



Guest Speaker 11 May 2016 Assoc Prof. Prue Cormie **Exercise and Prostate Cancer**

Australians are leading the world in research into exercise and prostate cancer.

One of these leading Australian experts is Associate Professor Prue Cormie from the Institute for Health and Ageing at the Australian Catholic University.

We are very lucky to have Associate Professor Cormie as the guest speaker at our May meeting.

Associate Professor Cormie is an Accredited Exercise Physiologist whose research and clinical work focuses on the role of exercise in the management of cancer. She has produced influential research exploring the efficacy of targeted exercise prescriptions in counteracting significant side effects of cancer and cancer treatments. A core component of her work is invested to translating research into practice for meaningful improvements in health care services for men with prostate cancer.

To Treat or Not to Treat?

“We tend to believe that it is almost always better to be “doing something” when we are told we have a medical “disorder” of some type.

Many prostate cancer patients start out with the assumption that immediate treatment is ESSENTIAL or they are going to die.” The New Prostate Cancer Infolink 31/03/2016

- **Not all prostate cancers are the same**
- **Many low volume low grade prostate cancers grow very slowly**
- **Active Surveillance means deferring the treatment of low risk prostate cancers until treatment becomes necessary**
- **Long term studies confirm Active Surveillance is a safe and effective strategy for many newly diagnosed men with prostate cancer**

ACTIVE SURVEILLANCE

Being diagnosed with prostate cancer is one of the most stressful life events that you ever experience. It can come as a shock. You don't hear too much after you've been told by the urologist that you've got prostate cancer. Your head is just in a whirl.

Many men get scared and make hasty decisions. They don't take the time to discuss treatment options with family and friends or to get a second opinion.

Many patients don't think rationally when they hear the word "cancer." Just get it out!

Most prostate cancers are slow-growing. . Most men with prostate cancer will die from causes other than prostate cancer. In 2010 the New England Journal of Medicine reported that surgery (radical prostatectomy) extended the life of just 1 patient in 48.

Primary treatment (surgery or radiation) may come with significant side effects that can adversely affect your quality of life. Very few of us have the side effects and their importance fully explained to us. Or perhaps the specialist has explained them to us but we were still in shock from the diagnosis and did not fully understand what was said.

Delay or avoid treatment side-effects

Active surveillance is a management strategy for men with low risk prostate cancer. Rather than having a treatment with the associated risks and side effects, the cancer is monitored closely. Treatment can be started if the cancer seems to be growing or getting worse.

By undergoing active surveillance, men can enjoy a better quality of life by delaying or

avoiding the side-effects that can accompany treatment.

Outcomes are similar among patients undergoing deferred prostate cancer treatment after active surveillance compared with those undergoing immediate treatment, so far as prostate cancer-specific mortality and incidence of metastatic disease are concerned. There is little, if any, risk of missing an opportunity for cancer control after undergoing delayed treatment after active surveillance.

Watchful waiting

Watchful Waiting is different from Active Surveillance. Watchful Waiting is a passive approach where doctors wait for symptoms to show that the disease is progressing before taking further action. Watchful waiting is usually used for very elderly individuals or those with multiple comorbidities (additional diseases present at the same time as the prostate cancer) who are unlikely to benefit from curative treatment. Only palliative treatment is offered for the symptoms.

Active Surveillance

Almost half of men diagnosed with low risk prostate cancer are being managed with Active Surveillance. Victorian Prostate Cancer Registry

Whilst there are many different Active Surveillance protocols around the world, the fundamentals are similar. The ideal patient for Active Surveillance has low volume, low grade disease. This can be assessed with PSA, digital rectal examination and biopsy results. Magnetic Resonance Imaging (MRI) scans are increasingly being used to select those men who are suitable for Active Surveillance, as well

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as a tool for monitoring men on Active Surveillance programs. Typically the Gleason Score (a measurement of the aggressiveness of the tumour) will be 6 out of 10, though some men with small volumes of Gleason 7 disease can also be managed with Active Surveillance.

After initial assessment of suitability for Active Surveillance, monitoring involves periodic PSA tests, digital rectal examinations and repeat prostate biopsies. The biopsies are usually performed every 3 years, though the introduction of MRI may reduce the frequency of follow-up biopsies.

Why don't more patients choose active surveillance?

Most men have heard of robotic prostatectomies with a Da Vinci robot and assume that this is the best way to treat prostate cancer. Most men aren't aware of Active Surveillance.

Studies have described how the patient's final decision relies principally on what the specialist advises. Unfortunately some specialists do not offer men the choice of active surveillance.

There are men who are not comfortable with the approach of monitoring cancer to see whether it progresses. Emotionally they are unwilling to have the cancer inside them and would rather risk the possible side effects of active treatments to try to remove or destroy the cancer.

This type of anxiety can be minimised by good patient education. Regular medical review and participation in a formal Active Surveillance program has also been shown to keep emotional concern and distress to manageable levels.

We will have more on Active Surveillance at our meeting on 9 November 2016 from our guest speaker, Prof Mark Freydenberg.

Lifestyle choices – an encore

Avoid saturated fat

Eating a diet higher in saturated fat, a type of fat found commonly in foods such as fatty beef and cheese, was linked to more aggressive prostate cancer, a study by University of North Carolina Lineberger Comprehensive Cancer Center researchers and collaborators has found.

Stop smoking

As fewer American men smoke, fewer American men die of prostate cancer.

We already know that smoking causes known increases in risk for lung cancer, bladder cancer, and a host of other serious ailments.

It's not possible to state categorically that stopping smoking lowers risk for prostate cancer. We can't prove cause and effect. What this latest research published in the journal *Preventing Chronic Disease* shows is that there certainly appears to be a strong association.

Start exercising

An American Cancer Society study has found that a moderate or intense exercise regimen may improve a man's odds of surviving prostate cancer

This study reinforces that a healthy lifestyle, including exercise, is one of the few aspects of post-cancer outcome that you can control.

Regular exercise improves your cardiovascular health, quality of life and your overall ability to fight disease.

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

- **Show respect to members and speakers;**
- **Allow people to speak and we listen;**
- **Respect confidentiality;**
- **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
Janis Kinne
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).
Please contact Paul Hobson to redirect or cancel receipt of this Newsletter.

CORRESPONDENCE

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

11 May '16
8 June '16
13 July '16
10 August '16
14 September '16
12 October '16
9 November '16
Wed 14 December '16 (Christmas lunch)

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