



Below the Belt!

Vol. 17 No. 2

March – May, 2018

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

How prostate cancer scientists are taking advantage of breast cancer research

Breast cancer and prostate cancer share a number of common features. They are usually dependent on hormones to grow and they can be treated by drugs that inhibit hormones. We often hear that prostate cancer research doesn't receive as much money as breast cancer. But the good news is that due to the similarities between these two cancers, prostate cancer research benefits from the discoveries made by breast cancer research.

The large proportion of funding that goes to breast cancer research in Australia, and in many other countries, is often criticised. But funding of cancer research need not be a battle of the sexes. Not only because breast cancer affects men as well as women, but because research into any one cancer often benefits many different types of cancer. Breast cancer research has made discoveries that have helped treatment and management of many other cancers. In particular, men with prostate cancer have benefitted from discoveries made by breast cancer researchers.

Breasts and prostates are similar in that they are both glands. They produce biological liquids that are released from the body. Breast cells produce milk, which is released to feed babies, and prostate cells produce seminal plasma – the liquid component of semen. Whereas breast tissue responds to female hormones for development and to make milk, prostate tissue is also regulated by male hormones.

Considering these similarities, it's not too surprising that the cancers that grow from these regions share some similar features. Prostate cancer cells growth is usually dependent on signalling from male hormones, such as testosterone. Many cases of breast cancer are also dependent on female hormones to grow. Treatments for both breast and prostate cancer include drugs that inhibit these hormones. These drugs have side effects such as infertility, hot flushes, bone issues and mood changes – affecting both men and women. *(Cont. Page 2)*

What's to Come

******Group Meeting – Monday March 12th******

Liz McKervey

The Role of the Prostate Cancer Specialist Nurse

Group Meeting – Monday April 16th

Open Forum

Topics of Interest to Members

Group Meeting – Monday May 21st

To be Advised

Check Local Media Prior to Meeting

All meetings :- Gather at 6-30pm for a 7-00pm start.

*****NOTE CHANGE OF DATE FOR MARCH MEETING*****

(2nd Monday in month not 3rd Due to a Church function)

Prostate and breast cancers can also share mutations in the same genes. This is particularly useful information, as it means that these cancers share some of the changes that cause uncontrolled cell growth. Therefore, tests and treatments that work for breast cancer might also work for prostate cancer.

Some of the first gene mutations associated with any cancer to be discovered were in the BRCA1 and BRCA2 genes. The BRCA2 gene was [discovered](#) in 1995 during a search for gene changes in women with a family history of breast cancer. Women who inherit mutations in BRCA2 have a significantly higher chance of getting breast cancer than those who do not. We now know that men who inherit mutations in their BRCA2 gene are at higher risk of getting prostate cancer. BRCA2 mutations also increase the risk of malignant melanoma, Fallopian tube and pancreatic cancer.

Olaparib for breast and prostate cancer

As cells multiply, they make copies of their DNA. But the process isn't perfect, sometimes mistakes are made. The body has a number of mechanisms that find and repair DNA mistakes. The BRCA2 gene produces a protein that is essential for repairing damaged DNA. Mutations in the BRCA2 gene reduce its ability to repair damaged DNA. This leads to a build-up of mistakes in the DNA, which increase the chances of getting cancer. There are many different mutations in the BRCA2 gene that can reduce its ability to repair DNA. During a genetic test for BRCA2, the whole gene is examined for changes that are known to cause problems.

Our knowledge of the BRCA2 gene from breast cancer research helps to design genetic tests for prostate cancer patients. But more importantly, it has led to new drug targets. A drug named Olaparib, which was designed specifically for treating ovarian and breast cancers with BRCA mutations has recently been [approved](#) by the FDA for breast cancer. Olaparib is currently being tested in clinical trials for treating prostate cancer. The pathway for Olaparib to reach prostate cancer patients is made much shorter given that the drug is already being used to treat other cancer patients.

The way by which Olaparib kills cells with a defective DNA-repair process is quite fascinating and a bit counterintuitive. Olaparib inhibits the action of a protein called PARP. PARP actually repairs DNA defects. So Olaparib is creating more DNA mistakes. It turns out that if you stop PARP working, you get so many breaks in the DNA that the cell cannot repair them and it dies. This only works in cells that already have DNA-repair defects, so the normal cells are unaffected.

Last week Olaparib was approved by the FDA for use by breast cancer patients with inherited BRCA gene mutations. This completes the long journey from discovery of the BRCA gene mutations in breast cancer patients, to creating and testing a drug to target these changes, with the drug now available to patients in the US. All the work bringing Olaparib to market for breast and ovarian cancer patients makes it easier and quicker to do so for prostate cancer patients.

