



Anti-Cancer Council

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Gene testing in familial cancers

Professor Richard Lovell

The discovery of inherited genes that can lead to the development of cancer raises many questions for those families affected.

In some families, one particular type of cancer occurs more often than can be attributed to chance. Both breast cancer and colorectal cancer are examples of this.

Though this increased incidence of cases in a family can reflect shared environmental risk factors, it has long been suspected that in some families the risk of cancer is due to inherited genes, and this has turned out to be the case. Recently developed laboratory gene tests that can be done on a drop of blood have shown that there are inherited genes featuring changes (mutations) that predispose to some particular cancers. These gene mutations are transmitted in sperm and ova from generation to generation.

Not all family members inherit the gene mutation, and gene tests can identify the individuals who have it, and who are thus at risk of developing cancer and transmitting it to their offspring. The tests can also identify the individuals who are not at risk.

To date, the most extensive research in this area has been with

families that have a condition known as FAP (familial adenomatous polyposis). Virtually all family members who carry a gene mutation for FAP go on to develop colorectal cancer.

Family members testing positive can prevent colon cancer developing by having a colectomy. They can also be made aware that in any pregnancy there is a 50:50 chance of a child being affected.

"...gene testing offers potential for individuals to be given a precise estimate of their personal risk."

Gene tests in breast cancer families can similarly distinguish those members who are at risk, but the situation here is more complex. The risk of the bearer of an inherited breast cancer gene mutation developing breast cancer is only about 70% to 90% compared with the virtually 100% risk of colon cancer for those with the FAP gene mutation. And the only plausible preventive treatment that can at present be offered to those with a familial breast cancer inherited gene mutation is bilateral mastectomy.

What is new about the situation now facing members of colorectal and breast cancer families and their doctors is that gene testing offers potential for individuals to be given a precise estimate of their personal risk. This immediately raises the question of whether individual family members really want to know if they have the gene mutation or not. They must decide if they really want a gene test.

The decision to have a gene test is a very personal one. Individuals must understand that the decision to have a test – or to not have a

test – can have potential benefits or adverse consequences.

Itemising the potential for benefit and harm results in a very long list. At its simplest, a person found to have a family cancer predisposition may benefit from the removal of uncertainty about their risk. They may, however, be filled with anxiety about their future and the implications of their test result for their family members, including their children. For those found not to have a gene mutation, uncertainty for themselves and their progeny is removed, but they may be plagued with feelings of guilt that they are to be spared while others in their family are threatened. In the background is the possibility that knowledge of the result of a gene test could affect eligibility for insurance and employment. Overall, the consequences of a person knowing the result of an inherited cancer predisposition gene test are so complex that it is essential for anyone who is considering being tested to have expert counselling before they make a decision.

The Anti-Cancer Council has been busy helping to sort out the many questions that are being raised in the context of cancer gene testing, including ethical questions that bear on consent, informed decision-making and confidentiality.

Meanwhile, if you think that you are a member of a family at risk, be sure that you seek professional advice and counselling before you decide to have a gene test. Have a very detailed discussion with your doctor or if you need advice, the staff of CAN-HELP, the Anti-Cancer Council's Cancer Information Service, are available to guide you to sources of professional help.

You can contact CAN-HELP on 13 11 20 seven days per week.

Professor Emeritus Lovell is a consultant to the Anti-Cancer Council. He chairs the Anti-Cancer Council's Cancer Genetics Ethics Committee.



INSIDE:

Diet & cancer

Your entry form for the 1996 Terry Fox Run

Robert Burton on the new immunology

From the Director

DR ROBERT BURTON



In my last column I discussed the recent publication of the Anti-Cancer Council's booklet *Making Choices – Unproven Remedies*. This is an important publication because it stresses that only some of the multitude of treatments being promoted to prevent and treat cancer in our community are supported by scientific evidence. This applies to the treatments provided by health care professionals as well as those provided by alternative industries. Levels of evidence supporting the cancer treatments that we currently use vary from being beyond doubt to being under current research. The new wave of biological therapies that are coming to us from the fruits of the current revolution in genetic engineering and molecular biology are in this last class of treatments.

