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And, your Family



PROSTATE CANCER SUPPORT

City of Onkaparinga Group

South Australia

An affiliate Member of the Prostate Cancer Foundation of Australia, and a member of:-

The PCFA Central Australia Chapter

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OUR GOLDEN RULE: We do not give medical advice, your GP, your Urologist and Allied Health Professionals are the only people who are legally qualified to give you medical advice.

We do however give you our wholehearted support.

Thank you to Noarlunga Community Hospital for allowing us to use the Boardroom for our meetings. Thanks also to our Sponsors: Southern Primary Health and to all who support us.


MARCH 2012 NEWSLETTER (No 92)

Your own local Newsletter

Our President/Editor John Shields accepts responsibility for the content of this newsletter.

Present: 13

Apology: Matt.

 Although we were few in number, once again, we had a very enjoyable meeting with everyone happy to share their Prostate Cancer journey and talk about their general health.

Chronic Radiation & Rectal Bleeding.

The overhead projector etc was on the blink tonight however, thanks to Malcolm we were able to watch this very interesting DVD supplied to our Group by the PCFA.

Professor Pierre Chapuis did the presentation on the DVD and spoke in a manner that was so easy to understand. Rectal bleeding is something that I am very pleased to say I have not met anyone yet who suffers from this most debilitating after effect from what is usually a very successful procedure.

I had not heard of rectal bleeding until I received the DVD and Professor Chapuis told us that modern methods have this kind of bleeding on the decline.

The DVD is now in our Library and I recommend it as it covers a broader aspect of treatment and what may or may not be the outcome. It will also be interesting to compare with the next DVD, Radiation Therapy for Prostate Cancer by Dr Michael Izard.

Fleurieu Cancer Network meeting.

The meeting of the Friendship Group at Christie Downs Community House was held on Thursday March 15th with about 14 in attendance.

The afternoon started with a brief on the Fleurieu Cancer Network and FCN's vision for the group under their guidelines as parent body. The meeting then heard how the support group concept started through the cancer conversation project.

Each person shared their cancer experience, why they attended and what they expected.

Many were cancer survivors from prostate, bowel, tongue, breast skin and leukaemia. Two participants were family members/carers wanting to help others by sharing their stories.

During discussion about what the group should be, friendship, support, outings, fundraising and a suggestion box were suggested.

A membership agreement was discussed and confidentiality, respect, patience, encouragement and understanding were cited as important components. The use of a guide to starting up and maintaining a support group was suggested to use as a reference point. The Cancer Councils have guides that should be useful and the Leadership Manual that I produced is also a good guide to what happens within the four walls of the support group meeting room. Someone has said that “we’re all in this together and it helps to know that others are rowing in the same direction with me” FCN is looking for volunteers to help move the group forward so if you would like to help please let me know, or talk with Jules on 8186 0048 or email info@fcn.org.au It was agreed that the name of the group would be Southern Cancer Club, for people with cancer, their family, friends and carers.

Dr Grant Buchanan’s research:

SA researchers are working to understand how to prevent the spread of prostate cancer in men who have already had their prostate removed.

The disease usually becomes fatal only after it has spread, or metastasised, to other parts of the body.

Researchers at the Basil Hetzel Institute for Translational Health Research believe the answer lies within the architecture of the prostate.

BHI Cancer Biology Group head Dr Grant Buchanan said testosterone played an important role in maintaining the prostate’s architecture.

“Testosterone works to provide a glue-like matrix, that can stop the cancerous cells breaking away,” he said.

In patients whose cancers spread early, before the prostate is removed, testosterone does not seem to be working as well, which weakens the matrix and allows the cancer cells to escape.

“Our aim is to understand how the architecture of the prostate is maintained, how it breaks down in lethal cancers and, ultimately what we can do to stop the process,” Dr Buchanan said.

The team, who have recently received a grant from Cancer Australia and the Prostate Cancer Foundation of Australia, are using retrospective data to identify those patients whose prostate “architecture” created a higher risk of metastasis.

It’s future aim is to identify those patients who would benefit from more targeted treatment. About one in eight Australian men are diagnosed with prostate cancer during their lifetime and each year 3000 will die.

Dr Buchanan said about 10-15% of patients who had their prostate removed to cure cancer localised within the prostate were at risk of suffering metastatic disease because the cancer had already spread, unnoticed, before surgery.

He said understanding the prostate’s architecture would help predict which men were most at risk, and thus more targeted treatment of prostate cancer spread.


“We want to find a way of predicting those patients whose cancer is more likely to have spread, and that would need more aggressive treatment,” he said

It would also spare patients from undergoing rigorous treatment if there was no need.

 Newsletters received, with thanks, from:-

Prostate Melbourne, Prostate Heidelberg, Sydney Adventist Hospital PCSG, Andrology Australia and Hobart & Eastern Shores Prostate Cancer Support Groups.

 We are still working toward having a PCFA Click for Prostate Cancer website.

 **OUR NEXT MEETING**
6.30PM WEDNESDAY 4th APRIL 2012
DVD: RADIATION THERAPY FOR PROSTATE CANCER
Dr MICHAEL IZARD