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>> FROM THE DIRECTOR

There are three main types of prostate problems that men can experience: prostate cancer, prostate enlargement (BPH) and prostatitis.

Prostatitis can be caused by a bacterial or nonbacterial infection and makes the prostate feel swollen, irritated and sore. There's a lot of confusion surrounding prostatitis, as often men can have a variety of symptoms and it's not easy for a doctor to diagnose.

It's a common disorder that can affect men at any age; and prostatitis can be treated but it cannot always be cured.

Even though prostatitis is not usually life-threatening, it can have a major effect on a man's quality of life. The pain associated with prostatitis can affect men not only physically, but psychologically and also in their relationships with a partner.

As part of this issue on prostate health, I would like to thank the E.J. Whitten Foundation for sponsoring this issue of the newsletter.

I hope that we can continue to work together to raise the awareness of prostate problems including prostate cancer.



Professor David de Kretser

There's more to the prostate ...

Over the past ten years, there has been a growing awareness of prostate cancer in the community. With recent national campaigns such as the 'Be A Man' campaign, run by the Australian Prostate Cancer Foundation and supported by the Australian Pensioners Insurance Agency, prostate cancer is becoming known as one of the most common cancers in older men.

Although the medical and health policy consensus in Australia does not support population screening for prostate cancer, a recent study carried out by Andrology Australia showed that half of men aged over 40 years are already getting tested, rising to 76% of men over 70 years.¹ More than half of men (60%) also expressed a high level of concern about prostate cancer.

However, men are often not aware of the other prostate problems that can affect them. As early stage prostate cancer usually does not have any symptoms, men can often confuse lower urinary tract symptoms (LUTS) or pain in the prostate region as being caused by prostate cancer. These types of symptoms are usually caused by either prostatitis or prostate enlargement (BPH).

Prostatitis and BPH are very common, but there is less public awareness about these diseases. Prostatitis is a condition that affects about 2% - 10% of men² and can happen earlier on in life. Even though prostatitis is usually not life-threatening, it can have a major affect on quality of life and relationships.

Greater awareness is needed about the prostate and all of the different problems that can happen. Education also needs to encompass all aspects of men's health. Men will then better understand when things go wrong and when they should seek help.

¹ Holden CA, McLachlan RI, Pitts M, Cumming R, Wittert G, Agius P, Handelsman DJ and de Kretser DM. *Men in Australia Telephone Survey (MATES): A national survey of the reproductive health and concerns of middle-aged and older Australian men.* Lancet 2005; 366: 218-24

² Habermacher GM, Chason JT, Schaeffer AJ. *Prostatitis/Chronic Pelvic Pain Syndrome.* Annual Review of Medicine 2006; 57: in press.



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E. J. WHITTEN FOUNDATION – raising awareness of prostate cancer



The E.J. Whitten Foundation was formed in 1995 to commemorate the memory of football legend Ted Whitten Snr by raising awareness of prostate cancer and funds for research into the disease.

Prostate cancer took Ted from us in August 1995. If he had known more about the illness and its ramifications, he may still have been with us today. Ted knew he had a major problem with his waterworks but because of his busy lifestyle and his lack of any knowledge about prostate cancer, he chose to ignore the problem. Unfortunately Ted had left it too late when he finally did do something about his problem.

Since then, the E.J. Whitten Foundation has been promoting awareness about prostate cancer to help save the lives of men who may be in the same position as Ted was many years ago.

Andrology Australia and the E.J. Whitten Foundation are now working together to encourage men to speak to their doctor about their health concerns and ensure that men have up-to-date health information. Andrology Australia looks forward to continuing this association with the E.J. Whitten Foundation, to raise the awareness of prostate cancer and other men's reproductive health problems in the community.

More than \$1 million has been raised through fundraising activities since the Foundations inception. Funds are distributed annually to the E.J. Whitten Fellowship at the Cancer Council of Victoria for prostate cancer research, and also the Alfred Foundation and the Garvan Institute of Medical Research. In association with the Western Private Hospital the E.J. Whitten Cancer Treatment Centre has been established, and also the E.J. Whitten Prostatic Assessment Centre has been opened.

