



Prostate Cancer  
Foundation  
of Australia

# PROSTATE SUPPORTER

The newsletter of the Prostate Cancer Support  
and Action Groups of South Australia

March 2008

<http://www.pcagsa.org.au>

## National conference outlines 2008 plans

THE PCFA Support and Advocacy Annual Conference in Sydney on February 20 and 21 was attended by Ian Fisk and Dean Wall from South Australia.

The official minutes are not yet available, though agenda items included a review of the SAC task list, CEO report by Andrew Giles, a report on the 2008 Ambassador Program by Jo Fairbairn, introducing new PCFFA managers Paul Redman (Support Group Services Manager) and Anne Gilhooly (Communications Manager), planning for SAC activities in 2008, and a presentation on trials by Dr Cleola Anderiesz, National Manager, Research, Cancer Australia.

Bill McHugh was re-elected as chairman of the SAC.

Other topics of interest were a Support Group Insurance



**Pictured at the national conference: Paul Redman (PCFA Support Group Services Manager), Ian Fisk (SA), John Allen (NSW), Max Shub (Vic), Karen Rendell (WA), Daryl Hyland (Qld), Dr Jim Clough (ACT), Dean Wall (SA), Bill McHugh (Qld and Chairman of SAC) and Lionel Foote (Qld).**

Fact Sheet Draft #2 explained by Paul Redman (who spent many years in the insurance business); outlining the role of State Chapters; and a website demonstration of [www.pcfa.org.au](http://www.pcfa.org.au). At present information has only been added for the Queensland support groups,

but eventually all groups in Australia will be added.

Reports were presented on the Prostate Cancer Support Handbook and the DVD libraries, which are both progressing well. More outcomes from the conference will be published in coming newsletters.

### in brief...

**The first Tool Box session** for the RAH men's health initiative is on Wednesday, March 12, in the RAH Robson Lecture Theatre, noon to 12.45pm. Cynthia Edwards from The Cancer Council and Kathy Pietris from the National Bowel Cancer Screening Program will talk about Men & Bowel Cancer. All are welcome; please RSVP by phoning 8222 5193.

**Reg Mayes** has been home under the care of Amy since Feb 6. He is still very alert and cheeky, is walking with the aid of a stick, but has lost considerable weight. A report on [www.psaadelaide.org](http://www.psaadelaide.org) is updated occasionally.

**Contributions** to these newsletters from all Support Groups and members are welcomed; send items and images by email to [prostate-news@fosterhill.com.au](mailto:prostate-news@fosterhill.com.au)

## New McLaren Vale support group commences

THE McLaren Districts Prostate Cancer Support Group held its inaugural meeting on September 6, 2007, in the administration building at the McLaren Vale & Districts War Memorial Hospital.

Speakers on the first night were Brent Frewen from ProstateSA, local GP Dr Graham

Lovell and Carol Pinnock from the Repat Hospital. They were followed by Kathriye Strassnick from Cancer Council SA and Jeff Roberts, who spoke about prostate cancer support groups in general.

Since then the group has been addressed by Dr Raghu Gowda from the Brachytherapy

unit at RAH, and Anne Collins, who told the group of her story from the perspective of the partner of a sufferer.

At the previous group meeting, Dr Denby Steel, Urologist was the guest speaker.

The next McLaren Districts Group meeting is scheduled for Thursday March 20, start-

ing at 7pm in the hospital administration building. Local GP Dr Graham Lovell will deliver a presentation on diet, exercise and the importance of regular check ups.

Anybody wishing further details about this group should contact Bryan Hearn by phoning 8323 7924.

The Prostate Cancer Foundation of Australia freecall hotline is 1800 22 00 99  
or visit the website [www.prostate.org.au](http://www.prostate.org.au)

**COMING  
EVENTS****AWARENESS  
MEETING**

The next Awareness Meeting will be held in the RSL Hall, Apex Park, Stirling on April 23. Meeting details have not yet been confirmed, though the hall is not available until 7.30pm. Therefore the meeting will have to commence from about 7.30pm, which is a little later than usual.

**MARCH MEETING**

The next Prostate Cancer Action Group meeting will be held in the upstairs meeting room, Cancer Council SA building, 202 Greenhill Road, Eastwood, at 5.30pm on Tuesday March 11. Enter via the back stairs. New members are most welcome.

