My thesaurus would be stretched to the limit trying to find enough superlatives to describe November’s National Conference, Supporting Quality of Life. The standards of the speakers, papers, venue and accommodation left nothing to be desired. The presentations had a nice balance of technical and support group-friendly material and, if there were any problems, they were having to make choices between the various speakers and coming away from the Conference with an information overload. A DVD is being prepared for distribution later in the year, which will help to sort out these latter quandaries.

The Board and CEO of the Prostate Cancer Foundation of Australia, along with Queensland PCFA Manager Graeme Higgs and his staff deserve the highest accolades for staging this event.

As this is the first edition of QPCN for 2009, I’ll take this opportunity to pass on my hope that you’ll all enjoy a fulfilling and prosperous time in the year ahead.

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

### CALENDAR 2009

**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 2009. |
| Phone 1300 65 65 85 or visit www.cancerqld.org.au to register |

| Feb  | 4 | World Cancer Day |
| 7-8  | PCFA Ambassador Program Training Brisbane |
| Mar  | 1 | Challenge for Cancer begins |
| April | 1 | Nurse of the Year launch |
| May  | 4-9 | Beef09 |
| 21-24 | Sanctuary Cove International Boat Show |
| 28 | Australia’s Biggest Morning Tea |
| Jun  | 1 | Fullbright Scholarship applications open |
| 7-13 | Bowel Cancer Awareness Week |
| 8-14 | Men’s Health Week |
| 14 | Sanctuary Cove Dragon Boat Challenge |
| Aug | 1 | Challenge for Cancer campaign ends |
| 8 | Jeans for Genes Day |
| 28 | Daffodil Day |
| 31 | Fullbright Scholarship applications close |
| Sept  | ⚪ | Prostate Cancer Awareness Month |
| 6 | Father’s Day |
| Oct  | ⚪ | Breast Cancer Awareness Month |
| 26 | Pink Ribbon Day |
| Nov | 20-21 | Nurse of the Year Finals |
| 20-21 | Challenge for Cancer Finals |

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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 newsletter.

The views expressed in this newsletter are not necessarily those of Cancer Council Queensland.
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 17 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>
</tr>
</thead>
<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>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>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>Terry Carter</td>
<td>07 3281 2894</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>
</tr>
</tbody>
</table>

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>
</thead>
<tbody>
<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>
</tbody>
</table>
Vale Valda Joan Hope (1934 – 2008)

Val Hope was one of the two wives and three survivors who were the foundation members of the Far North Queensland Prostate Cancer Support Group. Following the group's inauguration she became an active supporter of men, their partners and families during their journeys with prostate cancer and remained on the Steering Committee of the Cairns' based group. She was well known, admired and respected by the many local support group members and by those who were fortunate enough to cross her path.

The names of Val and Jim Hope almost became synonymous with the FNQ group.

Val died in November, a great loss to Jim and family, and to all who knew her.

Jim and his family would like to thank the many individuals and organisations for their support during the family’s time of grief following Val's passing, especially the local FNQ support group members, the members and Conveners of other groups, Cancer Council Queensland, the Prostate Cancer Foundation of Australia and the Queensland Chapter Council.

Changing of the Guard

You’ll notice some changes in the listing of Support Groups and Contacts on the opposite page.

Inaugural Ipswich Group Convener, Len Lamprecht has stepped down and the new Convener is long-time member Terry Carter. Since Ipswich’s first awareness evening in March 2004, Len and his wife Margaret have worked tirelessly to develop the group to the force it is today. Len and Margaret will continue to be involved and, along with Terry and Jeff Dowling, continue to work with prostate cancer patients, their families, friends and medicos in the local area.

Bundaberg Convener, Trevor Tuesley has stepped down and Rob McCulloch will take on the role of Convener in 2009. Many of you will have met Rob at last November’s National Conference. The Bundaberg Group began in 2000 with Bill Jenkins as Convener and Trevor took over from Bill in June 2004. Trevor leaves the position to spend more time with his family but will remain an active member of the group.

The other change is the loss of the Northern Territory. A Central Australian Chapter of PCFA has been formed and will take in South Australia and the Northern Territory, so they’ll no longer be part of the Queensland Chapter. We’ll miss the Darwin and Alice Springs folk and wish them well with their new alliance, which makes a lot of sense as Territorians normally go to Adelaide for medical procedures not available in Darwin.

Special Twin Towns & Tweed Coast Meeting

On Friday 6th February, 2009, the Prostate Awareness Twin Towns & Tweed Coast group will have Professor Max Reynolds, Director of the Program in Australasia for Botanical Medicine for Population Health at Griffith University’s Nathan Campus, speaking. Professor Reynolds will update members and guests on the progress of clinical trials using a local botanical extract to reduce PSA levels and the effect of the extract on prostate cancer tumour growth.

