

The Healthy Male

NEWSLETTER OF ANDROLOGY AUSTRALIA
Australian Centre of Excellence in Male Reproductive Health

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Merv Hughes raising money for Andrology Australia during International Men's Health Week

Merv Hughes hits the road for International Men's Health Week

Andrology Australia Ambassador and former Test cricketer Merv Hughes hit the road during International Men's Health Week in June – encouraging men to look after their health all-year-round, "not just for one week".

Merv was involved in the Monash University Global Walk/Run (June 15) to raise money for Andrology Australia, and later went on a short tour of Western Victoria to talk "tackle" with the locals.

He stopped at Camperdown in the state's south west on June 16, where he spoke at an event titled "Lets Tackle Men's Health". The following day he drove to Edenhope in far west Victoria for a night of "Blokes, Balls and BBQ", organised by Wimmera Uniting Care.

"Men's Health Week encourages men to take notice of their health, but they should be looking after themselves all year – not just for one week," Merv said.

Merv Hughes was appointed Andrology Australia Ambassador in 2006. Since then he has spoken at more than 40 events across the country to raise awareness of men's health issues and promote the free evidence-based resources available through Andrology Australia.

For more information about the Andrology Australia Ambassador program, or to register your interest to have Merv attend your community health event, visit www.andrologyaustralia.org.



After a long winter it is finally spring again, and it's time to talk about the "birds and the bees".

This edition has a strong focus on male fertility – what it means and how young men with cancer can preserve their fertility. Men don't often think about fertility or the health of their sperm until it comes time to start a family, but being diagnosed with cancer at a young age brings these things to the fore.

The feature article in this edition explains how cancer affects fertility in young males and what options are available to them. Also, the article reviewed in the 'Research round-up' of this issue highlights the complexities for men around storing and using sperm after having

cancer. This study and other research suggest that support and information over the long term are needed for men who wish to become fathers following cancer treatments.

In this edition we also look at the male health module Andrology Australia is developing to help prepare medical students for managing male patients in clinical practice. Health conditions that affect men and boys are not always given the same attention in university medical courses as other areas, such as female health (gynaecology), so this module will go a long way to address that gap.

Professor Rob McLachlan

Letters to the Editor

Baldness scams

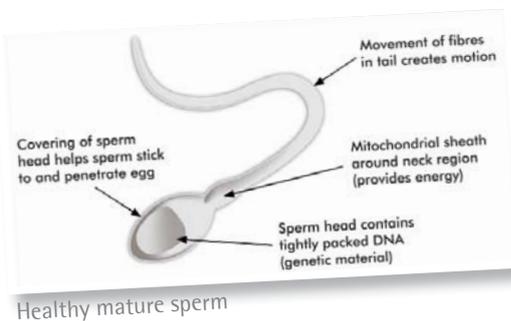
I would like to see an investigation into baldness scams. There are numerous baldness cures being advertised at the moment. I have complained to the TGA and other consumer bodies but apparently they don't have the power to stop them. In the meantime, young men are being scammed and they rarely complain about being tricked due to embarrassment. - Clive, Delahey VIC

PSA testing is important

As a prostate cancer sufferer I wish to respond to the letter about PSA testing in Edition 39. I was tested very regularly for 20 years. Put simply, my very aggressive cancer probably wasn't diagnosed because my GP, acting on advice, ceased doing the DRE [digital rectal examination]. I am sure he would have found a huge prostate with all the lumps. If I hadn't ever been tested I would be dead by now as I have never had any symptoms. While offered a radical prostatectomy, I opted for High Dose Rate (HDR) brachytherapy for my mental well-being. The risk with both treatments was 50/50. Men MUST learn that they need to talk out their situation. It is always their decision whether to proceed no matter what is offered. If they don't ask, they don't learn. - Trenton, Karrinyup WA

If you would like to submit a Letter to the Editor, please email media@andrologyaustralia.org or post to Andrology Australia, PO Box 5418, Clayton VIC 3168.

Health spot - Male Infertility



Intercourse, erections and ejaculation will usually happen without difficulty. The quantity and appearance of the ejaculated semen generally appears normal to the naked eye.

HOW DOES THE MALE REPRODUCTIVE SYSTEM WORK?

The male reproductive tract is made up of the testes, a system of ducts (tubes) and other glands opening into the ducts. The testes (testis: singular) are a pair of egg shaped glands that sit in the scrotum next to the base of the penis on the outside of the body. Each normal testis is 15 to 35ml in volume in adult men. The testes are needed for the male reproductive system to function normally.

WHAT CAUSES MALE INFERTILITY?

