



Proscar® a new dimension

Medication for BPH, finasteride, known commercially as Proscar®, has gained international media attention in recent weeks following the early release of some complex results from a major clinical trial in the United States^[1].

Scientists at the prestigious National Cancer Institute (NCI) found that the drug significantly reduced the likelihood of developing prostate cancer. However, for those men who did develop prostate cancer, the risk of this cancer being more aggressive and potentially fatal was slightly increased.

The Prostate Cancer Prevention Trial, was a double-blind placebo controlled trial, in which men considered to be at low risk for prostate cancer took either finasteride or a placebo for seven years, to establish if finasteride could reduce the risk of developing prostate cancer.

Ian Thompson MD, from the University of Texas Health Services Center who led the study, confidently claims that finasteride reduces the risk of developing prostate cancer by 25%. However men who develop prostate cancer while taking finasteride are more likely to have high-grade cancers, which may spread quickly even if the tumours are small. Overall 6.4% of men on finasteride during this trial had high grade tumours compared to 5.1% on placebo.

Finasteride is a 5-alpha reductase blocker that prevents the effect of testosterone on the prostate by blocking the conversion of testosterone to dihydrotestosterone, which is the active form in the prostate. Blocking this hormone causes the prostate to shrink in size. As Proscar®, finasteride is widely prescribed in Australia to over 10,000 men to alleviate lower urinary tract symptoms caused by BPH.

Medical experts around the world are generally recommending that people do not stop taking this medication for treatment of BPH, but seek regular prostate checks.

The trial concluded 15 months early, when approximately 9,000 men had completed the study. The data already collected was considered by independent reviewers to be sound, and the conclusions were extremely unlikely to change with the addition of more data.

Finasteride is also available in Australia in a low dosage formulation, Propecia, which treats hair loss. This NCI study did not review the impact of such a dosage on prostate cancer development.

For more information visit: www.nci.nih.gov/clinicaltrials

[1] Thompson IM et al. (2003): The Influence of Finasteride on the Development of Prostate Cancer. NEJM 349: 213-222

FROM THE DIRECTOR

The prostate disease experienced by the majority of men is a non-cancerous condition known as benign prostatic hyperplasia (BPH). Some estimates suggest clinical prevalence of BPH affects 60% of men aged over 60 years^[1].

Although not usually life-threatening, for some men, BPH can have a significant impact on their quality of life due to lower urinary tract symptoms. Significant anxiety and bother can be caused due to pain, sleep deprivation from repeated visits to the toilet during the night and an ongoing feeling of urgency to pass urine.

If symptoms are not bothersome, some men may opt not to proceed with any treatment, providing they have been reassured by their doctor that prostate cancer has been ruled out. For men with bothersome symptoms of BPH, effective treatments are available to alleviate symptoms and are worth considering in order to improve general well-being. When deciding upon treatment, men need to be fully informed about the different risks and benefits associated with the different options.

Prostate related problems are a significant part of men's health and well-being and although they can have a profound impact on quality of life, with the current treatments available there is no need to suffer in silence.


Professor David de Kretser

[1] Arrighi et al. (1991): Symptoms and Signs of Prostatism and Risk Factors for Prostatectomy Prostate. 16: 253-261

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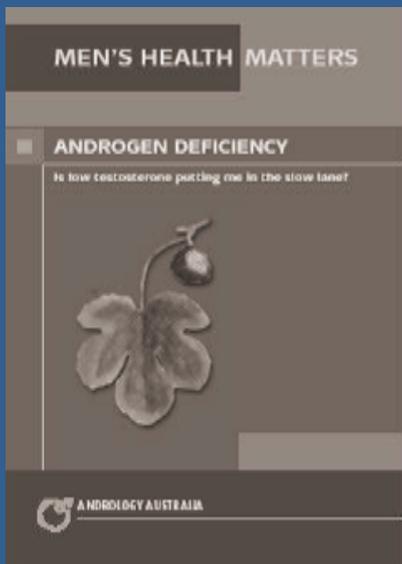
Andrology

An-drol'-uh-jee

The study of the functions and diseases peculiar to males, especially of the reproductive organs

>> COMMUNITY EDUCATION

New Information Guides for Men



Men who are suffering from a sexual or reproductive health issue will soon be able to obtain comprehensive, accurate and unbiased information to help them understand all aspects of their condition.

Andrology Australia is fulfilling a key objective to provide consumer information, by the development of several consumer guides providing detailed answers to relevant questions men may ask when diagnosed with a sexual or reproductive health disorder.

