

PSA NEWSLETTER

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

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over 4,950 since Nov 03
A Member of the Association of Prostate
Cancer Support Groups (SA) Inc.

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NEWSLETTER NO. 75

February 2007 Newsletter including a report on the February Meeting
held at the **Fullarton Centre on Feb 19 2007**

Thank you to our sponsors:- Federal Government's Cancer Support Groups Grant Program and the State Funded Volunteer's Support Fund. Members Please Note:- Our next meeting will be a talk by "Medical Oncologist **Dr. Tony Michele** on hormonal therapy, chemotherapy, taxotere etc and also on medical treatments for radiotherapy burns (e.g. burnt rectums and diarrhoea and this will be held from 7.00 pm on **Monday 19th Mar, 2007**, at the **Fullarton Park Centre, 411 Fullarton Road, Fullarton**, and **not** at the Burnside Hospital.

Chair: Barry Oakley

Members present 38.

Apologies: Reg, Gary, Daryl, Bruce and Richard and Valerie. A large get well card for Reg Mayes was circulated to be signed by all. The acting secretary was asked to send a card to Gary.

Annual General Meeting

All Positions declared vacant: the following were nominated previously or on the evening

President - no nominations

Immediate Past President - President - Barry Oakley

1st Vice President - John Mayes

2nd Vice President - John Frances

Temp Secretary - I Fisk

Membership Sec - I Fisk

Name Tag co-ordinator - Pam Fisk

Research Librarian - John Mayes, Assistant Librarian - Les Bolton

Newsletter Folding Team - Reg Mayes, Ian Fisk, Paul Ferrett, Jeff Roberts and John Bailey

Supper Coordinator/biscuits/nibbles - no Volunteers

B Oakley moved all be elected, seconded Theban Roberts all in favour

President - there being no nominations Barry Oakley advised he would stay on in the position as immediate past president until an alternative was found.

Sec/Treasurer - no volunteers for combined position but Arthur Seager Nominated himself for the Treasurer position - John Mayes seconded. All in favour.

Secretary - No Nominations - I Fisk to be temporary Secretary

John Mayes suggested we have a "Sunset Clause" on the timing of the filling of positions of temporary President and Secretary and the date be June 2007, he also suggested that there is no reason a woman could not fill either or both positions. There was much discussion. If no volunteers come forward the group could close down. The question was asked "do we need a structure? etc Several reasons were given for why we need a structure eg need a contact person for PCFA affiliation, someone to receive mail, phone contact person, someone to organize speakers, venue, get well cards sent mail etc.

We had a volunteer for president, but after more consideration he withdrew his nomination.



Barry addressing the meeting at our new venue

Zoladex Plus - This drug has now been placed on the PBS scheme.

President's Report for 2006

2006 was a good year for our PSA Adelaide Support Group. Attendances were good with many new members. Welcome! I would like to thank you all for your continued support and encouragement to our group and to one another. This is a very important part of our getting together.

Thanks also to the committee and all the helpers for all sorts of things. Three special mentions would be in order: to John Mayes for the excellent way he cares for our wonderful library: to Ian Fisk our Webmaster and all those who are involved in the production of "The News Letter": 325 copies are distributed each month which means that many other people receive support, information and encouragement from our group. From the reports I hear from those who receive the News Letter, it appears this is a most valuable service.

This year, I would like to express our corporate appreciation of Reg, our Secretary/Treasurer/Newsletter Editor. Reg has given tireless service for over eight years. His skills in raising money and keeping a healthy budget, writing letters, and in later years recording our meetings and lectures for the News Letter etc. has only been surpassed by his ever cheerful and encouraging presence. Well done Reg, and to that good lady who stands behind you, Amy. Enjoy your long earned rest! To all those who have experienced a bit of a struggle on your journey, we wish you well and may you find a peace in your spirit.

We express our thanks to the Burnside Memorial Hospital for the many years we have used their facility for our meetings. The hospital has now advised us that they need their lecture room for Maternity meetings and cannot make this room available to us in the future. We hope our new facility at the Fullarton Park Centre, 411 Fullarton Road, will serve us equally well.

Our speakers last year were all interesting and informative. What a wealth of knowledge there is to draw upon. We are especially grateful for the new processes (the Da Vinci machine at the Royal Adelaide Hospital) and the research that is being done and moving forward. It was a good year! Our condolences to all who have lost loved ones during the year. Especially, I would like to mention our Founding President Gerry McCreanor, who after 11 years of tremendous leadership passed away 4th June, 2006. We remember them all with fondness.

Personally I am grateful for the friends and support that I have received this year. It has been my personal joy to be your president. Thanks! If you give the same support to your new president the Support Group can only prosper and grow.

There are some good years left yet!

Barry Oakley
President.



Joe Bridge's fund raising walk

Joe Bridges spoke to the group about himself and his upcoming walk to Melbourne. He had previously sent the below:-

"My name is Joe Bridges. I have prostate cancer. My wife, Julie, died over five years ago from breast cancer. To raise money for support and research into both these cancers I am planning to walk to Melbourne from Adelaide, leaving on Easter Sunday. Going with me will be well known former Australian Heavyweight boxing champion, Foster Bibron. We will be calling the walk, 'Fighting Cancer.'

