts in milk as nature designed milk to nourish baby animals that need to grow fast. IGF-1 does appear in human milk but in considerably lower concentrations because human babies are not genetically programmed to grow as fast as calves or young goats for example. This starts to delineate the essence of the problem. IGF-1 is a natural product that is produced in our bodies as needed. It operates in a number of ways mostly as an autocrine hormone, or as a paracrine hormone. It can be made by many cells and organs in our body as needed, however a delicate balance needs to be maintained. Usually as we age the levels of naturally produced IGF-1 in our bodies tend to lessen. Artificially introducing large amounts of IGF-1 into our bodies when we don't need them to stimulate rapid growth of cells, basically is asking for trouble. It upsets the normal balance. [Incidentally IGF-1 from cows is to all intents and purposes identical to human produced IGF-1]. One interesting detail is that Dairy products tend to get more difficult to digest as we age; many of us tend to become lactose intolerant as we age - nature's way, perhaps of telling us that milk is for babies. In fact, worldwide it is estimated that 70% of people cannot digest dairy products.

The Dairy Industry response not un-surprisingly is to

claim that there cannot be a problem with IGF-1 as it does not pass the intestinal barrier. It is broken down by digestive enzymes. This is at best a half truth. A study of nurses from Harvard and Brigham and Womens Hospital notes that serum IGF-1 levels are higher in women who drink a lot of milk. An American Dietetic Association study is significant. It was a controlled study where the diets were iso-caloric (e.g. same calorie intake) and where consumption of 3 glasses of milk per day increased serum IGF-1 levels by about 10% compared to those who did not drink milk. The iso-caloric point is important as it is known that a larger calorie intake is associated with increased IGF-1 secretion.

A Japanese study in 1997 using radioactive IGF-1 fed to mice found that 9% of IGF-1 fed to mice survived digestion and could be pulled intact out of the blood stream and that this figure increased to 67% when the IGF-1 was fed along with casein (the major milk protein) (Kimura et al , 1997). This provides powerful circumstantial evidence that IGF-1 from dairy products can increase serum IGF-1 levels.

With this in mind one can proceed to the question of why the fuss? In one sense, logic is not on the side of those who argue that IGF-1 does not pass the intestinal barrier. If one can look at the concentration of IGF-1 in human milk, cows milk and goat milk, the level of IGF-1 increases proportionally to the rate of growth typically found in each species. Why? Nature has got it right! The level of IGF-1 is consistent with the stimulus required for cells to divide quickly. Goat kids grow much faster than calves and certainly babies, so there is a higher concentration of IGF-1. The various species would not have survived if most of the IGF-1 in 'mothers' milk' did not pass the intestinal barrier of the young and was broken down by digestive processes. Nature intended the extra IGF-1 to get into the blood serum to stimulate cell division. Why would the various vested interests be so keen on arguing that IGF-1 is broken up by digestion and does not continue in complete form into the blood stream? If it is the same as IGF-1 produced by the human body, why use all sorts of pressures to deny that it can pass the intestinal barrier?

The answer to this interesting question is most revealing. See if you can guess the answer prior to the final and second instalment of this article in the next newsletter - 'The Problem with Dairy Products.'

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

The Onkaparinga P/C Support Group:

Their December meeting will be held on Sunday 2nd Please phone John Shields on 8382 6671 for further particulars. Everyone is welcome to attend!

Mitcham Support Group

Eighteen attended the October meeting. Two sessions from a DVD on the Men's Health Promotion Conference conducted by the PCFA in Melbourne on the 12th August were viewed, one by Professor Suzanne Steginga on "Coping with Cancer.

The Power of Shared Experience", and another by Professor Gary Wittert on "Prevention of Type 2 Diabetes". These were two of the many sessions on the three DVDs jointly purchased from the PCFA by several support groups. The DVD parts were shown using the Prostate Cancer Action Group projector and screen, the Adelaide Group PA and I Fisk's notebook computer!

