



Prostate Cancer
Foundation
of Australia

PROSTATE SUPPORTER

The newsletter of the Prostate Cancer Support
and Action Groups of South Australia

SEPTEMBER 2008 <http://www.prostate.org.au>

Conference to provide some extra support

PCFA official bound for Adelaide to encourage support group discussions.

A CONFERENCE for all support groups within South Australia and the Northern Territory is planned for September 22 in Adelaide, to discuss the future development and expansion of the groups.

Eleven groups have been invited to this conference, which will examine the advantages of possibly forming a South Australian and Northern Territory Chapter under the constitution of the Prostate Cancer Foundation of Australia.

Growing awareness of the devastating effects of prostate cancer and the need for more support groups will also be addressed at the conference, to determine how to meet the needs of all men and families in South Australia and the Northern Territory.

PCFA Support Group Service Manager Paul Redman will attend the conference to present information on the latest services and resources that are available to the attendees and their group

members. This includes the foundation's plans for linking to general practitioners and urologists, to raise their awareness about the strengths of the support group network across Australia.

Paul believes this conference can help individual members and leaders to share their experiences and learn new ideas to develop current and future leaders within the support group network.

This reinforces the concept that attending a support group strengthens the ability of each person to address their illness, especially through realising that they never need to deal with these matters alone.

For convenors, chairmen and facilitators who feel they are leading the battle alone, Paul says that attending this conference can strengthen and renew their resolve, and elevate their vision – especially as new developments in research and awareness continue to cast more light on effective prostate cancer treatment.



**GET THE FACTS
UNDER YOUR BELT**

Prostate Cancer Call-in
11th September 2008, 6-9pm

Talk to a urologist or other expert about risk factors,
early detection, treatment and support.

www.prostatehealth.org.au

Call the Cancer Council Helpline

13 11 20

Supported by the Cancer Council and Australian Prostate Cancer Collaboration
Local call cost. Call-in will operate in all states and territories except Victoria.

Phone the hotline to get the answers you need

THE 2008 National Prostate Cancer Call-in will be conducted on Thursday September 11, with Cancer Council SA taking calls from 6pm to 9pm.

For the cost of a local telephone call, anyone can reach the Cancer Council Helpline on 13 11 20 and ask questions of urologists and prostate care nurses who will be answering calls. Callers will be encouraged to enquire about all aspects of prostate cancer, from risk factors, early detection and treatment explanations to support options. They can also speak to a Cancer Connect volunteer with an experience of prostate cancer.

Callers will also be given a variety of options to gather information and support available to all people affected by prostate cancer. For further information, visit www.prostatehealth.org.au

in brief...

TOOL BOX SESSION: The next Tool Box information session – part of the Royal Adelaide Hospital's men's health initiative – is on Wednesday September 10. Dr Leslie Stephan, consultant at the Felixstow Mental Health Service, will talk on *Men & Stress: signs, symptoms & strategies*. The session will be held in Robson Lecture Theatre, Level 1 of the hospital's Eleanor Harrald Building (print the map at www.rah.sa.gov.au/rahmap) from noon to 12.45pm. Please RSVP to health promotion officer Jane Barnett by email (jane.barnett@health.sa.gov.au) or phone 8222 5193.

CONTRIBUTIONS to these newsletters from all Support Groups and members are welcomed; send items and images by email to prostate-news@fosterhill.com.au

The Prostate Cancer Foundation of Australia freecall hotline is 1800 22 00 99
or visit the website www.prostate.org.au

COMING EVENTS

SEPTEMBER MEETING in the upstairs meeting room, Cancer Council SA building, 202 Greenhill Road, Eastwood at 5.30pm on Tuesday September 9. Enter via the back stairs.

NOVEMBER
The inaugural Australian Prostate Cancer Conference (and Men's Health Forum) will be held from Saturday November 15 to Monday November 17, in the Crowne Plaza Hotel, Royal Pines Resort, on the Gold Coast.

• For more information about the Action Group, visit the South Australian Prostate Cancer Action Group's dedicated website, with detailed archives containing its newsletters, at <http://www.pcagsa.org.au>

Urgent action needed to bolster membership

The Prostate Cancer Action Group identified membership concerns in its seventh annual report, as Dean Wall reports.