Male infertility can be caused by problems that affect sperm production or the sperm transport process. With the results of medical tests, the doctor may be able to find a cause of the problem.

WHAT IS MALE INFERTILITY?

Reproduction (or making a baby) is a simple and natural experience for most couples. However, for some couples it is very difficult to conceive. Male infertility is diagnosed when, after testing of both partners, reproductive problems have been found in the male partner.

HOW COMMON IS MALE INFERTILITY?

Infertility is a widespread problem. For about one in five infertile couples the problem lies solely in the male partner (male infertility).

ARE THERE ANY SIGNS OR SYMPTOMS OF MALE INFERTILITY?

In most cases, there are no obvious signs of an infertility problem.

For more information, visit www.andrologyaustralia.org, or call 1300 303 878.

Focus on:

Planning for fatherhood for young males with cancer

Doctors and other health professionals are becoming more aware of the importance of helping young people to look after their fertility before, during, and after cancer treatments.

It can be confronting for young people with cancer to learn that cancer or its treatment might put their fertility at risk. At an age when boys and young men might see fatherhood as something in the distant future, a diagnosis of cancer puts fertility on the list of things they need to learn about and manage, in the midst of a distressing time in their lives. Steps can be taken to protect and preserve fertility for the future, so this is an important conversation for young people to have with their doctors and families.

Doctors and other health professionals are becoming more aware of the importance of helping young people to look after their fertility before, during, and after cancer treatments, and professional guidance developed by the Clinical Oncological Society of Australia (COSA) is available. If young people are already aware that fertility can be an issue with cancer they may feel more prepared for this conversation.

How does cancer affect fertility in young males?

Almost 950 new cases of cancer are diagnosed in 15 to 24-year-olds each year in Australia. The most common forms of cancer in adolescent and young adult males are melanoma (skin cancer), Hodgkin's disease, testis cancer and leukaemia.

For some adolescent and young adult survivors of cancer the chance of having children in later life can be affected by cancer or the treatment they receive. Some cancers directly affect fertility because they interfere with the production of healthy sperm. Males with testicular cancer often have lower fertility before treatment starts and those with Hodgkin's lymphoma can have a low sperm count or poor sperm quality. Treatment of these cancers may reduce fertility further.

However, many men will still be able to father children naturally even if they have a lowered sperm count.

What kinds of cancer treatments can cause male fertility problems?

Cancer treatments are designed to either surgically remove cancer tissue or attack the multiplying

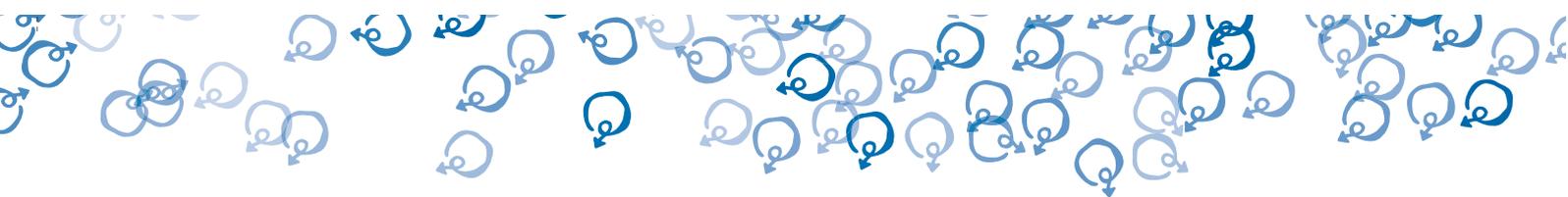


cancer cells using chemotherapy and/or radiation treatment. Treatments can cause temporary or long-term fertility problems but the effects cannot be predicted exactly before treatment begins.

Chemotherapy or 'chemo' is a very common form of cancer treatment. Different types of medicines are used in chemotherapy but they all act to kill or slow the growth of cancer cells. Unfortunately, chemotherapy also attacks normal cells. The cells in the lining of the sperm-producing tubes in the testis are open to attack during chemotherapy and developing sperm cells can be temporarily or permanently destroyed.

Radiation treatment or 'radiotherapy' uses high energy X-rays to kill cancer cells in a specific area while limiting damage to normal cells. Radiation treatment for testicular or other cancers near the testes can damage the testis leaving permanent problems with sperm production. Total body radiotherapy for a bone marrow transplant or radiation to the brain can also reduce male fertility by affecting the glands that produce hormones that act on the reproductive system. The effects of radiation on fertility may be temporary or permanent.

