



COMMITTEE:

Bob Cook, Treasurer
Chris Ellis
Spiros Haldas,
Max Shub, Facilitator
Peter Stanley
Patrick Woodlock, Convenor
03 9459 0131
ProstateHeidelberg@gmail.com
PO Box 241 Ivanhoe Vic 3079

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
[Darren Katz](#)
[Erectile Dysfunction](#)
Wed 12th December 2012
followed by [Xmas lunch](#)

CALENDAR 2013

Wed 13th February 2013
[David Gray](#)
[Nursing Prostate Cancer](#)
Wed 13th March 2013
Wed 10th April 2013
Wed 8th May 2013
Wed 12th June 2013
Wed 10th July 2013
Wed 14th August 2013
Wed 11th September 2013
Wed 9th October 2013

Remember, the PCFA's Localised Prostate Cancer Patient Pack is available to newly diagnosed men from PCFA or contact Patrick Woodlock on 03 9459 0131.

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 10th October 2012 at the Ivanhoe Uniting Church Meeting Room at 10:00 am with 14 members in attendance.

NEXT MEETING

Our next meeting is 10:00 am Wednesday 14th November 2012. Partners or carers are welcome to all meetings.

Dr KATZ - "ERECTILE DYSFUNCTION"

At our November meeting, Dr Darren Katz, who has speciality interest in erectile, continence and fertility restoration after cancer treatment will talk on "Erectile Dysfunction"

EVENING MEETING DEFERRED

The evening meeting of 20th November 2012 has been cancelled. There are a number of reasons why we deferred, including venue, conflicting with other groups and Austin Health expectations. A meeting will be arranged for March 2013 when we have more time to prepare.

CHRISTMAS LUNCH

The meeting of Wednesday 12th December, will be followed by Christmas Lunch. All member, wives, partners and carers are welcome. Please RSVP to prostateheidelberg@gmail.com

2013 SPEAKERS

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



RECORDS

Many men newly diagnosed have no idea about what they should, or need not, record. I attach at the end of this Newsletter, as Appendices, sample tables based on the Localised Prostate Cancer Pack. I have found them useful to cut through the red tape and medical terminology.

APPENDIX 1 - [SUMMARY OF TEST RESULTS](#)

You will probably need to ask your urologist to help you to complete this table.

APPENDIX 2 - [SUMMARY OF PSA TESTS](#)

It is also recommended that men keep a record of their PSA tests. Tests to be most compatible should be at the same pathology company, and at the same time of the day. Your GP or urologist may or may not, have included the "Free to Total PSA Ratio". Remember, the trend is more important than a specific reading. Your GP or urologist can help you fill in the blanks.

FREE OFFER TO SUPPORT CANCER 'SURVIVORS' WHO HAVE COMPLETED ACTIVE TREATMENT

The *North Eastern Integrated Cancer Service* (NEMICS) has been funded by Victorian Department of Health for a free service called the "[Moving forward with confidence project](#)." The focus of the service is on "getting back to life after cancer - working to feel more confident with managing health concerns and improving wellbeing."

The intervention involves creating your own 'Health and Wellbeing Plan' with support from an oncology nurse and then having three follow up phone calls from a dedicated nurse at the Cancer Council Nurse HELPLINE 4 weeks, 4 months and 8 months after the initial plan is developed. These phone calls aim to provide support with the plans. Creating the initial plan could either be done over the phone or possibly in person with a nurse at the Olivia Newton John Cancer and Wellness Centre.

With the participant's permission, copies of the plan are provided to the participant, their GP and the hospital where the treatment was completed. Participants can talk about their plans with their GPs or Specialists if they wish to. To be eligible for the project, participants need to:

1. Have completed intensive hospital-based treatment for cancer in the last 12 months at either Northern Health, Austin Health or Eastern Health (this could include surgery/chemotherapy/radiotherapy or a combination of these).
2. Be over 18 years of age.
3. Have good cognitive function (mild concentration / memory concerns post treatment would not exclude someone from participating).
4. Not be acutely clinically depressed at the time of participating.

