

Below the Belt!

Newsletter of the Nepean / Blue Mountains Prostate Cancer Support Group

Vol. 5 No. 2

Mar. - May 2006



Are your shoes made for walkin'?

(or runnin' or hoppin' or skippin' or
jumpin')

Join us

6 - 7 May, 2006

and take part in the **Penrith Relay for Life**
to help raise much needed money for
Cancer Research

The Relay will be held at **Howell Oval, Mulgoa
Road, Penrith**

(See back page for full details)

What's to Come

Group Meeting - Monday, March 20th

Mr. Andrew Giles - CEO of Prostate Cancer Foundation of Australia
"What is Happening with PCFA"

Group Meeting - Monday, April 24th

Prof. Jim Bishop -
How are Multi Discipline Teams to Work with the Public and Private Sectors.

Group Meeting - Monday, 15th May

Dr. Andrew Brooks
Life after Prostate Cancer

Alternative & Complimentary Treatments

At our January 2006 Group Meeting, one of our members, Allan Hedges, gave us an interesting talk on complementary treatments based on his own research over several years

Here is a precis of Allan's talk.

"We have had our surgery, our radiation therapy, our brachytherapy or whatever treatment we selected. We got over this despite some incontinence, some impotence, some bleeding perhaps and hoped like hell that we had made the right decision.

One year, two years, three years or four or five years pass when we are confronted with a rise in our PSA results.

Panic, disappointment, anger and anxiety often result. What type of help do we get from our Specialist? Is it helpful and do we begin learning as much as we can about supplementary treatments or were we convinced to undergo a course of, say, hormonal treatment?

We have all probably heard the story of Senator Peter Cook, Senator Cook was diagnosed with a serious melanoma in 2003. His response was to purchase a yacht and show that his love of life could triumph over his illness. He also explored the world of alternate and supplementary treatments. During this time he instigated the forming of a Parliamentary Senate Committee to investigate "Complementary and Alternate therapies in the treatment of cancer". This Committee came up with 33 recommendations that filled 130 pages. (This report can be viewed on the Australian Parliament web site)

Sadly Senator Cook died in December 2005. His legacy was to open up the whole subject of alternate and complimentary treatments for cancer.

In approaching the subject of other treatments we must be very aware of the definitions of treatment.

ALTERNATIVE *Promoted for use instead of mainstream care, often biologically active, false claims as to their effectiveness and often costly and potentially harmful. Examples could be Oxygen therapies, so called diet cancer cures, high doses of vitamin C, etc.*

COMPLEMENTARY *Used with mainstream care for serious illness, non invasive, inexpensive, safe and evidence based.*

INTERGRATIVE MEDICINE *Combines the best of complementary and mainstream care, reduces side effects both emotional and physical, enables self care and control, enhances well being and quality of life and strengthens the body to maximise treatment.*

After all this, where does it leave each of us in our cancer journey? None of this is prostate cancer specific , and I would like to discuss how we each feel about our respective futures. Do we sit on our hands, ignoring the possibility that our cancer can change for the worse, or do we approach the future with optimism and keep an open and educated approach. Depending on age, general approach to life and general health, many men have been persuaded to undergo a treatment that was not appropriate for them.

NUTRITIONAL SUPPLEMENTS.

The maintenance of our immune system is probably the greatest means of fighting the many infections and diseases that we encounter. This is done by good nutrition, good lifestyle, good mental approach to life, ability to handle stress and good sense

about smoking and sensible alcohol consumption. Yet we can do all the right things and still fail foul of disease.

My fairly extensive readings over the past 11 years have helped point me in the direction of some nutritional supplements, which can never be claimed as cancer cures but can work in conjunction with conventional treatment and assist my immune system to cope with the invasion of prostate cancer. I pursue this path, like the 180 foot gravel driveway we have at home. If I don't treat the weeds on a regular basis, then they will become very difficult to control.

SOY GERM is a nutritional powerhouse - it takes 80kg of soybean to produce 200gms of soy germ. It has the highest concentration of isoflavones.

