

Public Funding of Prostate Cancer MRIs

The Medical Services Advisory Committee (MSAC) is inviting public comment on a proposal to make magnetic resonance imaging (MRI) scans available on the Medical Benefits Scheme.

We urge members to support the proposal for certain MRIs for men with prostate cancer to be publicly funded. You can support the proposal by filling in the Feedback and Survey Form and sending it to MSAC. The Feedback and Survey Form is available at <http://bit.ly/1QLPvx9>

Comments must be lodged on or before 17 July 2015.

Background

Currently in Australia, the signs of prostate cancer are detected with a PSA test and/or a digital rectal examination. If a man has a high PSA or a suspicious rectal exam, the next step is a biopsy. During a biopsy, a needle is inserted into the prostate under the guidance of ultrasound, and a set of random samples of tissue (using between 12-30 needles) are taken from the prostate. The samples are then analysed under the microscope, to see if cancer cells are present.

The biopsy needles are random, like a stab in the dark. If the results are negative, this does not necessarily mean the man is cancer-free. It may just mean that the biopsy needles have missed the tumour.

It is now possible to use Multiparametric(mp) MRI scans to accurately diagnose prostate cancer without multiple biopsies. The MRI can detect suspicious cell areas in the prostate and can distinguish between very small, minute prostate cancers that are clinically not relevant and the aggressive, critically significant cancers that could be deadly.

Use of mpMRI will result in more accurate selection of patients for biopsy. Approximately half of all men presenting to urologists for suspected prostate cancer are likely not to need a biopsy. Patients who are on active surveillance will be able to have MRIs, rather than annual biopsies.

Once prostate cancer is detected by an MRI, it is proposed to do an MRI-guided biopsy. **(contd p2)**

Our Next Meeting

Date: **Wednesday 8 July 2015.**

Time: **10:00 am to 12.30 pm**

Place: **Ivanhoe Uniting Church, Seddon Street, Ivanhoe** (Melways 31 F8)

- Meetings are open to anyone interested in getting support or information on a prostate cancer journey. Partners or carers are welcome to all meetings.
- **There is no charge for attending.**

MRIs contd

MRI targeted biopsies can detect the most aggressive cancer using only 1 to 4 needles, compared to 12 to 30 needles used for current random biopsy procedures. Introducing only 4 needles as opposed to 12-30 means fewer punctures of the prostate, each of which has the potential to induce bleeding or seed bacteria into the bloodstream.

MRI guided biopsies have also been shown to find more significant cancers than standard biopsy techniques, and diagnose fewer insignificant cancers. This is important as fewer men will have a delayed diagnosis of aggressive cancer, and fewer men will undergo treatment and the related harms of treatment for a cancer which was never a risk to them.

In Sickness and in Health: Finding Support in Your Relationship

by Amber Bauer, ASCO Staff

Shared joy is a double joy; shared sorrow is half a sorrow. – Swedish Proverb

For people in a relationship, your spouse or partner generally forms the foundation of your support system—sharing the emotional toll of a cancer diagnosis, going to doctors' appointments, and ensuring you are taking care of yourself. But while cancer often brings couples together, the extra stress can also become a burden.

Both people in a relationship are changed by the cancer experience, sometimes in ways they may not even be aware of. That is why it is so important to continue to keep the lines of communication open and talk about how cancer is affecting you.

Sometimes this may seem easier said than done. So here are some tips from the Cancer.Net Editorial Board that may help you talk with your spouse or partner about cancer, how it makes you feel, and how it affects you and your relationship.

- Choose times to talk when you are both free from distractions and not rushed. Some couples find that setting aside a certain time every day or every week to sit down and talk works well.

- You don't always have to talk about cancer. It's important to talk about other things too. Just having a conversation and laughing together often helps couples feel closer.
- If you have something difficult to share, it may help to practice what you want to say or write notes for yourself. This often helps prioritize your values and identify your biggest worries.
- Because you and your partner probably have different ways of coping with difficult situations, you may have different things you want to gain from your conversations. One person may look at cancer as a problem to be solved, while the other wants emotional support and validation. Talk about these differences, and understand that both points of view have value.
- Talk honestly about your feelings, both positive and negative. Emotions like anger, fear, frustration, and resentment are normal reactions to cancer. Couples often don't discuss these emotions for fear of upsetting the other person or because they feel guilty for having

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negative thoughts. Hiding feelings creates distance in a relationship and prevents you from supporting and comforting each other. On the other hand, hearing that your partner feels guilt or sadness may also be very difficult.