The biological treatment of cancer is not new; use of natural substances such as herbs in the treatment of cancer has been documented throughout the written history of humankind. However, until this century, surgery was the only cancer treatment that was of proven value. Before modern chemotherapy was introduced after the second world war, improvement in cancer with drug or natural therapies was not predictable, neither was it clearly related to the dose of the substance administered.

Current biological therapies fall into two groups: those that are based on the body's defence system (the immune system); and those that are based on genetic defects that are, in fact, the disease of cancer. Scientific attempts to use the human immune system to fight against cancer began in the 1880s, when pathologists and physicians noted similarities between chronic infectious diseases and cancers. Tuberculosis was an example of this – its common or popular name was 'consumption', and it was perceived that one's body was consumed from within by this chronic infection, very much in the same way that cancers were seen to consume the body. Doctors, having seen the striking success of vaccination against smallpox and rabies, began at this stage to use the immune system to attempt to cure patients with cancer. None of these attempts produced a predictable form of treatment that could be used in the clinic and that could be relied upon to help patients with cancer. In 1928, Woglum published a paper with the New York Academy of Sciences on the first 50 years of immunotherapy. He revealed in this paper that immunotherapy had been an almost total failure and as a result, this form of treatment of cancer virtually ceased until the 1950s.

In the 1950s, a French physician, Mathe, reported that the outcome for some leukaemia patients was improved if the anti-tuberculosis vaccine BCG was used as part of their treatment. BCG is a living bacterial vaccine, just as smallpox vaccine is a living viral vaccine, and it is a powerful general stimulant of the immune system. Over the last 40 years there have been many carefully conducted trials of BCG treatment in human cancer, and it now has an established place in the management of carcinoma of the bladder. There were other attempts to find vaccines like BCG that might stimulate the immune system against cancer but none of these proved fruitful. The genetic engineering revolution has largely ended attempts to find complex bacterial or viral vaccines that might be effective in cancer, since we can now produce and test pure molecules that interact with the immune system.

Today, immunotherapy of cancer is largely concentrated in two areas. The first is to create specific anti-cancer vaccines by identifying molecules on cancer cells that can immunise against cancer. There has been an extraordinary accumulation of knowledge over the last 40 years as to how the body's immune system functions. It is now known that cancers have molecules that are different to normal cells. If the molecules were part of invading micro-organisms, the immune system would take note, yet it seems to ignore these new molecules. Using our new knowledge of the immune system along with technologies from molecular biology and genetic engineering, it has been possible to create vaccines of pure molecules from cancers that can immunise the immune system. There will therefore be tumour vaccines in the future that will almost certainly be useful.

The second new area of immunotherapy involves molecules that are made naturally by the immune system and that regulate its function, either stimulating (upregulating) or suppressing (downregulating) its effects. A good example is the family of interferons. These are produced by cells of the immune system at an early stage in response to viral infections and they upregulate the immune system. A number of different interferons have been used in cancer and today, genetically engineered alpha-interferon is used in the treatment of a number of cancers with predictable dose-related effects. Those of you who follow our newsletters will have read of how Mr Joel Nathan was the first Australian to have his form of leukaemia effectively treated with alpha-interferon.

The old immunotherapy of the 19th century has been reborn at the end of the 20th century. This time, however, we have a great and detailed knowledge of the biology of the immune system and of cancer itself – ensuring that the promise of this new era is open-ended and never ending.

Robert A. Burton

If you would like further information or if you have any questions, please write to Dr Robert Burton at The Anti-Cancer Council of Victoria, 1 Rathdowne Street, Carlton South 3053.