FLAX LIGNANS from the hulls of flaxseed are phytoestrogens, the lignans help the reduction of free androgens (testosterone and dihydrotestosterone) in the body.

AHCC is a fermented shiitake mushroom blend flour in rice bran and has been labeled the new superfood. Data from the treatment of 100,000 patients in Japan with various types of cancer has shown that 60% of patients have benefitted to some degree and many have found it effective enough to induce remission. Of particular interest in prostate cancer is the combination of soy isoflavones with the AHCC and this combination is now recognised as being extremely effective at inhibiting the blood supply to the cancer as well as reducing the opportunity for the cancer to grow.

As a supplement I have begun using the Ginger Punch from Brisbane, which was highlighted by Channel 10 last year. It is a 50% based ginger drink with the balance made up of components of the Mediterranean Diet.

The brew is undergoing extensive scrutiny at Brisbane and at Sydney University. Initial findings have shown it can kill prostate cancer cells in laboratory tests..

IN CONCLUSION. With rising and high PSA readings, conventional treatment is to prescribe hormonal therapy, a toxic treatment which can have numerous side effects. It cannot cure prostate cancer but it does reduce the PSA, although the treatment can later fail.

It is believed that when testosterone turns into dihydrotestosterone, this is the trigger for prostate cancer. Sydney University research professor Juergen Reichardt is studying 19,000 prostate samples as part of a USA based trial using Finasteride, a drug already used in Australia to treat hair loss and prostate enlargement. The drug inhibits testosterone turning into dihydrotestosterone.

The amount of worldwide research is enormous, yet we still have no primary or secondary treatment that offers a cure. Many combinations of therapies have given breathing space to our dealings with prostate cancer. I hope that we can all find that goal for which we search.

Thank you all for listening to my views on post cancer treatment and I trust we can believe that the future hold promise for us all.

Allan Hedges January 2006"

Staging of Prostate Cancer

Once cancer of the prostate has been found (diagnosed), more tests will be done to find out if cancer cells have spread from the prostate to tissues around it or to other parts of the body. This is called “staging”. To plan treatment, a doctor needs to know the stage of the disease.

The most commonly used staging is the TNM (Tumour, Node, Metastases) System

T = Tumour

This indicates the size of the tumour within the prostate

The stages are called T1, T2, T3 and T4.

N = Nodes

This tells us if the tumour has spread to the lymph nodes.

The stages are called N0 (has not spread to the lymph nodes) and N1 or N+ (cancer has spread to the lymph nodes)

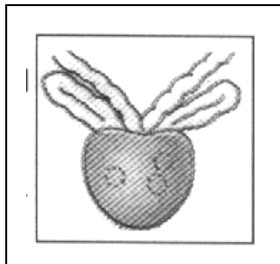
M = Metastases

This indicates how far the cancer has spread

M0 (the cancer has not spread) and M1 or M+ (the cancer has spread)

Stage 1 (T1)

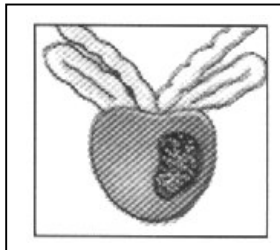
Prostate cancer at this stage cannot be felt and causes no symptoms ~ The cancer is only in the prostate and usually is found accidentally when surgery is done for other reasons, such as for benign prostatic hyperplasia. Cancer cells may be found in only one area of the prostate or they may be found in many areas of the prostate.



- TX** Primary tumor cannot be assessed
- T0** No evidence of primary tumor
- T1** Tumor not palpable nor visible by imaging
- T1a** Tumor is very small (in 5% or less of tissue removed in biopsy)
- T1b** Tumor in more than 5% of tissue removed in biopsy
- T1c** Tumor identified by needle biopsy (eg, because of elevated PSA)

Stage 2 (T2)

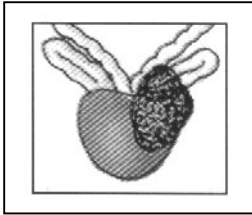
The tumor may be found by a needle biopsy that is done because a blood test (called a prostate-specific antigen [PSA] test) showed an elevated PSA level, or it may be felt in the prostate during a rectal examination, even though the cancer cells are found only in the prostate gland.



