NEW BEGINNINGS
CISS
Newsletter of The Cancer Information & Support Society
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... let us be the light at the beginning of your journey

The scandal of prostate cancer management in Australia

by Ian Haines

MANY Australian men are not having their options for treatment of early prostate cancer properly explained. It is a scandal.

It is now time to take the decision out of the hands of one specialty and mandate for multidisciplinary assessment of all men with prostate cancer. And despite the annual exhortations of Blue September and Movember, it is also now time for informed consent for all men contemplating having a prostate specific antigen (PSA) screening test.

I have become increasingly horrified at how many of the men coming to me for self-generated second opinions for early-stage prostate cancer have not had their options properly outlined. Many of these men, previously well and asymptomatic, have their diagnoses generated by "elevated" PSA screening tests that have not been properly explained to them by their family doctor.

Some are well into their seventies (which is outside any evidence base for doing them) and are immediately referred to a urologist, who does a biopsy. When this shows "cancer", the patient and their family are terrified. They are frequently told by some urologists that they need immediate treatment and, invariably, this is robotic surgery. This is not supported at all by recent and ground-breaking research.

First, the long-anticipated ProtecT study was recently published in the leading NEJM, and the results showed no overall or prostate-specific cancer survival advantage for surgery or radiation at 10 years over "active surveillance".

The truly staggering result was that only 17 of the 1643 men (1%) participating in the study died of prostate cancer in the first 10 years, and there was no difference between treatments and all previously identified "prognostic" subgroups. None

Associate Professor Ian Haines

That is not what the patients I see are being told. They say to me that they have been told that they need immediate treatment or they will die.

Metastatic events were higher in the active surveillance group (6.3 per 1000 person-years) than in the surgery or radiation groups (2.4 and 3.0 per 1000 person-years, respectively; P = 0.004), and the rate of disease progression among men assigned to prostatectomy or radiotherapy was less than half the rate among men assigned to active monitoring (P < 0.001), but it is not known if this would eventually influence overall survival comparisons. However, it does mean that we have to treat 27 men with surgery and 33 men with radiation, with all their associated toxicities, in order to prevent one man from developing metastatic disease in the first 10 years, with no significantly increased chance of survival.

As the men in this study came via a PSA screening study, it also tells us that for every 10 000 men who don't get screened with a PSA test, three will eventually die of prostate cancer, usually well into their eighties, and seven and a half will develop metastatic disease.

According to Cancer Council Victoria, the median age at death from prostate cancer in Victoria in 2015 was 82 years (personal email).

That is very different to what men are currently being told, and gives us a better way to present the information to men so that they can properly assess whether this very low risk for progression, metastasis and death is worth going through the physical and psychological trauma of screening, biopsies and treatment.

Second, men are not told about a new Australian radiation oncology study, the results of which show that prostate cancer patients are more likely to regret choosing surgery than having radiation therapy. The study's results are particularly important given the fact that both radiation therapy and surgery deliver equal results, yet radiation therapy (often a more cost-effective option) is underused in prostate cancer treatment.

The results of the study were presented by lead researcher Associate Professor Thomas Shakespeare at the recent 67th Annual Scientific Meeting of the Royal Australian and New Zealand College of Radiologists (RANZCR) on the Gold Coast.

The study was conducted across a number of NSW-based cancer institutions and hospitals and surveyed patients who had undergone prostate

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From Linda Bayer

Donations to CISS **November:** N & M d C $40; F.L. $20; B & D.T. $50

December: T.S. & A.C.$40; B & D.C. $100

New email address for CISS

Please note that CISS has a new contact email address it is ***ciss@iinet.net.au***

Once our new website is complete enquiries through the website will also be directed to:

info@ciss.org.au—Susie will answer; and
admin@ciss.org.au—Leonie will answer

For Sale
Champion Juicer

Perfect Condition Used once only

$475

Phone Janet 07 3379 4623

For sale (at CISS Office)

Xylitol - Healthy substitute for sugar, 450gm—$6.75

Vitamin C - 30% off : past best before date—$17.

Free Psych-K for CISS members

CISS members can receive Psych-K to identify and change negative belief systems free of charge. Ring the Office if you want to try it.

Supplements for CISS Members

Low Dose Naltrexone all strengths 1.5mg to 4.5mg
100 compounded capsules (Doctor's prescription needed)
Look up "Low Dose Naltrexone" Homepage
Stabilised electrolytes of oxygen 50ml—$15 (Chlorine Dioxide)
Visionary Health Compounding Chemist (02) 4969 5081

For Sale: ***Norwalk 270 Juicer***
Good condition $1,550.00

Water Ioniser Ion Farms HTH-5000 Gold. As new 4380 litres still to go on first filter $1,150.00
Phone Trevor 0408 498 543

DVDs for Sale from the CISS Office

CISS Seminar "Cancer & Hope - Survivors share their Lessons" are available for $29.50 plus postage for members or $39.50 + postage for non-members

PRINT POST No. 231335/00041

LOCAL NEWS

Take more care with chemo

There was a fair bit of publicity in the Sydney media in November about a woman who was treated with chemotherapy and it was later discovered that she didn't have cancer.

I sent a letter to the Daily Telegraph on the subject of Overdiagnosis an Overtreatment that was published. See alongside.

We also had another letter published by the Australian Financial Review on how Evidence Based Medicine can be used to balance the budget. See page 8.

Take more care with prostate cancer

Ian Haines got into deep water several years ago when, as head of the Australian Cancer Council, he said that he would not have a PSA test.

He has now spoken out again and criticised his medical colleagues for wrongly treating prostate cancer, this time in the Medical Journal of Australia. See page 1.

Suppression of beneficial treatment for diabetes

In the last issue we highlighted how the medical profession world wide has suppressed alternative cancer therapies. Now we see how the local medical authorities suppress scientifically proven nutritional advice when it conflicts with the harmful and unscientific "accepted nutritional advice". See page 5.

Treatment questions testosterone theory

Current Androgen Deprivation Therapy for prostate cancer is based on the unproven theory that testosterone feeds prostate cancer so must be reduced. Now a report shows how high dose testosterone can eliminate prostate cancer. See page 6.

Need for a liver cleanser

As Max Gerson found all people with cancer need a liver cleanse. One useful herb to achieve this is Milk Thistle. See page 7.

Benefits of self-help therapies

Our latest CISS story shows the benefits of questioning conventional therapies, getting a second opinion and choosing what's best for you. This is what Nick Di Camillo did with amazing results with his metastasised breast cancer. See page 9.

Don Benjamin, Editor

Progress with the business plan

(a) Website structure
The website is currently still under construction but is working. We expect it to be completed in February. See www.ciss.org.au.

(b) Website content
The content for the website is being uploaded and it will be continually updated.

