Below the Belt!

Vol. 16 No. 2 **March – May, 2017**

Newsletter of The Nepean / Blue Mountains Prostate Cancer Support Group Inc.
(ABN No. 35 871 442 176)

Gabrielle Moran O.A.M.
'Max Gardiner Award' Recipient for 2016

We are pleased to advise that Gabrielle Moran O.A.M., one of the foundation Members of our Group, has been awarded the prestigious 'Max Gardiner Award' for services to the community in promoting awareness of Prostate Cancer.

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What's to Come

Group Meeting – Monday March 20th
Allan Lawrenson
Author and Newsletter Editor
*****Group Meeting – Monday April 10th*****
Open Forum
Topics of Interest to Members
*** Note: Date Changed due to Easter ***
Group Meeting – Monday May 15th
To be Advised
Check Local Press during week prior to meeting
All meetings :- Gather at 6-30pm for a 7-00pm start.
NOTE: See page 6 for location details of New Meeting Venue

Food for Thought

Can I start this article by categorically stating that I have no qualifications, authority or indeed, right to tell anyone what they should or should not eat.
The two most important words in the title of the column are 'Food' and 'Thought'
I just want you to think about what you are eating.
Before making any changes to your diet you should discuss everything with your Doctor or Dietician.

These days we are bombarded with dietary advice from TV, the internet, Magazines etc. about what we should or should not eat.
We should follow this diet to lose weight, or we should eat these foods to help prevent cancer.
Well here are some more things for you to think about!

Sugar
Currently, sugar is getting a very bad name. A lot of the blame for the nation's (world's?) obesity epidemic is being attributed to our consumption of sugar.
One of the major sources of sugar is in the form of soft drinks.
Sugary soft drinks are packed full of 'empty kilojoules' which means they contain a lot of sugar but have no nutritional value. A 600ml bottle of soft drink contains 16 teaspoons of sugar and about 1000 unnecessary kilojoules.
Sugary drinks provide excess kilojoules which can lead to weight gain and obesity. This is because people do not generally reduce how much they eat to allow for the extra kilojoules in the sugary drink.
Check out http://www.rethinksugarydrink.org.au

LCHF Diet
This 'diet' has been getting quite a bit of publicity in recent times.
A low-carb diet means you eat fewer carbohydrates and a higher proportion of fat. This is often called a low-carb, high-fat diet (LCHF).
Most importantly, you minimize your intake of sugar and starches.
A low-carb diet restricts sugary foods, and starches like pasta or bread. Instead you eat delicious real foods, including protein, natural fats and vegetables.
Eat: Meat, fish, eggs, vegetables growing above ground and natural fats (like butter).
Avoid: Sugar and starchy foods (like bread, pasta, rice, beans and potatoes).
This diet claims to not only reduce weight but is also claims to be beneficial in controlling Type 2 diabetes
The three types of carbohydrates are sugar, starch and fibre. During the digestive process, both sugars and starches are turned into the sugars that the body uses for energy. People lack the enzymes needed to digest fibre, so it passes through the digestive tract without turning into to sugar.

This is a complex subject with many conflicting views and opinions. Remember, proceed cautiously and always check with your Doctor or Dietician. Like I said at the start 'Think about your food.'

A couple of web sites you might like to check out are:-

The Diet Doctor https://www.dietdoctor.com/
Do Carbohydrates turn to sugar? http://healthyeating.sfgate.com/types-carbohydrates-turn-sugar-3322.html
Glycaemic Index http://www.glycemicindex.com/

Gabrielle Moran O.A.M. 'Max Gardiner Award' Recipient for 2016

The Max Gardner Award for Distinguished Service is a most prestigious award presented by Prostate Cancer Foundation of Australia (PCFA), to an individual that has made an outstanding and significant contribution to reducing the impact of prostate cancer on the Australian community.
The Max Gardener Award is named in honour of former PCFA Chairman Max Gardner AM, who died of prostate cancer in 2004.

Gabrielle's Citation read;

"Gabrielle has worked with the Nepean and Blue Mountains Prostate Cancer Support Group in NSW since its inception in 2001. Over these 15 years, Gabrielle has been extremely active both within the group and in the community. As a partner to someone affected by prostate cancer, Gabrielle has looked to advocate and raise awareness around prostate cancer by addressing many attendees at groups, conferences and functions. Along with partner Alan, Gabrielle has shared her experience with government representatives, the media and personally with those couples grappling with a new diagnosis. With a focus on developing better information and support for partners and carers, Gabrielle has received multiple awards in recognition for her volunteer work in prostate cancer and service to the community."