I have been to Melbourne several times making arrangements with those two organisations (Breast Cancer at Camberwell and Prostate Cancer in the city), and have written authority to collect money on their behalf. Foster is a fitness trainer with Port Power.

We will be going through Horsham and Ballarat where I have friends arranging publicity on TV, radio and news paper. Also have a committee in Melbourne working on publicity there.

We plan on getting to Melbourne in two weeks and after a few days spell I will be boxing well known Sydney Church of England priest, Father Dave Smith who is coming from

Sydney at his own expense for the bout. Last time Dave boxed it was shown on TV and \$50,000 was donated for his church from all over Australia. I am hoping for a similar result after our bout. I am 73 years old and the probable adverse publicity concerning me boxing at that age should ensure enough publicity to stir up some interest and dollars."



Joe gave us a few more details:- he has only one working ear, he was married to Julie for 47 years, he edits a boxing magazine, he is looking for more Corporate sponsors, he has Coopers so far, The Cancer Council SA has authority to collect for the project. Money raised in SA will stay in our state, that raised in Victoria will stay there. Channel 9 will cover the boxing match.

Others in the group made some Radio and TV contact recommendations to Joe.

Barry Oakley moved that the PSA Adelaide Group donate \$50 to the fund, John Bailey seconded, all were in favour.



Anne Milne – Cancer Council SA

Popular Anne Milne has just resigned from the Cancer Council SA., after working there for the past 7 years. Anne was of great help to our group in printing our Newsletters. She

intends to have a long holiday and then seek some alternative employment. Good luck Anne and many thanks from the Adelaide PSA Group for your past assistance.

GENERAL DISCUSSION

After Joe Bridge's talk about his walk to Melbourne a general discussion took place. Some of the topics covered were:-

A suggestion was made that a micro cassette be purchased to assist the secretary/editor in writing up a record of meetings/talks etc. These days most mp3 players, modern phones, pdas(personal digital assistants have recorders built in. I Fisk will do his mirror act (look into it!).

Dean Wall Dean Wall spoke about the PCFA Ambassador Program. See our Nov newsletter page 4 for more details. He has been on intermittent hormone treatment four times, four years on, four years off. The timing has been arranged so that he experiences the hot flushes in winter rather than in the summer! He later mentioned he had a radical back in 1993.

One gentleman said he has just finished 35 external beam radio therapy sessions and asked "What's next?". Many suggested that he ask his Urologist.

One person was advised by his urologist that intermittent hormone treatment is now considered a legitimate treatment and that orchidectomy is becoming more common as a treatment.

There was much more discussion on hormone treatment. Mention of its use with radio therapy. A later suggestion was made that perhaps for future "discussion" evenings people break up into different groups of interest say, hormone, radiotherapy, radical prostatectomy etc.

A question was asked about Calcium. Some reports say it helps the body fight Cancer, others that it feeds Cancer. John Mayes spoke of the different forms calcium can be taken and the relative merits of each. John later supplied the below words.

"If I can recall correctly, a member asked about the connection between CaP and calcium intake. Obviously a matter of concern because of the thinning of the bones associated with ADT [androgen deprivation therapy]." John then quoted a section of his article in our October 2006 Newsletter included in "The problem with Dairy Products". See page 5 of that Newsletter.

A comment was made that "Quality of life can really be comprised from broken bones which can result from the hormone side effect of osteoporosis!"

Mention was made of a DVD available from the Cancer Council SA. "Surviving Cancer in Rural & Regional Australia". A couple of sections of it were recently viewed at the Onkaparinga Support Group meeting. The one on the benefits of exercise was especially interesting. Several copies were obtained for our library. They will be available for loan at the March meeting.

A new issue of the book "Localised prostate cancer a guide for men and their families" is now available. Our library will have a number of copies of it in March.

Our Information Brochures

As mentioned in our last Newsletter our "Prostate Cancer Information" brochures are now out of date. This is due to our change of venue from the Burnside Memorial Hospital to the Fullarton Park Centre at 411 Fullarton Rd Fullarton.

We have printed 4,000 stickers to cover the details about our meetings at the Burnside Hospital and replace them with the Fullarton Park Centre. The amended brochures are available from our Secretary. Should anyone wish to distribute some of the brochures to their doctor's surgeries etc. Keep a look out for any of our old brochures and collect these and bring

them along to our next meeting so that we can put the new stickers on them. Don't throw the old ones away as we can use them.

Many thanks goes to John Shields (Onkaparinga), Tony Woolley (Barossa Valley), Jeff Roberts (Mitcham), Gary Bowes (the Association), Ian Fisk and Reg Mayes (Adelaide) for sticking 2000 of our new labels onto our brochures. This has saved us quite a lot of money in having new brochures printed.