We have started developing the *e-Library*. This will be a unique on-line library including documents related to various health areas. It will start with cancer but gradually extend to other health areas to make it attractive to other organisations and corporate sponsors.

(c) App
This is also being developed.

(c) Campaign launch
This is still under discussion. The earliest date is now February or March.

Annual General Meeting

We held the first part of the AGM in December but because we now need the accounts to be audited we will complete the AGM in March, including submitting the audited accounts and some amendments to the Constitution to bring it into line with the requirements of the new Regulation. We will issue the notice of the adjourned AGM in our March/April Newsletter.

Election of Office Bearers & Committee

The following were elected to the CISS Committee:
Convenor: Frank Hewstone
Vice-Convenor: Rae Dojcinovic
Secretary: Leonie Batchelor
Treasurer: (vacant)
Committee members:
Maxine Hewstone
Lynne Maunder
(3 vacancies)

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tion that the client would buy and listen to a few times.

Those who are interested in learning more about kinesiology or muscle testing should contact CISS and leave a message as we are considering organising a training session soon.

Take more care with chemo

Your story about a woman being wrongly treated with chemotherapy ("Cancer on health system", l8/11) highlights what is really only the tip of an iceberg of cancer overdiagnosis and overtreatment.

In this case the tumour was not malignant, but in many more cases the tumour is malignant but not life-threatening, yet it is treated with chemotherapy "just in case". This is overdiagnosis. About 50 per cent of breast and prostate tumours and more than 90 per cent of thyroid tumours are non-life-threatening.

In a third category, the tumour is life-threatening but chemotherapy has not been shown to improve survival. This is overtreatment.

Both overdiagnosis and overtreatment are widespread in chemotherapy. As a result, about 75 per cent of people with tumours are treated with chemotherapy. Only about 25 per cent of them respond with their tumour shrinking and only about 10 per cent of these - about 2.5 per cent - benefit with increased survival.

Confining chemotherapy to cases that have been proven to extend survival in a randomised controlled trial should be the first step in correcting this problem.

Don Benjamin Cancer Information and Support Society

Daily Telegraph November 19 2016

Farewell from CISS

We offer our loving thoughts to the family and friends of those members who have died in recent months

Maria Stylianos

(continued from page 1)

surgery, but then required post-operative radiation therapy in order to cure the patients. It reviewed their long term results (more than 5 years following radiation therapy) and assessed whether patients regretted their treatment.

The results showed that patients rarely regretted undergoing radiation therapy (4.2%), compared to over one in six (16.9%) who regretted receiving surgery (radical prostatectomy).

This result contradicts the common misconception of surgeons that side effects associated with radiation therapy are not worth the risk to the patient. In fact, it was the side effects associated with surgery that caused the most regret.

This is certainly true of a previously fit and asymptomatic patient I know who was devastated enough by the impotence caused by his robotic prostatectomy for low-grade early prostate cancer, but had no idea that he might still be incontinent of urine at 6 months and requiring pads. He now feels self-conscious and humiliated.

Robot-assisted prostatectomy has been used over the past 16 years and is now used for 60% of prostatectomies.

Associate Professor Shakespeare says: "The key to reducing decision regret is allowing patients to make the most informed choice possible. The results of our study showed that many patients who regretted surgery did so because the patient did not receive enough information about radiation therapy as an equal alternative to surgery and were not referred for a radiation oncology opinion. Patients also commonly regretted surgery due to side effects, as well as surgery not getting all the cancer out. Some patients also regretted having surgery due to the cost of the operation.

"What many people don't realise is that radiation therapy and surgery deliver equivalent results for patients. There is even a lack of awareness within the wider health care professional community. Radiation therapy can often be given at a fraction of the cost of surgery, and in public hospitals, patients receive radiation therapy at no out-of-pocket cost at all."

"We advocate that all patients diagnosed with localised prostate cancer be referred to a radiation oncologist by either their general practitioner or urologist surgeons."

Third, patients are not told about recent research, particularly a recent world-first Australian study from the University of Queensland published in The Lancet that has questioned the relative benefits of the very expensive robotic keyhole surgery for prostate cancer, which often involves out-of-pocket expenses of many thousands of dollars in Australia.

The research found that robotic surgery was no more effective than open surgery for urinary control, erectile function and cancer outcomes. No benefits, but vast extra expense.

The trial of robotic and open prostatectomy at the Royal Brisbane and Women's Hospital examined outcomes for more than 300 Australian men for the 12 weeks after their surgery.

The lead author, Professor Frank Gardiner said: "Many clinicians claim that the benefits of robotic technology lead to improved quality of life and oncological outcomes, but our randomised clinical trial has found no statistical difference between the two groups at 12 weeks' follow-up."

There was no difference between the groups in urinary and sexual function, and both required the same time in days away from work. There was no significant difference in the number of post-operative complications from the two types of surgery.

Professor Gardiner, a consultant urologist at the Royal Brisbane and Women's Hospital, said that the study team was now following up the patients to see if there were differences in quality of life and cancer outcomes 2 years after surgery.

"In the interim, we encourage patients to consider all their treatment options and choose an experienced surgeon rather than choose a specific surgical approach."

This lack of information currently provided by Australian doctors on this major health problem that affects each and every Australian man and their families has become a scandal.

Clinical Associate Professor Ian Haines is a medical oncologist with the Alfred Medical Research and Education Precinct's Department of Medicine at Monash University and Cabrini Health, in Melbourne.

