

NEXT MEETING Wed 12th April 2017

10:00 am to 12.30 pm

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 (except January) from 10:00am -12:30pm 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 and various bus routes are nearby.

Partners or carers are welcome to all meetings. There is no charge for attending.

CONFRONTING A CANCER DIAGNOSIS

The biggest problem that most people confront when diagnosed with cancer is what treatment(s) is the best. A man diagnosed with cancer must front his big fear of the “C” word and decide whether he wants the cancer “out”, or can he live with having a cancer that usually will not kill him.

In the case of prostate cancer, which is often a long term cancer, there are a number of related big and confronting issues to face (and mostly without expertise to ask the right questions):

1. Living with Cancer

Currently in over 90% of cases, particularly with early diagnosis, a man with prostate cancer will die with the cancer, and not of it;

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/>

FIXING INCONTINENCE AFTER TREATMENT FOR PROSTATE CANCER

This will be the topic for discussion at our next meeting, supported by videos.

This was a topic for discussion in September at the 2016 Prostate Cancer Research Institute Conference in Los Angeles. This conference is regarded as being one of the world's leading conferences for patients. It is a three day conference built around helping you get answers to your problems. The specialist who attend are world leaders in treating prostate cancer and associated complaints. They discuss what's new and latest treatments.

this applies generally to a man with Stage 3 or below cancer, and a Gleason Score of 7 or less (A man's specialist will tell him if his cancer fits into these groupings) and what this means uniquely to the patient, as there are other factors to consider).

2. Active Surveillance

A man's specialist may recommend Active Surveillance, which is active monitoring by the PSA blood test, biopsies and possibly MRIs; the specialist is saying, at the moment, no treatment is the best treatment (and there are no treatments without significant side effects).

3. Only Specialist's Advice Matters

Every cancer is unique, and therefore relatives, friends and “Doctor Google” do not

give a man answers: they give the man questions to ask his specialist(s).

4. **Second Opinion (even a third)**

Asking for a second (or third) opinion, especially from a radiation oncologist (radiation can be used successfully as a first treatment, in conjunction with other treatments, or as a salvage option after earlier treatments) or a medical oncologist (chemotherapy, or enzalutamide (brand name "Xtandi") first may be an option. A man may qualify for them on the PBS.

5. **Don't panic - take your time**

Being usually a long term cancer, you have to learn to take your time to come to your decisions (your specialists should advise you in this regard).

6. **Changing lifestyle**

Prostate cancer gives a man a chance to considering eating a healthier diet and increasing exercise (if these are not already part of your life).

PALLIATIVE CARE

Palliative care is specialised medical care for people with a serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

It should be noted that palliative care generally is associated with end of life care. This is a time when it is importantly utilised but is not the limit of palliative care. There are many benefits if palliative care is utilised from time of diagnosis. As **Doctor Matthew Grant**, our speaker at the March meeting, stated, palliative care has been proven to:

1. Lessen time in hospital;
2. Lowers the cost of the serious illness;
3. Gives relief from pain resulting from serious illness;
4. Can help with dealing with allied health: e.g. dealing with CentreLink, occupational therapists, etc.;

5. Help patients cope better with stress of the serious illness.

Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

TAKES A HOLISTIC APPROACH TO YOUR TREATMENT

Palliative care teams specialize in treating people suffering from the symptoms and stress of serious illnesses such as cancer. This type of care treats pain, depression, shortness of breath, fatigue, constipation, nausea, loss of appetite, difficulty sleeping, anxiety and any other symptoms that may be causing distress.

The team will help you gain the strength to carry on with daily life. In short, palliative care will help improve your quality of life.

CLOSE COMMUNICATION

The palliative care team will also spend time talking to you and listening. They will make sure you understand all of your treatment options and choices. By deeply exploring your personal goals, the palliative care team will help you match those goals and options. They will also make sure that all of your doctors are coordinated and know and understand what you want. This gives you more control over your care.

A PARTNERSHIP OF PALLIATIVE CARE TEAM, PATIENT AND FAMILY

Palliative care teams are specialists who work together with you, your family and your other doctors. They provide an extra layer of support when you need it most. In addition to treating your symptoms, the palliative care team spends as much time as necessary communicating with both you and your family. They support you every step of the way.

DISCLAIMER: Information in this newsletter is not intended to take the place of medical advice. You should obtain advice from your doctor relevant to your specific situation before acting or relying on anything in this newsletter. We have no liability whatsoever to you in connection with this newsletter.

TALKING TO YOUR DOCTOR

If you or a loved one is facing a serious illness, you may benefit from palliative care. You can have palliative care at any point in your illness. Speak to your GP, and ask for a referral.