*For more information about the Action Group and its activities, visit the South Australian Prostate Cancer Action Group's dedicated website at <http://www.pcagsa.org.au>. The site has detailed archives of its newsletters, containing many informative articles and published research findings about prostate cancer and its treatment.*

# Awareness meetings enjoy further success

**The Prostate Cancer Action Group has started the new year with heartening response to its continuing program of awareness meetings, as Trevor Hunt reports.**

THE most recent prostate cancer awareness meeting, held at Mt Barker, on November 22 last year, was an encouraging success for the Prostate Cancer Action Group.

An audience of 79 people attended, coming from a wide variety of areas throughout the Adelaide Hills, and covered age groups from 40 to 79 years.

From this audience, 31 evaluation forms were returned, and of these, only eight men had been diagnosed with prostate cancer.

It was heartening to know that the meeting had successfully attracted so many interested people who have little awareness or knowledge of the disease.

Most respondents rated the meeting as "very" or "somewhat helpful", and most thought the information provided by our speakers was excellent, or good.

Most comments were complimentary; we noted only two adverse comments about the length of the meeting. One comment noted that it was the women present in the audience that asked the questions!

It was notable that a health professional in the audience commented that the meeting had improved his knowledge of prostate cancer.

This was the fourth such awareness meeting conducted in the Adelaide Hills area, all of which have been sponsored and promoted by the Freemasons Lodges in the Hills.

These four meetings have attracted a total audience of over 300 people, and the involvement of the Freemasons is very much appreciated by the Action Group.

The series will continue with an April Awareness Meeting in Stirling; see the Coming Events column at left for full details.

**SPEAKING  
ENGAGEMENTS**

TWO members of the Action Group involved in the Ambassador's programme have recently been involved in more speaking engagements – and would like further opportunities to spread the word.

If you know of any group or organisation that is looking for guest speakers on the topic of prostate cancer, please let Ian Fisk or Dean Wall know, as they'd be happy to contribute their services.

**MAN ALIVE!**

The Action Group's next major effort will be to run a stall at the increasingly popular men's health event, MAN ALIVE!, at the Semaphore

foreshore on Sunday, March 16. As with previous years, the Action Group will present an information stall stocked with an extensive array of pamphlets and booklets bearing information about prostate cancer.

The Action Group has been represented at every MAN ALIVE! event, and has noticed the increased interest in our stall.

This year, we will be part of a new innovation for this event, the Man Alive! Trail – a participatory activity that requires people to have a free raffle entry form stamped by every Community Agency/Group stall on the Trail. It is expected that our stall will be quite busy because of our inclusion in this activity.

The Man Alive! event will be hosted by Channel 7's Graeme Goodings, and its purpose is to promote men's health and well-being, and celebrate men's contribution to our community. Other services available to men at the public event include a Free Health Check at one stall.

In addition to the wide range of health services and community groups, the event has a great, quality entertainment programme, including African drummers, popular Celtic rock band The Borderers, and other fun activities. Admission is free.

Prostate Cancer Support and Awareness: ADELAIDE GROUP

**COMING EVENTS FOR 2008**

The Adelaide Group usually meets on the third Monday of each month, in the Park View Room of the Fullarton Park Centre, 411 Fullarton Rd, Fullarton.

**Monday March 17th**  
Guest speaker will be Ms Judy Brookstrom, Therapist with the Panic Anxiety Disorder Association. She has been conducting anxiety programs and information sessions for many years.

**Monday April 21st**  
Guest speaker will be Ms Belle Mc Caleb, naturopath, nutritionist and herbalist at the Cancer Care Centre Naturopathy Clinic, providing nutritional medicine for prostate cancer support.

**Monday May 19th**  
Guest speaker will be Dr Mary Brooksbank, director of the Palliative Care Unit at the Royal Adelaide Hospital.

**Monday June 16th**  
A general discussion evening concerning Prostate Cancer.

For more information, visit the Adelaide Group's dedicated website at [www.psaadelaide.org](http://www.psaadelaide.org) or contact President Phil Davis; Phone 82632217 Classic100@bigpond.com

# A fresh opportunity for us to be inspired

The Adelaide Group's first meeting for 2008 featured guest speaker Derrick McManus, who detailed his fight for survival.

Derrick McManus, a member of the SA Police force for 28 years, was awarded the inaugural SA Police Bravery Medal in 1989, and has a long history of community involvement over 20 years, earning him an Australia Day Young Citizen of the Year Award.