The November meeting will feature a talk by Ms Jan Rowe, a nurse from the Repatriation General Hospital.

Lecture by Ms. Pat Graske, a Peer Educator from the Council of The Ageing (COTA). The subject of Pat's lecture is called "Beyond Maturity Blues" and deals mainly with depression in older people, the causes and effects and what can be done about it? **Notes made by Reg Mayes.**

In opening her lecture, Pat said that COTA has set up an educational program about depression and in particular, how it affects older people. Different health issues and physical changes occur as we get older and some of these changes may bring about depression. People on sleep medications are advised by COTA how to handle these drugs safely. The organization, "Beyond Blue" was set up a few years ago by the ex Premier of Victoria, Jeff Kennett, who was a sufferer of mental depression. This organization is doing a wonderful job out there in the community assisting people to overcome their mental problems.

"Clinical depression" usually stays with a person for about two weeks. One feels that they are losing touch with things. They feel sad, lonely, anxious, and angry and eventually become depressed. Pat handed around a questionnaire which listed a number of questions to be answered. Do you have depression? Tick the appropriate questions and introduce the subject to your doctor if your answers indicate that you may be suffering from depression. These questionnaires are available from COTA. Usually you will have to make a "double appointment" with your GP to have adequate time for this type of consultation.

There is about a 30% genetic link in your family if there is depression in your father or mother. Things to watch out for are personality changes, can't manage daily chores, and blame everyone else for their troubles except themselves. For example, blame the cleaning lady for stealing dusters from your house if they have been temporarily misplaced. Other things that can cause depression are a change in housing, loss of your job, over-eating, overuse of recreation drugs, various illnesses and a death in the family or a close friend. Even a birthday of a family member who has died may "trigger" depression. One million people in Australia suffer from it at any one time and for varying lengths of time. People have to take some responsibility for themselves and their actions, but will need some assistance. With "Clinical Depression" one in five people suffer at one stage or another. More are at risk if they have suffered from a stroke. Parkinson's disease and thyroid diseases can also bring on bouts of depression. Sometimes dementia is miss-diagnosed as depression. It has been found that bright sunlight can combat depression, to a certain degree, so make sure that you get your fair share of sunlight. Also it is a known fact that Vitamin D in sunlight is very good for one's health. New medications for mental illnesses are very effective and these days are not addictive as they once were. The worst mistake people can make is for them to stop taking their medication which has been prescribed for depression.

Women seem to become depressed more often than men. In treating the problem, doctors may order a brain scan and also take numerous blood tests. People often ask what's the difference between a "Psychologist" and a "Psychiatrist"? Well, a Psychologist will talk through your problems with you

over a number of "sessions". A Psychiatrist will talk to you as well as prescribing medications. A Psychologist is not allowed to prescribe medications for you.

Diets: Poor diets can often affect people mentally. They may need more vitamins and minerals in their diet plus folate, magnesium and zinc.

You can't go wrong with plenty of fresh fruit and vegetables in your diet. There are numerous diet health books around. *(For example, the CSIRO have just published the second and up-dated edition of their best selling book called "The CSIRO Total Wellbeing Diet". Also John Mayes has a number of very good diet books in our Library - Reg.)* COTA has a 'Fabulous Food Leaflet' available to help people with their diet and food problems if they can't get about to buy fresh food and vegetables from supermarkets. These recipes deal with tinned and dried food products and show how to prepare really appetising meals. COTA'S address is at the end of this article.

Sometimes depression has such an affect on people that they just cannot get out of bed in the mornings. This is what happened to Gary MacDonald. We try to guide these people into getting some form of help or consult their family doctor. If they don't want to talk to their own doctor about the problem then they should go to another doctor. COTA has a list of doctors who are quite willing to talk to anyone suffering from depression. Some very important and intelligent people have suffered from depression in the past. Sir Winston Churchill was known for his deep fits of depression. The recently retired Premier of W.A. stood down because of his depression. Sir Paul McCarthy is now consulting a psychiatrist because of his depression over his present divorce proceedings. Quite a few "perfectionists" suffer from "clinical depression" because they get extremely anxious if they can't get things "right". Men who lose their jobs (even through redundancies) become very depressed because they feel that they have lost their "status" as a bread-winner in the family. They become very withdrawn and lonely and don't know what to do with themselves.

