

Below The Belt

Newsletter of the Nepean / Blue Mountains Prostate Cancer Support Group

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Mar. 2007 – May. 2007



Affiliation?...Incorporation?...

It is with regret we must advise all members of the Nepean/Blue Mountains Prostate Cancer Support Group (NBMPCSG) that we are no longer affiliated with the Prostate Cancer Foundation of Australia (PCFA). A recent email from the PCFA states that our application for affiliation has been rejected as of the 30th November 2006. The reason given being that our plans to become an incorporated entity do not fit within "PCFA national office internal operational guidelines" a document that we have as yet, neither seen nor been made aware of.

Members who attended our AGM in October 2006 will recall that one of the items discussed was the request from the PCFA that we apply to re-affiliate. After full and frank discussion it was agreed unanimously to re-affiliate.

Another item discussed at that time was whether or not to become an incorporated body. Following a vote our members endorsed the proposal, and authorised the Planning Committee to undertake the tasks leading to becoming registered with the Department of Fair Trading, with a view to having 'incorporated' added to our existing name. While the process of developing a constitution prior to becoming incorporated has commenced, actual registration is still some way off.

Further, members we have spoken to cannot understand or comprehend why we are unable to be a separate incorporated body and at the same time be affiliated with a peak umbrella organisation covering prostate cancer support groups in Australia. We are, after all here to provide support to prostate cancer survivors and their families and help promote the raising of awareness of this insidious disease.

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Whats to Come

Group Meeting – Monday, March 19th.

Dr. Celi Verol – Non Invasive Treatment for Enlarged Prostate.

Group Meeting – Monday, April 16th.

Open Forum (Refer item on page 6)

Group Meeting – Monday, May 21st.

David Rigg - Medical Physiologist

Food for Thought

Altering fatty acid levels in diet may reduce prostate cancer growth rate **Medical Studies/Trials**

Published: Wednesday, 2-Aug-2006

UCLA researchers found that altering the fatty acid ratio found in the typical Western diet to include more omega-3 fatty acids and decrease the amount of omega-6 fatty acids **may** reduce prostate cancer tumour growth rates and PSA levels.

Published in the Aug. 1 issue of the journal *Clinical Cancer Research*, this initial animal-model study is one of the first to show the impact of diet on lowering an inflammatory response known to promote prostate cancer tumour progression and could lead to new treatment approaches.

The omega-6 fatty acids contained in corn, safflower oils and red meats are the predominant polyunsaturated fatty acids in the Western diet. The healthier marine omega-3 fatty acids are found in cold-water fish like salmon, tuna and sardines.

"Corn oil is the backbone of the American diet. We consume up to 20 times more omega-6 fatty acids in our diet compared to omega-3 acids," said principal investigator Dr. William Aronson, a professor in the department of urology at the David Geffen School of Medicine at UCLA and a researcher with UCLA's Jonsson Cancer Center. "This study strongly suggests that eating a healthier ratio of these two types of fatty acids may make a difference in reducing prostate cancer growth, but studies need to be conducted in humans before any clinical recommendations can be made."

Scientists used a special mouse model for hormone-sensitive prostate cancer that closely mirrors the disease in humans. Researchers fed one group of mice a diet comprised of 20 percent fat with a healthy one-to-one ratio of omega-6 to omega-3 fatty acids. A second group of mice were fed the same diet but with the fat derived from mostly omega-6 fatty acids.

The study showed that tumour cell growth rates decreased by 22 percent and PSA levels were 77 percent lower in the group receiving a healthier balance of fatty acids compared with the group that received predominantly omega-6 fatty acids.

The most likely mechanism for the tumour reductions, according to researchers, was due to an increase of the prostate tumour omega-3 fatty acids DHA and EPA and a lowering of the omega-6 acid known as arachidonic acid. These three fatty acids compete to be converted by cyclooxygenase enzymes (COX-1 and COX-2) into prostaglandins, which can become either pro-inflammatory and increase tumour growth, or anti-inflammatory and reduce growth.

Researchers found that pro-inflammatory prostaglandin (PGE-2) levels were 83 percent lower in tumours in the omega-3 group than in mice on the predominantly omega-6 fatty acid diet, demonstrating that higher levels of DHA and EPA may lead to development of more anti-inflammatory prostaglandins.

"This is one of the first studies showing changes in diet can impact the inflammatory response that may play a role in prostate cancer tumour growth," Aronson said. "We may be able to use EPA and DHA supplements while also reducing omega-6 fatty acids in the diet as a cancer prevention tool or possibly to reduce progression in men with prostate cancer."