However his speech focused on a siege in the Barossa Valley on May 3, 1994. Sergeant McManus, then a member of the STAR Division, was shot 14 times with a high-powered semi-automatic weapon. With broken bones and severed arteries, he lay bleeding profusely for three hours before he was rescued.

He remained conscious but was unable to move and laid on open ground in the field

of fire for three hours, while the gunfight continued around him. Incredibly, he recounts that he had many positive thoughts about family, friends and colleagues while laying in this desperate position, knowing that they would soon rescue him.

These positive thoughts, especially about his family, provided him with a fierce determination to survive.

Sergeant McManus emphasized that opportunities present themselves in every situation, and that we need to recognise and make the most of them.

He remains especially grateful to the Royal Adelaide Hospital Retrieval Team who placed their own lives at risk to provide blood (24 units)

and other immediate medical assistance which saved him from the brink of death. He says these medicos were the true heroes, along with his team who risked their lives to save his.

After a lengthy period of rehabilitation, in every situation returned to work at the STAR Division.

His presentation captivated members who attended the meeting, as he spoke with compassion, humor, was insightful and exhibited an ability to easily relate to people.

His messages were especially valuable to the group, including "no matter what the circumstance, plan to win", and "success is a matter of choice".

## Positive outlook expressed by new members

PETER Woodrow and Peter O'Connor, new members to the Adelaide group, told the February meeting in some detail about their journeys with prostate cancer – and how through their ordeals they exude a sense of well being, happiness and the ability to enjoy and appreciate life.

Peter Woodrow had been retired for two years and had a family history of prostate cancer, (father and grandfather). During a regular check in 2007, his PSA indicated an elevated reading from 3.7 to 5.7. He was referred to a urologist and after a biopsy was diag-

nosed with an aggressive prostate cancer which appeared to be contained within the prostate (T2 ) with a gleason score of eight. Peter had a radical prostatectomy, in December 2007, and his February PSA test indicated a reading of .04. His urologist is quite optimistic concerning his long term prognosis, and Peter is looking forward to getting back on the golf course.

Peter O'Connor's father and five of his seven siblings had died of cancer; in June 2003, Peter had a blood test that indicated a PSA reading of 8, which continued rising through

the next year until a radical prostatectomy was performed, followed by continuing fluctuations in PSA readings and prescribed medicines.

Peter says he will discuss his illness with anybody who is interested, as it may help others with similar problems. "We are all different and what may happen to one person may not necessarily have the same effect or result on another. We should listen to each other and discuss our concerns with our doctors."

• Peter O'Connor's full treatment story will be published in the April newsletter.

**COMING EVENTS  
FOR 2008****MARCH MEETING:**

The Support Group's next meeting is being held in the boardroom at Noarlunga Community Hospital, Alexander Kelly Drive, Noarlunga, on Wednesday, March 5 at 6.30pm. The guest speaker is Pam Lawton from Carers Association SA, who will talk about Caring & Carer Support.

**APRIL MEETING:**

Our guest speaker for the meeting on April 2 will be Graeme Goodings, Channel 7 personality and cancer survivor. This meeting will be held in a larger room behind the cafeteria at Noarlunga Community Hospital.

*For more information, visit the City of Onkaparinga Support Group's dedicated website at [www.pcsog.org](http://www.pcsog.org)*

• Special thanks is extended to the City of Onkaparinga Support Group sponsors: Southern Primary Health Woodcroft, Port Noarlunga-Christies Beach RSL Sub Branch, Thaxted Park Golf Club Inc, The Original Open Market, and to all who provide valuable support our group – especially the City of Onkaparinga Council.

# Making the group known to politicians

**Group President John Shields reports a good start for 2008 – with increased recognition in the southern community.**

THE CITY of Onkaparinga Prostate Cancer Support Group was fortunate to be invited to morning tea at Artie Ferguson's to meet Amanda Rishworth MP – the new Federal Member for the seat of Kingston, which includes the Onkaparinga district.

Artie invited representatives from various groups in the Mid South Coast Ward – groups that he works very hard for – to meet Amanda Rishworth, who told us that she would be happy to attend future Onkaparinga Group meetings, to talk about ways that she can be of assistance with such things as grants.

Group president John Shields will be inviting her to attend the group's April meeting, when Graeme Goodings will be guest speaker.