The Diary Prostate Cancer Kit

We have been busy collecting various pamphlets about men's health and prostate cancer information etc plus our newly amended brochures to place in our Prostate Support Information Kits, together with a useful "Health Diary". We had 250 of the diaries printed a few months ago.

Suitable pamphlets have been selected for inclusion with the diary. The idea is that Urologists and Oncologists will hand this kit to their prostate cancer patients so that they can obtain information which may help them ("one stop shop"). This was Gary Bowes' idea. We think it is worthwhile giving it a shot this year.

Many thanks to Gary Bowes, Reg Mayes, Barry Oakley, Ian Fisk, Trevor Hunt and Jeff Roberts who spent one and a half hours at the Greenhill Lodge after a recent ProstateSA meeting

sorting 2,750 pamphlets into 250 large envelopes. These envelopes will now be sent out to the 15 or so Urologists and Oncologists around Adelaide for distribution to their patients.

The pamphlets include ones dealing with prostate cancer (Mr Phip (Prostate Health Improvement Program) information sheet number 3, our information brochures, The Lions Club Web site details, The Cancer Council SA Help Line, Incontinence, erectile dysfunction, osteoporosis, Mental Health Services, Free Country transport information for city appointments, the "Be-a-Man" pamphlet, Anthology's "What Everyman Should Know" pamphlet, hormone therapy and the Health Appointment Diary. All good and useful information.

Flomaxtra - Andrew Giles, CEO of the PCFA has advised that their medical board is looking at asking CSL Ltd to apply for this drug to be placed on the PBS. We will keep you posted.

Public Prostate Cancer Awareness Evening at Strathalbyn

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

Speakers and topics include:

An overview of prostate cancer - presenter Dr. John Bolt M.B.B.S, F.R.A.C.S.

Nutrition and Prostate Cancer presented by Ms Colleen Lathbury, Cancer Care Centre

Prostate cancer survivors speak about their own experiences.

Where: Reg Sissons Memorial Day Car Centre
High Street, Strathalbyn

Date: Tuesday 20th March 2007

Time: 7pm-9.30pm

Contact:- to register your interest phone
The Strathalbyn & District Health Service
Phone 8536 2333 (9 - 4p.m.)

The evening is sponsored by Strathalbyn Pharmacies with assistance from the

Strathalbyn & District Health Service, The Cancer Council SA and conducted by the Prostate Cancer Action Group (S.A.) Inc



Soy cancer warning

By Clair Weaver

January 14, 2007 12:00

Article from: Sunday Telegraph

CANCER patients are being warned to avoid foods rich in soy because they can accelerate the growth of tumours.

The Cancer Council NSW will issue guidelines today, warning about the dangers of high-soy diets and soy supplements for cancer patients and those people in remission from cancer.

At particular risk are people suffering from hormone-dependent cancers, including breast and prostate cancer - the two most common types of cancer in Australia.

Cancer survivors are also being urged to avoid high doses of soy, as they may be more vulnerable to a relapse.

Research has found high consumption of soy products can also limit the effectiveness of conventional medicines used to treat the disease.

“There is evidence to suggest that women with existing breast cancer or past breast cancer should be cautious in consuming large quantities of soy foods or phyto-oestrogen supplements,” a position statement from the Cancer Council says.

“Women with current or past breast cancer should be aware of the risks of potential tumour growth when taking soy products.

“The Cancer Council does not support the use of health claims on food labels that suggest soy foods or phyto-oestrogens protect against the development of cancer.”

Health experts are particularly concerned that breast-cancer sufferers who take soy or phyto-oestrogen supplements could feed the disease and reduce the effectiveness of their treatment.

Soy, which is present in soy beans, soy milk, tofu, tempeh and some breads, contains phyto-oestrogens that mimic the actions of hormones in the body.

This means it may interfere with cancer drugs such as Tamoxifen, which works by suppressing the female hormone oestrogen.

Men with prostate cancer are also being warned against high soy consumption, as phyto-oestrogens may imitate the male hormone androgen.

Although the Cancer Council has warned against soy supplements, it believes an occasional intake of soy food is still safe for cancer patients.

Cancer Council nutritionist Kathy Chapman said soy supplements could contain dangerously high doses of phyto-oestrogens.

“If you were a woman with breast cancer and thought, ‘I’m going to radically change my diet and have very large portions of soy at every meal’, it could be a problem,” Ms Chapman said.

“For someone who has tofu once or twice a week and drinks a bit of soya milk, it’s not so much of a problem.”

Soy has earned a reputation as a natural “superfood” that cuts the risk of breast or prostate cancer, and is commonly included in women’s health supplements.

This claim was based on findings that cancer rates were lower in Asia, where soy consumption is high.

But soy would lower the risk of contracting cancer “only a little”, according to the Cancer Council.

“While they may have a protective effect, there is also some evidence that phyto-oestrogens may stimulate the growth of existing hormone-dependent cancers,” the council’s statement said.

The risk of contracting other non-hormone-dependent cancers, including bowel cancer, would be unaffected by soy intake.

