



Below the Belt!

Vol. 16, No. 3

June – August, 2017

Newsletter of The Nepean / Blue Mountains Prostate Cancer Support Group Inc.
(ABN No. 35 871 442 176)

DIESEL, DIRT & TURF EXPO, 21st & 22nd April 2017. PENRITH



Our group was invited by New Holland Tractors and Evan Kallopolitis from PCFA, to man a Prostate Cancer Information table at the above expo. This was a huge event, with people from all over Australia attending. The Friday was mainly a PR and trade day, but we managed to talk to a few folk about PC. Saturday was a big public day, literally thousands of people coming by. Over the two days we handed out over 360 of our brochures, and spoke in detail to dozens of people. Our group wish to thank the PCFA & New Holland Tractors for hosting us, and thank you to Eric, Tom, John, Peter, Linda, Mark, & Ray, for their help over the 2 days.

(Picture shows Evan Kallopolitis, John Kemp and Eric Kent in front of our display)

What's to Come

Group Meeting – Monday June 19th

Michelle Eisenhuth

Senior Oncology Dietician, Nepean Hospital & Cancer Care Centre

Group Meeting – Monday July 17th

Open Forum

Topics of Interest to Members

Group Meeting – Monday August 21st

Patrice Thomas - Author, Presenter, Mentor and Mindfulness trainer

Learn the "power" of Qi Gong

All meetings :- Gather at 6-30pm for a 7-00pm start.

Food for Thought

We know that overweight and obesity, physical inactivity, poor diet and drinking alcohol all contribute to cancer risk. There are also indications that a healthy lifestyle can improve quality of life for cancer patients and reduce the risk of the disease recurring.

Much of the evidence of these links has emerged only in the past decade. It continues to be a busy area of research and one that has attracted significant media and public interest. There are almost daily reports of new research claiming certain foods can reduce our cancer risk, exposing the public to messages which are often conflicting and inconsistent.

Cancer Council can help you interpret this information, and provides clear recommendations on how you can minimise your cancer risk through improved nutrition and physical activity.

If you want further information about how you can reduce your cancer risk, visit the preventing cancer section or call Cancer Council 13 11 20.

The Overweight and obesity, physical activity and nutrition chapter of our *National Cancer Prevention Policy* provides comprehensive information on the role these factors play in cancer, including statistical data, the evidence base, policy context and priorities.

Cancer Council Australia's Nutrition and Physical Activity Committee has developed a number of position statements addressing the link between nutrition and cancer.

These include the following:

- Meat and cancer prevention
- Fruit, vegetables and cancer prevention
- Fibre, wholegrain cereals and cancer
- Dairy foods, calcium and cancer prevention
- Soy, phyto-oestrogens and cancer prevention
- Salt and cancer risk
- Sugar-sweetened beverages
- Tea and cancer prevention
- Omega-3 fatty acids, fish and cancer prevention
- Beta-carotene and cancer risk
- Folate and reducing cancer risk
- Selenium
- Benefits of healthy diet and physical activity for cancer survivors
- Front of Pack Food Labelling
- Food Marketing to Children
- Food taxes

These guidelines are published in full on the Cancer Council Australia web site. To get the complete information, just follow the link below (ctrl – click)

<http://www.cancer.org.au/policy-and-advocacy/position-statements/nutrition-and-physical-activity/>

WHY JOIN A SUPPORT GROUP?

Studies have documented that a diagnosis of cancer can be very stressful. Peer support from people with similar experiences has been found to be very effective in reducing this stress. Peer support is a system of giving and receiving help, founded on the principle of mutual respect and shared understanding of the cancer journey for people with prostate cancer. The opportunity to connect with peers with lived experience of cancer can be very powerful to reduce psychological stress.

Some of the many reasons to join include:

- To avoid feeling isolated and alone
- To feel cared for – it's like being part of a family
- To meet others who are going through the same thing as you
- To talk it through so you feel less anxious about your cancer
- For encouragement, optimism and inspiration
- To receive and provide others with support
- To gain relief from feelings of fear and depression
- To be able to ask questions and discuss your concerns
- To learn more about prostate cancer through guest speakers, books, DVDs and newsletters.