HYPERBARIC OXYGEN THERAPY

Hyperbaric Oxygen Therapy can help patients with injuries that occurred following radiation therapy.

Radiation therapy has improved tremendously. It targets tumors more accurately and minimizes damage to the surrounding tissue. However, even with those advancements, the normal tissue surrounding the tumor may be impacted, which may cause new symptoms. It is important to note:

- Injuries from radiation are not usually identified by the radiation oncologist because they may occur months, and even years, after radiation therapy;
- Damaged tissue breaks down over time. Healing the damaged tissue requires a safe and effective medical intervention; and
- Hyperbaric Oxygen Therapy is the only modality to target and repair damaged tissue caused by radiation treatment.

TREATING RADIATION DAMAGE WITH HYPERBARIC OXYGEN THERAPY

Hyperbaric Oxygen Therapy is recognized for a number of medical conditions, all of which are generally covered by insurance. Hyperbaric Oxygen Therapy is approved by the USA's FDA for latent or internal radiation injuries and has been successful with many patients experiencing symptoms following radiation treatment.

There are a number of types of latent radiation injury, which include:

1. Radiation cystitis or proctitis (including prostate Cancer): some patients complain of urinary frequency, pain, burning or bleeding.
2. Bowel problems or bleeding after radiation: diarrhea, urgency, incontinence, and rectal

bleeding are common symptoms.

STUDY SHOWS HYPERBARIC OXYGEN THERAPY IMPROVES SYMPTOMS IN PATIENTS WITH RADIATION INJURIES

A 2013 study in Gothenburg, Sweden, concluded that Hyperbaric Oxygen Therapy can be an effective and safe treatment modality for late radiation therapy-induced soft tissue injuries in the pelvic region. According to the study, symptoms were alleviated in 76% of patients with radiation cystitis, 89% of patients with radiation proctitis, and 88% of patients with combined cystitis and proctitis. The improvement was sustained at follow-up in both domains 6 to 12 months after receiving Hyperbaric Oxygen Therapy. No severe side effects related to Hyperbaric Oxygen Therapy were observed, according to the study.

HOW DOES HYPERBARIC OXYGEN THERAPY WORK?

There are numerous processes the body undergoes in order to heal injuries, such as stem cell production, gene expression, white blood cell enhancement, new capillary (blood vessel) growth. Hyperbaric Oxygen Therapy supports these processes and the immune system as it works to ward off challenges to the body's health.

Hyperbaric Oxygen Therapy drives oxygen further into the body's tissue, promoting healing. The oxygen is transported into the red blood cell and saturates the plasma of the blood, thereby delivering 10 to 14 times the amount of oxygen to the tissues. Hyperbaric Oxygen provides the nutrients required to promote healing and recovery.

<http://connect.hyperbaricmedicalsolutions.com/blog/treating-radiation-damage-with-hyperbaric-oxygen-therapy>

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HOW QUICKLY DO RADIATION**BENEFITS CUT-IN**

Forty percent of patients experienced pain reduction and better quality of life at day 10 after radiotherapy with further improvements in quality of life at day 42 in responders. A single 8-gray radiotherapy dose for bone metastases should be offered to all patients, even those with poor survival.

<http://forums.jimjimjimjim.com/index.php?/topic/1697-how-long-for-radiation-to-give-pain-relief-to-a-metastasis/>

COMMITTEE:

Max Shub, Facilitator 0413 777 342
 Paul Hobson, Secretary
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 Spiros Haldas, Library
 Janis Kinne, Membership
 Barry Elderfield, Treasurer, 0400 662 114
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MEETING VENUE:

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

CORRESPONDENCE

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2017 SUBSCRIPTIONS \$10

The 2017 annual subscriptions are due from 1st January 2017. The rate is \$10 per individual, couple or family.

PLEASE RETURN BOOKS or DVDs**BORROWED from the LIBRARY**

Prostate Heidelberg currently has a significant number of books and DVDs that have not been returned. There are other people who would like to use these library resources on their cancer journey. Please return them at the next available opportunity. If you borrowed a book and since lost it, please send a note to that effect to prostateheidelberg@gmail.com. If the material is still in print, we can replace it.

Please contact Patrick Woodlock to redirect or cancel receipt of this Newsletter.

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

Wed 12th April 2017
 Wed 10th May 2017
 Wed 14th June 2017
 Wed 12th July 2017
 Wed 09th August 2017
 Wed 13th September 2017
 Wed 11th October 2017
 Wed 08th November 2017
 Wed 13th December 2017 (Christmas lunch)
 Wed 14th February 2018
 Wed 14th March 2018