The level of a male's fertility after chemo- or radiotherapy depends on the dose, the number of treatments, and, for radiotherapy, the area that is being treated.



and – an important conversation cancer

Surgery, such as the removal of a testis (orchidectomy) in a young male with testicular cancer, can also affect fertility. In some cases, cancer in a single testis does not reduce the chance of having children if the remaining testis continues to make testosterone (male sex hormone) and to produce sperm. Surgery within the pelvic region such as for bladder or colon cancer, can sometimes also damage nerves resulting in erection and/or sperm ejaculation problems.

How common is permanent infertility in young males after cancer treatment?

It is difficult to know how many people have long-term infertility after cancer because many other factors contribute to whether an individual has children. Some studies suggest that up to three in 10 adults who had cancer treatment in childhood or adolescence are infertile. These figures are for all cancers and treatments combined, whereas risks differ depending on the type of cancer and the type of treatment.

What is 'fertility preservation' for young males with cancer?

There are ways to preserve fertility before treatment for cancer begins, so it is important for young males to know about the risks and options as soon as possible after the diagnosis of cancer. It can be distressing for young males to talk about future fertility but many health professionals are able to offer help and support with making decisions about preserving fertility. Support and advice from family can also be very beneficial to young males.

The main option for reducing the chance of later fertility problems in young males is semen or sperm storage (sperm banking) before cancer treatment starts. There are other options but they are experimental at this stage and may be costly.



THERE ARE WAYS TO PRESERVE FERTILITY BEFORE TREATMENT FOR CANCER BEGINS

Ideally, all adolescent and young adult males who are going to have chemotherapy or radiotherapy should have a discussion with their doctor about fertility, if possible before treatment begins. The process of sperm banking for young males involves producing semen samples, through masturbation, that will be stored for future use. The best time to store sperm is before cancer treatment starts as treatments can cause damage to sperm and their DNA.

Sperm is frozen using special technologies and then kept in liquid nitrogen (-196°C) for long-term storage for future use. Specialist reproductive centres providing IVF and other assisted reproductive technologies usually also offer long-term sperm storage facilities.

For some males who cannot produce a semen sample by masturbation, tissue samples containing sperm can sometimes be removed from a small piece of testicular tissue collected using a needle and done with a general anaesthetic, called a testicular biopsy. If sperm are found in the sample it is frozen and stored.

What happens when a man decides he wants to become a father after recovering from cancer?

When starting to think about children, a man is likely to be referred to a fertility specialist. Freezing and thawing sperm can damage how well sperm can move so frozen-thawed sperm is used in assisted reproductive technologies such as artificial insemination of the man's partner or IVF (in vitro fertilisation). Studies have shown that pregnancy has been achieved using sperm stored for up to 28 years, so young males do not have to panic about becoming fathers before they are ready.

What factors might influence a young male's decision about fertility preservation?

The decision to store sperm is a very personal one and can be very difficult for young males who have not yet thought about becoming fathers and are coming to terms with having cancer and treatment. The cultural or religious beliefs of a young male and his family, or his sexual orientation, can affect the decision he makes and are important to consider in discussions about fertility. Frank and open discussion with family and health professionals is important for males considering options for cancer treatments and fertility. However, research shows that for various reasons, the conversation between doctors and patients does not always happen. Exploring ways to help doctors and patients with managing cancer and fertility is an important and growing area of research.

YOUNG MALES WHO NEED INFORMATION AND SUPPORT CAN CONTACT THE FOLLOWING:

- CanTeen: www.canteen.org.au
- Cancer Council Helpline: Tel: 13 11 20
- Maybe Later Baby: booklet available at www.nowwhat.org.au
- Andrology Australia: Male Infertility and Testicular Cancer booklets available at www.andrologyaustralia.org

**This article was compiled by Andrology Australia and is based on the professional guidance developed by the Clinical Oncological Society of Australia (COSA) available at http://wiki.cancer.org.au/australia/COSA:AYA_cancer_fertility_preservation*

Helping new doctors get up to speed with male health

Health conditions that affect men and boys are not always given the same attention in university medical courses as other areas, such as female health (gynaecology). To help prepare medical students for managing male patients in practice,



Andrology Australia is developing a male health module that will be made available to all Australian medical schools. A working group of experts in male health and medical education is producing content for the 10 topics in the module.

Andrology Australia surveyed final-year medical students at one university to find out how well prepared they feel to manage a range of male health issues, and where they may need more preparation for practice. Respondents (170 students, one-third were male) said they felt well prepared in some areas. More than 90 per cent felt confident to manage general health conditions like heart disease in men and risk factors such

as high cholesterol or high blood pressure. However, more than half of the respondents felt that some male-specific conditions like erection problems (common in older men) were not covered well in their medical course. They also did not feel very well prepared to do physical examinations on men or boys, even though this type of examination is usually needed to investigate male reproductive health.

