P.S.A. NEWSLETTER

Proudly affiliated with the PROSTATE CANCER FOUNDATION of AUSTRALIA	***PROSTATE(CANCER) SUPPORT AWARENESS ADELAIDE GROUP*** www.psaadelaide.org over 2,300 hits since Nov 03 A Member of the Association of Prostate Cancer Support Groups (SA) Inc.	Mailing Address:- PSA Prostate Cancer Support Group 39 Greenfield Rd Seaview Downs, SA 5049 Reg at (08) 8298-8040

August 2005 Newsletter including a report on the 15th August '05 Meeting

held at the Burnside Hospital.

Thank you to our sponsors: Abbott Australasia Ltd., City of West Torrens Council , the Burnside War Memorial Hospital, Sanofi Aventis P/L. and the State Volunteer's Support Fund.

Our next meeting will be held on Monday 19th September commencing at 7.00pm, when Ms. Adeline Lim, Senior Radiation Therapist, from the Royal Adelaide Hospital, will give a lecture on Radiation Up-dates. Roll Up!

Chair: Barry Oakley **Members present 48**

Apologies: Gerry and Cynthia , Gary Bowes, Keith and Joy, Brian and Lyn, Ken, John, Eric, Coralie, Bill and Eunice, Br. Noel, and Jean.

New Members: Geoff, Marilla, Bill and Nanettte, and Roy and June. The new members all spoke briefly about their encounter with prostate cancer. Thanks chaps!

Correspondence Received:

A big cheerio goes to Bill and Eunice Robins who have both been on the sick list at the same time. Eunice was really sick and spent some 10 weeks in hospital but is now on the mend. Bill had a hip replacement, so he wasn't too flash either! They sent us a letter wishing our group all the best and thanked us for our Newsletters which they found very interesting. To keep the Newsletters going and to assist with the free postage to all members, they enclosed a cheque for $100 with their letter. Many thanks Bill and Eunice. Get well soon!

We also received a letter from John Wheeler of the Coffs Harbour Group in N.S.W. John told us that they can rarely entice a Urologist out from Sydney to talk to them because of the distance, so at their meetings they read out and discuss the write-ups of lectures we print in our Newsletters. About 10 members turn up at their meetings. So Carole, it looks like your lecture tonight will be discussed at the Coffs Harbour meeting shortly.

We have written a letter to Mr. Bob Such, M.P. and Speaker of the House, and have sent him a number of our booklets, pamphlets and Newsletters. Bob recently had a prostatectomy performed at the R.A.H. by robotic surgery and is getting along O.K. We thought that we might ask him to come along to one of our meetings next year and tell us about it. Whilst he is here, we will screw his arm off and tell him to squeeze some money (large dobs of it) out of Lea Stevens (the Health Minister) and the State Government for urgent prostate cancer research. We will also give him some of our very best red shiraz. *(Could this in any way be misconstrued as a bribe? - Reg)*

Some Recent Events:

Daffodil day - This event was held throughout Australia on 19th August by the various Cancer Councils. All the money raised goes to cancer research, education and patient support. Over the last 12 years this event has raised $12 million. Well Done! We hope you bought a daffodil!

Men's Health Expo – Vietnam Veteran's Day:

This was conducted at the Torrens Parade Ground on 21st August by the Vietnam Veteran's Association. Over 30 exhibits were on display dealing with men's health. The PCAG had a stall there and handed out our brochures and other pamphlets. Thanks PCAG. (see picture on page 2)

Over 1,500 Vietnam veterans from all over Australia, took place in a march from King William St to the Cross of Sacrifice, and then marched to the Torrens Parade Ground. Hundreds of relatives and friends also gathered at the parade ground for the afternoon concert.(starring Bits and Pieces, Allfolkedup (Evan, Andy and Irene), John Schumann, Catherine Lambert, The Royal Australian Navy Band SA and Heidi, the Boomers plus special Guest James Blundell.)

Ex-navy man Ian Le Raye, 65 of Parafield Gardens, was one of 32 veterans who on Sunday completed a walk from Port Augusta to raise funds for veterans' services & health and to encourage other veterans to come out and make contact. That's a fair walk! Goodonya Ian and the other 31 vets.

P/C Awareness Evening – Kadina

Full House at Kadina The Awareness Evening at Kadina on the 19th August, conducted by the Action Group, resulted in a capacity attendance of 128.

The visiting urologist to the Area, Dr Zenon Herzberg, gave an excellent presentation and both speakers from our Group, Ray Power and Ian Fisk were very well received.

Many favourable comments were received at the close of the Evening. Jeff Roberts.

SEPTEMBER IS PROSTATE CANCER AWARENESS MONTH.

Here are a number of important dates and events which you might like to attend during September.

Wednesday 7th Sept. The Onkaparinga P/C Group's monthly meeting at 7pm at the Noarlunga Hospital. Guest speaker will be Doug Ranson, who is the Nutritionist at the Health Village. Ring John on 8382 6671 for further particulars.

Thursday 8th Sept. The National Prostate Cancer Call-in from 6.00pm to 9.00pm will be conducted. A panel of Urologists and some of our members will answer your questions. So don't forget to ring in on Phone No. 13 11 20 during that time. Have that vital question ready!