Any interested cancer 'survivors' (say you are from Prostate Heidelberg) who have completed active treatment are encouraged to contact directly:

Paula Howell, Moving Forward with Confidence Project Officer
NEMICS, PO Box 5555, Heidelberg, 3084
T: 03 9496 3886; E: paula.howell@austin.org.au



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. If you borrow material you found useful, let us know so others can share your enlightenment.

New Books in the Library

DR. MOYAD'S GUIDE TO MALE SEXUAL HEALTH - WHAT WORKS AND WHAT'S WORTHLESS

By Mark A. Moyad, MD, MPH (113 pages)

Mark Moyad is a well-known and widely experienced expert on complementary medicine, who speaks internationally on issues related to men's sexual health and prostate cancer. Knowing that men are often not comfortable to speak about personal issues, he compiled this readable and useful book. He also takes into account the point of view of the women who share the prostate cancer journey with their husbands and partners.

His direct and no-nonsense approach will appeal to readers and his detailed, authoritative and clear answers to the questions he poses will provide them with useful information and helpful insights.

In eleven chapters he covers a wide range of topics: Myths, misconceptions and facts about sexual enhancement, Sexual enhancement for men and women, Over-the-counter sexual enhancement solutions, Prescription penis pills, Vacuum erection devices, Prescription penis pellets, Penile injection therapy, penile implant surgery, Testosterone and testosterone replacement therapy, Premature ejaculation, Peyrone's disease and other male sexual issues and Female sexual dysfunction.

WINNING THE BATTLE AGAINST PROSTATE CANCER GET THE TREATMENT THAT IS RIGHT FOR YOU

By Gerald Chodak, MD (394 pages)

This book provides a comprehensive coverage of the range of topics associated with prostate cancer, and aims to give men empowerment and confidence through knowledge and understanding as they deal with the disease.

Beginning with Prevention, Early Detection and Screening for Prostate Cancer, he moves onto What You Need Before Getting Treated, then How to Treat Clinically Localised Prostate Cancer, which covers the full range of responses and treatments available including Cryotherapy and High-Intensity Focussed Ultrasound. Thorough and detailed, each section finishes with a summary such as "the Bottom Line About choosing Your Treatment".

The book continues with Managing Locally Advance Prostate Cancer, Managing Metastatic Prostate Cancer and ends with What You Can Do to Help Yourself, which covers the role of Complementary and Alternative Medicine, Using the Internet, The Role of Support Groups and Counselling and, finally, What to Do When Therapy Is No Longer Effective.

Readers may use this for reference, choosing the sections that are relevant to their situations rather than reading from cover to cover. The tone is calm and positive but there is no glossing over of difficult issues and the pros and cons of different treatments are set out clearly.



PCFA SUBMISSION TO PBAC ABOUT ABIRATERONE

Earlier in October, PCFA and canSpeak (the new Australian peak consumer organisation for people affected by cancer) presented a joint submission to Pharmaceutical Benefits Assessment Committee PBAC by about ABIRATERONE. ABIRATERONE is an important new therapy for advanced prostate cancer and the first of a new class of drugs that target the androgen-receptor signalling pathway.

WORLD CANCER DAY 4 FEBRUARY 2013 - "CANCER - DID YOU KNOW?"

Union for International Cancer Control (UICC) is organising the World Cancer Day 2013 campaign. The focus is on Target 5 of the World Cancer Declaration: Dispel damaging myths and misconceptions about cancer, under the tagline "Cancer - Did you know?"

LATEST GP'S RED BOOK OUT OF TOUCH WITH COMMUNITY

PCFA have commented on the the latest edition of Royal Australian College of General Practitioners (RACGP) Red Book "Guidelines for Preventative Activities in General Practice" which is more strongly worded than previously against PSA testing. According to PCFA's Dr Anthony Lowe, the new RACGP guidelines will do little to simplify the advice men currently receive about prostate cancer testing.