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Alan Moran O.A.M. our new Group Patron.

At our February Group meeting, Alan Moran O.A.M., Foundation Member and Life Member of our Group accepted the position of Group Patron.
Alan needs no introduction. He was the inaugural Secretary of the Group for a number of years before becoming the Group President. More recently, he has been the Group Publicity Officer. Over the more than 15 years of the Group's existence, Alan (together with Gabrielle) have been the 'Face' and 'Voice' for Prostate Cancer awareness in the Nepean / Blue Mountains district.
(The photo shows Alan accepting his award from current Group President, David Wilkinson.)

ProtectT Trial

Media Release 16th Sept from The Royal Australian and New Zealand College of Radiologists

There is a lot of new evidence to support that modern radiation therapy is as equally effective at curing prostate cancer as surgery. One study found radiation therapy comparable to surgical prostate removal but less than half of all Australian men with prostate cancer get to see a radiation oncologist.

Results of the Prostate Testing for Cancer and Treatment Trial (ProtectT) were published in two papers in the New England Journal of Medicine. The study looked at prostate cancer treatment options conducted in the UK and showed that men with early prostate cancer are more likely to be free from cancer at 10 years if they have radiation therapy or surgery compared to undergoing monitoring only. It was equally uncommon that they would die from their cancer regardless of the treatment options they were allocated to on the study. Survival rates were the same for all three groups in the trial; 99% of men diagnosed at the early stages of cancer lived for at least 10 years regardless of their treatment. However, more men developed metastatic disease in the monitoring group.

The patient-reported outcomes showed no difference in overall quality of life between radiation therapy and surgery, and found less urinary incontinence and sexual problems after radiation therapy.

“These findings are the strongest proof we have to date that curative radiation therapy is equally likely to control prostate cancer and give good quality of life as radical prostatectomy,” said A/Prof Sandra Turner, Councillor of the Faculty of Radiation Oncology at the Royal Australian and New Zealand College of Radiologists (RANZCR).

There is still an important role for active surveillance in early prostate cancer but this study does strongly support the importance of men knowing about all their prostate cancer treatment options by ensuring they talk to a radiation oncologist as well as a urologist. As prostate cancer experts we are obliged to strongly encourage men to take the time to talk to all the experts and to facilitate this in all cases where active treatment may be needed.” said A/Prof Turner.

(For further reading on the ‘ProtectT’ trial check out the PCFA ‘On Line Community’ where there is a more comprehensive article)
http://onlinecommunity.pcfa.org.au/research-blog-directory/which-is-best-surgery-radiotherapy-or-active-surveillance

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How should we talk about cancer?

A recent article by Darren Saunders and published by the ABC broached this subject.

In the article, the author tells how he was reprimanded by a friend for using the language of combat, referring to winning or losing ‘fights’ and ‘battles’ .

He goes on to refer to an article by Erica Ruck, who asked the question: "If I fell off a cliff, would you say I lost my battle with gravity?" *(I do like that title!)*

The full article can be found here :- http://www.abc.net.au/news/2017-02-12/how-not-to-talk-about-cancer/8248116?pfmredir=sm

What do you think?
Talking about cancer whether it is our own or that of a friend or relative is often extremely difficult. I would be interested in hearing your opinions.

Light therapy effectively treats early prostate cancer

University College London - Public Release: 19-Dec-2016

A new non-surgical treatment for low-risk prostate cancer can effectively kill cancer cells while preserving healthy tissue, reports a new UCL-led phase III clinical trial in 413 patients. The trial was funded by STEBA Biotech which holds the commercial license for the treatment.

The new treatment, 'vascular-targeted photodynamic therapy' (VTP), involves injecting a light-sensitive drug into the bloodstream and then activating it with a laser to destroy tumour tissue in the prostate. The research, published in *The Lancet Oncology*, found that around half (49%) of patients treated with VTP went into complete remission compared with 13.5% in the control group.

"These results are excellent news for men with early localised prostate cancer, offering a treatment that can kill cancer without removing or destroying the prostate," says lead investigator Professor Mark Emberton, Dean of UCL Medical Sciences and Consultant Urologist at UCLH. "This is truly a huge leap forward for prostate cancer treatment, which has previously lagged decades behind other solid cancers such as breast cancer. In 1975 almost everyone with breast cancer was given a radical mastectomy, but since then treatments have steady improved and we now rarely need to remove the whole breast. In prostate cancer we are still commonly removing or irradiating the whole prostate, so the success of this new tissue-preserving treatment is welcome news indeed."

