Letter from the Editor

A brand new year starts all over again, and we hope to keep you informed of the latest happenings with prostate cancer. It’s my job to keep you interested in developments arising in prostate cancer research and treatments, actively involved in promoting men’s health, and supporting each other in relationships, families and in local communities. Being an advocate for men is an important responsibility, one that we should all take very seriously. Join me in extending your collective influence in the wider community network.

Recently Bettina Arndt, widely acclaimed author and sex therapist wrote in the Sydney Morning Herald, 12 October 2012, “It’s time society listened to men struggling to find the tools for survival in their relationships.” Whilst the development of prostate cancer highlights a pending crisis in a relationship perhaps for some, crisis has been pending in another form for some time, a relationship crisis. The assumption is sometimes made that relationships for men with prostate cancer are perfect to start with, but this is not necessarily the case.

It is never too early or too late to become aware of prostate cancer. It is never too early or too late to re-establish, reinvigorate and revise relationship bonds. Every year, more information is revealed about this disease, and from the vast research endeavours more information is uncovered about all forms of cancer in general.

This year, I encourage all QPCN readers to become more active members of their personal relationships, their community and of their local prostate support network, regardless of gender. We value the contribution of every person no matter what your current involvement and level of participation. Most people can think of at least one person who has been touched by prostate cancer. It is even more significant if that person is a family member or close friend. Raising awareness of prostate cancer in the community is something we can all do and we can work together towards helping to develop better outcomes for men with the disease.

continued on page 3
Calendar of Events 2012

- **Feb 14** Valentines Day
- **Anytime** BBQ for Prostate Cancer www.pcfa.org.au
- **Anytime** C-vivor (free sessions) www.cancerqld.org.au

Prostate Cancer Support Groups in the Queensland Chapter

There are 28 PCSGs in the Chapter with a total membership of approximately 3,500 men.

<table>
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<tr>
<th>Peer Support Group</th>
<th>Contact</th>
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<th>Peer Support Group</th>
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<td>Advanced (all areas)</td>
<td>Jim Marshall</td>
<td>07 3878 4567</td>
<td>Hervey Bay</td>
<td>Ros Male</td>
<td>07 4197 7244</td>
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<tr>
<td>Beenleigh</td>
<td>Peter Keech</td>
<td>0407 070 194</td>
<td>Ipswich</td>
<td>Terry Carter</td>
<td>07 3281 2894</td>
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<td>Brisbane</td>
<td>Peter Dornan</td>
<td>07 3371 9155</td>
<td>Mackay</td>
<td>John Clinton</td>
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<td>Bundaberg</td>
<td>Rob McCulloch</td>
<td>07 4159 9419</td>
<td>Maryborough</td>
<td>Leoll Barron</td>
<td>07 4123 1190</td>
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<td>Capricorn Coast (Yeppoon)</td>
<td>Jack Dallachy</td>
<td>07 4933 6466</td>
<td>North Burnett</td>
<td>Russell Tyler</td>
<td>07 4161 1306</td>
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<td>Central Queensland (Rockhampton)</td>
<td>Lloyd Younger</td>
<td>07 4928 6655</td>
<td>North Queensland (Townsville)</td>
<td>Clarke Berglin</td>
<td>07 4773 3303</td>
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<td>Far North Queensland (Cairns)</td>
<td>Jim Hope</td>
<td>07 4039 0335</td>
<td>Northern Rivers (Evening)</td>
<td>Craig Thurgate</td>
<td>0412 661 924</td>
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<td>Far North Queensland Partners</td>
<td>Margaret Rolfe</td>
<td>07 4045 1031</td>
<td>Northern Rivers (Day)</td>
<td>David Hughes</td>
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<td>Gladstone</td>
<td>Geoff Lester</td>
<td>07 4979 2725</td>
<td>Northern Tablelands</td>
<td>Peter Martin</td>
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<td>Glass House Country</td>
<td>Bob McLean</td>
<td>07 5496 9601</td>
<td>North West Qld (Mt Isa)</td>
<td>Yvonne McCoy</td>
<td>07 4743 2054</td>
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<td>Gold Coast Central</td>
<td>Peter Jamieson</td>
<td>07 5570 1903</td>
<td>Sunshine Coast</td>
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<td>Toowoomba</td>
<td>David Abrahams</td>
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<td>Gold Coast Partners</td>
<td>Maggie Angus</td>
<td>07 5577 5507</td>
<td>Twin Towns and Tweed Coast</td>
<td>Ross Davis</td>
<td>07 5599 7576</td>
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<tr>
<td>Gympie</td>
<td>Robert Griffin</td>
<td>07 5482 4659</td>
<td>Whitsunday</td>
<td>Dave Roberts</td>
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Associated Support Groups

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<td>07 3878 4567</td>
<td>Innisfail</td>
<td>Desleigh Barrow</td>
<td>07 4061 9177</td>
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<tr>
<td>Kingaroy</td>
<td>Robert Horn</td>
<td>07 4690 5800</td>
<td>Redcliffe</td>
<td>Fred Travis</td>
<td>07 3480 5904</td>
</tr>
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Helping others is a positive way of helping oneself and that of a partner in the process. A positive outlook, a helping hand, a kind word may make the difference in someone’s day. Someone who is struggling perhaps with a newly made diagnosis of prostate cancer. We all carry our own burdens and, in the main, we are unaware of the burden that others may carry in their day to day lives.