A 2015 phase II clinical trial, called [TOPARP-A](#), showed that metastatic castration-resistant prostate cancer (mCRPC) patients who became resistant to the other drugs, often responded to Olaparib. The drug worked best in men whose cancers had defective DNA-repair genes.

Olaparib is now being tested in phase 3 trials for prostate cancer patients. One of these trials is the [PROfound](#) study. This international trial is recruiting men with mCRPC whose disease has progressed despite abiraterone or enzalutamide. Eligible patients need to have mutations in DNA repair genes such as BRCA2. According to the [ANZCTR clinical trials](#) registry, this trial is currently recruiting in Australia at multiple sites.

A new research strategy

The similarities between prostate and breast cancer present many opportunities for research that can benefit both cancers. A [new project](#) funded by Movember takes advantage of these similarities. A large grant has been awarded to Prof Wayne Tilley from the University of Adelaide. His project will investigate a new approach for the treatment of these cancers. Instead of completely blocking the hormone receptors driving tumour growth, Prof Tilley's team will ask whether the receptors can be reprogrammed. The aim is to change the hormone receptors, so that they no longer drive tumour growth. These researchers will try this approach for both prostate and breast cancer.

Men with a family history of prostate, breast or ovarian cancer may have inherited mutations in the BRCA2 gene. But mutations in this gene do not guarantee that they will get prostate cancer. If you have a family history of these cancers, talk to your doctor about genetic testing or PSA testing for early detection of prostate cancer.

This article was originally posted by [Wendy Winnall](#) (Scientific writer for the PCFA Online Community) on January 23, 2018.

For more of Wendy's excellent articles go to <https://onlinecommunity.pcfa.org.au/>



Food for Thought

Diet and advanced prostate cancer: what's the link?

While research exists on many different types of foods and the risk of advanced prostate cancer, the link between the two is stronger when it comes to particular types of food.

A recent [review of studies](#) found evidence to suggest certain diets are associated with increased risk of advanced prostate cancer, particularly diets high in:

- **Saturated fats:** Typically found in fatty cuts of meat, takeaway food, baked goods and dairy products like butter.
- **Well-done meats:** Meats cooked at high temperatures, for example on barbecues or grills.
- **Calcium:** Found in dairy foods, and sometimes taken as a supplement.

Similarly, [a recent study](#) that followed more than 900 men diagnosed with localised prostate cancer found that men who ate a 'Western style' diet characterised by a higher intake of processed and red meats, high-fat dairy and refined grains, were at higher risk of dying from prostate cancer than those who ate a healthy diet, characterised by a higher intake of fruit and vegetables, fruits, fish, wholegrains and legumes.

These studies indicate that a healthy diet could help to lower risk of advanced prostate cancer, but it's important to remember that they are observational – they can show an association between diet and advanced prostate cancer, but can't show a cause and effect relationship.

Medibank Chief Medical Officer Linda Swan said the bottom line is a healthy diet full of fruit and vegetables, lean meats and wholegrains is the best way to prevent a whole range of diseases.

"Whatever the specific role of diet in advanced prostate cancer risk is, we know that people who eat a healthy diet have a much lower risk of heart disease, type 2 diabetes and some other cancers. A healthy diet is a win for your whole body."

(This article was recently published in the 'Medibank' monthly Newsletter)



My Dentist

I have a really good Dentist.

After a recent visit he was explaining to me how food particles and germs find their way between your teeth and your gums (particularly so as you get older) This could consequently lead to decay.

He asked me if I used mouth wash, I replied that I did. He recommended that I continue to use this. He then asked if I liked Scotch, I again replied that I did. He then said "It serves the same purpose as the mouth wash, but you can swallow the Scotch!"

I love my Dentist!

Vale Jim Anderson



All Group members were saddened by the recent passing of one of our very popular members, Jim Anderson.

Jim passed away at the end of November 2017 after a long journey dealing with Prostate Cancer.

Jim was farewelled at a service by his Family and many, many friends.

We, in the Support Group, new Jim as a friendly easy going man. Always smiling and ready to share an amusing tale. (And this in spite of how he may have been suffering.)

But he was also a much loved and loving family man.

Born in Cremorne in 1947 he had an older brother and sister. Jim's family later moved to Enfield.

He met his wife, Sheryl as a result of 'matchmaking' by his sister

and her friend (Sheryl's cousin) Jim and Sheryl were married in 1973. They lived at Top Ryde before buying the family home in Colyton.