Wednesday 14th September. The year's most important Prostate Cancer Awareness Evening will be held from 7.00pm to 9.30pm at the Cancer Council SA's Function Room, 202 Greenhill Road, Eastwood. To reserve your seat, ring the Cancer Help Line on 13 11 20 by 13th Sept. Last year some of our members missed out! Supper will be served. The evening is being organized by the Prostate Cancer Action Group (SA) Inc., and the Cancer Council (SA). The main speaker will be Professor Villis Marshall from the R.A.H who will give an overview of prostate cancer. Prostate cancer survivors will speak about their own experiences. Other speakers include Dr. Elizabeth Isenring, (Nutrition), Dr. Linda Foreman (GP Education program from the Cancer Council SA) and an open discussion and questions to a panel will also take place. All interested men, women and/or their partners are invited to attend this free presentation.

Friday 16th September. There will be a Professional Development Day at the Cancer Council SA, at 202 Greenhill Rd, Eastwood, from 9.45am to 4.00pm. Ring Kathriye on 8291 4111 by 2nd Sept. to make a booking. Lunch will be provided. The speakers will be Mr. Jon Martyn, Radiologist, Ms. Beth Chandler, Art Therapist and Ms. Barbara Kirke, from the Cancer Council SA who will talk about Cancer Risks.

Monday 19th September. Monthly meeting for our PSA Adelaide Group at 7.00pm at the Burnside Hospital when the speaker will be Ms .Adeline Lim, Senior Radiation Therapist, R.A.H.

Tuesday 20th September. There will be a Community Health talk on Erectile Dysfunction organized by the National Surgical Corporation. It will be from 6.30pm for a 7.00pm start to 8.30pm. Tea/Coffee will be provided. The venue is at the Fullarton Park Centre View Room, 411 Fullarton Road. The Presenter will be Dr. Denby Steele (Urologist).

Thursday 22nd September. Monthly meeting of the new Mitcham P/C Group will be held at the RSL Clubrooms at 4 Prince George Parade, Colonel Light Gardens, commencing at 7.15pm. For further details, including the name of the speaker, please ring Jeff on 8277 3424

Other important interstate events:

Thursday 1st September. Launch of the "Be-a-Man" Victorian campaign will take place in Melbourne at Federation Square.

A new TV "Be-a-Man" advert will play over National TV Stations during the month. This is being sponsored by the Australian Pensioners Insurance Agency. *(Good ol' APIA – Reg).*

19th & 20th Sept. The National Executive of the PCFA and the SAC Committee will meet in Sydney. Gary Bowes is going along to represent the Association of Prostate Cancer Support Groups (SA) Inc., and Trevor Hunt will also attend on behalf of the Prostate Cancer Action Group (SA) Inc.

23rd September. The Federal Shadow Treasurer, and prostate cancer survivor, Mr. Wayne Swan M.P., will host a fund raising event in Sydney in order to draw public awareness to prostate cancer.

22nd to 25th Sept. The Asia Pacific Congress, Uro Oncology, will be held in Sydney.

(Well, with all that going on during September one cannot say that prostate cancer is being ignored during that particular month. All we have to do is to keep up the momentum during the rest of the year. – Reg).

Reg wants to recruit this vehicle to "Help **Blast** Prostate Cancer!"

PCAGSA Stall at Vietnam Vets Day Torrens Parade Grounds Aug 21st

News from the P.C.F.A., Sydney - Special Media Release

We have just received a suggested draft copy of a Special News-Release from Andrew Giles, C.E.O. of the P.C.F.A., Sydney. The idea is to post it or e-mail it to as many S.A. country newspapers as possible, also to the Stock Journal, The Messenger Press in Adelaide and The Adelaide Advertiser. We will be trying to get as much public awareness about prostate cancer as possible throughout September as that month is "Prostate Cancer Awareness Month". If we can't get our message to men out there in the community during September, then we have little hope during the rest of the year.

Our Webmaster, Ian Fisk, has had his computer running hot and has dug out the e-mail addresses of all the country newspapers in South Australia. There are over 40 of them and we intend to hit the lot with our media release with no holds barred. We also intend to approach the local community radio stations to see if they will give us a bit of a plug. Members may like to email this Media Release or take it along to their local newspaper, council, sports or church magazine/ newsletter to see if they would like to print it. A copy is on our Website, complete with a Fact Sheet.

The actual media–release is as follows:-

The Association of Prostate Cancer Support Groups (SA) Inc.

P.O. Box 308, Greeanacres, S.A.5086.

Prostate Cancer Foundation of Australia

MEDIA RELEASE: Prostate Cancer Awareness Month, 1-30 September 2005

SUPPORT GROUPS PLAY VITAL ROLE IN THE FIGHT AGAINST PROSTATE CANCER

As part of Prostate Cancer Awareness Month the Prostate Cancer Foundation of Australia (PCFA) would like to acknowledge the hundreds of men and women who form part of the PCFA Support Groups.

Every year in Australia around 12,000 men are diagnosed with prostate cancer and 2,600 men will die. This startling figure is actually equitable to the number of women who die of breast cancer every year.

Since its formation in 1996, the Foundation has helped establish and develop Support Groups across Australia. Each Support Group meets regularly to discuss the latest developments and treatment options. At the same time the Support Groups provide valuable forums for men – and their carers – to meet and chat with fellow sufferers and survivors.

Most Support Groups print and distribute their own monthly "Newsletters" to their members.