Keep in mind the ultimate goal: prevention of the disease. What is it they say about an ounce of prevention? Towards this end, I also hope to keep you just a little entertained to maintain your interest and keep your spirits high.

Life should be enjoyed to the limit. “Life must be lived as play” according to Plato (428BC - 348BC), the world’s most influential Greek philosopher. At least that sounds good in theory, but it demonstrates that little has changed in life since then. So let the year begin. Let’s get on with it and help to make someone’s life better in 2013.

Contributing Guest Editor - Amanda Gore
(Bestselling Author) 'Valentine's Day Year Round'!

Whew! You made it. You survived last year and now it’s time to focus on your relationship!

No doubt, last year you were deluged with cards, gifts, phone calls on Valentine’s Day - and the excess flowers delivered to you decorated several wards at the nearby hospital! And you were beating anonymous admirers and lovers desiring to be with you away with sticks. Isn’t it a shame that we have a huge flurry of loving activity on only one day of the year?

We plan, think about and organise all sorts of romantic ideas that renew or rekindle the desires of our hearts because if we don’t we’ll be in BIG trouble!

If we forget to do something special on this day, our partner suspects we no longer care. In the early days of new relationships, we make enormous effort to make our partner feel special; we have Valentine’s Day every day!

We’re romantic, loving, affectionate, think of fabulous surprises and life is fun and full of hugging stuff!

Once we’ve ‘done’ that phase and made a commitment to each other, we can get back to real life! We forget how to spell romance let alone make an effort to create that special feeling.

What if we made Valentine’s Day a monthly event instead? Being realistic, life does become very busy especially when we are dealing with major life crises or health issues and we may need a regular ritual to make time for our relationships. Intimacy takes time; real listening with a desire to understand; patience and compassion. And it’s two way. Sometimes, all the focus is on the person who is not well and the ‘carer’ becomes invisible.

This is a tough time for you BOTH! And caring about each other and appreciating what you are BOTH going through is critical! Self esteem can be damaged on both sides; we focus on fear, not love; we obsess about things that seem really important but at the end of the day - they don’t!

So this special Valentine’s Day every month is a celebration of you BOTH!

Every fourth weekend, make it a Valentine’s Weekend. Do relationship enhancing things. Spend lots of time together (forget about quality time - it’s never enough!), go to the movies, hold hands, have a romantic dinner together, go on a date together - no one else allowed - and act as if you have just met and are ‘falling’ in love, watch a romantic comedy, make love in unusual places! And don’t forget to relax.

Anyway, do something for a few minutes on the Valentine’s Weekend to strengthen your relationship.

Talk about what sorts of activities, words or behaviors would strengthen the relationship for you. And then plan your year of Valentine’s Weekends.

If you are single and happy, you’ll probably be having fun anyway every weekend doing one of a million things! And you didn’t even register that it was Valentine’s Day! Well, it would be hard to miss that - but have a ‘single and happy’ party planned for February 14th! You could have a great night celebrating your friendships together.
Contributing Guest Editor - Amanda Gore
(Best selling Author) 'Valentine’s Day Year Round'

If you’re single and lonely, and you went ‘bah, humbug’ to Valentine’s Day, work out why you are lonely. Are you an energy sucker? A pessimist? Bad company? If you said yes to any of those, immediately seek help to change your behavior! And watch your world change for the better around you.

If there are other reasons you are lonely (much more likely), examine those reasons and see if there is anything you can do to find more connections and friendships.

Are you a good friend to others?
Are you connected to yourself as well as your friends? I know that sounds bizarre, but think about it.
Do you know what your heart wants? Are you in touch with your feelings?
Are you sending out vibes that you are satisfied with your life - or are you sending out “I hate my life - save me from myself” vibes? It’s sad if you are, as it’s usually most unattractive to others!
Do things to make yourself happy, find purpose in your life and watch the friendships spring up!

If you are trapped at home with young children, or with a partner who is not well, find another person in the same state and make babysitting arrangements so each of you can go out once a month!

Meet new people by joining support groups, sporting or other clubs, attending courses or seminars, writing to singles columns, or joining a reputable dating agency.
Or just see more of your friends.
Be your own Valentine if no one else will - if you don’t love yourself, how can anyone else? No matter what, God loves you. And if you don’t believe in God there will always be someone out there who loves you!
And it all is helped by YOU loving you! No matter who you are... YOU ARE WORTH LOVING!
Remember that! And happy Valentine’s Weekends for the rest of the year!
Amanda Gore
Bestselling author
http://www.youtube.com/user/amandagoretv#p/u
amanda@amandagore.com
www.amandagore.com

Report from Yvonne McCoy

05/10/2012 - e-mail, Secretary/ Treasurer, NWQ Prostate Cancer Support Group Inc.
The attached photo is Kyle Small, of “A Bloke & His Horse” fame (www.ablokeandhishorse.com), presenting a cheque to the Secretary of NWQ Prostate Cancer Support Group Inc, Yvonne McCoy, after the successful project during August this year. For the second successive year, Kyle and his group of supporters have organised a horse-and-buggy walk from Mount Isa to Camooweal. He has received valuable sponsorship from many local businesses and individual community members, who have been happy to contribute to the cause. The fund-raising venture was aimed at creating awareness in the community for the health and wellbeing of all men in the North West region.
Study Shows Obesity Increases Risk of Prostate Cancer by Altering Gene Regulation

REFERENCE. Health News - redOrbit, 25 September 2012

Prostate cancer is one of the most common cancers in men and early treatment is usually very successful. However, like other cancers, obesity increases the risk of aggressive prostate disease. New research, published in BioMed Central’s open access journal BMC Medicine, finds that the fat surrounding the prostate of overweight or obese men with prostate cancer provides a favorable environment to promote cancer growth.