Three researchers **RETIRE**

Three of the world's most eminent medical researchers, all of whom are based in Melbourne and who have links with the Anti-Cancer Council, retired in June. They are the Walter and Eliza Hall Institute's former Director, Professor Sir Gustav Nossal; its former Assistant Director, Professor Donald Metcalf; and Professor Jacques Miller.

Sir Gustav Nossal's retirement ends a 31-year association with the Anti-Cancer Council. He held a position on our council as a representative of the institute and he was also a member of the Medical and Scientific Committee from 1966 to 1989.

Sir Gustav is leaving the institute to concentrate on his presidency of the Australian Academy of Science. He will also be focusing on childhood immunisation in conjunction with the World Health Organisation.

He describes his association with the Anti-Cancer Council over the past 31 years as being close. He worked with its first director, Dr Bill Keogh, and counts Dr Nigel Gray as one of his closest and most valued colleagues. Our new Director, Dr Robert Burton, is a former Hall Institute student.

Sir Gustav's position at the Anti-Cancer Council and as Director of the Walter and Eliza Hall Institute will be taken by Professor Suzanne Cory.

Professor Donald Metcalf will remain as the Anti-Cancer Council of Victoria's Carden Fellow despite retiring as Assistant Director of the Walter and Eliza Hall Institute. He said that he was absolutely delighted with the support given to him by the Anti-Cancer Council over the years: 'The Anti-Cancer Council's ability to commit to long-running research and investigations is

terribly important. It has allowed us to tackle new and difficult projects on a long-term basis'.

Professor Metcalf has received many prestigious prizes for his work on the haemopoietic system and, in particular, for discovering colony stimulating factors (CSFs). CSFs are used in human therapy to improve a patient's ability to cope with high doses of chemotherapy treatment.

Professor Miller is one of the giants of immunology and almost single-handedly discovered how one of the two major arms of the immune system

work. He has researched cellular immunity for all of his professional life and many of his discoveries have been of direct relevance to cancer.

The new era of biological treatment of cancer owes much to the genius of these three great Melburnians.



*Carden Fellow,
Professor Don Metcalf*

DIET & CANCER PREVENTION

Recent research indicates that eating generous amounts of fruits and vegetables will reduce your cancer risk.

These foods contain vitamin C and b-carotene, the dietary antioxidants most strongly associated with protection against cancer.

When living organisms breathe, reactive oxygen molecules (free radicals and other activated oxygen species) are generated that can be extremely damaging to biological systems. These molecules require rapid detoxification if they are to be prevented from damaging cell DNA and proteins. Antioxidants are the agents that perform this detoxification function.

The development of cancer in humans is a process that extends over decades. During this time, a number of opportunities are available to stop or slow down the progression from pre-cancerous lesions, which we all possess, to invasive cancer, which not all of

us develop. Damage to membranes and the cells' genetic material puts greater stress on the body's normal repair mechanisms and when the cell membrane is breached, cancer can begin to develop.

As well as the body's own protection mechanisms, foods such as sweet potato, carrots and leafy green vegetables contain carotenoids which, with vitamins C and E, function as antioxidants within cells and in the blood. Vitamin E and the carotenoids are fat-soluble and as such are able to penetrate cell membranes in order to protect them. Vitamin C is important for its antioxidant ability in the aqueous phase of the cell.

The dietary antioxidants and cancer prevention link comes from epidemiological findings that associate certain foods with lower cancer risk, as well as from findings that have demonstrated a higher risk of cancer in individuals with low blood levels

of certain antioxidants. Epidemiological evidence can, however, only point the way; it does not prove cause and effect. The use of antioxidants as cancer treatments has yet to prove beneficial in clinical trials, but we are sufficiently confident of their worth to recommend eating generous amounts of fruits and vegetables as part of the daily diet in all cancer prevention guidelines published by the Anti-Cancer Council.

Interestingly, two recent studies have found a significant increase in lung cancer risk among cigarette smokers taking b-carotene supplements. Theories abound as to why the supplements may have increased cancer risk. What is clear, though, is that the antioxidant defence system is more complex and finely balanced than was appreciated only a few years ago. Rather than taking antioxidant supplements, the best advice we can give to smokers is to quit.