The Foundation has raised the majority of its funds from renowned events such as the E.J. Whitten Legends Game and The E.J. Whitten Brownlow Medal Dinner. Other events run by the Foundation include a Grand Final Luncheon, The Caduceus Club Memorial, a Finals Luncheon, and The E.J. Whitten Corporate Golf Classic and various men's health nights.

Bequests, Donations and Sponsorships are also a special part of the income stream of the E.J. Whitten Foundation.

Attendance at events run by the E.J. Whitten Foundation is open to all interested men and women. For more information contact the Trustee's, Ted Whitten Jnr and Ross Hughes on 0419 324 259 or visit the website www.ejwhittenfoundation.com.au

>> PROFESSIONAL EDUCATION

Online prostate cancer testing education for GPs

Prostate cancer testing is controversial, but is carried out widely in general practice. Clinical practice guidelines recommend that while population-based screening should not be offered, individual patients should be informed about their own risk, and the positives and negatives of testing before making the decision themselves. However, currently many GPs are not resourced to undertake this complex discussion and few men are informed of the risks.

A program has been developed by the Australian Prostate Cancer Collaboration to assist shared decision-making and informed choice in primary care for men considering

testing for prostate cancer. The program is made up of a teaching slide set on prostate cancer and its epidemiology, and teaching slides on shared decision-making. Case studies are included, with discussion and practice resources giving a framework for the informed choice discussion. There is also a guide to interpreting the PSA result and referral. In pilot testing, the program was found to be effective with broad acceptability.

This current project proposes to develop an online version of the above program, in partnership with Royal Australian College of General Practitioners, to be offered through

their *gplearning* online training facility. This online program will be supported by Andrology Australia and will be available nationally through the *gplearning* facility, making it available to rural and regional GPs. This will ensure that uptake can be rapid and according to a need.

The program is being developed in collaboration with the Queensland Cancer Fund, Royal Australian College of General Practitioners, Northern Section of the Urological Society and National Cancer Control Initiative.

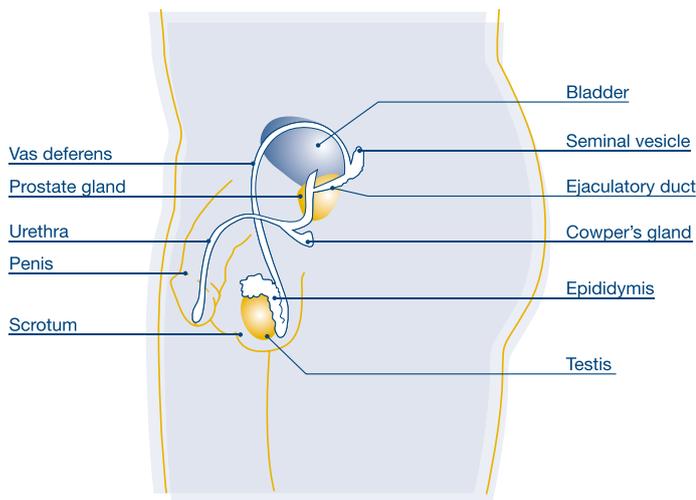
Focus on Prostatitis

What is the prostate?

The prostate is a small but important gland in the male reproductive system. Its main role is to produce fluid that protects and supports sperm function. The prostate makes about 50% of the fluid that is ejaculated from the penis at sexual climax (orgasm).

Where is the prostate?

The prostate is about the size of a walnut and shaped like a doughnut. It sits underneath the bladder and surrounds the top part of the urethra, the tube which urine passes through on its way from the bladder to the penis.



What is prostatitis?

Prostatitis is an inflammation of the prostate gland, which means the prostate can feel sore and irritated and can be a result of a bacterial or nonbacterial infection. It is another form of prostate disease that can be very painful and can have a major effect on quality of life. The other types of prostate problems are prostate enlargement (benign prostatic hyperplasia, BPH) and prostate cancer.

For more information on prostate enlargement, phone Andrology Australia on 1300 303 878 for a free copy of the 'Men's Health Matters' guide on prostate enlargement in the older male.

For more information on prostate cancer, phone the Cancer Helpline on 13 11 20 for a free copy of 'Localised prostate cancer: a guide for men and their families'.

How common is prostatitis?

Prostatitis can affect men at any age and it is thought that one in every six men experience this disorder at some stage during their lives³. Prostatitis is not a life-threatening condition but it can be a very painful disorder.

