Editor’s Notes

Prostate cancer patients who have a prostatectomy (surgery to remove the prostate) will almost all have a degree of incontinence for up to three months following the procedure. At six months most will be dry, but a small percentage will continue to have ongoing problems. Radiation treatments will give few immediate problems in this area however, as with surgery, an unfortunate few will have long-term difficulties including bowel incontinence.

During this time men will use a variety of pads and absorbent underpants that will need changing throughout the day (and night).

When was the last time you saw a sanitary disposal facility in a public men’s toilet? All women’s toilets have them, but they’re there for reasons other than incontinence. What do men do if they need to change a pad whilst they’re out-and-about? It’s a topic worth raising with your local councils and building and shopping centre managers.

There’s either a lot of men uncomfortably wandering around with plastic bags containing used pads or a lot of blocked loos.

Wishing you low PSA’s and good health, Editor: John Stead.

CALENDER 2008

Run for a Cure – Clip for Cancer – Dress Down Day – any time during the year

Relay for Life is to be held in 41 locations across Queensland in 2008.

Phone 1300 65 65 85 or visit www.cancerqld.org.au to register

<table>
<thead>
<tr>
<th>Sep</th>
<th>Prostate Cancer Awareness Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Challenge for Cancer campaign concludes</td>
</tr>
<tr>
<td>7</td>
<td>Father’s Day</td>
</tr>
<tr>
<td>11</td>
<td>National Prostate Cancer Call-In</td>
</tr>
<tr>
<td>15</td>
<td>Cooloola 500</td>
</tr>
<tr>
<td>19-21</td>
<td>Challenge for Cancer – North &amp; FNQ finals</td>
</tr>
<tr>
<td>20</td>
<td>Northern Rivers Prostate Cancer Seminar. Ballina</td>
</tr>
<tr>
<td>26</td>
<td>Cancer Council Qld ‘Seize the Day’ Study Awards close</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oct</th>
<th>3</th>
<th>Sanofi-aventis grant applications close</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-19</td>
<td>Challenge for Cancer – State Finals</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Touched by Cancer, Cooomera</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Pink Ribbon Day</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nov</th>
<th>5-7</th>
<th>Nurse of the Year – State Finals</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>Inaugural PCFA National Conference</td>
<td></td>
</tr>
<tr>
<td>16-21</td>
<td>Aust Health &amp; Medical Research Congress, Brisbane</td>
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<tr>
<td>19-21</td>
<td>COSA Scientific Meeting, Sydney</td>
<td></td>
</tr>
</tbody>
</table>

In this issue

<table>
<thead>
<tr>
<th>2</th>
<th>Resources: Web Links, Affiliated &amp; Associated Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Proscare Education Program, Nthn Rivers Seminar, Prostate Cancer Call-In, Buy a Brick</td>
</tr>
<tr>
<td>4</td>
<td>Hyperbaric Oxygen Therapy</td>
</tr>
<tr>
<td>8</td>
<td>Short Cuts</td>
</tr>
<tr>
<td>9</td>
<td>Footnotes, Estramustine &amp; Chemotherapy</td>
</tr>
<tr>
<td>10</td>
<td>New Drug “abiraterone”</td>
</tr>
<tr>
<td>11</td>
<td>Cancer Voices Update</td>
</tr>
<tr>
<td>13</td>
<td>Radiotherapy After Surgery, Recording Doctor Visits</td>
</tr>
<tr>
<td>14</td>
<td>PCFA Report</td>
</tr>
<tr>
<td>16</td>
<td>Prostate Screening, Brisbane Program, Privacy, Contact Us, Disclaimer</td>
</tr>
</tbody>
</table>
Resources

Cancer Council Queensland
www.cancerqld.org.au
The Cancer Council Helpline
Ph 13 11 20 8am-8pm Mon-Fri
Research to beat cancer and comprehensive community support services.

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.

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

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

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.

Prostate Cancer Support Groups in the Queensland Chapter
There are 18 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>Trevor Tuesley</td>
<td>07 4152 5524</td>
</tr>
<tr>
<td>Central Qld. (Rockhampton)</td>
<td>Bill Forday</td>
<td>07 4922 3745</td>
</tr>
<tr>
<td>Darwin</td>
<td>Peter Harvey</td>
<td>08 8932 1923</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>Gympie &amp; 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>Len Lamprecht</td>
<td>07 3281 3656</td>
</tr>
<tr>
<td>Mackay</td>
<td>Ted Oliver</td>
<td>07 4942 7916</td>
</tr>
<tr>
<td>Maryborough</td>
<td>Leoll Barron</td>
<td>07 4123 1190</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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The news-sheet for any group should have the meeting details for its neighbouring groups.

Associated Support Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Contact</th>
<th>Phone</th>
<th>Sponsor</th>
</tr>
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<tbody>
<tr>
<td>Alice Springs</td>
<td>Murray Neck</td>
<td>08 8952 3550</td>
<td>Darwin</td>
</tr>
<tr>
<td>Beaudesert</td>
<td>Carmel O’Neill, RN</td>
<td>07 5541 9231</td>
<td>Beaudesert Health/Gold Coast</td>
</tr>
<tr>
<td>Capricorn Coast (Yeppoon)</td>
<td>Jack Dallachy</td>
<td>07 4933 6466</td>
<td>Central Qld. (Rockhampton)</td>
</tr>
<tr>
<td>Kingaroy</td>
<td>Robert Horn</td>
<td>07 4162 5552</td>
<td>Toowoomba/Sunshine Coast</td>
</tr>
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Proscare Education Program

You and your partner are invited to attend a free prostate cancer education program on Saturday 6th September, 2008 from 9:00am to 2:00pm at the Prince Charles Hospital Education Centre, Rode Road, CHERMSIDE. Free parking is available on Prince Charles Oval (a 10-15 minute walk away) or a pay car park is situated on-site. A light lunch will be provided.