FROM: Medical Journal of Australia 21 November 2016 Issue 45

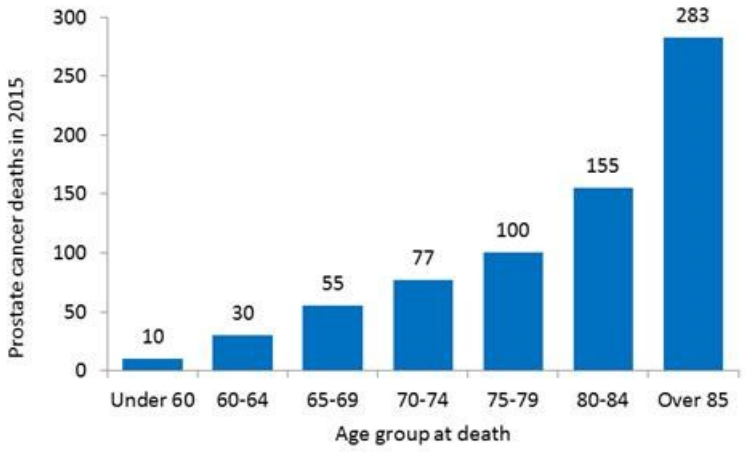

Figure 1. Prostate deaths in Victoria at different ages

Source: Cancer Council Victoria

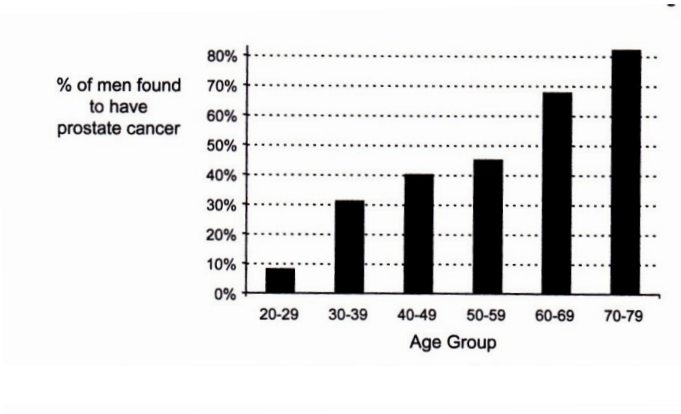

Figure 2. Percentage of men who have prostate cancer at different ages but don't have symptoms. Most won't die from it but would be treated unnecessarily if screened

FROM: Gilbert H Welch. Overdiagnosed: making people sick in pursuit of health. Beacon Press, Boston, 2011.

Suppression of beneficial treatment for diabetes

An orthopaedic surgeon is facing disciplinary proceedings for reversing a patient's diabetes 'inappropriately'. Dr Gary Fettke, an Australian doctor who has already been barred from advocating a high-fat diet, had recommended the approach to his patient.

Although the patient's type 2 diabetes reversed, Dr Fettke had gone against current dietary advice, which recommends a low-fat, high-carbohydrate diet to prevent heart disease and diabetes.

The new charge was made almost immediately after a secret hearing of Australia's medical regulator, the Australian Health Practitioner's Regulatory Authority (AHPRA), had banned Dr Fettke from talking about a high-fats diet or treating patients with it.

In his testimony, Dr Fettke, who practises in Tasmania and lectures at the local university, had told the AHPRA: "My patients are lying around in hospital with obesity-related conditions, amputated limbs and non-healing rotting flesh. I believe it is the nutritional advice that they have been given that has put them there in the first place."

He said that the evidence for the low-fats diet was "wanting in substance and riddled with vested-interest politics."

The case against Dr Fettke was brought by a dietitian, who has remained anonymous, on the grounds that he wasn't qualified in nutrition, and so wasn't trained to give advice on diet.

Since proceedings began, Dr Fettke has suffered threats and harassment; a photograph of his family's kitten being stabbed was left on his locker door at the hospital, and he has also been subject to cyber-bullying.

By Bryan Hubbard
FROM WDDTY 19 Dec 2016

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A Tasmanian surgeon who was told by the nation's medical watchdog to stop giving specific nutritional advice is one of several cases that prompted a Senate committee to call for an inquiry into the agency.

Key points:

- Dr Gary Fettke reprimanded by medical watchdog AHPRA for suggesting patients eat low-carb diets
- AHPRA found he was not qualified to give nutritional advice

Dr Gary Fettke

- His case has prompted a Senate committee to call for an inquiry into AHPRA

Gary Fettke is an orthopaedic surgeon and an advocate of a low carbohydrate diet.

He said he became passionate about nutrition after amputating limbs of diabetic patients whose diets were a big part of the problem.

"What I've been advocating for some years is cutting sugar down, particularly all the refined sugars in the diet," he said. "Over time that's evolved, and it's evolved to what I call low carb, healthy fat.

"It's just eating lots of vegetables, pasture-fed meat and the right amount of oil in the form of things like nuts, avocado, cheese, olive oil and fish."

One of his patients, Julian Robinson, who had to have his leg amputated because of complications from diabetes, said the diet changed his life for the better.

"I cut out of my diet most of the carbohydrates, which was hard because I like biscuits so much, and increased my protein. I eat a lot more meat and eggs."

> *"He virtually said to me, 'You need to change your diet and your lifestyle or you'll die,'" Mr Robinson said.*

A recent study by the CSIRO has found a low carbohydrate diet had better outcomes for diabetics.

While dieticians do prescribe it, many say it should not be used for everyone.

Anonymous complaint sparked investigation

Doctor Fettke started pushing for changes to the food in the Launceston General Hospital where he worked and then criticised the hospital for a lack of action.

According to Dr Fettke, an anonymous complaint from a dietician at the hospital sparked an investigation by the Australian Health Practitioner Regulation Agency (AHPRA).

Two and a half years later the watchdog found he was working outside his scope of practice and was not qualified to give specific nutritional advice, and he was ordered to stop speaking about the low carbohydrate, high fat diet.

"The committee does not accept that your medicine studies of themselves provide sufficient education or training to justify you providing specific advice or recommendations to patients or the public about nutrition and diet, such as the LCHF lifestyle concept," it read.

Dr Fettke said the findings could have repercussions for other health professionals.

"I've been contacted by many doctors. I know the AMA has been contacted by many doctors as well as the medical protection society.

"And it's not just for doctors, it's for nurses who are working in outreach areas, even nurses in the community, dentists, pharmacists, chiropractors. You go to your cardiologist and he tells you what to eat, you go to a neurosurgeon and he tells you what to eat, gastroenterologist and all of them, by definition, don't have a major training in nutrition and yet they're all giving advice."

Concerns about doctor's online posts

The AHPRA investigation also raised concerns about things he was posting on his website and social media accounts, saying his posts online may be misinterpreted by people who might conclude reducing sugar could slow or cure cancer.

"Never have I said that it's an alternative to the treatment of radiotherapy, surgery and chemotherapy. Very specifically we need to be thinking about

our nutrition as an adjunctive therapy to the current ones," he said.

"In my situation there's been never a case of patient harm, not a patient complaining, and that's what I see as the farcical thing."

The AHPRA investigation also raised concerns that Dr Fettke had pushed patients into the diet, an accusation he denies.

"You cannot push a way of eating onto a person. All I've ever done is told patients that there is a choice, that there is an option that's out there."

AHPRA cannot comment on the case unless Dr Fettke gives them permission, which he won't because of legal advice he has received.

However AHPRA has released a statement reaffirming that it expects medical practitioners to provide appropriate dietary advice to patients.

Senate committee recommends inquiry

AHPRA itself is now in the spotlight. Prompted by Dr Fettke's case, a Senate committee has recommended a new inquiry be held into AHPRA, the complaints process and whether changes are needed.

Tasmanian Greens senator Peter Whish-Wilson sat on the initial inquiry. "What the committee found was that to a lot of practitioners, the AHPRA process itself, the investigative process, the notifications process is being perceived to be bullying and intimidation as well," Senator Whish-Wilson said.

He said he was concerned Dr Fettke's investigation was the result of a vexatious complaint.