Studies have shown the psychological stress associated with any cancer diagnosis and found that peer support can reduce this stress. Evidence suggests that support groups can improve quality of life for people with cancer and their carers.

HELP RAISE AWARENESS OF PROSTATE CANCER

Through your own experience and the knowledge you gain about prostate cancer through your support group, you can help raise awareness of prostate cancer amongst your friends and colleagues. Support groups provide the opportunity to get involved in awareness and fundraising activities in the local community.

SUPPORT GROUP ACTIVITIES

Activities will vary from one support group to another, but often include the following:

- A range of guest speakers to help you learn more about various aspects of prostate cancer
- Social events
- Awareness and fundraising activities
- Access to resources and information about prostate cancer
- Regular meetings and discussions.

Act Young to Feel Young

We all know people who have a youthful approach to life, despite their advanced years. So, what's their secret?

Studies (1) by Prof Ellen Langer, a social psychologist at Harvard University, show how people have achieved this lasting youth.

In these studies, groups of older people were taken into an environment where everything was as it had been in their prime of life. Food, films, photos, music, news, politics, sport and other experiences from several decades earlier surrounded them.

The group were also required to talk and act physically as they had in their prime of life. The results were surprising. Participants actually became physically and psychologically younger.

The group had major improvements in independence, memory, dexterity, hearing, appetite and overall wellbeing. Their arthritis diminished. One participant even discarded a walking stick. 'Before' and 'after' photos showed participants looking younger at the end of the study. Because their minds were actively engaged in living several decades earlier, their bodies followed.

These studies are a strong demonstration of how our bodies will help us if we adopt a youthful approach and we reject the labels of ageing.

These and other studies show that a youthful approach to life, despite our age, involves:

Belief - believing we can do more increases our capacity.

Exercise - it feeds our brains with a flow of oxygen, and we need it regularly. Physical exercise is truly the 'wonder drug'. A regular brisk walk is excellent. Dancing is even better. Not only does exercise feed our brains with oxygen, it has the added benefit of training our memory and multi-tasking.

Laughter and more laughter - it reduces cortisol levels, which are associated with stress and disease. When we enjoy ourselves, our cortisol levels drop. Children laugh hundreds of times a day, whereas adults, on average, laugh 15 times a day. Yet the older we are, the more cortisol we have. So if we wish to reduce our stress, we should laugh as we did when we were children.

Making our own decisions - gives us a sense of control over what we do and keeps us alert.

Keeping social - friends keep us socially engaged and protect us from stress and the ravages of old age by lowering our cortisol (or stress) levels. Social engagement, like exercise, is a beneficial drug. Keeping our friends close helps us stay young.

Sensible physical exercise, laughter, making our own decisions, friends, and above all believing that we can do these, will free us from an ageing state of mind and free our bodies to do more and to have more fun.

By Gabrielle Leahy, retirement coach, Retire & Flourish (retireandflourish.com.au)

[1] Ellen Langer's 1979 "Counterclockwise" study.

See Langer, Ellen J. (2009). "Counter clockwise: mindful health and the power of possibility". Ballantine Books.

This article was obtained from a recent edition of the Central Coast Support Group Newsletter



A Little Bit of Trivia....

We have the words 'cent' and 'sent'.....

In the word 'scent' which letter is silent, the 's' or the 'c' ???

Save “Andrology Australia” Campaign.

Members may recall that in September last year (2016) we asked you to support the campaign to continue government funding for Andrology Australia (the only national body providing evidenced-based information, best practice support and education, and policy advice in the area of male reproductive health and associated conditions)

I am happy to advise that this campaign has been successful.

Here is the recently released advice from ‘Andrology Australia’

“New directions

We are very pleased to announce that Andrology Australia will be continuing, with funding secured until end of June 2020.