THE 2007-2008 year has been another period of great activity for the Action Group. The scope and amount of its activities to promote prostate cancer awareness has been a credit to the group members – in many ways pushing the limit of our membership's capacities.

Awareness evenings were staged in cooperation with such organisations as the Masonic Lodge (for sessions at Blackwood, Mt Barker and Stirling), with ProstateSA for events in the city, and with the PCFA in conjunction with Commbank at Murray Bridge. The Action Group is recognised as being unique in Australia for these presentations.

Other activities included publicity displays at the Man Alive! festival in Semaphore, various rural field days and Country Agricultural shows.

The Action Group has been invited by FARMOZ to occupy space on their displays at Rural Field Days in Paskeville,

Barmera and Lucindale, offering to cover costs to attend. However, due to the current reorganisation of Elders, it wasn't possible to arrange our inclusion for the Riverland Field Day at Barmera in October.

Awareness evenings are being planned for Victor Harbor in October (requested by the local Apex Club), Murray Bridge in November and in the South-East (either Kingston or Naracoorte) during the new year.

The efforts of Theban and Coralie in the planning and serving refreshments at all these functions (and at committee meetings) is particularly appreciated. Several members also spoke to service clubs and other groups during the year.

MEMBERSHIP

THE RANGE and number of Action Group activities continue to be limited by a lack of group members – and deteriorating health of some current members. Still, the group continues to enjoy a high reputation among

medical professionals and health groups.

I believe membership has reached a critical stage, and unless further members can be attracted, I fear that future action prospects will become limited.

If any readers feel up to the challenge of providing information – and hopefully saving lives as a consequence of this – please attend the group's next monthly meeting, on **Tuesday September 9** at 5.30pm in the conference room, Cancer Council of SA, 202 Greenhill Rd, Eastwood.

AMBASSADOR PROGRAM

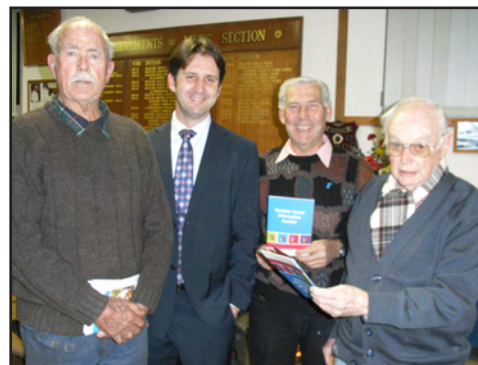
THE PCFA has received Federal Government funding for the Ambassador training program, and would like to train a further 17 Ambassadors in SA – providing skills in making public presentations. If anyone would like to help spread the message about prostate cancer, please phone Dean Wall on 8390 3030, or email ddoutside@picknowl.com.au

Port Pirie Prostate Cancer Support Group

AN INFORMATION evening about prostate disease presented at the BHAS bowling club in Port Pirie during July attracted an attentive audience of 39 interested men and their partners. Dr Richard Wells spoke to the audience about disease of the prostate gland, including prostate cancer. He discussed treatment options and showed the group a video of the robotic surgery he uses to operate on prostate glands in Adelaide.

There were many information resources available for participants to take home, and the Port Pirie Prostate Cancer Support Group – which organised the event – was also present to answer questions about support group activities. Dr Wells speaks annually at one of this group's meetings.

Attending the Port Pirie meeting were (from left) Joe Van der Lee, Dr Richard Wells, Allan Manfield and Tom Skewes.



The Prostate Cancer Foundation of Australia freecall hotline is 1800 22 00 99 or visit the website www.prostate.org.au

Prostate Cancer Support and Awareness: ADELAIDE GROUP

COMING EVENTS FOR 2008

The Adelaide Group meets on the third Monday of each month, in the Park View Room of the Fullarton Park Centre, 411 Fullarton Rd, Fullarton.

Monday Sept 15
Guest speaker Wendy Tuckwell, a medical physicist at the Dept of Medical Physics, Royal Adelaide Hospital, will complement Denby Steele's August speech on brachytherapy by discussing the role of the medical physicist and different disease areas that can be treated with brachytherapy.

Monday October 20
Guest Speaker will be Dr Carole Pinnock, research scientist from the Daw Park Repatriation Hospital, who will give an illustrated lecture.

Monday November 17
John Mayes will chair the meeting and speak about diet, supplements and healthy foods, with Arthur and Kathie Seager preparing a prostate-healthy meal.