The survey has been helpful in finding out what should be included in medical training so that future doctors are better prepared to look after the health of boys and men. The male health module is expected to be available as a pilot program for medical schools by late 2012.

Research round-up

Fertility and cancer treatment

For men newly diagnosed with cancer, thinking about the possible effects of treatment on later fertility, and whether they should store sperm, can add to an already distressing situation.

A recent study published in the international journal *Human Reproduction*¹ investigated men's views on the value of storing sperm, and what was helpful in this process. Nineteen men were interviewed at least five years after a cancer diagnosis.

Men reported that the doctor (oncologist) taking responsibility for starting the discussion about fertility and organising sperm storage was the most important factor in helping them to manage the process. Younger men also valued family support. Some men did not fully understand the effects

of treatment on fertility, but thought storing sperm acted like a "safety-net". Although some men had not needed to use the sperm, they still wanted to keep it stored "just in case". Men who did not attend appointments for fertility checks in the years following cancer treatment reported anxiety about their fertility

and not wanting to face possible infertility – some did not realise their fertility might improve over time. Disposing of stored sperm was difficult for many men, even if they were fertile, partly due to fear of cancer returning.

This small in-depth study highlighted the importance of doctors being open with men about the issues around cancer and fertility, and helping with the process of sperm storage.

Men might also benefit from more information and support in the years following treatment, to help them understand that fertility can recover over time and to manage ongoing concerns about fertility and cancer.



1. Eiser C, Arden-Close E, Morris K, et al. The legacy of sperm banking: how fertility monitoring and disposal of sperm are linked with views of cancer treatment. *Human Reproduction* 2011; July 21, online.

In brief

Lions Australia Prostate Cancer website
Men affected by prostate cancer and their families can visit the Lions Australia Prostate Cancer website for quality information, stories and experiences. Established in 2000 by the Australian Prostate Cancer Collaboration (APCC), the website is managed by Andrology Australia.



Men's Health Week survey winner!
Congratulations to our International Men's Health Week 2011 Survey Competition winner Barry Riley from Kandos, NSW. Thank you to all those who responded to the survey – your feedback will help us improve future resources and campaigns.

Your Fertility: Supporting Reproductive Choices project
A collaboration between Andrology Australia, the Victorian Assisted Reproductive Treatment Authority (VARTA), Jean Hailes Foundation, and the Robinson Institute (University of Adelaide) has been established to undertake a national public education campaign to prevent and treat involuntary infertility. The campaign aims to empower individuals and couples to make informed and timely decisions regarding their reproductive health and lifestyle choices. The Your Fertility initiative receives funding from the Australian Government under the Family Planning Grants Program administered by the Department of Health and Ageing.

Using Andrology Australia material
If you would like to republish articles from *The Healthy Male* please contact info@andrologyaustralia.org, or call 1300 303 878.

Latest News

The health of Australia's males

The health of Australia's males' is the first in the series of male health bulletins from the Australian Government funded under the National Male Health Policy. It was released at the launch of International Men's Week 2011 by the Hon Warren Snowdon MP.

The bulletin provides a summary of the health and wellbeing of the Australian male population by outlining the lifestyle factors influencing male health, the health status of Australian males and access to health services. Some interesting findings outlined in 'The health of Australia's males' include:

- Males born between 2007 and 2009 can expect to live 24 years longer than males born between 1901 and 1910.
- In 2007-08, about two-thirds of adult males (aged 18 years or over) and one-quarter of males aged 5 to 17 years were overweight or obese.
- In 2007, nearly half of males aged 16 to 85 years had experienced a mental health disorder in their lifetime.

This includes males with anxiety, affective and/or substance use disorders.

- In 2009, nearly one-fifth of Australian males had a disability. This includes males with a mild to profound core activity limitation, school or employment restriction or with a non-specific limitation or restriction.
- In 2007-08, nearly one-third of males had a chronic health condition. This includes males with asthma, arthritis, cancer, diabetes, heart and circulatory diseases or osteoporosis.
- In 2008-09, 16 per cent of males did not use any Medicare services.

Copies of the report (Item RG0017) and a summary Report Profile (Item RG0013) can be ordered free of charge from National Mailing and Marketing, via email at: nmm@nationalmailing.com.au.

The report and profile may also be downloaded from the AIHW website at: <http://www.aihw.gov.au/publications/>.



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