The morning tea at Artie's also provided a good opportunity for us to meet other members of our community who are giving of themselves to help make the City of Onkaparinga a much better place to

work, live and play. Ann and Dolph Young were present, representing the Cancer Support Network-Onkaparinga. This meant that cancer support interests were extremely well represented at the meeting, with the presence of John and Phyllis Shields, and Malcolm and Beverley Ellis joining Artie and Juli Ferguson.

**FEBRUARY MEETING**

ANN and Dolph Young also joined social worker Jules Van Kekem at the Onkaparinga group's February meeting to provide an update on work in progress and upcoming events, including a men's support group, a survivors group, a resource information centre in the region and the launch of the Fleurieu Cancer Network.

We are going to purchase a display screen, as discussed at the Association meeting. It is hoped that we may be able to obtain a significant discount if other groups also commit to purchasing screens.

The Round Robin discussion, which is always a part of our

support group meeting, proved yet again to be a great experience, being able to hear everyone sharing their many and varied prostate cancer experiences, and at the same time being a fount of information for our visitors and new members, including Ken and Frank.

**INFORMATION DAY  
AT SEAFORD**

A PUBLIC information presentation on prostate cancer and the support group will be conducted in the Seaford Shopping Centre on Wednesday, April 30, from 9am to 5pm, near Chem Mart, which is a particularly busy shopping area. If you can help by being present on that day, it will be very much appreciated.

An information day will also be held at Woodcroft Shopping Centre later this year, possibly during September.

The group will also make inquiries at Aldinga and the Hub Shopping Centre in Aberfoyle Park, to see if it is worthwhile for us to have a presence there also.

## What do you think of the newsletter?

YOUR feedback on the new combined newsletter would be appreciated – and it could be valuable for us in our continued efforts to make the newsletter interesting, eye catching, and a publication that everyone looks forward to receiving.

It is also our intention for the newsletter to become a valuable resource in the doctors' waiting rooms, hospital information areas, primary health reception areas, libraries and other local group meeting facilities, especially

the many community organisations within the City of Onkaparinga.

Please phone John Shields on 8382 6671 with your ideas. If you could offer help to deliver some of these newsletters, it would be greatly appreciated.

## Mitcham Prostate Cancer Support Group

# Aiming to consolidate support for members

THE Annual General Meeting that marked the group's first gathering for 2008, held on February 28, looked at strategies to increase and consolidate meeting attendances, with the aim of continuing to provide support and fellowship to members and their families, and to provide quality speakers on topics of interest.

During 2007, attendances at meetings varied considerably, from 13 to well over 30, with a few new faces – including Heinz who, after hearing about our support group, got in a taxi and came from Semaphore to be part of the August meeting.

Several excellent speakers featured at meetings, including clinical researcher Dr Carole

Pinnock, urologist Dr J. Titus, physiotherapist Virginia Gill, counsellor Darren Hosne and Ian Fisk, speaking about the PCFA Ambassador Group. At meetings without a speaker, DVDs on health related issues were screened.

2007 was the second year where we finished the year with a social dinner at the RSL, and it looks as though this may occur annually.

Chairman Terry Harbour, declared all positions for 2008 vacant. Positions were filled as follows:

- Chairman** - Terry Harbour
- Deputy Chairman** - not filled
- Secretary** - Graham Bradley
- Treasurer** - John Boulderstone

**Liason/welcoming member** - Roland Harris

**Promotions officer** - Jeff Roberts (temporary)

Following the AGM, Ian Fisk showed a DVD of the PCFA Men's Health Promotion Forum held in Adelaide on October 6, 2007, showing the presentations of John Oliffe and Gary Wittert.

Mitcham Group usually meets on the fourth Thursday of each month, in the Colonel Light Gardens RSL Clubrooms, at 4 Prince George Parade, Colonel Light Gardens.

• **For further information, phone Mitcham group chair Terry Harbour on 8271 0513, Jeff Roberts on 8277 3424 or visit our website [www.psamitcham.org](http://www.psamitcham.org)**

## COMING EVENTS

**Thursday March 27**  
Speaker will be Dr Peter Sutherland – Head of Urology, Royal Adelaide Hospital. His team of researchers offer trials of new drugs and new techniques. He has a special interest in male sexual dysfunction, and pioneered use of the DaVinci Robotic Surgical System for prostatectomy surgery at the RAH. He has particular expertise in managing prostate cancer, vasectomy reversal, treatment of kidney stones and laser treatment of prostatic obstruction.