Fat is a generally underrated organ. Not only is it an energy store but it secretes a wide range of growth factors, and substances called cytokines and hormones, including leptin and adiponectin, and is a major player in the immune system, which protects the body from infection and disease. But too much fat can cause these systems to go haywire and can increase risk of diabetes, cardiovascular disease and cancer.

An international team led by Prof Gema Frühbeck and Dr Ricardo Ribeiro analysed fat, from around the prostate, taken from patients undergoing surgery for prostate disease. Samples were included from men with benign prostatic hyperplasia (BPH), prostate cancer (PC), and from men where their cancer was no longer confined to the prostate. The men were also classified as being either lean (BMI less than 25) or overweight, BMI greater than 25, or obese, BMI greater than 30.

Regardless of type of prostate disease the overweight men had different levels of gene activity in the fat surrounding their prostates compared to the lean men. This included genes which encode proteins involved in immunity and inflammation (such as LEP, which encodes the protein leptin), and cell growth and proliferation and programmed cell death.

Additionally the activity of more genes was altered between hyperplasia and prostate cancer, and between cancer and non-confined cancer, suggesting a gradual increase in dysregulation during cancer progression.

Taken together with the abnormal activity levels of other genes they will ultimately foster fat mass growth, reduce immune surveillance and promote the formation of new blood vessels, so producing a favorable environment for prostate cancer progression.

Dr Ribeiro continued, “In an increasingly obese population, understanding how fat, especially the fat surrounding the prostate, can influence the growth and severity of prostate cancer may provide an opportunity for implementing personalised lifestyle and therapeutic strategies.”

Breaking Bad Habits

REFERENCE. NIH News in Health (http://newsinhealth.nih.gov/)

- Avoid temptations. If you always stop for a donut on your way to work, try a different route. Keep fatty foods, cigarettes, alcohol and other tempting items out of your home.
- Replace unhealthy with healthy behaviours. Exercise, practice a favourite hobby or spend time with family.
- Prepare mentally. If you can’t avoid tempting situations, prepare in advance. Plan how to handle temptations and mentally practice what you plan.
- Enlist support. Ask friends, family and co-workers to support your efforts to change.
- Reward yourself for small steps. Give yourself a healthy treat when you’ve reached a small goal or milestone.
'Believing' Propels Cancer Survivors to Exercise

REFERENCE. Mary Elizabeth Dallas, HealthDay, 12 October 2012

Experts suggest developing an activity schedule, signing a ‘contract’ with a supportive friend.

Breast cancer survivors who believe in their ability to follow through with an exercise program are more likely to continue working out after their treatment ends, according to a new study.

Researchers from Oregon State University (OSU) pointed out that physical activity can reduce the risk of breast cancer recurrence and said women can learn the skills needed to help them overcome barriers to regular exercise.

For the study, published in the October issue of Supportive Care in Cancer, the researchers examined what motivated 69 older breast cancer survivors to follow through on their workout regimen once their supervised exercise program ended.

The study revealed that women with greater confidence in their ability to follow through on their exercise program despite fatigue or other obstacles were much more likely to do so. Women with the most confidence were 10 percent more likely than others to still be physically active six months after their supervised program ended.

For breast cancer survivors, physical exercise can help ease common side effects of cancer treatment, such as fatigue, depression and lost muscle strength, the researchers noted.

And cancer survivors make good instructors, another study author, Bradley Cardinal, professor of exercise science at OSU, said in the news release.

“Replacing a problem behavior with a positive one, such as taking a walk whenever stressed, is one strategy that can be effective, the study authors noted.

“In making the transition from group to being on your own, committing yourself by developing an activity schedule and identifying activities that are enjoyable, even signing a ‘contract’ with a social support partner would be useful,” said Cardinal. “Rewarding yourself for small successes and gradually building on that is also important. It is critical to not expect too much too soon.”

Peter Murphy Honoured

At the December meeting of the Brisbane Prostate Cancer Support Network long-time member Peter Murphy was presented with Prostate Cancer Foundation of Australia’s Distinguished Service Award to honour his contribution to the Group over many years of service.

The citation on the Award reads: “The Queensland Chapter of the Prostate Cancer Foundation of Australia and the Brisbane Prostate Cancer Support Network recognises your outstanding services volunteered to the Network for over a decade.

“It is also acknowledged that your Group has not only benefited from your unswerving dedication in providing assistance to the Network but also from the retention of records of members because of your contribution.”

During his time as a Support Group member Peter has managed to get to virtually all meetings regardless of rain, hail or shine; literally! Peter was one of the few members to make it to the Cancer Council Queensland’s offices for the January 2011 meeting during Brisbane’s disastrous floods.

Peter Murphy Honoured
Scientists ID 'Genetic Signatures' for Aggressive Prostate Cancer

REFERENCE. Robert Preidt, The Lancet Oncology, 9 October 2012

Findings may one day help tailor treatment, improve outcomes

(URL of this page: http://www.nlm.nih.gov/medlineplus/news/fullstory_130072.html - this news item will not be available after 01/07/2013)

Two separate genetic "signatures" for aggressive prostate cancer have been identified by researchers, who said the findings could one day help improve patient treatment and outcomes.

