



THE WALNUT

March 2016

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

Affiliated with the Prostate Cancer Foundation of Australia



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Next monthly meeting

All are welcome to attend our regular monthly meetings, including partners and carers. No notice is required—simply come along and introduce yourself, or contact one of the people listed later in this newsletter.

Meetings of our support group are held on every **third Wednesday of the month** (except in December) at **6:30 pm for 7:00 pm**.

The **usual location** is Room 22, Building 1, Pearce Community Centre, Collett Place, Pearce, ACT 2607. See our web site here for details and map showing the location: <http://tinyurl.com/8gkhysb>.

Our next monthly meeting will be on **Wednesday, 16th March** at our usual location and time (see above).

There will be no speaker at this meeting. Following the recently announced resignations of Graham Erickson as President and Michael Fullam-Stone as Secretary, this meeting will seek endorsement of John McWilliam as the new President and John Lucas as acting Secretary. We will also discuss the way forward for the Support Group.

There will be plenty of time available for current and new members to exchange information and to discuss matters of interest or concern.

For details of speakers at future monthly meetings, see 'Upcoming events'.

Personal support

For general information please call SHOUT (Self Help Organisations United Together), who will arrange for someone from the group to contact you. They are available during normal office hours on (02) 6290 1984.

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

President: John McWilliam
Phone: 0416 008 299
Email: mcwilja@gmail.com

Secretary/Treasurer:
John Lucas
Phone: 02 6293 2532
Email: jandklucas@bigpond.com

President's report

This is my final report as President. As I have previously reported, I am stepping down as President at this month's meeting. John McWilliam has agreed to take over from me as President and I will be seeking confirmation of John's nomination at this month's meeting.

John was a public servant for 30 years and for the past 15 years has been working as a management consultant. He is 70 years of age. John has been a member of the Support Group since early 2012.

Unfortunately, as previously advised, Michael Fulham-Stone is also stepping down as Secretary for health reasons. John Lucas has agreed to take on this role for the time being, in addition to his responsibilities as Treasurer. However, we still would like someone to step forward and take on this role. It is a big 'ask' for John to be both Treasurer and Secretary and it is important that the position of Secretary be filled by another member as soon as possible. I encourage you to think about taking on this role.

I am pleased that the future of the Prostate Cancer Support Group – ACT Region has been assured for now. We provide a valuable community service and it is important that the Support Group's work continues.

I know that John McWilliam is keen that we should continue to have an active and interesting speakers' program at our monthly meetings, while also providing an opportunity for discussion of any matters of interest to members. At our last meeting, our speaker was Lennon Wicks who gave us a talk on the benefits of exercise relating to the prevention of cancers. Lennon also spoke of the benefits of exercise after a diagnosis of cancer. If members require further information they should contact the Faculty of Health at the University of Canberra, Bruce.

While I am unable to continue as President of the Support Group, I will be continuing as a member and will help out in other ways. I look forward to seeing you at our monthly meetings and other activities.

Graham Erickson
President

John McWilliam's introduction

I believe that the Prostate Cancer Support Group – ACT Region provides a valuable community service. I therefore viewed with some concern the prospect that the Group may not have continued because of a lack of volunteers to fill the positions of President and Secretary.



I would like us to continue to provide valuable support to those who have been diagnosed with prostate cancer. Being able to speak to those who have been in similar situations and knowing what to expect is extremely valuable. We have all experienced this, I am sure. Our meetings, information resources and personal contacts are vital to the way that we carry out our role in this area. We will be looking to ensure that our newsletter improves communication with members. If you have ideas on possible interesting speakers for our meetings, I encourage you to let Allan Jackson (ajackson@grapevine.com.au) or me know.

I would also like to see the Support Group playing the active role that it has done in the past to increase awareness of prostate cancer and what can be done to detect it as early as possible so that it can be treated as effectively as possible. I am a prime example of where I was able to take timely action because I had been monitoring my PSA levels. In the past the group was very effective with its outreach

activities, which included stalls at events and presentations to seniors' groups and workgroups. Because of the shortage of an outreach activities coordinator and helpers, in recent times it has been impossible to undertake those invaluable activities.