Currently, the research team is conducting a clinical trial with men who are undergoing prostate removal due to cancer to compare the effects of a low-fat diet using omega-3 supplements and a balanced Western diet. Aronson said that positive findings from this study may lead to larger clinical trials.

In addition, Aronson said that further study might show that COX-2 inhibitors or non-steroidal anti-inflammatories (NSAIDs) combined with omega-3 supplements also may lower the inflammatory response in prostate cancer development.

Incorporation?.....Affiliation?... *Continued from page 1.*

We would like to point out that there are already existing prostate support groups in Australia who are incorporated organisations, and our understanding is that these groups will be encouraged to give up their incorporated status in order to become affiliated with the PCFA. Committee members can name many instances where incorporated organisations are affiliated with other incorporated organisations; these are usually peak organisations at either the State or National level. For instance there are a numerous breast cancer organisations that are both incorporated and affiliated with their State and/or National Organisations.

You might ask "why become incorporated?" after all, it does involve a lot more work. The answer is that to spread our message further in Sydney's Outer Western Suburbs, we need to develop a website. To achieve this we need a domain name for that website, and to obtain a domain name we must be an incorporated body.

We also wish to be able to raise funds not only to further support our members, and raise awareness of prostate cancer in our local area, but to be able to work with other organisations to provide much needed equipment for use in Sydney's Greater West. As an example, after the recent fund raiser held on our behalf by the business community of the Blue Mountains, a Bladder Scanner valued at \$17,000 was able to be donated to the Nepean Cancer Care Centre by our Group.

Another good reason why we need to become incorporated is so that we can raise funds and offer tax deductibility i.e. issue receipts to donors, which we cannot do unless we are an incorporated body.

Our hard-working Secretary, Alan Moran, has been authorised by the board of the group to negotiate with the PCFA and the National Support & Advocacy Committee (SAC) to try and resolve the current situation concerning affiliation.

Alan Howard

Outback Joke:

A Queensland cow cocky was grazing his herd on the long acre of a remote pasture in outback Queensland when suddenly a brand new and shining 4 wheel drive emerges from dust cloud. The driver, a man in an Armani suit, Gucci shoes, Bole sunglasses and Yves St Laurent silk tie, slides down the window and asks the farmer,
"If I tell you how many cows and calves you have in your herd, will you give me a calf?"
The farmer looks from the man to the peacefully grazing herd and murmurs: "Why not."
The well-dressed man whips out his notebook, connects to his mobile phone, and surfs to a NASA page on the internet. There he calls up a GPS navigation system to get a fix on his position, which he then feeds to another NASA satellite that scans the area in an ultra-high resolution photo.
Then he opens the digital photo in PhotoShop and exports it to an image processing facility in Hamburg, Germany. Within seconds he receives an e-mail on his Palm Pilot that the image has been processed and the data stored.
Now he accesses an MS-SQL database through an ODBC-connected Excel spreadsheet on his Black Berry and, a few seconds later receives a response.
Finally he prints out a full-colour, 150 page report on his hi-tech, miniaturised Laser Jet printer, turns to the drover and says:
"You have exactly 1,586 cows and calves."
"That's right." says the farmer. "Well I guess you can take one of my calves."
He watches as the man selects an animal and stuffs it in the boot of his car.
"Hey," muses the farmer, "If I can tell you what you do for a living, will you give me back the animal?"
The man thinks about it for a second and then says:
"Okay, why not."
"You're a parliamentarian from Canberra," says the drover.
"Wow that's correct! But how did you guess that?"
"No guessing required," answered the farmer, "You showed up here even though no body invited you; you want to get paid for an answer I already knew, to a question I never asked. You tried to show me how much smarter than me you are; and you don't know anything about cattle.
So now give me back my bloody dog and bugger off!"

NSW Prostate Cancer Care and Outcomes Study (PCOS)

(Some interesting statistics obtained from the PCOS newsletter No. 6 of December 2006)

This study has been underway now for six years. The aim of the study is to discover more about the long term benefits and risks of treatment, so that men with prostate cancer can enjoy good health as they get older. The study takes the form of telephone interviews. *(I have participated in the study since my treatment five years ago)*

Latest prostate cancer statistics for NSW

- In 2004, 5477 men were newly diagnosed with prostate cancer. This was an increase of 750 on 2003.
- Since 2002, more men have been diagnosed with prostate cancer than women have been diagnosed with breast cancer, making it the most common cancer in Australia after non-melanoma skin cancers.
- The average age of diagnosis is falling. In 2004, it was 69 years, the lowest average age since statistics have been collected.