What are the symptoms?

There are many symptoms of prostatitis. General symptoms of all types of prostatitis include:

- Painful urination (dysuria);
- Urgency, the feeling of urgently needing to urinate;
- Frequent and painful urination;
- Painful ejaculation;
- Lower back pain;
- Perineal pain, where there is pain at the base of the scrotum and penis;
- Chills;
- Fever;
- Muscular pain;
- General lack of energy.

What can cause prostatitis?

Most cases of prostatitis are a result of a bacterial infection. Some sexually transmitted infections can increase the risk of developing bacterial prostatitis. Unprotected sexual intercourse can let bacteria into the urethra and can move up to the prostate.

Other cases of bacterial prostatitis can be caused when the muscles of the pelvis or bladder do not work properly and urine flows back into the urethra and enters the prostate, causing infection or inflammation.

Prostatitis may also happen without bacterial infection; however there are no known causes for nonbacterial prostatitis.

What are the different types of prostatitis?

There are four main types of prostatitis that fall under two groups, bacterial and nonbacterial prostatitis:

BACTERIAL PROSTATITIS

Acute bacterial prostatitis is caused by bacteria and is the easiest to diagnose and effectively treat, although severe complications may develop if not treated quickly. The least common form of prostatitis, acute bacterial prostatitis can be life-threatening if the infection is left untreated. Antibiotics can treat this form of prostatitis.

Chronic bacterial prostatitis is quite a common form of prostatitis, and is caused by an underlying problem in the prostate which becomes the focus for bacteria in the urinary tract. It is a common cause of frequent urinary tract infections in men. Antibiotics can be used to treat this condition, but the removal of part or all of the prostate gland through surgery may, rarely, be an option if antibiotics do not help.

NONBACTERIAL PROSTATITIS

Chronic nonbacterial prostatitis (chronic pelvic pain syndrome) is an inflamed prostate without bacteria and is the form of prostatitis least understood. Urinary tract infections are not experienced by men with this form of prostatitis.

Focus on Prostatitis

Symptoms may disappear and then reappear later on, and there is no specific treatment for it, so management is usually aimed at symptom relief such as anti-inflammatory drugs.

For each individual with this form of prostatitis there may be a different treatment. Stress often aggravates this condition, and measures to reduce stress including pelvic floor physiotherapy or relaxation are often needed.

Asymptomatic inflammatory prostatitis (prostatodynia) is a form of prostatitis without inflammation and without bacteria; however, the man often feels the same discomfort as experienced with more common forms of prostatitis. Diagnosis for this type of prostatitis is made when cells that fight infection are found in the man's semen.

How is prostatitis diagnosed?

Prostatitis is not diagnosed easily because the symptoms can often be the sign of a different infection, or the symptoms are varied. The following tests can be done to check for prostatitis:

A digital rectal examination (DRE) where the doctor places a gloved finger into the rectum, is often used to feel if the prostate gland is swollen or tender.

A three-part urinalysis can also be used. Two urine samples are collected and analysed, the prostate is then massaged and a third urine sample taken that contains fluid from the prostate. Urine is tested to see if white blood cells (leukocytes) are present in the urine. Leukocytes help the body to fight infection, so if there are more leukocytes in the urine than normal, this suggests a bacterial infection.

Nonbacterial prostatitis is diagnosed when no bacteria is found in the urine or prostate fluid as part of a three-part urinalysis.

A PSA test may be taken when checking prostate health. The PSA test measures the level of prostatic specific antigen (PSA) in the blood, which is an important marker for prostate cancer, although it is not cancer specific. The levels of PSA can be raised in benign prostatic diseases, such as prostate enlargement and prostatitis.

How is prostatitis treated?

Prostatitis can be treated in a number of ways depending on the cause of the prostatitis, but it cannot always be cured. If there is an underlying cause of prostatitis, this should be treated first.

Acute bacterial prostatitis can be treated with antibiotics. Symptoms of non-bacterial prostatitis can be relieved by taking warm baths. The other treatment options are:

ORAL MEDICATIONS

Some men can get relief from their symptoms using antibiotics, when used for treatment of bacterial forms of prostatitis. A type of medication called 'alpha-blockers' can be used to relax the muscles in the upper urethra which helps relieve pain. Other medications that can reduce symptoms are drugs that cause the inflammation to go down (anti-inflammatory agents).