The Cancer Council was prompted to investigate the issue after being inundated with questions about the role of soy in cancer patients’ diets.

“We felt we were getting a lot of calls on our hotline about this topic,” Ms Chapman said.

Breast-cancer survivor Susie Musarra was surprised by the new evidence about soy.

The Sydney mother of two was diagnosed five years ago. She followed a healthy diet, containing plenty of fruit and vegetable juices, during chemotherapy treatment.

“It’s really confusing, because you get a lot of conflicting information about what to eat,” she said. “It’s good to have this advice, because it helps you make an informed decision - and the Cancer Council is a reputable source.”



Note:- In our next issue, we will include an article by our research librarian, John Mayes about Soy products

Soy cancer fear 'wrong'

Health food firms lash claim.

Clair Weaver

HEALTH food companies including global giant Sanitarium are resisting cancer warnings about soy foods insisting regular servings are beneficial to health.

The companies have demanded a retraction from the Cancer Council NSW after updated guidelines on the consumption of high levels of soy were revealed last week.

The warning followed research which suggests people with breast and prostate cancers should avoid high doses of soy, which the research says can make tumours grow and 'prevent conventional medicines working.

This includes taking soy and phyto-oestrogen supplements or switching to a high-soy diet, according to the Cancer Council NSW guidelines.

Experts were concerned women with breast cancer described as a "highly motivated group" -were radically altering their diets to include large amounts of soy after diagnosis in a bid to improve their health.

"It is not clear if eating a diet high in (soy) phyto-oestrogens is safe for women who have breast cancer," the guidelines state.

But soy manufacturers reacted furiously, insisting soy is a "superfood" that cannot cause harm as part of the diet. Sanitarium dietitian Cathy McDonald said three to four daily servings of soy foods would have long-term health benefits and would not be detrimental to cancer patients.

"There are now over 3000 scientific research papers on soy and it is our opinion there is no evidence which demonstrates any negative health effects in humans from consuming soy

foods as part of a balanced diet," she said.

Sanitarium has an estimated annual turnover of \$330 million from its Australian and New Zealand operation but pays no income tax, because all profits go to the Seventh Day Adventist Church.

The Cancer Council NSW is standing by its original statement. "We try to keep a distance from food companies as the messages can be conflicting," Cancer Council nutritionist Kathy Chapman said.

Healthy people are advised they can continue to enjoy soy as part of a balanced diet, but breast and prostate cancer patients should have it only "in moderation". There was only a small amount of evidence to show soy could protect people from acquiring hormone-dependent cancers, the Cancer Council said.

However, the conclusion was regarded as too simplistic by experts, who point out other significant differences in diet and lifestyle that can impact on differing cancer rates.

The Prostate Cancer Foundation of Australia supports the Cancer Council's guidelines and is issuing them to men who seek advice. Spokesman Andrew Giles warned against "unreliable" alternative practitioners who told men with prostate cancer to take soy supplements.

"Our argument would be that every man being treated for prostate cancer should be talking to their doctor and telling them if they are taking complementary medication," he said. "But unfortunately, they don't consider soy to be complementary medication." The National Breast Cancer Foundation - which gets funding from Sanitarium - said research was inconclusive about whether high doses of soy were "really good or not good at all". Sunday Mail 21.1.07



Prostate Cancer Patients See High Survival Rates with Seed Implants

More than ninety percent of men who receive appropriate radiation dose levels with permanent radiation seed implants to treat their prostate cancer are cured of their cancer eight years after diagnosis, according to a study released in the February 1 issue of the International Journal for Radiation Oncology*Biography*Physics, the official journal of ASTRO.

Seed implants have become a widely-accepted treatment option for early stage prostate cancer because it is very effective at curing the cancer, is minimally invasive and often spares patients from side effects of other treatments, such as impotence and incontinence. The seeds, similar in size to a grain of rice, contain a radiation dose that, once implanted, delivers concentrated radiation to the prostate, sparing surrounding organs and tissue.

Doctors in this study evaluated the long-term results of permanent seed implants in men with early stage prostate cancer. Nearly 2,700 men were studied at 11 institutions in the United States over eight years. The radioactive seeds were administered with the aid of ultrasound-guided techniques to accurately place the seeds in the prostate gland. The patients received the seed implants as the sole treatment for prostate

cancer with no additional chemotherapy or radiation therapy.

"This study is exciting because it shows that brachytherapy alone without additional surgery, radiation or drugs can be effective at curing early-stage prostate cancer," said Michael J. Zelefsky, MD, lead author of the study and Chief of Brachytherapy Services at Memorial Sloan-Kettering Cancer Center in New York. "These results also confirm other findings that the quality of the seed implant is a critical ingredient for achieving a better outcome."

Medical centers participating in the study were Memorial Sloan-Kettering Cancer in New York, M. D. Anderson Cancer Center in Houston, New York Prostate Institute in Oceanside, N.Y., Arizona Oncology Services in Scottsdale, Ariz., Seattle Prostate Institute in Seattle, Chicago Prostate Institute in Chicago, Cleveland Clinic Foundation in Cleveland, Massachusetts General Hospital in Boston, Mayo Clinic in Rochester, Minn., University of Michigan Medical School in Ann Arbor, Mich., and Fox Chase Cancer Center in Philadelphia.