"Leading general practice academics continue to recommend against prostate cancer testing, but the reality is this advice is out of touch with the latest community data. If Australian men continue to receive inconsistent messages from leading organisations and their own GPs they will find it incredibly difficult to make an informed decision about testing," said Dr Lowe.

The purpose of screening is to identify prostate cancer while it is still curable. The GP academics don't recommend testing because there are side-effects of treatments. In the opinion of the author of this newsletter, I like the side-effect that I'm still alive; without screening, I would be dead.

PCFA will be collaborating with Cancer Council Australia, NHMRC and various medical colleges including RACGP to develop Australia's first national evidence-based clinical guidelines that will bring order in the way men receive advice about prostate cancer testing and treatment. The newly formed committee will scrutinise the latest evidence to develop the new guidelines that will provide men with clear recommendations that extend from informed decision making about testing through to treatment options following a positive diagnosis.

UPCOMING EVENTS and SPEAKERS CONFIRMED;

Wednesday 14th November, **Dr Darren Katz**, Sub-speciality interest in erectile, continence and fertility restoration after cancer treatment
Topic: "Erectile Dysfunction"

Dr Katz recently returned from a year long Urology Fellowship in New York that focused on treating patients who have suffered erectile, continence, fertility and/or hormonal problems after their cancer treatments. Darren looked at both surgical and medical solutions to these conditions. Dr Katz has done extensive research in these fields; has published many journal articles; and has presented his research at major international urology conferences.

Christmas Lunch - Wednesday 12th December, after normal meeting. Wives, partners and carers are welcome. Please RSVP to prostateheidelberg@gmail.com



***** SPAM *** - Please do NOT respond to "EKAS Marketing Research Services" email.**

A number of persons and groups have received an email from the EKAS Marketing Research Services. It appears that this organisation has gleaned group emails from the PCFA website. PCFA has not been approached by this organisation; and PCFA has NOT endorsed this study. As PCFA have not reviewed the merits of the work, it recommends that all groups NOT respond to the "study". PCFA will contact EKAS and provide any further updates if required.

NEXT MEETING: 10:00 am to 12.30 pm, Wednesday 14th November 2012 at the Ivanhoe Uniting Church Meeting Room, Seddon Street Ivanhoe (Melways 31 F8) - behind the Commonwealth Bank in Upper Heidelberg Rd.

CORRESPONDENCE:

Prostate Heidelberg, PO Box 241 Ivanhoe Vic 3079

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);

Australian Advanced Prostate Cancer Support Groups website www.jimjimjimjim.com.



Appendix 1:

MEDICAL TEST RESULTS

INITIAL TEST RESULTS

Date	_____	Age	_____
Total PSA	_____	Free to Total PSA Ratio	_____
Clinical Stage from DRE	_____		

BIOPSY

Number of biopsy samples (cores) taken	_____		
Number of biopsy samples (cores) affected	_____		
Gleason Score (cancer grade)	1 st Score	+	_____
	2 nd Score	+	_____
	Gleason Total Score	=	_____

BONE SCAN

Date of scan	_____
Where the scan is stored	_____
Results of the scan	_____

CAT SCAN

Date of scan	_____
Where the scan is stored	_____
Results of the scan	_____

THE CANCER IS -

One of "Localised", "Locally Advanced", or "Advanced"	_____
Stage	I, II, III or IV _____

TNM Score

"T" Evaluation of the (primary) tumour	Xa where "X" is 0-4; "a" is a, b, or c	_____
"N" Evaluation of the regional lymph nodes	N is either 0 (no spread) or 1 (there is spread)	_____
"M" Evaluation of the distant metastasis	0: there is no distant metastasis 1: there is distant metastasis 1a: the cancer has spread to lymph nodes beyond the regional ones 1b: the cancer has spread to bone 1c: the cancer has spread to other sites (regardless of bone involvement)	_____

TREATMENTS SUGGESTED

