



THE WALNUT

April 2013

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

The next meeting will be on Wednesday, 17 April 2013 at the [usual time and location](#). Guest speakers will be Dr Andrew Norwood and Dr Shona Hutchison. They will tell us about the chiropractic approach to good health.

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

Phone: 02 6291 0612

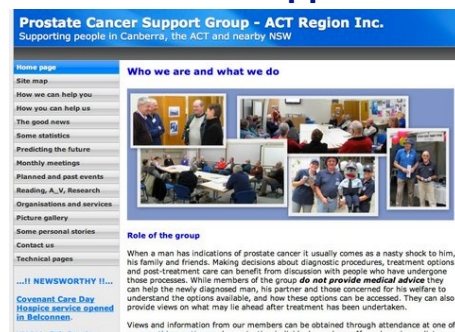
Email: monashmm@bigpond.net.au

Committee member:

Web site

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

prostate-cancer-support-act.net



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.

From the editor

This edition provides information about our last meeting, past and future events of interest and some articles of interest.

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: <http://tinyurl.com/42fyrd>

Mike Boesen
Editor

President's report

Peter Daley was unable to attend the meeting and I chaired the meeting in his absence. Matters reported and addressed are itemised in the Secretary's Report. However Peter has asked me to seek help for a newly identified event for which he provided the following information:

Some of you will remember that last year we ran an awareness display at the Hall oval where there was a series of Rugby matches involving the Hall Rugby Club and the ACT Rugby Veterans. As part of the proceedings we were presented with cheques from both Clubs. I have just received a note from Christian Sorenson, last year's organiser inviting us to again attend the Golden Oldies Rugby Day at Hall on Saturday, 20 April commencing at 12.30pm. He has indicated that there will be a donation from the ACT Vets which will be matched by the Hall Bushrangers. We need someone to look after the erection of our awareness marquee and for 3 or 4 volunteers to staff it.

If you can assist, please phone Peter on 6291 0612.

Mike Boesen

Secretary's report for the 20 March 2013 monthly meeting

Attendance was not as strong as on the last meeting with only 21 persons attending, including two new members.

Guest speaker

The guest speaker was Xuejing Huang (Jessica) who informed us about the Prostate Nursing Care postgraduate diploma level course that she undertook recently at La Trobe University.



The group had provided a grant to Jessica to assist in her undertaking of this course and has done so for a number of other nurses in the past. Currently Jessica is a Registered Nurse employed by The Canberra Hospital. She informed the group about the course, why she was keen to do it, what information and skills she acquired, and her views on how such information and skills can be of benefit to prostate cancer patients. Details about the course and a copy of the slides used by Jessica can be downloaded from this page on our web site: <http://tinyurl.com/3dktzm5>

We welcomed the two new members. They briefed those present about their status. Both had undertaken biopsies that revealed the presence of prostate cancer and both were giving consideration to the key issue of what treatment was appropriate in view of their particular circumstances. There was considerable discussion and views put forward by members.

That led to some discussion about advantages and disadvantages of Brachytherapy.

Members were invited to bring the meeting up to date with their status and this led to a very useful interchange of information and views.

Michael Fullam-Stone provided information about a mind relaxation seminar.

John Hayhoe informed members that the PCFA was seeking people to volunteer as "PCFA Ambassadors". *(Details about this are provided later in this newsletter. Ed.)*

A small booklet designed "to help those coping with erectile dysfunction" was tabled. This booklet is one prepared by the Combined Prostate Cancer Support Groups of Rural NSW. Six members indicated an interest in obtaining a copy and we will get them from the organisation's Secretary. *(Note also the existence of the 40-page booklet entitled "Sex After Treatment for Prostate Cancer" produced by the Cancer Council Queensland. That can be downloaded from this page on the Cancer Council's web site:*

<http://tinyurl.com/d3k5o8e> *A printed version can also be ordered - see details on that page of the web site. Ed.)*

Members were informed by Mike that thanks to the efforts of Peter Daley, Steve and Rosemary Sweet, a very successful awareness table was run at the Bunnings Community Open Day at Fyshwick on 9 March 2012. At the end of the day there was a draw to select one of the represented community groups to be the recipient of a Bunnings Gift Card for \$500. As luck would have it, our group won! We have already had one of our hard-working longtime members kindly offer to cash in the card - more about that at our next meeting.

Mike also repeated the plea for more members to assist with the work of the group. In particular, he indicated that we desperately need a couple of guys or gals to take on these tasks:

- organising a roster of Guest Speakers for our meetings and liaising with them
- making up a list of community groups to which our 2-page flyer about our awareness presentations could be sent, and making appointments for such presentations (this task would not require you to present or to attend presentations - that would be undertaken by one of our members who have had training in that task).