SOURCE: American Society for Therapeutic Radiology and Oncology. Copyright 2007 Doctor's Guide News 31 1 07



CANCER VOICES AUSTRALIA

Cancer Day. On 4th February 2000, over 100 signatories from around the world gathered in Paris to sign the Charter of Paris against Cancer.

Cancer Voices Australia, in launching its organisation, recognised "World Cancer Day" and the importance of maintaining the impetus of such a document.

Ian Roos, Chair of Cancer Voices Australia spoke of the Objectives and large agenda that CV A has set for itself and cancer consumers in Australia. Professor Ian Olver, CEO of the Cancer Council Australia, and Professor David Currow, CEO of Cancer Australia added their support.

The hon. Frank Sartor, Minister for Cancer in NSW, then introduced Professor Chris O'Brien who officially launched CV A. Chris challenged Australia to establish a Centre for Cancer Excellence to ensure that all people in Australia affected by cancer would receive nothing less than best practice treatment.

Following its launch, CVA then issued the following statement:

Access and Equity of Cancer Services

In Australia there is a great disparity of Cancer services, not only in the capital cities but especially in relation to patients in rural and remote areas

This disparity is also seen across age groups with adolescents in particular needing specific cancer care facilities. Furthermore, properly funded, well-organised multidisciplinary care is not available in most parts of the country – and this is despite the meaningful work over the years of consumer groups and dedicated clinicians.

The role, then, of governments and non-government providers alike, is to provide the appropriate funding and means to ensure that cancer services are vastly improved for all Australians. This is the major concern for cancer patients, their family and carers. Surveys taken amongst state advocacy and support groups and other cancer charities, foundations and support organizations confirm this.

All Australians, regardless of location, income or age, have

the right to world's best practice cancer care.

Access/Availability to New Cancer Therapies

With cancer now the biggest cause of death in Australia, the percentage of current expenditure on cancer related therapies is small in comparison with many other listed items and lifestyle related drugs. Our role will be to ensure that cancer consumers receive an equitable 'piece of the pie' regardless of the potential cost of future drugs. We ask for greater transparency and consumer involvement in decision making processes regarding new cancer therapies.

National Consumer Representation

The most important role of the consumer representative is to bring a consumer perspective to the planning process when services are being proposed or developed. This input is valuable when policy makers meet to 'develop strategies' for service improvements - it helps by keeping the focus squarely on the people they are there to treat - cancer patients and their families.

Cancer Voices Australia through its state member organisations will ensure that its consumer advocates are part of the government process in making decisions about cancer and cancer services throughout Australia.

Patient Travel and Transport Schemes

There is considerable evidence that people with cancer that live in rural and remote areas experience greater problems and concerns associated with travel for treatment and follow up than those patients who reside in urban or regional cities with greater access to cancer services.

Each state in Australia operates its own travel and accommodation subsidy schemes and the eligibility criteria differ between the Commonwealth and states and territories. Cancer Voices Australia seeks to ensure that all cancer patients in this country receive access to the same travel and transport scheme entitlements regardless of their state or territory.

For further information, please contact:

John Stubbs, Executive Officer

Tel: 02 9036 3100 Email: john.stubbs@cancer.org.au

www.cancervoicesaustralia.org.au



CANCER VOICES SA Update

Cancer Voices SA is a consumer advocacy group that represents the views of South Australians whose lives have been affected by cancer.

Cancer Voices SA members wish to thank those Cancer Support Groups and individuals who responded to a recent Cancer Voices SA survey. The valuable information obtained will be used to guide future activities.

The survey highlighted the availability of cancer information and the manner of its delivery as a major concern. Treatment, financial needs, government funding, carer and patient support programs and the wider public understandings of cancer were other high priority issues.

On the weekend of the 3rd and 4th of February, a workshop was held for interested consumers and members to define the

future practices and operations of Cancer Voices SA. The workshop also provided training and insights into consumer advocacy as it relates to the cancer and health care systems.

John Stubbs, Executive Officer for Cancer Voices Australia, made the journey to Adelaide to support the workshop. John presented an overview of the operation and achievements of Cancer Voices groups that exist in other states and at the national level. Following the workshop, John was required interstate at the official launch of Cancer Voices Australia, which coincided with World Cancer Day.

Other guests included speakers from the Cancer Council SA, Cancer Care Centre, Department of Health, Disability, Advocacy and Complaints Service of SA, and the SA Council of Social Services. These presenters provided a rich array

of information and guidance for participants, helping to highlight the context of cancer care in SA whilst also speaking to the themes of advocacy practice and organisational planning.

The contribution of the presenters was very much appreciated by participants, given the weekend time frame and the 40 degree temperatures outside!

Cancer Voices SA also thanks and recognises the contributions of the 22 participants who attended the workshop. Discussion during the sessions helped to set plans for longer-term activity and how the organisation could organise its representative and advocacy work.