AHPRA said it believes vexatious complaints are a small problem but it is commissioning research into the area.

The inquiry has also lead to calls for cautions issued by the watchdog, like the one Dr Fettke received, to be appealable.

At the moment the only option is a Supreme Court challenge over the process, something Dr Fettke is considering.
"You are guilty until proven otherwise."

"The process is really the thing that's up for question at this point in time. Not just for me, but for multiple practitioners in the health system. It goes on and on and on," Dr Fettke said.

FROM: ABC RADIO, 30 November
http://www.abc.net.au/news/2016-11-30/low-carb-advice-lands-doctor-in-hot-water/8078748

Prostate cancer tumours 'shocked' to death by flood of testosterone: researchers

Sarah Knapton: London

A man with advanced prostate cancer is believed to have been cured after doctors "shocked" his tumour to death with huge amounts of testosterone.

The result has been described as "unexpected" and "exciting", as most prostate cancer therapies work by depriving tumours of the hormone, which cancer uses as a fuel.

Other men taking part in the trial also showed responses that astounded scientists, with tumours shrinking and the progress of their disease halted.

Levels of Prostate Specific Antigen (PSA), a blood marker used to monitor prostate cancer, fell in most of the 47 participants. One individual whose PSA level dropped to zero after three months, and who shows no remaining trace of the disease after 22 cycles of treatment, appears to be cured, the researchers said.

Professor Sam Denmeade, from Johns Hopkins University School of Medicine in Baltimore in the US, who led the study, said: "Our goal is to shock the cancer cells by exposing them rapidly to very high, followed by very low, levels of testosterone in the blood. The results are unexpected and exciting.

"We are still in the early stages of figuring out how this works and how to incorporate it into the treatment paradigm for prostate cancer.

"Many of the men have stable disease that has not progressed for more than 12 months. I think we may have cured one man - his disease has all disappeared."

All the patients had spreading cancer that was resistant to treatment with two of the latest hormone therapy drugs, abiraterone and enzalutamide.

The trial involved three cycles of "bipolar androgen therapy" (BAT), which involves alternately flooding the body with, and starving it, of testosterone.

The men received high-dose injections once every 28 days. At the same time, they were given a drug that stopped testosterone from being produced naturally.

Dr Matt Hobbs, deputy director of research at Prostate Cancer UK, said: "This research is intriguing because it offers a hint that - somewhat unexpectedly - for some men whose cancers have reached that 'hormone-resistant' stage, it may be possible to kill or stop growth of the cancer cells."

The early findings from the study were presented at a symposium on Molecular Targets and Cancer Therapeutics in Munich.

Telegraph, London, December 2, 2016

Ambiguity and Idiosyncrasies of English

1. One tequila, two tequila, three tequila, floor.
2. Atheism is a non-prophet organization.
3. If man evolved from monkeys and apes, why do we still have monkeys and apes?
4. The main reason that Santa is so jolly is because he knows where all the bad girls live.
5. I went to a bookstore and asked the saleswoman, "where's the self- help section?" she said if she told me, it would defeat the purpose.
6. What if there were no hypothetical questions?
7. If a deaf child signs swear words, does his mother wash his hands with soap?
8. If someone with multiple personalities threatens to kill himself, is it considered a hostage situation?
9. Is there another word for synonym?
10. Where do forest rangers go to "get away from it all?"
11. What do you do when you see an endangered animal eating an endangered plant?
12. If a parsley farmer is sued, can they garnish his wages?
13. Would a fly without wings be called a walk?

(Continued on page 2)

Milk Thistle as a Liver Cleanser

by Ty Bollinger

It never ceases to amaze me how our bodies are uniquely equipped to scavenge and eliminate the literally *thousands* of different toxins we encounter on a daily basis. **We are continuously exposed to things like environmental pollution, processed foods, pharmaceutical drugs, contaminated water, and countless other sources of exposure**.

And what's even more amazing to me is that our bodies are designed to do all this…

Even while we're simultaneously metabolizing nutrients from the foods we eat, regulating our blood sugar levels, producing the hormones we need for life, and all-around maintaining a homeostatic (balanced) state so we can function normally from day to day.

In an ideal world, this process would run smoothly. This is because the amount of good things going into our bodies as fortification would far exceed the amount of bad things. Thus, a toxic overload situation would not occur. Sadly, this isn't an ideal world!

There are upwards of 70,000 industrial chemicals currently in commercial use, and another 1,000 new ones being introduced every single year. By the way, the vast majority of new chemicals are never properly safety tested and many people are being chemically *ambushed*.

It happens to such a degree that our bodies are no longer able to eliminate toxins fast enough. This often leads to a toxin-induced health crisis.

Our bodies need additional reinforcements. In other words, **we simply aren't getting the level of nutrient support we need to protect our vital organs from damage and possible *shutdown***. Our most critical systems of detoxification, the liver being the most prominent, can only take so much abuse before eventually failing. This is why we have to go above and beyond the norm to protect them with supplemental support.

Why Your Liver Needs Milk Thistle

Your body's primary line of defence against toxins is the liver, which performs more than 300 critical metabolic functions beyond just detoxification. Without our livers, we would very quickly *die*, which is why we need powerful, liver-protective herbs like milk thistle (*Silybum marianum*) in our lives.

The health benefits of milk thistle are extensive (see box), and include protection against the various metabolic burdens that cause liver damage and liver failure. **Milk thistle is also combative against diabetes, seasonal allergies, metabolic syndrome, gastrointestinal problems, and cancer.**

One of the most powerful liver-protective herbs known to man, milk thistle has a solid track record in the scientific literature of exhibiting antioxidant, anti-inflammatory, and antifibrotic (preventing tissue scarring) properties. Milk thistle seeds, and extracts made from these seeds, have long been used as a natural therapeutic to guard against liver damage.

Recent research published in the journal *Current Pharmaceutical Biotechnology* affirms that silymarin, a lipophilic extract made from milk thistle seeds, mitigates oxidative stress resulting from both alcoholic and non-alcoholic fatty liver disease.

Silymarin contains three compounds − silybin, silydianin, and silychristin − that work together to prevent toxins from overburdening the liver. This in turn helps prevent a cascade of other liver failure-related diseases from forming. These include conditions like atherosclerosis, neurodegenerative disease, and cancer.

Other milk thistle compounds like silibinin perform similar functions. They help to counter the toxic effects of mycotoxins, organic solvents, pharmaceutical drugs, ethanol, and other substances to which humans are routinely exposed in the modern world.

The ability of silymarin to directly alter the membranes of liver cells gives it a unique ability to stimulate cell *regeneration*. **This means it has the potential to reverse liver damage that's already occurred**. Its antioxidant potential has also been shown to not only stop inflammation but trigger the formation of glutathione. Glutathione is the body's "master" antioxidant that, based on its immense mechanistic actions, holds the key to vibrant health and longevity.