**Thursday April 24**  
Dr Samantha Pillay - Consultant Urologist, Calvary Hospital, will speak on treating incontinence after prostate surgery.

## Barossa & Gawler Prostate Cancer Support Group

# Spirit of cooperation helps group to progress

THE first meeting for 2008 was attended by 19 members, a lively informal gathering that encouraged plenty of social interaction and shared health news around dinner tables prepared by hosts Tony and Jill Woolley.

Alan Hall reported on a tele-conference with Prostate SA and Cancer Council SA, and a meeting of group leaders with PR consultant Karyn Foster. The Prostate Supporter newsletter was discussed and approval was unanimous.

New members Max and Rosemary were welcomed to the

group. Max recently learned that he failed to satisfy the necessary criteria for brachytherapy treatment – a combination of age (just over 70), prostate size and PSA (11). Other members were able to reassure him and explain other treatment options.

The meeting made several resolutions based on interim committee suggestions:

- The number of meetings will be reduced, and some day meetings will be held.
- A roster will be prepared for refreshments organisers.

• When possible, proceedings will be relaxed to encourage informal chat.

• A portable recorder will be purchased for use during meetings, supplanting the need for a minutes secretary.

• An article will be prepared for publication in local papers to coincide with State-wide publicity through television and *The Advertiser*. It is anticipated this campaign will boost group membership.

• Barossa Health has been approached for support and involvement with the group.

## COMING EVENT

**Tuesday April 22**  
Meeting from 2pm to 4pm at the home of Margaret and Robert Reimann, 29 George St, Greenock. The meeting will focus on nutrition. Members are asked to bring a plate of afternoon tea.

• For more information about the Barossa & Gawler Group, contact Alan Hall at [jalful2@bigpond.com](mailto:jalful2@bigpond.com)

## Aggressive edge to new cancer campaign

A SELECTION of men are road-testing a new "in your face" national prostate cancer awareness campaign.

The campaign features information imploring men to have a blood test for prostate cancer, and the information posters will sit right above every toilet in every hotel in Australia.

The new campaign is the brainchild of the EJ Whitten Foundation and the Australian Hotels Association.

The foundation will spread the word by using men's toilets at pubs to relay the message about prostate cancer directly to men.

"You really have to get in their faces," says Ted Whitten Jr, "so where better than in the inner sanctum of that most masculine of venues."

Urologist Dr Doug Travis, president of the Australian Medical Association's Victorian branch, said it was "extremely important for men, when they are 50 to have the blood test for prostate cancer... however, men in their 30s and 40s should not ignore it either."

Source: *The Herald Sun*, December 17, 2007.

# Urine tests lead to more accurate diagnoses

Unravelling prostate-specific gene data is pointing towards better patient test procedures, as researchers report from Michigan in the US.

**A**N EXPERIMENTAL biomarker test developed by researchers at the University of Michigan more accurately detects prostate cancer than any other screening method currently in use, according to a study published in the February 1 issue of *Cancer Research*, a journal of the American Association for Cancer Research.

The researchers say a simple urine test that screens for the presence of four different RNA molecules accurately identified 80 per cent of patients in a study who were later found to have prostate cancer, and was 61 per cent effective in ruling out disease in other study participants.

This is far more accurate than the PSA blood test currently in use worldwide, which can accurately detect prostate cancer in men with the disease but which also identifies many men with enlarged prostate glands who do not develop cancer, researchers say.

Even the newer PCA3 test, which screens for a molecule specific to prostate cancer and is now used in the US and Europe is less precise.

"Relative to what is out there, this is the best test so far," said the study's lead author, Arul Chinnaiyan, director of the Michigan Center for Translational Pathology at the University of Michigan.

"We want to develop a test to allow physicians to predict whether their patients have prostate cancer that is so accurate a biopsy won't be needed to rule cancer out," Chinnaiyan said. "No test can do that now."

Chinnaiyan and the Michigan researchers developed the test based on their recent finding that gene fusions (pieces of chromosomes that trade places with each other, causing two genes to stick together) are common in prostate cancer, and by overriding molecular switches that turn off excess growth may affect the causative factor in some forms of the disease.

In 2005 the researchers identified a prostate-specific gene called TMPRSS2 which fuses with either ERG or ETV1, two genes known to be involved in several types of cancer.

In 2007, they identified another five genes that fuse onto ERG or ETV1 to cause prostate cancer.