For information on Cancer Voices or how to get involved please visit www.cancervoicesa.org

or email info@cancervoicesa.org

from Ashleigh Moore, Chair Cancer Voices SA

Cancer Voices SA providing a voice for South Australians affected by cancer. Together we can make a difference.

A number of our group attended the workshop Jeff Roberts, Trevor Hunt and Ian Fisk



Ashleigh Moore and John Stubbs at the workshop

DICHLOROACETATE

Investigators at the University of Alberta have recently reported that a drug previously used in humans for the treatment of rare disorders of metabolism is also able to cause tumor regression in a number of human cancers growing in animals. This drug, dichloroacetate (DCA), appears to suppress the growth of cancer cells without affecting normal cells, suggesting that it might not have the dramatic side effects of standard chemotherapies.

At this point, the University of Alberta, the Alberta Cancer

Board and Capital Health do not condone or advise the use of dichloroacetate (DCA) in human beings for the treatment of cancer since no human beings have gone through clinical trials using DCA to treat cancer. However, the University of Alberta and the Alberta Cancer Board are committed to performing clinical trials in the immediate future in consultation with regulatory agencies such as Health Canada. We believe that because DCA has been used on human beings in Phase 1 and Phase 2 trials of metabolic diseases, the cancer clinical trials timeline for our research will be much shorter than usual.

ProstateSA Meeting

On Thursday, 1st Feb, Ray Blight Chairman of ProstateSA convened a meeting of the Cancer Council SA where representatives of all the SA Prostate Support Groups were invited to attend. A healthy lunch of sandwiches, banana cake and fruit was provided. Those attending included Reg Mayes John Mayes, Ian Fisk Jeff Roberts, Gary Bowes, Tony Woolley, Trevor Hunt, Barry Oakley, Terry Harbour plus A/Prof Brenda Wilson (Chief Executive, TCCSA), Ms Kate Thiele (Group Executive, Marketing & Communications, TCCSA), Ms Ellen Kerrins (Group Executive, Cancer Control Programs), Mr Brent Frewen (Events Manager, ProstateSA), Ms Lynette Cornish.

Associate Professor Brenda Wilson welcomed the group and everyone introduced themselves by name and the group they represented. The Chairman of ProstateSA, Mr Ray Blight, was introduced.

Mr Ray Blight discussed the entity that is ProstateSA and how it was formed through an alliance between an association of eminent South Australian urologists and The Cancer Council South Australia in 2006. The alliance was formed through a belief that a cooperative approach between organisations can utilise established networks and experience to become more

effective than multiple separate organisations.

ProstateSA's vision is to generate funds to establish a centre of excellence in Prostate Cancer research and control in South Australia. The specifics around the "centre of excellence" have not been established yet. It is not necessarily a building to be constructed but may be the formation of a collaborative group striving towards excellence in the field of prostate cancer research and support services for the Australian community. Formulation of this concept is currently in progress via a sub-committee of Associate Professor Brenda Wilson, Professor David Roder, Dr Carole Pinnock, Professor Willis Marshall, AC, Mr Peter Sutherland and Ms Ellen Kerrins. A paper will be presented to the Board at the meeting in February and once it is fully developed details will be made available.

The mission for ProstateSA is to:

- Generate sufficient funds to establish a centre of excellence in prostate cancer research and control and to provide ongoing funding to support ProstateSA.
- Leverage the experience, skills and networks of the ProstateSA Board members in advancing prostate cancer control in South Australia, through the work of ProstateSA and TCCSA.

- Increase community awareness of ProstateSA in the control and care of prostate cancer.
- Collaborate with TCCSA to advance prostate cancer control in South Australia.

Six strategies for ProstateSA have been developed as follows:

- Commission and execution of a three-year program of significant fundraising events.
- Collaboration with TCCSA regarding: opportunities, implications, scope and barriers in establishing a national centre of excellence in prostate cancer research and control in Adelaide.
- An agreement with TCCSA on how a prostate cancer specific “sub-plan” will be carried out within the framework and activities of the TCCSA marketing plan.
- An agreement with TCCSA on how the effectiveness, geographical coverage and exposure of prostate cancer support groups will be expanded, through the cancer control activities of TCCSA.
- Communication of the purpose, values and approaches of ProstateSA to the wider South Australian community, in partnership with TCCSA.
- Effective engagement with the community and achievement of higher levels of support for ProstateSA.

An Innovation document for ProstateSA is in progress. ProstateSA has consulted with experts in the field to identify areas of priority in cancer control and support which ProstateSA could fund. One of the goals of this meeting was to identify areas of priority from the perspective of community members directly affected by prostate cancer. Items identified from this meeting will be incorporated into the Innovation document to be presented to the Board for consideration when endorsing projects for funding.