Paul Ireland

60 YEARS OF SERVICE

In this issue we focus on **education** and **early detection**.

Education

One of the key roles of the Anti-Cancer Council is to raise awareness of cancer through education. If we can educate people to become aware of the early warning signs of the cancer, allowing the disease to be diagnosed at an early stage, their survival rate after treatment improves.

The Anti-Cancer Council's education programs extend into many sectors of the community. One of our initiatives is the **Community Language Program**.

In the 1980s the Anti-Cancer Council realised that women from non-English speaking backgrounds were less likely to have Pap tests or undergo breast examination than were their English-speaking counterparts. Acting on this, a community education program was trialled for one large ethnic group of women – Greek – and one small group – Spanish. These women had little or no English and the information activities were conducted in their own language. The response was overwhelmingly positive.

The next step occurred in 1992, when a group of 30 bilingual women trained to be facilitators in eight language groups – Arabic, Chinese (Hakka, Cantonese and Mandarin), Greek, Italian, Macedonian, Spanish, Turkish and Vietnamese. Today, these facilitators regularly communicate information about cancer prevention to groups of women who request information sessions held in their native language. The program is an outstanding success and educates women in breast health and Pap tests using audio-visual materials.

Another way that the Anti-Cancer Council helps to educate and inform the community is through the cancer helpline at our **Cancer Information Service (CAN-HELP)**.

CAN-HELP puts Victorians in touch with the latest cancer developments around the world by telephone. For the cost of a local call anywhere in the state, dialling 13 11 20 links callers with a trained nurse counsellor who can help with up-to-date and credible information on cancer and its treatment. These nurses can also put you in touch with local support groups.

CAN-HELP was developed in 1993 as a result of a successful pilot project. In July 1995, the Breast Cancer Support Service (formerly managed by the Social Service Policy Unit) became part of the Cancer Information Service, thus making it both an information and support service.

CAN-HELP has its own advisory panel, made up of clinicians and others who have made themselves freely available to advise and offer input in the form of assessing literature, providing training sessions and answering queries regarding specific types of cancer.

CAN-HELP received a total of 20,621 calls during 1995. People aged between 40 and 69 are the major users of the service.



The work of the Anti-Cancer Council's bilingual facilitators was applauded by Australia's Breast Cancer Day Patron, Ms Annita Keating, in 1994.

Early detection

The Anti-Cancer Council has been involved in some major screening programs aimed at improving survival rates from certain cancers. One of these is **Pap Test Victoria**, which began in late 1991 as a three-year statewide program and was the first major recruitment initiative in this area for over 20 years. The campaign, which resulted in dramatic changes in screening rates among Victorian women, was a highly responsive one.

The first cervical cancer screening program in Victoria began in the mid-1960s. After making some initial gains in screening rates, it continued with little change for nearly 20 years. In the 1980s, an international report revealed that cervical screening programs around the world had reduced mortality from cervical cancer by 50%. The report provided a critical reassessment of screening programs and made far-reaching recommendations for the development of future programs to improve this rate to 90%.

This reassessment, together with new cytology data available in Victoria for the first time, gave Victoria's screening programs new impetus. The Anti-Cancer Council took up the challenge and launched its first comprehensive recruitment program, Pap Test Victoria. This was enhanced in 1992 by the Commonwealth/State funded program 'The Organised Approach to Preventing Cervical Cancer'.

The primary objective of this program was to increase screening rates of women (specifically, to encourage 75% of all women in Victoria to have at least one Pap test within a three year period by 1996). The primary target group was women aged between 50 and 69. Other identified groups were women from rural, non-English speaking and low income backgrounds; Koorie women; and women with disabilities. This goal was surpassed in 1994. As anticipated, it will be a number of years before studies show any change in incidence and mortality from cervical cancer in Victoria.