The two studies pinpointed two distinctive patterns of RNA - the genetic material that helps turn DNA into proteins - that appear to predict whether patients have an aggressive or milder form of prostate cancer.

In one study, British researchers identified a set of genes that could predict whether patients had castration-resistant prostate cancer and also predicted survival of those patients. Castration-resistant prostate cancer is the form of the disease which does not respond to standard androgen-deprivation therapy.

Patients with a distinctive nine-gene pattern characteristic of aggressive prostate cancer survived an average of 9.2 months, compared with 21.6 months for those without the gene pattern.

In the second study, US researchers pinpointed a different set of genes with similar predictive properties to those identified by the British team. The US scientists discovered a set of six genes characteristic of a more aggressive form of prostate cancer. Patients with this genetic signature survived an average of 7.8 months, compared with at least 34.9 months for those without the genetic signature.

Previous research has identified genetic signatures for different forms of cancer, but they have been used only to classify cancers. These new studies are the first to show that genetic signatures might prove useful in predicting patient outcomes.

There can be large differences between prostate cancer patients, with some never having symptoms, some responding well to treatment and others developing resistance to treatment and having their cancer progress.

Tests to determine whether a patient has a more aggressive form of prostate cancer exist, but are only moderately accurate.

One expert agreed that the genetic signatures might help guide treatment in the future.

"Once prostate cancer has spread beyond the prostate (metastasised), patients are given medication to lower their testosterone to castration levels, which slows prostate cancer growth," explained Dr Lee Richstone, Director of Laparoscopy and Robotic Surgery at the Smith Institute for Urology in Lake Success, NY. "Unfortunately, this is not a cure, and the cancer eventually begins to grow again even with the testosterone levels so low. Once this occurs, the patient has castration-resistant prostate cancer."

Patients with castration-resistant prostate cancer generally have a poor outcome. There is, however, a range of survival from several months to several years, Richstone noted.

"Our current ability to determine which patients have a better, or worse, predicted survival is limited and this is a problem," he said. "The ability to better determine patients' prognosis is very important in order to counsel patients and to develop clinical trials to develop new treatments."

"These two studies looked at the blood of patients with advanced prostate cancer, and identified unique gene-expression profiles, or 'signatures,' that help to determine which patients have a better or worse prognosis," Richstone said. "After more study, such simple blood testing may be extremely helpful in counseling patients and developing new treatments."
Prostate cancer research at the Mater - a collaborative model

Associate Professor John Hooper is a Molecular Biologist involved in prostate cancer research at the Mater Medical Research Institute (MMRI). His area of research is metastasis where cancer cells spread from the tissue or organ they originated within to other parts of the body. In October John gave a presentation covering MMRI’s current work in this area and where MMRI are heading with their prostate cancer research.

The Mater Hospital was established in Brisbane in 1908. There’s been an enormous expansion since those early days and currently the Mater consists of four hospitals (Mater Mothers, Mater General [public], Mater Childrens and Mater Private) plus MMRI. Within the next few months MMRI will be moving to Queensland’s new Translational Research Institute facility which is based within the Princess Alexandra Hospital campus at Woolloongabba (South Brisbane).

The Mater is fortunate in having a state-of-the-art Department of Urology with clinical expertise in treating men with prostate cancer. In fact the Department of Urology & Continence outpatient clinic is the largest clinic at the Mater. The scientists at MMRI are able to work with the urologists and complementary clinicians including radiation and medical oncologists, pathologists, nurses, palliative care specialists and other allied health professionals to form a Mater Prostate Cancer Research Collaborative, giving better diagnosis and treatment options which lead to improved patient care. The Mater is also fortunate in having a full-time prostate cancer nurse who has been funded for the past three years by the Prostate Cancer Foundation of Australia (PCFA).

Prostate cancer research at MMRI is involved in looking for new methods and drugs to diagnose and treat prostate cancer.

As mentioned above, John Hooper’s special interest is metastasis or the spread of cancer cells from the tissue they originated in.

Cancer cells that break away from the original tumour can move around the body either by entering the blood vessels or through the lymphatic system, a network of vessels conveying lymph throughout the body. Lymph is a watery liquid filling the spaces between the body’s cells which has been drained from tissues and is part of the body’s immune system.

In the case of prostate cancer the tumour cells can grow from the prostate and spread to the surrounding tissue and organs such as the seminal vesicles, bladder and bowel. However in some cancers, not all, the tumour cells can break away from the original tumour and these are the ones that may enter the blood vessels or lymphatic system and spread around the body.

Once the tumour cells are circulating in the body they generally preferentially attach themselves to bone and continue to multiply within the bone structure.

In John Hooper’s laboratory the current research projects are looking for new drugs to block the cancer cells from circulating in the bloodstream and to kill the prostate cancer cells in the bones. The body contains many different proteins and part of the research concentrates on trying to find antibodies for all proteins involved with prostate cancer. From this research a protein has been identified that allows cancer cells to penetrate the blood vessel walls so, using this information, the next step is to discover a way to block the process.

Using mouse models there’s been promising results with antibody drugs designed to kill prostate cancer cells and as further development progresses the next step will be to carry out clinical trials in humans. Five experimental antibodies have been produced to date and experimental antibody “iv” has shown promising results in killing prostate cancer cells.

