



# THE WALNUT

August 2012

Newsletter of the Prostate Cancer Support Group - ACT Region Inc.

Affiliated with the Prostate Cancer Foundation of Australia



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## Monthly meetings

All people are welcome to attend our regular monthly meetings. No notice is required - simply come along and introduce yourself, or contact one of the people listed below.

### When

Meetings of our support group are held on every 3rd Wednesday of the month except in December.

### Usual Location

Room 22, Building 1, Pearce Community Centre, Collett Place, Pearce, ACT 2607. See our web site for details and map showing the location.

### Time

6:30 for 7:00

### Next meeting

Wednesday, 15 August 2012.

### Special location for next meeting

The August meeting will be held at the ANU in the John Curtin School of Medical Research. This is Building 131 on Garran Road. A map showing the location is provided on the last page of this newsletter. One of the School's post-doctoral researchers will give a short talk on his work in prostate cancer and there will be a tour of one of the labs. Most of the staff parking spaces will be available for our use along the unmarked side road at the western end of building 131. Entry to the building is at the top of the big ramp at the front of the eastern end of the building.

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## Contact us

### Postal address

Prostate Cancer Support Group - ACT Region Inc.  
PO Box 717, Mawson, ACT 2607

### Personal support

If you would like immediate support, advice or assistance contact any of the following people:

President: Peter Daley  
Ph. 02 6291 0612  
Email: [monashmm@bigpond.net.au](mailto:monashmm@bigpond.net.au)

Secretary: John Hayhoe  
Ph. 02 0161  
Email: [john\\_h@sandj.org](mailto:john_h@sandj.org)

Jim Clough  
Ph. 02 6255 2380  
Email: [jclough@grapevine.net.au](mailto:jclough@grapevine.net.au)

### Web site

See our web site for details about the activities of the group, meetings, meeting location map, contact persons and lots of other useful information:

[prostate-cancer-support-act.net](http://prostate-cancer-support-act.net)

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## Disclaimer

From time to time in our newsletters we provide information about developments in the diagnosis and treatment of prostate cancer, research articles, documents, audiovisual products, presentations and other interesting materials. However, the Group's Executive and the editor of this newsletter do not have the medical expertise required to make an informed evaluation of the conclusions and recommendations presented in such materials, and we have not verified such conclusions and recommendations through appropriately qualified medical professionals.

The information presented in this newsletter must not be interpreted as being endorsed or recommended by the Executive or the editor. Any recommendations made in such materials may not be applicable in your particular case. Before implementing any recommendations made in the materials that are

reported, it is essential that you obtain advice from appropriately qualified medical professionals. The view of the Group's Executive is that no two prostate cancer cases are alike and that no single treatment option is better than any other in all cases. While the information in this newsletter should be of interest, there is no substitute for getting informed medical advice from your own GP, specialists and other medical professionals.

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### From the editor

This edition provides information about past and future events of interest, some information about a recently acquired DVD on rehabilitation after treatment for prostate cancer, and notes about a recently publicised study into the comparative effectiveness of prostatectomy Vs observation for patients with localised prostate cancer.

If you are aware of news, products, publications, web sites, services or events that may be of interest to members of the group I'd be happy to be informed of them. If you have received this newsletter indirectly and would like to be emailed a copy directly please send me an email. I'm happy to also add any of your friends to the email list. Past issues of *The Walnut* can be downloaded from [this page](#) of our web site.

**Mike Boesen**  
Editor

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### President's report

The most important item this month is to remind you that our next meeting, scheduled for Wednesday 15 August will not take place at our usual meeting place in Pearce. Instead, thanks to our Treasurer Malcolm Whyte, we are to meet at the John Curtin School of Medical Research at the Australian National University where we will have a conducted tour of some laboratories with an opportunity to meet a few of the research scientists. Proceedings will commence at 7:00pm. There will be a short meeting and supper is being provided. Location details are provided on page 1 of this newsletter.