The five year relative survival rate for men with prostate cancer is 88%, and well over 90% for men with localised disease.

How is prostate cancer managed in NSW.

One of the main aims of the study is to provide a clear picture of how prostate cancer is being treated in NSW. After reviewing over 2560 medical records and with the cooperation of some 250 specialists and doctors treating prostate cancer the study has preliminary information on the general trends and patterns in the care of prostate cancer.

Stage of disease

Stage Definition	% of men
T1 Clinically unapparent tumour, not detectable by DRE nor visible by imaging.	48%
T2 Confined within the prostate (detectable by DRE. Not visible on TRUS.	42%
T3 Tumour extends through the prostate capsule but Has not spread to other organs.	8%
T4 Tumour is fixed or invades adjacent structures other than seminal vesicles.	1%

Initial primary treatment

'Initial Primary Treatment' is defined as the main choice of treatment that men had in the first year after diagnosis of prostate cancer.

Main treatment for men aged less than 70 when diagnosed with prostate cancer in NSW.

Active Surveillance	11%
Brachytherapy (Wires)	3%
Brachytherapy (Seeds)	2%
Hormone Therapy	8%
External Beam Radiotherapy	19%
Radical Prostatectomy	57%

After adjusting for spread of disease, Gleason score and PSA level at diagnosis, age was also a good predictor of whether men underwent prostatectomy. Men in their fifties were 2.5 times more likely than men in their late sixties to have a prostatectomy.

While some newer forms of treatment are now available, including laproscopic surgery, cryotherapy and HI-FU (focused ultrasound) they were not common enough in the study to report on.



Cancer Carers Study

The staff of the School of Psychology of the University of Western Sydney has been conducting a survey of the needs and experiences of the carers of people with cancer. They have conducted many individual interviews and would like to interview a group of carers together as it is a supportive environment in which to share and exchange experiences.

Our group has been invited to contribute. Would the wives and partners in our group be willing to participate?

This request will be among items to be discussed at our Open Forum meeting on Monday, April 16th. Below are the details of the survey to give you some information as to what the survey hopes to achieve.

Cancer Carers Study Participant Information Sheet *Partners, family members, and friends supporting an adult with cancer*

What is the purpose of the study?

This study aims to evaluate the needs and experiences of cancer caregivers, and develop and evaluate a range of support services which target the specific needs of women and men who are providing support and care for an adult with cancer. This study is being funded by an Australian Research Council Linkage Grant in conjunction with The Cancer Council NSW.

Who will be invited to enter the study?

We are inviting people who are primary caregivers of an adult with cancer to take part. A primary caregiver of a person with cancer may be a partner, husband or wife, sibling, adult child, or close friend. They may provide a range of support, such as, emotional, physical and practical support.

What will happen in the study?

If you are a primary caregiver of an adult with cancer and choose to become involved, we would like you to fill out a consent form and questionnaire then mail them back to us in the reply paid envelope provided. Alternatively, you can complete the questionnaire online at www.uws.edu.au/cancercarers

The questionnaire may take you about one hour to complete. It will ask you about different aspects of your life, such as how you feel about yourself, how you are feeling emotionally, how you feel about others, your needs and experiences.

We are also conducting interviews with a number of participants. If you are willing to take part, you may be asked to attend either an individual interview with a research team member, or a small group interview led by two research team members. The discussion will focus on your needs and experiences as a caregiver of a person with cancer, areas of difficulty, unmet needs, and support you would find helpful, and should take no more than one hour. This discussion will be audio taped to allow us to go over what is said in detail afterwards. This discussion will be strictly confidential. We will ask you to complete a consent form prior to participating in the interview or focus group.

If you find any of the questions unsettling, or find that they raise issues you had not previously considered, please feel free to contact the Project Coordinator, Mirjana Sandoval on 1800 19 20 02

Confidentiality

All aspects of this study, including results, will be strictly confidential and only the researchers will have access to your personal information. Any publication of the results from this study will only use de-identified information. The questionnaires/audio tapes from this study will be stored in locked filing cabinets at UWS. All materials will be kept for five years then securely disposed of by shredding questionnaires and erasing tapes before destruction.

Do you have a choice?

Participation in this study is entirely voluntary: you are in no way obliged to participate and, if you do decide to participate, you can withdraw from the study at any time.

