

Below the Belt!

Newsletter of the Nepean / Blue Mountains Prostate Cancer Support Group

Vol. 6 No. 1

Dec. 2006 - Feb 2007



An Extraordinary Fundraiser

Friday the 27th of October saw an exciting new development for our Support Group.

Six years ago, our group was started by people with a vision of helping those dealing with Prostate Cancer.

Over the years, the number of people who have joined has multiplied to our current size of over 300 on our mailing list, attracting a range of excellent speakers.

The pioneers of our group are legends and we pay homage to them. Without their leadership and hard work, an opportunity we have recently had to be the beneficiary of a fund raising dinner would never have occurred .

This opportunity came about because Maurice Cooper and Ann Redwood, two leading members of the Blue Mountains Business Community who have for some years worked to raise funds for worthy causes, decided this year to have Prostate Cancer as the cause for their major fund raising effort. It would be impossible to describe all that these two extraordinary people did to bring about this event and to detail the enormous logistical and practical problems that they had to resolve, but they did it with a level of grace and dignity all too rare in this day and age .

Victor and Anne Cipants together with David and Jenny Price represented our group at the very successful fund raising dinner for Prostate Cancer on the evening of Friday the 27th October .

Because we were not yet an incorporated body and could not offer tax deductions for donations, Blue Mountains Cancer Help (BMCH) Inc., very graciously agreed to act as auspicians for us , which meant they received the proceeds of the night on our behalf.

The evening raised an amazing \$35,000, \$28,000 of this going to NBMPCSG and \$7,000 to BMCH.

After much consultation to determine local needs to support prostate cancer sufferers it has been decided that these funds will be used to develop a website for our group, donate a bladder scanner to Nepean Cancer Care Clinic and donate a Grasby pump to BMCH.

We are now working towards incorporation and look forward to taking the next step on our journey, building on the very strong foundation laid by the founders of this group and their successors .

Vic Cippants and David Price



You are invited to....
Group Christmas party
Monday, December 18th 2006
6-30 pm



Venue:
Usual Meeting place
Nepean Hospital
Education Centre



Drinks Provided.
Please bring a plate.

Food For Thought

Fat – Good and Bad

Fat tends to get bad publicity. Many people eat too much of it. It comes in several forms, not all of which are bad. Fat is a concentrated source of energy and carries the fat-soluble vitamins A, D, E and K.

The word '*fat*', when used by nutrition experts, is a collective term for fat and oil. *Oil* is a liquid form of fat. Fat consists of several types of *fatty acids*. Depending on its chemical composition a fatty acid may be *saturated*, *mono-unsaturated* or *poly-unsaturated*.

Mono-unsaturated and *poly-unsaturated* fats are usually liquid at room temperature and are regarded as 'good' fats. They have many benefits such as lowering blood cholesterol (which can reduce the risk of heart disease), maintaining good eyesight, strong bones, healthy skin and brain function.

Mono-unsaturated fats are found in avocados, peanuts, almonds, seeds, vegetable oils such as olive, peanut and canola and in margarine spreads based on these oils.

Best known poly-unsaturated fats are *Omega-3 (n-3)* – found in fish, canola, soybeans, lean meat and eggs, and *Omega-6 (n-6)* – found in plant foods such as seeds, walnuts, vegetable oils such as sunflower, safflower and soybean and in some margarine spreads.

Saturated fats are usually solid at room temperature and are often regarded as 'bad' because they raise blood cholesterol. The three main sources of these fats are :

- *Animal fats* - Full fat dairy products – butter, cheese and cream – and the surface fat of meat.
- *Tropical oils* – Coconut and palm oil.
- *Trans fats* – These are unsaturated fats that behave like saturated fats. Small amounts naturally occur in

animal foods. Of concern from a health point of view are the trans fats made from unsaturated vegetable fats. These are chemically altered (*hydrogenated*) to be solid at room temperature. Heating polyunsaturated oils, as in deep frying, may also cause hydrogenation. Tropical oils and trans fats are used extensively in commercially prepared foods like pastries, biscuits, chips, confectionary, salad dressing and take away foods.

All fats are high in energy (calories) and produce weight gain when eaten in excess. Dietary guidelines recommend that we should eat a low fat diet, in particular one low in saturated fat. One to two tablespoons of mono- and poly-unsaturated fats each day, used in cooking and at the table, are sufficient for a healthy diet. Words such as 'lite' on bottles of oil refer to the flavour and colour, not the calorific content.