• For more information, visit the Adelaide Group's dedicated website at www.psaadelaide.org or contact group president Phil Davis (phone 8263 2217), or secretary Ian Fisk (phone 8296 3350).

New treatments plant the seeds of success

Two forms of sophisticated brachytherapy treatments are achieving great results in South Australia, as Phil Davis reports.

RENOWNED urologist Mr Denby Steele, currently the only urologist in South Australia qualified to treat patients with temporary high dose rate brachytherapy, spoke to members about this relatively new procedure at the Adelaide support group's August meeting.

Developed in Seattle during the late 1980s, brachytherapy is another cancer treatment using radiation, involving the implantation of a radioactive source within or near the tumor, to deliver a high radiation dose to the tumour. Because the radiation is delivered internally, there is minimal radiation exposure to other parts of the pelvis.

The two major forms of prostate brachytherapy are permanent seed prostate brachytherapy and temporary high dose rate prostate brachytherapy

Permanent seed prostate brachytherapy is designed for cancers contained within the prostate. Australia's medical benefits schedule restricts payment to patients who have a Gleason Score up to 7, PSA less than 10 and prostate size of less than 50cc.

The treatment is effective up to a PSA of 15, but at those levels it must be self-funded. Good urinary flow is also required. A prostate of more than 50cc can be shrunk with hormonal treatment.

Since 2004, permanent seed prostate brachytherapy has been performed regularly at Calvary Hospital; preplanning to determine the number, position and dose of the seeds (preloaded titanium capsules containing radioactive Iodine-125), then implanting after the seeds have been imported from the United States.

At the Royal Adelaide Hospital, Mr Steele's team has developed a process which requires only one hospital visit, with preloaded seeds already on hand. Success achieved at both hospitals is very similar.

Depending on the size of the prostate, up to 100 seeds can be implanted permanently into the prostate, producing radiation in a small area that usually results in a gradual reduction of PSA levels.

Up to 40 per cent of males may demonstrate a PSA bounce, where the PSA can rise after implantation, but subsequently falls. Permanent seed brachytherapy is proving as effective as surgery and external beam radiotherapy for lower risk cancers.

Temporary high dose rate prostate brachytherapy is for high-risk patients with more aggressive cancers and can be combined with five weeks of external beam radiation therapy.

Treatment just outside the prostate gland is possible

for a prostate with a volume between 15cc and 60cc, tumour stage T2b to T3b, has a PSA equal to or less than 20, Gleason score equal to or less than 8 and urinary flow rate equal to or greater than 13ml/sec (hormone therapy may be given in some cases to shrink the cancer prior to treatment).

In South Australia, temporary high dose brachytherapy is only performed at the Royal Adelaide Hospital, with a few patients treated each month. It involves placing a very intense radiation source directly into or close to the tumour via implanted temporary catheters, usually about 14 to 20 flexible hollow plastic needles inserted into and near the prostate.

The process developed by Mr Steele's team involves two treatments at least 10 hours apart, during which the patient remains in hospital with the implanted plastic needles/catheters in place. In other Australian hospitals the process requires more than 30 hours over three treatments.

High dose rate brachytherapy is emerging as a highly effective treatment for higher risk prostate cancers, including the local extension of disease beyond the prostate, which is when other local therapies such as surgery, external beam radiotherapy or seed brachytherapy are less likely to achieve a cure.

**COMING EVENTS
FOR 2008****SEPTEMBER 3
MEETING:**

Round Robin discussions will be featured among attending members, to talk about our prostate cancer journey. This Support Group meeting will be held in the boardroom at Noarlunga Community Hospital, Alexander Kelly Drive, Noarlunga, on Wednesday, September 3 at 6.30pm.

**OCTOBER 1
MEETING:**

Guest speaker soon to be confirmed.

**NOVEMBER 5
MEETING:**

Dr David Elder, urologist, will be guest speaker.

**DECEMBER
BARBECUE:**

Date announced soon.

• For more information, visit the City of Onkaparinga Support Group's dedicated website at www.pcsog.org

• Special thanks to the City of Onkaparinga Support Group sponsors: Southern Primary Health Woodcroft, Port Noarlunga-Christies Beach RSL Sub Branch, toneraction Christies Beach, The Original Open Market, and to all who provide valuable support to our group – especially the City of Onkaparinga Council.