TRANSURETHRAL RESECTION OF THE PROSTATE (TURP)

This procedure involves removing the prostate in small pieces through the penis. A small camera (endoscope) and device for cutting and removing tissue from the body (resectoscope) is guided through the urethra to avoid cuts and wounds on the outside of the body.

About nine out of ten men report less symptoms after a TURP; however, major side-effects from this surgery such as erectile dysfunction and retrograde ejaculation can be experienced.

PROSTATECTOMY

Prostatectomy is the surgical removal of the whole prostate gland. It is not often considered for treatment of prostatitis. In the case of severe prostatitis where no other treatments have worked, this procedure may be used, albeit rarely.

PROSTATE MASSAGE

Prostate massage can be used for chronic pelvic pain syndrome when medicines are not successful. This procedure is done under anaesthetic by a specialist (urologist). The prostate is massaged by pressure through the rectum until any infected fluids in the prostate are pushed out. This technique is not always helpful.

PELVIC FLOOR EXERCISES

Pelvic floor muscles help control the bladder and bowel. For some men, pelvic floor muscle relaxation techniques may be helpful when prostatitis is caused by the pelvic floor muscles or bladder not working properly. Pelvic floor relaxation techniques are exercises that can be helpful for symptom relief, and can be taught by a health professional such as a physiotherapist.

Other tips for relieving the symptoms of prostatitis include cutting out caffeine, alcohol, and spicy foods from the diet. Taking hot baths, or if heat does not work, applying ice packs to the perineum can help. Avoiding constipation can be of benefit as large, hard bowel movements can press on the sore prostate and can be quite painful.

How can prostatitis affect a man's life?

Due to the pain of prostatitis, a man with the disorder can experience a reduced quality of life. If a man is unsure of whether the condition can be treated, he may feel depressed if he thinks that nothing can be done. Prostatitis can also lower libido in men, with the pain of the disorder making it difficult to enjoy sexual relations.

Is there a link between prostatitis and prostate cancer?

Studies have suggested that for men with long-term prostatitis, there could be a relationship with prostate cancer. Although a definite link has not been shown, men with long-term prostatitis should have regular prostate checks.

³ Blandy, J (1998), "Urology" 5th Edition. Blackwell Science, Oxford.

Little information exists concerning the relationship between sexual functioning and the quality of life of men receiving treatment for localised prostate cancer.

Andrology Australia and the Department of Psychology at Monash University are currently supporting a study into sexual dysfunction during and after prostate cancer treatment, to find out the types of issues that men experience. In particular, men who are going through prostatectomy or brachytherapy are being studied.

Improving quality of life after prostate cancer treatment

Dr Sue Burney, chief investigator, said that prostatectomy and brachytherapy patients experiencing long-term sexual dysfunction are usually quite distressed and their quality of life is affected.

"Men are distressed about not only erection and ejaculatory problems, but also their self-image, intimate

and social relationships, as well as general mental health," said Dr Burney.

"Men place great importance on being able to maintain sexual function after treatment. Once the treatment is over and the fear of cancer is gone, they don't feel satisfied because of their reduced ability to have sex," she said.

It is hoped that the outcomes from this study will benefit both doctors and patients alike. Doctors will be able to provide psychological support for patients and their partners during the post-treatment recovery phase. Patients will be informed about the types of sexual issues that may be experienced after treatment for prostate cancer. The ways that erectile dysfunction can affect the partners of men with prostate cancer is also important.

Improving the information available, as well as taking into account sexual dysfunction in the approach to treatment, will be of great benefit to the quality of life of prostate cancer patients after treatment.

"Sexual functioning needs to be given special attention during treatment decision-making," said Dr Burney. "It's also important for the on-going management of men with prostate cancer."

>> RECENT EVENTS

6th National Men's Health Conference

Andrology Australia presented two abstracts on the 'Men in Australia Telephone Survey' (MATEs) at the 6th National Men's Health Conference held in Melbourne recently. Incorporating the 4th National Aboriginal and Torres Strait Islander Male Health Convention, the conference focused on 'Celebrating the Past, Creating the Future'.