- T2** Tumor confined within prostate
- T2a** Tumor involves one lobe of prostate
- T2b** Tumor involves both lobes

Stage 3 (T3)

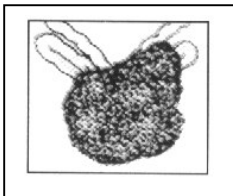
Cancer cells have spread outside the covering (capsule) of the prostate to tissues around the prostate. The glands that produce semen (the seminal vesicles) may have cancer in them.



- T3** Tumor extend through capsule
- T3a** Tumor extends on one or both sides
- T3b** Tumor invades seminal vesicle

Stage 4 (T4)

Cancer cells have spread (metastasized) to lymph nodes (near or far from the prostate) or to organs and tissues far away from the prostate such as the bone, liver, or lungs.



- T4** Tumor is 'fixed' or invades adjacent structures other than seminal vesicles;Bladder neck, external sphincter, rectum, levator muscles, and/or pelvic wall

Recurrent

Recurrent disease means that the cancer has come back (recurred) after it has been treated. It may come back in the prostate or in another pan of the body.

Regional Lymph Nodes (N)

- NX** Regional lymph nodes cannot be assessed
- N0** No regional lymph node metastasis
- N1** Metastasis in regional lymph node(s)

Metastases (M)

- MX** Distant metastasis cannot be assessed
- M0** No distant metastasis
- M1** Distant metastasis
- M1a** Non regional lymph node(s)
- M1b** Bone(s)
- M1c** Other site(s)

MORE HEARING

A man was telling his neighbor, "I just bought a new hearing aid. It cost me four thousand dollars, but it's state of the art. It's terrific!"

"Really," answered the neighbor. "What kind is it?"

"Quarter past twelve".

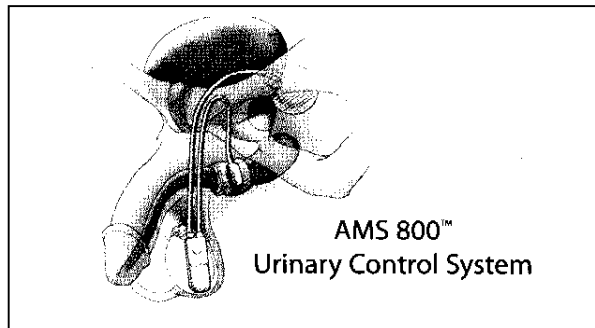
At our Group meeting on Monday, February 20th, Penrith based Urologist, Dr. Celi Varol, gave us a presentation on methods of treating Erectile Dysfunction and Incontinence.

This presentation was based on products developed by the American Company, American Medical Systems. (AMS).

Here is a brief description of the incontinent treatments.

How does the AMS 800 Urinary Control System work?

Once the AMS 800 is placed and activated, you will control urination by squeezing and releasing a pump, located in the scrotum. The AMS 800 double cuff is most often chosen for men with **moderate to severe incontinence**.

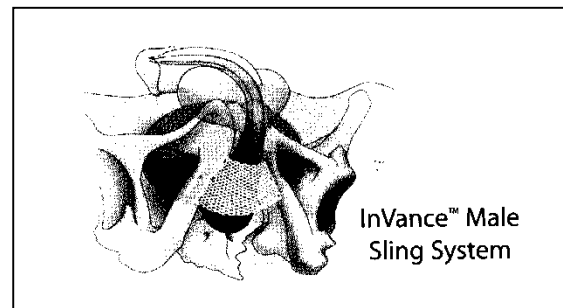


How is it placed in my body?

The AMS 800 is placed during an outpatient procedure, usually lasting about one hour and done under general or spinal anesthetic. One or two small incisions are made near the scrotum to place the cuff, which applies pressure to the urethra; the balloon, which controls the amount of pressure exerted by the cuff; and the control pump. Your doctor will activate the device four to six weeks after surgery.