(Derived from '*Your Doctor*' published by the Blue Mountains Family Practice)



Did you know?.....

- Reduced salt products have 25-30% less salt than regular ones.
- Products labelled "no added salt", "salt free" or "unsalted" have no added salt or don't contain ingredients with added salt.
- Low salt products have no more than 120mg of salt per 100g. This is equivalent to 0.3% salt.

(*"Table" Magazine, November, 2006*)

Did you hear about the dyslectic who walked into a bra?

President's Report

President's Report to the 2006 Annual General Meeting of the Nepean / Blue Mountains Prostate Cancer Support Group.

I would like to begin my report by thanking all members of the group for their support of our monthly meetings and their willingness to share experiences to provide the support that each of us at some time seeks from the group.

I would also like to thank the members of our Executive Committee, Alan and Gabrielle Moran, Alan Howard, Ian Davis, Eric Kent, Brett Sowerby, John Withers and David Price for their commitment and efforts, particularly over the last three months, when due to treatment I am currently receiving, I have needed some additional support in my role as chairman. Special thanks are due to: Alan Howard who has continued to do such a commendable job as editor of our newsletter, "Below the Belt"; Ian Davis, our librarian; and Alan Moran, our secretary and his wife Gabrielle who contribute so much of their time and effort to the group. Thanks are also due to Peter Gooley who has this year been videoing the presentations of our guest speakers and of course to all those who have added to the enjoyment of our meetings with their contributions to supper.

Our membership continues to grow. Our monthly meetings have been well attended, due in part to the quality of the speakers we have been fortunate to have address our meetings. These have included:

- | | |
|------------------|--|
| November | Professor Howard Gurney, "Use of Chemotherapy in the Treatment of Advanced Prostate Cancer" |
| January | Alan Hedges, a group member, "Alternative Medicines" |
| February | Andrew Giles, CEO of the PCFA, "What is happening with the PCFA" |
| March | Professor Jim Bishop, "How are multidisciplinary teams to work with the private and public sectors?" |
| April | Brett Sowerby, a group member, "Personal observations on my treatment with Brachytherapy" |
| May | Dr Andrew Brookes, "Life after Prostate Cancer" |
| June | Dr. Manish Patel, "How to get optimal management of your prostate cancer" |
| July | Professor Jane Usher, "The Value of Support Groups" |
| August | Dr Brian Orr, "The Advances in Treatment to Give Hope for Men with Advanced Prostate Cancer" |
| September | Craig Kozlovsky, "Services Provided by the CRS (Commonwealth Rehabilitation Services)" |

Interest in the speaker's topics has frequently led to meetings running over time. Meetings have also included important sharing of difficulties faced by members and support provided through other's experiences. It may be that members will decide upon more open forums with opportunities for discussion in 2007. Input from our members is invited for planning the program including topics for speakers for the coming year. New members have brought to the group awareness of current experiences, difficulties and treatments. Some existing members are experiencing new treatments and have shared information regarding these. Continued input from guest speakers who are involved in these advances and maintenance of an up to date bank of information is important to the continued quality of support which can be provided through the group.

Other activities participated in by members of the group in the past year have included:

- Scrutineering for The Hawkesbury Canoe Classic which raised funds for the PCFA
- The Cancer Council Relay For Life
- Morning tea with the Cancer Council at Blaxland, an activity of the “Australia’s Biggest Morning Tea” fundraiser

The December meeting was a social occasion with a Christmas supper enjoyed by all.

One of the major aims for the past year was to create a website for our group. Expressions of interest were successfully sought from the group to develop the website and this will proceed once funds are available. As a result of an approach from a fundraising group in the Blue Mountains a formal dinner is to be held at Katoomba this month. It is planned that funds raised will be donated towards the establishment of the website. Many thanks to David Price for his preparatory work towards the website.

Our thanks once again are due to the PCFA for the distribution of “Prostate News” free of charge to those members who have requested it. It is recommended that all members of the group receive this source of information. If you are not receiving it please inform one of our committee members so that we can add your name to the mailing list at the PCFA.

I am grateful for the support I have received from the group in my role as chairman and as a fellow prostate cancer survivor. Again I thank all the members, the committee, and the guest speakers for their contributions to maintaining a successful and supportive group over the past year.

Victor Cipants



SUPPLEMENTS

WE have had numerous requests from members asking about starting to take supplements after they have been diagnosed with prostate cancer.

There is an article by Jill Margo in the Australian Financial Review of the 30th November in the “Men’s Health” page entitled “Protecting patients from alternatives” which may answer their inquiry.