The PCFA receives minimal Government funding and relies on the generosity of the community to ensure that these meetings can continue. Chief Executive Officer of the PCFA, Mr Andrew Giles said, "Our Support Groups provide a valuable and important service. In addition to their regular meetings around the country, the Support Groups play a vital role in the PCFA telephone support program by making themselves available to talk confidentially to men diagnosed with prostate cancer."

There are now over 65 Support Groups covering every state and territory from Darwin to Hobart and Perth to Sydney. Mr David Swinbourne – a prostate cancer survivor – says that he and his wife Jann found the camaraderie and advice of the local PCFA Support Group vital in the early stage of diagnoses. "My diagnosis came as a complete shock to me and we did not know where to turn. I was also a bit reluctant to really discuss the cancer – especially with other men – but my wife made me go along to the Support Group. It changed my life. Here was a group of men who had suffered from prostate cancer and had survived. It gave me great hope,' he said.

Throughout the September Prostate Cancer Awareness Month, the PCFA Support Groups across Australia are encouraging men and their partners to come along and learn more about this vital men's health issue.

For more information about the Prostate Cancer Foundation of Australia's Support Groups in your local area, please phone the Foundation toll free on 1800 22 00 99 or online at www.prostate.org.au, or the Prostate Support Awareness (Adelaide Group) online at www.psaadelaide.org or write to the Assoc. of P/C Support Groups (SA) Inc., at P.O. Box 308, Greenacres, SA.5086. In S.A. there are Support Groups in Adelaide, Mitcham, the Barossa Valley, Onkaparinga and Port Pirie. They can all be accessed, via links, through the Adelaide group's web site, www.psaadelaide.org/

Secret Men's Business - Channel 9's 60 minutes program on 14th August '05

Whilst we are talking about publicity, one of the biggest Prostate Cancer TV coverage's ever to take place on the one program in Australia occurred on Channel 9's "60 Minutes" program on Sunday 14th August. The fifteen minute presentation was excellent and many prostate cancer Support Groups feel that the program might have got the message across to men to have a talk to their GP's about prostate cancer, peeing problems, enlarged prostates, prostatitis, impotence, things that happen "down there", P.S.A. blood tests, digital rectal examinations and biopsies. **Well you name it, we've done it haven't we?** AN EARLY UROLOGICAL EXAMINATION COULD HELP SAVE THEIR LIVES! MEN'S PLUMBING DOESN'T WORK FOREVER WITHOUT TESTS, EXAMINATIONS, REPAIRS, RE-BORES OR OVERHAULS. IT'S JUST LIKE HOUSE PLUMBING! (Or a motor car).

Great credit must certainly go to John Anderson, who until recently was the Deputy Prime Minister, in telling all Australians about his 12 year battle with chronic prostatitis and the effects it has had on his life-style, his work and his general health. Other speakers included Magna Szubanski (whose father has prostate cancer), Angry Anderson, Professor Tony Costello discussing robotic surgery, and a number of prostate cancer survivors. The "Be-a-Man" campaign was also profiled during the program. The compere was Peter Overton who did a really good job. Reg made a video of the program and was able to re-play it 24 hours later to the 48 members who attended our meeting. Everyone regarded the program as being excellent and was long over-due. Dr. Carole Pinnock said the whole of the presentation was handled very well and she hoped men took notice of the content of the program.

Eye check alert over drug use

MEN should have their eyes checked before taking impotency drugs, like Viagra, or risk going blind, a leading international ophthalmologist says.

Professor Neil Miller, of Johns Hopkins Hospital in Baltimore, said at a Gold Coast conference yesterday that drugs such as Viagra, Cialis and Levitra had the potential to lower blood pressure, putting some patients at risk of having a stroke in the optic nerve.

Professor Miller was told of two Australian cases of men in their 60s who had suffered vision impairment after taking Viagra.

"Almost nobody goes completely blind, but they can have significant visual loss in one eye," Prof Miller said.

Although there had been fewer than 20 cases of vision loss reported out of millions of prescriptions, he said the extent of the problem was difficult to assess.

Advertiser 06aug05

Lecture by Dr. Carole Pinnock

Illustrated lecture by Dr. Carole Pinnock, Principal Research Scientist, Daw Park Repatriation Hospital, Daw Park, S.A. - "Prostate Cancer Update, 2005."

Community attitudes to prostate cancer have changed considerably over the last 10 years. In a Men's Health Study in 1995, 139 men were surveyed. There were 19 focus groups, - young, old, in hospitals, Italian, Vietnamese, rural, and transport workers (taxi, truck and bus). When asked what were their main worries, in all groups, the answers were (1) prostate cancer. Other concerns were urinary symptoms, sexual function and stress. However prostate cancer was a hidden concern 10 years ago, even though not many people talked about it then. These days many people talk about it and are not afraid to talk to the media. Some high profile prostate cancer sufferers include Rupert Murdock of News Ltd., Rudolf Guilliani (former Mayor of New York), General Colin Powell (US), Jim Lloyd and Wayne Swan, both Federal Members of Parliament.

Ten years ago there was hardly any information out in the public arena about prostate cancer. Today, in Australia alone, there are 66,700 pages of P/C information on internet web sites. Everyone has access to these through their own computers, family members or friends or in public libraries. In addition there are 65 P/C Support Groups throughout Australia such as the Adelaide Group. Also Urologists, Radiotherapists and Oncologists are more readily available than previously and are quite willing to talk to community meetings about the problem.