Dr Carol Holden, CEO of Andrology Australia, spoke about the prevalence of men's reproductive health disorders in men aged over 40 years in Australia. She also discussed the general health of men that were surveyed, such as the rates of depression, diabetes, high cholesterol and high blood pressure.

Dr Megan Cock, project officer, spoke about men's high levels of concern about reproductive health disorders. Although a large number of men are concerned, not all men spoke to their

doctor about their worries. There was a great interest in the study and many questions from those attending.

Generating further interest was a debate on the 'Irritable Male Syndrome'. Professor David de Kretser, Director of Andrology Australia, spoke about androgen deficiency and how to clinically diagnose this disorder. Jed Diamond, an international guest speaker at the conference, spoke on the social aspects of the irritable male syndrome and discussion followed involving the audience.

The National Men's Health Conference brought together a wide range of men's health workers, Aboriginal and Torres Strait Islander health workers, and those with an interest in men's health. A variety of topics were included in the proceedings, reflecting the diversity of men's health in Australia.

Androgens and the Older Male symposium

The 'Androgens and the Older Male' symposium held at this year's Asia Pacific Society of Sexual and Impotence Research annual meeting in Cairns was supported by Andrology Australia.

Three guest speakers presented at the symposium including Professor David de Kretser, Director of Andrology Australia, who spoke on the reproductive health of middle-aged and older Australian men. Dr Bronwyn

Stuckey from the Keogh Institute for Medical Research spoke on testosterone replacement in the older male. Dr Ken Sikaris, Chair of the RCPA-AACB Chemical Pathology QAP Program, spoke about diagnostic issues for androgen deficiency.

The symposium was well attended and it is hoped that Andrology Australia can be involved in the conference again in the future.



ASSOCIATE PROFESSOR RA "FRANK" GARDINER

Associate Professor "Frank" Gardiner is a Reader in Urology at the University of Queensland and conjoint Professor at the Queensland University of Technology. His extensive clinical and research experience in Urology has spanned more than 25 years.

A newly appointed board member of Andrology Australia, Prof. Gardiner is a member of a number of key national and international organisations, including the Urological Society of Australasia and British Association of Urological Surgeons.

Prof. Gardiner is well-recognised for his dedication to education that has led to the development of innovative and different teaching practices. As well as supervising Honours, Higher Degree Coursework and Research, Prof. Gardiner has been involved in developing new curriculums and teaching materials. He is actively involved in teaching at University, as well as teaching and training at Royal Brisbane Hospital.

Prof. Gardiner's current research focuses on prostate cancer and he has a number of projects in progress. The recipient of a number of research grants and awards, Prof. Gardiner has approximately 90 publications in the field of urology. He has also given numerous presentations at national and international meetings and conferences.

New testosterone gel available

A new type of androgen replacement therapy, Testogel®, was recently released in Australia. Testogel® is a once daily testosterone gel that is a suitable treatment for men with clinically diagnosed androgen deficiency. For more information about this type of testosterone replacement therapy, speak with your doctor.

Endocrine disruption meeting

A conference on endocrine disruption chemicals in relation to men's reproductive health will be held on Wednesday 14 December in Canberra. An 'endocrine disruptor' is a substance that can cause harmful health effects in living animals and people.

Dr Paul Foster from the National Institute of Environmental Health Sciences in America will be the guest speaker. The meeting will aim to establish a dialogue between chemical regulators and research and clinical scientists. The conference is supported by the Australian Centre for Human Health Risk Assessment (Monash University), Andrology Australia, and the Office of Chemical Safety (Australian Government).

Professional and public websites combined

The Andrology Australia health professional website (www.drandrologyaustralia.org) is currently being revamped and combined with the general Andrology Australia site (www.andrologyaustralia.org). Due to this reason, the health professional site soon will not be available on a temporary basis while the information is being incorporated into the general website.

Pharmacy fact cards

Andrology Australia will again support fact cards on men's health, prostate problems and erectile dysfunction produced by the Pharmaceutical Society of Australia. The fact cards are distributed to over 2000 pharmacies across Australia and are part of the Pharmacy Self Care program. Andrology Australia recently reviewed and updated these cards, and pharmacists have ordered an average of 12,000 of each card.



Newsletter of Andrology Australia

Australian Centre of Excellence in Male Reproductive Health

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