Letter from the Editor,

Prostate cancer researcher, Professor Colleen Nelson, who was presented with the Smart Futures Premier’s Fellowship Award in June has some grim statistics from advanced Western countries in which a high proportion of the male populations are screened for prostate tumours. One in six men will develop prostate cancer in their lifetime. Many of these men will not need treatment other than regular monitoring, they will die with prostate cancer rather than because of prostate cancer, but many more will need therapy of some sort and a growing number will die from the disease.

Australia is no exception. Prostate cancer diagnoses and deaths in Australia now exceed those of breast cancer and we are at the beginning of a boom in the incidence of prostate cancer cases amongst Australian men. The “Baby Boomers”, who make up almost 20% of the population, are either in their early 60’s or soon will be, and life expectancy, which is currently one of the highest in the world, is increasing, putting a greater proportion of Australian males into the “high-risk” category.

The fact that you’re reading this means that you have an interest in prostate cancer research and awareness but, if you’re not already involved, why not expand that interest into your local Support Group. Consult your local Convener about ways you may be able to assist.

Over the next couple of decades over a half-million Australian men could be eternally thankful for your participation.

Wishing you low PSA’s and good health,

John Stead
Editor

Calendar of Events 2009

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<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Aug 1</td>
<td>Challenge for Cancer campaign ends</td>
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<td>Aug 8</td>
<td>Jeans for Genes Day</td>
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<td>Aug 16</td>
<td>Run for a Cure - Beaudesert</td>
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<td>Aug 23</td>
<td>Run for a Cure - Bundaberg</td>
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<td>Aug 28</td>
<td>Daffodil Day</td>
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<td>Aug 31</td>
<td>Fullbright Scholarship applications close</td>
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<td>Sep</td>
<td>Prostate Cancer Awareness Month</td>
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<td>Sep 6</td>
<td>Fathers Day</td>
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<td>Sep 10</td>
<td>World Suicide Prevention Day</td>
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<td>Sep 14-21</td>
<td>National Stroke Week</td>
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<td>Sep 22-24</td>
<td>Conveners Conference &amp; Workshop</td>
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<td>Oct</td>
<td>Depression Awareness Month</td>
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<td>Oct 18-24</td>
<td>Carers’ Week</td>
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<td>Oct 26</td>
<td>Pink Ribbon Day</td>
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<td>Nov</td>
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Phone 1300 65 65 85 or visit www.cancerqld.org.au
Phone 1800 22 00 99 or visit www.prostate.org.au

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Www.pcfa.org.au qpcn@cancerqld.org.au

The Queensland Chapter of the Prostate Cancer Foundation of Australia is grateful for the generous support of Cancer Council Queensland, including the printing of this magazine. The views expressed in this magazine are not necessarily those of Cancer Council Queensland.
Resources

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

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

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

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

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

Prostate Cancer Foundation of Australia
www.prostate.org.au
Phone 1800 22 00 99
A consumer’s view of the experience of diagnosis and treatment for prostate cancer.

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

Queensland Chapter
www.pcfa.org.au
Information, patient support materials, and contacts for advice on living with prostate cancer in Queensland.

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

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

Associated Support Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Contact</th>
<th>Phone</th>
<th>Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaudesert</td>
<td>Carmen O’Neill RN</td>
<td>07 5541 9231</td>
<td>Beaudesert Health/Gold Coast</td>
</tr>
<tr>
<td>Kingaroy</td>
<td>Robert Horn</td>
<td>07 4162 5552</td>
<td>Toowoomba/Sunshine Coast</td>
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</tbody>
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Prostate Cancer Support Groups in the Queensland Chapter

There are 20 PCSGs in the Chapter with a total membership of approximately 3,100 men.

<table>
<thead>
<tr>
<th>Peer Support Group</th>
<th>Contact</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Brisbane</td>
<td>Peter Dornan</td>
<td>07 3371 9155</td>
</tr>
<tr>
<td>Bundaberg</td>
<td>Rob McCulloch</td>
<td>07 4159 9419</td>
</tr>
<tr>
<td>Capricorn Coast (Yeppoon)</td>
<td>Jack Dalliach</td>
<td>07 4933 6466</td>
</tr>
<tr>
<td>Central Qld. (Rockhampton)</td>
<td>Bill Forday</td>
<td>07 4922 3745</td>
</tr>
<tr>
<td>Far North Qld. (Cairns)</td>
<td>Jim Hope</td>
<td>07 4039 0335</td>
</tr>
<tr>
<td>Gladstone</td>
<td>Geoff Lester</td>
<td>07 4979 2725</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>James Stanfield</td>
<td>07 5545 4235</td>
</tr>
<tr>
<td>Gold Coast Central (Evening Group)</td>
<td>Alex Irwin</td>
<td>07 5569 2021</td>
</tr>
<tr>
<td>Gympie and District</td>
<td>Norm Morris</td>
<td>07-5482 6196</td>
</tr>
<tr>
<td>Hervey Bay (Pialba)</td>
<td>Brian Henderson</td>
<td>07 4128 3328</td>
</tr>
<tr>
<td>Ipswich</td>
<td>Terry Carter</td>
<td>07 3281 2894</td>
</tr>
<tr>
<td>Mackay</td>
<td>Ted Oliver</td>
<td>07 4942 7916</td>
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<tr>
<td>Maryborough</td>
<td>Leoll Barron</td>
<td>07 4123 1190</td>
</tr>
<tr>
<td>Mount Isa</td>
<td>William Hilton</td>
<td>07 4743 9324</td>
</tr>
<tr>
<td>Northern Rivers (Alstonville)</td>
<td>Pat Coughlan</td>
<td>02 6622 1545</td>
</tr>
<tr>
<td>Sunshine Coast (Maroochydore)</td>
<td>Rob Tonge</td>
<td>07 5446 1318</td>
</tr>
<tr>
<td>Toowoomba</td>
<td>Len Walker</td>
<td>07 4636 3739</td>
</tr>
<tr>
<td>North Queensland (Townsville)</td>
<td>Merv Albion</td>
<td>07 4778 1137</td>
</tr>
<tr>
<td>Twin Towns &amp; Tweed Coast</td>
<td>Ross Davis</td>
<td>07 5599 7576</td>
</tr>
<tr>
<td>Whitsunday (Proserpine)</td>
<td>Dave Roberts</td>
<td>07 4945 4886</td>
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</tbody>
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The news-sheet for any group should have the meeting details for its neighbouring groups.
SPOTLIGHT ON the Gympie Prostate Cancer Support Group

We say to our friends travelling north on Highway 1 – “you know you are at Gympie when you reach the first set of traffic lights from Brisbane!”