Meanwhile MMRI dietician, Dr Olivia Wright whose work has appeared in previous issues of Queensland Prostate Cancer News, is looking at the impact of diet on immune responses to prostate cancer and whether short-term diet modification can improve the effects of patient immune response.
This involves patients being assigned special dietary programmes and having blood samples taken at regular intervals to check for immune cell numbers. Increases or decreases in immune cell numbers can be studied along with their relationship to the particular diet or supplements being used by the patient.

Some years ago MMRI were working on immunotherapy vaccines for prostate cancer. These are not vaccines in the conventional sense, that is vaccines given to prevent a person from contracting a disease, but are vaccines used to stimulate the body’s immune system so that it will recognise and kill cancer cells.

To manufacture the vaccines a process known as leukapheresis is used to extract dendritic cells from a patient’s blood. Dendritic cells are a part of the white blood cells that trigger an immune response. In a laboratory the dendritic cells are mixed with cancer cells from the patient’s tumour to produce a “vaccine”. This is then injected into the patient to produce an immune response to the cancer. MMRI conducted a Phase I trial with a number of patients.

Because cancer cells are just a variation of the body’s normal cells the immune system doesn’t recognise them as “foreign” and consequently doesn’t attack them. By externally manufacturing an immunotherapy vaccine which is specifically aimed at the patient’s cancer it may be possible to stimulate the patient’s immune system to recognise and fight the cancer.

In the USA the Federal Drug Administration have given approval for the use of sipuleucil-T (“Provenge”), an immunotherapy vaccine, to be used by patients with advanced prostate cancer. The manufacture of the vaccines is a complicated process so MMRI are looking at ways to simplify the process to make it more practical to manufacture and applicable to a wider range of patients.

MMRI is ideally set up for collaborative prostate cancer research with the close cooperation between scientists and clinicians ensuring better outcomes in the development of new diagnostic techniques and treatments and improved patient care.

Prostate cancer research at MMRI is supported by Cancer Council Queensland, Prostate Cancer Foundation of Australia, the Australian Government through the National Health & Medical Research Council and the Mater Foundation, a not-for-profit charity relying on community and philanthropic support.

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**Information helps men make prostate cancer decisions**

29 August 2012 (Reuters Health)

When given additional information, prostate cancer patients are less likely to remain undecided about which treatment they want and are less likely to want their prostates removed, in a new study. The researchers, led by Julia J van Tol-Geerdink at Radboud University Medical Centre in Nijmegen, The Netherlands, randomly assigned 163 patients into a group that received the additional education, while 77 were assigned to a comparison group that had regular doctor’s visits. The study is part of a long body of research that says involving patients in decision making leads to making better decisions, Dr Michael J Barry, a primary care doctor at Massachusetts General Hospital in Boston and IMDF president, told Reuters Health. British Journal of Urology International, online 10 August 2012.
Coping with stress

REFERENCE. Centres for Disease Control and Prevention, December 2012

Physical or emotional tension are often signs of stress. They can be reactions to a situation that causes you to feel threatened or anxious. Stress can be positive (such as planning your wedding) or negative (such as dealing with the effects of a natural disaster).

Strong emotions like fear, sadness, or other symptoms of depression are normal, as long as they are temporary and don’t interfere with daily activities. If these emotions last too long or cause other problems, it’s a different story.

Symptoms of Stress

Common reactions to a stressful event include: Physical or emotional tension are often signs of stress. They can be reactions to a situation that causes you to feel threatened or anxious. Stress can be positive (such as planning your wedding) or negative (such as dealing with the effects of a natural disaster).

• Disbelief and shock
• Tension and irritability
• Fear and anxiety about the future
• Difficulty making decisions
• Being numb to one’s feelings
• Loss of interest in normal activities
• Loss of appetite
• Nightmares and recurring thoughts about the event
• Anger
• Increased use of alcohol and drugs
• Sadness and other symptoms of depression
• Feeling powerless
• Crying
• Sleep problems
• Headaches, back pains, and stomach problems
• Trouble concentrating

Tips for Self-Care

The best ways to manage stress in hard times are through self-care:

• Avoid drugs and alcohol. They may seem to be a temporary fix to feel better, but in the long run they can create more problems and add to your stress instead of take it away.

• Find support. Seek help from a partner, family member, friend, counselor, doctor, or clergyperson. Having a sympathetic, listening ear and sharing about your problems and stress really can lighten the burden.

• Connect socially. After a stressful event, it is easy isolate yourself. Make sure that you are spending time with loved ones. Consider planning fun activities with your partner, children, or friends.

• Take care of yourself.
  • Eat a healthy, well-balanced diet
  • Exercise regularly
  • Get plenty of sleep
  • Give yourself a break if you feel stressed out—for example, treat yourself to a therapeutic massage
  • Maintain a normal routine
  • Stay active. You can take your mind off your problems by giving, such as, helping a neighbor, volunteering in the community, even taking the dog on a long walk. These can be positive ways to channel your feelings.