*Thank you again for your overwhelming support during the **Save Andrology Australia** campaign. The support received from health professionals and the community was instrumental in the renewal of our funding.*

With the future much brighter, we will be working hard over the next 3 years to improve men's health across the lifespan. Stay tuned for more information over the coming months.”

‘The Healthy Male’, is the newsletter of Andrology Australia. To read (or subscribe to) this publication go to (<https://www.andrologyaustralia.org/>)



Pharmaceutical Benefits Scheme Costs

The Department of Health published details of prescription volumes and government costs under the Pharmaceutical Benefits Scheme for the year ending 30 June 2015.

Prostate cancer drugs featured on the list of high cost drugs, under the S85 supply arrangement and cost to government were:

In 29th place Goserelin (Zoladex) \$57.37 million — (this figure includes use of the drug for breast cancer)

In 37th place Abiraterone (Zytiga) \$42.25 million

In 39th place Leuprorelin (Lucrin/Eligard) \$41.60 million - (this figure includes use of the drug for breast cancer).

Enzalutamide (Xtandi) in its first year on the PBS cost \$14.25 million

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Reference: PBS Expenditure and Prescriptions Report 2014 - 15



Viagra Shipment Stolen

Police are looking for a gang of hardened criminals!

Support groups Morning Tea, PCFA Offices, St Leonards, May 1st,



To mark National Volunteers Week, PCFA hosted a morning tea to acknowledge the great work undertaken by the PCFA Support Group community to say 'Thank you' to all those who help reduce the impact of prostate cancer. Tom & John attended this event, They were shown around the office and met all the staff employed by the Foundation. There were members from two other groups there, and each got to speak about their groups, and how they operated, a very interesting morning.

Blue Mountains / Nepean Wellness Group information day, Saturday, 6th May, at Springwood Hub.

This group, (formally the Blue Mountains / Nepean Cancer Help Group). held an information day to promote all the support services that can be accessed by members of the Group. We were able to set up an information table. This was manned by Tom, Peter & John.

During the day each group, was given the opportunity to speak about the activities and services offered by their group, Tom represented our group very well in one of the afternoon sessions.

The only disappointing thing about this day was

Tom, at the end of the day was asked to draw all the raffle prizes, an important task. Only problem was he drew out everyone else's tickets but not his, Peter's or John's!!!

(This organisation is one of the many that our Group supports through our fund raising activities)



Cancer Council Penrith Relay for Life, 29th & 30th April

This event was postponed from the beginning of April because of the weather, and as a result was a much smaller event, not only for our group but the entire Relay.

In total we had about nine members walking, Special mention must go to group Member Ray, and his sister Leonie, who did 50 laps on the Saturday, and considering 1 lap was 440 metres, that was quite an achievement, well done.

In total our two teams raised \$2600 for Cancer Council, a good amount for a small crew, Thank you to the members who helped set up our tent site on the Friday, & the pulling down on Sunday morning, the people who sponsored us, the folk who came and visited our site and supported us, and a special thank you to all who did laps, no matter how few or many. Total Money raised from the Penrith Relay is currently at \$292.000. A good sum but due to the late change of date not as good as previous years.

Will multi-parametric MRI live up to its PROMIS in Australia?

The highly-publicised PROMIS study shows that multi-parametric MRI can greatly improve the accuracy of prostate cancer diagnosis. MRI is a much less invasive test than a biopsy and doesn't come with the risk of dangerous side effects such as infection. Should MRI be used to diagnose prostate cancer in Australia? The answer is not so simple.

A high PSA level does not necessarily mean that a man has prostate cancer. PSA can also rise due to inflammation or benign prostate hyperplasia. When a PSA test comes back high, a biopsy is the most common method to diagnose prostate cancer. But biopsies can cause side effects, such as bleeding, pain and infection. One reason that PSA testing is controversial is that it leads to many men having biopsies, putting themselves at risk of these side-effects, when they don't have prostate cancer. A more accurate test with less side-effects would be a great development for prostate cancer diagnosis.