The first white man to pass this way, other than possibly one or two escaped convicts was Land Commissioner Simpson, who, in 1843, travelled from Moreton Bay Settlement (later Brisbane) along the Stanley River, over the Durundur Range near Maleny, and down the Mary River to where Maryborough was established five years later.

This soon became the mailman’s route to the Wide Bay District and within a few years cattle stations were established along the Mary River. “Curra” to the north of “Gympie Creek”, as this locality was called, “Traveston” to the south and “Widgee” to the west. “Gympie Creek” was part of “Widgee Station”.

It was more or less this route that James Nash was following when he discovered the goldfields in 1867 and made his claim for the reward on October 16 of that year. The goldfield is ranked 6th largest in Australia ranking just after Charters Towers.

And so began the life of a rich, bustling, busy and prosperous region in South East Queensland in the hinterland of Noosa and Sunshine Coast. Populace figures approximate 50,000 in the recently formed Gympie Region Local Authority. The State Electoral Seat is called Gympie.

Gympie received its name from the Gimpi Gimpi, the aboriginal name for the giant stinging tree growing abundantly in the local scrubs. Scientific name for the tree is Laportea Gigas. It has dinner plate size hairy leaves which can inflict a painful sting that sometimes lasts for several months.

Over time, Gympie and District has had its fair share of notoriety. Dubbed as “the town that saved Queensland” (Gold Rush occurred when only seven pence remained in the State coffers); provided Australia with its first Labor Party Prime Minister (Andrew Fisher) and more recently, “roads, dams and country music are attracting wide topical interest”.

The Gympie and District Prostate Cancer Support Group commenced in 2006 and celebrated its thirtieth monthly meeting on the last Thursday of June. Our membership has more than doubled from 38 to 80 - averaging a new member registration per month. Meeting attendances have been notably consistent averaging 30. We regard this as an excellent achievement per capita and indicates our motto “Support our fellow man and be happy” is on track.

The Group’s philosophy of “family membership” is very well supported because our meetings are boosted by spouses, partners and other interested family. When a man is diagnosed with prostate problems – particularly Cancer - we regard the spouse and family as crucial in coping with the diagnosis and consequent treatments and wellbeing.

Our monthly gatherings are structured around a keynote speaker and we have been fortunate to have such an array of talent address us ranging from medical practitioners, health providers, community wellbeing activists, member experiences and a humourist. To quote from a regular attending member – “I like to come to hear the Speakers’ information, the Convener’s opening jokes and, above all, participate and enjoy the camaraderie with members with a common bond”. Formality is kept to the bare necessities allowing maximum time for chatting and discussing prostate cancer.

We are finding it difficult to attract professional medical speakers such as Urologists, Oncologists and Psychologists. Enticing such specialists to rural regional Gympie remains our challenge.

Being an affiliate of the Prostate Cancer Foundation of Australia (PCFA), Gympie & District Prostate Cancer Support Group’s mission statement parallels the goals of the peak national body. Firstly, we offer support to men at all stages of their disease. Secondly, we raise awareness about prostate cancer and provide information to those impacted by it. Thirdly, we actively participate in men’s health issues in the local community.

The Gympie and District Prostate Cancer Support Group

To this end, we share a promotional mobile trailer van used at various community functions and events to promote a broad range of men’s health management disciplines.

We are inspired to even greater effort by community interest in our cause and purpose. Good support from newsprint and radio media continues while local Service Clubs are extremely
Our meetings start at 1.30pm for 2 pm on the last Thursday of each month in the Masonic Centre, Channon Street, Gympie. (Except December & January). Tea/coffee/chat 3 pm. Norm Morris – Convener

The Support Group’s plans for the future are to continue to consolidate our existence and to strengthen effective communication. We have plans to take a meeting to Cooloola Coast – like a country cabinet meeting. A new member’s welcome kit is being introduced that will include information about Prostate Cancer, Support Group profile, kindred health organisations (i.e. Beyond Blue Initiative) and PCFA promotional material.

Meanwhile, the Group’s Slogan “Support our fellow man and be happy” is catching.

Contact details:
The Gympie and District Prostate Cancer Support Group
Convener: Norm Morris
Phone: 07-5482 6196
e-mail: nsjomorris@spiderweb.com.au
Secretary: Graeme (Crikey) Bryce
Phone: 07-5482 1442
e-mail: bryceg@spiderweb.com.au
Treasurer: Ray Cheasley
Phone: 07-5482 8879
e-mail: klaray@bigpond.com

Help with Continence Products
Financial help is available when purchasing continence products. The use of continence products, particularly over the long-term, proves very costly, placing pressure on the household budget. Funding schemes are available at both the federal and state levels.

Free expert advice is available by calling the National Continence Helpline on 1800 33 00 66 or visit www.continence.org.au. The helpline is a confidential service staffed by Continence Nurses, who provide free information, advice on products and funding schemes and referrals to the nearest continence clinic.

Intouch Direct JUN/AUG09

“RapidArc” Radiotherapy

“RapidArc” radiotherapy technology from Varian Medical Systems is an effective form of external beam radiotherapy (EBRT) for treating cancer tumours, giving a radiation fraction (dose) up to eight times faster than conventional linear accelerators. “RapidArc” delivers radiation to the tumour as the gantry of the linear accelerator moves around the patient in a single continuous 360-degree rotation. The treatment generally lasts for two minutes or less compared to conventional EBRT treatments which may take up to fifteen minutes as the machine stops and starts for alteration of beam angles and adjustments.

The system can deliver all forms of EBRT including conventional radiation treatment, intensity modulated radiation therapy (IMET), image guided radiotherapy (IGRT) and stereotactic body radiotherapy (SBRT). The “RapidArc” technology allows for three parameters to be changed simultaneously during treatment; the rotation speed of the machine, the shape of the radiation beam and the rate at which the dose is delivered. This latitude enables the radiation oncologist to deliver more or less intense radiation at certain angles and give the most powerful doses precisely where it’s needed without harming surrounding tissue and organs.

As the patient must remain perfectly still during radiation treatment, the shorter treatment times mean that the patient has less chance of moving, which halts the process until oncology staff re-position the patient, and the patient suffers less discomfort and stress.

It is expected that the “RapidArc” radiotherapy units and technology will be available in Melbourne, Sydney and Brisbane by January 2010.
In last month’s Queensland Prostate Cancer News there was a brief mention of the report from the above Committee which was tabled on 29th May. 2009 and is available either on-line or as a hard copy.  The Committee was established in November last year to examine general issues related to the availability and effectiveness of education, support and services for men’s health including the level of Commonwealth, state and other funding for men’s health issues, the adequacy of existing education and awareness campaigns, the prevailing attitudes of men towards their own health and the availability of services and support programmes in metropolitan, rural, regional and remote areas.

