



COMMITTEE:

Bob Cook, Treasurer
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03 9459 0131
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Annual subscription - \$5

Meetings: 10:00am -12:30pm
Uniting Church Meeting Room
Seddon St, Ivanhoe

CALENDAR 2012

Wed 10th October 2012
Wed 14th November 2012
[Chris Love](#)
[Erectile Dysfunction](#)
Tue 20th November 2012
[7:00pm Evening Meeting](#)
Wed 12th December 2012
followed by [Xmas lunch](#)

CALENDAR 2013

Wed 13th February 2013
Wed 13th March 2013
Wed 10th April 2013
Wed 8th May 2013
Wed 12th June 2013
Wed 10th July 2013
Wed 7th August 2013
Wed 11th September 2013

Remember, the PCFA's Localised Prostate Cancer Patient Pack is available to newly diagnosed men from local pharmacies including nationally all ChemMart Pharmacies and Terry White Chemists. Ask your urologist for a voucher or contact Patrick Woodlock.

Prostate Heidelberg supports men with prostate cancer, and their families and carers. The support takes the form of shared experiences and knowledge from books, subscriptions, internet sites and help lines. At the meetings, we

1. Show respect to members and speakers;
2. Listen and allow people to speak;
3. Respect confidentiality;
4. Allow new ideas to be shared.

DISCLAIMER

Information contained in this newsletter or discussed at meetings, should not take the place of proper medical advice from a qualified health professional. The services of a qualified health practitioner should be sought before applying the information to particular circumstances. This disclaimer is issued without prejudice.

The Prostate Heidelberg Cancer Support Group last met on 12th September 2012 at the Ivanhoe Uniting Church Meeting Room at 10:00 am with 26 members (including 4 guests from Bellarine / Geelong Prostate Group) in attendance.

NEXT MEETING

Our next meeting is **10:00 am Wednesday 10th October 2012**. Partners or carers are welcome to all meetings.

EVENING MEETING

We have booked rooms to have an evening meeting at the 4th Floor Austin Hospital on Tuesday 20th November 2012 from 7:00 to 9:00 pm.

A speaker has not yet been finalised. Light refreshments will be provided.

All are welcome and, especially, those unable to attend a day session, wives, partners and carers.

2013 SPEAKERS

Max is attempting to get together next year's speakers. Give your suggestions to prostateheidelberg@gmail.com

WEB SITE

Max is continuing to develop www.prostateheidelberg.info, the group's own web-site. Any suggestions and comments you have, can be given to Max by phone or at the website. We hope this could become an important tool to assist the support group in its endeavours. Copies of previous newsletter are on the site



CONSIDERING THE NEEDS OF WIVES, PARTNERS AND CARERS

A diagnosis of prostate cancer impacts not only the man diagnosed, but also the wives, partners and carers, both as a couple and individually. The main concerns from the cancer itself and from treatments (such as erectile dysfunction, incontinence and depression) affect both the relationship as well as each individual.

Recent surveys by the Prostate Cancer Foundation of Australia witness the need not to just care for the man in isolation, but also for the relationship, and for the wives, partners or carers as individuals.

As a support group it is necessary to see how effective is the group in meeting the needs of men with prostate cancer, their partners and also the community.

Evening meetings are seen as one avenue to expand the reach of the peer support. Welcoming women to the meetings, both with their men or individually, is possibly a core characteristic of a cancer peer support group.

EVENING MEETING IN NOVEMBER

On Tuesday 20th November 2012 from 7:00pm to 9:00pm, a room to have an **EVENING MEETING** has been booked at the Austin Hospital. A speaker has not yet been finalised. Light refreshments will be provided. All are welcome and, especially, those unable to attend a day session, wives, partners and carers.

RSVP prostateheidelberg@gmail.com or Patrick Woodlock 03 9459 0131. A survey will be distributed to see how such meetings, and other proposals, can meet the audience needs of help on the prostate cancer journey.

Dr KEN SIKARIS - HOW TO INTERPRET PSA, and THE LATEST DEVELOPMENTS IN PROSTATE MARKERS

At September's meeting our guest speaker was Dr Ken Sikaris, from Melbourne Pathology where he is Director of Chemical Pathology. Dr Sikaris specialises in Prostate Specific Antigen, cholesterol and quality assurance and is currently chair of the International Federation of Clinical Chemistry Committee on Analytical Quality. His expertise is highly sought and he has presented extensively at national and international symposiums.