The extract is delivered to the patient either orally or via suppositories and is TGA approved. Trial participants need to receive approval from their own medico(s) prior to beginning treatment. Suitable candidates could be men on watchful waiting/close observation regimes and wanting to reduce their PSA’s, men newly diagnosed but unsure about treatment because of age or other medical conditions, or someone who has had treatment but still has a rising PSA and/or perhaps using intermittent hormone therapy.

Please note the different venue for the meeting. It will be held at 10am (Eastern Daylight Saving Time) with doors opening at 9am at The TwinTowns Services Club (Anzac Room), Wharf Street, Tweed Heads.
SPOTLIGHT ON
Mackay Prostate Cancer Awareness & Support Group

The beginning of 2008 started tragically when on 15th February, abnormal rainfall flooded the Mackay region. The city incurred damage that was above comprehension. Council and Government bodies remain committed to balancing the future needs of our region with sustainable development.

December in Mackay was truly a festive season and a time of reaching out and giving to those in need.

Our local support group, founded by Daryl Hyland, held its first meeting in July 2000. The group has continued to grow from strength to strength.

Bi-monthly meetings are held at the Mackay Mater Hospital meeting rooms and we are very grateful for their assistance. The meetings give men, their partners and family members the opportunity to become more informed about prostate cancer, the decision making process about treatment options and associated side effects of treatments. The members of the group have an important supportive role by sharing their stories and experiences of their cancer journey. Our goal is to give support, understanding and hope for a brighter and positive outlook on life. Members of the group have access to reference resources, education material and newsletters.

The current membership of our group is 245 and the attendance at the meetings fluctuates between 30 to 45 people, depending on interest in the topic of the guest speaker’s presentation at the particular meeting.

Guest speakers are arranged for each meeting on key subjects. We were very fortunate again this year to have Dr James McKean, Radiation Oncologist from the Wesley Cancer Care Centre in Brisbane to address our August meeting on radiation treatment options. Dr McKean is always well received. Our support group is very thankful for his generous support and commitment. He is already booked in as a guest speaker for the August 2009 meeting.

Our PCFA Ambassador Trisha Sorbello continues to promote prostate cancer education and awareness through the National Ambassador Speaker Program. Trisha will attend further training in Brisbane in February for the PCFA Men’s Health Ambassador Speaker Program 2008 – 2010.

In August 2008 our support group convened a Men’s Health Awareness dinner with Merv Hughes as our guest speaker. The dinner achieved our expectations of awareness and fun.

Our future aim is to maintain a strong group so that we can meet the challenges with enthusiasm. We are currently working with the taxi industry from sections of regional Queensland and hope, after regulatory approval, to have appropriate signage on selected taxis to promote prostate cancer awareness and our parent body, the Prostate Cancer Foundation of Australia.

I extend my gratitude and thanks to the Prostate Foundation of Australia, members of the Queensland Chapter of PCFA and Cancer Council Queensland for their efforts and support as we work together towards our goal of “Building A Better Tomorrow.”

May 2009 bring you joy and peace throughout the year.

Ted Oliver - Convener

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Men who take NSAIDs have significantly lower PSA levels: study
November 17, 2008 NEW YORK (Reuters Health)

The use of aspirin or other nonsteroidal anti-inflammatory drugs (NSAID) is associated with lower prostate-specific antigen (PSA) levels among middle-aged men, study findings suggest.

Cancer Daily News
Resistance Exercise for Men Receiving Androgen Deprivation Therapy for Prostate Cancer

Androgen deprivation therapy (ADT), often called hormone therapy, is used in a number of areas in the treatment and management of prostate cancer. There is increasing evidence that patients with intermediate to high-risk cancer who are to receive radiotherapy can benefit from ADT prior to treatment, and perhaps during and after. It can be used to suppress the tumour growth in men who are not suitable for surgery or radiotherapy because of age or other illnesses, and it can be a successful control mechanism for those with advanced disease.

ADT can be administered by either injection or oral medication (chemical castration) or by surgery to remove the testicles (orchidectomy or surgical castration). Whichever method is used, the result is the reduction or elimination of availability of the hormone testosterone needed by the prostate cancer cells for growth.

Unfortunately ADT treatment for prostate cancer is accompanied by a number of adverse side-effects which may affect patients to a greater or lesser degree (refer chart) but will include fatigue and a decrease in libido and, for longer-term users, reduced muscle mass and strength, reduced bone mass (increasing the risk of fractures) and increased fat mass.

Recent international studies have shown that resistance exercise (also known as strength or weight training) can be useful in preventing, or even reversing the adverse side-effects of ADT. At the November meeting of the Brisbane Support Group, Dr Dennis Taaffe from the School of Human Movement Studies at the University of Queensland spoke about the research and work being carried out in this area, and the positive results being achieved by men on ADT and engaged in resistance exercise programs.