Silymarin marianum Respected in Scientific Literature

Milk thistle is so effective at preventing and treating inflammatory liver conditions that it holds a coveted spot in the rank of *German Commission E Monographs*, a repository of the world's most respected and clinically-proven herbal and phytonutrient medicines. Milk thistle is duly regarded in the scientific literature as a protective agent against nerve damage, abnormal brain aging, and cardiovascular disease.

Milk Thistle as a Cancer Treatment

Published studies on milk thistle's anticancer potential show its effectiveness against cancers of the skin, prostate, liver, lung, breast, colon, cervix, and ovaries.

Milk thistle is also powerfully chemoprotective (meaning it protects against damage from cancer drugs). This is why it's often used as an adjunct in conventional cancer care to help mitigate the toxic effects of chemotherapy and radiation.

The silymarin component of the herb offsets the growth and persistence of various types of cancer cells, including those associated with prostate, skin, and liver cancers. Likewise it exhibits general anti-metastatic activity, meaning it helps prevent cancer cells from spreading throughout the body and infecting other organs.

Other milk thistle constituents such as silibinin and isosilybin B show their own unique promise in preventing and treating cancer as well. Studies have shown that silibinin extracts derived from milk thistle used both internally and topically help protect against skin cancer.

The Effect of Milk Thistle on Prostate Cancer

Oral ingestion of silibinin has also shown efficacy in preventing the growth, spread, and metastasis of prostate cancer cells, working in part by inducing cell cycle arrest.

Isosilybin B is likewise effective in targeting prostate cancer. It helps to maintain healthy prostate cell division inside the body while suppressing the secretion of prostate-specific antigen (PSA), a common marker of the disease's presence and spread. Isosilybin B has also shown efficacy in fighting

both hormone-dependent and hormone -independent prostate cancers. It is also efficacious in suppressing a genetic factor linked to the disease's formation.

How to Take Milk Thistle

Milk thistle can be taken as a powder or liquid extract, or in tablet or capsule form. Both powdered milk thistle and milk thistle seeds can be brewed into a tea. However, many of the healing compounds found in the plant's seeds are not easily steeped into hot water. This is why some health practitioners recommend eating the seeds whole or grinding them up and adding them to food or drink.

While there's no official standard for a therapeutic milk thistle dosage, typical usage amounts range from anywhere between 140 milligrams (for mild conditions like seasonal allergies) to 600 milligrams (for more serious health conditions) of silymarin. This should be divided into two or three doses taken throughout the day.

Potential Side Effects of Taking Silymarin

Milk thistle side effects are generally mild, and both animal and human studies have shown the herb to be generally non-toxic. But taking higher doses can result in upset stomach and diarrhoea. This is due to increased bile secretion and flow, which can also result in a laxative effect. Health authorities advise against pregnant and breastfeeding women using silymarin. If you're allergic to ragweed, yarrow, daisies, chamomile, chrysanthemums, or marigolds, you should also avoid taking this powerful herb.

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FROM: The Truth About Cancer, 30 December 2016.

Healthful solution to our AAA woes

A downgrade of Australia's AAA credit rating can be avoided with one fairly simple action: Have Medicare only fund medical interventions that have been shown to work. This could save up to $50 billion per year or a third of Australia's annual health expenditure and quickly bring the budget back into surplus.

Last year's *Four Corners* program "Wasted" reported that figures from Australian Institute of Health and Welfare showed that spending on health by federal and state governments, private health insurance and in hard cash from patients in gap fees is just under $155 billion each year and estimated that one-third of that amount — about $46 billion — is being wasted.

Professor Bruce Robinson from the University of Sydney Medical School also stated last year that a quarter of the services listed on the Medicare Benefits Schedule do not appear to be supported by evidence, while about 30 per cent of all healthcare treatments would be of little benefit to patients. He suggested that the MBS be used to drive best practice throughout healthcare.

These figures are probably conservative estimates. In the UK the *British Medical Journal's* Clinical Evidence Group estimated that there is little benefit in more than two-thirds of the 3000 common treatments they evaluated, so about 65 per cent is wasted. Australia's health system is not expected to be much better. In cancer the waste is closer to 75 per cent. There is already proof that this type of reform works. When policies limiting treatments to those proven to be effective were implemented in certain hospitals in the US, the costs were reduced by about one-third and many lives were saved.

Don Benjamin, research director
Cancer Information & Support Society
St Leonards, NSW

Australian Financial Review, Wednesday 21 December 2016

CISS STORIES—Nick Di Camillo

My experience with the “C” word started with my dear wife discovering a lump on my left breast. It was one morning in September 1998 while we had a quiet lie -in discussing everyday matters or maybe nothing at all.

As men rarely inspect their breasts for lumps this was a fortunate discovery and we agreed that I should monitor it for growth or any changes which I did.

About a month later I felt that the lump had grown even though minutely and that it was fairly hard when squeezed between two fingers.

I decided with some prodding, that it was a good idea to visit my GP and after a visit to him and getting referrals for Ultrasound and a fine needle aspiration (FNA), was told by my GP that breast cancer (BC) in men is rare and he felt all would be good.

In the meantime we had booked a trip to the Gold Coast for Nov-Dec of that year and so my view was that I was going to go and enjoy my Holiday without confirmation either way as to the malignant or benign status of the lump in my breast.

After a glorious holiday on the Gold Coast I returned and made the visit to the radiology clinic. The consulting radiologist felt he would decide only do a FNA after an ultrasound and then a mammogram.

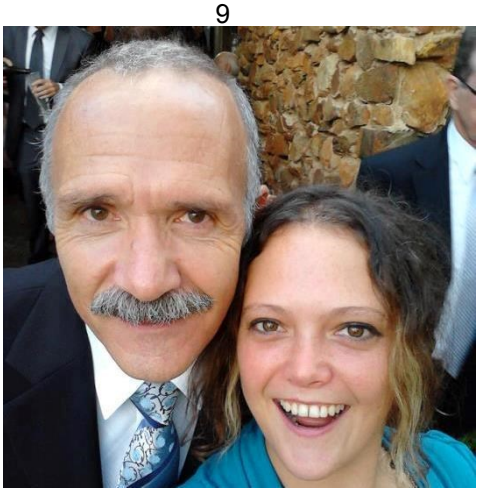
His reason was that the FNA would affect the quality of the pictures from the ultrasound.

Sure enough when the results came through and while visiting my GP to get the results, the pathology report said that the lump was, according to the FNA result, “highly suspicious for malignancy.”

My GP proceeded to refer me to a general surgeon whom I saw at the Mercy Hospital in Maylands Western Australia.