Support activities extend through the community

GENERAL information on activities within the City of Onkaparinga have been provided by Dolph Young, project officer for Cancer Support Network Onkaparinga, with updates on some future and current programs.

- Look Good – Feel Better program for men. Phone Dolph, 8384 9490.

- The Garden Group. Phone Thia at Southern Primary Health Seaford, 8392 4500.

- A new cancer exercise brochure listing all local venues. Phone Dolph, 8384 9490.

- Meditation for better health, featuring four different groups. Phone Nicole, 8384 9266.

- Leukaemia Coffee Mornings at the Health Village. Phone Judy, 1800 620 420.

- Breast Cancer Support. Phone Nicole, 8382 9266.

- A carers afternoon is being planned for late October. Phone Dolph, 8384 9490.

- A Survivors Celebration is being planned for early November.

- Managing Cancer Stress is an eight-week course. Phone The Cancer Council, 13 11 20.

If anyone would like a full copy of this information, please

phone Dolph on 8384 9490 or email Dolph.Young@health.sa.gov.au

COUNSELLING SUPPORT

A LETTER has been received from the South Australian Government, seeking assistance from the City of Onkaparinga support group to ensure that people affected by the recent issue relating to radiation treatment at the Royal Adelaide Hospital between July 2004 and July 2006 are able to get counseling or support that they may require. For assistance, people can phone The Cancer Council SA on 13 11 20.

VALE LEWIS DOHNT

PHYLLIS and John Shields recently attended the funeral of Lewis Dohnt, who had been ill for quite some time. They previously visited Lewis during his stay at Noarlunga Hospital, and Eldercare Seaford Aged Care Facility, and have been saddened by his passing.

More than 100 people attended Lewis's memorial service, held at the Uniting Church, McLaren Vale. The video and tributes from family members told us a lot about Lewis that we did not know, however the emphasis on Lewis being a true gentleman

is something that we all know and value.

We will miss him greatly. Our sincere condolences to Ruth and her family.

**INFORMATION DAY
AT PERRY PARK**

THE Noarlunga support group has been invited to a Health Promotion Day, – titled *Open the Window To Health* – being conducted at Perry Park Aged Care Facility, 26 River Rd, Port Noarlunga, on Thursday September 4, from 9.40am to 2pm.

The organisers would also like two or three of our group members to give a five-minute talk about their prostate cancer journey, so if you would like to participate, please let group president John Shields know ASAP by phoning 8382 6671. John will at least have a good tale to tell – his PSA blood test results still say “undetectable” after four and a half years. A most pleasing result.

SPECIAL THANKS

GUEST speaker Liz Randall, an infection control nurse at Noarlunga Hospital, gave an interesting and engaging talk at the support group's August meeting, and we offer our sincere thanks for her participation.

Research findings and news items ... submitted by Trevor Hunt

Radiation Treatment has been linked to early onset prostate cancer. A study at the University of Nottingham showed that men who had had a hip or pelvic X-ray or barium enema 10 years previously were

2.5 times more likely to develop prostate cancer than the general population. And the link appeared to be stronger in men who had a family history of the disease.

Source: *Sydney Morning Herald*, 17/7/08

Examining erectile problems

If more men start talking about erectile dysfunction, chances of finding remedies will improve, as Jeff Roberts reports.

UROLOGIST Dr Jehan Titus, who consults in North Adelaide and operates at the Royal Adelaide and St Andrews Hospitals, addressed a serious issue at the Mitcham support group's August meeting that is so often left unspoken by prostate cancer patients after surgery – erectile dysfunction.

Erectile dysfunction (ED) is an issue that many men are reluctant to discuss, though Dr Titus informed the support group that there are possible remedies for some conditions.

It is a more prevalent and widespread condition than most people would imagine, as a substantial percentage of the male population that do not have cancer also face this situation.

Among prostate cancer patients, the fear of ED is their most common concern after death and incontinence – and once the likelihood of incontinence passes, ED usually takes over as the major concern among recovering patients.

He went on to describe some of the problems and terms relating to ED, which are featured in the adjacent text box, and are explored more completely in an important paper on the subject by Italian urologist, Dr Francesco Montorsi.