PSA Gets Partial Credit for Survival Benefit

23 August 2012

Overall survival in metastatic prostate cancer improved significantly after the introduction of prostate-specific antigen (PSA) screening, particularly among black men, a retrospective comparison of three larger clinical trials showed. The mortality hazard decreased by 22% among men treated after PSA screening became widespread, versus those treated in trials conducted during the pre-PSA era. Median overall survival increased by about 50% in the later trial, and the traditional survival disparity between black and nonblack men disappeared. Noting limitations in the datasets, investigators stopped short of giving PSA screening all the credit for improved survival, as reported online in the Journal of Urology.
Prostate Cancer FAQs for New Readers, No. 4

REFERENCE. BBC Health, Dr Rob Hicks

Prostate Cancer Treatments

If diagnosed early, treatment can be quite successful. Therefore, it's important to be aware of the symptoms and to see a GP as early as possible. Currently in the UK there are no routine screening programmes for prostate cancer. The key decision in prostate cancer is whether or not to treat at all. In many older men, the cancer progresses so slowly that surgery and other treatments may cause more harm than good. However, for those whose cancer is more aggressive, either already spreading or liable to spread beyond the prostate, surgery is usually the first option.

A specialist may then arrange a biopsy of the prostate. This should indicate whether or not prostate cancer is present and whether or not it's aggressive. Other tests, such as x-rays or scans may be necessary, assessing the extent of the cancer. These results will also influence the types of treatment available.

A prostatectomy means that the prostate gland is removed, normally along with small parts of the lymphatic system near the gland. Unfortunately, the operation often causes nerve damage, which can make it sometimes impossible for men to achieve an erection afterwards or maintain complete control over urination. However, modern ‘nerve-sparing’ surgical techniques - combined with drugs such as Viagra - mean that the effects on both sexual function and quality of life can be minimised.

The main advances in prostate cancer treatment are being made in surgery and radiotherapy.

Surgeons are learning how to remove the prostate without causing the problematic nerve damage which was inevitable in the past. And radiotherapy technology advances mean that far higher doses can be targeted more precisely on the prostate, killing more cancer cells with fewer treatments. Recent advances include the use of a technique called brachytherapy.

There are two major methods of prostate brachytherapy, permanent seed implantation and high dose rate (HDR) temporary brachytherapy. Permanent seed implants involve injecting approximately 100 radioactive seeds into the prostate gland. They give off their cancer-killing radiation at a low dose rate over several weeks or months, and the seeds remain in the prostate gland permanently.

HDR temporary brachytherapy instead involves placing very tiny plastic catheters into the prostate gland, and then giving a series of radiation treatments through these catheters.

Another option is High Intensity Focused Ultrasound, which uses sound waves to ‘melt’ away the cancer.

Most men with early prostate cancer are diagnosed because they have problems with bladder habits. A GP will perform a digital rectal examination (DRE) and arrange for any blood tests (a prostate specific antigen or PSA test). If this is elevated there is a possibility it may have been caused by prostate cancer. Patients are then referred to a specialist (urologist) for further investigations.

If hormone therapy is no longer effective, there are a number of treatments to control the cancer and improve quality of life, which you should discuss with your specialist.

There are a number of clinical trials available for people with prostate cancer, which you should discuss with your specialist for suitability.
**News Round-up**

**Process Areas for Improvement IDd in Early Prostate Cancer, 22 August 2012 (HealthDay News)**

For men with early prostate cancer undergoing expectant management, compliance with RAND structural indicators is high, but there is considerable variability in compliance with process indicators. Jamie Ritchey MPH, from the American College of Surgeons in Chicago, and colleagues abstracted medical records data and measured compliance with the RAND-developed quality indicators (structure and process). Data were reviewed for 13,876 men with early-stage prostate cancer undergoing expectant management in 2000 to 2001. The study was published in the September issue of The Journal of Urology.

**Lower Prostate Cancer-Specific Death With Anticoagulant Use, 30 August (HealthDay News)**

Anticoagulant (AC) therapy, particularly aspirin, is associated with a reduced risk of prostate cancer-specific mortality (PCSM) among men treated with radical prostatectomy (RP) or radiotherapy (RT). Kevin S Choe MD, from the University of Texas Southwestern Medical Center in Dallas, and colleagues analysed data from 5,955 men in the Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE) database diagnosed with localised adenocarcinoma of the prostate and treated with RP or RT. The study was published online 27 August in the Journal of Clinical Oncology.

**MRI Choice to Detect Bone Mets Varies by Cancer, 31 August 2012**

Detection of bone metastases in patients with prostate cancer or myeloma improved significantly with diffusion-weighted MRI (DWI) as compared with short-tau inversion recovery (STIR) imaging, British investigators reported. DWI produced images with a higher signal/background ratio in 22 of 24 patients with prostate cancer and six of seven patients with multiple myeloma. DWI and STIR resulted in similar lesion conspicuity, or clarity, in patients with breast cancer. The results suggest that DWI is the preferred technique for whole-body MRI of patients with prostate cancer or myeloma, according to an article in the August issue of the British Journal of Radiology.

**Xtandi (Enzalutamide) Approved For Late Stage Prostate Cancer, FDA 3 September 2012**

Xtandi (enzalutamide) has been approved for men with metastatic castration-resistant prostate cancer that has recurred or spread, regardless of whether patients received medical or surgical therapy to reduce testosterone levels, the US Food and Drug Administration (FDA) announced. Enzalutamide has been approved to be administered alongside docetaxel, another cancer medication.

**Reciprocal Increased Risk of Parkinson’s, Prostate Cancer, 5 September 2012 (HealthDay News)**

Patients with Parkinson’s disease (PD) have a significantly increased risk of prostate cancer and melanoma, which extends to their third-degree relatives, and there is evidence of a reciprocal risk. Seth A Kareus MD, from the University of Utah in Salt Lake City, and colleagues used a computerised genealogy for approximately 2.3 million Utah pioneers and their descendants. The genealogic resource was linked to a statewide cancer registry (including data on 100,817 individuals) and statewide death certificates with 2,998 individuals with PD listed as a cause of death from 1904 to 2008. The study was published online 3 September in the Archives of Neurology.