Four top-class speakers will talk on a variety of topics:

- Dr John Yaxley – Understanding Prostate Cancer and Treatments.
- Peter Dornan – Incontinence & Bowel Function – Dealing with Lifestyle Changes.
- Dr Michael Gillman – Sexual Issues.
- Sylvia Milner – Understanding Emotions & Coping Strategies.

If you wish to attend, please phone Tricia Healy on (07) 3326 3071 by 3rd September, 2008.

Prostate Cancer Seminar

The Northern Rivers Prostate Cancer Support Group is holding its 3rd Annual Men’s Health Forum in Ballina on Saturday 20th September, 2008. The venue is the Richmond Room (behind the Library), off River Street. The program runs from 9:00am to 12:00 noon.

A number of excellent speakers will present a wealth of information on men’s health issues including prostate problems. For further details, contact Bob Anderson on (02) 6687 8756.

Prostate Cancer Call-In

On Thursday, 11th September, 2008, Cancer Council Queensland will operate a phone-in cancer help-line specifically for patients, partners, family, friends, health professionals and anyone wanting to ask about or discuss matters relating to prostate cancer.

The “call-in” will be open between 6:00pm and 9:00pm (Brisbane time) and councillors and health professionals will be on hand to take the calls.

If there are questions you want answered, or you have points-of-view about prostate cancer awareness, treatments or rehabilitation, phone the Cancer Council Helpline on 13 11 20.

Buy a Brick to Help the Rock

In the March 2008 edition of Queensland Prostate Cancer News we reported that an appeal had been launched to raise funds for the construction of a new Rockhampton Cancer Education and Support Centre to allow Cancer Council Queensland to extend support services offered to cancer patients and their families, and provide education programmes to health professionals, from the Central Queensland Districts.

The Centre is expected to cost around $760,000 and the Rockhampton-based The Rock Building Society Limited has started the ball rolling by pledging $150,000 towards its construction.

Cancer Council Queensland and The Rock are inviting individuals, families, community groups and businesses to “Buy a Brick” to assist with funding of the Centre. Bricks can be purchased for $2,000 (Gold), $1,000 (Silver) or $500 (Bronze). The brick will be engraved with the name of the purchaser and used as part of an “honour wall”. When completed, supporters will be able to visit the Centre and find their lasting contribution.

To support the “Buy a Brick” campaign contact Sarah Miles at Cancer Council Queensland on (07) 4927 7088.
Hyperbaric Oxygen Therapy for Delayed Radiation Injury

Hyperbaric therapy is not a new concept although modern hyperbaric units bear little resemblance to their predecessors. What the old and the new do have in common is the potential capability to deal with chronic injuries that will not heal in the normal course of events by increasing the oxygen levels in the blood to stimulate the growth of new blood vessels and regenerate diseased tissue.

A typical 1920's hyperbaric chamber would be a large dome that could be pressurised to around two atmospheres. Inside the dome could be living quarters including bedrooms, a library, a smoking room and catering facilities and the patients resided within it for the length of their treatment. It was only pressurised with air and results were, at best, marginal.

In 1935 hyperbaric therapy was first used to treat decompression illness ("the bends" or Caisson Disease) in divers. In the 1950’s it was used with heart surgery patients in an effort to improve recovery, and during the 1960’s its use was expanded as a treatment for carbon monoxide poisoning and gas gangrene.

Development was static in the 70’s and 80’s. Then in the 1990’s, new research showed great potential for its use with radiation tissue injuries and other problem wounds, particularly when higher pressures and pure oxygen were used.

At the July meeting of the Brisbane Support Group, Kate Smith from the Wesley Centre for Hyperbaric Medicine spoke about the current position of Hyperbaric Oxygen Therapy (HBO) in the treatment of delayed radiation injury and also gave details of the up-to-date results from the ongoing HORTIS study. The Wesley HORTIS (Hyperbaric Oxygen Radiation Tissue Injury Study) is being replicated within Australia at Hobart and at overseas centres in South Africa, U.S.A., Canada, Mexico and Turkey.

A number of our Support Group members have participated in HORTIS and other members have undergone a course of HBO therapy at the Wesley with favourable results.

The HBO therapy course requires the participant to have between 30 and 40 daily visits to the Hyperbaric Centre for a period of six to eight weeks (five days per week, Monday to Friday). Those who have had external beam radiotherapy will be familiar with the routine!

On arrival at the Centre, patients change into non-static outer clothing supplied by the hospital to reduce the possibility of fire within the hyperbaric chamber. In a pure oxygen environment, things that might not normally be considered flammable, such as the resins in hair spray, will burn if ignited by a spark from static build-up in synthetic fibre clothing or another source.