The article is as follows

“Cancer patients need protection from “vile and cynical exploitation” by alternative-medicines industry, says Jonathan Waxman, professor of oncology at Imperial College London. Writing in the British Medical Journal, he says up to 80% of cancer patients use complementary or dietary treatment which is often misleading and incorrect. Although there is strong dietary basis to the development of cancer, once cancer has been diagnosed no change in diet will lead to any improvement in cancer outcomes, Waxman says. He believes that it is time for legislation to protect the vulnerable”.

This article has been reproduced in the belief that the major function of any Support Group is to provide information to its members.

Alan Moran
Group Secretary

2006 Hawkesbury Canoe Classic



Once again this year, members of our group assisted with the scrutineering of boats for the Hawkesbury Canoe Classic, a 111 kilometre overnight paddle from Windsor to Brooklyn. This year 434 boats took part with over 640 paddlers. This is a major fund raising effort by the Hawkesbury Canoe Club. The major recipient of the funds raised is The Arrow Foundation, (the bone marrow transplant group). This year the Foundation received a cheque for \$222,000. Other organisations also benefit. For our efforts in scrutineering, the Prostate Cancer Foundation of Australia received a cheque for \$2,000.

Following is an email we received from Robert Grozier, Chief scrutineer for the Canoe Classic.

"Thank you very much for all your efforts last Saturday and could you please pass my thanks on to all your willing volunteers. It is certainly a full on experience so it was not easy to carry on many conversations on the day. It was a fantastic feeling to see so many people working hard for such a good cause and in our own way enjoying the day."

Well done to all involved! See you again next year!

Incidentally Jil Sowerby, (wife of our esteemed treasurer, Brett,) and her paddling partner Judy, set a record for their age group and boat class (Women's 50+ TK2 – (a two person kayak)) and also became the fastest Women's TK2 regardless of age classification, in the 30 year history of the Canoe Classic.

Congratulations, Jil and Judy.

EXERCISE AND CANCER

(Presented to the SAN Support Group by Michelle Pisani on 23 October 2006)

Introduction

Everyone can benefit from exercise and smile about it!

Michelle started by posing two questions: “*Why exercise?*” and “*Why cancer patients particularly?*”

The answers were to reclaim one’s life, to take control of one’s life and health, and to be pro-active in one’s recovery.

(Numerous specific benefits, including improved survival, are listed later.)

So— what sorts of exercise?

There are two classes of exercise for cancer patients to consider:

- a) Specific exercise appropriate to the cancer and the treatment, and
- b) Exercise for general fitness, suitable for anyone as well as cancer patients.

She then listed the parts of the body to be exercised for different cancers.

Exercises for Prostate Cancer Patients.

For prostate cancer the particular regions to be exercised are Pelvic floor & Core.

Pelvic Floor: Those who have had surgery or radiotherapy for prostate cancer will already be familiar with pelvic floor exercises as part of their recovery or maintenance of urinary and bowel continence. They aim strengthen the muscles that run from the pubic bone back to the pelvis, and which form part of the muscle set that close off the bladder and rectum. Exercising these enables one to recover or maintain continence, and also to relax when needing to urinate or defecate.

To exercise the pelvic floor muscles, take following steps: sit forward on the chair; put the legs apart, resting your arms on your legs; tense the muscles that one uses to retain urine or faeces such that one can feel the perineal region between the legs being pulled upwards and inwards. Hold the tension, but DON’T hold your breath.

Exercise ten such contractions each lasting ten seconds, doing this five or six times per day. (The test is to be able to stop mid flow whilst urinating and hold for 10 seconds, but this should not be done often or it can interfere with the ability to relax to urinate.)

Core: Core stability is currently receiving a lot of attention. The core comprises deep abdominal and back muscles. They are linked with the pelvic floor muscles. The core muscles of the abdomen form a corset around the abdomen, and work together with the muscles around the spine. The roles of the core muscles are to stabilise the trunk; to prevent injury both to the abdomen and the spine; and to allow efficient movement. Normally the core muscles “turn on” before we move in anticipation of the movement, but after surgery the activation may be slower (or may not happen at all), and so the back may not be protected in time for the movement.

Two particular core muscles were described:

- a) Pulling the abdomen in and b) “the plank”.

A) *Pulling the abdomen in:* The steps are: lie on the floor on your back with the knees bent; place your thumbs just in from the hip bone; breathe in; while breathing out, pull the belly button back toward the spine, flattening the tummy; hold this position, while continuing to breathe normally; hold for 10 seconds.