As in most medical situations there will be different responses to treatments from patients, and the cost factor attached to some treatments

Problems and terms relating to erectile dysfunction

Etiology

The causes or origin of erectile dysfunction that occurs after surgery can include:

- Nerve injury,
- Vascular injury
- Penile fibrosis

Cavernosal Nerves

These nerves near the prostate release nitric oxide. In radical surgery of the pelvis – and in particular procedures relating to the prostate and the rectum – the cavernosal nerves are at risk of damage.

Venous Leakage

Loss of blood to the penis results in a loss of erections. Dr Titus states that there is support for

the role that Viagra can play in assisting recovery from erectile dysfunction. In a post operative situation, this is less likely to be effective in a person over 60 years old.

Oral Viagra

Effective use of Viagra requires nerves being intact. It can be 40 per cent effective overall within a maximum recovery time of 12 to 18 months. It is desirable to start taking Viagra within the first month after surgery. Patients should take a maximum of 25mg of the drug per day, for at least six months. The question of whether all brands are equal remains unclear.

is a significant aspect, as the medication is expensive.

However, there are some alternative actions if a course of Viagra plus Alprostadil injections are not successful. Examples are:

- A vacuum pump: An external pump with a band that a man with ED can use to get and maintain an erection.
- Penile implant surgery: A device that is surgically placed in the two main chambers of the penis.

Dr Titus asked the meeting

whether enough is being done to properly handle post treatment situations, and the reply came that medical professionals often do not adequately cover the whole gambit of problems facing the patient.

Whatever decisions a patient makes, they should be fully aware of all treatments available plus information about relevant side-effects, to enable them to be fully informed in making decisions.

Dr Titus mentioned a GP who has set up a men's health

COMING EVENTS

SEPTEMBER MEETING

The next monthly meeting of the Mitcham Support Group will be held on Thursday September 25, in the Colonel Light Gardens RSL club rooms at 4 Prince George Parade, Colonel Light Gardens, from 7pm to 8.45pm. The guest speaker will be Dr Hany Dimitri – a cardiologist who will speak on the correlation between erectile dysfunction and cardiovascular disease. This will be a very interesting presentation and men, partners, carers and families are encouraged to attend.

• For more information on events and group activities, visit the Mitcham Group's dedicated website at www.psamitcham.org

general practice in Adelaide, which he feels is an excellent approach and will hopefully occur more in the future.

Dr Titus also commented on the increase in PSA testing, which he believes can at times lead to unnecessary treatments.

Barossa and Gawler Prostate Cancer Support Group

Taking health matters to heart

Recommendations for diet and exercise to ensure a healthy heart have a ring of familiarity to prostate cancer patients, as Alan Hall reports.

AN opportunity to learn more about the heart and how to preserve its health attracted the Barossa/Gawler Group's largest attendance for more than two years.

Tanunda GP Dr John Urlwin established a strong rapport with his audience by explaining how the heart works, things that can go wrong and measures we can take to sustain its good health.

He described the heart as a unique pulsing type of pump which squeezes, squirts and then relaxes before repeating the cycle. He contrasted this with a centrifugal pump which maintains a constant flow.

In explaining coronary artery disease, he used the analogy of rusty pipes to explain the build up of fatty plaque in arteries leading from the aorta.

As plaque accumulates everything appears to be working normally, until demands on your heart are extended by increased physical exertion – even something simple such as walking up a steep hill.

As the heart pumps faster to get more oxygen, the restricted flow through arteries prevents this from happening and physical responses occur;

tightness or a heavy feeling in the chest, breathlessness, or pain which may extend to the jaw, shoulder, arm or back. These are the signals of angina.

Symptoms disappear when activity is stopped but they will reappear unless the condition is treated by opening up the arteries.

A common treatment is a glycerol trinitrate spray under the tongue. An aspirin taken daily will also cause thinning of the blood and can stop clots from forming.

If plaque continues to accumulate, eventually the lining of the artery will rupture and fatty plaque is released into the opening of the artery, creating a blood clot which may completely block the artery and cause muscle damage to the heart. This is a heart attack.

Dr Urlwin then spoke about risk factors and prevention of heart disease. The greatest risk factor is tied to a family history of heart disease. Special vigilance in these cases is essential, especially if a first degree relative has experienced heart disease before 55 years of age. Diabetes is another potential cause of heart attack.

COMING EVENT

OCTOBER MEETING:

Urologist Mr Denby Steele will be a guest at the group's monthly meeting on Friday, October 17, from 6.30pm in the Uniting Church Hall, Nuriootpa.