The Wesley’s main hyperbaric chamber will accommodate up to eight patients per session and each session is of approximately two hours duration. The first twenty minutes is taken up with raising the pressure to the required level (equal to about 14 metres underwater or 2.4 atmospheres) and a similar period is needed at the end of the session for decompression. A brief tea-break occurs mid-session with refreshments supplied through a pressurised hatch which can also be used to supply medication or other items whilst the session is in progress. The chamber also has a larger pressurised hatch that can be used to admit or evacuate personnel or if a toilet break is needed.

During all sessions, a trained medical staff member is in the chamber. If a medical emergency occurred whilst a session was in progress it would not be possible for anyone to enter or exit before the 20-minute decompression procedure was completed. If the chamber was opened prematurely there’d be a number of extra cases of “the bends” to be treated!
After the patients have entered the chamber and settled into their allocated positions (recliner-type armchairs), the airtight door is sealed and the pressure is gradually raised. Once the required pressure is reached, the medical staff member will fit an “oxygen helmet” to each patient and the patients just sit back and relax. It’s possible to either read, do crosswords or SuDoKu, sleep or just “enjoy the view.”

So what causes the problems, and how does HBO Therapy help delayed radiation injuries arising from external beam radiation treatment for prostate cancer?

In the first couple of months following external beam radiation treatment for prostate cancer, most men will suffer side-effects that might include bowel (proctitis) and/or bladder and urinary tract (cystitis) problems. These may manifest themselves as diarrhoea, increased flatulence, excessive bowel mucus, anal and penile bleeding and irritation, painful urination and urgency at both ends. These side-effects will generally subside over time, but in a significant proportion of patients, around 1 in 10, bowel and bladder/urinary tract problems will continue for months or years, causing discomfort and lifestyle changes.

Unfortunately the radiation beams (X-rays) used in most radiotherapy procedures to kill the tumour cells don’t stop at the prostate gland. They continue through the body and affect the healthy tissue in other organs, particularly the bowel, bladder and urethra, because of their proximity to the prostate. The prostate itself can change position on a daily basis depending on such things as the fullness of the bladder and the amount of wind or solid matter in the back passage. Modern radiotherapy techniques have improved the “aim” of the beams, reducing the likelihood of long-term tissue damage, but problems still occur.

The radiation treatment damages the soft tissue that lines the bowel and bladder. During treatment the small blood vessels within the radiation field begin to progressively sclerose or harden, reducing blood supply to these areas. Once the treatment is completed the blood supply to the irradiated tissue can be inadequate and not support tissue healing. The non-healing tissue remains inflamed and irritated causing the unwanted side-effects.

In Australia, radiation injury, or soft tissue radiation necrosis, is common in patients who have had radiation treatment for head and neck tumours and HBO therapy is recommended and regularly used to reverse the damage caused by the radiation. It is less commonly used to treat radiation necrosis in other parts of the body, although it is regularly used in North America following radiotherapy for the treatment of tumours in the abdomen and pelvic regions.

With a wound or tissue damage, the body’s healing mechanism recognises there’s a problem and increases the oxygenation to the blood vessels within the area to assist in the rejuvenation of the damaged tissue and restore it to normal. When the blood vessels surrounding the area are also damaged, healing will not occur.

This can be most clearly demonstrated in lower limb wounds in the elderly or diabetics where poor or non-existent healing, because of the poor blood supply, often leads to ulcers which will not respond to even the most rigorous intensive care. In these cases, assuming infection and diabetic controls have been addressed, HBO Therapy is routinely used with good results.
Hyperbaric Oxygen Therapy for Delayed Radiation Injury cont.

The table at the bottom of the previous page (left) shows the average amount of oxygen (tissue oxygen tension) in the blood when a person is in normal surroundings just breathing air, when breathing pure oxygen in normal atmospheric conditions and when breathing pure oxygen in a pressurised environment (2.4 atmospheres or HBO Therapy pressure). The increase in the pressurised environment is dramatic. This hyperoxygenation promotes angiogenesis, or the growth and restoration of small blood vessels (sometimes referred to as neovascularisation) and improved leukocyte (the cells in the blood important for fighting infection) functions.

The slides to the right (from top to bottom) illustrate irradiated tissue with little or no blood vessels within the irradiated area where the tissue has been damaged, and then the growth of new blood vessels as the HBO Therapy progresses until angiogenesis is complete.

HBO Therapy does not stimulate the growth of any residual tumour.

The Hyperbaric Oxygen Radiation Tissue Injury Study (HORTIS), mentioned earlier, has been an ongoing international trial to evaluate the effectiveness of HBO Therapy in treating delayed radiation tissue injury. It was a randomised, double blind trial in which patients were chosen at random and without knowing which treatment they were receiving – HBO Therapy or a “placebo” treatment which involved breathing only air, rather than oxygen, and at a lower pressure than that used in the HBO Therapy.

The results are summarised on the next page, but around 9 out of every 10 participants in the study either had a significant improvement in, or elimination of, the symptoms of radiation injury. (The “placebo patients” were subsequently given HBO Therapy).

There are some complications with HBO Therapy but no known long-term side-effects. Every effort is made to minimise complications and patients receive a medical examination prior to commencing treatment and then, on a daily basis, they receive a pre-compression check, including blood sugar levels for diabetics as the pressure can have an adverse effect on BSL.

One of the most common difficulties is an inability to clear the ears as the pressure in the treatment chamber rises. This has the potential to lead to pressure injury or “barotrauma” of the ear. As the pressure increases, any patients experiencing distress can notify the medical attendant who will halt the pressurisation process until the situation is resolved. If the problem is ongoing and severe, a referral can be given for an Ear Nose and Throat specialist to insert tiny tubes or “grommets” in the eardrums to assist in equalising the pressure.