Mike indicated at the meeting (and in the March newsletter) that neither is a difficult task. The executive committee will provide advice, ideas, suggestions and whatever other help you may require. Please contact Peter Daley on 6293 2532 if you can help. HELP!

Thanks were given to Antonio and Rosetta Coelho for organising the supper.

Next Meeting

The next regular monthly meeting will be on Wednesday 17 April 2013 at the usual time and location (see: <http://tinyurl.com/bjoycz>)

Details about the guest speakers are on page 1 of this newsletter.

George Kayaba
Secretary

PCFA seeking volunteers for their PCFA Ambassador program

People who volunteer for and are accepted by PCFA as being "PCFA Ambassadors" are provided training by PCFA. They then undertake a role that PCFA defines as being:

"To increase awareness of prostate cancer in the community through speaking engagements. To increase awareness of the PCFA vision and mission of reducing the impact of prostate cancer on Australian men, their partners, families and the wider community."

Documentation sent to us by PCFA also indicates that:

"PCFA will be targeting a range of diversity groups in future programs enabling us to link speakers and audiences more effectively. Target groups will include Aboriginal and Torres Strait Islanders, culturally and linguistically diverse communities (specifically Italian, Greek, Chinese, Vietnamese and Arabic communities), and men who have sex with men. PCFA has also identified local government areas with high numbers of men 45 years and older and will target these areas for identifying new Ambassadors as well as for the provision of speaking engagements. It is envisaged that PCFA Ambassadors will complete 2-6 speaking engagements per year, as their personal diary permits. PCFA recognises people will have varying amounts of time and commitment to the program. PCFA will assist in identifying and organising speaker engagements."

If you have an interest in becoming an Ambassador for PCFA, there is limited information about it on this page on the PCFA web site:

<http://tinyurl.com/cb7h5s7>

If you want even more information, please contact Peter Daley who has a set of very detailed documents sent to us by the PCFA. There is no relationship between the PCFA's Ambassador program and our own awareness-raising activities.

Mike Boesen

Recent articles and reports that might be of interest

The following articles that have appeared recently in various web publications may be of interest to some

members. The group's Executive has not attempted to evaluate the articles' findings and conclusions or the credentials of the authors. The articles are simply being drawn to your attention so that you can make your own evaluations.

Mike Boesen

"Caffeine Intake and its Association with Urinary Incontinence in United States Men: Results from National Health and Nutrition Examination Surveys 2005-2006 and 2007-2008"

Author: Davis N J *et al*

Web link: <http://tinyurl.com/cmccqw2d>

In the abstract of this study it is reported that:

"Caffeine consumption equivalent to approximately 2 cups of coffee daily (250 mg) is significantly associated with moderate to severe urinary incontinence in United States men. Our findings support the further study of caffeine modification in men with urinary incontinence."

While I have been unable to get hold of a copy of the full article, I note from the ReadCube material that can be accessed from this Nature Reviews Urology article that:

"...after adjusting for potential confounding variables, water intake and total moisture intake were not related to incontinence of any type."
<http://tinyurl.com/bw5czw9>

Content in this press release of the Georgia State University press release is also of interest:
<http://www.gsu.edu/news/63941.html>

"Surgery is superior to radiotherapy in men with localised PCa, says prize-winning Swedish study"

Researchers: Sooriakumaran, P *et al*

Web link:
[Download - EAU Annual Congress - Milan 2013](#)

In the press release of the European Association of Urology's 28th Annual UAE Congress dated 11 March 2013, the content of a paper by Dr. Sooriakumaran and others reporting the results of a large scale observational study, is summarised. The press release includes this content:

Surgery offers better survival benefit for men with localised prostate cancer, according to a large observational study, conducted by a group of researchers in Sweden and the Netherlands.

The study won the second prize for best abstract in oncology at the 28th Annual EAU Congress which will open in Milan this Friday, 15 March.

"The current gold standard management of localised prostate cancer is radical therapy, either as surgery or radiation therapy. This study suggests that surgery is likely superior to radiation for the majority of men who have localized prostate cancer, especially the younger age group and those with no or few comorbidities," said Dr. Prasanna Sooriakumaran, lead study author, of the Karolinska University Hospital in Stockholm.

In their study, Sooriakumaran and colleagues compared the oncologic effectiveness of radical prostatectomy and radiotherapy in prostate cancer, and analysed the mortality outcomes in 34,515 patients treated with up to 15 years follow-up.

It should be noted that from the information available in that press release the outcome measure was mortality. In considering its implications, readers would also need to take into account other outcomes such as changes to quality of life.