To properly fulfill our role, we need people who are prepared to volunteer to be on our management committee and to help out at these outreach events. We still need someone to take on the role of Secretary. While John Lucas has agreed to take on the role for the time being, this is only a temporary situation. John is Treasurer and has demonstrated his commitment by fulfilling this role over many years.

It would also be good to have someone to coordinate our outreach activities. And I would encourage members to join the committee so that they can become familiar with the overall management of the Support Group and feel comfortable to take on more responsible roles in the future. We must have a succession plan, and that is most likely to happen when people are familiar with the tasks and realise that it is not too daunting a prospect. I hope that some of you will be encouraged to come forward and help. We will also be reviewing the timing of committee meetings so as to make it as easy as possible for committee members to attend.

I welcome suggestions and ideas on our future activities. You can email me on mcwilja@gmail.com or call me on 0416 008 299.

I will provide more information on my background and will be happy to answer questions at our March meeting.

John McWilliam

Upcoming events

April monthly meeting: Fran Morson, Clinical Nurse Consultant, located in Moore St, Civic, will speak to us on April 16 on such things as pelvic floor exercises.

May monthly meeting: Dr Hodo Haxhimolla will update us on May 18 on prostate cancer treatment issues.

From the editor

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 like to be informed of them. If you have received this newsletter indirectly and would like to be emailed a copy direct, or if you would like to add any of your friends or carers, or if you no longer wish to receive copies of the newsletter, please send me an email through the form here:

<http://tinyurl.com/hbxhxc>

Recent articles and reports that might be of interest

The following articles that have appeared recently on web sites or other sources 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.

Secondary cancers possible from radiotherapy treatment of prostate cancer

A new systematic review and meta-analysis has found that prostate cancer patients treated with radiotherapy may have increased risks of bladder, colorectal, and rectal cancers. The likelihood of developing these specific secondary cancers varied by radiotherapy type. External beam radiotherapy was associated consistently with greater risk, while brachytherapy was not. More tightly targeted external radiation techniques may also have a lower risk.

The investigators found 67%, 79%, and 79% increased risks of bladder, colorectal, and rectal cancer, respectively, after radiotherapy. However, the absolute risks of these cancers were low. The absolute rates for bladder, colorectal, and rectal cancers ranged from 0.1%–3.8%, 0.3% – 4.2%, and 0.3%– 1.2%, respectively, and depended on factors such as the type of radiotherapy, control group and lag time to secondary cancer.

An important implication is that prostate cancer patients, especially those who are likely to have a long life expectancy, may like to take note of these findings.

Details are at <http://tinyurl.com/gso9bab> . [If clicking on this link does not work, copy and paste the link into your browser and access it that way.]

Radical prostatectomies mostly performed robotically in USA

Dr. Oberlin and colleagues wrote in an online report in *Urologic Oncology* that:

“Robot-assisted laparoscopic prostatectomy (RALP) is performed 5 times more than open radical prostatectomy (RP) and accounts for 85% of all RPs performed by urologists in 2013, a new study finds.

“To determine practice patterns, Daniel T. Oberlin, MD, and colleagues from Northwestern University Feinberg School of Medicine in Chicago examined 6-month case logs from 6,563 urologists, or 2/3 of urologists in the United States certified by the

American Board of Urology from 2003–2013. Of these, 68% had performed at least 1 RP in 6 months.

“Relatively few surgeons performed a high volume of procedures, however. Overall, 39% of surgeons performed 2 or fewer open RPs within 6 months and 19% performed 2 or fewer RALPs. The median number of open RPs was 2 and RALPs, 8. The highest volume robotic surgeons performed 41% of RALPs. Open RP was more likely to be performed by lower volume surgeons.

“The influence of surgeon volume on patient outcomes is a hotly debated topic in surgery today, with studies showing that surgeons who perform a low volume of specialized procedures per year have increased mortality, postoperative infections, and revision rates.”

Dr. Oberlin and colleagues also noted that the literature describes significant improvement in potency and continence when patients have procedures at high-volume centers. A minimal surgical volume for proficiency has yet to be established.”

A take-home message from this US study is that, for successful outcome, it is not only the surgical technique, but experience of the surgeon with the technique is also important. Details are at <http://tinyurl.com/jfnl39j> . [If clicking on this link does not work, copy and paste the link into your browser and access it that way.]