Suicide rates are alarmingly high amongst elderly men and, in particular, amongst farmers in the rural community because the present drought and their financial position are having a detrimental affect on their mental capacity. Men with prostate cancer and who are going onto or having hormone therapy may become depressed. If this is the case, then take your partner with you along to your local GP and have a joint consultation about the problem. COTA have a couple of good "Beyond Blue" pamphlets called "Understanding Depression" and these can be mailed out to you on request.



Or you can telephone Beyond Blue's Lifeline's Just Ask on 1300 13 11 14

Depression is a serious illness that needs to be addressed properly and people should receive the appropriate medical treatment for it. Sometimes people will never admit that they are depressed. They are always tired, don't sleep too well and haven't got that "get up and go" feeling anymore. This could be leading to minor depression, or it may be due to some other medical condition. It's best to check it out with your GP. Listening to music and having pets around you are both good therapy treatments. The morning light sets our body clock going so have that morning tea out in the sunlight.

Medications: There are some medications that people take for other ailments that, in fact, can cause depression. If you are on them, you need to consult your GP if you notice any warning signs. These medications may need to be changed. Pain medications containing "codeine", a drug made from opiates, can cause you to have a depressed feeling. "Manic Depression" is something quite different from "clinical depression". Shock therapy treatment for this condition is not used like it once was. Early treatment for depression gives a much better result in helping you overcome the problem, but you will still need family help and community support. It is important to keep good pain relief medications to help reduce

depression. People living in isolated areas seem to suffer more than city people. It is very important that a correct diagnosis is made of your condition. An incorrect diagnosis will only worsen things for you and most likely will result in you receiving inappropriate medications

Finally, don't stay at home by yourself but get out and walk around your streets, parks or supermarket. Exercise is very necessary to get that "feel good" feeling back. Don't forget to take your dog for a walk every morning. At the completion of her lecture, Pat took a number of questions from members and also spoke privately to a few during supper time. Barry thanked her on behalf of all members for her timely and interesting lecture and handed her a large tin of choice biscuits.

COTA – Connecting Over 50's Throughout Australia

If you want to contact COTA for further information or for a trained speaker for one of your meetings, here are some addresses and phone numbers:-

COTA SA., 45 Flinders St, Adelaide SA. 5000
Tel. No. (08) 8232 20422. Fax No. (08) 8232 0433
E Mail: cotasa@cotasa.org.au

The Beyond Blue web site is <http://www.beyondblue.org.au>
Their Lifeline's Just Ask information line is 1300 13 11 14
For urgent assistance call Lifeline 13 11 14 (local call).

- **beyondblue** is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia.
- **beyondblue** is a bipartisan initiative of the Australian, state and territory governments with a key goal of raising community awareness about depression and reducing stigma associated with the illness.
- **beyondblue** works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression, to bring together their expertise around depression.
(from their website and information card)

ON THE LIGHTER SIDE

An 80-year-old man went to his doctor for his quarterly check-up. The doctor asked him how he was feeling and the 80-year-old said, "Things are great and I've never felt better. I now have a 20 year-old bride who is pregnant with my child. So what do you think about that?"

The doctor considered his question for a minute and then began. "I have an older friend, much like you, who is an avid hunter and never misses a season. One day when he was setting off hunting, he was in a bit of a hurry and accidentally picked up his walking cane instead of his gun. As he neared a lake he came across a very large duck sitting at the water's edge. He realized he'd left his gun at home and so couldn't shoot the magnificent creature but out of habit he raised his cane, aimed it at the animal as if it were his favorite hunting rifle and went 'bang, bang'. Miraculously, two shots rang out and the duck fell over dead. Now, what do you think of that?" asked the doctor. The 80-year-old said, "If you ask me, I'd say somebody else pumped a couple of rounds into that duck."