Thank you to those members who have indicated their intention to attend the Community Health Seminar at the Hellenic Club on 7 August. It is important that our Group is well represented at these health seminars and I am pleased that we will have some 9 members in attendance. The National Chairman of the PCFA, David Sandoe and his wife Pam and our own Dr Hodo Haxhimolla are all to speak during the evening.

Prostate Cancer month is again with us in September. It is a big month – besides three Bunnings BBQs, and

the Politicians' BBQ in the City Centre - this year being sponsored by Green Party members - we are to attend the SHOUT 30<sup>th</sup> Birthday Dinner on Thursday 6. I currently have 5 members on the list – if anyone else wishes to join our table, please telephone me – I need to confirm final acceptances by 27 August. It will be a big night with all the Self-Help Groups being represented.

On Sunday 23 September, we have again been nominated as the sponsored charity at the annual Shannon's German Auto Display. This is being held from 10am to 3pm again on the Patrick White Lawns, adjacent to the National Library. We need to man an awareness tent and have sufficient numbers also to form a bucket brigade to solicit donations – both are easy tasks but we do need numbers, both on the morning (10am-12.30pm) and afternoon (12.30pm-3pm) shifts. With donations also from stall holders, we collected substantial funds last time – please give us a few hours of your time to show the Organising Committee that we appreciate them advertising our Group as the recipient charity. There will be a sign-on list at the August meeting.

Details of the September BBQs are still to be finalised but as soon as these plans are in place we will let all members know so that we are able to organise the necessary shifts at all the Bunnings sites.

Thanks are also due to the guest speakers from Better Hearing Australia (BHA) Canberra Group at our 20 July meeting:



*Judy Greenfield, Haydn Daw and Sue Daw  
from BHA Canberra Group*

Group members should note that the monthly meeting on 19 September 2012 is our 2012 Annual General Meeting. Details are provided on p5 of this newsletter.

Keep Well!

**Peter Daley**  
President

## Secretary's report on the 18 July 2012 monthly meeting

The meeting was attended by 23 people, including three new members.

### Guest speakers

The guest speakers were from Better Hearing Australia (BHA) Canberra Group. Sue and Haydn Daw from BHA were accompanied by BHA volunteer Judy Greenfield. Haydn outlined some of the causes of hearing loss including excess ear wax, damage to the tympanic membrane, declining function in the cochlear mechanism and ultimately deterioration in the auditory centre in the brain. He indicated that prolonged exposure to loud noise causes about 40% of hearing loss and that there is a steady increase in loss incidence with age, particularly in relation to higher frequency sounds. He said that tinnitus is a common hearing complaint and that it is an early warning sign that hearing loss has occurred or is occurring (even though the person may not think they have a problem). Haydn informed members that in addition to limiting employment opportunities for many people, hearing disabilities incur a large cost for Australia's economy. For instance, in 2006 hearing impairment cost the Australian economy an estimated \$12 billion in compensation claims. Haydn stressed the importance of hearing protection at all times and also the value of early assistance when problems arise.



*Haydn Daw addressing the meeting*

Sue Daw then outlined the role of BHA in teaching people how to cope with hearing loss. She indicated that BHA is very active in assisting the hearing impaired community in Canberra and has an enthusiastic band of volunteers and three BHA Aural Rehabilitation Teachers who are able to provide training and advice about hearing loss to people of the ACT and surrounding community. The Canberra Group of trained volunteers offers an educational program 'Hearing Loss Management' (popularly known as Lipreading) comprising sessions on Tuesdays, afternoon and evenings. Assisted by Judy, Sue gave an informal test for lip reading, which is an important skill that the hearing impaired should acquire. Our Group performed very well on this test. Sue showed the Group samples of their many helpful brochures covering the range of support services available in the ACT.