In his younger days, Jim was a keen sportsman spending his nights at the gym or football training. He was also a keen squash player. Jim also loved ballroom dancing, cooking, photography and anything mechanical - fixing machinery at work, cars and doing up an old Volkswagen.

He was also an accomplished 'DIY' man and constructed many additions to the family home.

Jim and Sheryl had three children, two sons, Graham and Robert and a daughter Nicole who, sadly, did not survive.

Jim was a devoted Father (and Grandfather) ferrying his boys around as they pursued their sporting endeavours. An example of this commitment was when younger son, Robert, was playing in a soccer tournament in Dubbo but mid way through the tournament was required to attend an interview for a job as an apprentice in Parramatta!! No problem, Jim drove four and a half hours from Dubbo to Parramatta for the interview and then drove four and a half hours back for Robert to complete his soccer tournament.

When the boys were quite young Sheryl became unwell with chronic fatigue, Jim stepped up and as well as working full time ran the household caring for Sheryl and the boys.

Jim spent his working life in the printing industry. For 46 years he was employed as a Bookbinder / Guillotine Operator for a number of large companies. Jim was contacted by one of his previous apprentices who was then in charge of the Bindery teaching section of TAFE. Jim then became a TAFE teacher passing on his knowledge to younger generations. After commuting to the city became too much of a hassle, Jim decided to return to the printing trade and joined Total Print Control at Castle Hill. He spent 12 years here until poor health forced him to retire in 2009.

Jim was diagnosed and treated for Prostate Cancer in 2004.

After retirement he and Sheryl enjoyed many holidays away sometimes with the family. He also spent many days travelling in company with his brother, Neil. (Who, coincidentally had also been diagnosed with Prostate Cancer.) These travels included visits to Air Shows at Temora and also Avalon in Victoria.

Jim became involved in the 'Men's Shed' group and was also a regular attendee of the 'Monday Cuppa Club' where, as the only male, he was able to charm the Ladies.

Jim's condition gradually worsened and he was cared for by his devoted wife Sheryl and the staff at the Nepean Cancer Care Centre.

The last few weeks of his life, Jim spent in the care of the Palliative Care Unit at Mt Druitt Hospital. The Unit, set among trees and gardens, was a peaceful place and Jim (and Sheryl and the Family) received care and attention from the devoted nursing staff.

On behalf of all Members of the Group I extend our condolences to Sheryl and her Family.

Vale Jim.



Jon and Sophie in happier times with President David Wilkinson (Sophie shown drawing the raffle at a recent Bunninas BBQ)

Jon Burnitt

We were recently contacted and advised that another of our Members, Jon Burnitt, had passed away on Monday October 16th. Jon may not be known to many of our more recent members, but he and his wife Sophie were active members of the group up until a few years ago.

Sophie is a very talented lady who makes some very nice jewellery. She has donated some of these pieces to us for raffle prizes etc.

I am sure all members join with us in extending our sympathies to Sophie and her family.



HOW TO STAY YOUNG

1. Throw out nonessential numbers. This includes age, weight and height. Let the doctor worry about them. That is why you pay him / her
2. Keep only cheerful friends. The grouches pull you down
3. Keep learning. Learn more about the computer, crafts, gardening, whatever. Never let the brain be idle. "An idle mind is the devil's workshop." And the devil's name is Alzheimer's.
4. Enjoy the simple things.
5. Laugh often, long and loud. Laugh until you gasp for breath.
- 6 The tears happen. Endure, grieve, and move on. The only person who is with us our entire life, is ourselves. Be ALIVE while you are alive.
7. Surround yourself with what you love, whether its family, pets, keepsakes, music, plants. hobbies, whatever. Your home is your refuge.
8. Cherish your health: If it is good, preserve it if it is unstable, improve it. If it is beyond what you can improve, get help.
9. Don't take guilt trips. Take a trip to the mall, to the next town, to a foreign country, but NOT to where the guilt is. Tell the people you love that you love them, at every opportunity...

AND ALWAYS REMEMBER:

Life is not measured by the number of breaths we take, but by the moments that take our breath away. And if you don't pass this on to at least 8 people.... Who cares?



Recent Donations to our Group

As you are probably aware our Group, as well as raising awareness of Prostate Cancer, also conducts many fund raising activities. These funds are then passed on to various health related groups mainly in the Nepean / Blue Mountains area.

Some of the Groups that we support are: Cancer Wellness Support, Nepean Cancer Care Centre, Greater Community Transport and various Hospitals throughout our area by the donation of Pain Relief Pumps. We have also donated to the PCFA to assist in ongoing research.