At the moment, men with low-risk prostate cancer are put under 'active surveillance' where the disease is monitored and only treated when it becomes more severe. Radical therapy, which involves surgically removing or irradiating the whole prostate, has significant long-term side effects so is only used to treat high-risk cancers.

Radical therapy causes lifelong erectile problems and around one in five patients also suffer from incontinence. By contrast, VTP only caused short-term urinary and erectile problems which resolved within three months, and no significant side-effects remained after two years.

In the trial only 6% of patients treated with VTP needed radical therapy compared with 30% of patients in the control arm who were under active surveillance. The chances of cancer progressing to a more dangerous stage were three times lower for patients on VTP, and the treatment doubled the average time to progression from 14 months to 28 months.

The trial involved 47 treatment sites from ten different European countries, most of which were performing VTP for the first time.

"The fact that the treatment was performed so successfully by non-specialist centres in various health systems is really remarkable," says Professor Emberton, who is supported by the National Institute for Health Research University College London Hospitals Biomedical Research Centre. "New procedures are generally associated with a learning curve, but the lack of complications in the trial suggests that the treatment protocol is safe, efficient and relatively easy to scale up. We would also expect the treatment to be far more precise if we repeated it today, as technology has come a long way since the study began in 2011.

"We can now pinpoint prostate cancers using MRI scans and targeted biopsies, allowing a much more targeted approach to diagnosis and treatment. This means we could accurately identify men who would benefit from VTP and deliver treatment more precisely to the tumour. With such an approach we should be able to achieve a significantly higher remission rate than in the trial and send nearly all low-risk localised prostate cancers into remission. We also hope that VTP will be effective against other types of cancer - the treatment was developed for prostate cancer because of the urgent need for new therapies, but it should be translatable to other solid cancers including breast and liver cancer."

The VTP therapy approach was developed by scientists at the Weizmann Institute of Science in Israel in collaboration with STEBA Biotech, and the European phase I, II and III trials were all led by UCL. The drug used in the procedure, WST11, is derived from bacteria at the bottom of the ocean. To survive with very little sunlight, they have evolved to convert light into

energy with incredible efficiency. This property has been exploited to develop WST11, a compound that releases free radicals to kill surrounding cells when activated by laser light. One of the first people to be treated with VTP was UCLH patient Gerald, a man in his sixties who took part in the latest trial under the care of Professor Emberton. He says:
"When I was diagnosed with early prostate cancer, I had the option of active surveillance but I didn't want to wait until it got worse so when I was offered a place on the trial I signed up straight away. Some men prefer to delay treatment, but I couldn't live with the fear of the cancer spreading until it either couldn't be treated or needed a treatment that would stop me living a normal life.
"The treatment I received on the trial changed my life. I'm now cancer-free with no side-effects and don't have to worry about needing surgery in future. I feel so lucky to be in this position. I've met other men who had surgery - they had to stay in hospital for days whereas I could go home the next day, and one suffered from terrible incontinence which he found very distressing. I had some minor side-effects for a few weeks after the operation, but I'm back to normal now. I am incredibly grateful to Professor Mark Emberton and his team for the excellent care that I received, and I hope that other patients will be able to benefit from this treatment in future."

The VTP treatment is currently being reviewed by the European Medicines Agency (EMA), so it is likely to be a number of years before it can be offered to patients more widely.

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NEW MEETING VENUE

The Board of the Group have decided to change the location for our regular Group Monthly Meetings.
The new venue is:
The Main Hall at the St Stephen's Anglican Church, High Street, Penrith commencing with our meeting on Monday 20th March 2017.
Entry is from High Street to the left of the Church Building.
Exit is from the right of the Church Building.
A second entry and exit point is from the rear of the church in Fulton Street between the Rectory and the church Office.

The advantages of this new venue are:
Large level car park right beside the building entrance;
Level access to buildings, including wheel chair access;
Male, female and disabled toilets;
Large carpeted hall with seating for 100 people;
Fold up tables and stackable chairs;
AV equipment setup with large screen up high which is visible from wherever you sit;
Small auxiliary annex available for use when the carers separate for their meeting;
Full kitchen with preparation area and servery.