The Department of Human Services has now contracted the Anti-Cancer Council to develop and implement a further recruitment campaign over the next three years.

Another successful screening program is **BreastScreen**. In the late 1980s breast cancer was identified as the most common cancer and the most common cause of death from cancer in Australian women. However, research also demonstrated that if breast cancer is detected early, more conservative surgery is possible and there is a better chance of successful recovery. This is the background to the BreastScreen program.

In March 1990, the Australian Federal Government announced its intention to implement a national mammographic screening program for the detection of breast cancer. This announcement was based on a report of several pilot programs, one of which was a joint initiative of the Anti-Cancer Council and the Royal Melbourne Hospital, run at the Royal Melbourne Hospital's Essendon Campus.

The Essendon Breast X-Ray Screening Program began in October 1988 and examined recruitment strategies, the willingness of Australian women to participate in a screening program and quality assurance.

BreastScreen was launched with the appointment of its director, Ms Onella Stagoll, in January 1992 and was auspiced by the Anti-Cancer Council for its first six months. It is jointly funded by and exists as a result of a combination of federal and state governments. Its primary duty is to provide a free mammography screening service for women aged 50 and over through an organised screening service



The BreastScreen program is an example of cooperation between government and service providers that will help to reduce deaths from breast cancer.

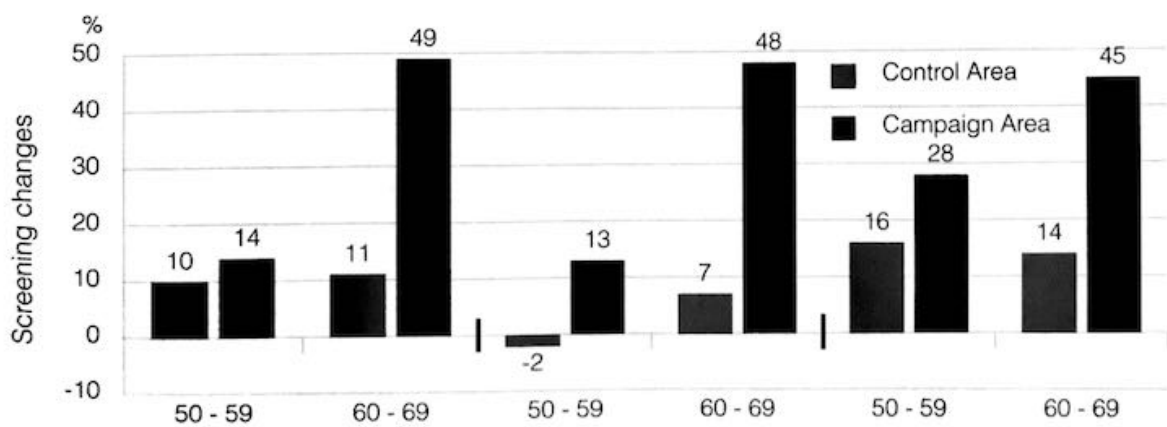
incorporating recruitment and recall for screening every two years.

The Anti-Cancer Council continues to play an important role in the BreastScreen program. Our former Director, Dr Nigel Gray, was the inaugural chairperson and our Director, Dr Robert Burton, and our Manager of Education, Ms Dorothy Reading, are current board members. We also assist in recruitment, education, quality assurance and the provision of community language facilitators.

Successful education programs are the result of many years of research work. Information on the nature and causes of cancer, the development of cancer within the body and the effectiveness of treatment is combined with behavioural and epidemiological research to develop programs that make an enormous difference to people's lives.

Pap Test Victoria aimed to reduce mortality from cervical cancer by more than 50% through increased screening

Changes in screening in women aged 50-59 and 60-69 years during the Pap Test Victoria program





DAFFODIL DAY Literary & Art Awards

The third annual Daffodil Day Literary and Art Awards encourage all aspiring writers and artists to share their experience of cancer. The awards are open to people

who have been diagnosed with cancer, as well as their families, friends and other carers. They offer an opportunity for people to share their special message of hope with other Australians who have been touched by cancer.