MRI (magnetic resonance imaging) is an imaging test that detects different tissue types such as bone, fluid and fat. Multi-parametric MRI (mpMRI) is an improvement on standard MRI that makes it particularly good at detecting tumours.

The PROMIS study compared mpMRI to transrectal ultrasound-guided biopsy (TRUS-biopsy). **The aim of this trial was to ask whether mpMRI could be used to decide which men with high PSA could safely avoid biopsy.**

To compare the two tests, the PROMIS study compared TRUS-biopsy and mpMRI to a reference test, called TRUS-TPM-biopsy sampling. The TPM biopsy is an extensive biopsy in which the entire prostate is sampled, by taking small samples every 5 mm across the organ. TPM biopsy was used as a gold standard 'reference' test.

During this study, 576 patients with high PSA levels underwent mpMRI, TRUS-biopsy and the reference TRM-biopsy. According to the reference test, 40% of these men with high PSA had clinically significant prostate cancer. The mpMRI test performed very well, with a 93% true positive rate (sensitivity). This means that 93% of the men with clinically significant cancer tested positive by mpMRI. The TRUS-biopsy only recognised 48% of these cases as positive. mpMRI therefore out-performed the TRUS-biopsy, recognising more true cases of cancer.

Another important comparison between the two tests is the true negative rate (specificity). This is the percentage of men who did not have cancer that are correctly identified as negative by the test. Unfortunately the mpMRI test was not so good at avoiding false negative results. The 41% true negative rate indicated that mpMRI was classifying many men as having clinically significant prostate cancer when they did not. The 96% true negative rate for the TRUS-biopsy was much better.

These results can be summarised as:

- If you really did have prostate cancer, you can be fairly sure (93%) that the mpMRI will pick it up
- If you have a negative mpMRI test, you can have good confidence that you really are free of prostate cancer, so you are less likely to need a biopsy
- But if you have a positive test, there is a significant chance that this could be a false positive, so a biopsy will probably be necessary

The big advantage of mpMRI is that it's less dangerous than a biopsy. It doesn't come with risks of infection, sepsis, bleeding and pain. It's also a more pleasant experience than a biopsy, although maybe not so good if you are claustrophobic.

The PROMIS investigators don't believe that mpMRI can replace biopsy. Their results indicate that the high false positive rate of the mpMRI means that needle biopsies are needed in men with a positive test to confirm the cancer. It's hoped that mpMRI could be used after a high PSA test, and that only a positive mpMRI test would lead to biopsy. This has the potential to reduce the amount of men undergoing unnecessary biopsies by 27%, reducing the chances of the dangerous side effects of biopsy.

Experts on the field have commented on this trial in an analysis published by Nature Reviews in Clinical Oncology. In this article, UK prostate cancer specialist Prof Malcom Mason stated that "mpMRI could dramatically change the diagnostic pathway". He acknowledged that scaling up mpMRI will need more resources and that debate is necessary on exactly how patients with a positive mpMRI should be followed up. US prostate cancer imaging expert Dr Peter Choyke had more concerns about mpMRI. He believed that this study does not go far enough to support deferring biopsy on a negative mpMRI scan. His reasoning was that the false negative rate would be too high for some men and their clinicians. This would mean that biopsy is necessary, even after a negative mpMRI, to be sufficiently sure that prostate cancer is absent.

An Australian study published last year asked a very similar question to the PROMIS trial, but on a smaller scale. Led by Prof Phillip Stricker, this study had very similar results, showing a 96% true positive rate and 36% true negative rate. Having an Australian study with similar results reassures us that mpMRI should have a similar benefit for the Australian community. In Australia, many men already have an MRI test at the time of prostate cancer diagnosis, despite its cost remaining unsubsidised by the government. But rolling out a technology such as mpMRI for every prostate cancer diagnosis is more difficult than it sounds. Not only are the machines very expensive to buy and run, but there are significant challenges to ensuring the tests are accurate. Specialised staff need to have a lot of training and experience to run and analyse the tests. There are issues with standardisation, whereby MRI machines at different centres give slightly different results and there are differences in the way results are scored and reported.