In changing the venue, we acknowledge and thank the Nepean Men's Shed for allowing us the use of their facilities for our most recent meetings.

WHO IS MOST AT RISK?

Research Genetic Basis of Prostate Cancer

It has long been recognised that the risk of developing prostate cancer increases if a man has affected relatives. This increased risk is partly due to the genes that affected family members share by virtue of their common ancestry or genetic inheritance. The high incidence of prostate cancer in some of these affected families also indicates that some prostate cancer genes can play a dominant role in the disease.

When researchers at the Prostate Cancer Institute identified an Australian family with 4 of 5 brothers affected they immediately recognised the potential for this family to help identify gene(s) involved in prostate cancer. Dr Raymond Clarke Head of Cancer Genetics Research at the Institute planned a sophisticated analysis of this family's blood in search of the genes involved.

Dr Clarke explains how international research into prostate cancer has identified different stages of disease development and progression, however, no one has yet identified a unifying theme between those factors involved in the initiation of the cancer and the sequential steps of disease progression. While much has been learned concerning prostate biology little is known about the genetic and biochemical factors involved in the initiation and progression of prostate cancer.

The prostate is a small organ present in males only. The prostate is located between the bladder and the penis and provides important components of the semen. The hormone testosterone (Androgen) is essential for the growth, differentiation and secretory function of the prostate. In fact, both the normal prostate and early prostate cancer require testosterone for growth. The removal of testosterone actually prevents cancer growth in 80% of patients which contrasts with the growth of any recurrent cancer which is independent of testosterone.

The testosterone (Androgen) hormone acts through another molecule known as the Androgen Receptor located within prostate cells.

Many studies have investigated the Androgen Receptor to determine its role in prostate cancer. While recapitulating the established role for testosterone in early prostate cancer growth previous research has indicated no direct link between the Androgen Receptor gene and increased risks of prostate cancer. More recently, however, our gene expression studies have identified an indirect linkage of the Androgen Receptor in familial prostate cancer

Professor Kearsley, Institute Director, said "both good scientific method and good fortune returned results that surpassed all expectations." What is reassuring about our research into this exceptional prostate cancer family is that the genes we have identified can be implicated with many of the progressive steps involved in prostate cancer development. By implicating the Androgen Receptor in prostate cancer a unifying theme has begun to emerge linking many of the different aspects of prostate cancer initiation and development; starting with the requirement for the Androgen receptor in normal prostate biology to overlap with other essential progressive elements including DNA mutation, gene linkage, gene expression, tumour initiation and tumour growth

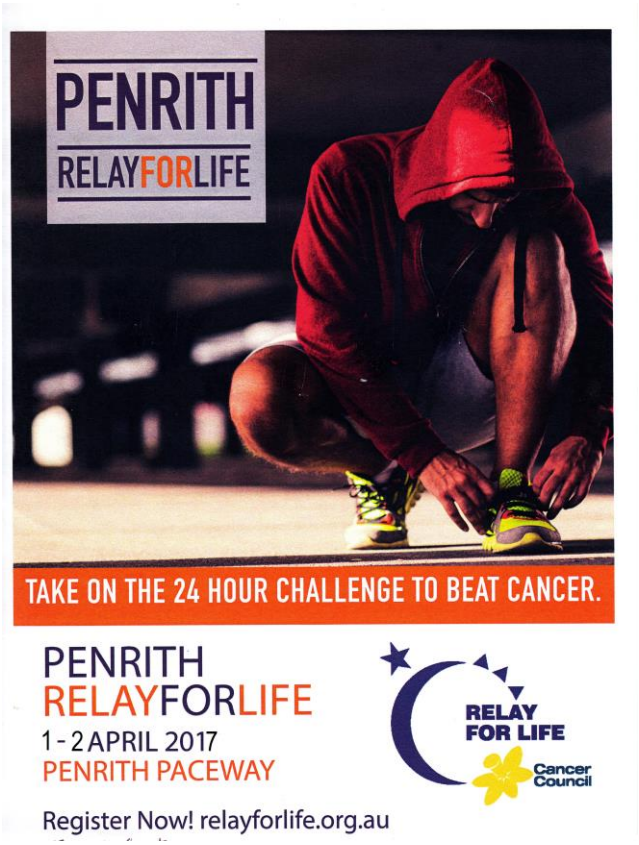
Dr Clarke said "this study was free of scientific and human bias because it was a global study where we did not investigate a set of 'favourite genes'. We did not know which genes were tested until the study was completed. Only 3 of 20,000 genes satisfied the strictest selection criteria. To our amazement, 2 of the 3 genes are associated with the Androgen Receptor while the third gene is a tumour suppressor.