I made the appointment and when arriving at the consulting room was asked by the receptionist if I had private hospital cover. Isn't it amazing that we get asked about our hospital cover status so quickly when visiting private surgeons. While they will say that it is to protect your hip pocket, I am convinced that all surgeons must feel quite relieved and on a “Licence to Operate” when you confirm that you have private cover.

My surgeon recommended that the lump be removed and a frozen section be performed as he was quite sure that the



Nick Di Camillo, with niece

lump was cancerous and, if after inspection it was found to be cancerous, he wanted permission to perform a complete mastectomy of my left breast. Also he would do an axillary node dissection which no doubt would have left me with edema and heaven knows what else. All this topped up with a good dose of radiation and chemotherapy. His opinion was based on the FNA report which really was not conclusive at all.

He even kindly suggested that he had an opening the following week and that his secretary could book me in there and then. I thanked him and, as my wife and I were too stunned to really make decisions at the time, said that we would call him in the next day or two.

After we arrived at home and being barely able to eat we weighed up our options: do we go with the eager surgeon or wait a little longer and get a clearer picture of the road we had to travel.

We opted to wait and try for a second opinion and to treat "the condition" as I called it with some herbal remedies as my wife was a Remedial Therapist and we had used herbal remedies for some years.

Within the next two days we had a call from the surgeon’s secretary who asked if we had made a decision as she could book us in with that phone call. I informed her that my decision was to wait and explore our options and to thank the surgeon for his advice and that we would not be hastily travelling down the route he had offered to us. I said that if after investigation I found that it was best to return to him for the surgery he had prescribed, then I would call and discuss it with him.

Well obviously the new Rolls Royce was on order and the hospital theatre empty, where he had his room as, the following day, I had a call from the eager surgeon himself. He proceeded to explain that I was making a big mistake in not immediately having the recommended surgery as he felt quite strongly that I might even have a melanoma (This all from the inconclusive FNA and his physical inspection). Whew what pressure.

Well I refused to help him get his Roll Royce and declined his offer once again and we ended the conversation. I can truly say that medical practitioners must not even consider the pressure and anxiety that they can bring to people with such behaviour, even if it is well intentioned.

At this time my sister happened to mention a GP that she had known for years and that had experienced cancer himself and a visit to him proved to be the best thing for me when he proceeded to recommend how he would proceed with my situation. His advice was that he saw no problem with a lumpectomy with no axillary lymph node dissection and to assess further treatment after the lumpectomy. This release from the pressure to immediately spring into action was like a huge weight being lifted off my chest. Suddenly the dark tunnel had a light at the end of it.

In December of 1998 I had my lumpectomy performed by a well known female breast surgeon who performed the operation under a local anaesthetic. A couple of days later after the tumour had been assayed by the pathologist we were invited back to the breast surgeon’s to be told that the final report was “Infiltrating ductal carcinoma Grade 3”. She advised a dose of radiation and chemotherapy as being the norm. I declined the norm and said that I would deal with the cancer with nutrition and herbal products which left her speechless. However she said “if that’s your wish then it’s your right.”

I need to mention that at this stage the important hormone receptor immune-histochemistry report was not to hand; but after the surgeon received it she should have passed the results on to me but FAILED to do so. (The report dated 18/12/98 was made known to me by my later-on oncologist who had shared rooms with the surgeon.)

My GP had looked at the available reports and had felt that my prognosis

was good and supported my course of action.

Anyway I got on with life and herbal preparations and a mostly vegetarian diet with exercise etc. and about a year later went on a lovely trip with the family. This was in November early December of 1999 to New Zealand.

Traveling around NZ which is not exactly hot at that time of the year I contracted a cold which I still had when I returned to Australia and on a scheduled visit to the GP mentioned earlier, for a regular ultrasound referral, he asked if anything else was of concern.

My wife jumped in and said she was concerned about the cold that had lasted by then about three weeks and so an X-ray was arranged. Well after having the X-ray on 20/01/2000 and on inspection of the photo, I was informed that it was advisable to have a CT scan as there were shadows on my lungs. My GP had consented to this and off we dashed to another centre for an urgent CT scan.

We were able to wait for the results and then were to take these to the GP. The results confirmed the X-ray and the official interpretation was:

1 "Multiple irregularly marginated opacities scattered through both lung fields, with extension towards the pleural surfaces in the upper zones which are suspicious for lung metastases. Widening of and increased density of the right superior mediastinum, suspicious for lymphadenopathy."
2 "Superior mediastinal lymphadenopathy which is also likely to be metastatic."

The GP said that he needed us to move on to specialist help and referred me to an oncologist whom I proceeded to visit about March 2000 and who, on looking at the CT photos, pronounced "I am telling you that this metastasizing breast cancer", in response to my wife's question as to whether the opacities, lesions etc. may have been scarring from who knows why and when.

I asked her what her treatment recommendation was and did she recommend radiation, chemotherapy etc. She said no, that my cancer would be treated the same as female BC and that was with Tamoxifen.

It's interesting that the other surgeons all would have treated me with chemo and radiation.

She also said that she had the hormone receptor immunohistochemistry report and was very annoyed that her previous room sharer, i.e. my breast surgeon, had not conveyed the results to me which were: Oestrogen receptor and Progesterone receptor positive. High content of ER protein and PGR protein, hence why she would use Tamoxifen.

We asked if she objected to me taking herbal supplements and her answer was that she did not care what I took as long as I did not take anything that would work against her treatment of Tamoxifen. Especially I was not to have massive doses of Vitamin C.

At this stage I was consuming oral Vit C but was interested at this massive doses of Vit C idea. I did not know much about Intravenous Vitamin C but kept it filed away. Eventually a lecturer where my wife attended naturopathic classes suggested going to visit a Dr Bullen who conducted intravenous Vit C clinics. That led me in July 2001 to Dr Ivy Bullen and her vitamin C days.

I began intravenous Vit C in July 2001 at the rate of 30,000mg per visit every week after an initial consultation with Dr Ivy Bullen . She also recommended Mistletoe injections which I kept on injecting subcutaneously for seven years until 2008.

I also self-medicated by adding dozens of other supplements such as Curcumin, I-3C (Indole 3 carbinol), Astragalus, St Mary's Thistle, Green Tea capsules and heaps more. I used to rattle after I took the supplements, but did so religiously 3 times a day.

While I was having Intravenous Vit C, I also had Tamoxifen but only took the Tamoxifen for two years from 2000 to 2002. I had researched and found that it's safe to take Tamoxifen for 2 years with a maximum of 5 years. The longer one takes the drug the greater the possibility of other cancers forming such as ovarian etc. Well I wasn't worried about my ovaries but did not want to risk other cancer forming, so I made sure that I only used 24 packets of Tamoxifen (as the packets lasted a month), over that two year period.