Dr Sikaris spoke on "how to interpret Prostate Specific Antigen (PSA), and the latest developments in prostate markers". Four members from Geelong / Bellarine Prostate Group visited Prostate Heidelberg and, with Dr Sikaris' permission, video recorded the session to show their own group. Dr Sikaris spoke for 2 hours and throughout had everyone's attention. The following topics ("PROSTATE SPECIFIC ANTIGEN (PSA)" and "VITAMIN D") are based on his talk.

PROSTATE SPECIFIC ANTIGEN (PSA)

In Australia, there is a single internationally recognised standard for testing PSA. Introduced in the 1980s, it is an accurate test - $\pm 5\%$ (many other tests are $\pm 20\%$). PSA occurs naturally in the body (even, at miniscule levels, in women).

Prostate cancer is a slow growing tumour and will not act quickly. If the first test, it could indicate prostate infection, cancer or enlarged gland. It's common to wait 2 or 3 months to see if the immune system has cleared the high reading.



It is always best to use the same pathology group at the same time the day for consistency and relevance of the PSA reading. Using varying pathology groups and at different times of the day can give variations of up to 25%, as well as not availing yourself of the history of previous tests.

The PSA trend is the best indicator rather than a specific reading.

The significance of PSA readings vary with age. A reading of 2.0 for a male aged 30 is very significant; but would have to be 6.0 in a male aged 70.

A PSA is also the best available indicator of cancer activity even after the prostate has been removed by surgery.

Total PSA

This is testing for a total PSA reading in a male. Really, there is not as much interest in the actual reading as in the trend of the readings. If the PSA doubles every year, it is aggressive; if it doubles every 5 years, it is normal. The PSA test is the best test for aggression - indicating when a biopsy, with the Gleason Score as an outcome, is required.

Free to Total PSA

A certain amount of the PSA is not bound to other proteins - these are identified as "Free" PSA - which are usually about 25% of the Total PSA. Research is showing that a decrease in the free PSA is an indicator of the need for a biopsy. Pathologists usually don't provide the actual readings to the public; but they use the free PSA percentage to provide comments to the urologists or GPs.

PRO-PSA

Pro-PSA is a test for immature free PSA. Research is showing it is particularly made by cancers. It is still early days in this research.

Prostate Health Index (PHI)

This is a test started in early 2012, combining the tests for Total PSA, Free PSA and Pro-PSA. It is still recommended that the trend is more important.

PCA3 Test

This probably is no better than PHI. The test is of RNA/DNA change as measured in the urine and requires the manual manipulation of the prostate. It can only be done by a specialist.

Can PSA test indicate metastatic cancer?

PSA above 10.0 would indicate about 50% chance of metastatic cancer. A reading above 50.0 would indicate the high likelihood of spread to the bones.

Genetics and Prostate Cancer (PC)

Incidences of PC in Chinese in the country-side are 1% those levels recorded in black men in the USA. This would indicate there is a lifestyle cause. Genetics probably account for 15% of PC occurrence.

VITAMIN D

A deficiency of vitamin D indicates an increased risk of cancers. If a person has a cancer, a deficiency of vitamin D increases the risk of an aggressive cancer.

Deficiency in vitamin D is defined as less than 50 nmol/L. Australians generally have less than 30 nmol/L. It is recommended that a normal person should have between 60 and 75 nmol/L. For a person with cancer, he should try to get his reading above 100 nmol/L.

To increase vitamin D, a person needs exposure to the sun - the main source of Vitamin D - up to 2 hours in winter and probably no more than 15 minutes in mid-day summer sun. The exposure to the sun can be augmented by supplements (between 1 and 3 1,000 IU tablets are suggested). It is so important to see your doctor before taking any supplements as you as an individual may already have sufficient vitamin D.

HORMONE TREATMENT - COMMON DRUGS USED

These treatment descriptions are not medical advice. Seek medical advice before acting on any of the descriptions.

Anti-Androgen

These block the Androgen Receptors (AR) on cancer cells preventing attachment of testosterone or dihydrotestosterone, and may inhibit testosterone production.

Bicalutamide	Brand Names - CosudexTM , CasodexTM
Cyproterone acetate	Brand Names - AndrocurTM
Enzalutamide (NEW)	Brand Names - XtandiTM formerly known as MDV3100, and is not yet available in Australia. It is currently only approved for men who have not responded to chemotherapy.

