



Christmas Lunch

It's not too late to book for our Christmas lunch on Wednesday 10 December 2014.

The lunch will be held after our December Meeting at the Ivanhoe Hotel Bistro, a short walk across the car park from the Uniting Church Hall. Seniors' meals are available. Details of the menu are available at <http://ivanhoehotel.com.au/bar-bistro/summer-menu-2/>

If you haven't been to a meeting lately, it would be great to catch up with you on 10 December. Please RSVP to prostateheidelberg@gmail.com

Season's Greetings

For those of you who cannot join us for our Christmas lunch, we wish you and all those who are close to you a Merry Christmas and peace, health, happiness & prosperity in the coming New Year.

As usual, there is no meeting in January. Our first meeting for 2015 will be 11 February 2015.

ProstateApp

If you're tech savvy and have an iPad, you might be interested in ProstateApp, a new free iPad application. It's been launched by the Prostate Cancer Foundation of Australia and is available from the App Store.

The new app is based on the book '*Facing the Tiger: A guide for men with prostate cancer and the people who love them*' by Professor Suzanne Chambers. It can be used independently or in conjunction with the book. The content of the book has been simplified into bite sized pieces for the app.

Whilst the app is not a guide to treatment options, it assists men and their families to navigate the emotional, psychological and physical challenges that come with a prostate cancer diagnosis. It features practical tools like activities on decision making, guides on self-care and links to organisations.

Men's Health is a long way behind.

Each year in Australia, close to 3,300 men die of prostate cancer - equal to the number of women who die from breast cancer annually. Around 20,000 new cases of prostate cancer are diagnosed in Australian every year.

With recent Federal Government funding we have now have 26 Prostate Cancer Specialist Nurses across Australia but this pales into insignificance, compared with the more than 100 Breast Cancer Specialist Nurses across Australia. \$6.2 million in 2014 from the Federal Government for Prostate Cancer Specialist Nurses, compared with \$19.5 million in 2013 for Breast Cancer Specialist Nurses.

Our Next Meeting

Date: [Wednesday 10 December 2014.](#)
Time: [10:00 am to 12.30 pm, followed by Christmas Lunch at Ivanhoe Hotel](#)
Place: [Ivanhoe Uniting Church, Seddon Street, Ivanhoe](#) (Melways 31 F8)

Less Aggressive Treatment may be Better

Your prostate cancer has been treated with prostate surgery or radiation therapy. Later your PSA levels start to rise but you don't have any other symptoms. It's understandable that you may feel anxious about your rising PSA. What should you do?

The results of a recent study showed that patients who underwent immediate initiation of androgen deprivation therapy at PSA-only relapse had a similar 5-year overall survival to those who deferred androgen deprivation therapy initiation until the onset of symptoms or the appearance of cancer on a scan.

Dr Peter Yu, the President of the American Society of Clinical Oncologists commented: "This study is a great example of how less aggressive treatment can sometimes offer patients optimal outcomes while sparing them from side effects that impair their quality of life."

The authors of the study suggested that androgen deprivation therapy could be delayed by 2 or more years for some men.

Men who delayed the start of androgen deprivation therapy enjoyed substantially better quality of life than the men who started androgen deprivation therapy immediately their PSA started to rise. They avoided the common and often debilitating side effects— sexual dysfunction, osteoporosis and risk of bone fracture, hot flashes, decreased mental sharpness, fatigue, loss of muscle mass, increased cholesterol, weight gain, and depression. Also the earlier androgen deprivation therapy is started, the greater the risk of early initiation of castration resistance is.

Deferring androgen deprivation therapy is not for everyone. If you have evident symptoms which suggest progressive disease or if you have evident metastatic disease based on a CT scan or a bone scan, then probably androgen

“Men who delayed the start of androgen deprivation therapy enjoyed substantially better quality of life than the men who started androgen deprivation therapy immediately their PSA went up”.

deprivation therapy should be started immediately. Even if you don't have any symptoms but you have a PSA doubling time of less than 12 months, then it's probably not appropriate to defer androgen deprivation therapy.