The Lions Australian Prostate Cancer web site on www.prostatehealth.org.au, was created 5 years ago for men and their families affected by prostate cancer and will be updated during the next few months. With this in mind, the Daw Park Repatriation Hospital is at present handing out survey forms. These will give valuable feedback for updating the design of the site. Survey forms will be handed to PSA Adelaide members at the meeting. If you did not get one, and would

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like to provide feedback, email Carole on carole.pinnock@rgh.sa.gov.

During the past ten years other things have changed for P/C sufferers. We talk about it more, find it earlier, treat it more successfully and we are looking after patients better. The following is a table showing how things have changed in the US. They show that now men are being diagnosed when their tumour is at an earlier stage (T1) and at a smaller volume. We still have some way to go here.:-

	US. 1990	US. 2000	Adelaide 2004
Number	474	185	145
Age	64	59	60
Pre-treatment PSA	20.0	8.1	9.0
Clinical Stage %T1	42%	83%	19%
Tumour Volume	4.93 cc	2.44cc	4.4cc

Testing with PSA:
PSA is a protein produced by both healthy and cancerous cells. Cancer disrupts the structure of the gland releasing PSA into the blood stream and so non-cancerous cells also contribute to the PSA level. Below 4ng/ml, PSA is considered to be normal, but we know some men with PSA less than 4 do have prostate cancer, and even though low, (less than 4 ng/ml) slightly higher PSA levels can predict a long term risk of cancer (the "European Randomized study of Screening for Prostate Cancer" (ERSPC study)). The problem is that there is a lot of 'noise' at this level – variation in PSA due to factors other than cancer. One way of picking cancers out of this 'noise' is to look at how fast the PSA rising. PSA doubling time is a measure of this, and is helpful in predicting how cancers behave. A graph illustrated the rise of PSA doubling levels over a 7 year period as an example. PSA doubling time can indicate how the PSA may respond to treatment for localized prostate cancer.

Watching and Waiting:
In the past "watchful waiting" has been an option for men with localised prostate cancer, mainly because it has been difficult to prove that active treatment makes a difference. Now, findings from a trial comparing watchful waiting with surgery suggests that at least for younger men at diagnosis, a more aggressive treatment is required, such as radiotherapy or a prostatectomy.

The Bill -Axelson Study – 2005:
In a recent trial, 600 Swedish men with localised prostate cancer were randomised to receive surgery or "Watchful Waiting". The results of this study are as follows:-

- 600 men randomised to surgery or watchful waiting (ww)
- Median 8.2 years followup
- 8.6% surgery 14.4% ww died
- Surgery reduced risk of distant mets
- Surgery reduced overall death rate- 83/347 surgery, 106/348 Watchful Waiting

We know that men who are diagnosed younger, with more years ahead of them are at greater risk of dying from prostate cancers. This trial provides evidence to suggest they should consider active treatment.

Some Interesting New Developments:
A new development is a gene known as **Gene E2F3** which is over-expressed in aggressive cancer. This may become a valuable marker for high risk prostate cancer.

Tissue micro-arrays. - Multiple tests can be done on a single tissue specimen. This means that Pathologists can now look at multiple markers on the one tissue sample.. The technology is now widely available and is a very useful development.

Other Areas of Action in treatment, prevention and the patient journey:
Robotic "Da Vinci" surgery for prostate cancer prostatectomies is now being undertaken at the Royal Adelaide Hospital. With the use of this machine, trauma to the patient is considerably reduced by allowing surgery to be performed through small ports rather than large incisions, resulting in shorter recovery times, fewer complications and shorter hospitalisation times. The long term results in terms of cancer control are not in yet. *(Please refer to our March '05 Newsletter for a detailed report on this machine. – Reg).*

Chemotherapy for Hormone Resistant Cancer is now being used**.** New classes of drugs attack structural components of cells during cell division. The drug "Docetaxol" combination was the first to increase survival rate.

Clinical Trials: Australia has now access to a clinical trial register which was only commenced a few months ago. The first prostate cancer trial has now been added to this register: it evaluates the safety of immune therapy in metastatic hormone refractory prostate cancer. Check out their web site on www.actr.org.au

Senate Inquiry into Cancer Care – June 2005:
The inquiry covered many aspects of cancer care in Australia, including multi-disciplinary care, care in the bush and complementary care. Multi disciplinary care for prostate cancer can involve Urologists, Medical Oncologists, Radiation Oncologists, Prostate/Urology Nurses and others. Multi-disciplinary care can help patients make decisions in relation to treatments and it can increase access to treatments. For breast cancer patients it has been found to increase access to peer support and psychological support, improved pain control and help patients stay at home longer.

Complementary Care: A new term to describe how complementary cancer can work side by side with conventional medicine has been developed – 'integrated medicine' combines best evidence-based treatments from conventional medicine with best evidence-based therapies from complementary practice. Mind-body, e.g., meditation, relaxation, massage therapy, dietary supplements and acupuncture, are examples of such complementary therapies. In studies, some therapies have been found to reduce anxiety, distress, pain and other symptoms.

Exercise: There is now increasing evidence that moderate exercise helps people to recover from treatment quicker and could even improve erectile

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Lecture by Dr. Carole Pinnock cont'd from page 5

dysfunction after treatment. In one study, moderate intensity walking reduced radiation fatigue. Blood from men taking intensive exercise caused reduced tumour cell growth in cell cultures. In another study, exercise reduced fatigue and improved body function in men on androgen therapy treatment.