In the current study, researchers built upon the PCA3 test by screening for six additional biomarkers, including TM-PRSS2:ERG, as well as molecules generally over-expressed in prostate cancer, and some which are over-expressed in specific cancer subtypes.

Researchers collected urine samples from 234 men with rising PSA levels before they

underwent prostate biopsy at a University of Michigan urology clinic. Among this group, biopsy results confirmed a diagnosis of prostate cancer in 138 patients.

Correlating the urine biomarker test results with the biopsy data, researchers found that, in combination, four of the seven biomarkers were significant predictors of prostate cancer: GOLPH2, which is generally over-expressed in prostate cancer; SPINK1, over-expressed in a subset of these cancers; the PCA3 transcript expression; and TM-PRSS2:ERG fusion status. Of the seven markers, only PCA3 had been previously reported as a diagnostic biomarker.

When tested as individual biomarkers, GOLPH2, PCA3, and SPINK1 each outperformed PSA, which had identified all of the men in the study as potentially positive for prostate cancer.

The combination of the four biomarkers achieved a specificity and positive predictive value of greater than 75 per cent, which they found to be five per cent better than use of a PCA3 test alone.

Chinnaiyan believes any tests developed and widely tested would first be used to supplement a PSA blood screen.

Source: *American Association for Cancer Research website* <http://www.aacr.org>

... prostate cancer research news update ...

# New resources to give patients more answers

THE PROSTATE Cancer Foundation of Australia, in partnership with Impotence Australia, and with an education grant from Eli Lilly, has produced *treatED: Prostate Edition* – an updated resource on erectile dysfunction.

While erectile dysfunction is an unfortunate consequence of prostate cancer treatment, erections can be improved – and the best chance of ensuring a future sex life is with early intervention.

*treatED: Prostate Edition* provides simply written but detailed information on the impact of the main prostate cancer treatments on erections and how best to mitigate this side effect.

This booklet for men and their partners follows on from the original *treatED* resource and provides up-to-date information on the main, proven treatments for ED.

The very successful original resource is now available in five more languages – Greek, Italian, Vietnamese, Chinese and Arabic. *treatED: Prostate Edition* is available as a PDF document

that can be downloaded from [www.prostate.org.au](http://www.prostate.org.au) under the resources heading, or a booklet can be ordered through Impotence Australia by phoning 1800 800 614, or phone PCFA on 1800 220 099.

ANOTHER new publication – *Continence and prostate: a guide for men undergoing prostate surgery* – is also now available.

This resource has been developed by the Continence Foundation of Australia in collaboration with PCFA, the Urological Society of Australia and New Zealand, the Australian Physiotherapy Association, Australian Nurses for Continence and the Australian and New Zealand Urological Nurses Society.

A recent survey found that a year or more after prostate surgery, 66 per cent of men experienced urinary incontinence which significantly affected their quality of life.

Significantly, 41 per cent of respondents also reported that they were

not given information on discharge from hospital regarding the possibility of developing urinary incontinence after prostate surgery.

This new resource has been developed to educate men about the incidence of urinary incontinence following prostate surgery and provides practical information to assist men before and after operations, including an emphasis on the importance of pelvic floor muscle exercises, diet and lifestyle habits, information about continence products and where to go for further information.

The free resource is also recommended for health professionals who are in contact with men requiring prostate surgery, including urologists, urology nurses, pre-admission nurses, discharge planning coordinators and general practitioners.

Copies of both resources are available at the national website [www.prostate.org.au](http://www.prostate.org.au), from the National Continence Helpline on 1800 33 00 66, or the PCFA freecall hotline on 1800 22 00 99.

## Questions persist over whether viruses cause prostate cancer

THE recent development of a cervical cancer vaccine by the 2006 Australian of the Year, Professor Ian Frazer AM, has raised the question: do viruses also cause prostate cancer?

Initial research has shown that the human papillomavirus (HPV) could play a role in the development of prostate cancer. Certain cancer-causing HPV types are found in close to 100 per cent of all cervical cancers. Previous studies have also found these HPV types in prostate cancer.

A joint project between the Mazda Foundation and the Prostate Cancer Foundation of Australia has established a new research fellowship to investigate this vital area. This Fellowship has been awarded to Dr Annika Antonsson, who is based within the Centre for Immunology and Cancer Research under the supervision of Professor Frazer.