In this work we are supported by a number of Groups and Organisations throughout the Area.

We recently received donations from:-

Hawkesbury Canoe Classic (for our assistance in running their event) - \$1,500.00

Gaels Club, Kingswood - \$655.00

Windsor Lions Club - \$300.00

Many thanks to these organisations. We will make sure that these funds are distributed wisely.

INTERNATIONAL FESTIVAL OF SPEED

This event was formerly known as ‘The Barry Sheene Festival of Speed’ In the past we have manned an information stand at this event. It is a great day out watching some classic motorcycle racing as well as being able to promote awareness of Prostate Cancer to a large

number of men. The date of this year’s event will be **March 22nd to 25th 2018**

We plan to man the stand on the Saturday the 24th. The venue is Sydney Motorsport Park (Formerly Eastern Creek Raceway)

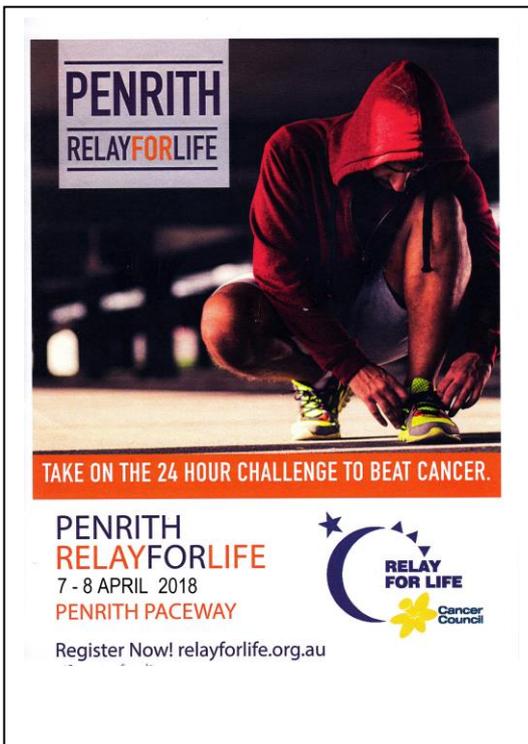
If you would like to be involved please contact our Promotions officer, John Kemp by email at johnkemp4@bigpond.com

If you want to check out the event here is the link to the Festival web site

<https://www.internationalfestivalofspeed.com/>



2018 Penrith ‘Relay for Life’



This year the Relay will once again be held at Penrith Showground and will run from 10 am Saturday, 7th April, to 9 am Sunday 8th April.....**DON'T PANIC**, you **DON'T** have to be there for the 24 hours. (you don't even have to do laps if you don't want to) The Nepean / Blue Mountains Prostate Cancer Support Group have taken part in this event for the last 9 years, and have a very good name there. A lot more detail will be available at our February and March meetings.,

Please mark the date in your calendar, come and join us, we really do want to have a big presence at the relay in what will be our tenth year.

If you wish to register for the relay go to:-

fundraising.cancer.org.au/penrith2018

and join one of the ‘Prostate Pals’ Teams

Again if you want to know more, contact John Kemp,

johnkemp4@bigpond.com.au



New Board Members

At the Group AGM in October you may recall that after a couple of resignations, we were unable to fill all Board positions.

We are pleased to advise that two of our newer members, Wayne Singleton and Graeme Renshaw have stepped forward to fill two of the vacant positions.

Welcome aboard Wayne and Graeme, looking forward to working with you in the future.

(This still leaves one position vacant – are YOU interested in joining us?)

Australia Day Gnome Convention 2018 Report.



Just after 7-30 am, on this day, 4 members of The Nepean / Blue Mountains Prostate Cancer Support group, arrived at Glenbrook Park, to help set up our Prostate Cancer Awareness tent for the above event.

Upon our arrival, we find our site has been moved from site 55 to site 49, (no problems), & thanks to the 4 men involved, we had the tent set up in about 20 minutes, (see photo).

We had 7 members working the morning shift, THANK YOU to those people, we handed out a little over 200 info brochures, It surprises us how many people still don't know about Prostate Cancer. Another thing we learnt on the day, some men became more interested in what we had to say, when we said you just get the PSA blood test every 12 months, NOT the DRI! (something to keep in mind for future events).

I had one man say to me as I went to hand him a brochure, "thanks, but I'm not interested". His wife who was walking along just behind him, heard our quick conversation, said to me, "YES, he IS interested, give me the brochure!"