The Committee received one hundred and thirty-seven submissions including submissions from the Prostate Cancer Foundation of Australia (PCFA) and the Cancer Councils.

Many men’s health issues are dealt with in the report but submissions and other evidence taken by the Committee overwhelmingly highlighted two matters – diseases of the prostate and depression. In relation to prostate cancer it deals with the extent of the disease, research priorities, screening and testing, treatment and psychological support.

Below is a brief summary of the main findings of the Committee concerning prostate cancer.

Cancer of the prostate (CaP) is a significant health problem and is likely to become the leading cause of death from cancer in men in the near future. Currently lung cancer is responsible for more deaths although there are fewer lung cancer diagnoses. It is predicted that the rate of CaP will rise by 3.1 per 100,000 males or 939 extra cases per annum. Over the age of 51 CaP becomes the most common cancer for the remainder of a man’s life. Despite the incidence of this disease it’s often dismissed as an inevitable part of ageing but younger men can develop CaP with devastating consequences.

For the purpose of medical statistics 75 is considered a “normal” life-span. That 78 is now the male life expectancy and a retirement age of 67 has just been announced, CaP is and will remain a significant health issue for men of working age.

The need for long-term secure funding for research into diseases of the prostate is beyond dispute. Benefits flowing from research provide a better understanding of a disease and hence earlier diagnosis and better treatment can be translated to lower mortality rates. It’s hard to estimate the level of funding for CaP research because it comes from a range of sources. Through the Commonwealth’s National Health & Medical Research Council (NHMRC), in the years 2000 – 2008 funding for CaP was $44.5 million compared with $88.9 million for breast cancer. Considering death rates from these two cancers are similar, the incidence of CaP is higher and the projections for the increased incidence of CaP are higher than any other cancer, there’s a good case for increased funding in this area.

As an internal organ, changes to the prostate are not immediately obvious. There is no definitive test for CaP short of a biopsy and the nature of the cancer is difficult to determine. Under a microscope two prostate tumours can look alike yet one can be quite indolent and the other very aggressive; there’s no marker to differentiate them. The cancer can be multi-local and it’s possible that different cancer foci within the same prostate may arise independently and therefore have different characteristics.

The difficulties with diagnosis flow onto selection of treatment, particularly for localised tumours, and the current inability to positively advise the sufferer about a course of treatment leads to a combination of clinical and psychosocial impacts.

The Brisbane-based Institute of Biomedical Research and Innovation listed areas which it considered to be priorities for CaP research and these priorities were reflected in other submissions. These were:

+ Development of new predictive and diagnostic tools to identify men at increased risk of developing CaP and enhance early detection of the disease.
+ Development of new prognostic markers to distinguish between aggressive and non-aggressive cancers to inform treatment options and minimise impacts on patient quality of life.
+ Development of new therapeutic options that target the genetic and biomolecular factors that underlie specific CaP types.

The principal prostate tissue collection agency in Australia is the Australian Prostate Cancer Bioresource (APCB), established in 2004, which currently collects tissue samples from ten hospitals throughout Australia. It was initially jointly funded by PCFA, the Commonwealth Bank and Andrology Australia and has received funding from the NHMRC. The NHMRC funding finishes this year and renewal is currently under consideration. APCB has limitations imposed by resources which prevent it from reaching its full potential. Staffing of APCB has been delayed and the National Project Manager only works part-time to try and ensure that existing funding can be made to last until the end of 2009.

Whilst there’s no ready answer to this lack of resources there is continuing need for support of organisations such as PCFA, Andrology Australia and Prostate Cancer Collaboration to...
bring together researchers from various areas to facilitate co-ordination of different areas of research and provide the lay reader with information on technical matters such as CaP screening, testing and treatments.

Screening and testing are key areas of research for CaP. An effective screening programme would have a significant impact on the morbidity and mortality of the disease. Australia operates three cancer screening programmes; breast, cervical and colorectal. Deaths from breast and cervical cancers have been reduced considerably since the introduction of screening. The national screening programme for colorectal cancer is too recent to have yielded significant results.

The question of screening for CaP using the Prostate-Specific Antigen (PSA) test has been the subject of considerable research and debate. The PSA test is not necessarily a test for CaP, only an indication that there could be a problem with the prostate which may be cancer or may be something else. Consequently a raised PSA level often commits men to the invasive procedure of a transrectal ultrasound (TRUS) guided biopsy. If the diagnostic process was non-invasive and treatments with curative intent were not associated with significant unwanted effects, few would quibble about whether it's appropriate to be tested.

Two recent studies, one in the U.S.A. and one in Europe have produced conflicting results and interpretations which gave no conclusive findings about the value of testing. Andrology Australia drew three conclusions from the results of these studies:

+ The results of these studies are relevant to Australian clinical practice and provide the best evidence to date that there is a significant level of uncertainty about the use of the PSA test as a population-wide screening marker for CaP.
+ Both studies highlighted the issue of over diagnosis as a result of screening and the consequent interventions (and side-effects) that would not have occured otherwise.
+ The studies highlight that newer and more specific prostate cancer markers are needed before an effective population-wide CaP screening programme could be recommended or implemented.

At present it is the general consensus among medical scientists and the Cancer Councils in Australia that the PSA test does not meet the necessary criteria to justify population screening. However testing for CaP where a man has general symptoms or a family history or simply a desire to monitor his own health status should be encouraged. Current testing relies on a combination of a PSA test and digital rectal examination. PCFA recommends that all men from age 50 onwards go to their GP and have a conversation about CaP and if concerned about the disease they should have a PSA blood test and a physical digital rectal examination.

Once diagnosed with CaP there’s considerable difficulty in identifying the probable behaviour of the tumour because of the lack of prognostic markers. This leads to confusion and anxiety for men and their families in sorting through the treatment options available, in many cases without sufficient support and advice. A man visiting a urology department may be offered surgery because that's what they do. In an oncology department he may be offered radiotherapy because that's what they do. In addition there’s a number of less-used treatments available, including doing nothing, and deciding on treatment can be a daunting task.

A second source of anxiety is the range of morbidities which can result from treatment including failed cancer control, incontinence of the bladder and/or the bowel, sexual dysfunction and psychological trauma.