The research is now focused on determining how these prostate cancer genes can be used to identify men at risk before they develop prostate cancer.

This article is available on line http://www.prostatecancer.org.au/PCI/Who_is_at_most_risk.htm

The Prostate Cancer Institute is located within the Division of Cancer Services at St George Hospital, Kogarah in Sydney.

Penrith Relay for Life 2017



Saturday 1st, & Sunday 2nd of April, is the date for this year's Cancer Council Penrith Relay For Life.
Following the success of last year, this year the venue will once again be at the, Penrith Paceway inside the main trotting track, opening ceremony will be at 10-00 am with a start to the Relay at 10-30. The closing ceremony will be at 9-00 am Sunday.

Once again, there will be personal and team challenges, a 'survivors' AFTERNOON tea, a much more significant time for reflection & lap of remembrance in the evening, a Cancer information tent on the Saturday, (we will have a table there), and other interesting things. This relay continues to be one of the biggest in Australia, we are asking YOU to be part of it this year please, and you can do as little or as many laps as you want.
We again will have 2 teams, (who work together), Prostate Pals East, & Prostate Pals West, depending on whether you live east or west of the Nepean River, (it just makes it easier for our 2 team captains). Our 2 team Captains are once again John Kemp and Eric Kent. You can sign up NOW, by going to the Penrith Relay 2017 website, go through the links to find our teams then sign up, the team captains will pick up your shirts at the next relay info night & get them to you. Really hope to see you at relay; you don't have to stay for the whole 24 hours. Again if you have any questions or need to know more, please contact John on johnkemp4@bigpond.com.au.

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AUSTRALIA DAY 2017

The Great Gnome Convention at GLENBROOK PARK

Our first Prostate Cancer Support Group Information tent for 2017 was held at the above event and was an outstanding success. During the day we handed out around 200 to 225 brochures & spoke to as many people regarding the importance of getting checked yearly for Prostate Cancer for all men 40 & over, a number of men spoken to were much more receptive to getting checked when told they now only have to get the PSA blood test, NOT the DRE!

Our group was allocated a great tent position, and had a very high profile on the day, the only small down side the morning was very humid, but not too hot.

Thanks goes to David, Peter & Alan, who were on site at 7-30 to help set up, and to all the members who came during the day, a special thanks to the members who came for the first time to one of our events, Linda, Mark & Ray, trust you all enjoyed the experience, and will put you hand up for more.

Thank you again everyone
John Kemp

(For Tom Walsh's excellent photos of the day follow the link: (ps. Turn up the volume!)
http://play.smilebox.com/SpreadMoreHappy/4e4455774d6a55774e5442384d54417a4e4441304d446b790d0a

A Laugh at Life !

THE IRISH FURNITURE DEALER.

Murphy, a furniture dealer from Dublin, decided to expand the line of furniture in his store, so he decided to go to Paris to see what he could find.

After arriving in Paris, he visited with some manufacturers and selected a line that he thought would sell well back home. To celebrate the new acquisition, he decided to visit a small bistro and have a glass of wine. As he sat enjoying his wine, he noticed that the small place was quite crowded, and that the other chair at his table was the only vacant seat in the house.

Before long, a very beautiful young Parisian girl came to his table; asked him something in French (which Murphy couldn't understand); so he motioned to the vacant chair and invited her to sit down. He tried to speak to her in English, but she did not speak his language. After a couple of minutes of trying to communicate with her, he took a napkin and drew a picture of a wine glass and showed it to her. She nodded, so he ordered a glass of wine for her.

After sitting together at the table for a while, he took another napkin, and drew a picture of a plate with food on it, and she nodded. They left the bistro and found a quiet cafe that featured a small group playing romantic music. They ordered dinner, after which he took another napkin and drew a picture of a couple dancing. She nodded, and they got up to dance. They danced until the cafe closed and the band was packing up.

Back at their table, the young lady took a napkin and drew a picture of a four-poster bed. To this day, Murphy has no idea how she figured out he was in the furniture business.

Bless him.

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A wife texts her husband on a cold, freezing winters morning:
'Windows frozen. Won't open'
Husband texts back:
'Pour warm water over it and gently tap the edges with a hammer'
Five minutes later the wife texts back;
'The computer is completely buggered now!'