Sinus problems can also cause difficulties, but these are generally resolved with the use of a nasal spray during the pressurisation process. The spray can be used in advance to circumvent difficulties as the pressure increases for those with ongoing problems.
Another short-term side-effect encountered during HBO Therapy is an alteration to vision. The pressure in the chamber on a daily basis alters the shape of the eye lens and some patients may find that they can suddenly read the ‘phone book without glasses for the first time in years (or vice versa). Vision will return to normal within six to eight weeks of the cessation of treatment, so don’t rush off to your optometrist during this period for new glasses.

There are other problems, but these are very rare and staff are trained to recognise the symptoms so that they can be prevented from becoming serious. Oxygen toxicity is rare providing treatment protocols are followed, but may cause difficulties for a small minority.

Patients who suffer from claustrophobia or are just concerned about being in confined spaces for any length of time may find the hyperbaric chamber daunting. In these cases medication can be given to ease the concerns.

There’s one last problem, boredom! Patients should ensure they have a supply of the aforementioned reading matter, crosswords, SuDoKu or whatever to keep them occupied.

Many men are not aware of HBO Therapy as a possible solution to their problems following external beam radiation treatment for prostate cancer, but it could be of assistance to those suffering from the debilitating side-effects this can cause. Further information can be obtained from the Wesley Centre for Hyperbaric Medicine by phoning (07) 3371 6033, or by going to their website, www.wesleyhyperbaric.com.au.

In Queensland, Hyperbaric Oxygen Therapy is available in Brisbane and Townsville. Depending on the level of cover, private health funds will cover the cost of the treatment facility charge and Medicare gives a rebate for the hyperbaric doctor’s fee. Patients with no private cover need to be referred via a public hospital and can be treated without cost. Veterans Affairs patients need a referral from a G.P. or specialist.
Prostate screening of obese men calls for PSA adjustment 27 June 2008 NEW YORK (Reuters Health) — Men with increased body mass index (BMI) generally have relatively low prostate specific antigen (PSA) levels, even when prostate findings are abnormal and thus, cancers may be missed or not detected promptly, according to US and Canadian researchers. *Urology* 2008;71:787-791.

Promising Cancer Drug Target In Prostate Tumours Identified By Researchers 29 June 2008 — Scientists at Dana-Farber Cancer Institute report they have blocked the development of prostate tumours in cancer-prone mice by knocking out a molecular unit they describe as a “powerhouse” that drives runaway cell growth. In an article published as an advanced online publication by the journal *Nature*, the researchers say the growth-stimulating molecule called p110beta, part of a cellular signalling network disrupted in several common cancers, is a promising target for novel cancer therapies designed to shut it down.

High fat diet may abet prostate cancer progression 2 July 2008 NEW YORK (Reuters Health) — Diets high in saturated fat may increase the risk of prostate cancer progression, researchers from the University of Texas M.D. Anderson Cancer Centre in Houston report. In a follow up study of men who had their cancerous prostates removed, researchers found that men who consumed higher amounts of saturated fat – mostly from steaks, burgers, cheese, ice cream, salad dressings and mayonnaise – were nearly two times more likely to experience disease progression after surgery than men with lower saturated fat intake. *International Journal of Cancer*, June 1, 2008.

Study shows how broccoli fights cancer 2 July 2008 LONDON (Reuters) — Just a few more portions of broccoli each week may protect men from prostate cancer, British researchers reported on Wednesday. The researchers believe a chemical in the food sparks hundreds of genetic changes, activating some genes that fight cancer and switching off others that fuel tumours, said Richard Mithen, a biologist at Britain’s Institute of Food Research. The study was published in the Public Library of Science Journal *PloS One*.

Alan Jones warns men not to fear doctors Sydney Morning Herald 4 July 2008 — Don’t let the fear of doctors ruin your health – that’s the stark warning from broadcaster Alan Jones to the men of Australia.

Circulating tumour cell counts predict course of hard-to-treat prostate cancer 7 July 2008 NEW YORK (Reuters Health) — In patients with castration-resistant prostate cancer, changes in the number of circulating tumour cells are a valuable means of monitoring response to chemotherapy and predicting survival, according to research presented Sunday in Lugano, Switzerland at a conference organised by the European Society for Medical Oncology.

Primary androgen deprivation of limited value in localised prostate cancer 8 July 2008 NEW YORK (Reuters Health) — In general, primary androgen deprivation therapy (PADT) does not improve the survival of patients with localised prostate cancer compared with conservative management, new research shows. However, such therapy may improve prostate cancer-specific survival in men with poorly differentiated disease, according to the report in the *Journal of the American Association for July 9 2008; 300:173-181*.

Above information sourced from *Cancer Daily News*
Recently the Chapter Council conducted a survey of the support groups in Queensland. We had about a 60 per cent response and I was encouraged by many of the comments. The replies have now been collated and will be forwarded to all of the groups within the chapter. Generally, most of the groups supported the efforts of the Chapter Council, however there are areas where we need to do better.

As has been reported in previous issues, the chapter is holding the Sixth Annual Queensland Chapter Conference in Cairns on 27 August 2008. This will be followed by a Conveners' Workshop on the 28 & 29 August that is sponsored by Cancer Council Queensland. We are very appreciative of the support that we receive from Cancer Council Queensland, and I can assure you that we are the envy of many of our counterparts in other parts of Australia.