For almost two decades, resistance exercise has been shown to be safe and effective in older men and women for improvement of muscle strength and size and the improvement of varying aspects of functional performance such as walking speed and stair climbing ability. Two recent studies undertaken in men being treated with ADT confirmed the beneficial effects of this exercise regime.

The first study from Canada found reduced symptoms of fatigue and better health-related quality-of-life, plus improvements in muscle strength of between 30 and 40 per cent following 12 weeks of training. In Australia, a 20-week study by Daniel Galvao and colleagues at Edith Cowan University in Perth found an enhancement of muscle strength from 40 to 96 per cent, depending on the muscle group, improved muscle endurance as well as improvements in a number of functional performance tasks ranging between 7 per cent and 27 per cent, depending on the task. In addition, whole body lean mass was preserved with no change in fat mass.

Importantly, both studies found that PSA levels remained unchanged and the Australian study, which also measured testosterone levels, found that the testosterone levels were unaltered. This indicated that resistance exercise does not compromise testosterone suppression.
Resistance Exercise for Men Receiving Androgen Deprivation Therapy for Prostate Cancer cont.

The above slides illustrate the effects of ageing and loss of muscle mass and strength, called sarcopenia, and how ADT further affects our physical well-being. As we age, we tend to be less active and lose muscle fibre, nutrition can suffer and there is a decline in hormonal production, particularly growth hormone (GH). The addition of ADT can exacerbate the loss of muscle mass, decrease body lean mass and bone density and increase body fat mass. This deterioration affects physical performance with studies showing that with men 70 years of age or over and being treated with ADT, half had poor measures of balance, walking and chair stands and 22 per cent reported falls in the previous three months, compared with only around 8 per cent in general comparable population.

So how can resistance exercise assist in overcoming or diminishing these problems? The objective of a resistance exercise program is to progressively overload the muscles to give an improvement in muscle strength and size and improve physical performance. For those on ADT, it should mimic that used for young and middle-aged adults and the non-cancer population and involve dynamic movements, not static, and target the major muscle groups of the lower and upper body. An increase in strength of the major muscle groups around the knee and hip joints for instance, will reduce the risk of falls and possible fracture.

After 12 weeks in a resistance exercise program, a group of 82 men receiving ADT were assessed against a control group and were found to suffer less from fatigue, have better health-related quality-of-life, improved muscular fitness with no real change in body composition (BMI, waist measurement, skinfolds, etc). There would also have been benefits to other clinical conditions that affect us as we age (refer box below).

Resistance exercise training should be undertaken at a moderate to high intensity (after first checking with your doctor about your suitability for such a program) up to three times per week. If possible, it’s advisable to consult an accredited exercise physiologist who can provide individualised instruction, depending on physical condition and other factors. The use of specialised weight training machines found in gymnasiums will give ideas about the types and use of equipment needed.
Once you see what’s available, most can be improvised in the home. There are extensive and inexpensive ranges of resistance training equipment in second-hand stores (weights, dumbbells, elastic chest expanders, etc); it’s amazing how many people purchase these with good intentions, but fall by the wayside! A couple of three litre plastic drink bottles filled with water to an appropriate level make great weights, and an old bicycle inner tube can double for a number of pieces of equipment.

Between 8 and 10 major muscle groups should be targeted with up to a dozen repetitions of each exercise and a short break after two or three routines. It’s important to maintain aerobic fitness and exercise such as walking or cycling (these should not be confused with resistance exercises) and good nutrition.

For those who are able to take advantage of it, the University of Queensland, through the Inter-Professional Clinics at UQ Sport, offer specialised programs for clients, post-cancer diagnosis, which offer an individual range of cardiovascular, strength and flexibility exercises. The program changes the intensity and type of exercise on a daily basis depending on progress, well-being and fatigue levels. It runs for eight weeks and may attract some Private Health Fund rebates depending on the fund and level of cover. Check with your fund.

For further information on the Cancer Program (or other UQ Sport services), go to www.uqsport.uq.edu.au/clinics, or phone Helen Luery on 07 3346 3241.

### Prostate Checks Vital

AMA Queensland is encouraging men to keep a check on their bodies. AMA Queensland President Dr Chris Davis said all men should be aware of the importance of checking themselves for changes, and men over 50 in particular should have annual prostate checks with their GP.

“As with any cancer the key to a better outcome is early diagnosis, and prostate cancer is no exception,” Dr Davis said. “Prostate cancer tends to be more prevalent amongst older men and it is very important men over the age of 50 have their prostate examined annually by a doctor. However, men of all ages need to be aware of the dangers of prostate cancer and the importance of prevention and checking for changes, particularly if there is a family history of prostate cancer. Early detection is vital – prostate cancer is often asymptomatic and by the time most men start to notice symptoms the cancer may have already progressed,” he said.