The theme this year is 'A Way With Cancer'. In 500 words or less, or through any kind of visual art form, entries should communicate

experiences with cancer that may inspire and strengthen the journey for others.

The judges are experts in their field - Mr Bryce Courtenay for prose, Mr John Clarke for poetry and Ms Margaret Lees for art.

Category winners will be awarded a cash prize: 1st place \$250, 2nd place \$150 and 3rd place \$100. An under 18's category has been introduced, and this will be judged by the curator of the awards, Ms Sam Dickson. Sam will present ten winners with a \$50 prize.

The awards will be presented at the launch of Daffodil Week on Monday 19 August at Melbourne

Central, 300 Lonsdale Street, Melbourne. All welcome.

A public exhibition of selected works from this competition will be displayed in the Shot Tower at Melbourne Central from 19 to 24 August. This exhibition will then be relocated to the National Rhododendron Gardens managed by Melbourne Parks & Waterways, Georgian Road, Olinda from 26 August to 1 September.

To obtain an entry form for the competition, call (03) 9279 1228. Entries close on 26 July and the winning entries will be announced at the 19 August launch.

The Literary and Art Awards, part of Daffodil Day, are proudly supported by Shell Australia.

Dear Doreen



Doreen Akkerman, Manager of CAN-HELP, the Cancer Information Service, answers your questions.

I receive many letters regarding screening issues, particularly about breast, bowel, cervix and prostate cancer. No screening test is ever 100% accurate, but the tests that have been developed so far are the best means we have for the early detection of certain types of cancer in the general population.

Q. My daughter, who is 54, has regularly done breast self-examination and had mammograms through the BreastScreen program, but this month she was diagnosed with breast cancer. How could this happen?

A. I am sorry to hear about your daughter's diagnosis but I am really glad that she went to the Breast Cancer Screening Program so that her cancer was detected early. Screening programs are set up to provide breast X-rays for women who are symptom-free. They are a means of detecting cancers early enough to improve the chance of successful treatment.

Q. Why should every woman have a Pap test?

A. The Pap test may detect early changes in the cervix. These may be the first warning signs of the possible development of pre-cancerous changes. These changes are not cancer, but if left untreated they may develop into cancer. The best way for a woman to reduce her risk of developing cancer of the cervix is to have a Pap test every two years.

Q. Where can I be screened for bowel cancer?

A. There is currently no general population screening for bowel cancer. Screening is only recommended for people who are in high risk groups. You should have regular screening if you have a close relative (parent, sibling, child) who has had bowel cancer; if you or members of your family have familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome); if you have had adenoma or polyps in the bowel; or if you have had extensive ulcerative colitis (inflammation of the bowel) for more than eight years.

Q. What does the Anti-Cancer Council recommend about screening for prostate cancer?

A. There is a growing concern that prostate cancer screening should be recommended and that, by not offering screening, the longevity and quality of men's lives are being compromised. The Anti-Cancer Council does not recommend screening because there is no evidence

that screening leads to any net improvement in men's health.

Screening measures most commonly advocated for asymptomatic men comprise digital rectal examination (DRE) and Prostate Specific Antigen (PSA) alone or in combination. Transrectal ultrasound (TRUS) has also been advocated. Such a screening program has the potential to have a detrimental effect on the lives of many Australians and consume limited health resources without sufficient scientific evidence being available to justify it.

The aim of a screening program is not, in itself, to detect more cancer; rather, it is designed to reduce the risks of death from cancer. A shift towards detection of earlier disease may therefore simply shift the point of diagnosis earlier in a man's life without a net expansion of his lifespan. The treatment of prostate cancer would turn thousands of 'well' men into patients and would adversely affect the quality of their life without any extension of its quantity.

Until scientific evidence of the benefit of screening for prostate cancer is available, we will not recommend mass population screening for prostate cancer. Any man with symptoms should, of course, consult his doctor.