Whilst the surgeon or oncologist can do a good job in treating the cancer no-one is looking after the mind of the treated man. Specific individual issues tend to be addressed rather than a holistic medical approach. This is a major health issue. A large study of CaP patients in N.S.W. found that over 50% had some psychological support need and that just under 50% needed support specifically related to changed sexual functioning. CaP patients suffered depression at 2 to 3 times the community average and general psychological disorders are present in between 25% and 47% of cases. Other studies indicate that suicide is more prevalent among older men with CaP.

Support groups report that they receive consistent feedback from men saying that they did not have enough support around the time of diagnosis, they did not know about the different support agencies, they did not know about the different treatment options, they did not know about treatment options for sexual dysfunction, they did not know about treatments for incontinence and there was a whole range of different things where information was lacking.

The efforts of the various organisations promoting awareness of CaP and its ancillary problems have made a significant difference and the quality of their information is excellent but more needs to be done to reach all prostate cancer patients and maintain contact with them. A national prostate cancer information pack is underway, modelled on the Breast Cancer Foundation’s My Journey kit which is distributed to all patients
There seems to be a culture that suggests that only older men get prostate cancer. While this is partly correct, I am noticing a lot of younger men having prostate problems. I have had 42, 43 and 46 year olds diagnosed with prostate cancer and just recently a 43 year old with 70% of his prostate cancerous. Two of these men had their doctor say “you are TOO young” It seems that prostate tumours in younger guys are a more aggressive form of cancer. Some G.P’s say that the government does not want all men being tested. Does the government mean that there are only a few that will die and that does not matter?

I think that the national cancer awareness groups such as the Prostate Cancer Foundation of Australia and the Cancer Councils need to put more emphasis on the prostate health of younger men. General public opinion is that it’s an old mans disease and we know that’s incorrect! We need to get a message to the younger men in the community. We have to talk about young guys getting prostate cancer and from talk will come ideas to promote awareness to the younger age groups.

Letter to the Editor  It's an old mans disease. Not correct!

There seems to be a culture that suggests that only older men get prostate cancer. While this is partly correct, I am noticing a lot of younger men having prostate problems. I have had 42, 43 and 46 year olds diagnosed with prostate cancer and just recently a 43 year old with 70% of his prostate cancerous. Two of these men had their doctor say “you are TOO young” It seems that prostate tumours in younger guys are a more aggressive form of cancer. Some G.P’s say that the government does not want all men being tested. Does the government mean that there are only a few that will die and that does not matter?

I would like all Prostate Cancer Support Groups to get a man in his forties from their area to tell his story via their local newsletters. If we can get one or more such person from each district we can put the stories together and have an impact that no one can ignore. The stories could be combined and published next month, Prostate Cancer Awareness Month.

That’s what we’ll be doing here at Twin Towns & Tweed Support Group. But it would have a much greater impact if we could present this story nationally. The radio stations and local papers are always happy to have local news. If we were able to present something to all local ABC radio stations and local papers at the same time it would make a big impact. What’s stopping us? We need to plan now and follow through.

Please contact me with any stories or further ideas on this subject.

Ross Davis – Convener, Prostate Awareness Twin Towns & Tweed Coast
Phone: (07) 5599 7576
e-mail: rossco12@bigpond.com
Dr. Michael Gillman has had a long involvement with men’s health and is the Principal of the Health Institute for Men (HIM) at Cleveland in Brisbane. Readers may recall his men’s health talk-back sessions on ABC Radio which were always popular. With over 20 years experience and with specific expertise in men’s health issues, Dr. Gillman sits on numerous Australian national health-related advisory boards and is an Andrology Australia affiliate.

At the June meeting of the Brisbane ProstateCancer Support Network Michael Gillman gave a presentation which covered general problems associated with impotence and erectile dysfunction, but particularly looked at difficulties in this area following a prostatectomy, and rehabilitation programmes designed to get erections working again as soon as possible following surgery.

The term “impotence” is often misunderstood. A man might achieve an erection during foreplay which could result in orgasm before penetration. This causes him to lose the erection and the sexual act can’t be consummated. This is not impotence but is known as premature ejaculation and whilst it can be treated, the treatment is quite different from treatment for impotence.

Impotence is a man’s inability to achieve or sustain an erection sufficient for the sexual needs of the man or his partner.

As men age there is a normal increase in erectile problems. As a rule of thumb 40% of men aged in their forties will have some erectile difficulties, 50% of men in their fifties, 60% of men in their sixties and so on (a good reason not to look forward to a telegram from the Queen!). That’s not to say that 60% of men in their sixties will be impotent but rather that those 60% will have erectile problems some of the time. Within these groups the percentages are disproportionately higher for men who’ve undergone a prostatectomy.

Following a diagnosis of prostate cancer a decision on treatment will generally focus on life preservation, continence and potency, in that order. Potency and other possible side-effects take a back seat when life-or-death issues are being considered. If a prostatectomy (surgery to remove the prostate gland) is the eventual treatment method, the patient will undergo the operation and return to his “normal” life. Initially there will be some incontinence problems but for most men these will cease in the few weeks or months post-op but for many a greater or lesser degree of erectile dysfunction remains.

If, prior to surgery, a man has had an active sex life and following surgery this is no longer achievable because of the loss of erectile function, the problem takes on a degree of importance that was missing when treatment options were being discussed. Apart from the pleasure a healthy sexual relationship can give, the cessation of physical intimacy with a partner can affect the closeness of a relationship. He won’t discuss the problem because the lack of erections make him feel inadequate and less of a male and his partner won’t discuss it for fear of emphasising the perceived inadequacy. Both become anxious and withdrawn if they feel that the subject is taboo. The lack of ejaculate with orgasm (which does not affect the strength of the orgasm) and a possible slight shortening of the penis after a prostatectomy, don’t help the male ego.

Erectile dysfunction generally has both a physical and mental component and the emphasis on each will vary from case to case. If a man had no erection problems prior to surgery but is impotent afterwards the problem will most likely be mainly physical. If there were erectile difficulties prior to surgery and impotence afterwards, the problem is more likely to include a psychological emphasis. In addition, with most erectile dysfunction, there can be a number of other contributing factors such as age, general physical condition (weight/overweight, fitness, general health), smoking, hypertension (high blood pressure) and medication and these all need to be entered into the equation. Relationship issues and tensions, non-performance worries (will I or won’t I be able to……?) and other possible stress factors such as financial and employment problems all conspire to dull the psychological aspect of sexual performance.

So how do erections work? The penis comprises smooth muscle, nerves and blood vessels including a multitude of small veins contained in three “spongy” chambers (cavernosa) which run along the length of the penile shaft. When stimulated the smooth muscle relaxes and blood fills the small veins causing the chambers to dilate. The penis grows larger and hardens at
which point the small veins shut off producing and maintaining the erection. Following ejaculation and/or orgasm the nerves cease releasing muscle-relaxing substances and the blood flows from the penis. A good erection is as much a function of the brain as of the physical process within the penis but it still needs healthy veins and nerves.