- You and your partner won't always feel the same way. At times, one of you may be afraid while the other is hopeful. Talk about these differences and respect your partner's feelings.
- Tell your partner what type of support you need. One day you may need to talk through a decision, while another day you may just want some quiet time alone.

If you find it hard to talk with your partner, you may want to join a support group or talk with a counseling professional, either on your own or as a couple.

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Prostate Cancer Surgery May Impair Sex for Both Partners

Any prostate surgery “that doesn't involve an up front, detailed discussion with both members of a couple is lacking”. “Couples need preparation for sexual changes which they have to manage not only physically, but also emotionally”.

These were the views of leading urologists commenting on a Swiss study which looked at postoperative male and female sexual function after radical prostatectomy.

The men in the study reported decreased erectile function after their surgery. It is common for men to have difficulties for months before they get back to a more normal erectile function. The women in the study also

reported decreased sexual function after the men had surgery, with declines in desire, arousal, lubrication, orgasm and satisfaction.

The stress of cancer treatment and the disruption in the couple's usual pattern of intimacy can leave both partners feeling less interested in sexual activity. Even though women aren't the ones having surgery, the disruption of their regular sex life in the weeks or months immediately after the man's operation can make sex more painful when relations resume.

Reference: <http://bitly.com/1Dpr1kh>

Comment: If erectile problems persist for more than a couple of months after surgery, consult a specialist, sooner rather than later. If you wait too long, it may be too late to fix the problem.

Rekindle - Online Sexuality Resource

A new online resource has been developed by Cancer Council NSW after research findings showed that about 62 per cent of cancer patients are believed to experience a range of sexual issues as a result of their cancer or treatment. The research also showed that at least 30 per cent did not seek support. The online resource, Rekindle, offers advice and information on sexual changes and intimacy issues after a cancer diagnosis.

Rekindle can be used on any device, including laptops, tablets and smart phones. It is available 24 hours a day, seven days a week. It is suitable for people who are at least six months post-treatment, and has 12 sections tailored to gender, relationship status and sexual orientation.

Find out more at rekindleonline.org.au

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Prostate Heidelberg provides information, education and support for those affected by prostate cancer. At the meetings, we

- 1. Show respect to members and speakers;*
- 2. Allow people to speak and we listen;*
- 3. Respect confidentiality;*
- 4. Allow new ideas to be shared.*

We meet on the 2nd Wednesday of each month (February to December) from 10:00am -12:30pm.

We meet at the Uniting Church Meeting Room, Seddon St, Ivanhoe (behind the Commonwealth Bank in Upper Heidelberg Rd).

Free parking is available in a large public parking area at rear of the church. Ivanhoe Railway Station is nearby.

Meetings are open to anyone interested in getting support or information on a prostate cancer journey.

Partners or carers are welcome to all meetings

There is no charge for attending.

After the meeting you are welcome to join us for lunch in a local Thai restaurant.

If you can't attend daytime meetings, the Diamond Valley Prostate Cancer Support Group has evening meetings: <http://www.dvpcsg.org.au/>

COMMITTEE:

Max Shub, Facilitator 0413 777 342
Paul Hobson Secretary 0405 086 869
Chris Ellis
Spiros Haldas
Patrick Woodlock

MEETING VENUE:

Uniting Church Meeting Room
Seddon St, Ivanhoe
(behind the Commonwealth Bank in Upper Heidelberg Rd).

Please contact Paul Hobson to redirect or cancel receipt of this Newsletter

CORRESPONDENCE

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CALENDAR Meetings: **10:00am -12:30pm**

Wed 8 July '15
Wed 12 August '15
Wed 9 September '15
Wed 14 October '15
Wed 11 November '15
Wed 9 December '15 (Christmas lunch)

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