

**Prostate Cancer Support Group  
Jacaranda Lodge**

185 Fox Valley Road, Wahroonga NSW 2076  
P: 9487 9061 E: support@sah.org.au

Proudly affiliated with



Prostate Cancer  
Foundation of Australia

**SPRING 2018 NEWSLETTER**

**Meeting Program 2018**

All those who have been affected by prostate cancer, both patients and carers, are invited to attend San Prostate Cancer Support Group meetings. There is no need to book and you do not have to be a patient of the Sydney Adventist Hospital. Video footage of speaker sessions will be available a few weeks after the meeting on DVD from the Cancer Support Centre or on the Sydney Adventist Hospital and PCFA websites. Please see the back page of this newsletter for further information about afternoon and evening meetings, as well as venue and parking details.

Below is a schedule for our upcoming meetings:

All meetings listed below start at 7pm:

**Next Meeting**

**17 December 2018 - 7 p.m. to 9 p.m.**

**Speakers to be confirmed**

**The San Cancer Support Centre at Jacaranda Lodge**

We provide a range of services including phone in/drop in support, education/information resources, meditation, counselling, reflexology, massage, volunteer transport and more.

Phone: 02 9487 9061  
Email: support@sah.org.au  
Website: www.sah.org.au

**FREE TO JOIN ONLINE:** [www.onlinecommunity@pcfa.org.au](http://www.onlinecommunity@pcfa.org.au)

**PCFA Online Community** gives the latest updates on treatments & research into Prostate Cancer.

## Health Spot

### At home PSA kit met with controversy

A new at-home blood test to measure prostate specific antigen (PSA) has become available for purchase online. This has been met with controversy, as routine PSA testing is not necessary or recommended in most men and may inadvertently cause fear and panic if PSA levels are misinterpreted.

#### What is PSA?

PSA, or prostate specific antigen, is a protein made in the prostate gland. PSA levels are measured as one part of the testing process for prostate cancer. However, PSA is not specific for cancer. Studies have found around 3 out of every 4 men with elevated PSA levels do not have cancer, while 1 out of every 7-10 men with normal PSA levels have cancer<sup>1,2</sup>.

#### What causes high PSA levels?

PSA levels can rise for many reasons. These include an enlarged prostate (which is common with aging), inflammation or infection of the prostate (prostatitis), and, although less often, prostate cancer. PSA levels also increase naturally as the prostate enlarges with aging, following sexual activity and following a digital rectal exam. Unfortunately, test results do not distinguish the cause of raised PSA blood levels.

#### When should PSA testing be done?

Current guidelines recommend against standardised population screening. All men should have an informed discussion with their doctor (GP) and/or urologist about the pros and cons of PSA testing. Men who have been appropriately informed can then undergo 2 yearly PSA testing from age 45, or earlier if at increased risk (e.g. men with a family history of prostate cancer). Men over the age of 75 should not have routine PSA testing.

If you are concerned about your prostate health, we recommend you do not undertake your own testing program but rather you should see your GP who can discuss your options with you and conduct any necessary screening tests.

#### Where can I go for information about PSA testing?

In 2016, the Prostate Cancer Foundation of Australia and Cancer Council Australia, developed evidence-based guidelines for PSA testing. These guidelines are available at <http://www.prostate.org.au/awareness/for-healthcare-professionals/clinical-practice-guidelines-on-psa-testing/>

#### References

1. Barry MJ. Clinical practice. Prostate-specific-antigen testing for early diagnosis of prostate cancer. *N Engl J Med.* 2001;344(18):1373-1377.
2. Thompson IM, Pauler DK, Goodman PJ, Tangen CM, Lucia MS, Parnes HL, et al. Prevalence of prostate cancer among men with a prostate-specific antigen level < or =4.0 ng per milliliter. *N Engl J Med.* 2004;350(22):2239-2246.