I kept visiting the oncologist who ordered one CT scan a year (after the initial one every six months) and she often remarked how well I was doing.

On one visit to her in December of 2004 and after my not having taken Tamoxifen for two years (I did not tell her that I had stopped the Tamoxifen and I used to throw away her prescriptions so she was none the wiser) she remarked to me how well the drug works on men and that she would continue to keep me on the Tamoxifen.

My remark was Oh Oh. She straight away said "What, haven't you been taking it?" My answer was "Not for two years". Her statement was "Well whatever you are doing ,keep doing it as it is obviously working".

What else could she say, as I was a medical miracle as at the time of the first visit she had said to me after recommending Tamoxifen, " I can only offer you Quality of life". Now suddenly the CT scans she saw in front of her looked like I was going to enjoy a long life even without Tamoxifen.

So here I was, confusing the oncologist and radiologists as the disease did not progress like they expected but in fact had remained stable for some years. The CT scans and X-rays should not have looked as they did in someone who was going to die a horrible death from Cancer. The radiologists could not other however offer acceptable explanations as to what the lesions etc. were that they were seeing on the films.

At this visit with the oncologist I offered to detail what I had taken and the protocols involved and send it to her if she was interested, to which she replied, "Yes I am interested, please do." She even said that she really did not need to see me again and we said our good byes.

Well its now 2017 and after turning 65 in December I am still here yelling and screaming and enjoying quantity as well as quality of life, which would not have been the case had I gone with the radiation and chemotherapy treatment. The evidence for Intravenous Vitamin C is even stronger and more accepted today by many battling cancer and it is my experience that it, along with so many more nutritional supplements, are an effective and gentle way to overcome any cancer.

My Journey with cancer has been interesting and a learning experience. It has taught me to never rush into any treatment or surgery without consider-

(continued on page 11)

The Emotion Code and muscle testing

by Don Benjamin

We at CISS try to keep at the forefront of new ideas to help people with cancer. We have already identified that the most effective treatment for cancer, based on the results of randomised controlled trials, is a particular type of psychotherapy developed by Ronald Grossarth-Maticek (See CISS Newsletter May/June 2016)

It was evaluated for people who had already been diagnosed as suffering from chronic stress and was found to produce dramatic results among those with cancer.

Since that type of psychotherapy was developed, new research has identified that chronic stress is the main proven cause of both cancer and heart disease. As mentioned in that CISS Newsletter this evidence is summarised in a National Geographics DVD "Stress—Portrait of a Killer".

There are many types of therapy used to treat cancer and heart disease that are believed to be cause by chronic stress. They usually include a technique to identify any bottled up emotions, find where they are stored and release them. These include types of psychotherapy, Emotional Freedom Technique and Psych-K. A list of them is given in Bruce Lipton's book Spontaneous Evolution where they are referred to as Belief-change modalities, based on the theory that blocked emotions that affect behaviour can be released and unwanted beliefs can be changed.

Another way of releasing blocked emotions is described in a book by Dr Bradley Nelson called The Emotion Code – How to release your trapped emotions for Abundant Health, Love and Happiness, published by Wellness Unmasked Publishing, Mesquite, Nevada (2007) .

The book refers to Candace Pert's book Molecules of Emotion that describes how stress takes the form of circulating protein peptides that get into cells and organs and interrupt the cells' communication that is essential for normal healthy functioning.

Like Psych-K it relies on kinesiology or muscle testing to ask questions of the subconscious mind that is believed to remember every event that has ever been experienced, even before birth.

Also like Psych-K, it is based on the theory that when the body is in harmony its muscles are strong. When a thought comes into the head or a statement is made, such as "I am a very confident person", that is in conflict with the person's learnt belief system, the muscles get weak because the communication to all the cells including the muscles' cells, is interrupted by interference signals.

This simple kinesiology technique of asking the body a question and feeling the muscle response is used in the Emotion Code to find out what type of emotion caused the blockage, when it happened, where it came from and where the blockage is.

Once this has been identified the blockage is released by running a magnet down the person's back.

Again, like Psych-K, the technique can be done remotely, or using a surrogate, provided the person involved has given permission. For example the Emotion Code therapist can use themselves as the surrogate while talking to the person over the phone.

The book includes chapters to describe the background of "energy healing" and describes how all physical matter is essentially energy. It describes how subconscious thought energy can be "picked up" from the cosmos.

A typical healing session might start with the therapist asking the client to list the 3 most important conscious personal issues to be dealt with. The client might give feelings of (1) insecurity; (2) not being valued; (3) guilt or shame.

Some emotions cause one issue that leads to another issue. Based on experience the therapist might suggest they deal with item (2) first and uses muscle testing to ask a series of questions. The therapist can use the client's extended arm, as in Psych-K to get either a "Yes" response to a question (arm remains strong) or "No" (arm becomes weak). If talking over the phone the therapist can use their own arm or fingers sensitive to muscle strength to test the question for a "Yes" or "No" response. The following questions might be asked for a person aged 65 who has a feeling of "not being valued":

- Is this feeling caused by a blocked emotion? "Yes"
- Is this emotion fear? "No"; grief? "No"; anxiety? "Yes"
- Did this emotion originate in this person? "Yes"
- Did this emotion occur recently? "No"
- In the last 5 years? "No"; Before age 50? "Yes"; Before age 40? "Yes" etc..
- Before age 5? "Yes".. At age 3? "Yes"
- Did it come from the father? "No"
- Mother? "Yes"
- Did it start with the mother? "No"
- Mother's father? "No"; Mother's mother? "Yes"
- Did it start with the mother's mother? "Yes"

This feeling of not being valued was learnt from the grandmother via the mother, probably via learn behaviour and reinforced by subsequent events.

The therapist then asks the client what important event happened when they were 3 years old. Usually the client can remember such an important event. This makes it easier for the therapist to release the emotion. The next question is:

- Can this emotion be released? "Yes"

The therapist runs a magnet down the client's back. If being treated remotely the therapist uses the magnet on a part of themselves. The next question is:

- Does this released emotion need support? "No"

This concludes the process for that emotion or belief. (If the answer had been "Yes" the therapist might suggest a technique for the client to use to reinforce the release such as particular CD that is designed to prevent or deal with this emo-

(continued on page 3)

(continued from page 10)

ing the consequences. It has taught me about maintaining my strong faith in God and the benefits of a strong and positive outlook.

It has taught me how much support a loving wife was able to provide during those years in juicing vegetables every morning for me while attending Naturopathic College as well as running a household and still being there for our two girls who still lived at home. I owe her my eternal gratitude as she walked the journey with me without one complaint.