*Sue Daw providing information to the Group*

BHA Canberra's web site, which includes contact details is: [canberra.betterhearingaustralia.org.au](http://canberra.betterhearingaustralia.org.au)

### General Business

President Peter welcomed the two new members and one carer and invited each of them to talk about their prostate experience. One of the new members had a radical prostatectomy in 2009 but his PSA continued to rise so he is now on androgen deprivation therapy (ADT). The other new member had radiation treatment which has left him with both incontinence and frequent cystitis. One of members reported he is still quite incontinent 12 months after prostate surgery.

## Coming Events

- 7 August – Community Health Seminar at the Hellenic Club (details are provided in the [July issue of The Walnut](#) but you must phone 1800 170 000 to register).
- 15 August 2012: monthly meeting (at the ANU - see details provided on page 1 of this newsletter).
- 6 September 2012: SHOUT 30th Anniversary dinner.
- 21 September 2012 – Green Party barbeque in Civic.
- 23 September 2012 – German Motorfest on Patrick White Lawns.
- 28 September 2012 – Big Blokes Lunch at Woden Tradies. This is a PCFA organised fund raiser with proceeds going to our Group.
- 20-21 October 2012 – Murrumbateman Field days.
- 19 September 2012 - Annual General Meeting - see p5 for details
- Bunnings' BBQs - dates to be determined.

## Next meeting

The next meeting will be on Wednesday 15 August 2012 at the ANU - see details provided on page 1 of this newsletter.

**John Hayhoe**  
Secretary

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## Recently acquired video available for loan: Rehabilitation after treatment for prostate cancer

We now have available for loan to members a DVD of an address to the Sydney Adventist Hospital Prostate Cancer Support Group on 27 June 2011 given by urologist Dr Phillip Katelaris and Physiotherapist Ms Taryn Katz, of the Prostate Cancer Rehabilitation Centre. This is a very informative presentation, with our reviewers regarding it as essential viewing:

*After prostate cancer treatment the patient may suffer from its side effects. Three common side effects are (a) urinary incontinence, (b) impotence and (c) anxiety and depression. These side effects have the potential to ruin the quality of life of not only the patient but also of his partner. In this DVD, Dr Katelaris and Ms Katz explain in detail each of these side effects and alternative remedies. For devising a remedial program for a patient, they recommend a multi-disciplinary team approach by*

*specialists in urology, physiotherapy and psychotherapy/sex therapy. They also suggest that some of the remedial steps need to be planned or commenced before treatment. Towards the end of the DVD, Dr Katelaris outlines the latest thinking of world's leading experts on treatment of prostate cancer, gleaned from his participation in recent conferences of American Urological Association (AUA). The presentation is of excellent quality, sprinkled with good humour and at times some frank imagery, the latter being suitable for adults only. Men considering treatment for prostate cancer and those who have side effects from treatment, will find the DVD highly informative and rewarding.*

**Mike Boesen**  
Editor

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## Radical prostatectomy Vs observation for localised prostate cancer

In recent weeks some details about a study reported by Timothy J. Wilt and others in an article entitled **Radical prostatectomy versus observation for localized prostate cancer** have become available. The full article is published in the New England Journal of Medicine 2012; 367: 203-213 (dated 19 July 2012). An on-line abstract of the article can be read [here](#), its substantive content being:

### BACKGROUND

*The effectiveness of surgery versus observation for men with localized prostate cancer detected by means of prostate-specific antigen (PSA) testing is not known.*

### METHODS

*From November 1994 through January 2002, we randomly assigned 731 men with localized prostate cancer (mean age, 67 years; median PSA value, 7.8 ng per milliliter) to radical prostatectomy or observation and followed them through January 2010. The primary outcome was all-cause mortality; the secondary outcome was prostate-cancer mortality.*