At the Queensland Chapter Conference we will be discussing some of the issues raised in the survey, together with other thoughts/ideas/concerns that are bought forward. I hope that this Open Forum session will provide us with a clear view of the wishes of the members and will allow us to do some meaningful planning.

Also at the conference, we will vote on the membership of the Chapter Council. Disappointingly, there will be three positions unfilled and I am concerned that this will place a heavy and unfair burden on many of my colleagues on the council. I have conveyed to many people that members of the Chapter Council are all volunteers and all have a passion to make a difference in the lives of men and their families who are dealing with the effects of prostate cancer. This desire extends into their involvement in awareness and advocacy issues.

After the conference, the Chapter Council will be actively seeking support from within the membership. Support may be in the form of just providing assistance in certain areas, while not necessarily being a member of the council. This may include: (a) taking minutes of meetings, (b) assisting the treasurer, (c) assisting in some of the Task Groups, (eg membership, awareness events and other administrative tasks). May I encourage you to think seriously about contributing in some way and thereby making a positive difference in the lives of men and their families who are dealing with prostate cancer and men’s health issues generally.

Lionel Foote – Chair, Queensland Chapter Council, Prostate Cancer Foundation of Australia.

Adding Estramustine Beneficial in Prostate Cancer

Adding estramustine to chemotherapy in patients with castration-refractory prostate cancer increases PSA response, time to PSA progression and survival, but at the cost of more thromboembolic events, a meta-analysis has concluded.

There is a low overall survival benefit of chemotherapy after advanced prostate cancer becomes refractory to androgen deprivation. Estramustine phosphate, a mustard-oestradiol conjugate, has hormonal and non-hormonal activity and inhibits microtubule function. Phase II trials have shown that combination of estramustine with other microtubule inhibitors increases their activity, but trials in patients with castration-refractory prostate cancer have been too small to show a survival benefit.

This meta-analysis included randomised clinical trials published between 1966 and 2004 that compared chemotherapy with and without estramustine in patients with prostate cancer.

Seven trials including 742 patients were eligible, and individual patient data from one phase III and four phase II trials including 605 patients could be collected. Individual patient data was not available for two of the trials from the pre-PSA era.
Adding Estramustine Beneficial in Prostate Cancer cont.

Patients had been randomly assigned in one trial each of docetaxel, paclitaxel and ixabepilone, and two trials of vinblastine. Median serum PSA was 134 ng/ml in the combined arms and 118 ng/ml in the group without estramustine. Median follow-up was 2.8 years (range 0-3.4).

Cox regression analysis showed that concentrations of serum haemoglobin, use of chemotherapy plus estramustine, performance status, and serum PSA concentrations were independently associated with overall survival.

One-year overall survival was 61.1 per cent in the combined group and 51.6 per cent in the group without estramustine. Two-year survival was 25.7 per cent and 22.2 per cent respectively. The adjusted hazard ratio for survival was 0.77. There was no significant association between the survival benefit with estramustine and the type of chemotherapy used, age, concentration of serum haemoglobin, performance status, or serum PSA concentration.

PSA response was better in those who received chemotherapy with estramustine (RR 0.53) and time to PSA progression was longer (HR 0.74).

Reporting of toxicity data varied between trials and could be calculated only for neutropenia and thromboembolic events. Grade three or grade four thromboembolic events occurred in 4 per cent of those treated with estramustine and 0.4 per cent of those without (RR 4.51). Grade three or four neutropenia was seen in occurred in 6 per cent and 15 per cent respectively (RR 0.41), but the explanation for the difference was not known.

Reference

New Drug for Advanced Prostate Cancer

Over the past month or so there has been quite a bit of publicity about a new drug for treating advanced prostate cancer. Press reports have used terms such as “sensational” and “wonder drug” to describe abiraterone – an adrenal androgen inhibitor that has exhibited excellent PSA response rates (greater than 50 per cent) in Phase II studies involving androgen independent chemo-naive and Taxotere-refractory patients. In addition, it has the ability to deplete androgens intracellularly in malignant cells.

Phase III clinical trials are now underway and the leader of the study, Dr Johann de Bono of the Institute of Cancer Research in London, said that patients had been able to control the disease with four pills per day and very few side-effects. He added, “These men have very aggressive prostate cancer which is exceptionally difficult to treat and almost always proves to be fatal. We hope that abiraterone will eventually offer them real hope of an effective way of managing their condition and prolonging their lives. My vision is to make chemotherapy obsolete.”

Professor Jim Denham, a urologist from Newcastle’s (N.S.W.) Mater Hospital, said abiraterone had the capacity to change the future landscape of advanced prostate cancer from a deadly disease to a manageable chronic condition. “If I had a supply now I’d be giving it out straight away.”

Closer to home, Professor Judith Clements from the Institute of Health & Biomedical Innovation (part of Queensland University of Technology) sounded a note of caution saying that whilst the drug was promising, it was still too early to know how well it is tolerated. Blocking male hormones has been seen to have severe side-effects like muscle loss, decreased libido, bone related problems and high blood pressure.

