**PROSTATE CANCER SUPPORT GROUP**

Cancer Support Centre, Jacaranda Lodge  
185 Fox Valley Road, Wahroonga NSW 2076

Proudly affiliated with

**AUGUST 2011 NEWSLETTER**

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**Remaining meeting dates for your diary in 2011**

**I’ll go if you go. Do it for her. Do it for him. Do it for life.**

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<th>Month</th>
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| September | 12    | Support Group Discussion Meeting with special guest speaker, Prof. Suzanne Chambers, Professor of Preventative Health, Griffith University, QLD  
Dealing with a diagnosis / couples issues |
|           | 26    | Dr Yvonne McMaster  
Retired Palliative Care Specialist  
**Symptom management** |
| October   | 10    | Support Group Discussion Meeting |
|           | 24    | Assoc. Prof. Manish Patel, Urological Cancer Surgeon  
**Latest developments in the treatment of advanced prostate cancer** |
| November  | 14    | Support Group Discussion Meeting |
|           | 28    | Assoc. Prof. Gavin Marx, Medical Oncologist  
**Clinical Trials** |
| December  | 12    | Christmas Party afternoon tea  
Support Group discussion meetings are held at 2.30pm for 3pm on the second Monday of the month. Our evening meetings start at 7pm on the fourth Monday night of the month. Partners and families are welcome.  
Refreshments are provided and meetings are free.  
Parking is $4. See you at our next meeting! |

**Support the Big Aussie Barbie at Bunnings**  
Join Sydney Adventist Hospital PCSG volunteers as we put on a sausage sizzle as part of the Big Aussie Barbie, raising valuable funds for Prostate Cancer Foundation of Australia (PCFA). Find us at Bunnings Warehouse, Thornleigh, on Thursday 1st September from 3pm and Friday 2nd September from 11am.
Healthy Eating and Prostate Cancer  
Kathy Chapman, Cancer Council NSW  
Presentation to SAH PCSG on 25th July 2011  
Report by Pam Sandoe

Good nutrition during treatment is very important, especially at those challenging times when the appetite is poor. It helps with wound healing, boosts the immune system and helps maintain muscle mass, and a healthy weight.

Side effects of cancer treatments can include loss of appetite, change in taste and smell, nausea, diarrhoea/constipation and weight loss. Maintaining healthy weight is a balance between intake and expenditure of energy. Kathy presented a slide illustrating the Australian Guide to Healthy Eating which is a healthy depiction of the different food groups on a plate. The majority of our meals should be made up of plant based foods including bread, rice, pasta and cereals, as well as fruits and vegetables, followed by protein foods including nuts, and dairy foods. To the side of the plate and for occasional treats are things like chocolate, cakes, biscuits and ice cream. An ideal is to have 2/3 of one’s plate covered with food of plant origin. Aim for 5 serves of vegetable and 2 serves of fruit each day. Choose a variety of colours from the groups: white/red/yellow orange/green leafy/ green cruciferous (cabbage family)/ purple, as these all provide different nutrients and antioxidants.

There is no evidence to suggest that vitamin supplements are better than fruit and vegetables in meeting needs for vitamins and overall good health. Meta-analyses of several randomised control trials showed that people taking antioxidant supplements do no better and sometimes worse than those receiving placebo controls. That is, you can’t replace fruit and vegetables with supplements. There is some evidence to indicate that lycopene (primarily from tomatoes) is beneficial in reducing the risk of prostate cancer but this is not a strongly supported finding.

Tips to help one eat more fruit and vegetables include having them as snacks, adding fruit to breakfast cereal and grated vegetables to mince dishes. Try to have at least three colours of vegetables with your main meal and use frozen or canned vegetables rather than none. Kathy also suggested colourful salads and fruit salad with berries. Also suggested was decreasing the amount of meat in casseroles or stir fries but including more vegetables of different colours. Vegetable soup was also a good option during the cold weather.