### RESULTS

*During the median follow-up of 10.0 years, 171 of 364 men (47.0%) assigned to radical prostatectomy died, as compared with 183 of 367 (49.9%) assigned to observation (hazard ratio, 0.88; 95% confidence interval [CI], 0.71 to 1.08; P=0.22; absolute risk reduction, 2.9 percentage points). Among men assigned to radical prostatectomy, 21 (5.8%) died from prostate cancer or treatment, as compared with 31 men (8.4%) assigned to observation (hazard ratio, 0.63; 95% CI, 0.36 to 1.09; P=0.09; absolute risk reduction,*

2.6 percentage points). The effect of treatment on all-cause and prostate-cancer mortality did not differ according to age, race, coexisting conditions, self-reported performance status, or histologic features of the tumor. Radical prostatectomy was associated with reduced all-cause mortality among men with a PSA value greater than 10 ng per milliliter ( $P=0.04$  for interaction) and possibly among those with intermediate-risk or high-risk tumors ( $P=0.07$  for interaction). Adverse events within 30 days after surgery occurred in 21.4% of men, including one death.

## CONCLUSIONS

Among men with localized prostate cancer detected during the early era of PSA testing, radical prostatectomy did not significantly reduce all-cause or prostate-cancer mortality, as compared with observation, through at least 12 years of follow-up. Absolute differences were less than 3 percentage points.

An internet search indicates that there is considerable discussion about the methodology and results of the study. For instance, an article by Nick Mulcahy in [Medscape Urology News dated 19 July 2012](#) provides a number of informative comments about the study. That article is well worth reading. Of particular note are these limitations that appear to have been mentioned by some editorialists:

- the small scale of the study (with the researchers falling far short of their initial goal of randomly allocating 2000 men to the prostatectomy and observation groups) and
- 20% of the men in the observation group actually received "definitive treatment" and 21% of the men in the surgery group actually never had a prostatectomy.

The PCFA - which has access to the full article - notes such weaknesses in the trial, and on [this page on its web site](#) states that:

*The small number of enrolments reduced the power of the trial to detect differences between surgery and observation. Also of note is that modern Australian surgery delivers better results in terms of positive margins, urinary incontinence and erectile dysfunction, than those reported by PIVOT.*

*The great news is that the study supports the use of conservative treatment strategies, such as watchful waiting and active surveillance, as alternatives to surgery or radiotherapy for men with low risk (low grade, early stage) prostate cancer. However, the study also highlights the difficulties in determining what constitutes low risk*

*disease. PSA testing was shown as the best method in the study.*

*The results of the study are indicative that surgery produces better outcomes than observation for men with intermediate and high risk prostate cancer, with a reduction in both deaths and bone metastases (spreading of the cancer to the bones).*

We will keep you informed in the light of further debate and research.

**Mike Boesen**  
Editor

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## Notice of 2012 Annual General Meeting

Members are advised that the Group's Annual General Meeting will be held on Wednesday, 19 September 2012 at the SHOUT Building, Pearce Community Centre, Collett Place Pearce, following the monthly meeting to be held at 7.00pm. The Business of the meeting shall be:

- a. to confirm the Minutes of the last preceding Annual General Meeting;
- b. to receive from the Committee reports on the activities of the Club during the preceding financial year, including but not limited to:
  - the audited statement of the Group's accounts in respect of the most recently ended financial year of the Group, and
  - a copy of the Auditor's report to the Group in relation to the Group's accounts for that financial year;
- c. to elect the members of the Group's Committee for the coming year;
- d. to appoint the Auditor and determine a remuneration for that work; and
- e. to determine the remuneration of any servants of the Group.

**Peter Daley**  
President

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## Map showing location of the 15 August 2012 meeting

On the next page is a map showing the location of the 15 August 2012 meeting .

## MEETING LOCATION

The 15 August 2012 meeting will be held at the ANU in the John Curtin School of Medical Research. This is Building 131 on Garran Road.

Most of the staff parking spaces will be available for our use along the unmarked side road at the western end of building 131. Entry to the building is at the top of the big ramp at the front of the eastern end of the building.

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