Doctor Q – AMA Queensland

### Hyperbaric Oxygen Therapy – Clinical Trial

The Wesley Centre for Hyperbaric Medicine at the Wesley Hospital in Brisbane is looking for suitable candidates to take part in a trial to evaluate the use of Hyperbaric Oxygen Therapy in treating the adverse symptoms of radiation cystitis (radiation injury to the bladder and urinary tract). Radiation cystitis can occur following radiation therapy to the pelvic area, such as in the treatment of prostate cancer, and may present with symptoms such as urinary retention, pain or difficulty with urination, and blood in the urine, either constantly or intermittently.

Hyperbaric Oxygen Therapy has successfully treated many cases of bowel problems following radiation injury (proctitis) and this is a great chance for patients to access the centre’s care free of charge. Anyone suffering from radiation cystitis (with or without bowel problems, but not solely with bowel problems) and interested in participating in the trial is invited to contact The Wesley Centre for Hyperbaric Medicine (Bob Long or Kate Smith) by phoning 07 3371 6033 or e-mailing reception@wesleyhyperbaric.com.au for further details.
In 2003, Wayne Murphy was diagnosed with prostate cancer and elected to travel to the U.S.A. for treatment with proton beam therapy. At the December meeting of the Brisbane Support Network he shared his reasons for choosing this form of treatment and his experiences with the procedure and the American health system. Wayne's story follows. Ed.

In February 2003, at 58 years of age, I was diagnosed with early stage prostate cancer. The tumour was staged as T1c with Gleason Score 7 and PSA 7.6. Tests confirmed that the cancer was localised (confined within the prostate capsule).

Typically, surgery would have been the standard treatment in this case and was recommended. I made an appointment to have a prostatectomy knowing that, although the chances of a successful outcome were high, there was always the possibility of long-term side effects, particularly incontinence and impotence.

Whilst waiting for my “appointment” I learnt through discussion with others and my own investigations of proton beam radiation treatment available in the U.S.A., but not available in Australia, which was as effective as surgery and didn’t carry the risk of side effects that might follow on from surgery or “conventional” radiotherapy. It was expensive (the eight week treatment program was US$50,000, plus living expenses for the two months and airfares), but I decided the benefits were worth the cost.

In Australia, radiotherapy is carried out using electron beams. The electron beams enter the body at high energy levels and gradually dissipate their energy as they pass through organs and tissue. Unfortunately, the beams don’t stop at the prostate so that, depending on the direction of the beam, surrounding tissue and organs such as the bladder, bowel and urethra are also irradiated and this can lead to unwanted side effects.

Proton beams enter the body at low energy levels and cause little tissue damage, but the big difference between proton and electron beams is that, as the proton beam slows, it reaches a “terminal velocity” at which point it deposits all of its remaining energy within a very small space, around half a millimetre. By controlling the beam’s entry speed and direction, it’s possible for the prostate to receive the full radiation dose with no damage to tissue or organs past that point because the beam has stopped.

During my treatment I received just over 80 grays of radiation. External beam radiotherapy using electron beams cannot deliver such a high dose without risking significant side effects.

The daily treatment protocols were similar to normal external beam treatment, but with some significant differences in terms of determining the position of the prostate. Prior to treatment I was placed in a semi-circular trough and polyurethane was pumped in to form a cast of my body. Whilst still in the cast, a CAT scan determined the position of the prostate and a 3-D computer model was established to assist in determining the area to be treated. I was placed in this “cast” for each treatment session but prior to beginning treatment, two digital X-rays were taken and compared to the original CAT scan which allowed a computer to accurately pinpoint the “target” and to shape the proton beam. This was repeated for all of my 41 treatments. In addition, I had to drink 500ml of water 40 minutes before each treatment and also had a “rectal balloon” inserted into my rectum and filled with water to stabilise the prostate’s position. These procedures are best described as “uncomfortable!”

My treatment was carried out at Loma Linda University Medical Centre where the first clinical proton beam therapy for prostate cancer was carried out in 1991. Five, seven and ten-year follow-up studies indicate that proton beam therapy has a success rate equal to surgery for treatment of prostate cancer. At five years post-treatment, I’m happy with my decision to go with this therapy. If anyone would like to ask further questions about my experience, I’m happy to be contacted on waynespud1@hotmail.com.
Bundaberg Group Keeps Abreast of the Times

A Christmas luncheon in Bundaberg had historical overtones for the district with the “breast cancer girls” and “prostate cancer boys” holding a joint meeting for the first time. Alan Vinegrad, who co-ordinates the speakers for the Bundaberg & District Prostate Cancer Support Group secured Jo Fairbairn, National Corporate Partnerships and Health Promotion Manager from Prostate Cancer Foundation of Australia, as guest speaker and invited the Friends of Breast Cancer Bundaberg to come along. They did, and the meeting and luncheon were a great success with around 80 attending.