2 Fruit and 5 vegetables per day: In April 2005, the Commonwealth Government launched a 2 fruit and 5 vegetables per day Health Program. This campaign is designed to reduce heart disease, stroke, diabetes, colon cancer. Diets high in fruit and vegetables could also be good for prostate cancer and may even improve sexual function into old age! *(I wonder what that means? – Reg.)*

Pomegranate Juice: A recent study reported at a US conference showed that men with a Gleason score of 7 or less and a PSA of <5 ng/ml who drink 8ozs of pomegranate juice per day, increased the doubling time of their PSA reading from 14 to 26 months. *(I had better get some – Carole, where do you buy it from ? No one seems to know. – Reg.)* It sounds promising, but let's wait until all the evidence is in - that was only a small study.

Selenium: A trial investigating selenium-fortified wheat has been conducted here in Adelaide. It is designed to determine the optimal intake for selenium for genome health, immune function, cardiovascular health, and improved mood and cognition. Results will be known soon.

Needs of Partners: In some cases, partner's distress at diagnosis can exceed their spouses. More is known about this now, and there are good sources of help available. A good booklet is "Coping with a Diagnosis with Prostate Cancer" and can be obtained from The Queensland Cancer Fund, 553 Gregory Terrace, Brisbane, Qld. 4006, or phone (07) 3258 2200. Internet sites for partners and families include: *www.prostatepointers.org/circle/* and *www.phoenix5.org/companions/menucompanions.html*

Question and Answer Time: It can take up to 8 and 10 years to get any positive results from studies and clinical trials measuring a reduction in death rate for prostate cancer.

Some things such as new cures for prostate cancer and other ailments that are plugged on the internet must be taken with a grain of salt, and a pretty big one at that!

The Mr.Phip (Prostate Health Improvement Program) papers are being revised and parts 1 and 2 are available now on the internet at www.prostatehealth.org.au/phip. Other revised parts will follow later. The new updates can be obtained from the Cancer Council (SA). *(The PSA Adelaide Group will get a supply shortly. – Reg.)*

In answer to a question, men with a low PSA count (even under 4) do sometimes have prostate cancer. The PSA test is not 100% foolproof and has to be used in conjunction with other tests. E.g. Digital Rectal Examinations. The main way to be certain of whether cancer is there is through a biopsy. The Gleason score can only be obtained through a biopsy or other means of removing intact prostate tissue such as a prostate operation.

An aggressive cancer can grow fast and if the Gleason score is 8 to 10, then treatment decisions should not be delayed. If the cancer is still localised, a prostatectomy is possible.

Complementary medicines seem to be increasing and new treatments often come from natural products. But complementary medicines are best used together with mainstream treatments in discussion with your doctor.

Many thanks to Gerry for the loan of his PA system.

At the conclusion of Dr. Carole Pinnock's lecture, on behalf of our members, Barry Oakley thanked Carole for her very interesting talk and handed her some of the best Eaglehawk Riesling. Ian then took a photo of Carole, Reg and Barry and this is reproduced here.

PROSTATE DATA SHOWS PROGNOSIS LOOKS GOOD

Results from one of the biggest tissue banks of prostate cancer in the world, based in Perth, is showing dramatically improved survival rates for men after surgery. Perth urologist, Ronnie Cohen, considered a world authority on the biology of prostate cancer, said the Australian-first database was showing 70% of men were cured 5 years after having their prostate removed. Dr. Cohen, who runs the independent urological group UroPath, said the results were extremely encouraging.

The 1,550 tissue samples, supplied by Perth urologists, showed that only 3 or 4 per cent of cancers removed were later found to be insignificant types unlikely to be life-threatening. Research also had identified a new type of particularly aggressive prostate cancer as well as bacterium thought to play a role in the development of the disease. *(West Australian, 9/7, p10)*

+--------- Bizarre Letters Sent To Landlords ---------+

The toilet is blocked and we cannot bathe the children until it is clear.

I am writing on behalf of my sink, which is running away from the wall.

Our kitchen floor is very damp, we have two children and would like a third, so will you please send someone to do something about it.

IMPACT OF PROSTATE CANCER ON SEX LIFE & RELATIONSHIPS Jocelyn Klug

Sexual/Relationship Counsellor Jocelyn Klug was the speaker at the 8th June meeting of the Brisbane Prostate Cancer Support Network. Jocelyn has a Sexual/Relationship Counselling practice at Milton in Brisbane's inner Western suburbs and she discussed the importance of maintaining intimate relationships following chronic illnesses such as prostate cancer and the benefits this can bring to both physical and mental wellbeing. The below notes were written and supplied by a Brisbane support group member. (extracted from the Aug 2005 edition of the Queensland Prostate Cancer News.)

Sexual interaction between partners who are in a committed relationship generally confers a strong emotional bond (and some may even consider it to be a spiritual bond).Chronic illness can affect the way we view our bodies and this changed image can engender feelings of depression or despair which impact negatively on physical and mental health. If a person has been in an intimate relationship and has a problem maintaining intimacy that person is likely to feel pessimistic about the future, unwanted, inadequate, resentful, be anxious about personal performance and have low self esteem. The illness can create situations never faced before so that a response to the situation cannot be elicited from past experience.