"Irradiation Produces Durable Survival in Prostate Cancer"

Author: Roxanne Nelson

Web link: <http://tinyurl.com/d8lhmlh>

In a 5 March 2013 article in Medscape Urology News is commentary on a research study by F A Critz *et al*. That study was initially reported in October 2012 - see the abstract here: <http://tinyurl.com/d57khm3>

Nelson's article includes this commentary:

In prostate cancer, radiation therapy and radical prostatectomy produce 'durable disease control.' In fact, 15-year disease-free survival rates with the 2 treatments are similar, according to a new study published in the March issue of the *Journal of Urology*.

However, the researchers found that prostate cancer can recur after many years. Therefore, they recommend that patients be followed for at least 15 years after their initial treatment.

'Some physicians feel that after 10 years, you don't have to continue follow-up, but we found that 5% of recurrences happen after 10 years,' explained lead author Frank A. Critz, MD, founder and medical director of Radiotherapy Clinics of Georgia. 'We've seen some recurrences after 15 years, and we

have 1 patient with disease recurrence after 17 years,' he noted.

On the basis of their study, Dr. Critz believes that follow-up should be at least 15 years, 'but personally, I think 20 years if preferable.... If the PSA [prostate-specific antigen] is below 0.2 ng/mL at 20 years, then the PSA checks can be discontinued.'

'After 20 years, we have not seen a recurrence,' he noted.

It should be noted that the comparisons made with radical prostatectomy are not based on data collected by the researchers but reflect 15-year recurrence rates observed in two other studies that were reported in 2002 and 2005. It should also be noted that the institutions in which the data were gathered are those of Radiotherapy Clinics of Georgia.

"Partners' Long-term Appraisal of Their Caregiving Experience, Marital Satisfaction, Sexual Satisfaction, and Quality of Life 2 Years After Prostate Cancer Treatment"

Author: Janet K Harden *et al*

This comprehensive article by Harden and her associates is reported in *Cancer Nurs.* 2013;36(2): 104-113 and is copied in this Medscape Urology News article:

<http://tinyurl.com/cxsjtkb>

The **conclusions** reported are:

This study adds to a growing body of research on spouses of men treated for prostate cancer. Findings support the now well established concept that prostate cancer affects not only the person diagnosed with the disease but also his spouse. In this study, spouses' negative appraisal of their care giving experience had a reciprocal affect on QOL (*Quality Of Life*): more negative appraisal resulted in more marital distress, less satisfaction with the sexual relationship, and lower QOL scores. Younger spouses of men with prostate cancer are an at-risk group who may benefit from intervention because they have more negative appraisals and lower QOL. There is a need for even longer-term assessment of spouses of prostate cancer patients because men's treatment outcomes (urinary function, bowel habits, and hormone symptoms) continue to affect spouses' QOL for at least 2 years after treatment.

The **implications for practice** identified are:

Findings in this study (continued negative appraisal of their care giving experience; continued bother from the patients' urinary function, bowel habits, and

hormone problems leading to more negative appraisal of their care giving situation and a lower QOL) point to the need to include the spouse in follow-up care offered to the patient. Interventions to help spouses manage their negative appraisal and improve their QOL are needed. Interventions aimed at positive reframing or finding meaning in difficult situations may be especially helpful to younger spouses. Interventions designed to facilitate communication within couples managing the aftermath of prostate cancer treatment could decrease negative appraisal. Study findings support suggestions that sexual counseling offered following a diagnosis of prostate cancer should be extended to spouses as well as the patient to help facilitate the dyad's successful adjustment to treatment outcomes.

"The link between benign prostatic hyperplasia and prostate cancer"

Author: David D Ørsted & Stig E Bojesen

This is a very comprehensive review article published in *Nature Reviews Urology* 10, 49-54 (January 2013). It can be read in full here:

<http://tinyurl.com/aar49mp>

Authors' abstract:

Benign prostatic hyperplasia (BPH) and prostate cancer are among the most common diseases of the prostate gland and represent significant burdens for patients and health-care systems in many countries. The two diseases share traits such as hormone-dependent growth and response to antiandrogen therapy. Furthermore, risk factors such as prostate inflammation and metabolic disruption have key roles in the development of both diseases.

Despite these commonalities, BPH and prostate cancer exhibit important differences in terms of histology and localization. Although large-scale epidemiological studies have shown that men with BPH have an increased risk of prostate cancer and prostate-cancer-related mortality, it remains unclear whether this association reflects a causal link, shared risk factors or pathophysiological mechanisms, or detection bias upon statistical analysis.

Establishing BPH as a causal factor for prostate cancer development could improve the accuracy of prognostication and expedite intervention, potentially reducing the number of men who die from prostate cancer.