Jo’s talk was enthusiastically received as she spoke about the Men’s Health Ambassadors’ Program, specifically targeting prostate cancer and continence issues, but also looking at health in general. Whilst in Bundaberg, she made good use of her “spare” time by addressing four Rotary Club meetings on men’s health matters, initiating a huge response and requests for further material.

“Clearly there is much to be gained by the prostate cancer and breast cancer groups getting together and exchanging thoughts and ideas,” Alan Vinegrad said following the meeting. “When you consider it, both forms of cancer can often strike the one household. We commend this initiative to other support groups.”

On the subject of men’s health issues, about one per cent of breast cancer cases in Australia, that’s one in every 100, occur in men. To date there’s been no reports of women with prostate cancer!

The Da Vinci Mode (it’s here in Queensland)

The first robotic surgery to be conducted in Queensland was carried out at Greenslopes Private Hospital on 21 December 2008. Dr Peter Swindle used the da Vinci surgical system robot to perform three radical prostatectomies at the hospital. Up until now, men wanting a “robotic” prostatectomy needed to travel to Sydney or Melbourne for the procedure.

The da Vinci surgical system is not a robot in the true sense of the word, but a machine that replicates a surgeon’s hand movements at the tips of miniature instruments inside the patient. The surgeon sits at a console away from the operating table and is able to guide the instruments using a greatly magnified 3D screen. The system allows the surgeon to work in the lower areas of the pelvis without interfering with other surrounding organs such as the bowel and bladder, whilst having an unprecedented view of the proceedings. Incisions of only one centimetre or less are necessary to allow the surgeon to operate, compared with an incision of up to 25 centimetres for a traditional radical prostatectomy, and this results in less post-operative pain, less blood loss, less scarring, reduced risk of infection and shorter hospital stay. A robotic prostatectomy patient can typically leave hospital after three or four days.

Up until now, robotic surgery in Australia has only been available in Sydney, Melbourne and Adelaide. Apart from prostatectomies, the other main use for the system has been for cardiac surgery where the small incisions and miniature instruments negate the need to break a patient’s chest bones (sternotomy) to allow access to the heart.

In the longer term, because the surgeon is remote from the patient, robotic surgery could potentially enable a surgeon in, say, London to operate on a patient in Brisbane. Or, closer to home, a surgeon in Brisbane to operate on a patient in Mount Isa.
Cancer Council Queensland’s Prostate Cancer Research Program: Update

Cancer Council Queensland (CCQ) has for some years now been undertaking high quality research focusing on prostate cancer. 2008 was a significant year for our Prostate Cancer Research Program – we entered our third year of data collection from men involved in our ProsCan project; we became part of the global PRACTICAL consortium (an international collaboration of prostate cancer and genes studies); and have embarked on four new projects.

**ProsCan**
At the heart of CCQ’s Prostate Cancer Research Program is the ProsCan project which began in 2005. Conducted in collaboration with the Northern Section of the Urological Society of Australia and New Zealand and Queensland University of Technology, this project recruited more than 1000 men as close as possible to diagnosis and is following their progress through to three years after the start of each man’s treatment. As part of the ProsCan project, we have also been trialling a support program designed to assist men in making their treatment decision and helping them adjust to treatment outcomes.

In 2008, we reached several major milestones with ProsCan. All men had either started or completed treatment allowing us to finalise the collection of information on diagnostic processes. In addition, all men who were involved in the trial of the support intervention completed their involvement in this component of ProsCan. We finished collecting information on diagnostic characteristics from the Queensland Cancer Registry and have begun collecting specific treatment information from medical records. While we still have a long way to go before the ProsCan study will be completed, we can now begin to analyse the information collected thus far, with early results from the study expected to be available in late 2009.

**Genetics and Prostate Cancer**
Our collaborators at the Queensland University of Technology (QUT) have continued to analyse the blood samples provided by 885 men taking part in ProsCan, to try and identify genetic patterns that might be involved with the development and progression of prostate cancer. By comparing DNA in men with prostate cancer to DNA in men without prostate cancer, we will be able to understand which genetic patterns are likely to be important in the development and progression of prostate cancer.

Importantly, CCQ and QUT are now involved in a new and significant international consortium, PRACTICAL (short for Prostate Cancer Association group to Investigate Cancer Associated Alterations in the genome) which has been established to examine genetics and prostate cancer on a global level. The group is currently comprised of 13 prostate cancer studies, including six from Europe, five from North America, and two from Australia. To date, the project has examined genetic patterns previously reported in smaller national studies to try and identify if these patterns are significant worldwide. Early work from the PRACTICAL Consortium has confirmed that several genetic patterns are associated with an increased risk of developing prostate cancer.

**New Projects in 2008**
CCQ started work on four new projects last year in acknowledgement of the need for further research and support, not only for men who have been diagnosed with prostate cancer, but also for their partners and family members.