Once this has been learned,

The aim should be to be able to do this while sitting, progressing then to standing, and then to doing it while moving around. The contractions should be done ten times, and this should be repeated several times (e.g. 5 – 6) per day.

B) *The Plank.*

(i) Get down on your knees and elbows with arms flat on floor and back flat like a plank, not letting your tummy sag, and with eyes looking down. Hold and work up with practice to hold this for two minutes.

(ii) This can also be done with your feet against the wall with a straight line of your body elevating only because you are resting on toes and your elbows, with arms extended flat on the floor in front of you.

General Exercise

There are two classes of general exercise: *cardiovascular*, and *strength*. Research into exercise is providing very positive results for breast and colon patients showing that it improves survival and reduces the probability of recurrence. The benefits of exercise for everyone include:

—Improved cardiovascular functioning,

- Decreased body fat and improved weight control
- Improved mood and reduced likelihood of depression
- Prevention of osteoporosis
- Prevention of diabetes
- Improved concentration
- Prevention of muscle and joint injuries
- Better balance with fewer falls.

For cancer patients, the particular benefits include:

- Survival improved by 50%
- Reduced probability of recurrence
- Improved quality of life (comfort, enjoyment, ability to engage in normal activities etc.)
- Maintained bone mineral density during chemotherapy (and hormone therapy)
- Decreased nausea and fatigue during chemotherapy (exercise is the *only* proven treatment for fatigue during chemotherapy)
- Prevention of weight gain (weight gain during chemotherapy has been found to be principally due to lack of exercise not increased food intake – exercise 3 times per week has led to less body fat and increased lean muscle)
- Improved body image and self esteem
- Enhanced immune system reducing vulnerability to various infections such as colds (this has been demonstrated in breast cancer patients)
- Decreased depression
- Fun! (Group or class exercising is fun and also a good source of mutual support.)

Cardiovascular exercise

Needs to entail a bit of effort, such as to raise a sweat, but Michelle advised that all exercise should start at an easy level at first.

In addition, it is wise to include some

Strength exercises (e.g. with weights, or using the weight of the body as when doing squats, or of limbs when doing

some floor exercises, and/or use of one of the inexpensive elastic band systems such as “Theraband”).

Abdominal strength exercises may include the following:

A) Core: lying on back, pulling abdomen in

B) Core: “Plank” (on hands and knees, squeeze core muscles in and hold)

C) Lying on the back, and raising upper trunk off the ground, with hands behind head

D) Lying on the back and reaching sideways down toward alternate heels.

E) Lying on the back, and raising legs together toward ceiling.

F) Lying on the back, and cycling with legs.

G) Squats *or*

H) Sitting on the edge of a chair and repeated standing and sitting without using hands. This also strengthens the legs.

Recommendations

—Exercise three to five times per week, for around 30 to 40 minutes at least on each occasion.

—Check with your treating doctor before starting.

—Start lightly, and build up.

—“Cross train” i.e. use a variety of forms of exercise (e.g. cardiovascular / weight / stretching / abdominal etc.)

—Drink plenty of water (e.g. two litres per day)

—Join a group or a club.

—Choose something that is *fun*.

For cardiovascular exercise, aim to develop a pulse rate that is 60 – 70% of “Max Heart Rate” (Max Heart Rate = 220 – Age.

For example, a person aged 65 would aim to exercise to a pulse rate of: 70% of 220 – 65, i.e. around 108 per minute).

Get help from your support group, local physios, gyms or personal trainers.



What's to Come

Group Meeting – Monday, January 15th

No Guest Speaker – Open Forum

Group Meeting – Monday, February 19th

Rev. Dr. Mel Macarthur

(Motivation in Combating Cancer)

Group Meeting – Monday, March 19th

Dr. Celi Varol

(Advantages of using Green Laser equipment in treating prostate cancer)

MEMBERSHIP UPDATE

We are continuing with an update of our membership records. To assist us to do this, if you haven't already done so, could you please complete the membership form below and forward to our Secretary at the address shown below.(or bring it along to a meeting)

The Honorary Secretary
N/BMPCSG

NEPEAN / BLUE MOUNTAINS PROSTATE CANCER SUPPORT GROUP.
Affiliated with the Prostate Cancer Foundation of Australia.

MEMBERSHIP FORM.

PLEASE USE BLOCK LETTERS.

FIRST NAME:.....WIFE/PARTNER.....

SURNAME:.....

Postal Address:.....

SUBURB:.....Postcode:.....

Phone Number:.....