The following initiatives have been identified through consultations with clinicians:

- i. Research into the molecular mechanisms of prostate cancer and new treatments
- ii. Investigating the burden of illness and opportunities for prevention in the SA community
- iii. Promoting better clinical care and treatments for prostate cancer in SA
- iv. Promoting psychosocial support for SA prostate cancer patients and their families
- v. Promote Healthy Lifestyles for Men in South Australia

Feedback from members of the support groups advocated collaboration with other prostate cancer organisations (e.g. PCFA) that currently have programs established in order to avoid duplication of initiatives and competition. ProstateSA is currently in negotiation with PCFA and the EJ Whitten Foundation regarding an alliance or collaboration to maximise efforts and returns. A number of issues around the terms of alliance need to be addressed including rules around covering expenses and dispersal of income. It is intended that all monies raised in South Australia will be directed to projects, which benefit the community of South Australia.

The above was extracted from the emailed minutes.

Also, Ellen Kerrins gave a presentation outlining the Cancer Council SA’s (TCCSA) current activities in Prostate Cancer. Topics covered included Prostate Cancer Call-in, The Cancer Council Helpline, Educations sessions for General Practitioners, Speakers Bureau, Support Groups, TCCSA Research,, Future Directions, Cancer Care Centre, Cancer Support profile, Cancer prevention interventions. The presentation was complete with a number of interesting graphs.

Full details availbe on request.



**GEOFF LOVEDAY’S 1850km BIKE RIDE FOR “SECRET MENS BUSINESS”
PROSTATE CANCER RESEARCH
Adelaide to Coffs Harbour**

Starting April 22 2007 arriving Coffs Harbour 4th May 2007 (approx!)

Geoff Loveday. 33 York Street, Adelaide, SA 5093 Phone 08 8263 7202. Mob 0408 637 202 Email glandhjl@aapt.net.au

The Treasurer’s Report

Treasurer’s Report Donations received from members since 1.11.07 - Frank (\$25), Keith Streaky Bay, (\$30), Rev. Donald, Keith & Joy, Austin, Barry & Margaret, all \$20 each., Ron & Marilyn (\$100), Russell, (\$50), Mart (\$25).

We received a cheque for \$747.53 from the Federal Grants

Scheme covering some of our expenses over the last 3 months.

We donated \$50 to Joe Bridges towards his walk to Melbourne to raise funds for prostate and breast cancer.

Many thanks all!



Gary Bowes, Chairman of the Assoc. of SA P/C Support Groups

Gary is not going along too well at the moment. He has just finished 5 days radiotherapy treatment for painful hips and a painful shoulder. He is at home with Margaret being the chief cook and bottle washer. Gary is taking Zometa, Lucrin and some pain killers. He says that the radiotherapy treatment has eased his pain quite a lot. He hopes to be up and around soon. Get well Gary!



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

The Onkaparinga P/C Support Group:

During their Feb a number of parts from a DVD were viewed, See page 3. At the March 7th meeting Dr. Carole Pinnock gave a very interesting presentation. (see below). Check their website for details about their April meeting. In May they will have a BBQ on Sat 6th Please phone John Shields on

8382 6671 for further particulars. Everyone is welcome to attend!

Mitcham Support Group There was a general discussion at the Feb meeting several relevant DVD presentations will be viewed.

Onkaparinga P/C Support Group March Meeting - Presentation by Dr. Carole Pinnock

Aided by her PowerPoint presentation, Dr Carole Pinnock spoke to the Onka group on March 7.

A long list of prominent men who have been diagnosed with prostate cancer was shown, some of them included Wayne Swan, Gordon Pickard, Jim Lloyd, Rupert Murdoch, Harry Belafonte, Emperor Akihito of Japan, Rudy Giuliani (ex NY Mayor), John Kerry, Nelson Mandela, Arnold Palmer and Colin Powell. Rupert Murdoch, now 71 with a new wife, baby daughter and expanding business empire proves there IS life after prostate cancer (BBC News).

Ten years ago when Carole first became involved with prostate cancer matters, it was a taboo subject and there was almost no prostate cancer information available in the community.

Today, there is a great deal of information available on the internet. Dr Pinnock's recent Google result was 54 Million and for Australia along was 300,000! That is there is a lot of information. The problem is to be able to determine which are the reliable information sites.

Dr Pinnock recommended a few including the below ones:-

Medline Plus

<http://www.nlm.nih.gov/medlineplus/prostatecancer.html>
Prostate Cancer pages were shown (MedlinePlus brings together authoritative information from NLM, the National Institutes of Health (NIH), and other government agencies and health-related organizations.)

National Cancer Institute (<http://cis.nci.nih.gov/>)

American Cancer Society (<http://www.cancer.org>)

Centre of Disease Control (<http://www.cdc.gov/>) were some listed on the screen.

We were also shown the home page of the New Lion's site which is at present being beta tested. (www.prostatehealth.org.au). Volunteers were asked for to do some checking!

Dr Pinnock said there is increasing evidence that active treatment of early prostate cancer results in lower mortality. This is one of the conditions for proving, PSA testing is worthwhile for many. However PSA is still not well understood.

Recent improvements in treatment focus on better targeted treatments— they are less likely to cause side effects, and minimally invasive treatments - they have faster recovery times.

