

**F** *We are here* **Y**  
**O**  **O**  
**R** *And, your Family* **U**



**PROSTATE CANCER SUPPORT  
City of Onkaparinga Group  
South Australia**

**An affiliate Member of the Prostate Cancer  
Foundation of Australia,**

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Malcolm Ellis

Mark Milosevic

John Shields

**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.**

**NOVEMBER 2017 NEWSLETTER (No 152)**

**Your own local Newsletter**

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

**NOVEMBER MEETING REPORT**

 **Present: 20**

**Apologies: 2**

**Malcolm welcomed everyone then commenced the meeting with a Round Robin**

**Our Guest Speaker tonight was local Urologist, Dr David Elder who was giving his fifteenth talk to our Support Group since our first meeting back in 2003, and all of those present really appreciated that.**

**Dr Elder used the screen to show us everything that he would be discussing and began by speaking about Prostate problems:- Erectile Dysfunction, Ejaculations and Incontinence, a triad of things to be aware of when treating Prostate Disease. He then talked about Prostatitis, an inflammatory disease, and this enigmatic disease that presents with Pelvic pain and gives rise to the question. Is this Prostatitis or Cancer?**

**Benign Enlargement:** As men get older the Prostate enlarges and they pass more urine. The Prostate Gland enlarges gradually over time. Enlargement occurs in the back of the Prostate and impacts on the bladder which becomes overactive. Benign enlargement is non cancerous and blocks the flow of urine through the Urethra.

**The PSA Blood test.**

Prostate Cancer is being diagnosed earlier as more people have become aware of the tests, and the PSA blood test for Prostate Cancer is the only test that can detect cancer in it's early stages and it is a reasonably reliable test.

**Family – Genetics.** If close relatives have prostate cancer then there is a 40% chance that other family members will also get it. They know that they will get it because the whole family is riddled with it and they are waiting for Prostate Cancer to appear.

**Breast Cancer:** The risk of getting Prostate Cancer is increased because it is transmitted by both the male and female genes so if the mother or fathers family had Prostate Cancer there is a greater risk that it will also be carried down to the younger family members.

**Diagnostic Path**

(a) A Urine Test taken to help us distinguish between Prostate Cancer and Prostatitis.

**Prostatitis :-** Can be an inflammatory disease with pelvic pain and no sign of infection

(b ) A PSA Blood Test is very useful, however it is recommended that a repeat blood test should be done a month later.

(c) **Finger Test:-** DRE-Digital rectal examination where the doctor inserts their finger and is able to tell if there is any abnormality by feeling the prostate gland, as Dr Elder showed us on the screen

(d) **Prostate Biopsy:** This will diagnose if someone does have Prostate Cancer and it may be necessary to have a repeat biopsy if the PSA level rises. If the treatment is Surgery then this rules out having Radiation because we cannot have Radiation first and then have Surgery later on. Antibiotics are used to fight infection and guard against blood Poisoning during a Biopsy because of the risk of infections.

**Positive Biopsy:** there is a test to make sure that the cancer has not spread to the Bone, this test is followed by a Bone Scan.

(e) The Cancer may also go to the Lymph Glands and Dr Elder showed us on the Screen where all of the Cancer hot spots were.

A new kid on the block is the PSMA Scan and this shows where all of the hot spots are.

### **An expanded report on the new PSMA Scan:-**

[https://www.scr.com.au/page/About\\_Us/News/NEW\\_PSMA\\_PET\\_tracer\\_aids\\_detection\\_of\\_prostate\\_cancer\\_recurrance/](https://www.scr.com.au/page/About_Us/News/NEW_PSMA_PET_tracer_aids_detection_of_prostate_cancer_recurrance/)

**Now that we know that the person has Prostate Cancer our Urologist checks the Grade, the Gleason Score, and the Stage and is then able to discuss Treatment**

**There are 5 Treatment options and Dr Elder continued to point out the various aspects that could be seen on the screen.**

**(1) Gleason 6 is a low risk cancer where people die with the cancer not from it and active surveillance is used here.**

**(2) Radical Surgery: This may not be suitable for everyone and the downside is the possibility of having problems with erectile dysfunction and incontinence.**

**(3) Brachytherapy, a form of Radiation used to treat Prostate Cancer, is used to shrink the Prostate Gland down using a new drug**

**Many Radioactive seeds are placed within the prostate to treat Prostate Cancer. During the procedure an ultrasound probe is placed in the rectum to help guide the placement of seeds and makes sure that the whole prostate is covered adequately. Brachytherapy places the radiation close to the cancer cells, where the radiation can kill the cancer cells while causing less damage to nearby healthy cells. This is all done in one session and the cure is the same as surgery. A lot of people are sent straight to a Urologist and have surgery. Always get a second opinion**

**(4) Androgen Blockade –Medical castration using either injections or tablets. Sometimes Brachytherapy and the Androgen Blockade are used together.**

**Use the Blockade first**

**This can be a good combination**

**(5) Palliative Care**

**Androgen Blockade – we looked again at this on the screen.**

**Block Testosterone (the male hormone that Prostate Cancer needs to grow and spread)**

**The Androgen stops Testosterone from reaching the Prostate Gland.**

**Thank you Dr Elder, it was certainly good to see and hear you speaking to us again tonight and your continued interest in our Support Group is valued by our members and visitors.**