Consumption of red meat and processed meat probably carcinogenic

A recent press release by World Health Organisation (WHO) states that consumption of red meat and processed meat are probably carcinogenic to humans. This association was observed mainly for colorectal cancer, but associations were also seen for pancreatic cancer and prostate cancer. A copy of the WHO's press release is attached to this newsletter.

The prostate matters in a gay man's sex life

The following article in the Australian Financial Review provides information on a set of four booklets produced by the Prostate Cancer Foundation of Australia specifically for gay and bisexual men. <http://tinyurl.com/huxwgqk>

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.

IARC Monographs evaluate consumption of red meat and processed meat

Lyon, France, 26 October 2015 – The International Agency for Research on Cancer (IARC), the cancer agency of the World Health Organization, has evaluated the carcinogenicity of the consumption of red meat and processed meat.

Red meat

After thoroughly reviewing the accumulated scientific literature, a Working Group of 22 experts from 10 countries convened by the IARC Monographs Programme classified the consumption of red meat as *probably carcinogenic to humans* (Group 2A), based on *limited evidence* that the consumption of red meat causes cancer in humans and *strong mechanistic evidence* supporting a carcinogenic effect.

This association was observed mainly for colorectal cancer, but associations were also seen for pancreatic cancer and prostate cancer.

Processed meat

Processed meat was classified as *carcinogenic to humans* (Group 1), based on *sufficient evidence* in humans that the consumption of processed meat causes colorectal cancer.

Meat consumption and its effects

The consumption of meat varies greatly between countries, with from a few percent up to 100% of people eating red meat, depending on the country, and somewhat lower proportions eating processed meat.

The experts concluded that each 50 gram portion of processed meat eaten daily increases the risk of colorectal cancer by 18%.

"For an individual, the risk of developing colorectal cancer because of their consumption of processed meat remains small, but this risk increases with the amount of meat consumed," says Dr Kurt Straif, Head of the IARC Monographs Programme. "In view of the large number of people who consume processed meat, the global impact on cancer incidence is of public health importance."

The IARC Working Group considered more than 800 studies that investigated associations of more than a dozen types of cancer with the consumption of red meat or processed meat in many countries and populations with diverse diets. The most influential evidence came from large prospective cohort studies conducted over the past 20 years.

Public health

"These findings further support current public health recommendations to limit intake of meat," says Dr Christopher Wild, Director of IARC. "At the same time, red meat has nutritional value. Therefore, these results are important in enabling governments and international regulatory agencies to conduct risk assessments, in order to balance the risks and benefits of eating red meat and processed meat and to provide the best possible dietary recommendations."

IARC Monographs evaluate consumption of red meat and processed meat

Note to the Editor:

Red meat refers to all types of mammalian muscle meat, such as beef, veal, pork, lamb, mutton, horse, and goat.

Processed meat refers to meat that has been transformed through salting, curing, fermentation, smoking, or other processes to enhance flavour or improve preservation. Most processed meats contain pork or beef, but processed meats may also contain other red meats, poultry, offal, or meat by-products such as blood.

Examples of processed meat include hot dogs (frankfurters), ham, sausages, corned beef, and biltong or beef jerky as well as canned meat and meat-based preparations and sauces.

A summary of the final evaluations is available online in [The Lancet Oncology](#), and the detailed assessments will be published as Volume 114 of the IARC Monographs.

Read the IARC Monographs Q&A

<http://www.iarc.fr/en/media-centre/iarcnews/pdf/Monographs-Q&A.pdf>

Read the IARC Monographs Q&A on the carcinogenicity of the consumption of red meat and processed meat.

http://www.iarc.fr/en/media-centre/iarcnews/pdf/Monographs-Q&A_Vol114.pdf

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The International Agency for Research on Cancer (IARC) is part of the World Health Organization. Its mission is to coordinate and conduct research on the causes of human cancer, the mechanisms of carcinogenesis, and to develop scientific strategies for cancer control. The Agency is involved in both epidemiological and laboratory research and disseminates scientific information through publications, meetings, courses, and fellowships. If you wish your name to be removed from our press release e-mailing list, please write to com@iarc.fr.