Some of the newer treatments included cryotherapy and High Intensity Focused Ultrasound (HIFU).

Improvements in robot assisted prostatectomy (using the Da Vinci Robot) have made this a very popular treatment, particularly in the US. Most major US cities have as many as 10 – 15 of them! At a recent conference mention was made that the incision for a modern prostatectomy has been known to be as short as 60 mm.

Mention was made of the role of diet and exercise in reducing the incidence of prostate cancer. The old 2 serves of fruit and 5 serves of vegetables a day is still a good policy, not only for prostate health, but also for cardiovascular health. Diet can also be important in reducing erectile dysfunction! Aerobic and resistance exercises are also both beneficial.



I think we should invest in this PSA company.



"Your cholesterol is too high and your fibre is too low. Stop eating all those eggs and start eating the carton they come in"

Studies in mice have shown that tomatoes and broccoli eaten together are better than when eaten individually. Recent studies have show that some supplements have proven detrimental. Basically it is best to obtain one's vitamins from one's food.

Selenium has proven to be of benefit for some, but not all people.

The wish list for most was for better treatment and better prevention!

A number of questions were then fielded by Dr. Pinnock after which John Shields presented Dr Pinnock with a bottle filled with a well know source of antioxidants!

PROSTATE(CANCER) SUPPORT AWARENESS ADELAIDE GROUP 2007 Meetings

Meetings Normally third Monday of each Month, Feb to Nov (check dates below in case of alterations) at 7pm

at Park View Room, Fullarton Park Centre, 411 Fullarton Road, Fullarton

Mar 19 2007 Medical Oncologist Dr. Tony Michele on hormonal therapy, chemotherapy, taxotere etc and also on medical treatments for radiotherapy burns (e.g. burnt rectums and diarrhoea)

Apr 16 2007 Lecture on "Meditation" from a member of the Cancer Care Centre, Unley.

May 21 2007 Dr. Kim Moretti, Urologist, will talk about High Intensity Focused Ultrasound (HIFU)

Jun 18 2007 Lecture by Jan Rowe on "incontinence and impotence". Jan is an Incontinence Nurse from the Daw Park Repat. Hospital

July 16 2007 A General Discussion Night amongst members. Also a short video.

Aug 20 2007

Starting 7.30 TBA

Sept 17 2007 TBA

Oct 15 2007 TBA

Nov 19 2007 TBA



Don't always blame the prostate for your troubles - Reg Mayes

Be aware that you could have other problems! I thought that having about 14 month's diarrhoea was caused by burns to the rectum due to radiotherapy treatment two and a quarter years ago. After a recent colonoscopy and a cat-scan at the Daw Park Repat. Hospital, it was discovered that I had a bowel cancer as big as a golf ball in the colon near the top of the rectum. For really good measure there was a large abscess near by and due to burst in the very near future.

Well, to cut a long story short, two very clever surgeons at the Repat cut out 12 inches of my colon, including the tumour and the abscess and 19 lymph glands. They then fitted me with a permanent colostomy stoma bag through my belly. The tumour had not spread but was malignant and I may have to have a bit of chemotherapy later. There were no cancer cells in 19 lymph nodes they removed. So that's good news! I was in hospital for 28 days and came out on the 7th March. I am dripping out a bit of old smelly blood from my rectum

(from the operation) four times a day and night and this could go on for another 4 weeks. I don't think much of that idea! There was a 500cc pool of congealed blood that settled in a pool in my pelvic area. It takes a bit of getting rid of! The three hour operation was called an "end colostomy".

I have to have a district nurse come each day to my house for the next few weeks to check things out. My stoma bag has blocked up and I am taking daily doses of laxatives to try and clear it. What happens if it doesn't clear? The mind boggles! The top part of me is OK but I wouldn't give you two bob for the bottom half. I have to use a catheter for about a month. Many thanks to all those members who sent me get well cards, e-mails, phoned up or visited me whilst in hospital. I cannot praise the doctors and staff and nurses at the Repat Hospital highly enough. They really did a great job. I reckon I am slowly recovering. Cheers - Reg. Retired Sec/Treas/ Newsletter Editor, The PSA Adelaide Group.



The latest from the PBS Scheme

Taxotere - The Hon. Tony Abbott, M.P. and Minister for Health, has advised that he is unable to agree for this drug to be placed on the PBS. The reason given was that "it was not cost effective". We don't really know what this means. We believe that women can access the drug for advanced breast cancer.

Flomaxtra - Andrew Giles, CEO of the PCFA has advised that their medical board is looking at asking CSL Ltd to apply for this drug to be placed on the PBS. We will keep you posted.



This Newsletter was compiled and typed by Reg Mayes and Ian Fisk. Ian Fisk, Jeff Roberts, John Bailey, 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. 320 copies were distributed. Pam Fisk proof read the Newsletter. We would like to thank the Cancer Council South Australia for providing their support and particularly to Chris 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 video, DVD's or tapes distributed to members. Medical Advice should be obtained from your Doctor.