A little after noon, when the afternoon members came on shift, the heat REALLY kicked in, and I especially want to thank Gary, Amar, & Vishaal, who had a pretty tough initiation as first timers at manning our tent. The heat became oppressive after about 1-15 pm, it was very hard to stand out in the sun. In the 7 or 8 years we have been doing outside events, this is, BY FAR, hottest event ever!

As there was no one except stall holders there, at 2-30, we happily packed up our site, had it loaded in the car and off home at 3 pm, I have to say again, thank you Gary, Amar, & Vishaal, we handed out about 70, the lower number due solely to not many people out in the heat.

All in all, despite the heat, a good day, and good friendship amongst members, let's keep it going this year, please

Again thank you to all members who attended, and thank you also to the members who had something else on, and sent their apologies.

Stand by for details re next event.

Enjoy each day,

John Kemp
Promotions Officer
N/BMPCSG

Stretch Band Exercises

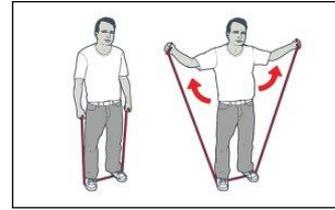
At the Group's February Meeting in 2017 Stacey Singelton (Accredited Exercise Physiologist) demonstrated how to use stretch bands for a good, gentle exercise workout.

Have you still got your stretch bands? Here are some exercises to refresh your memory. (Stretch bands of varying strengths can be purchased at most sports equipment stores)

Lateral Raise

Stand up, place both feet on the middle of the resistance band and hold each end of it with your hands.

Raise both arms to the side, until they reach shoulder height, then return to your starting position and repeat ten times.



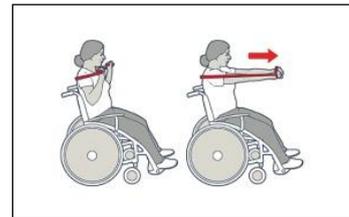
Squats

Place both feet on the middle of the resistance band and hold each end of it with your hands. Slowly bend your knees into a squatting position, then return to your starting position and repeat ten times.



Chest Press

Sit or stand and put the resistance band behind your back and hold each end of it. Stretch both arms out in front of your chest, then return to your starting position and repeat ten times.



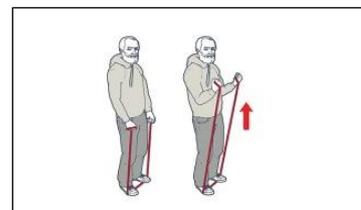
Leg Press

Sit on a chair with your back straight. Place one foot in the middle of the resistance band and hold both ends of it with your hands. Bend your knee towards you, then straighten it back out in front of you before returning to your starting position and repeating with each leg ten times.



Bicep Curl

Sit or stand, place both your feet on the middle of the resistance band and hold each end of it with your hands. Raise your arms out in front of you to chest height, then return to your starting position and repeat ten times.

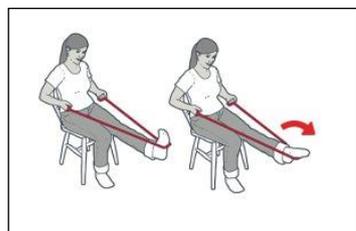


Seated Calf Press

Sit on a chair with your back straight. Place one foot in the middle of the resistance band and hold both ends of it with your hands.

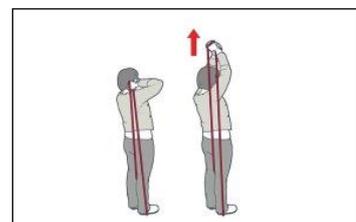
Extend your leg and point your toes towards the ceiling, then point your toes forwards towards the ground.

Return to the starting position and repeat with each leg ten times.



Tricep Press

Stand up and place one end of the resistance band under the heel of one of your feet. Hold the other end of the band with both your hands, stretch the band so it runs behind our body and pull it above your head, then return to your starting position and repeat ten times on each side.





POSITIVE PROOF OF GLOBAL WARMING

Contact Us

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Web Site
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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 2018"



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 deductible.

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 2018 are as follows:-

- | | |
|------------------------------|-----------------|
| President :- | David Wilkinson |
| Vice President:- | Vacant |
| Secretary :- | Ross Baker |
| Treasurer :- | Allan Burrow |
| Librarian :- | Bob Wittrien |
| Newsletter Editor:- | Alan Howard |
| Web Site Manager :- | Peter Murphy |
| Promotions Officer :- | John Kemp |
| Board Member :- | Wayne Singleton |
| Board Member :- | Graeme Renshaw |

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.

The Below the Belt 'Zipper' logo (Page 1) is copyrighted to Ms. Caroline Redwood and is used with her kind permission

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'