The guides are part of the response to Andrology Australia's recently completed Education Needs Analysis, which highlighted the type of information men seek when experiencing sexual and reproductive health issues.

Written by recognised experts in particular aspects of male reproductive health,

the guides also incorporate contributions and comments from extended panels of health professionals and consumers.

Covering causes, symptoms, diagnosis, treatment and where to find support, the A5 booklets, will be available free of charge to organisations, community groups and health professionals. Individuals will be able to obtain copies directly from Andrology Australia.

The series of guides entitled 'Men's Health Matters' will cover benign prostatic hyperplasia (BPH), androgen deficiency and testosterone therapy, testicular cancer, erectile dysfunction and male infertility.

August 2003 will see the release of the first guide on Androgen Deficiency with a guide on BPH expected to be available in November 2003.

>> RESEARCH ROUNDUP

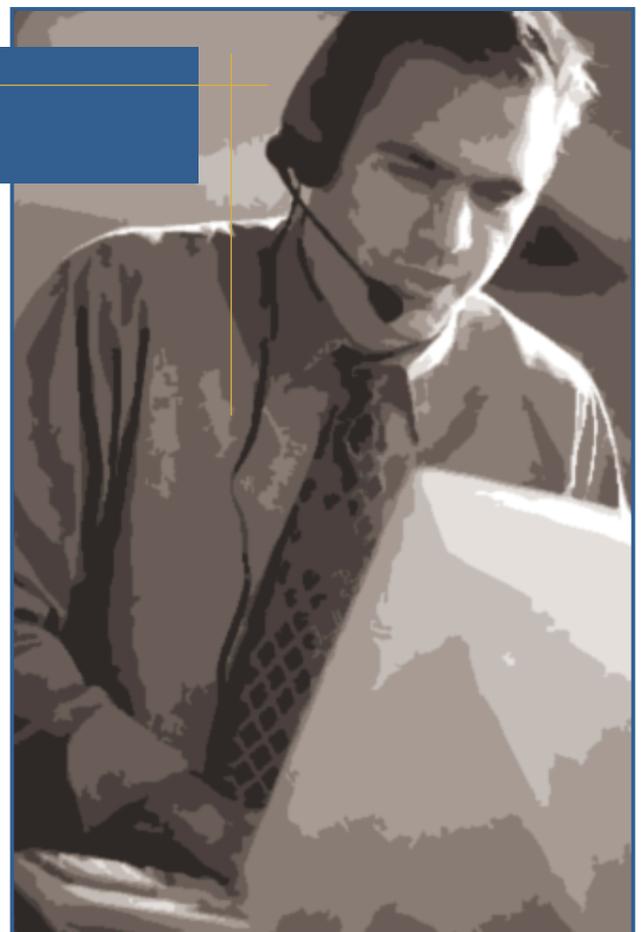
Telephone Survey on Men's Health Issues

There is a significant lack of prevalence data relating to male reproductive health issues in middle aged and older Australian men. Without such information, it is difficult to develop appropriate treatment strategies, health policy and provision of services that are necessary to successfully meet men's needs at different stages of their lifetime.

A pilot study using computer-assisted telephone interviews (CATI) was recently administered in NSW on behalf of Andrology Australia by the Hunter Valley Research Foundation (HVRF). This was to determine the feasibility of undertaking a national telephone survey to obtain sexual and reproductive health information from a random sample of a larger population of Australian men.

The pilot proved to be very successful with the HVRF demonstrating that a 20 minute CATI on male sexual and reproductive health issues was feasible. A total of 433 men over the age of 40 years were surveyed and asked over 90 questions, with a 70% response rate achieved overall.

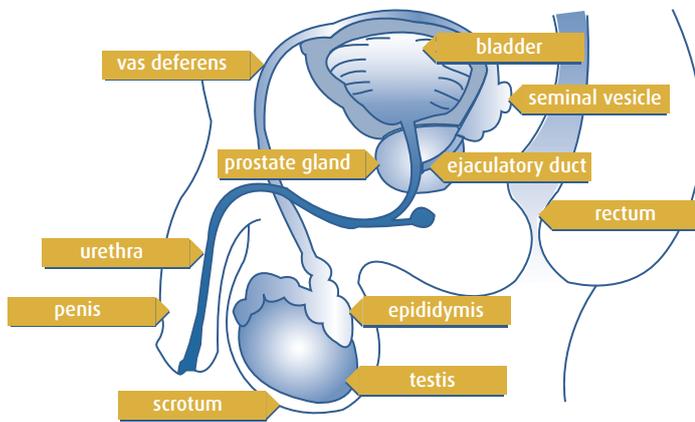
Based on the response rates from the pilot study, Andrology Australia has supported a national CATI study of 5000 men (40+ years) that will begin in September 2003. The study will provide a valid profile on important reproductive health issues such as Lower Urinary Tract Symptoms (LUTS) symptomatic of BPH, erectile dysfunction, fertility and contraception.