Members are asked to bring a plate for a light tea before Dr Steele's talk.

While hereditary factors cannot be avoided, there are ways of reducing the risk of heart attack. Smokers can quit their habit. Regular checks should be performed by doctors, especially for diabetes. Regular exercise will reduce the risk of diabetes and heart disease, as will reducing body weight (even by a few kilograms), changing eating habits, and learning to relax more and alleviate stress.

Dr Urlwin extolled the virtues of a Mediterranean diet to help prevent heart disease. Indeed, this has been summarised as "10 dietary commandments for a healthy heart" by Professor Colquhoun in Queensland.

The components of this diet are daily consumption of multigrain bread and a variety of fruit and vegetables; on most days a handful of nuts, a glass of wine and some tomato-based product; and at least one serve a week of some soy, fish and avocado, which all contain good fats.

To balance this intake, eat less meat (make sure lean cuts of meat are consumed) and avoid cream and butter – although olive oil or canola oil-based margarine is fine.

The incidence of heart disease is relatively low in France, in spite of their diets being high in fats – possibly because of the wine they drink and their habit of dwelling over meals rather than rushing, both which encourage relaxation. In Greece, the low level of heart disease may be due to a strong family ethic – loneliness seems to be a high risk factor for heart disease.

The similarities between risk-reducing measures for heart disease and those advised for prostate cancer were noticed. It seems there are many simple things that can be done to reduce or even avoid both of these common life-threatening diseases.

Research findings and news items from around the world

Submitted by Trevor Hunt

Desk job dilemma

MEN who work sitting at a desk are 30 per cent more likely to develop prostate cancer than manual workers, a study has shown.

Scientists examining whether levels of physical activity in the workplace were linked with tumours found that having a desk job significantly increased the risks. The findings, published in the European Journal

of Cancer Prevention, confirm the benefits of regular exercise in reducing the risk of prostate cancer.

Source: Sunday Herald Sun, 6/7/08.

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McLaren Districts Prostate Cancer Support Group

Pelvic exercises provide a key to surgery incontinence woes

Strengthening pelvic floor muscles provides great benefits before and after surgery, as group president Bryan Hearn reports.

VIRGINIA Gill, a pelvic floor physiotherapist, undertook normal training as a physiotherapist but became involved with pelvic floor treatment through attending many ladies who had recently given birth to children. For the past five years, Virginia has also been involved with treating men who are facing prostate surgery.

Indeed, her treatment is so highly regarded that several surgeons now refer patients to her to undertake strengthening exercises for pelvic floor muscles before their radical prostatectomy operation, and for post-operative treatment to assist with the effects of incontinence.

It was for these reasons that Virginia was invited to address the McLaren Districts support group meeting in August.

Virginia recommends that patients should couple their pelvic floor exercise program with a sensible diet, no smoking and some general physical exercise.

She suggests that red and green fruit and vegetables should form the basis of any diet and agrees with the popular concept of five vegetables and two fruit serves per day – which should be accompanied by sufficient fiber or similar food types to keep internal systems performing regularly.

Patients should drink about six to eight cups each

Deciding on Da Vinci as a prostate surgery option

MCLAREN Districts group member Colin Eckert recounted to the August meeting his recent experience as a patient undergoing a Da Vinci robotic prostatectomy.

Colin's illness came to light as the result of a regular blood test taken by his doctor; his PSA level was 9.

This was followed by a biopsy which revealed a cancerous condition of his prostate gland.

Colin took his time deciding which course of treatment to follow after doing a lot of reading, asking many questions

day and this can comprise a combination of tea, coffee, water and alcohol. Having only one type of drink is not as good for you.

Virginia described how young bladders can expect to hold about 700ml of fluid but that this volume will decrease as men grow older.

Each kidney operates via a drip system delivering a small drop of filtered fluid to the bladder about every 10 seconds. By the time the bladder is about half full, the urge to urinate will be felt.

and doing his own research via the internet.

He chose the robotic surgery method as it was less intrusive and potentially provided a quicker return to work. Dr Peter Southerland performed the operation.

Colin's total blood loss was estimated at about 100mls and his recovery was a little longer than the usual two-to-three hours, taking about five hours.

Colin returned home within 24 hours of the surgery, and is swiftly returning to normal activity.