How does the InVance Male Sling System work?

The device works on its own, without manipulation, by creating gentle pressure on the urethra. Most patients are continent immediately following the procedure and can resume normal, non-strenuous activities within a few days. The InVance system offers effective treatment for those with **mild to moderate incontinence**.



How is it placed in my body?

The device is placed during an approximately 45-minute outpatient procedure, done under local or general anesthetic. Once one small incision is made below the scrotum, the sling is positioned on the urethra and attached using miniature titanium screws to secure the device.

For further information visit
[www. Menswaterworks.com.au](http://www.Menswaterworks.com.au)

"InVance" Sling System - from the patients perspective

Prior to the talk given by Dr. Varol, at our January meeting, Alan Moran, our hard working Group Secretary, told us of his recent visit to hospital to undergo an operation to have the sling system fitted to give better control over his continence.

Here is a resume of Alan's experiences

Background: *The sling procedure has been developed by American Medical Systems and is suitable for both males and females whose incontinence causes them to use one or two pads per day.*

The operation opening is between the testes and the rectum with a cut about 2 to 3 cm long.

The sling is gauze mesh placed under the urethra and attached and tensioned by three screws to both sides of the pelvis.

Seven days after my operation by Dr Varol in Nepean Private Hospital I had no pain around the operation site. Dr Varol was to have been supervised by a Urologist from St George Hospital, he didn't arrive for one reason or another. Dr Varol saw me mid afternoon and explained that the specialist was not coming and asked whether I wanted to proceed or call off the op. I told him that I was here now and would be happy for him to perform his second sling procedure. He explained that a complication could be the tensioning of the sling. It could be too tight or too loose.

Operation: *I was outside the theatre at 6.45pm on Wednesday and came to in Recovery at 8.45pm. I had been fitted with a catheter and a drip and a big ball of padding under my testes. In the Ward my blood pressure and temp was monitored hourly, Hence not much sleep. The nurse seemed*

surprised that I had no pain. In the morning I spoke with the surgeon who said that the catheter would come out and when I could pass urine I would be allowed home. I had great difficulty passing urine on Thursday morning even under the shower and it was very painful trying to piddle. The nurse gave me some Ural and I tried again and was successful although had to force the flow. My testes were very swollen but not sore. I was glad to leave the hospital at about 10.15 am to come home.

Home: *Still difficult in passing urine. Took 2 Ural about 4 times a day on both Thursday and Friday with increasing success although still painful passing water. On Friday bought a donut cushion to ease the pain of sitting down. Became more and more mobile although I experienced pain when sitting down or bending down, apart from that pain there has been no pain from the op. On Saturday morning, after the op I took our dogs for a short walk and have done so each day since. Sunday it was getting easier to pass urine. I would have to say that at that time my flow had not, as yet returned to that before the operation.*

The good news: I am still dry and have had no leaking and have not had to get up to go to the toilet at night..

I hope that this has been of some help in understanding what is involved in this procedure.

A little old man shuffled slowly into an ice cream parlor and pulled himself slowly, painfully, up onto a bar stool. After catching his breath, he ordered a banana split. "With ice cream, please".

The waitress asked kindly, "Crushed nuts?"

"Nope," he replied, "arthritis."

P.C.F.A. MATTERS

The CEO of the Prostate Cancer Foundation of Australia, Mr. Andrew Giles, recently issued a statement of the workings of the Foundation throughout the past year. Below is a precis of Andrew's statement.

As you can see in "What's to Come" (Page 1), Andrew will be the Guest Speaker at our March Group Meeting where I am sure he will give a much more detailed address on the functions of the PCFA. If you have any questions on the Foundation's workings come along and Andrew will be able to provide the answers.

The statement is set out in three areas, Awareness, Support & Advocacy and Research.

Awareness

Be A Man

Successful launches in Sydney, Brisbane, Perth and Melbourne in 2005. 2006 will kick off with launches in Adelaide and Newcastle in February.