Abiraterone is being produced by Cougar Biotechnology Inc. and Dr de Bono hopes it will be available for general use by 2011.
Update

Community Consultation

Despite the cold weather, the free Public Forum at Emerald on 28th July was attended by about 15 cancer patients, survivors, family members and health professionals working in cancer care in the district. Caroline Humphries, the Cancer Council Queensland (CCQ) Support Coordinator, introduced the evening, the latest in a series throughout the State that aim to identify consumer issues in a supportive environment. The experiences and ideas common to all cancer types elicited at these forums also assist Cancer Voices Queensland (CVQ) to be truly a voice for all Queenslanders affected by cancer.

It was a very informal evening but CVQ received some good feedback and attracted new members. Most of the feedback was similar to that provided by earlier forums, but certainly concerns about the Patient Travel Subsidy Scheme (PTSS) were high on the agenda. It was felt that the sooner the Senate Inquiry’s recommendations are implemented, the better – especially in regard to uniformity of application. On this matter, CVQ continues to support the Fair Go campaign by CCQ, seeking equitable access to treatment for rural, regional and remote cancer patients.

Many of the other concerns raised could be met by the establishment of a Cancer Care Coordinator in more hospitals, as in Rockhampton, successfully delivering advice and support to recently diagnosed patients. Lack of information about the available services and support was high on the list. One doctor has it right in that before leaving the surgery, his patients have an envelope with all the information they need about transport, accommodation, social workers’ contacts, CCQ, etc.

The next CVQ Public Forum will be held at the Sunshine Coast (Maroochydore) on 16th September.

Locally, CVQ is continuing to raise awareness of its role through the media and by participation in community events. As they become aware of CVQ, requests from private hospitals and medical centres are being received for CVQ brochures and newsletters. A series of CVQ fact sheets are in preparation.

1 See Highway to health: better access for rural, regional and remote patients - Report of the Senate Community Affairs Committee on its Inquiry into the operation and effectiveness of Patient Assisted Travel Schemes (PATS), 20 September 2007

Workshops

An advocate from CVQ attended the National Information Workshop ‘Delivering e-health for consumers’, an initiative of the Consumers Health Forum Australia (CHF) held in Canberra 12-13 June. There were many issues and they were debated passionately, concluding in a consensus position in most cases, except for one. The proposed strategy is that all consumers will start as members of eHealth, courtesy of Medicare. It is a voluntary scheme in that individuals will be able to opt-out, but that will mean they will also forego the benefits that eHealth offers. However, a third of the representatives at the workshop were firmly of the opinion that eHealth should be mandatory, and CHF is considering what to do about this. It is expected that recommendations will go to the Health Ministers in October and the Council of Australian Governments will make a decision in November this year. Good information on eHealth is available on the CHF website http://www.chf.org.au.

A CVQ Advocate also attended the Quality Use of Medicines Workshop held in Rockhampton on 30 June. It was hosted by the Capricornia Division of General Practice, the Central Queensland Health Collaborative, and the CHF. Discussion included the role of a consumer and the importance of feedback, the need for persistence in all consumer activities and the need for ongoing funding for projects to ensure implementation.

On the subject of generic medicines, discussion centred around efficacy, availability, and the education of consumers. Each organisation was encouraged to “spread the word” to consumers about the quality use of medicines in everyday lives. There is a range of free informative material available from the National Prescribing Service – http://www.nps.org.au/consumers. For those making presentations on “Getting to Know Your Medicines,” a good kit is now available, though training in the use of the kit by consumers was thought necessary. Specific issues relating to the use of medicines were also raised and discussed.
Position Statements

CVQ has forwarded to Cancer Voices Australia (CVA) a draft position statement on Advocating for Drugs and Medical Services. The thrust is that CVA support or initiate studies seeking to identify appropriate patient-focused socio-economic criteria for use in the assessment of drugs for benefit under the Pharmaceutical Benefits Scheme and of medical services for benefit under the Medical Benefits Schedule. CVQ believes these changes could remove many of the present difficulties in obtaining approval for consumer supported applications.

CVA is currently developing a policy on dealing with pharmaceutical companies.

Grants

Two grant applications are being prepared for submission before September: One for pull up banners and A3 posters at community events and another for CVQ members to attend the Annual Scientific Meeting of the Clinical Oncological Society of Australia in Sydney, 18 to 20 November. CVQ is truly grateful for the letters of support it has received.

Annual General Meeting

The Annual General Meeting (AGM) will now be held at 6:00pm on Thursday, 14 August at the National Heart Foundation of Australia (Qld Division), 557 Gregory Terrace, Fortitude Valley Qld 4006. A form for the nomination of candidates for election to the Management Committee and an invitation with program for the AGM itself have been forwarded to members.

Sonia Duarte has kindly acted as our auditor for 2007-08. Ms Duarte is the senior accountant at William J Toner & Associates, Accountants & Auditors, Tewantin, Queensland. The Management Committee recommends that she be re-appointed as auditor for 2008-09.

CVQ Contact Details

Phone: 0401 091 365 (we will call you back)  
Email: cancervoicesqld@cancerqld.org.au  
Website: www.cancervoicesqld.org.au

Consumer Advocacy Training Workshop

Cancer Council Queensland, in partnership with Cancer Voices Queensland Inc. invites applications to attend an Advocacy Training Workshop on Friday 10th and Saturday 11th October, 2008 in Brisbane. Funding will be provided to approved out-of-town participants for attendance at the workshop program.