**On/Off Androgen Ablation Matches Nonstop Therapy, 5 September 2012**

Intermittent androgen deprivation therapy (ADT) proved to be as effective as continuous treatment and improved quality of life for asymptomatic men with rising PSA levels after definitive prostate cancer treatment, a large randomised trial showed. Median overall survival was 8.8 years with intermittent therapy and 9.1 years with continuous therapy, and the 7-year estimated disease-related mortality was 18% and 15%, respectively. Neither difference was statistically significant. Men who received intermittent therapy appeared to benefit on several functional, symptomatic, and sexual outcomes, as reported in the 6 September issue of the New England Journal of Medicine.
Adding Ketamine to Opioids Doesn't Reduce Cancer Pain, 11 September 2012 (HealthDay News)

Using subcutaneously administered ketamine in a dose-escalating regimen as an adjunct to opioids and standard co-analgesics does not have any clinical benefit in relieving cancer pain, but it is associated with increased toxicity. Janet Hardy MD, of the Mater Adult Hospital in South Brisbane, Australia, and colleagues conducted a multisite, dose-escalation, randomised, double-blind, placebo-controlled trial involving 185 patients with advanced cancer to evaluate the use of ketamine or placebo delivered subcutaneously over three to five days. The authors sought to determine whether the addition of ketamine to opioids improves the management of chronic uncontrolled cancer pain. The research was published online 10 September in the Journal of Clinical Oncology.

Long-Term Finasteride Doesn't Impair Quality of Life, 13 September (HealthDay News)

Taking finasteride to prevent prostate cancer does not negatively affect the physical function, mental health, or vitality domains of health-related quality of life. Carol M Moinpour PhD, from the Fred Hutchinson Cancer Research Center in Seattle, and colleagues examined the effect of finasteride on quality of life using data from questionnaires completed by Prostate Cancer Prevention Trial participants, who were randomised to finasteride or placebo for prevention of prostate cancer. The study was published online 12 September 2012 in the Journal of the National Cancer Institute.

Call to Stop PSA Screening Has Some Effect, 17 September 2012

A small but significant number of older Medicare beneficiaries saw a decline in prostate-specific antigen (PSA)-based cancer screening after the US Preventive Services Task Force (USPSTF) recommended against the screening in 2008, researchers said. The adjusted screening rate for that age group declined by 2 percentage points over a 15-month period after the recommendation, from 29.4% in the prior year down to 27.8%, reported Joseph Ross MD MHS, of Yale University, and colleagues in an online research letter in the Archives of Internal Medicine.

Abiraterone Prolongs Survival in Metastatic Prostate Cancer, 18 September 2012 (HealthDay News)

Abiraterone acetate significantly improves overall survival in patients with metastatic castration-resistant prostate cancer that has progressed after docetaxel treatment. Karim Fizazi MD, from University of Paris-Sud in Villejuif, and colleagues enrolled 1,195 participants in an international, multicenter study in which patients with metastatic castration-resistant prostate cancer that had progressed after docetaxel treatment were randomly assigned (ratio 2:1) to receive either abiraterone acetate (797 participants; 1,000 mg, orally once daily) plus prednisone (5 mg, orally twice daily) or placebo (398 participants) plus prednisone. The study was published online 18 September in The Lancet Oncology.

Cancer survival rates improving in Australia, 20 September 2012

Cancer survival rates are improving in Australia, according to a report released today by the Australian Institute of Health and Welfare (AIHW). This report presents the latest national survival and prevalence statistics for cancers in Australia from 1982 to 2010. Five-year survival for all cancers combined increased from 47% in 1982-1987 to 66% in 2006-2010. The largest survival gains over this time were for prostate cancer, kidney cancer and non-Hodgkin lymphoma. In 2006-2010, cancers with the highest survival were those of the testis, lip, prostate and thyroid, and melanoma of the skin. In comparison, pancreatic cancer and mesothelioma had the lowest survival. Full publication: Cancer survival and prevalence in Australia: period estimates from 1982 to 2010.

Cryoablation 'Suboptimal' for Locally Advanced Prostate Cancer, 20 September 2012

In patients with locally advanced prostate cancer, cryoablation is inferior to external-beam radiation therapy (EBRT) in attaining biochemical disease-free survival, according to a first-of-its-kind study published in the October issue of the Journal of Urology. The authors emphasise that these results should not be extrapolated to earlier-stage disease. "As shown by others, cryoablation may be more suited for less locally advanced prostate cancer," they write.
Letters to the Editor

May be forwarded to QPCN using the address or e-mail in the contact details section. As the editor of your newsletter I welcome and encourage your feedback, and will attempt to address areas of your concern regarding prostate cancer. Tell us about your individual experiences, and help to share the load of men and their families affected by prostate cancer.

Tell your story: (Anonymity preserved if requested) For assistance with your writing, contact the Queensland Writers Group, which is located in the Queensland State Library and offers seminars and advice to budding writers and authors.

Contact:
qldwriters@qwc.asn.au
Ph 07 3842 9922

Inbox

Dear Editor,

I recently read a copy of your prostate newsletter and afterwards started to worry about my father. He is not a doctor goer. My whole family has been urging him to take better care of himself and get regular check-ups. After reading your newsletter, I can see how important these check-ups are particularly since my grandfather, his father, had prostate cancer which puts my father at a higher risk. Can I get him onto your mailing list for your regular newsletters? May I congratulate you on getting the message out there about prostate cancer?