The First Degree Relatives Study
The First Degree Relatives Study is examining the preventive health behaviours of men with a family history of prostate cancer and will seek to understand how men make decisions about their preventive health behaviours. Since the study commenced in April last year, almost 300 men with a family history of prostate cancer, aged between 40-70 years have been interviewed by the research team. The information we receive from this study will help inform the development of supportive care programs and educational resources aimed at addressing the specific needs of men with a family history of prostate cancer.

The Sun Exposure, Vitamin D and Outcome of Prostate Cancer Study
Some evidence suggests that vitamin D may protect against certain cancers, but this relationship is still unknown for prostate cancer. CCQ, in collaboration with the Cancer Council NSW and the University of Sydney are conducting a study to investigate the relationship between sun exposure, vitamin D and the recurrence or progression of prostate cancer. CCQ staff have interviewed more than 220 men since recruitment started in May 2008. The interviews will help us gain a better understanding of levels of sun exposure and intake of foods known to be sources of vitamin D. The blood samples collected as part of this study will allow us to measure the amount of vitamin D in the blood.

ProsCan for Couples
We know that a significant proportion of men experience erectile problems after treatment for prostate cancer. ProsCan for Couples aims to investigate the effectiveness of a new support program to help couples adjust to changes in sexual function resulting from radical prostatectomy. Like ProsCan, this intervention is telephone based. However, it is designed to be delivered not only by our trained nurses, but also by peer support volunteers – men who have themselves undergone radical prostatectomy. The development of ProsCan for Couples is progressing steadily and enrolment of couples in this new project is planned to begin in February 2009. Approximately 220 couples will be involved in this study and will be enrolled prior to undergoing surgery.

The ProsCan Partners Study
Research into the experiences of partners of men diagnosed with prostate cancer is currently limited. At present, we have no information on the long term experiences and quality of life outcomes of partners of men with prostate cancer. The ProsCan Partners Study will address this issue by examining the long-term experiences of the partners of men in the ProsCan project. Enrolment of partners will begin in January 2009. Results from the ProsCan Partners Study will help us to understand how we can better support partners and couples through the prostate cancer experience, and will allow CCQ to develop new support programs and services targeted to the needs of this group.

In 2009, CCQ’s Prostate Cancer Research Program will be further expanded to include research into the support needs and experiences of men with advanced prostate cancer.

For more information on CCQ’s prostate cancer research projects, please contact the Program Manager, Megan Ferguson on 07 3258 2356.

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**Dragon Boats**

Ten years ago a group of women breast cancer survivors got together and decided that they would form a crew and compete in some of the numerous “dragon boat regattas” held around Australia each year. Their aim was to raise awareness of breast cancer within the community. They called themselves *Dragons Abreast*, and today there are 35 boats, each crewed by twenty “pink ladies”, some septagenerians, competing around the country.

At a *Chinese Regatta* held at Pacific Fair on the Gold Coast three years ago, the idea of a dragon boat challenge to raise money for prostate cancer research was floated and the waters were tested in June last year with the inaugural Sanctuary Cove Prostate Cancer Dragon Boat Challenge. All proceeds went to Cancer Council Queensland. Eight boats competed, but from the feedback from other dragon boat clubs, this number could double in June 2009, **BUT** prostate cancer survivors and support group members are needed to crew the boats.

If you’re an outdoors type or aspire to be one, live in S.E. Queensland and you can spend a bit of time for regular dragon boat crew practice (there’s great health benefits which are thrown in for free!), you can get further information by phoning (07) 5580 5975.

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**Sex in Your 70’s**

A study of Swedish 70-year olds found many are still sexually active and enjoying it more than ever. Researchers only asked about heterosexual intercourse and there was no bedroom follow-up to prove the veracity of answers. Those born in the 1930’s were most likely to have had their first sexual encounter before 20 and have a more positive attitude towards sex than their forebears.

Men admitted to sex more often than women, but women were more likely to have older partners or be living alone, making sex less likely. Although men predominantly shouldered the blame when sex ceased, it does look as though things are on the up-and-up for septuagenarians.

Urine test may reduce unnecessary repeat prostate biopsies

November 7, NEW YORK (Reuters Health) – Urine testing for prostate cancer gene 3 (PCA3) mRNA can help identify clinically significant prostate cancer and may help reduce the number of unnecessary repeat biopsies performed, European investigators have found. They explain in their paper in the October issue of European Urology that PCA3 is over expressed in 95 per cent of prostate cancers. “The PROGENSA PCA3 assay measures PCA3 and PSA mRNA concentrations in post-DRE (Digital rectal examination) urine.”

