



Below the Belt!

Vol. 11 No. 2

Mar – May, 2012

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



Come and join us on
19th and 20th of May, 2012
and take part in this years
Penrith Relay for Life
to help raise much needed
money for
Cancer Research
The Relay will be held at
Howell Oval, Mulgoa Road,
Penrith



This is a fun, social weekend that raises
much needed funds for a great cause.
Come along and join us.

Contact our team Leader and Organiser
Ian Davis to register in one of our Teams

What's to Come

Group Meeting – Monday March 19th

Open Forum – Special Guest Facilitator – Tony Maxwell
How to deal with the diagnoses and treatments for Advanced Prostate Cancer.

Group Meeting – Monday April 16th

Professor Ball – Nepean Public Hospital
Osteoporosis

Group Meeting – Monday May 21st

Dr. David Malouf – Prostate Cancer Institute - St George Hospital
Brachytherapy – Latest Developments

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

VALE : Allan Hedges

It is with deep sadness that we advise of the passing of one of our Group's original members.

Allan Hedges, aged 82.

Allan passed away recently at Katoomba Hospital.

He was fondly remembered at his funeral on 29th December 2011.

Allan was a loving husband to Shirley, father to Melanie (deceased), Meredith, Verity and Sheridan and grandfather of Mitchell and Angus.

Allan was diagnosed with prostate cancer in 1964 and underwent external beam radiation therapy.

Allan was the group leader at the Sydney Adventist Hospital PCSG for approximately 18 months during the early days of that support group.

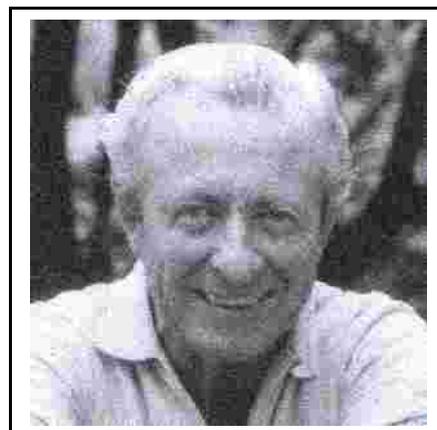
He was also on the committee to set up the Association of Prostate Cancer Support Groups, under the auspices of the late Max Gardner AM and Con Casey. It was from this original association that the Prostate Cancer Foundation of Australia was developed.

Allan moved to the Blue Mountains some time ago and was one of the original members of the Nepean/Blue Mountains PCSG.

Allan was instrumental in raising awareness and advising men to find out as much about treatment options prior to making the final choice.

Allan was particularly interested in the role of complementary medicine in the treatment of Prostate Cancer. Indeed he spoke passionately on this subject to our group on a number of occasions.

His personal story is available to read on PCFA website under "Living with prostate cancer".



The following poem was read at Allan's funeral, it is worth sharing.

A life that matters

Live a life that matters

Ready or not, someday it will come to an end.

All the things you collected, whether treasured or forgotten, will pass to someone else.

Your wealth, fame and temporal power will shrivel to irrelevance.

It will not matter what you owned or what you were owed.

Your grudges, resentments, frustrations, and jealousies will finally disappear.

So, too, your hopes, ambitions, plans, and to-do lists will expire.

The wins and losses that once seemed so important will fade away.

It won't matter where you came from, or on what side of the tracks you lived, at the end.

It won't matter whether you were beautiful or brilliant.

Even your gender and skin colour will be irrelevant.

So what will matter?

How will the value of your days be measured?

What will matter is not what you bought, but what you built;

Not what you got, but what you gave.

What will matter is not your success, but your significance.

What will matter is not what you learned, but what you taught.

What will matter is every act of integrity, compassion, courage or sacrifice that enriched, empowered or encouraged others to emulate your example.

What will matter is not your competence, but your character.

What will matter is not how many people you knew, but how many will feel a lasting loss when you're gone.

What will matter is not your memories, but the memories that live in those who loved you.

What will matter is how long you will be remembered, by whom and for what.

Living a life that matters doesn't happen by accident.

It's not a matter of circumstance, but of choice.

Osteoporosis and Prostate Cancer

Osteoporosis is of particular concern for men with prostate cancer. Recent research has found a strong link between hormone deprivation therapy, which is one of the treatments for prostate cancer, and osteoporosis. Hormone deprivation therapy is also called androgen deprivation therapy (ADT) because it deprives cancer cells of the male hormones (called androgens) that the cancer needs to grow.