Unfortunately the nerves needed for an erection, known as neuro-vascular bundles, pass right alongside the prostate gland. During a prostatectomy, even with so-called nerve-sparing operations, it’s possible that there will be some partial nerve dissection or nerves can become stretched and inflamed and stop doing their job. Inflamed nerves may settle down with time but whilst this is happening, erections aren’t, and this can cause psychological problems. Nerve grafting is an option to replace damaged nerves but the success rate is far from excellent. Other problems can arise during surgery which may affect arteries and veins in the pelvic region and these can also affect sexual response.

Whatever the cause of erectile difficulties it is important to get the problems sorted out sooner rather than later. The longer the problem exists post-prostatectomy means the erectile tissue within the penis is not being regularly oxygenated or “washed” with new blood which exacerbates the problem. Penile rehabilitation or getting things working again should ideally start as soon as the catheter is removed. In fact, with prompt and regular “workouts”, the need for therapy may diminish or even cease.

When evaluating penile rehabilitation therapies various aspects should be covered. The duration and onset of the problem; relationship issues (a female partner may be experiencing symptoms of menopause or have gone through menopause and not be as interested in sexual activity as she once was or both partners may have lost some of their former enthusiasm); a man may have tried some of the “quick-fix” remedies often encountered in the media or on the internet and, having had no success with them (as is usually the case), feels that he’s a lost cause; the current quality of erections needs to be evaluated, whether during sex or otherwise. If a man wakes up in the morning with a full bladder and hard erection but cannot obtain an erection for intercourse, psychological issues need to be examined.

Rehabilitation may involve the use of various treatments before one is successful. Non-surgical therapies for impotence are oral medication, vacuum devices and injections.

The best known of the oral medications is “Viagra” but others are “Levitra” and “Cialis”. “Viagra” needs to be taken on an empty stomach and takes around an hour to become effective. “Levitra” is similar and both last in the system for 4-6 hours. “Cialis” can be taken at any time and will stay in the system for up to 36 hours. Because of the time “Cialis” remains in the system it’s possible to take a half, reducing to a third or quarter tablet on a daily basis and be constantly “primed for action”, so to speak.

These tablets are not aphrodisiacs, they enhance erectile function so if there’s no “function” to begin with, they won’t work. As Mills & Boon might put it, you need to have a stirring in the loins. Health issues such as some heart problems may preclude their use and a few users report side-effects including headaches and vision problems. If one brand causes difficulties try another but do discuss the issues with your health professional and don’t purchase the drugs from unknown internet sources.

Vacuum erection devices consist of a cylinder, a vacuum pump and a constriction or tension ring. The cylinder is placed over the penis and generally a gel preparation is applied to the base of the penile shaft to give an airtight seal. The air is pumped out resulting in a negative pressure or vacuum in the cylinder which causes the penis to expand and blood to flow into it. Once an erection is achieved the ring is slid off the end of the cylinder onto the base of the penis, holding the erection in place. Whilst these units are drug-free they do have drawbacks. The ring can interfere with ejaculation and it must be removed after 25-30 minutes or damage can result from the cessation of blood flow. There is no erection from the ring back into the pelvic area so the achieved erection can wave about in unexpected directions and care needs to be taken so that bruising or other damage doesn’t occur. It may be necessary to remove some hair from the base of the penis to ensure a good airtight seal. Whilst the local pharmacist can supply vacuum erection devices, for anyone wanting to test the system much more economical versions can be obtained from the local “adult shop”.

Penile, or intracavernosal injections give a mechanical erection in the sense that no direct stimulation is needed. Following the injection the penis fills with blood, the “valves” tighten up and an erection occurs and remains until the drug wears off. The “dose” needs to be carefully worked out and monitored in conjunction with your doctor. If the dose is too high it could cause priapism, a condition where the penis remains erect.

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1. Tension ring placed on open end of cylinder. Penis placed into cylinder.  
2. Negative pressure (vacuum) created. Penis engorgement occurs.  
3. Fully engorged penis. Tension ring maintains erection.
Assessment of Erectile Dysfunction continued...

After a few hours this could cause irreversible cavernosal damage and it becomes a medical emergency requiring a trip to a hospital emergency department for correction. Even if this situation doesn’t occur there’s no point in completing a sexual episode with your partner and still having an erection for an hour or so afterwards. Other problems with injections may be scarring and bruising.

It’s essential to develop a correct injection technique, both to minimise the chance of any side-effects and to achieve the desired result. The penis needs to be stretched and injected from the 10 or 2 o’clock positions (refer slide). With an uncircumcised penis the foreskin should be retracted and the end of the penis stretched; don’t just stretch the foreskin. For those who get a little queasy at the thought of needles the injections can come in a pre-loaded device with a very fine needle that is held against the penis in the correct position and “fired”. This is similar to the units used to obtain a drop of blood for testing blood sugar levels and the momentary pin-prick can barely be felt.

Penile implants are not new although the old malleable inserts (you bent them up for sex and down for everything else) have been largely replaced by inflatable prostheses. These consist of a reservoir and pump which are implanted in the lower abdomen and scrotum and twin cylinders which go into the penis. When an erection is required the pump in the scrotum is used to inflate the cylinders using the contents of the reservoir and, afterwards, by pressing in a different direction can be used to deflate them. The systems have been available for many years now and operate quite satisfactorily. Whilst an erection at the push of a button may be everyman’s dream, the advantages of penile implants need to be carefully considered prior to implantation because penile tissue is destroyed during the operation so there’s no going back.

If a man is considering treatment for impotence he should discuss it with his partner prior to embarking on a form of therapy. The passage of time and cessation of physical intimacy in a relationship can alter needs and outlooks and, if there’s been no physical presence in a relationship for some time, the man’s partner may be quite content with the status quo and not at all excited about the prospect of living with a born-again stud.

On the other hand, if you can both agree that therapy would be a great idea, re-learning techniques to physically and emotionally arouse each other can bring much pleasure into a relationship.

Prostate Surgery, Robots and Research

Cancer Council Queensland (CCQ) continues to lead three of the world’s largest international trials into cancer survivorship, to help improve quality of life for people affected by prostate and colorectal cancer.

In 2008 CCQ also launched an innovative $1.25 million five year research grant for clinical research into cancer, known as the Strategic Research Partnership Grant, or STREP. The grant was awarded to a collaborative research team from the University of Queensland and the Royal Brisbane and Women’s Hospital.