Applicants must either be a cancer survivor or have a close family member who is; have good communication skills; be able to think critically; be able to look beyond their own experience and represent the broader views of those affected by cancer.

The practical workshop training aims to give potential advocates an understanding of the importance of consumer advocacy, to gain effective advocacy skills and what it is to be a consumer advocate.

Advocacy can bring about changes in the health-care system and consumers with personal experience can make a huge difference to the process of change.

For further details contact Marg Hegarty, Senior Manager Community Services, at Cancer Council Qld by phone (07) 3258 2261 or by e-mail margarethegarty@cancerqld.org.au.

Calendar

Sunshine Coast Public Forum: 16 September, Cancer Council Queensland, Shop 4, Credit Union Australia Plaza, cnr Maroochydore Road and Baden Powell Street, Maroochydore

Next advocacy training: 10 to 11 October.
New Australasian Guidelines for the Use of Radiotherapy After Prostatectomy

The indications for radiotherapy after radical prostatectomy and the appropriate target volume remain contentious. The Australian and New Zealand Radiation Oncology Genito-Urinary Group has published consensus guidelines in an attempt to clarify the situation.

The authors began by discussing the three randomised trials that have shown that adjuvant post-prostatectomy radiotherapy (PPRT) can reduce the risk of biochemical failure by approximately 50 percent in high-risk patients. Salvage radiotherapy following a biochemical relapse has also been shown to be effective if given while the PSA is still less than 0.6 ng/ml. They discussed the advantages and disadvantages of both approaches and stated that although randomised studies to compare these treatment strategies have begun, it will be many years before the results are available.

In order to provide practical guidance while waiting for the trial results, the Radiation Oncology Genito-Urinary Group of the Faculty of Radiation Oncology organised a two-day consensus conference in June 2006, attended by urologists, radiation oncologists, physicists, radiation therapists and diagnostic imaging experts. Any unresolved issues were referred to working parties until consensus was reached.

They discussed features such as positive surgical margins, seminal vesicle invasion and extracapsular extension which are associated with a high risk of residual local disease and therefore may be suitable for adjuvant radiotherapy. The evidence suggests that if salvage, rather than adjuvant, radiotherapy is to be used, it should be started at the earliest confirmed biochemical relapse. They also gave detailed contouring guidelines to help define the clinical target volume that was illustrated on a representative set of CT planning scans. They recommended that doses of 60–64 Gy be used for adjuvant, and 60–66 Gy for salvage radiotherapy. They reviewed the evidence for the use of hormone therapy in conjunction with PPRT but felt its value remains unclear.

The authors concluded that the guidelines would give clinical and technical guidance to radiation oncologists and urologists in the management of high risk post-prostatectomy patients, and that all patients with high risk features or biochemical relapse should have the opportunity to discuss the risks and benefits of PPRT to help make their own decision.

Reference:

Tapes, Transcripts Might Help Cancer Patients Recall Medical Information

Patients can find it hard to absorb what their doctors tell them during stressful moments. Recordings or transcripts of office visits could help people with cancer or their family members recall medical information they might otherwise have missed, a new review suggests.

The review included 16 studies of 2,318 adults who either had cancer themselves or were dealing with a close relative with cancer. The review appears in the latest issue of The Cochrane Library.

Cancer Daily News 4 August 2008

NATIONAL PROSTATE CANCER CONFERENCE
SUPPORTING QUALITY OF LIFE
Crowne Plaza Hotel, Royal Pines Resort, Gold Coast.
Phone 1800 66 81 37, or visit www.prostate.org.au for details.
Prostate Cancer Foundation of Australia
Report from Graeme Higgs, Queensland & Northern Territory Manager.

The planning of the first National Conference in Australia to solely concentrate on prostate cancer continues to occupy most of my time and that of my staff. Readers of Queensland Prostate Cancer News are conscious of the seriousness of prostate cancer, but there is still a lack of understanding and awareness in the wider community. Without dwelling on the past, our aims for the conference are to make others aware of what has gone before to achieve the present level of community understanding about prostate cancer, to give an overview of the current situation and, most importantly, to come up with a plan for the way ahead, including an agenda for men’s health in Australia, not just prostate cancer.

Those whose involvement in Prostate Cancer Support Groups go back many years, such as Con Casey and Spence Broughton, recall that prostate cancer was often referred to as “an old man’s disease.” The benefits of early diagnosis were discounted by many in the medical and other health professions with statements such as, “there is no evidence to prove that there is any benefit in testing for and treating the disease,” and “more men die with the disease than from it.” Sadly these views persist in some circles today.

In 1997, the Brisbane Prostate Cancer Support Group formed and adopted a “support group format” for men who were either on, or had been through a prostate cancer journey. A national network of groups was formed in 1998 and called themselves Prostalk. The Prostalk network struggled nationally and was picked up by the Association of Prostate Cancer Support Groups (APCSG) who, in 2001, surrendered its responsibilities to the Prostate Cancer Foundation of Australia (PCFA)/Support and Advocacy Committee. By 2006, PCFA was taking its place throughout Australia as the peak negotiating body for matters relating to prostate cancer.

In 2007, PCFA sponsored two support group members, Bill McHugh and Max Shub, to undertake a study tour to look at Prostate Cancer Support Group activities in California, and to attend a USA three-day National Conference run by the Prostate Cancer Research Institute. The conference was parcelled into segments; Getting a Perspective, Prostate Cancer Essentials, Intermediate Risk Disease, Management of Aggressive Prostate Cancer, and What’s in Store for the Future. More than 700 delegates attended.