Agent orange exposure linked to doubled risk of prostate cancer

November 10, 2008 NEW YORK (Reuters Health) – A study of Vietnam War era veterans shows that exposure to Agent Orange is associated with a significantly increased risk of prostate cancer, earlier disease onset, and more aggressive features. Cancer 2008;113:2464-2470.

Diabetes drugs tied to lower prostate cancer risk

November 18 NEW YORK (Reuters Health) – Drugs used to control diabetes may lower the risk of prostate cancer, investigators at the University of Tampere in Finland report. “Recent studies have reported a decreased prostate cancer risk for diabetic men, although the evidence is controversial,” Dr. Teemu J. Murtola and colleagues note in the American Journal of Epidemiology. “It is currently unclear whether the use of antidiabetic medication affects the association between diabetes and prostate cancer.”

Artificial sphincter restores urinary continence in prostate cancer patients

November 21, 2008 NEW YORK (Reuters Health) – Men who have undergone radical prostatectomy, prostate cancer radiation therapy, or other treatment resulting in significant urine leakage experience a high level of “social continence” with an artificial urinary sphincter, a team at the University of California, San Francisco report in the October issue of Urology 2008;72:825-827

Hormone therapy protects against hematuria after radiotherapy for prostate cancer

December 1, 2008 NEW YORK (Reuters Health) – In prostate cancer patients treated with high-dose radiotherapy, prior transurethral resection of the prostate (TURP) is associated with an increased risk of late hematuria while long-term hormonal androgen ablation is protective, according to findings published in the November issue of Urology. 2008;72:1130-1134.

Cancer Specialists Struggle With Giving Patients Bad News and Discussing High Cost Drugs

8 December 2008 – Oncologists need more guidance to help them talk to their patients about difficult topics such as the cost of medication and treatment failure, according to a study published in the latest issue of the Medical Journal of Australia.

Selenium, Vitamins E and C Won’t Prevent Prostate Cancer

Tuesday 9 December (Healthday News) – Selenium, vitamin E and vitamin C won’t prevent men from getting prostate cancer. In findings that were released early because of the public health implications, the results of two large randomised, controlled clinical trials showed the supplements failed to provide a cancer-prevention benefit, despite past findings that seemed to indicate great promise – particularly for selenium. Both studies were expected to be published in the 7 January print issue of the Journal of the American Medical Association.

Chemotherapy does not delay appearance of castrate-resistant prostate cancer

December 12, 2008 NEW YORK (Reuters Health) – In men receiving androgen ablation for advanced prostate cancer, the emergence of castrate-resistant disease is not delayed by three cycles of systemic chemotherapy, according to a report in the Journal of Clinical Oncology published ahead of print on November 24.

Percent free PSA predicts prostate cancer when serum PSA 2.5 ng/mL or lower

December 12, 2008 NEW YORK (Reuters Health) – Among men with a serum prostate-specific antigen (PSA) level of 2.5 ng/mL or lower, the percent free PSA is an accurate predictor of prostate cancer at prostate biopsy, according to findings published in the November 15 issue of the journal Cancer 2008; 113:2695-2703.

Above information sourced from Cancer Daily News
The William Rudder Travelling Fellowship is the most prestigious travelling fellowship offered by Cancer Council Queensland. Cancer Council Queensland’s Board of Directors decided that prostate cancer would be the target of the 2008 Rudder Fellowship and, in line with this decision, a candidate working with prostate cancer who could travel overseas to study current and emerging treatment regimes and return and deliver a talk on his or her experiences, was sought. Dr John Yaxley was the successful candidate and was appointed as the 2008 William Rudder Travelling Fellow.

Dr Yaxley is a consultant urologist and urological surgeon at the Royal Brisbane and Women’s Hospital, Redcliffe Hospital and the Wesley Cancer Care Centre Brachytherapy Program. As the Rudder Fellow, Dr Yaxley travelled to the U.S.A. towards the end of 2008 where he spent some time at the University of California San Francisco Medical Centre (UCSF) studying and participating in the latest developments for the treatment of prostate cancer.

 Upon his return he presented his observations and involvement with prostate cancer treatments at UCSF at the William Rudder Memorial Lecture that he gave on 1 December 2008 at Cancer Council Queensland’s David Lambert Auditorium. Whilst his talk covered many aspects of treatment programs, of particular interest were his observations on surgical techniques, and particularly, robotic versus open prostatectomies; he discussed the pros and cons of each procedure and how the results compare.

Dr Yaxley will repeat his talk at the Brisbane Prostate Cancer Support Network’s meeting on Wednesday 8th April 2009, after which a full report will appear in QPCN. It will be an interesting and very informative meeting.

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**Bundy Run**

Dear Editor,

My name is Matthew Grills and I’m writing this letter on behalf of my wife, mum and dad (and me!) and future generations of Australian men not yet diagnosed with prostate cancer. This dreaded disease has significantly touched our family; grandad died from it a few years ago (mainly due to lack of early testing) and dad has had it, but is now OK following successful surgery. Thank God for that one!