If you have any questions concerning cancer, please call **CAN-HELP** seven days per week between 9 am - 5 pm on 13 11 20.

Doreen Akkerman in the Helen M Schutt Trust Fellow

APPEALS & FUNDRAISING

Daffodil Day **SUPPORTERS NEEDED**

On Friday 23 August, the Anti-Cancer Council will celebrate Daffodil Day. We hope that you will be able to participate.

Join our new patron, Ms Olivia Newton-John, to celebrate this day of hope for all Victorians touched by cancer. Olivia embodies the positive message of Daffodil Day. Today, half of all Australians diagnosed with cancer recover due to advances in research and treatment and many more are able to lead normal lives.

This year we welcome our new official sponsors

to the campaign. Coles, Kmart and BiLo are supporting National Daffodil Day in their stores across the country. Other national outlets are the Australian Geographic shops, The Body Shop, Amcal Chemists and Telstra. State sponsors are Newspower Newsagencies; Medibank Private; Shell Australia; RACV; NRMA; St George Bank; Trezise Pathology; and our daffodil growers, Rowse Brothers.

We urgently need help from all our donors and supporters if we are to reach this year's target of \$1 million.



Daffodil Day 1995 raised over \$600,000 for cancer research

How you can help

Order a box of silk daffodils and badges to sell at your workplace, school, community centre etc; or volunteer your time to be a florist for a day by selling fresh

flowers and other tokens at your most convenient shopping centre.

To register or to receive more information about Daffodil Day, call the Anti-Cancer Council's special events team on (03) 9279 1228.

Terry Fox Cancer Run

11 August

Hundreds of runners are getting ready to participate in this year's Terry Fox Cancer Run. In addition to the city run, at least nine country centres are participating so if you can't make it to the Melbourne run on 11 August, a country run may be ideal for you. Country runs will be held in Shepparton, Portland, Traralgon, Hamilton, Colac, Horsham, Lakes Entrance, Benalla and Mildura. Most centres are offering a 10 km and 5 km course, however you don't have to be an Olympic champion to participate. You can run, walk, jog or push the baby's pram.

Terry Fox, a young Canadian who lost a leg to cancer, had a dream to run across Canada to raise money for cancer research. He ran two-thirds of the way across the country but was forced through ill health to

abandon his quest. He died the following year, aged 22. Others completed his marathon of hope and the dream continues today with Terry Fox Runs now held annually in 45 countries around the world. The run is an enjoyable event for the whole family and is open to people of all ages and ability. Runners are encouraged to seek sponsorships to raise money for cancer research.

The runner who raises the most money will be rewarded with a tropical holiday for two flying to Daydream Island with Ansett Airlines.

Get training and line up those sponsors!

Section winners will receive the official Herb Elliott medal.

The Melbourne run will feature television celebrities so you may end up running alongside someone who is famous (as well as puffed!). Signed footballs from the AFL clubs and basketballs from the NBA will be given to some lucky runners.



This year's sponsors are Toronto Dominion Australia Ltd, Ansett Australia, Daydream Island Resort, Medibank Private, Runners World, Tip Top, Nike, LaManna Bananas, Australia Race Magazine and Musashi.

For more information, contact the appeals unit on (03) 9279 1114. Entry forms are also available from Medibank branches.

Terry Fox Cancer Run

Date: Sunday 11 August, 9 am

Place: Melbourne
Zoological Gardens

Starting from:
The Victorian Hockey
Centre, Brens Drive,
Royal Park (Melway 29 D12)

I want to share Terry's dream. Please send me _____ entry forms and _____ posters.

Name _____

Address _____

_____ P/code _____

Telephone _____

Send to: The Appeals Unit,
Anti-Cancer Council
1 Rathdowne St,
Carlton South 3053.