In discussing the results of the study The “New” Prostate Cancer Infoclink concluded: “What is critically important for all patients to appreciate, however, is that – for the majority of such patients – there is no good evidence that early initiation of ADT is associated with a really significant overall or prostate cancer-specific survival benefit compared with deferred ADT. It is therefore important for each patient to discuss this topic very seriously with his doctors before making the individual decision to initiate ADT. For all too many patients, the risks and the complications associated with early initiation of ADT may well exceed any definable benefit.”

References: Immediate versus deferred initiation of androgen deprivation therapy in prostate cancer patients with PSA-only relapse. 2014 ASCO Annual Meeting (Abstract 5003)

<http://meetinglibrary.asco.org/content/131550-144>

<http://www.ascopost.com/ViewNews.aspx?nid=16220>
<http://prostatecancerinfoclink.net/2014/05/15/deferred-or-immediate-initiation-of-adt-in-patients-with-psa-only-relapse/>

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BIOPSY or MRI?

The most common reason to perform a prostate biopsy is an abnormal result from a PSA test.

Doing a tissue biopsy of the prostate to detect cancer typically involves sending an ultrasound-guided needle about a dozen times through the rectum. The test carries an infection risk because the needle can take bacteria from the bowel into the prostate, bladder and bloodstream.

Head of infectious diseases at the Austin Hospital, Professor Lindsay Grayson, said there had been increasing reports of men suffering serious infections after prostate biopsies because of the proliferation of antibiotic-resistant bacteria.

The infections have mostly occurred in recent travellers to regions where these superbugs are more prevalent, such as Asia and India. Some who have been infected had not travelled to these parts of the world.

Professor Grayson said he was particularly concerned about the possibility of meat, poultry and seafood containing superbugs because of the widespread use of antibiotics in farming, particularly outside of Australia.

Because of the infection risks, some urologists are now doing biopsies through the perineum.

The perineum, the skin between the bottom of the scrotum and the anus, is a safer entry point because it can be cleaned with antiseptic, unlike the rectum.

Compared with a rectal biopsy, a perineal biopsy takes at least twice as long to perform, requires heavier patient sedation, six people in an operating theatre, and equipment costing about \$100,000, he said.

Men with positive prostate cancer blood tests could avoid risky biopsies in the future.

MRI technology has substantially improved in the past few years. Three-Tesla multiparametric MRI (MP-MRI) scans developed by Siemens, Philips and GE can reliably detect high-grade disease without over diagnosing low-grade disease; these scanners accurately differentiate high-grade from low-grade tumours.

Urologists at St Vincent's Prostate Cancer Centre in Sydney conducted a recent study which was published in the Journal of Urology. They have found MRI scans are 97% effective at detecting when patients do not have prostate cancer.

However it may be some time before MRI scans will be offered more routinely to Australian men with an abnormal PSA blood test.

There is the issue of cost. Currently MRIs for prostate checks are not covered by Medicare and the patient must pay the cost of \$500 to \$700 per MRI themselves. The Urological Society of Australian and New Zealand is preparing a submission seeking Medicare funding for MRIs for prostate checks.

As well as being only a limited number of these machines around the country, there are also a limited number of radiologists who are skilled and experienced in using MRIs for prostate staging.

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Q: What do you call Alternative Medicine which has been shown by evidence to be effective?

A: Medicine.



Newsletter No: 137

Next Meeting: .10 December 2014

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.

COMMITTEE:

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

Annual subscription - \$5 from 1st January per individual, couple, or family.

MEETING VENUE:

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

CORRESPONDENCE

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

Wed 10 December '14 (Christmas Lunch)
No meeting January
Wed 11 Feb '15
Wed 11 March '15
Wed 8 April '15
Wed 13 May '15
Wed 10 June '15
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)

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

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