5-Alpha Reductase Inhibitors

Prevents conversion of testosterone to dihydrotestosterone. Dihydrotestosterone, when converted from testosterone, is a very potent food source for prostate cancer cells. The following medication prevent conversion of any residual testosterone.

Finasteride	Brand Names - ProscarTM Blocks Type 1
Cyproterone acetate	Brand Names - AvodartTM Blocks Type 1 & 2

LHRH Agonists (Leuteinising Hormone Releasing Hormone) or GnRH analog

Blocks the production of testosterone by stopping the signal from the Hypothalamus to the Pituitary Gland, and therefore to the testes.

Leuprolide	Brand Names - EligardTM , LupronTM , LucrinTM , ViadurTM ,
Goerilin	Brand Names - ZoladexTM
Triptorelin Pamoate	Brand Names - TrelstarTM

Androgen Inhibitor

A **NEW** drug inhibiting CYP17, thus preventing androgen formation in the body. Currently only approved for men who have not responded to chemotherapy.

Abiraterone Acetate	Brand Names - ZytigaTM
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Total Androgen Blockade

In Australia, this term is used to describe either two or three in combination of the drug classes:- "Anti-androgen", "LHRH Agonists" and/or "5-Alpha Reductase Inhibitors".



Triple Blockade

A term registered in the USA by Dr Robert Liebowitz, an oncologist specialising in Prostate Cancer, and an early proponent of this treatment. The treatment involves using “Anti-androgen”, “5-Alpha Reductase Inhibitors”, and “LHRH Agonists” classes concurrently for a period (Dr Liebowitz recommends 13 months). Many variation variations of this regime are common in the USA and are used by leading Prostate Cancer Oncologists - Dr Charles “Snuffy” Myers, Dr Stephen Strum, Dr Mark Scholz to name a few.

Australian Urologists generally do not recommend Triple Blockade as primary treatment on the basis that not enough research has been done to prove effectiveness.

FINANCES

As of 24 September we had \$6,528.02 in the NAB bank account and \$50 petty cash. The Steering Committee has established a Budget to spend this money wisely on Prostate Heidelberg’s support of families with prostate cancer. The Budget was outlined in the June’s Newsletter N^o 109.

LIBRARY SNIPPETS

From the PCFA, the Cancer Council and other expert organisations, the library includes books, pamphlets and DVDs on topics such as advanced or localised prostate cancer, treatments, incontinence, sexual dysfunction, diet and health, and a myriad of other titles. We encourage borrowers to return books, but we recognise that an important part of support is information dissemination. If you borrow material you found useful, let us know so others can share your enlightenment.

UPCOMING EVENTS and SPEAKERS CONFIRMED;

Wednesday 14th November, Dr Chris Love, Specialist in Urological Prosthetics, Bayside Urology.
Topic: “Erectile Dysfunction”

Tuesday 20th November from 7:00 to 9:00 pm, an evening meeting at the 4th Floor Austin Hospital. A speaker has not yet been finalised. Light refreshments will be provided. All are welcome and, especially, those unable to attend a day session, wives, partners and carers.

NEXT MEETING: 10:00 am to 12.30 pm, Wednesday 10th October 2012 at the Ivanhoe Uniting Church Meeting Room, Seddon Street Ivanhoe (Melways 31 F8) - behind the Commonwealth Bank in Upper Heidelberg Rd.

CORRESPONDENCE:

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ProstateHeidelberg@gmail.com

www.ProstateHeidelberg.info

PCFA support group contact for Victoria and Tasmania is Amanda Pomery. Her email is amanda.pomery@pcfa.org.au.



USEFUL PROSTATE WEBSITES

Prostate Cancer Foundation of Australia www.pcfa.org.au;

USA Prostate Cancer Foundation www.pcf.org

Lions' Australian Prostate Cancer Collaboration www.prostatehealth.org.au;

National Cancer Institute: www.cancer.gov;

Cancer Council Victoria www.cancervic.org.au;

Continence Foundation of Australia www.continence.org.au;

Steve Dunn's Cancer Guide www.cancerguide.org;

Life Extension www.lef.org;

Us TOO International Prostate Cancer Education and Support Network www.prostatepointers.org

American Institute for Diseases of the Prostate www.prostateteam.com (Dr Charles "Snuffy" Myers)