The doctor replied, "My point exactly".



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 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 e-mail your email address** to our Webmaster, Ian Fisk, at info@psaadelade.org

GET WELL GARY!

Gary Bowes, Chairman of the Association of Prostate Cancer Support Groups (SA) Inc., is having a bit of tough luck at the moment. He attended the Association meeting on 19th Oct and seemed to be OK there, but during the next 7 days has suffered severe pains in his neck and was mostly confined to bed. Pain killers didn't seem to do much good and he couldn't sleep.

After having X-rays, CT scans and an MRI taken, it was discovered on 27th Oct that he has a tumour near the top of his spine which was compressing some nerves and also caused

a fracture of a small bone near the top of his spine. Within hours, Gary was sent to the St. Andrews hospital where Dr. Martin Borg has commenced 5 days radiotherapy treatment and who is confident that this will control Gary's pain and most probably knock out the tumour. On Oct 30th Gary was admitted to St Andrews Hospital.

We all wish him a very speedy recovery and hope his neck pains will disappear pronto and that he will be his usual happy and jolly self very soon.

Get well soon Gary!



Big names joins prostate cancer fight

LOUISE TRECCASI

October 27, 2006 12:15am

Article from: **The Advertiser**

LEADING Adelaide developer Gordon Pickard will head a group of prominent South Australians who want to lift awareness of prostate cancer.

Mr Pickard, who has suffered from the disease, has been appointed the inaugural patron of the ProstateSA board.

Other board members include Channel 7 newsreader Graeme Goodings, Adelaide Crows chief executive Steven Trigg, real estate agent Michael Brock and arts and tourism personality Nicky Downer. Newly-appointed to the board is Ron Wall, executive of the Pickard Foundation and Mr Pickard's personal assistant for 10 years.

Mr Pickard is well-known in South Australia and highly regarded as a philanthropist.

"Having personally experienced prostate cancer myself,

I know the importance of early detection to increase the opportunities for greater survival," Mr Pickard said.

"Every male over 50 should talk to their doctor, whether they experience symptoms or not."

Latest figures show 1030 men in SA were diagnosed with prostate cancer in 2003 and 267 died.

ProstateSA, the brainchild of some of the state's leading urologists and the Cancer Council of SA, aims to significantly improve prostate cancer control for South Australian men and contribute to the broader fight to mitigate men's cancers.

The board will increase awareness and fundraising through major events.

ProstateSA will be chaired by former Health Commission chief executive Ray Blight.



Give me a fair go

I HAD an appointment with my urologist about prostate on September 13. He knew I was a veteran and must have thought I had a gold card. I explained I only had a white card.

He told me to see his receptionist who would give me the paperwork for the Lyell McEwin. I knew then he was not putting me in private because I had no gold card.

I took part in the D-Day landings in 1944 as a 16-year-old in the merchant navy, served from 1948 to 1954 in the Malayan jungle during the communist terrorist campaign, then nine years in the RAAF.

When I rang admissions at the hospital, I was told it would be a year before I could have my operation. I am 79 years old and was not born here, so I am not entitled to a gold card.

I and many other veterans have worked and paid our taxes and all we get is a kick in the teeth from politicians whose huge salaries and super we help pay for.

Who said we get a fair go in this country?

A. ELRICK, Elizabeth Grove *Advertiser* 25/10/06

(Reg – This seems a bit rough! Twelve months to get Prostate TURP treatment!)



This Newsletter was compiled and typed by Reg Mayes. Ian Fisk, Paul Ferret, and Reg and Amy Mayes folded and posted the Newsletter. After re-arranging news items on his computer and supplying the photographs, Ian printed the master copy. 325 copies were distributed. We would like to thank the Cancer Council South Australia for providing their support and particularly to 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, DVD's, and tapes distributed to members. Medical Advice should be obtained from your Doctor.