**Some of them have told us that you were the one who told them about the Support Group and we are very encouraged and really do appreciate that.**

**We hope that you have a good Christmas and 2018.**

**PROSTATE CANCER SUPPORT CITY OF ONKAPARINGA GROUP MEMBERS**

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**From the Breast Cancer site 26/07/2017.**

**Mother of Newborn Twins Dies a Week After Being Diagnosed With Breast Cancer.**

**BY ELIZABETH NELSON**

Before her diagnosis, 30 year old Kelly Ouchar's life looked pretty much perfect from the outside. The Canadian Nurse was approaching her four year wedding anniversary with her husband, Dwayne Ouchar. The couple had a two year old son, Eric, and Kelly had just given birth to twin girls, Leah and Lauren. But things weren't exactly what they seemed. After her twins' birth, Kelly experienced postpartum depression, stomach pains and extreme fatigue, all of which contributed to her inability to keep up with the needs of her three children. She was understandable concerned but also thought she was just in the middle of an *adjustment period*; she believed that everything would work out on its own. The, two weeks after the girls were born, Kelly *noticed a lump* in her left breast, which she initially thought was a blocked milk duct. As a Nurse, she knew to massage it while nursing and use warm compresses to help the blockage to break down, all the while looking out for signs that the area may be infected. But no such symptoms showed up, and there was no pain in the area.

Friends and family reassured her that everything was fine, but, as she wrote in her *blog*

she felt that something wasn't quite right, that the issue wasn't just a normal part of being a new mum. "Still something inside me was nagging that this was different."

When Kelly finally decided to see a doctor about the *obstructed milk duct*, she was distracted from receiving the results of her tests by a respiratory infection that landed baby Leah in the hospital.

Kelly finally got her *diagnosis* on Monday, May 15<sup>th</sup>, 2017.

She had stage IV invasive distal breast cancer that had spread to her Lymph Nodes and metastasised in her liver.

She blogged about her diagnosis in an effort to work through her emotions. "And still all I can think is my kids, my sweet kids don't deserve this; it isn't fair," she wrote. "I only hope I will get to be part of many memories with my children, and that my husband and I can grow old together like we always dreamed."

Just one week after her diagnosis, on *Monday, May 22<sup>nd</sup>, 2017*, Kelly passed away.

Kelly's sister, *Rachel Orbanski*, says it was "terrifying and devastating in how quickly it went through her body." Since her sister's death, Rachel has been memorialising her on Facebook and spreading the word about the symptoms of breast cancer, which can sometimes be hard to spot, especially while pregnant or breastfeeding.

Rachel Orbanski said that Cancer is cruel and unfair. Kelly was only thirty years old, a healthcare professional, and breastfeeding her newborn daughters when she was diagnosed. Breast cancer does not discriminate. If you are young or old, male or female, be aware of lumps and changes to your breasts.

We never thought this could happen to our family.

"If we can help just one family detect breast cancer early and seek immediate medical treatment, Kelly would be so happy," *Rachel said*.

"Kelly was a Registered Nurse in labor and delivery, a healthcare professional, and even she missed the initial early warning signs."

From next year, all prostate cancer reports from websites will be accessed by a [Hyperlink](#) or copied onto the Newsletter.

**14 Prostate Cancer Specialist Nurses 16/10/2017**

<http://pcfa.org.au/news-media/news/14-additional-prostate-cancer-specialist-nurses-to-be-placed-in-areas-of-highest-need/>

Please feel free to share with your own networks.

My best wishes,

**Some PCFA reports**

<http://pcfa.org.au/>

**TREATMENT OPTIONS -  
ADVANCED PROSTATE CANCER**

[http://www.prostate.org.au/media/166973/apca2\\_treatment\\_final.pdf](http://www.prostate.org.au/media/166973/apca2_treatment_final.pdf)

**PCFA – ONLINE COMMUNITY DIGEST**

**DO YOU ALREADY GET THIS ?**



PCFA Online  
Community Digest - N

**SIX SIGNS**



6 Signs That You  
Hired the Wrong Care

**Newsletters received with thanks from:**

**Andrology Australia, Prostate Melbourne, Prostate Heidelberg, Sydney Adventist Hospital PCSG.**

**BUNNINGS:**

**THIS WEEK WE WILL BE AT BUNNINGS ON FRIDAY 10<sup>th</sup>,  
SATURDAY 11<sup>th</sup> and SUNDAY 13<sup>th</sup> FROM APPROXIMATELY 12.00 TO 4.00PM  
THIS IS TO COLLECT MONEY FOR PROSTATE CANCER RESEARCH, AWARENESS  
AND SUPPORT.**

**✌ OUR DECEMBER LUNCHEON IS ON  
AT FRESH CHOICE-373 DIAGONAL ROAD STURT  
(WHERE DIAGONAL ROAD MEETS MILLER STREET)**

**PREVIOUS NEWSLETTERS AND OTHER PROSTATE CANCER  
INFORMATION  
CAN BE READ ON OUR WEBSITE  
[www.pcsog.org](http://www.pcsog.org)**

**“I changed my Password to incorrect so whenever I forget it  
the computer will tell me – Your Password is incorrect.”**