Other concerns that can impact on a relationship may include financial difficulties where the patient and/or partner may have to give up or cut back on employment, social disruption to both partners, where the illness can cause problems with travel or attendance at functions and concern about future health implications and suffering. It is possibly the first time that it's been necessary to deal with a long term loss of sexual function.

For future wellbeing it is important that these matters are dealt with and resolved and that self-confidence in your ability to handle a relationship is regained.

This can be difficult for a male because dealing with these emotions requires discussion about inner feelings and displaying outward physical gestures which are generally more the province of females!

To bring about a positive attitude to the relationship there are a number of steps that can be taken. Educate yourself about your illness. This will enable you to ask the right questions concerning rehabilitation and side effects and find a medical person (local G.P., oncologist, surgeon) with whom you can discuss your problems. Focus on the abilities you now have and adapt where possible. Talk to other people who have been there/done that and join support groups.

If there are sexual issues try to discuss them with your partner or others you feel may be able to assist in an open and honest way. Discuss and resolve any issues that can cause or are causing resentment or anger, don't bottle up your feelings. Loosen up and try to exhibit more friendly physical communication to others and affection to your partner. Finally recognise the need for professional help and obtain it if necessary. Many couples find talking about sexual issues very challenging and can benefit from professional help where facilitation of discussion can occur in a safe and relaxed environment.

Unfortunately intimacy is often the first victim of sexual problems. Couples in a sexual relationship find that the decrease or cessation of intercourse leads to a decrease of other affectionate and intimate behaviour, which in turn leads to feelings of rejection and frustration. In this situation the relationship will benefit from mutual touching, handholding, hugging and kissing type activities which may be non-sexual but will be intimate and reassuring to both partners. These types of activities which can broadly be described as "outercourse" can be a really positive step in maintaining a healthy relationship. Reciprocal massaging or lying close to your partner in bed can encourage intimate discussion about alternatives to intercourse that will be satisfactory to both of you.

Many prostate cancer patients suffer from erectile disfunction following treatment. This can be a short term problem and erections will return over time, it may be that some intervention is needed to assist in the return of healthy erections or it may be that medication or other methods are permanently needed. As with the earlier comments about educating yourself about your illness it is important to learn all you can about erectile disfunction. This will assist you and your partner in making decisions regarding the way ahead.

It's important that your partner be involved in any discussion about therapy to achieve or improve erectile function. Whilst men may shy away from intimacy when they have erectile disfunction the cessation of an intimate sexual relationship can affect partners who may not be able to confront the issue. The subsequent loss of intimacy coupled with feelings of denial and remoteness can cause the couple to drift further apart.

Also there is a wide variability in sexual needs as we grow older and a woman who has settled into a comfortable occasional sexual routine may not be completely happy to find that her partner suddenly fancies himself as a young stud assisted by medication or other forms of therapy!

When a man has an erection nerves in the penis release a substance which causes smooth muscle to relax and spongy chambers within the penis to dilate and fill with blood. The penis elongates shutting off the veins so that the blood can't leave and the erection is achieved. After ejaculation the nerves stop releasing the muscle relaxing substance and the blood flow reverses so that the erection subsides. The brain is also an important ingredient in obtaining an erection and mental stimulation is as important as physical stimulation.

Unfortunately prostate treatments such as radiotherapy and surgery can damage nerves and blood vessels in the genital area and this will cause erectile disfunction. The prostate cancer itself is not the cause of the problem.

The current treatment options for erectile disfunction include pills, intracavernous injection therapy, vacuum constriction

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devices, intraurethral therapy and penile prostheses.

The best known of the pills is "Viagra" but other types are "Levitra" and "Cialis".

"Viagra" and "Levitra" are effective around thirty minutes after they are taken and they last up to four hours. "Cialis" is faster acting and can be longer lasting. These pills are not aphrodisiacs and do not increase sex drive so that normal intimate behaviour and foreplay are required prior to intercourse. They can have side effects so it's important to discuss their use with your G.P. and you will need a prescription to obtain them. The cost is not subsidised by the Pharmaceutical Benefits Scheme.

Intracavernous injection therapy can be used if oral medication fails. This is the most effective form of treatment following a radical prostatectomy and can give erections without any form of direct sexual stimulation. The best known is "Caverject" and it is packaged with its own auto-injection system which can be easily used by most men providing their eyesight and dexterity are reasonable. In some cases a prolonged painful erection can occur and require medical intervention to dilate it. "Caverject" is not available on the PBS.

Vacuum constriction devices consist of a cylinder that is placed over the penis and the air removed with a pump to create a vacuum. This draws blood into the penis and causes an erection. Once the erection is achieved it is maintained by slipping off a band at the base of the cylinder which prevents the blood from exiting. The band must be released within thirty minutes after application to prevent risk of damage to the penis itself.

Intraurethral devices use the same type of drug as used in injections except they come in the form of a small suppository which is placed through the opening of the penis into the urethra using a special applicator. Initially they can cause some urethral discomfort. They are less effective than injections but may be a preferred system for those who are worried about injections for whatever reason. They are not PBS supported.

The penile prosthesis or implant is an effective form of therapy for many men and consists of a "balloon" which is put into the penis and a pump mechanism which is implanted in the groin area. The pump can be activated externally to both inflate and deflate the "balloon". Implantation requires hospital admission and surgery and the normal penile structure is destroyed during the operation. Most private health funds cover some of the cost of inserting these devices.