Their study will examine a number of unresolved issues in relation to radical prostatectomy for prostate cancer. The project will include robotic approaches that will evaluate quality of life effects and seek to measure the aggressiveness of tumours.

The STREP Grant will accelerate the progress of cancer research in Queensland by identifying future priorities for cancer research, policy, clinical care and support.

Insight Autumn 09
You may have remembered me reporting on a very successful Queensland Chapter (QC) Conference which was held in Cairns in August last year. Planning is now well under way for the 7th QC Conference which will be followed by the Cancer Council Queensland’s (CCQ) Conveners’ Workshop. These meetings will be held in Brisbane on 22nd, 23rd & 24th September 2009 at the CCQ Auditorium.

By way of a bit of history, many years ago CCQ commenced a training program for members of Support Groups who were in a leadership and/or facilitator role. These workshops proved very popular and delegates were appreciative of the support given and knowledge gained. This tradition continued and a few years ago the Queensland Chapter linked its Annual Conference to these Workshops.

Working together, the Prostate Cancer Foundation of Australia (PCFA) and CCQ are extending an invitation to the Conveners of all QC Support Groups plus one potential convener or Support Group facilitator from each Group to attend the 2009 Conference and Workshop. Others are welcome to attend but will need to make their own travel and accommodation arrangements.

This year’s theme is “Caring and Supporting Each Other”. It will provide delegates with the opportunity to share thoughts and experiences with each other and hone their skills and knowledge to more effectively manage their Groups.

Each year delegates, who represent their respective Support Groups, are invited to submit topics for discussion in an Open Forum. As with last year we are inviting Support Groups to submit any items they want discussed and two sessions have been set aside for this purpose. You might have something that you think the Chapter should consider so I would encourage you to pass on your thoughts to your Support Group convener/delegate. Alternatively you may like to email me direct on: lifoote@bigpond.com and I can include items on the agenda for discussion. Please leave me with your return contact details so I can advise you of the outcome.

The QC Conference is the main policy making body of the Chapter and matters relating to our governance and vision are discussed. It is also the meeting where the Chapter votes for the office bearers of the Chapter Council for the following year and nomination forms have been sent to all Groups. Although voting will take place in September the successful candidates will not take office until 1 January 2010.

The Council comprises 6 elected State Councillors, and 3 National Councillors who shall be the Chapter Representatives to the National Support and Advocacy Committee (SAC) of PCFA. The executive positions of Chair, Vice Chair, Secretary and Treasurer are voted from within the Council.

QCC is a “working” body and members are usually involved in one of the many Task Groups within the Chapter. At the end of this year there are 2 Councillors whose terms of office will expire plus another 2 delegates who have reached the end of their initial 3 year term and need to apply for an extension of one year should they decide to do so. On the next page I’ve summarised the roles of the Chapter Council and its executive members.

Some of the Task Groups are: Awareness, Targeting Younger Males, Lobbying, Availability of Speakers, Maintaining access to the Medical Profession, Research and Vetting of Technical data, Support Group Teleconference, Chapter Administration and the executive roles mentioned above.

May I encourage you to think seriously about contributing in some way and thereby making a positive difference to the lives of men and their families who are dealing with prostate cancer and other men’s health issues.

Lionel I Foote
Chair, Queensland Chapter Council
Prostate Cancer Foundation of Australia
The Prostate Cancer Foundation of Australia (PCFA) is the peak body for prostate cancer in Australia. Their mission is to reduce the impact of prostate cancer on Australian families through helping men deal with diagnosis and treatment, funding research and raising awareness in the general community. The Queensland Chapter is a sub-committee of PCFA and governance of the Chapter rests with the Queensland Chapter Council (QCC), as outlined in Footnotes.

What does the Queensland Chapter Council do?

1. promote awareness of prostate cancer, its treatment and related issues;
2. provide information and support to those affected by prostate cancer;
3. seek to improve the outcomes for those affected by prostate cancer;
4. represent and advocate for the common interests of constituent support groups;
5. network, collaborate with and assist constituent support groups in their activities;
6. provide resources and information to constituent support groups and their members;
7. encourage men to take control of their own health, and participate in clinical trials and scientific or medical research projects;
8. collaborate appropriately with government agencies, medical establishments, community and charitable organisations, professional and scientific associations, industrial organisations, and other bodies in academe and the public and private health sectors;
9. provide consumer representatives to pertinent committees in academe and the public and private health sectors;
10. encourage collaboration between consumer support groups to form groups across tumour streams;
11. assist in the creation and development of effective constituent support groups;
12. provide education and training for key persons in constituent support groups;
13. give constituent support groups a structured point of contact with PCFA Board through the Support and Advocacy Committee (SAC);
14. establish and maintain a good governance framework to ensure appropriate quality in the activities of the Council and constituent support groups;
15. keep constituent support groups informed of Council and PCFA activities and initiatives;
16. report to SAC on Council activities and the activities of constituent support groups.

Chapter Council Members:

All QCC members must be aware of their responsibilities under the relevant incorporating legislation and common law, act honestly in all instances and with due care and in the best interests of the organisation, avoid conflicts of interest or withdraw from proceedings where this may be an issue, receive no personal gain from the position and not divulge confidential information outside of an appropriate forum.

Council members must be committed to their roles with regular attendance at QCC meetings and other Chapter functions. At meetings they should be active in decision making and planning for future directions and activities. They need to understand how the QCC works including their services, programmes and staff/volunteers and keep up-to-date through meeting minutes, reports and other relevant means. They should familiarise themselves with the Constitution and Rules of Affiliation and the organisation’s responsibilities in regards to legislation and finances. They should be prepared to take responsibility for particular areas of work and involvement in sub-committees and be supportive of the organisation at public functions.

Executive positions within the QCC are elected by the Councillors and consist of a Chairperson, Vice Chairperson (if applicable), Secretary and Treasurer.

Duties of the Chairperson include ensuring that regular QCC meetings are organised, that they conform to the Constitution and Rules and, prior to meetings, involvement in the preparation of meeting agendas in conjunction with the Secretary. At meetings the Chair controls the proceedings by prioritising agenda items and ensuring participants adhere to time constraints and relevant discussion and have an opportunity to speak. The Chair should maintain a neutral position during discussion and note decisions or motions and ask for a vote on these where necessary and at all times maintain good order. In the public arena the Chair needs to be able to represent the organisation at all levels.

The Secretary is responsible for ensuring that all correspondence and records are current and accurate (other than financial information), assisting the Chair at Council meetings and ensuring meeting minutes are taken. The Secretary deals with distribution of meeting papers, agendas and correspondence in a timely and appropriate manner and knows the rules of the organisation, taking responsibility for the legal requirements of incorporation if necessary.