Selenium and prostate cancer
The large Selenium and Vitamin E Cancer Prevention Trial (SELECT) showed that neither selenium nor vitamin E supplements gave any protective effect against prostate cancer. Changing to a healthier lifestyle can however have some benefit: some 80 patients on a ‘watch and wait’ approach to their diagnosed cancer were randomised, in a lifestyle program, to have a strict vegetarian diet, regular exercise and yoga against a control group with no special diet or activity. Those on the very healthy lifestyle dropped their PSA readings by 4% whereas the control patients increased 6%. Also, the degree to which patients changed their lifestyle was well correlated with improvement in PSA levels.

Cancer Council NSW is currently running a program called ENRICH (see SAH PCSG’s December 2010 newsletter) which provides six face-to-face group sessions of two hours led by dieticians and an exercise physiologist over a two month period. It involves healthy eating, a home walking program and resistance training. (This too is being run as an randomised control trial evaluating the benefit of exercise V those who are in a control group).

Our thanks to Kathy for coming along once again and reinforcing the nutritional benefits we should all be maintaining during the difficult times of coping with a cancer diagnosis. We certainly appreciated her perspective on good dietary and exercise practices and for answering so many questions from the audience.

The DVD of this presentation is now available to our SAH PCSG members and will be made available to the network of support groups through PCFA in due course.

Kathy Chapman  
originally worked as an Oncology Dietitian in hospitals. Now she works as a Director of the Health Strategies Division of Cancer Council New South Wales (CCNSW), responsible for cancer prevention, policy and advocacy.
Dr Katelaris began the presentation, stating that often a prostate cancer treatment team is made up of:

- General Practitioner
- Urological Surgeon
- Radiation Oncologist
- Medical Oncologist
- And sometimes, a Palliative Care Physician

So he established a multidisciplinary team at Hornsby’s Prostate Cancer Rehabilitation Centre which consists of himself, Mrs Taryn Katz, a continence physiotherapist as well as David Cain, a counsellor specialising in sexuality. Our group was delighted to host Phillip and Taryn.

A rehabilitation team consists of:

- Pelvic Floor Physiotherapist
- Prosthetic Urological Surgeon
- Sex Therapist/Psychotherapist
- Support group

Patients with a prostate cancer diagnosis have three basic concerns: the cancer, incontinence and the possibility of erectile dysfunction. Given the range of treatments available there are many decisions to be made.

The goals of treatment include:

1. Cure the cancer
2. Preserve Continence
3. Preserve Potency
4. Support the man and his wife/partner – “quality of life”.

Briefly, the possible options for localised prostate cancer treatment are: Active surveillance or active management. Radiotherapy (external beam or Brachytherapy); radical prostatectomy (open or robotic). Despite the well-advertised growth of robotic surgery, skilled surgical technique continues to trump technology. Modern treatments have reduced mortality by 20 – 25% confirmed by multidisciplinary studies from around the world.

Mrs Taryn Katz, physiotherapist, stepped in to give her presentation on incontinence and regaining bladder control. Men most at risk are those with weak pelvic floor muscles, obesity, chronic coughing, chronic constipation, decreased mobility and of course, prostate cancer treatment. The form most requiring remedial physiotherapy is ‘stress’ incontinence caused by laughing, coughing, sneezing or standing up.

Physiotherapy offers conservative management for incontinence; a detailed assessment; a number of treatment modalities; together with education, advice and on going support.

The aim of the physiotherapist preoperatively is to teach the patient to do pelvic floor muscle contractions correctly; improve the strength and endurance of the muscle contraction; learn to use the muscles with functional activities, strengthen the lower abdominal muscles and limbs and improve balance and posture.

Taryn spoke mainly on the need to learn how to exercise one’s pelvic floor muscles correctly (after the catheter has been removed) to improve their strength and endurance. The audience was asked to perch on the front of their seats to try the exercise whilst breathing, talking and not tightening their bottom but concentrating on pulling up around the back passage and lifting the pelvic floor muscles up. It is also beneficial to exercise and strengthen the transverse abdominal muscles that ideally keep an abdomen flat. This can be done simultaneously with pelvic floor exercises. The muscles need to be taught to maintain tension during other activities such as walking or rising off a chair.