Yours sincerely
“worriedabtmydad”

name and address supplied

Have you signed up for e-news yet?

Queensland Prostate Cancer News (QPCN) is available each month as an electronic newsletter (QPCe-N). All the usual features, articles and information are there but it is a “greener” magazine, saving the paper, ink and energy used to produce the hard-copy.

QPCN is jointly funded by Cancer Council Queensland and the Prostate Cancer Foundation of Australia, both of whom rely on donations to fund their operations. The money saved by converting hard-copies of the magazine to electronic versions can be channelled towards other areas of prostate cancer awareness and research. Plus, QPCe-N is in readers’ hands up to a week earlier than is the case with a “snail-mailed” hard-copy.

To register, simply send an email containing your name, address and phone number to: qpcn@cancerqld.org.au and we will send your monthly QPCN to you via email from the next edition.

THANK YOU FOR YOUR SUPPORT!

Special bonuses this month for email subscribers: Typewriter concerto: Copy this into your search engine and sit back and enjoy http://www.youtube.com/watch_popup?v=G4nX0Xrn-wo&sns=em

Special monthly bonus for email subscribers

Typewriter concerto: Copy this into your search engine and sit back and enjoy http://www.youtube.com/watch_popup?v=G4nX0Xrn-wo&sns=em
Forward a copy

Forward a copy of QPCN to a friend, a neighbour or relative. The key to conquering prostate cancer is prevention, greater awareness and early diagnosis.

Contact details: Queensland Prostate Cancer Foundation News (QPCN)
Mail: PO Box 201, Spring Hill Qld 4004
E-mail: qpcn@cancerqld.org.au
Phone: via Cancer Council helpline 13 11 20

Thought for the day

“Not everything that looks good is good. Do not be envious or jealous of others seemingly greater fortune. For it may be exactly that seemingly greater when sorrows come,”

William Shakespeare.

Resources

Andrology Australia
www.andrologyaustralia.org
Ph 1300 303 878
Andrology Australia is the Australian Centre of Excellence in Male Reproductive Health.

APCC Bio-Resource
www.apccbioresource.org.au
The national tissue resource underpinning continuing research into prostate cancer.

Australian Prostate Research Centre - Queensland
www.australianprostatecentre.org
Research, collaborative opportunities, clinical trials, industry news.

Cancer Council Helpline
www.cancerqld.org.au/cancerHelpline
Ph 13 11 20
8am-6pm Monday to Friday.

Cancer Council Queensland
www.cancerqld.org.au
Research to beat cancer and comprehensive community support services.

Cochrane Library
www.cochrane.org
Australians now have free access to the best available evidence to aid decision-making.

HealthInsite
www.healthinsite.gov.au
Your gateway to a range of reliable, up-to-date information on important health topics.

Lions Australian Prostate Cancer
www.prostatehealth.org.au
The first stop for newly diagnosed men seeking information on the disease.

Mater Prostate Cancer Research Centre
www.mmri.mater.org.au
Comprehensive information for those affected by prostate cancer, including the latest research news.

Prostate Cancer Foundation of Australia
www.prostate.org.au
Phone 1800 22 00 99
Assistance with the experience of diagnosis and treatment for prostate cancer.

Queensland Chapter
www.prostate.org.au
Information, patient support materials, and contacts for advice on living with prostate cancer in Queensland.
Brisbane PCSG - 2012 meeting program
Cancer Council Queensland, 553 Gregory Terrace, Fortitude Valley.

<table>
<thead>
<tr>
<th>Evenings at 7.00pm (Even months)</th>
<th>Mornings at 9.30am (Odd months)</th>
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<tr>
<td>Feb 13 Ester Barter – ‘Incontinence’ - Ester is a Physiotherapist who is a Churchill Fellow - ‘Investigatory Models of Care for Urology and Continence Services’.</td>
<td>March TBA</td>
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Partners of Men with Prostate Cancer meet on the 4th Wednesday of each month between 6pm and 8pm at Cancer Council Queensland’s Gregory Terrace building. Members come together to share, learn and support each other in a warm open environment. Light refreshments are provided and there is parking underneath the building. For more information phone Wendy Marshall on 07 3878 4567.

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Important Privacy Information
You have received this magazine because you have provided your contact details to Cancer Council Queensland or to a Prostate Cancer Support Group (PCSG). The primary purpose of collecting your contact details was to enable support, resources and information to be offered to you as a person affected by or interested in prostate cancer. Your contact details are held in the local office of Cancer Council Queensland. Cancer Council Queensland ensures compliance with the Privacy Act, and does not use or disclose your details except as you might reasonably expect. You may access your details and you may request that we correct or amend (ie update) or delete your details.

If you are a member of an affiliated PCSG you will initially receive by post or email your local group’s news-sheet, the monthly Queensland Prostate Cancer News (QPCN), and the national quarterly Prostate News. You may also receive other communications from time to time such as advice on upcoming symposia, news or surveys from research establishments, details of open clinical trials and guidelines being reviewed. You may ‘opt-out’ of any of these services at any time, ie you will no longer receive any material of that type, by letting us know your wishes. QPCN is available online at http://www.pcfa.org.au/qld/newsletter.htm. Should you receive multiple copies, please let us know which address(es) to remove from which mailing list(s).