Names of investigators

This is a study being conducted at the University of Western Sydney, directed by Professor Jane Ussher, in conjunction with Dr Gerard Wain, Professor Phyllis Butow, Gillian Batt, Dr Kendra Sundquist, Mirjana Sandoval, Angela Pearce, Dr Emilee Gilbert, and Yasmin Hawkins.

Contact details

If you have any questions or concerns, and/or would like to participate in this study, please contact the Project Coordinator:

Mirjana Sandoval, Phone: 1800 19 20 02, Email: cancercarers@uws.edu.au



A Novel Sling Procedure for Male Urinary Incontinence

In a sling procedure, the surgeon creates a support for the urethra by wrapping a strip of material around the urethra and attaching the ends of the strip to the pelvic bone. The sling keeps constant pressure on the urethra so that it does not open until the patient consciously releases the urine.

OBJECTIVE

To evaluate the efficacy and safety of a new adjustable bulbourethral sling (Produced by Argus®, Promedon SA, Cordoba, Argentina) in the treatment of male stress urinary incontinence (SUI) after prostate surgery.

PATIENTS AND METHODS

In all, 48 patients with SUI because of prostatic surgery for prostate cancer (39) or benign prostatic hyperplasia (9) had a new sling implanted in a multicentre trial at six institutions between April 2003 and September 2004. All patients were fully evaluated, including a questionnaire (International Consultation on Incontinence Questionnaire-Short Form, ICIQ-SF, range 0–21), endoscopy, and urodynamic evaluation. The Argus system comprises a 4.2 × 2.6 × 0.9 cm thick silicone foam pad for soft bulbar urethral compression. The pad is attached to the silicone cone columns that, after being passed with needles from the perineum to the abdominal wall, are adjusted with silicone washers to regulate and keep the desired tension against the urethra. The pad and washers are radio-opaque, which allows their position to be assessed during follow-up. The surgical technique was one described previously, with some modifications.

RESULTS

At a mean (range) follow-up of 7.5 (1–17.5) months, 35 (73%) of the 48 patients were dry, five (10%) were improved, and eight (17%) were incontinent, including four (8%) who needed sling adjustment. The mean (range) ICIQ-SF improved from 19.2 (12–21) to 4 (0–21). There were three (6%) urethral perforations during surgery that were resolved by re-passing the needle. The sling was removed in three men (6%) due to erosion and in two (4%) due to infection. Seven (15%) cases of acute urinary retention resolved spontaneously, except for one that needed the sling loosening. No cases of chronic retention were reported. There was perineal discomfort and mild dysuria soon after surgery that resolved spontaneously after a few weeks.

CONCLUSION

This new adjustable male sling safely and effectively controls sphincter incontinence in men after prostate surgery, with an acceptably low complication rate. The early results are encouraging; the Argus is a valid alternative to the artificial urinary sphincter, the standard therapy for this condition.

It's on again!

The Relay for Life that is.

This years relay will again be held at Howell Oval in Penrith (Penrith's main cricket oval adjacent to Penrith Park rugby league field) on Saturday and Sunday, May 5th and 6th so get out your walking, running or strolling shoes and come and join us.

Our team, "**The Prostate Pals**" will again be entering

Ian Davis has again offered to be the Co-ordinator of our team(s) so contact him to if you wish to register for our team and take part in this worthwhile event.

'Early Bird' registration for our team will cost you \$11-00 per person prior to 21st April (\$15.00 after that date). For this you will receive a Tee shirt and forms to enable you to collect sponsorship from your friends, relatives or workmates. All money raised goes to the Cancer Council of N.S.W.

Ian will need to know numbers and details of intending participants.

Please provide Names, Addresses, Phone Nos. & emails (please advise of any under 18 participants) and also everyone's shirt size. Sizes available are:- Kids 10 only. Adult S, M, L, XL & XXL. (They are smallish sizes so allow a 'bit extra')

Ian's Phone No. is 4739 4172 and his email is 'davises@internode.on.net' or better still see Ian with your details (and Registration Money!) at our next Monthly Meeting on Monday, March 19th.

Last year Ian and his wife, Joan, organised a small raffle to help us raise funds. This year we would like to build on that so we are asking members to contribute **non-perishable** items that would be suitable to include in a 'hamper' to raffle.

"Relay for Life" is a community fundraising event that raises money for the Cancer Council of N.S.W. with much of the money raised used to fund local community projects.

Teams of 10 - 15 people take turns to walk, run, hop, skip or jump around the oval. The event continues overnight so there is plenty of time to have fun, celebrate or simply relax. Everyone is welcome.