Three Contractors Bid On The New Fence Around Parliament House

Three contractors go with a Parliament House official to examine where the new fence around Parliament House is to go. One is from Canberra , another is from Melbourne , and the third is from Sydney .

The Canberra contractor takes out a tape measure and does some measuring, then works some figures with a pencil.
"Well," he says, "I figure the job will run about $20,000. That's $9,000 for materials, $9,000 for my crew and $2,000 profit for me."

The Melbourne contractor also does some measuring and figuring, then says, "I can do this job for $18,000. That's $8,000 for materials, $8,000 for my crew and $2,000 profit for me."

The Sydney contractor doesn't measure or figure, but leans over to the Parliament House official and whispers, "$58,000."

The official, incredulous, says, "You didn't even measure like the other guys. How did you come up with such a high figure?

"The Sydney contractor whispers back, "$20,000 for me, $20,000 for you, and we hire the guy from Melbourne to build the fence."

"Done!" replies the government official.

And that, my friends, is how the Government Stimulus plan worked.

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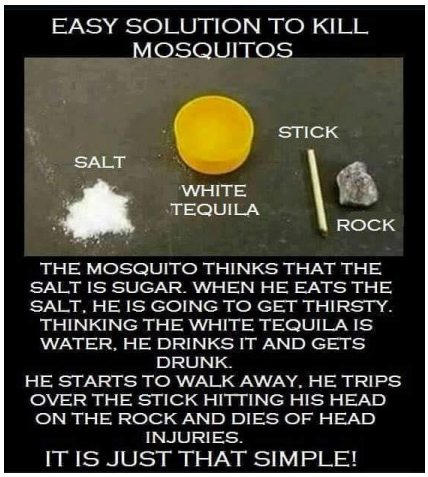
Traffic Camera
I was driving when I saw the flash of a traffic camera. I figured that my picture had been taken for exceeding the limit even though I knew that I was not speeding. Just to be sure, I went around the block and passed the same spot, driving even more slowly, but again the camera flashed.
Now I began to think that this was quite funny, so I drove even slower as I passed the area once more, but the traffic camera again flashed. I tried a fourth and fifth time with the same results and was now laughing as the camera flashed while I rolled past at a snail's pace.
Two weeks later, I got five bloody tickets in the mail for driving without a seat belt.



Forget trying to walk a mile in my shoes. Try Spending a day wandering around in my mind. Now that will give you something worth thinking about!

Contact Us

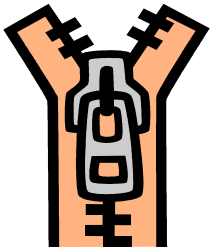
Telephone 1300 13 38 78

Email
info@prostatesupport.org.au

Web Site
'www.prostatesupport.org.au'

Postal Address
Nepean / Blue Mountains Prostate Cancer Support Group
P.O. Box 763
Kingswood, N.S.W. 2747

PAYMENT OF Membership Fees. Members can pay their annual Group Membership Fees by direct deposit to our bank account.
Our Westpac Account Name is 'Nepean / Blue Mountains Prostate Cancer Support Group'. BSB is 032-837 and the Account No. is 206701. Current Fees are $10.00 P.A. per family. Don't forget to advise who you are in the Lodgement Reference i.e. " John Smith Fees 2015"



Would you like to make a cash donation to our group?
Do you know any Group or Organisation that would like to make a donation?
We are a registered charitable organisation and all donations are fully tax deductable.
All donations help us to support cancer and health related projects in our local area.
If you are able to assist, contact our Treasurer, Allan Burrow.

Board Members of the Nepean / Blue Mountains Prostate Cancer Support Group for 2016 are as follows:-

President :-	David Wilkinson
Vice President:-	Tom Walsh
Secretary :-	Ross Baker
Treasurer :-	Allan Burrow
Librarian :-	Bob Wittrien
Newsletter Editor:-	Alan Howard
Web Site Manager :-	Peter Murphy
Promotions Officer :-	John Kemp
Membership Co Ordinator :-	John Alexander
Publicity Officer :-	Linda Brandt

The Nepean / Blue Mountains Prostate Support Group Inc. 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.

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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.
email: nbmpcsgnews@gmail.com
Nepean / Blue Mountains Prostate Cancer Support Group Web Site 'www.prostatesupport.org.au