Taryn emphasised the need to improve and maintain good upright posture: “Your pelvic
floor muscles are off when you slump”. Quality, ie., doing the exercises correctly, (preferably as a result of professional tutoring), is more important than quantity although it is good to aim for a minimum 30 sustained pelvic floor contractions per day. Note that this is a lifetime program and is not to be stopped once dryness is achieved. Remember, ‘Use it or lose it’.

The bladder may need to be retrained after prostate cancer treatment and brought back to being under full control. Avoid going ‘just in case’. Learn to reduce frequency once again. Reducing your fluid intake doesn’t help in bladder training so drink 1.5 – 2 litres per day. Avoid caffeine and limit your alcohol intake. Both are diuretics and hamper or prevent development of bladder control.

Keep up the exercises: continence is achievable!

Phillip then spoke on surgical interventions to overcome stress incontinence. For those men who don’t get better from doing the pelvic floor exercises, and the percentage is low, the following is available:

The **Advance sling** can be inserted with minimally invasive surgery to reposition the urethra. After a 6 week recovery this procedure has an 80% success rate. The Advance sling is the treatment option for those men who are only using 4 pads per day and who can interrupt their urine flow at will.

The **artificial urinary sphincter**, with inflatable cuffs, has been around for 20 years. A small hand operated pump in the scrotum with a reservoir of saline within the body is used to tighten and release the cuff. Occasionally two such cuffs are employed to ensure a complete cut off of urine flow from the bladder. Radiation therapy occasionally causes scarring of the urethra and a stricture that impedes urine flow. A stent can be inserted and the epithelium lining the urethra grows into the stent. The stricture is fixed prior to surgery for the incontinence.

Erectile dysfunction (ED), the inability to have useable erections affects a whole variety of things to do with a man’s identity and relationship with his wife/partner. Good slides illustrated the vulnerability of the cavernous nerve, controlling erections, running between the prostate and the rectum. The average age for prostatectomy is 63 but at this age about 60% of men are already experiencing some ED.

The sexual rehabilitation programme Dr Katelaris now uses is to begin injection therapy, “Triple Therapy” one month after surgery. Providing the cavernous nerve was spared through meticulous dissection and very careful peeling back from the prostate during surgery, one of the following - Viagra™, Levitra™ or Cialis™ - is recommended from three months. If the patient does not do penile rehabilitation the vascular tissue in the penis will waste away over time. If the nerves have been preserved Cialis™ works well (at about $15 per tablet) but are more expensive per erection than the use of an injection (at about $5) which sustains an erection for 20 – 30 minutes. Long continued use of injections or incorrect technique may produce scarring so it is important to have a preliminary demonstration, followed with support, encouragement and supervision. Phillip stressed that there is absolutely no valid research support for the much advertised nasal sprays.

Penile prosthetic surgery, in which prostheses are embedded in the penis and inflated by a small pump located in the scrotum, now offers reliable erections at will. It feels completely normal during intercourse. The improved models now have an antibiotic coating and infection rates are only 1%. There is a 2% mechanical malfunction rate.

A survey showed that 40% of couples were satisfied with using injection therapy, 50% with oral medication (Cialis etc) and 85% with the man having had an implant. In a final, albeit peripheral, comment the speaker said that an estimated 80% of men aged over 50 were sexually frustrated.

Common questions regarding the penile prosthesis include: Will it feel different during sexual intercourse? No. Does a penile prosthesis allow for romantic spontaneity? Yes. How will my penis look? Normal. How long will I be in hospital? 24 hours. Will anyone be able to tell that I have an implant? No.

**Update — American Urological Association (AUA) Conference 2011 in Washington DC**

Phillip reported that the top four topics discussed at the AUA Conference were:

1. XMRV Xenotropic murine leukaemia virus-related-virus
2. Provenge
3. Robotic assisted radical prostatectomy
4. Stem cell therapy
5. The importance of exercise for men on hormone therapy

The **XMRV virus** was found to be a laboratory contamination rather than a causation of prostate
cancer. Researchers had been looking at a vaccine against this ‘virus’ to prevent prostate cancer so this announcement has caused disappointment. Phillip said that, unfortunately, we have to be patient in waiting for validation on the next big scientific breakthrough.

**Provenge™** vaccine proved another disappointment as clinical trials showed only a four month survival advantage at a cost of close to $100,000 per patient.