GP Education

PCFA continued to underpin the Be A Man Campaign with GP Education throughout 2005

GP seminars held in various centres throughout Australia

Prostate Cancer and Bone health Seminars were also held.

In 2006 a new series of GP education programs are planned in partnership with AstraZeneca.

Movember:

Enormous response to Movember 05. Fantastic media coverage and great corporate support resulted in excellent take up from right across Australia.

In 2004 there were around 450 people involved and it raised \$55,000 in 2005 we

had over 8,000 people involved and we have raised over \$1 million.

Arabic Community

PCFA is running a trial awareness program in NSW working with the Arabic Community

Support and Advocacy

Commonwealth Bank Sponsorship

As part of the CBA Support of PCFA they are providing funding for prostate cancer information sessions in rural and regional areas. This program was launched at a function at Bathurst to begin the new sponsorship.

In 2006 we will start a more systematic role out.

Taxotere

PCFA's Awareness, Advocacy and Education Committee is reviewing information about plans to make Taxotere more widely available.

Research

Research Committee:

The PCFA has now established a National Research Committee which is chaired by Professor Rob Baxter. The initial members of the Committee are drawn from research groups throughout Australia.

Research Fellowships:

Announcement of the new Mazda/PCFA Research Fellowship winner will be made shortly.

National Audit of Prostate Cancer Research.

The PCFA is currently undertaking a National Audit of Prostate Cancer Research in Australia to identify research and funding areas.

A Laugh at Life

HAVE YOU HAD YOUR SHOTS YET ?

This old man in his eighties got up and was putting on his coat

His wife says, "Where are you going?"

He said, "I'm going to the doctor."

And she said, "Are you sick?"

No" he said, "I'm going to get me some of those new Viagra pills."

So his wife gets out of her rocker and puts on her coat.

He said, "Where are you going?"

She said, "I'm going to the doctor too."

He said, "Why?"

She said "If you're going to start using that rusty old thing, I'm going to get a tetanus shot."

(Thanks to Ian Davis & his mates at Rotary for this one.)

TRUE LOVE

A senior citizen said to his eighty-year old mate: "I hear you're getting married?"

"Yep!"

"Do I know her?"

"Nope!"

"This woman, is she good looking?"

"Not really."

"Is she a good cook?"

"Nope, she can't cook too well."

"Does she have lots of money?"

"Nar! Poor as a church mouse."

"Well then, is she good in bed?"

"I don't know!"

"Well, why in the world do you want to marry her then?"

"Because she can still drive!"

20/20 HEARING

Three old guys are out walking.

First one says, "Windy, isn't it?"

Second one says, "No, its Thursday!"

Third one says, "So am I. Let's go get a beer."

MANUAL HANDLING CLOTHING

You have probably become aware from articles in previous issues of the Newsletter that our daughter, Tegan, lives in Glasgow, Scotland.

From time to time she sends us little anecdotes of life in Scotland.

Here is a recent (supposedly true) tale that she found in the 'Health & Safety' newsletter of the company she works for and passed on to us.

"I recently (on my wife's orders) had to strip out our old shower and put in a new one. The material from the old shower was out in my back garden and had been there for a few weeks. I decided (again, on my wife's orders) to call a company in to remove it.

Out of the local paper I found someone and arranged to have the material uplifted and disposed of at the local tip. The next day they arrived on time and proceeded to remove the material (not a lot of material but still a fair amount of manual handling involved). I couldn't help notice that the two guys doing all the work were wearing kilts, so I asked the driver (and obviously the boss) why they were wearing kilts. The conversation went along the lines of:

Me: 'Mind me asking why they are wearing kilts?'

Boss: 'Health and safety mate'.

Me: 'Really? (Pause for thought) Why is wearing kilts related to health and safety?'

Boss: 'Cause if they don't use correct manual handling techniques and bend using their knee's they'll be flashing their arses to the world'.

Me: '(thinking) Superb, I'll run this past OH & S on Monday'."