“We think that undiscovered HPV types might be involved in the development of prostate cancer and will use a new technique to try and further identify them,” says Dr Antonsson.

“We have been able to detect over 150 new papillomavirus types with this new method and the previously unknown HPV types will be tested in several different ways to see if they cause prostate cancer.

“Identification of a virus linked to the development of prostate cancer would be a very important discovery. We would then be able to design a test to detect these HPV types, and this would make it possible to identify men at risk of developing prostate cancer at an early stage.

“It also opens up the possibility of developing a vaccine against this cancer.”

# How is it possible to overcome cancer pain?

**Chronic pain is a frequent complaint of oncology patients and an important aspect of palliative care management, though focusing on the clinical features of cancer pain can suggest strategies to address this issue.**

**C**HRONIC PAIN is a well recognised complication of various forms of cancer, and it creates substantial burdens for patients and carers. Pain may include nociceptive, neuropathic and mixed forms, the latter two creating significant challenges in cancer pain management.

Despite its prevalence, little data is currently available about the extent of the pain suffered by cancer patients.

A population-based study was recently conducted in the Netherlands to obtain reliable information about the prevalence and severity of pain in cancer patients (all phases) and clinical predictors of pain. A representative sample of cancer patients were recruited from a cancer registry.

Pain was assessed by the Brief Pain Inventory (BPI) and adequacy of pain treatment by the Pain Management Index (PMI). This study found that 55 per cent of the 1429 respondents had experienced pain in the past week, and 44 per cent of these patients reported moderate to severe pain (BPI score 4).

Pain management treatment was inadequate in 42 per cent of cancer pain patients.

Neuropathic pain is broadly defined as pain caused by le-

sions or dysfunction of the peripheral or central nervous systems. In cancer, neuropathic pain is predominantly caused by tumour infiltration or compression of the peripheral or central nervous system.

Cancer treatments including radiotherapy, surgery and chemotherapeutic agents may also contribute to painful neuropathies. In addition, debilitated cancer patients may be prone to development of diseases such as herpes zoster and subsequent post-herpetic neuralgias.

Patients with cancer may experience neuropathic pain as a continuous burning, shooting or electric sensations (continuous dysesthesias), or sudden episodes of sharp, stabbing, shooting, knife-like pain (lancinating or paroxysmal pain).

Neuropathic pain may be debilitating, distressing and generally difficult to treat. Neuropathic pain syndromes are therefore one of the major problems of cancer pain treatment. Recognition of appropriate pain syndromes is essential for adequate management of cancer pain. In a recent survey of 593 cancer patients seeking pain relief, 32 presented with neuropathic and 181 had mixed nociceptive and neuropathic pain syndromes.

## MANAGING NEUROPATHIC CANCER PAIN

THE effectiveness of opioids in the management of intractable pain such as neuropathic pain is controversial. Adjuvant analgesics play an essential role in the management of neuropathic pain. However, antidepressants (including tricyclics) may be associated with significant side effects that limit their use.

International and Australian treatment algorithms in primary care suggest the gabapentinoids such as gabapentin (Neurontin) and its structural analogue pregabalin (Lyrica) have proven evidence-based efficacy in the treatment of neuropathic pain and lack serious adverse effects. The theory behind their efficacy is centred on the reduction of neuronal hyperexcitability.

Pregabalin would appear to be superior to gabapentin because of its linear pharmacokinetics, linear dose response, faster onset of pain relief and reduction in sleep disturbance (within the first week of therapy), as well as having an effective starting dose of 75mg twice daily.

Pregabalin may therefore be an effective first line agent for managing neuropathic pain.

However, its specific use in cancer pain settings is still emerging.

Successful treatment of neuropathic pain in cancer patients requires a multidisciplinary approach. Adjuvant analgesics should always be used in combination with an appropriate supportive therapeutic relationship and non-pharmacological treatments.

## CONCLUSIONS

CANCER pain management is an ongoing challenge in palliative and primary care settings. Neuropathic forms of pain are common and frequently require additional adjuvant analgesic therapies. Research into neuropathic pain treatments is currently ongoing; however novel agents such as anticonvulsant treatments have recently shown promise (particularly in the management of diabetic neuropathies and post-herpetic neuralgias). Medical professionals are encouraged to remain up to date with emerging therapies and ongoing research into the management of cancer pain.

*Source: American Society for Therapeutic Radiology and Oncology 49th Annual Meeting, October 28, 2007.*