**Robotic assisted radical prostatectomy** results show that in terms of continence and ED this procedure is modestly inferior to open surgery. The exaggerated claims are not borne out with results highlighting that the technology is market driven.

**Stem cell therapy**

With the number of men on hormone therapy there is a need to know that when this therapy stops working you have what is known as castrate resistant prostate cancer. This is evident by the increasing pool of men around the world who are castrate resistant. Huge research efforts are being made to find a treatment for when hormones no longer work. Chemotherapy can only prolong life for three to four months. “Circulating tumour cells” will be a marker for a man’s long term prognosis. This was detailed with a metastatic cascade chart (see the DVD of this presentation). Researchers in their studies are looking at isolating these cells to find if they are genetically predisposed or tumour cells so that they can accurately depict whether the man will do well or poorly. Phillip stated that it’s an exciting area of prostate cancer research. Molecular medicine will soon transform the entire spectrum of disease management, from assuring the early detection of disease, to defining the prognosis of disease evolution and predicting a patient’s response to specific therapies.

**Exercise for men on hormone therapy**

One outstanding highlight, heard many times, was the importance of daily exercise for men on hormone therapy, especially resistance training and weight training. (For more information on this, stay tuned for a report on exercise physiologist Michael Russo’s presentation to our support group on 25 July 2011, which will appear in the next Newsletter).

Our thanks to Mrs Taryn Katz and Dr Katelaris for providing such an informative and well-illustrated presentation, and for answering all our questions.

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**Gene and Stem Cell Therapy**

Dr Jeff Holst, Medical Scientist

**Presentation to SAH PCSG**

**Monday 11th July 2011**

Report by Pam Sandoe

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Dr Jeff Holst is a research scientist and recipient of the PCFA/Movember Grant for his unit at the Centenary Institute, Royal Prince Alfred Hospital/University of Sydney. Jeff spoke to our support group about finding the link between nutrition and prostate cancer.

In moving back to Sydney in 2006 Jeff decided to set up a research unit and was fortunate to obtain funding through PCFA/Movember in 2008 to set up his own lab and commence work on looking at ‘nutrient pumps in prostate cancer’. His laboratory is at the Centenary Institute, Royal Prince Alfred Hospital/University of Sydney which houses over 200 researchers all working in various fields.

What his group of researchers is trying to do is to work out the link between nutrition and prostate cancer. They want to know what’s happening inside the cell.

As we are all very aware, the instances of prostate cancer is different in countries across the world.

Is it because of genetics or the environment? As Jeff describes, those men of Asian or African origin have a very low incidence of prostate cancer until they move to a western country. If these men move to the USA their chance of receiving a diagnosis of prostate cancer becomes the same as for a Caucasian/American man. Unfortunately, for the African/American man the incidence is even greater than the previous group. Therefore, you can conclude that it’s not genetics but the environment or something else.

Environment must play a role, most likely due to diet. Red meat and dairy have the highest levels of the essential amino acid “leucine”. Leucine is a nutrient that the cell uses to “build” proteins.
Jeff will be applying for a further grant application to continue his work. We also heard that his group works in conjunction with research centres in other states of Australia and with a group in Canada, so there is certainly cross-pollination of ideas and outcomes. He is not working alone on this particular research area.

Many thanks to Dr Holst for attending our support group meeting and explaining just what he and his researchers are hoping to achieve.

We are also grateful to Dr Holst for allowing a DVD to be made of his presentation for distribution to PCFA affiliated support groups.

Would you like to help shape an online psychological support program for men after prostate cancer treatment?

Clinical Psychologist Dr Addie Wootten, MAPS, is seeking **men who have received treatment for prostate cancer in the last five years to take part in a study** examining the benefits of a newly developed online program.

‘My Road Ahead: Navigating Prostate Cancer’ is an online psychological support program for men who’ve battled prostate cancer.

The program aims to support men through a range of challenges including emotional issues, relationship changes and coping with physical difficulties.

See [myroadahead.org](http://myroadahead.org) or contact addie.wootten@mh.org.au

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**Disclaimer:** The information in this newsletter is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your qualified medical professional.