Osteoporosis is a condition in which the bones become fragile and brittle, leading to a higher risk of fractures (breaks or cracks) than in normal bone.

Osteoporosis occurs when bones lose minerals, such as calcium, more quickly than the body can replace them, leading to a loss of bone thickness (bone mass or density). As a result, bones become thinner and less dense, so that even a minor bump or accident can cause serious fractures. These are known as fragility or minimal trauma fractures.

Any bone can be affected by osteoporosis, but the most common sites are bones in the hip, spine, wrist, ribs, pelvis and upper arm. Osteoporosis usually has no signs or symptoms until a fracture happens - this is why osteoporosis is often called the 'silent disease'.

Australian researchers have found that prostate cancer enormously increases the risk of bone fracture but scientists don't know why.

Men with prostate cancer face a 50 per cent higher risk of fracture and this nearly doubles if they are receiving hormone treatment (ADT), scientists at the Garvan Institute for Medical Research found.

Garvan's Associate Professor Tuan Nguyen said the results, published in Bone journal, suggested a link between the two diseases, although the scientists still did not understand the mechanisms.

"The clear message that comes out of this study is that men with prostate cancer should consider seeking evaluation for osteoporosis, particularly if they are being treated with ADT," Prof Ngyuen said.

"Exactly what mechanisms are at work are unclear," Prof Nguyen said, "more and more we are seeing ways in which diseases are connected. You can't isolate osteoporosis from cancer from diabetes and so on.

In treating one disease, we must be careful not to increase the risk of another.

As we understand these connections, we learn how better to treat the whole person."

Osteoporosis is commonly diagnosed with a Bone Density Test, a short, painless scan that measures the density (strength) of your bones, usually at the hip and spine.

Your GP will first assess your risk factors for osteoporosis, which include your age, medical history and lifestyle factors, before referring you for a test.

You can take action to minimise your risk of developing osteoporosis and a first fracture.

Bone health is maintained in the body by getting adequate Calcium, Vitamin D and Exercise

Adults need at least 1000mg of calcium per day. Women aged over 50 and men aged over 70 need 1300mg of calcium per day.

At least 3 serves of dairy foods are generally recommended for most children and adults to help meet their daily calcium needs.

For heart health you should consider consuming low fat dairy products, they contain as much calcium as regular dairy foods.



Once again we have been invited to man an information stall at this event on Saturday & Sunday.

The work is not difficult and can be an interesting day out (Particularly if you are interested in Old Motorcycles!)

If you are able to assist on either (or both) days please contact Alan Moran or Ross Baker

New Product for use in Radiation Treatment

A new product, SpaceOAR hydrogel (from spacing Organs At Risk) designed to reduce radiation injury to healthy tissues is now available for men undergoing EBRT (External Beam Radiation Therapy). This product has been developed by the American Company 'Augmenix, Inc'.

The potential for radiation injury to nearby healthy tissues is always a concern for Radiation Oncologists, and the SpaceOAR hydrogel is a simple, easy-to-use tool that should reduce undesirable rectal radiation in prostate cancer patients. It can also be used on other pelvic tumors such as vaginal, cervical, and endometrial cancers.

Since the prostate lies directly over the rectum, prostate radiation treatment always results in some rectal radiation which can lead to pain, rectal bleeding, urgency, and other serious complications. This injury potential forces a treatment compromise, between delivering enough radiation to kill the cancer and having acceptable complication rates. The Augmenix technology can alter that compromise by moving the organs at risk away from the high intensity radiation zone.

SpaceOAR System is a synthetic hydrogel composed of approximately 90% water, with the remaining solids being cross-linked polyethylene glycol (PEG). Injected as a liquid, the material solidifies in the body to form an absorbable hydrogel that maintains space between the prostate and rectum during radiation therapy, and then gradually liquefies and is absorbed. In a procedure lasting only minutes, the specialist, using ultrasound guidance will inject the hydrogel through a needle using a local perineal block.

SpaceOAR System is the first implantable, absorbable product designed specifically to protect vulnerable tissues during radiotherapy. "We look forward to bringing this product to market, and to provide Radiation Oncologists and Urologists with a new tool that protects healthy tissues", said Amar Sawhney, Augmenix CEO. "I am extremely enthusiastic about this technology and truly believe it will offer a new level of hope to men facing treatment for prostate cancer and potentially other malignancies", said Jeff Michalski, MD, Vice Chairman and Professor, Washington University, St. Louis, MO.

(For further information check out the company web site at 'www.augmenix.com')