Christmas bargains

We've enclosed our Christmas gift brochure in this edition of *Anti-Cancer Council News*. Various Christmas and greeting cards and a brand new range of 1997 diaries and address books with the Anti-Cancer Council logo are available for purchase by mail order or by shopping in person at 12-22 Victoria Street, Carlton.

Hatterday winner

The Hatterday competition has been won by a country school this year. Zeerust Primary School at Tallygaroopna took out first prize in the draw and is now preparing for a visit from *Neighbours* star, Kym Valentine. This year's competition, which raised \$26,000, involved 178 schools.

Quitline launched

Victorian Health Minister, Mr Rob Knowles, launched the Quitline on 4 June. The launch was one of the highlights of Quit Week, which is dedicated to helping smokers quit their smoking habit.



Victoria's Health Minister, Mr Rob Knowles, launching Quitline.

By the end of Quit Week, Quitline had received 4500 calls from people who requested help with quitting and asked that information be sent to them through the mail. During the week, the Quit team took its message out



The Fenceline Riders, a group of 10 women who have been diagnosed with breast cancer, visited Melbourne in June as part of their epic motorbike ride around Australia. With their message of not giving up hope, the women have visited cities and towns across the country, distributing literature about breast cancer and encouraging Australian women to undergo breast screening and practice breast self-examination.

into suburban shopping centres and over the radio. Hundreds of community health workers and pharmacists also participated in the week's activities.

World No Tobacco Day was celebrated across the state, with many entertainment venues providing smoke-free entertainment for the night. While in most cases this was a one-off occurrence, the Quit team is hoping that smoke-free venues will soon become common.

Politicians visit the Anti-Cancer Council

Launching the Quitline wasn't the first time that the Victorian Health Minister, Mr Rob Knowles, has visited the Anti-Cancer Council. He has also met with our Director, Dr Robert Burton, for a briefing on various cancer issues, particularly the Breast Cancer Research Consortium for Victoria. At this meeting the Minister was accompanied by the state's most senior health bureaucrat, Mr Warren McCann, who has also recently been appointed as Secretary of

the Department of Health and Community Services.

Mr Knowles' federal counterpart, Mr Michael Wooldridge, visited the Anti-Cancer Council last month. He met with Dr Burton to be updated on the latest developments in screening programs and research funding.

Another visitor, Victoria's Shadow Health Minister, Mr John Thwaites, enjoyed a comprehensive briefing session recently.

E J Whitten Fellowship awarded

After nearly a year of fundraising and appeals, the Anti-Cancer Council has awarded the \$80,000 Ted Whitten Fellowship to support the research of one of the world's leading cancer epidemiologists - Dr Graham Giles.

Dr Giles is based at the Anti-Cancer Council and heads up the Cancer Epidemiology Centre, which studies the occurrence, distribution and causes of cancer.

The fellowship has been named after the football hero because his very public and brave battle

with prostate cancer prompted many members of the Victorian public to donate money to fund the fellowship.

Dr Giles said that the fellowship would support research into prostate cancer. It would look into the causes of this cancer, investigate improving treatment options and devise strategies to reduce the effects of diagnosis and treatment.

Australia's Biggest Tea and Coffee Morning

A huge thank you to all of our hosts and their guests who took part in Australia's Biggest Tea and Coffee Morning on 6 June. The event raised more than its target of \$150,000 and, with over 1300 supporters hosting gatherings across Victoria and more than 50,000 participants, was a huge success.



While all of these gatherings were taking place across the state, the morning was officially launched in Melbourne with the inaugural Celebrity Tea and Coffee Cup Auction, held at the Hard Rock Cafe. The event was hosted by Dr Robert Burton and the Victorian patron of the morning, Mr Gabriel Gaté. Mr Daryl Somers joined us as special guest compere and Mr Paul Sumner from Sotheby's was our auctioneer.

All 47 items were sold to some very enthusiastic bidders. The highlight of the auction was the sale of two mugs signed by rock stars Mr Jimmy Page and Mr Robert Plant for \$500.