Prostate cancer treatments should not mean the end of healthy sexual intimacy in a relationship and, as discussed above, there are many ways to continue to enjoy it. Regular physical sex lowers stress levels and gives cardiovascular benefits, boosts hormone levels in both males and females, improves immune system functioning and enhances feelings of self-worth. On an emotional level the intimacy allows couples to have more meaningful verbal and physical contact within the relationship.

Lastly it will be difficult for men who are having continuing hormone treatment to achieve an erection regardless of the means with the possible exception of a penile implant. In these cases there are plenty of methods of "outercourse". Be inventive!

And remember the old adage "USE IT OR LOSE IT"

Jocelyn can be contacted at her Milton practice on her mobile number 0419 760 852.

BE A MAN

We thoroughly support the following message from the launch of the Be A Man campaign in Western Australia.

"Men generally feel it is unthinkable to visit a doctor for any health problems other than life-threatening! Many men die of prostate disorders that could have been detected and cured if found during a routine medical check-up. Almost a quarter of all men who are diagnosed already have incurable prostate cancer.

"Prostate cancer is a disease that can be detected at a curable stage. Our message to the men of Australia is – 'Do not allow embarrassment or your ego to get in the way of acknowledging that your body is susceptible to illness.'

"Prostate cancer is a family illness. We wish to remind men to have regular check-ups."

(as reported in "Queensland Prostate Cancer News)

Prostate Cancer: PSA Change May Be Key to Risk

Researchers Say Tracking PSA Changes Indicates Who's at Risk of Dying When Cancer Returns

By Daniel DeNoon, WebMD Medical News
Reviewed By Michael Smith, MD, on Tuesday,

July 26, 2005 -- What's the risk of dying when prostate cancer comes back after treatment? Two new studies point to who's at high risk and who isn't.

A crucial difference, the two new studies suggest, is how fast blood levels of prostate-specific antigen (PSA) go up.

Anthony V. D'Amico, MD, PhD, chief of genitourinary radiation oncology at Brigham and Women's Hospital and Dana-Farber Cancer Institute, led a study of 358 men who underwent radiation therapy. His team looked at whether prediagnosis changes in PSA predicted a man's risk of dying from prostate cancer. The findings confirmed the results of an earlier study of men who underwent prostate surgery.

"The best use of PSA is not to look at the number but to look at the trend over time," D'Amico tells WebMD.

Stephen J. Freedland, MD, clinical instructor in urology at Johns Hopkins University, led a team that gathered data on 379 men who underwent prostate surgery but had their cancer come back.

"These studies show that looking at changes in PSA are more important than a single value," Freedland tells WebMD. "One PSA result is like looking at a snapshot of a horse race and trying to determine who will win. Looking at snapshots over time gives you a better idea."

Both studies appear in the July 27 issue of The Journal of the American Medical Association.

PSA Velocity

PSA is a chemical marker on the outside of prostate cells. As prostate cancer cells increase in number, blood PSA levels rise.

But PSA levels in and of themselves aren't a reliable indicator of cancer. Blood levels of PSA go up for other reasons besides cancer. And very deadly prostate cancers can occur even at low PSA levels.

"There has been controversy over what is the best use of PSA as a screening tool and what is the best use of the test as a tool to guide treatment," D'Amico says.

Instead of simply testing once for PSA and deciding that it is "high" or "normal," D'Amico says it appears to be more useful to test at regular intervals. This gives a reading on PSA change—what doctors call PSA velocity.

"Our study shows that men who experience a two-point rise in PSA in the year preceding a diagnosis of prostate cancer—despite a low level of PSA and despite a biopsy showing a supposedly 'favorable' prostate cancer—have more aggressive cancer and need more aggressive treatment to cure it."

Men whose PSA levels rose more than two points in a year had a 12-fold higher risk of dying from prostate cancer than men whose PSA levels rose less quickly.

"The median survival for rapid risers is only six years, and that is very short for prostate cancer," D'Amico says. "The bottom line for patients is this: Get a PSA test annually and know the result. Because even if your doctor isn't looking at year-to-year change, at least you can. We recommend getting a baseline PSA test at age 35, especially for men whose dads had prostate cancer."

Zeroing In on Prostate Cancer Death Risk

Many men elect to have their prostate glands removed when they are diagnosed with prostate cancer. With no prostate, their PSA levels should drop to zero. But within 10 years of surgery, more than a third of these men eventually have PSA appear in their blood.

Where does the PSA come from? Prostate cancer cells that have begun to grow again. But that's not always bad news. These recurrent cancers often grow very slowly.

"The nice thing is that a PSA test can identify cancer recurrence years before we would detect it clinically," Freedland says. "But then, it is hard to figure out who has aggressive cancer and who doesn't."

After looking at hundreds of cases, Freedland's team came up with three things that predict which men are likely to have problems:

How quickly the PSA became detectable after surgery. Men whose PSA came back more than three years after surgery did better than those whose PSA came back in three years or less.

The most important factor, however, is how fast the PSA goes up. This is the doubling time—how long it took for a PSA of 1 to become 2, and 4, and 8, and so on.

The Gleason score of the original tumor. Gleason score is based on what a cancer looks like under the microscope. The higher the score, the more aggressive looking the cancer. Men with Gleason scores of less than 8 did better than those with Gleason scores of 8 or more.