Stay for the whole event, camp overnight, bring a picnic or just visit. There is no obligation to display your athletic prowess! There will be plenty of healthy food, music and entertainment to help you raise money and awareness for a disease that affects us all.

Cancer survivors are the guests of honour at Relay for Life and walk the first lap of the event. The Candlelight Ceremony of Hope is a magical moment that builds courage in those fighting cancer and remembers those we have lost.

Last year our 'Champion' fundraiser was John Kemp. (John raised over \$700-00!), while our 'Champion' walker was Sandra Clulow. Sandra completed 70 laps of the oval. Can you better these efforts this year? Can you better your own efforts from last year? Or will you be a first timer out to enjoy a healthy outdoor stroll with friends?

Whatever, just come along and join in this enjoyable community occasion.

A Laugh at Life !

Wedded Bliss

A young newlywed couple wanted to join a church.

The reverend tells them "We have special requirements for new parishioners. You must abstain from sex for one whole month."

The couple agree and after 2 ½ weeks return to the reverend, clearly very upset.

"You are back so soon...is there a problem?" the reverend asks.

"We are terribly ashamed to admit that we did not manage to abstain from sex for the required month," the young man replies sadly.

"What happened?"

"Well the first week was difficult, however, we managed to abstain through sheer willpower. The second week was terrible, but with the use of prayer, we managed to abstain.

"However the third week was unbearable. We tried cold showers, prayer, reading from the bible.... Anything to keep our minds off carnal thoughts."

"One afternoon, my wife reached for a can of paint and dropped it. When she bent over to pick it up, one thing led to another and we went at it right then and there." admits the man shamefacedly.

The reverend is appalled, and lays it right the line. "You understand you will not be welcome in our church?"

"We know," says the young man ruefully, "And we're not welcome at Bunnings any more either!"

This one was 'borrowed' from Peter FitzSimons column in the Sun Herald of Dec. 17, 2006.

Pecans

On the outskirts of a small town, there was a big, old pecan tree just inside the cemetery fence. One day, two boys filled up a bucketful of nuts and sat down by the tree, out of sight, and began dividing the nuts.

"One for you, one for me. One for you, one for me," said one boy.

Several dropped and rolled down toward the fence.

Another boy came riding along the road on his bicycle. As he passed, he thought he heard voices from inside the cemetery. He slowed down to investigate. Sure enough, he heard, "One for you, one for me. One for you, one for me"

He just knew what it was. He jumped back on his bike and rode off.

Just around the bend he met an old man with a cane, hobbling along.

"Come here quick," said the boy, "you won't believe what I heard!

Satan and the Lord are down at the cemetery dividing up the souls."

The man said, "Beat it kid, can't you see it's hard for me to walk."

When the boy insisted though, the man hobbled slowly to the cemetery.

Standing by the fence they heard, "One for you, one for me. One for you, one for me.."

The old man whispered, "Boy, you've been tellin' me the truth. Let's see if we can see the Lord."

Shaking with fear, they peered through the fence, yet were still unable to see anything.

The old man and the boy gripped the wrought iron bars of the fence tighter and tighter as they tried to get a glimpse of the Lord.

At last they heard, "One for you, one for me. That's all. Now let's go get those nuts by the fence and we'll be done."

They say the old man made it back to town a full 5 minutes ahead of the kid on the bike.

Almighty Cheek!

I found this one in the Sun Herald of December 17th, 2006.

"From Silverwater prison comes this extraordinary report of an anti-contraband operation: 'At 1600 hours, officers were conducting a strip search when they observed an item secreted between an inmate's buttocks. Officers restrained him while the following items were removed: a digital watch, two screws, two silver coloured rings, one lighter and a plastic bag containing bread"
!!!!???????"

.....and you thought a 'DRE' was a bit uncomfortable !!!!!

INCONTINENCE NEEDS

One of our members has sourced a local supplier of competitively priced incontinence pads. The company is “**Dry Bubs Disposable Nappies**” (that’s right, they don’t only supply incontinence pads!)

They are located at 3/133 Russell Street, Emu Plains. (Adjacent to Gordon Leven Tyres)

Their telephone number is 02 4736 8611 and their web address is www.drybubs.com.au.

A few random thoughts (to fill a space !!)

1. Never, under any circumstances, take a sleeping pill and a laxative on the same night.
2. If you had to identify, in one word, the reason why the human race has not achieved, and never will achieve, its full potential, that word would be "meetings."
3. There is a very fine line between "hobby" and "mental illness."
4. People who want to share their religious views with you almost never want you to share yours with them.
5. You should not confuse your career with your life.

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.

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.

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