“The Conference was impressive,” Bill said upon his return. “Papers were delivered in physician-to-patient language and three live biopsies were conducted to demonstrate the superior imaging capabilities of the Color Doppler equipment.”

Bill and Max presented a formal report to PCFA and a view was formed that a small conference could be held in Australia, perhaps at a university during student holidays.

However, Gold Coast Support Group Convener, Don Baumber, had grander plans and convinced me to write a proposal to PCFA CEO, Andrew Giles, to host a national conference in Queensland. Andrew acknowledged that “Don would endlessly extol the virtues of the educational experience that a national conference could provide to men and their families and friends involved with prostate cancer.” He took up the baton and began selling the idea to the PCFA board and PCFA’s corporate partners until it became a reality.

The conference has had a healthy gestation and the birth is imminent. We’ve got an impressive list of both Australian and international speakers, we’ve got a fantastic location, we’ve got plenty of corporate and government interest, great “mates-rates” for support group members (phone 1800 668 137 for details), a comprehensive agenda and a chance to meet and swap ideas with attendees from other support groups from all over Australia.

Delegates will learn from leading cancer experts, hear about the latest current and proposed research into dealing with prostate cancer, enhance their own skills for assisting those touched by prostate cancer and contribute to formulating an agenda for future government action on men’s health issues.

Leaving aside the national conference for a bit, in last month’s edition of Queensland Prostate Cancer News, I reported on a number of fund-raising events that had been held recently to garner support for prostate cancer research and awareness. Two of these were the Adonis Black Tie Ball and the Quintrex Marine “Bumble Bee” voyage from Brisbane to Melbourne, and return.
The Adonis Black Tie Ball, or more correctly, “The Gentlemen’s Ball” conducted by the Adonis Society, is an annual event that raises money for charitable causes. Each year a donation is made to their charity-of-choice, currently consisting of three recipients. The Ball’s organisers and attendees are the current young movers-and-shakers and the future well-positioned private and public business people; it’s great that they have prostate cancer on their radar. This is the second occasion when PCFA have benefited from their activities.

The Quintrex Marine “Bumble Bee” voyage began with the good ship “Bumble Bee” (a 6.8m Quintrex manufactured vessel) travelling down the Queensland, New South Wales and Victorian coastlines. It stopped off at many venues along the way to present prostate cancer awareness programs accompanied by sausage sizzles and other barbecue fare.

On reaching Port Phillip Bay and enjoying an unforgettable Melbourne welcoming party, the “Bumble Bee” turned around and headed back to the Gold Coast to continue the fund-raising effort at the Sanctuary Cove International Boat Show.

Pictured right is the result of the voyage of the “Bumble Bee.” Holding the cheque, from left to right are Des Hughes and Cameron Wood (both Quintrex employees and “Bumble Bee” crew members), Alison Bannan, Ross Gomersall (survivor and support group member), and yours truly.

Graeme Higgs. Manager
PCFA, Queensland and Northern Territory.
U.S. Prostate Cancer Screening Not Recommended for Men Over 75

The U.S. Preventative Services Task Force has updated its 2002 guidelines for prostate cancer screening. It now recommends that routine screening for men 75 years of age or older be discontinued citing a lack of benefit.

Brisbane PCSG – 2008 meeting program

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<tr>
<th>Mornings at 9:30am (odd months)</th>
<th>Evenings at 7:00pm (even months)</th>
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<tr>
<td>10-Sep Compassionate Communication, Cate Crombie</td>
<td>8-Oct Prostate Cancer Awareness Evening, Dr H.S. Teng – Urologist &amp; Dr Gail Tsang – Radiation Oncologist</td>
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<tr>
<td>12-Nov Exercise &amp; Fitness for Prostate Cancer, Dr Dennis Taaffe &amp; Helen Luery</td>
<td>10-Dec Cameo &amp; Christmas Party</td>
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Important privacy information

You have received this newsletter 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 your local group’s news-sheet, the monthly Queensland Prostate Cancer News (OPCN), 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. OPCN is available online at http://www.pcf.org.au/qld/newsletter.htm.

Should you receive multiple copies, please let us know which address(es) to remove from which mailing list(s).

Contact Details for both the QLD Chapter of PCFA and Qld Prostate Cancer News
Mail: c/- Cancer Council Queensland, PO Box 201, Spring Hill Qld 4004
Email: qpcn@cancerqld.org.au Phone: via The Cancer Council Helpline 13 11 20

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The information in this Newsletter 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.

LAST WORD (Courtesy Bruce Kynaston)

In the lead up to the Beijing Olympics, Viagra and its stablemates Levitra and Cialis were added to the list of banned performance enhancing drugs. Detection of illegal use was not a problem in light of the skin-tight competition-clothing favoured by modern athletes, however Olympic commentators were at odds about the advantage male athletes could expect to gain.

One sports commentator said he thought it could be a handicap in track-and-field events such as the hurdles and high-jump, although it could be an advantage if there was a close photo-finish. It could also cause confusion at baton passing time in the relay. Comments were mixed about any assistance the drugs might give to pole-vaulters, although all agreed they would be a real drag in the pool.

Speculation raged that a new mixed-pairs event to be introduced at future Olympics was the reason for the ban but this had not been confirmed at the close of the Games.