"When you put it all together, we are 84% accurate in predicting long-term outcome for these men," Freedland says.

For example, the very worst prediction would be a man whose PSA reappeared in less than three years, whose PSA level doubled in less than three months, and who had a Gleason score of more than 8. Such men have a 51% chance of surviving for five years, a 1% chance of surviving for 10 years, and less than a 1% chance of surviving for 15 years.

The best prediction would be for a man whose PSA reappeared after more than three years, whose PSA level took at least 15 months to double, and whose Gleason score was less than 8. Such men have a 100% chance of surviving for five years, a 98% chance of surviving for 10 years, and a 94% chance of surviving for 15 years.

"The significance of the finding is it can help us identify who

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Prostate Cancer: PSA Change May Be Key to Risk cont'd from prev page

needs treatment after surgery recurrence and who doesn't," Freedland says.

Great Information—but What Can a Man Do About It?

Knowing who is at risk is helpful. But what's missing is knowing exactly what to do about it, says Mitchell S. Anscher, MD, professor of radiation oncology at Duke University Medical Center. Anscher's editorial accompanies the D'Amico and Freedland studies.

"I think the only thing the patient can really take home from this, if they fall into one of the unfavorable categories, is knowing they might not do as well with standard treatment," Anscher tells WebMD. "We cannot yet say whether additional treatment would be more successful—that has to be studied."

D'Amico and Freedland readily admit this is true.

"We identified who needs treatment, now we need to figure out how to treat them," Freedland says. "There is still a lot we need to do. Even if we told a guy, 'You are in trouble,' we still don't know what to do about it. But at least now we have a good handle on who needs the aggressive treatments." And what would this aggressive treatment look like? Nobody is sure.

"I would in general urge patients to be cautious and not jump to any conclusions from these studies, or seek to change what they would do," Anscher says. "They are good studies, but they are not going to change the standard of care just yet."

SOURCES: Freedland, S.J. The Journal of the American Medical Association, July 27, 2005; vol 294: pp 433-439. D'Amico, A.V. The Journal of the American Medical Association, July 27, 2005; vol 294: pp 440-447. Anscher, M.S. The Journal of the American Medical Association, July 27, 2005; vol 294: pp 493-494. Stephen J. Freedland, MD, clinical instructor in urology, Johns Hopkins University, Baltimore. Anthony V. D'Amico, MD, PhD, chief of genitourinary radiation oncology, Brigham and Women's Hospital and Dana-Farber Cancer Institute, Boston. Mitchell S. Anscher, MD, professor of radiation oncology, Duke University Medical Center, Durham, N.C.

http://my.webmd.com/content/Article/109/109201.htm

MATeS

The Men in Australia Telephone Survey (MATeS) was commissioned by Andrology Australia to collect information on self-reported prevalence rates, health behaviours, attitudes and concerns of middle-aged and older Australian men. The survey covered broad aspects of men's health and well-being, including reproductive health. A total of 5990 men aged 40 years and over from all States and Territories across Australia participated in a 20-minute telephone interview.

The oldest participant in the survey was 98 years of age and almost 400 men were aged 80 or over.

Key Points:

- MATeS represents a unique dataset and the first accurate picture of reproductive health in Australian men over the age of forty.
- A distinctive feature of MATeS is its comprehensive focus on male reproductive health as a whole, which differs from most surveys that are restricted to single health issues such as erectile dysfunction, lower urinary tract symptoms (LUTS) or prostate disease.
- Despite the high level use of health services reported, there was a strikingly lower level of specific enquiry and treatment for reproductive health disorders. Opportunities to talk to GPs about reproductive health problems are being missed.
- Male reproductive health problems, such as erectile dysfunction and prostate disease, are very common and men need to be educated about these issues and their implications for their health and quality of life.
- The high rates of reproductive health disorders and related concerns highlight the need for men to have access to appropriate treatments and services.
- Health policy needs to reflect men's reproductive health needs at different stages of their lifetime.
- With a recognised link between reproductive health disorders with age, more men are expected to seek help in the future. This fact has implications for medical workforce planning and education.
- With older people being sexually active, improved education and policy is needed to ensure that age related barriers to seeking information and treatment for reproductive health issues do not persist for older men.

MATeS highlights the need for larger, longitudinal cohort studies to gain a better understanding of incidence and progression of disease and determine risk factors and behaviours that may contribute to the onset of health disorders in older men.

A summary report can be downloaded from the Andrology Australia website at http://www.andrologyaustralia.org/pdfs/Mates.pdf. For a hard copy, contact Andrology Australia on ph: 1300 303 878 or email info@andrologyaustralia.org.

This Newsletter was compiled and typed by Reg Mayes. Jeff Roberts, Ian Fisk, Paul Ferrett and Reg folded and posted the Newsletter. After much re-arranging of news items on his computer and supplying the photographs and proof reading by Pam Fisk, Ian emailed the print file. 310 copies were distributed. We would like to thank the Cancer Council South Australia for providing their support and particularly Anne Milne for her contribution. The views expressed in this Newsletter do not necessarily represent the views of the Cancer Council SA. Disclaimer – The PSA (Adelaide Group) is not responsible for advice given by guest speakers, or use of products mentioned in this Newsletter. Nor are we responsible for information contained on websites, books, magazines, pamphlets or extracts from articles mentioned in this Newsletter, nor for videos or tapes distributed to members. Medical Advice should be obtained from your Doctor.