\*Reprinted with permission © Andrology Australia ([www.andrologyaustralia.org](http://www.andrologyaustralia.org))



#### MRI offers benefits as a first-line diagnosis for prostate cancer

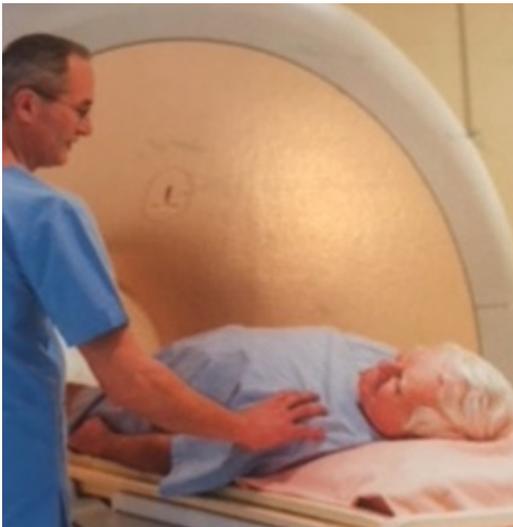
If a doctor suspects their patient might have prostate cancer, they may refer the patient for a diagnostic prostate biopsy. The standard method is an ultrasound-guided biopsy that samples 10–12 sites in the prostate. Downsides include that not all men actually need a biopsy, as either they do not have cancer or the cancer is not life threatening.

Detection of a non-life threatening cancer often leads to 'over-treatment' of the patient, which in some cases can be more harmful than beneficial. In addition, standard prostate biopsies may not target the cancerous area, so there is a chance that a cancer could be missed.

A recent study published in the New England Journal of Medicine in May, looked at the use of MRI as a pre-screening tool to select men most likely to need a biopsy. The study recruited 500

men from health centres across 11 countries, who were suspected of prostate cancer but had not yet had a biopsy. Patients were allocated to an MRI group, only receiving a biopsy if the MRI results were 'positive', or were allocated straight to the standard biopsy procedure. The study found that including the MRI procedure first meant that over one-quarter of men did not need a biopsy. In men that did need a biopsy after MRI, the biopsy could be precisely targeted to the diseased part of the prostate meaning that fewer samples needed to be collected.

The 'MRI-first' compared to the standard 'biopsy-first' approach led to a higher proportion of clinically-significant opposed to insignificant (non-life threatening) cancer being detected, meaning that more men would receive the cancer treatment they need and fewer men would receive a cancer treatment they did not need. The improved precision of the MRI-targeted method also reduced the biopsy-related complications reported by men after the procedure.



This information has been provided for education purposes only. It is not intended to take the place of a clinical diagnosis or proper medical advice from a fully qualified health professional. Andrology Australia urges readers to seek the services of a qualified medical practitioner for any personal health concerns.

\*Reprinted with permission © Andrology Australia ([www.andrologyaustralia.org](http://www.andrologyaustralia.org))

## Communicating Effectively with your Health Care Team — Part 3

### Skills we can use to assist communication

**Communication can be difficult at any time, let alone times of great stress. The following suggestions were developed in collaboration with patients, carers and health professionals. While many may appear obvious, it is helpful to remind ourselves of the basics to help us to achieve the best possible relationships with our care team.**

\* As we all know, good communication is an active two-way process we may need to really work on. We can think firstly about being a good listener—fully focusing on the speaker, his or her body language, tone of voice, and other non-verbal communication. It's important to try to avoid interrupting, jumping ahead or trying to redirect the conversation until it's your turn as there may be logic in how information is presented. To check our understanding, say the information back to the health professional, before proceeding with questions.

\* Use our assertiveness skills—aim to be specific and brief and use "I" statements. For example, say "I don't follow—can you say that again please?", rather than "you're being unclear". You can ask for time to consider information and to make decisions, as well as trying to understand how much negotiation is possible around care recommendations, for example, what type of follow-up arrangements and tests are planned.

\* It may feel awkward but it can be helpful to provide feedback to your team so they know how to best work with you. You may want to write it out and choose to share it (or not), or choose to provide verbal feedback. While it may be helpful for you to share your experience, it may also help guide the health professionals' care of other patients.

\*Article provided by Headway Health Clinical & Consulting Psychology Services [www.headwayhealth.com.au](http://www.headwayhealth.com.au)