With the assistance of visual aides, Virginia explained how removing the prostate gland provides a situation where incontinence is inevitable. Coughing, sneezing, lifting or even sudden movements can prompt leakage through incontinence – however, most men can expect this situation to be remedied within 12 months following a radical prostatectomy.

Exercising and controlling pelvic floor muscles can significantly contribute to a swift return to normal. The

COMING EVENT

Thursday Sept 18

The McLaren Districts group will next meet in the administration building at the rear of the McLaren Vale & Districts War Memorial Hospital, Aldersey St, McLaren Vale, at 7pm on Thursday September 18.

Guest speaker will be Gizelle Wilson, a dietician who will direct her presentation towards the dietary habits of the older members of the community.

Contact group president Bryan Hearn on 8323 7924 or 0410 539 274, to confirm your attendance and meeting details.

exercises require compressing, squeezing and holding the internal pelvic floor muscles for about one minute. Imagine trying to stop and hold the urinary stream while urinating.

To obtain maximum benefit, these exercises should be performed about 30 to 50 times a day. Tips are to hold the pressure for long enough, but don't try too hard, and don't hold your breath.

Virginia said bladder control can be improved with the right kind of help.

Risk assessment revolution



Dr Carole Pinnock reports on a new approach to old cancer assessment problems discussed at the recent Melbourne Prostate Cancer Symposium.

EVERY year in August, the Department of Urology at Royal Melbourne Hospital, lead by Professor Tony Costello, convenes a prostate cancer symposium. A feature of these meetings is the high quality of the speakers, with an international assembly of prostate cancer celebrities.

Many are world leaders in their field, bringing new ideas and approaches to the most testing problems faced in treating prostate cancer.

This year, speakers included Professor Patrick Walsh from Johns Hopkins University, a pioneer of prostate cancer surgery; eminent United States urologist Dr William Catalona, a PSA screening pioneer and prolific researcher; and Dr Mike Kattan, a statistician, developer and guru of nomograms. These are a new way of viewing prognosis – the likelihood of progression at each stage of the disease.

One of the clear themes from the meeting was the increasing use of risk assessment in making decisions about treating prostate cancer. Risk assessment involves combining several measures to find the likelihood of an event.

While family history is an established risk factor for a diagnosis of prostate cancer, it is not so well known that even a single PSA reading can provide information about their long-term risk of developing



Key presenters at the Melbourne symposium were Patrick Walsh (left) and Mike Kattan, giving his address on nomograms.

Photographs courtesy of Declan Murphy

prostate cancer. For example, according to one study, a man who, in his 40s, has a PSA of 2.6-4.0ng/ml has 100 times the risk of developing the disease compared with a man whose PSA is <0.7 at that time.

Once prostate cancer has been diagnosed, more measures (PSA, Gleason score, clinical stage) can be brought together to assess risk.

This is most helpful when making decisions about the best treatment. For example, a younger man with a low risk can consider active monitoring, low dose rate brachytherapy or surgery, while a man with a high risk might consider multimodal therapy – the use of more than one treatment at once (such as adjuvant hormonal therapy combined with external beam radiotherapy).

More urologists are using increasingly sophisticated

tools to calculate these odds. In a basic form, they can simply group patients based on PSA, grade and stage. For example, PSA readings of less than 10, clinical stage T1, 2 and Gleason score less than 7 indicate low risk.

Now it is possible to calculate the actual probability associated with the risk factors, and include more than three measures to calculate a more accurate risk.

These mathematical tools are called nomograms. One such tool predicts the chance of recurrence after surgery using biopsy PSA, Gleason score and clinical stage.

Dr Kattan has made these widely used and valuable clinical tools freely available on the Memorial Sloan Kettering website at www.nomograms.org

Because nomograms are

based on the results of US patients, it is possible that they may not be as accurate for Australian patients, but at least one validation study has shown that they seem to perform quite well here.

Some clinical practice guidelines for doctors now present treatment recommendations based on risk.

As new biochemical markers are developed for prostate cancer – particularly for aggressive prostate cancer – we will probably have better and better tools to measure the potential risk facing patients.

In time, a risk assessment approach may even prove more useful than a screening approach in the early detection of prostate cancer.

• Dr Carole Pinnock is Principal Research Scientist in the Urology Unit at the Daw Park Repatriation General Hospital.