I am truly blessed to be as well as I am today and thank the creator of our wonderful bodies for the ability for it to heal itself as well as for making wonderful natural supplements for us to use in our fight against cancer and other diseases that befall all us at some time or another.

I especially thank Dr Bullen (who passed away two or three years ago) for her positive encouragement about the benefits of intravenous Vitamin C and making it available at very low cost to all that attended her clinic.

The articles and information contained in the CISS newsletter were a great reassurance that I was on the right path so CISS was also a tremendous help to me.

Nick Di Camillo
3rd January 2017

Branches of CISS

NSW

CISS CENTRAL COAST

The Central Coast Branch holds a general meeting on the third Monday of each month at the Arts & Crafts Centre, Henry Kendall Gardens, Bellbird Drive (off Maidens Brush Rd, Wyoming at 7pm with a guest speaker and sharing of information and common experiences. An excellent library is available to members. All are welcome. For further information contact Mary Sponberg-Macready on (02) 4322 8767.

CANCER SUPPORT GROUPS
NSW

ACTIVE WOMEN TOUCHED BY CANCER & CELEBRATING LIFE

Meets at Balgowlah RSL, Ethel St, Seaforth on 2nd Tuesday of the Month at 7pm. $5 donation. Guest speakers. Contact Robin 9938 6128 or Kate 8902 0196

BLUE MOUNTAINS CANCER HELP INC, KATOOMBA

Support groups and complementary therapies. Groups include the Gawler "Living Well" 12 week program at Katoomba and Springwood, and a Breast Cancer group. Regular support groups held twice a month. A not-for-profit charity supported by our op shops. Phone 4782 4866 www.cancerhelp.net.au.

CANDLES CANCER SUPPORT GROUP

Meets Fortnightly [Thursdays] 10-noon Kanwal Community Hall, Pearce Rd Kanwal [Central Coast] Provides information, support, empathy and understanding. Phone/email contact available if unable to attend meetings. Open to all types of cancers patients, male and female. Survivors and carers all welcome. Contact: 4393-5017 for details.

CANHELP CANCER SUPPORT GROUP

Based on the Ian Gawler approach. Meets 1st & 3rd Tuesday each month from 6.00-8.00pm at Level 3, 280 Pitt St. Enjoy meditation, sharing and support. Ring Sue Saxelby 0408 442 030 or just turn up.

HILLVIEW COMMUNITY SUPPORT GROUP

Meets each Tuesday 1.30-3.30pm at 1334 Pacific Highway Turramurra. Includes a meditation. No charge. Phone 9449 9144 and ask for Patricia Krolik.

KEMPSEY CANCER SUPPORT GROUP

This group for cancer patients and their carers meets on the 1st and 3rd Wednesday of each month from 10 - noon at the Community Health Building. Contact Penny Snowden 6562-6066.

NAMBUCCA VALLEY SUPPORT GROUP

Meets every Wednesday, Agnes Grant Centre, Macksville & District Hospital, 11 am – 1 pm. Phone 6568 2677.

NEWCASTLE CANCER SUPPORT GROUP

For information contact Make Today Count, 44 Dudley Road, Charlestown, NSW 2290. Phone 4943 8462.

PARKES CANCER SUPPORT GROUP

Meets every 3rd Monday of the month at the Education Centre, Parkes District Hospital at 1.30pm. For further information contact Margaret Green, 6864-5123 or Mary McPhee, 6862-3814.

QUEST FOR LIFE FOUNDATION

Based on 30 years of delivering exceptional retreat experiences for people living with cancer, our 5 day residential retreats deliver the latest research on health, healing and neuroscience. Contact 02 4883 6599 or visit www.questforlife.com.au

SUTHERLAND SHIRE CANCER SUPPORT GROUP

Meets every Tuesday morning from 10.30-12.30 at the Parish Centre of the Catholic Church, 50 Kiora Road, Miranda. For further information contact Deborah Harrison, 9523 5200.

SYDNEY ADVENTIST HOSPITAL CANCER SUPPORT CENTRE

Meets each Wednesday 10-12 noon at Jacaranda Lodge, 185 Fox Valley Rd, Wahroonga. A discussion group for patients and carers of any cancer type. Also special support groups for different cancer types and for carers. Contact Nerolie on 9487 9061.

VICTORIA

CANCER NATURAL THERAPY FOUNDATION

Support group meets on Tuesday nights at 7pm at 531 Elizabeth Dr, Sunbury, Victoria 3429. Meeting includes discussion, relaxation therapy and Reiki Healing. Certified organic produce available these nights. The Foundation operates a resource library, workshops and guest speaker program. Personal Counselling available. Contact Sandra Givca Maqueda (03) 9740 9921; mobile 0411 100 947.

GAWLER FOUNDATION

Learn how to create wellness in the face of cancer at our 5-day and 10-day Cancer Retreats in Victoria's beautiful Yarra Valley. Call 1300 651 211 or visit www.gawler.org to learn more.

QUEENSLAND

FRUITARIAN RAW FOOD NETWORK

Write to PO Box 293 Trinity Beach Qld 4879.

QUALITY OF LIFE CANCER SUPPORT GROUP

Meets on the North Side of Brisbane. For details phone Alan on 3263 8390 or Michelle on 3269 9687.

WESTERN AUSTRALIA

CANCER SUPPORT ASSOCIATION of WA

Cancer Wellness Centre, 80 Railway St Cottesloe WA 6011. Counselling hours: Tues-Thurs. Phone (08) 9384 3544. The CSAWA Inc is a non profit organisation with the primary objective to provide support services, information and self-help activities in a safe and caring environment for people affected by cancer, to enhance their emotional, physical, spiritual and mental well being. Emphasis on self-help & development, teaching life skills that enable individuals to better cope with the fear and uncertainty of a cancer diagnosis.
Website:
www.cancersupportwa.org.au

TASMANIA

KINGBOROUGH CANCER SUPPORT GROUP

Contact Tony Cope (03) 6227 7902 ah for further details.

What's Available from the CISS Office?

CHAMPION Juicer - $575 ($615 non-members)
OSCAR Juicer - $485 **DVD:** CISS 2007 Seminar : Cancer & Hope
Enema Kits: $12.00 $29.50 plus $5 postage
Hydrazine Sulphate: 250ml - $15; 375 ml - $22.50; 500 ml - $30 + postage
Vitamin C: Powder - 450gms $17 for the most common combination of Ascorbic Acid 200gms and Sodium Ascorbate. 250gms - **30% off**—past best before date
Water Purifier: Reverse Osmosis - $495. Other models avail.
Xylitol: (sugar substitute) - 450gms - $7.00

Prices are subject to change. Items can be posted to you. There is a $10.50 postage/ packing fee for standard articles, $12-$16 for country and interstate, $16 Express Post. CISS Handbooks $13.50, $15 including postage.