Dad and I run; we love to run, and we plan to run from Bundaberg, where we all live, to Brisbane and back again to raise awareness about prostate cancer and funds for research. We’ll take it in turns to run to share the load, and my wife and mum will be our support crew in the campervan. At each stop along the way we’ll have a “finish festival” to raise awareness and funds. Our run will be promoted through papers, radio, TV and magazines.

Our planned stops will be at Childers, Pialba, Maryborough, Gympie, Noosa Heads, Caloundra, North Lakes and then Brisbane. On the way back we’ll include Caboolture and Eumundi. This will all be happening next November (yes, I realise that it’s some way off, but time flies when you’re planning) and we are seeking sponsors, individuals and organisations to help fund the event, as well as support and publicity from support groups along the way. If you’re so inclined, by all means come and run a leg or part thereof with us.

I’d love to hear from you if you can assist in any way, or can pledge a donation for prostate cancer awareness and research. You can phone me on 0438 223 752 or get me via e-mail at grills_1@hotmail.com and I can give you more details about itinerary etc.

Kind Regards, Matthew Grills.
Century Mine Movember Awareness Visit

To coincide with the month of Movember, a prostate cancer awareness visit was arranged at the Century Mine in North-Western Queensland. PCFA Ambassador Extraordinaire, Ross Gomersall addressed the mine staff, covering the various aspects of prostate cancer and its effects on patients, families and the community at large, but there seemed to be plenty going on elsewhere at the mine site.

Confederation Declaration

In line with the theme of the 2008 National Conference, SUPPORTING QUALITY OF LIFE, a number of Prostate Cancer Support Group members got together at the Conference to produce a draft declaration covering the Prostate Cancer Foundation of Australia’s (PCFA) role in interacting with the Australian community. The “Conference Declaration” set out the expectations and aims of support group members regarding PCFA’s work as the principal Australian organisation dealing with prostate cancer and its many facets. The declaration was presented to the Board and Management of PCFA for consideration. It contained some new initiatives and expanded on programs PCFA already has in place.

The declaration titled Patient Centred Involvement in PCFA Policies and Research is reproduced on opposite page for the interest of support groups and others involved in prostate cancer awareness, treatments and its effects within the community.

CLOCKWISE FROM TOP LEFT: Century Mine Movember Winners Chris Agnew and Mick Hogan; The local ambulance sprouted a mo for the occasion; It’ll take more than a tiger to fill this tank; A boy and his toy – Ross contemplates how one of these could beat peak-hour traffic (just go over the top!).
Prostate Cancer Support Group Members declaration from the national PCFA conference on Supporting Quality of Life, 18 November 2008

PATIENT CENTRED INVOLVEMENT IN PCFA POLICIES AND RESEARCH

To the board and management of the PCFA,

Members of the national network of prostate cancer support groups acclaim the mission of the Prostate Cancer Foundation of Australia to reduce the impact of prostate cancer on the Australian Community. Within that context PCFA has won national recognition as the principal independent organisation representing the views of members of prostate cancer support groups and providing a suite of services and resources to meet their needs.

Support group members have an important role in informing PCFA on those views, and service or resource requirements which enable them to discharge their unique role with compassion. Accordingly the delegates at this 2008 national conference on Supporting Quality of Life express the following expectations:

1. PCFA will commit to achieving meaningful inclusion of translational research, clinical trials and psychosocial research within the scope of PCFA-funded research.

2. PCFA will investigate avenues for improving the quality of life of those with advanced or metastatic disease.

3. PCFA will provide professional submissions to government enquiries and review and planning processes.

4. PCFA will advocate for the establishment of a prostate cancer desk within government administration.

5. PCFA will identify increased opportunities for consumer participation on internal committees and within external forums.

6. PCFA will underpin programs for training and development of support group members to discharge consumer representation roles with credibility.

7. PCFA will publicise the support group role, services and capacity to complement professional medical advice along the cancer care pathway.

8. PCFA will collaborate with kindred organisations that address complementary aspects of men’s health.

9. PCFA will initiate greater use of technology for the provision of information and resources to the public.
Dr Donald F. Gleason, a retired professor from the University of Minnesota Medical School died on 28th December 2008 following a series of heart problems. He was 88 years of age.

Gleason developed a system for rating prostate cancer tumours whilst working at the Minneapolis Veterans Administration Hospital in 1966. A colleague of Gleason’s at the medical school, Akhouri Sinha, pointed out that the system, which came to be known as the “Gleason Score”, is still the benchmark grading system for prostate cancers after 40 years-plus of continued use and is currently used over one million times each year world-wide.

Born in 1920 in Spencer, Iowa, Donald Gleason retired from university life in 1986. He is survived by Nancy, his wife of 62 years, three daughters and nine grandchildren.