The Treasurer’s role involves overseeing the financial affairs of the organisation, keeping the QCC informed about their finances, reviewing the budget, ensuring the financial records are current and in order, providing financial advice and presenting financial information to members at the Annual General Meeting.

For those thinking “how can I make a positive difference to men’s lives”, your nomination to become a Queensland Chapter Councillor would be a great starting point. Talk to your local Convener who’s details are on Page 2 of this magazine.
PCFA’s second national conference on Advancing Quality of Life will be held on the Gold Coast in 2010. Once again the conference will bring together the largest Australian gathering of prostate cancer survivors, clinicians, researchers and others interested in or affected by this disease. In doing so the 2010 conference will build upon the great success of PCFA’s first national conference which many readers attended in November 2008.

The national conferences are part of PCFA’s comprehensive push to reduce the impact of the disease in Australia and to elevate its importance on the national health agenda. In recent weeks the 2010 conference has grown so much in scope that it has had a date change to accommodate its growth.

To be held at Conrad Jupiters on the Gold Coast, the conference will feature three full days of workshops and presentations from Friday 6 August to Sunday 8 August 2010. Conference registrations open 1 October 2009. For information please visit www.prostate.org.au or call 1800 668 137.

The conference will bring together hundreds of representatives from prostate cancer support groups, as well as other local and international consumer advocates, to participate in a direct dialogue with leading researchers and medical specialists from around the globe, covering all aspects about advances in approaches to managing prostate cancer in Australia.

Many readers missed out on the inaugural conference for a variety of reasons. This time, with a years notice I’m hoping we’ll get a large local take up. Conrad Jupiters was chosen as the venue because it has an impressive array of low priced accommodation within a short walk.

Further, getting there from anywhere in Queensland is easy. If you’re arriving by train you can alight at the Nerang station and take an express bus to the Pacific Fair Shopping centre. Conrad Jupiters is literally across the road.

If you’re arriving by aeroplane, Surfside Bus will take you directly to the door from Coolangatta airport and Coachtrans will do a similar service from Brisbane airport.

Finally, as with the 2008 conference, PCFA is busily at work with sponsors trying to underwrite the conference to make it more affordable for consumers. So please mark your diaries! Meanwhile back at the office some other amazing things are happening.

Committed to making a positive impact in their local community, the Southport Sharks Football Club’s ongoing community program helps support causes, which closely align with the club and its members’ visions and values.

One of the programs unique initiatives involves donating $1 from every club membership to one of three charities. In less than a year this has meant almost twenty thousand dollars has been donated to PCFA.

To say thank you PCFA recently hosted the Sharks CEO, Dean Bowtell on a visit to Professor Colleen Nelson's laboratory. Colleen has recently been awarded the Smart Futures Premier’s Fellowship so Dean was able to see first hand the cutting edge research happening in Queensland. It’s no exaggeration to say that he was awestruck!

Bunnings hardware group have combined with PCFA to promote prostate cancer awareness with a series of fundraising and awareness events throughout Australia.

Staff from both Bunnings and local Prostate Cancer Support Groups will organise different types of activities to spread the message. We expect this Bunnings/PCFA partnership to extend beyond 2009 and see it as a great way to get the message out to men in the “at risk” age groups and also younger males and their partners.

September is of course Prostate Cancer Awareness month and PCFA is asking everyone to get involved. Nationally we’re running a huge awareness campaign, which will have local Queensland media support.

Co-ordinated locally by Alison Bannan, we’re asking for help to turn Queensland blue for prostate cancer. So light your building, structure, bridge or feature blue and show your support for men and their families battling prostate cancer!
The media are getting behind this initiative and your organisation or effort may be profiled. Our new advertisement and a community service announcement are being developed for both television and radio. Actor Max Cullen will do the voiceovers. They’re due to be launched on 12th August. You might also get your work colleagues together and host a BBQ during September. Call our Queensland office and Alison will send you an information pack on how all this works (contact details are on the back page).

On Friday 11 September we’re asking that everyone dress blue for prostate awareness. If you usually wear blue anyway then do something different! Try wearing your blue undies on the outside even! Anything to get the message out. Encourage those you meet to give a gold coin donation to show their support for prostate cancer awareness. Any funds raised can then be deposited at your local Commonwealth Bank.

Finally, don’t forget Movember. It might be the middle of winter right now but summer is on its way. And with it comes the annual chance to bring back the Mo!

And just a quick flash-back to this year’s Tour de Cure about which I’ve recently reported. Here’s a shot of some of the participants after they rolled (pedalled?) into Rockhampton on Monday 1st June. Central Queensland Group Convener, Bill Forday, (centre of photo) welcomed the riders who enjoyed a healthy lunch courtesy of Ian Weigh Motors, the local Lexus dealership, and in the evening were entertained with bull-riding and great steaks at the Great Western Hotel. On Tuesday morning the riders were treated to breakfast, again at Ian Weigh Motors, before being flagged off to Mackay – unfortunately on their bikes, not in a Lexus.

The 2009 Tour de Cure raised over $824,000 for research into men’s, women’s and children’s cancers.

Graeme Higgs

Queensland Report continued...

Longer Androgen Suppression More Effective

Radiotherapy plus three years of androgen suppression yields better overall survival than radiotherapy with only six months of androgen suppression in men with locally advanced prostate cancer, new research shows. Published in the New England Journal of Medicine, the EORTC 22863 trial involved 970 men with locally advanced prostate cancer who had received external beam radiotherapy plus 6 months of androgen suppression. Half of the men received no further treatment and half received a luteinizing hormone-releasing hormone agonist for a further two and a half years. Overall mortality at 5 years was higher with short-term androgen suppression than with long-term androgen suppression (19.0% vs. 15.2% HR 1.42), the researchers reported. For prostate-specific mortality, the 5-year cumulative rate was 4.7% in the short-term group and 3.2% in the long-term group. The difference in the effect of short-term and long-term androgen suppression on 5-year mortality was “modest”, the researchers said, but they believed the advantage of long-term suppression was likely to be maintained at 10 years, whereas the benefit of short-term suppression may be dissipated by then. They stressed that most patients in their study had a stage T2c tumour or above, and their results may not apply to those with a smaller tumours or high Gleason scores. The appropriate treatment for men with clinically localized prostate cancer continues to pose problems for the oncologic community, Dr Peter Albertson from the University of Connecticut noted in accompanying editorial. “Androgen-deprivation therapy for clinically localized disease should be limited primarily to men with advanced localized disease undergoing radiation therapy and to men with clear signs of systemic disease,” he wrote. “These are the patients most likely to benefit from either symptom relief or increased survival that would justify the compromise in quality of life that is associated with androgen-deprivation therapy,” Dr. Albertsen concluded.