There are many hurdles to rolling out mpMRI testing nationwide for prostate cancer diagnosis. However the results of the PROMIS trial are a major development in this field that should start the ball rolling to develop a safer way to diagnose prostate cancer.

(This article was written by Wendy Winnall, Scientific Writer, and appears on the PCFA 'Online Community' Research Blog page. <http://onlinecommunity.pcfa.org.au/research-blog>

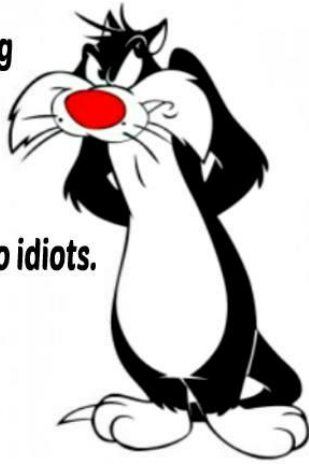


Prostate Cancer Specialist Nurses

This program is made possible by the generous funding from Movember, the Federal Government and generous local supporters. (Cost is \$150,000 per year for 3 years.)
Are you aware that there is not a Prostate Cancer Specialist Nurse in the Nepean / Blue Mountains Area?

We need to lobby all in the local Urology Specialists to try to get this corrected.
For more details of the program and to find where these nurses are located see:
<http://www.prostate.org.au/support/prostate-cancer-specialist-nurses/about-the-prostate-cancer-specialist-nurses>

**If you're arguing
with an idiot
for more than
a minute, then
there will be two idiots.**



**I'm having one of those
days where
my middle finger is
answering every question.**

Contact Us

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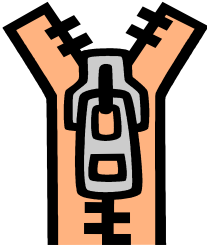
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PAYMENT OF Membership Fees. Members can pay their annual Group Membership Fees by direct deposit to our bank account.

Our Westpac Account Name is 'Nepean / Blue Mountains Prostate Cancer Support Group'.

BSB is 032-837 and the Account No. is 206701. Current Fees are \$10.00 P.A. per family.

Don't forget to advise who you are in the Lodgement Reference i.e. "John Smith Fees 2015"



**Would you like to make a cash donation to our group?
Do you know any Group or Organisation that would like to make a donation?
We are a registered charitable organisation and all donations are fully tax deductible.
All donations help us to support cancer and health related projects in our local area.
If you are able to assist, contact our Treasurer, Allan Burrow.**

Board Members of the Nepean / Blue Mountains Prostate Cancer Support Group for 2016 are as follows:-

President :-	David Wilkinson
Vice President:-	Tom Walsh
Secretary :-	Ross Baker
Treasurer :-	Allan Burrow
Librarian :-	Bob Wittrien
Newsletter Editor:-	Alan Howard
Web Site Manager :-	Peter Murphy
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Publicity Officer :-	Linda Brandt

The Nepean / Blue Mountains Prostate Support Group Inc. is grateful for the support of its members and various local groups. This enables us to produce this newsletter and cover other incidentals in the running of the group.

The Below the Belt 'Zipper' logo (Page 1) is copyrighted to Ms. Caroline Redwood and is used with her kind permission

The views expressed in this newsletter are not necessarily the views of the Group.

The Group does not offer medical or other professional advice.

Articles presented in this or any other issues are presented only as a means of sharing information and opinions with members.

It is important that health professionals should be consulted before making any decisions about any treatments.

This newsletter has been compiled by Alan Howard from material culled or provided.

email: nbmpcsgnews@gmail.com

Nepean / Blue Mountains Prostate Cancer Support Group Web Site 'www.prostatesupport.org.au