Email:.....

WHAT TYPE/S OF
TREATMENT:.....

WHO PERFORMED THIS TREATMENT:.....Year:.....

Are you prepared to be contacted to discuss your treatment with other members of our Group?
Yes/No.

(Please be assured:- 1/. Your name will not be given to anyone. 2/. You will be contacted and asked to contact the member. 3/. You make the decision whether or not you contact the member)

Joining the Support Group entitles you to receive copies of "The Prostate News" published by the Prostate Cancer Foundation of Aust. and "Below the Belt" our Newsletter. Should you **not** wish to receive either of these publications, please indicate by placing an X in the space provided?

Prostate News Below the Belt

You are advised that this information is kept private and confidential, not only because the law demands that we do, but, more to the point to show that we value your privacy.

(N/BMPCSG Use Only)

Noted on Master Register:/...../.....

E-mail added to list:/...../.....

Badge/s made:/...../.....

Notified PCFA of Prostate News required:/...../.....

Notified PCFA to post Below the Belt:/...../.....

A Laugh at Life

Out Of The Mouths Of Patients.....

Dr. Andrew Brooks was our guest speaker at our monthly meeting in May. He gave a very interesting talk on "Life After Prostate Cancer"

Dr. Brooks related the reply that he received from one of his patients when they were discussing the delicate subject of erectile dysfunction.

In declining to receive treatment for this condition the patient replied: -

"Doc, I know that you can put the lead back in my pencil, but sadly nobody is interested in what I've got to write!"



Blondes

Last year I replaced all the windows in my house with those expensive double-pane energy-efficient kind.

Yesterday, I got a call from the contractor who installed them.

He was complaining that the windows had been installed a whole year ago and I hadn't paid for them yet.

Helloooo?

Now just because I'm blonde doesn't mean that I am automatically stupid. So I told him just exactly what his fast-talking sales guy had told ME last year... namely, that in just ONE YEAR these windows would pay for themselves!

Hellooooo"? (I told him). "It's been a year"!

There was only silence at the other end of the line, so I finally just hung up....

He hasn't called back, probably too embarrassed about forgetting the guarantee they made me.

Bet he won't underestimate a blonde anymore.

Duck Hunting

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 have a 20-year old girl friend who is pregnant with my child. So what do you think about that."

The doctor considered this 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 waters edge. He realised he'd left his gun at home and so couldn't shoot the magnificent creature but out of habit he raised his walking cane, aimed it at the duck as if it was his favourite hunting rifle and went 'bang, bang'. Miraculously, two shots rang out and the duck fell down 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!"
(Thanks to PSA Adelaide Group)

Doctors Visit.

A fellow went to the doctor for a check up accompanied by his wife. As the man was getting dressed the doctor took the wife aside and quietly spoke to her,

"Your husband is suffering from a very severe stress disorder. If you don't do the following he will surely die. Each morning fix him a healthy breakfast. Be pleasant at all times. For lunch make him a nutritious meal. For dinner prepare him an especially nice meal. No chores and no nagging. Oh yes, and make love to him several times a week. Do this for the next year and he'll regain his health completely."

The couple then left the surgery. "What did the Doctor say?" enquired the man. "You are going to die" was his wife's reply.

Members, can you help?

For some time there has been anecdotal information around about the incidence of breast cancer occurring in partners of males who have had prostate cancer. A second set of circumstances involves men whose mothers or daughters have contracted breast cancer. I would like you to contact me to get an idea of the incidence of these occurrences amongst our members. What will then happen with the information is that I will contact the researchers from the University of Western Sydney with the raw numbers to find out from them whether they would like to conduct some research into the incidence of both cancers occurring in families. Whilst I acknowledge that this can be a very sensitive matter for you, if you have lost a loved one to these cancers rest assured that your confidentiality will be respected and **ONLY** raw numbers will be handed on to the researchers.

Thanking You
Alan Moran
Secretary
N/BMPCSG

The Nepean / Blue Mountains Prostate Support Group is grateful for the support of its members and various local groups. This enables us to produce this newsletter and cover other incidentals in the running of the group. This expenses involved in producing and distributing this newsletter are subsidised by The Prostate Cancer Foundation of Australia.

The views expressed in this newsletter are not necessarily the views of the Group.

The Group does not offer medical or other professional advice.

Articles presented in this or any other issues are presented only as a means of sharing information and opinions with members.

It is important that health professionals should be consulted before making any decisions about any treatments.

This newsletter has been compiled by Alan Howard from material culled or provided.