Oncology Update

Diet And Prostate Cancer

A new evidence-based review of dietary recommendations in the prevention of prostate cancer and disease management assessed the effectiveness of certain diet modifications. Results showed a diet low in fat and red meat, but high in fruit and vegetables is beneficial in the prevention and treatment of prostate cancer. In particular, consuming highly processed or charcoaled meats, dairy products and other fats seemed to be correlated with an increased risk of prostate cancer.

“Although not conclusive, results suggest that general dietary modification has a beneficial effect on the prevention of prostate cancer,” the authors conclude. “In patients with prostate cancer, dietary therapy allows a patient to be an active participant in his treatment”.

Science Daily 03JUN09
World of Hope

The Cairns “Relay For Life” is the largest in Australia with 175 teams taking part this year which was the eighth Cairns’ “Relay”. More than 200 cancer survivors walked the survivors’ laps giving hope to those still involved in or unsure about their cancer journeys. Over $431,000 was raised and that figure is still rising as pledges come in.

Cancer Council’s “Relay For Life” is an opportunity to get together with families, colleagues or other community members to celebrate cancer survivors and remember those lost to the disease. Teams of 10 to 15 challenge themselves to keep a baton moving in a relay-style walk or run overnight. Each person on the team pays a registration fee which includes a polo shirt and breakfast at the event and is encouraged to raise funds for cancer support. The opening lap of the “Relay” honours cancer survivors and carers who wear special coloured sashes.

The 2009 Cairns’ event was themed World of Hope in honour of Jim and Val Hope. Jim and Val were foundation members of the Far North Queensland Prostate Cancer Support Group and both worked tirelessly to promote cancer awareness and assist others through their cancer journeys. Jim’s prostate cancer was diagnosed in 1997 and ten years later he had another battle on his hands, being diagnosed with Non-Hodgkin Lymphoma. Val passed away last year leaving an enormous gap in Jim’s life and a big gap in FNQ cancer support and education.

Jim’s is an ardent supporter of “Relay For Life”. The World of Hope theme was an emotional tribute to people who have touched the lives of many other cancer sufferers. The magnificent World of Hope team banner, showing Jim’s face, was donated by Prostate Cancer Group members Gary and Joanne Shirvinton.

3d Virtual Linear Accelerator Commissioned

The Queensland Cancer Physics Collaborative, part of the Queensland University of Technology and based at the QUT Gardens Point Campus, have commissioned a prototype of a 3D virtual immersive simulator of an Elekta Synergy Linear Accelerator. The simulator is operated by a user wearing stereoscopic glasses and a tracking device which enables the linear accelerator to appear in 3D and for the user to “walk and look around”, for example into the treatment head. Operators are able to place a (virtual) patient on the treatment couch, move the couch to an appropriate position depending on the area to be irradiated and, with the use of lasers, correctly align the patient ready for radiation therapy. The gantry can be rotated and the radiation dose delivered from various angles as would happen in a real-life situation.

The simulator is designed to be a tool to facilitate education, training, research and service enhancement for clinicians and students working with external beam radiotherapy (EBRT). It could also give prospective EBRT patients an idea of the workings of linear accelerators prior to beginning their treatment although a “patient’s perspective” version of the unit is currently being developed.

When this latter unit is ready, the users (prospective EBRT patients) will lie horizontally on a replica treatment table, which will include positioning aids, and be able to experience the sounds heard during EBRT and also view the linear accelerator’s treatment head as it moves to various angles around them to deliver a “virtual” radiation fraction from each position. As in an actual treatment situation, “patients” will need to maintain their positions for the duration of the treatment. Movement away from the predetermined position will halt the therapy and the “patient” will need to be re-aligned before treatment can continue.
**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 (i.e. update) or delete your details.

If you are a member of an affiliated PCSG you will initially receive by post 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, i.e. 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).

**Disclaimer**

Council (ie. the Council of the Queensland Chapter) accepts no responsibility for information contained in this magazine. Whilst the information is presented in good faith, it may contain information beyond the knowledge of Council and therefore cannot be taken to be the opinion of Council.

The information in this magazine is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read here.

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**Prostate Cancer Vaccine Clinical Trials**

Mater Medical Research Institute's (MMRI) prostate cancer clinical trials research has completed Clinical Trial 2 (CT2). CT2 is MMRI’s first prostate cancer clinical trial and a Phase I safety trial. With the last patient vaccinated in February, and with no safety issues, the trial has been rated a wonderful success.

It will take the Clinical Trials Team six to nine months to analyse the results of the trial and to observe any potential efficacy indicators. Phase I trials show safety only, and it will be the Phase II trial that the therapy will hopefully show efficacy toward treating prostate cancer.

MMRI is now preparing to open a second Phase I Clinical Trial 3 (CT3). CT3 is seemingly identical to CT2 Phase I; however, an MMRI propriety antibody will be used in the vaccine. This is an exciting period in the research process with potential ground-breaking outcomes to follow.

Discovery MAY09

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**Brisbane PCSG – 2009 meeting program**

- Cancer Council Queensland, 553 Gregory Terrace, Fortitude Valley

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<tr>
<th>Evenings at 7.00pm (even months)</th>
<th>Mornings at 9.30am (odd months)</th>
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<tr>
<td>August 5</td>
<td>September 9</td>
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<tr>
<td>New Developments in Hormonal Therapy for Advanced Prostate Cancer. Prof Paul Mainwaring</td>
<td>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 Vicki Mol on 07-3258 2264.

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**Contact Details**

Queensland Prostate Cancer News

*Mail:* PO Box 201, Spring Hill Qld 4004  *Email:* qpcn@cancerqld.org.au  *Phone:* via Cancer Council Helpline 13 11 20

Prostate Cancer Foundation of Australia and Queensland Chapter Council

*Mail:* 1/145 Melbourne Street, South Brisbane Qld 4101  *Email:* queensland@prostate.org.au  *Phone:* 07 3166 2140

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**LAST WORD**

A warship in the ancient Greek Navy was making headway through the Mediterranean Sea with a full complement of galley slaves manning the oars. One of the slaves suddenly dropped dead at his post. The guards threw the body overboard and then took out their whips and started to lash the rest of the galley slaves.

One of the more adventurous slaves shouted “Hey! This is a bit much, what’s this all about, what have we done?”

“Tradition on this ship” the chief guard replied. “Whenever somebody dies on-board we always have a whip around.”