Focus on Benign Prostatic Hyperplasia

What is the prostate?

The prostate is a gland about the size of a walnut and is shaped like a doughnut. It sits just underneath the bladder and surrounds the upper part of the urethra (urinary tube).



What does the prostate do?

The prostate gland produces 25% of the fluid ejaculated during intercourse to provide nutrition and life support to sperm. Growth of the prostate relies on the male sex hormone, testosterone. After puberty, when testosterone levels rise, the prostate increases about eight times in size. It continues to grow, doubling in size between 21-50 years with a further doubling between 50-80 years.

What is prostate disease?

Prostate disease is a term used to describe any medical problems involving the prostate gland. Prostate conditions typically experienced by men include:

- > **Benign Prostatic Hyperplasia (BPH)** - non-cancerous enlargement of the prostate gland
- > **Prostatitis** - inflammation or swelling of the prostate gland
- > **Prostate Cancer** - abnormal cell division within the prostate resulting in tumour growth

What is benign prostatic hyperplasia?

Benign Prostatic Hyperplasia (BPH) is the most common form of prostate disease. BPH is a non-cancerous enlargement of the prostate gland. BPH occurs when there is an increase in the number of small glands located within the prostate, particularly with the tissue called the stroma which surrounds the glands.

BPH is not normally a life threatening condition but symptoms can impact significantly on quality of life. If severe and left untreated for a prolonged period of time, it may cause problems with the function of the bladder, and less commonly, the kidneys.

How common is BPH?

With age, the likelihood of experiencing BPH is increased. It is estimated that BPH is present in 20% of men aged 41-50 years, 50% of men aged 51-60 years, and over 90% of men older than 80 years, although the percentage of men experiencing symptoms is less.

What causes BPH?

To date, the exact causes of BPH are not known. However, research has identified two factors that are associated with BPH:

- > Increase in age
- > Presence of testosterone

Testosterone, a male hormone produced in the testicles, is needed for the development and growth of the healthy prostate.

Recent studies have shown that a family history of BPH may increase the chance of prostate cancer developing in future generations.

What are the symptoms of BPH?

Symptoms of BPH involve noticeable changes to urination. However, a number of men with BPH may not have many, or any symptoms of the disease.

Due to the proximity of the prostate to the bladder and urinary tract, enlargement of the prostate due to BPH can cause narrowing of the urethra (Obstructive Symptoms) or interference with the base of the bladder (Irritative Symptoms).

Obstructive Symptoms	Irritative Symptoms
Hesitancy , where there is a long wait for the stream of urine to begin	Urgency , where there is an urgent feeling of needing to urinate
A weak and poorly directed stream of urine	Frequency , where there is only a short time between needing to urinate
Straining to urinate	Nocturia , where urination occurs many times during the night
Dribbling after urination has finished	
Feeling the bladder is not quite empty	
Double voiding , where urination occurs a second time within two hours of the previous one	

Focus on Benign Prostatic Hyperplasia

How is it diagnosed?

If there are problems with urination, a description of symptoms, a physical examination by the doctor, blood tests and other procedures are used to determine the type of prostate disease.

- Digital rectal examination is where the doctor places a finger inside the rectum or back passage to check for changes to the surface of the prostate
- A PSA blood test measures levels of prostate specific antigen in the blood, which is a protein made mainly in the prostate gland. Levels of PSA can be raised in cases of BPH
- A transrectal ultrasound (TRUS) guided biopsy is the only way to detect prostate cancer with any certainty and is usually only performed if cancer is strongly suspected

What are the treatment options?

When deciding between treatment options, other factors such as degree of bother of Lower Urinary Tract Symptoms (LUTS) and lifestyle factors will be discussed.

Treatment options include:

- No treatment
- Drug treatment
- Surgery

No Treatment

No treatment may be appropriate in some cases where the symptoms of BPH are mild or not bothersome. If a doctor has advised a no treatment option, regular examinations will be performed to check the continued growth of the prostate.

Drug Treatment

There are two types of medication available in Australia to treat severe BPH symptoms, *alpha-blockers* and *5-alpha reductase inhibitors*.

Alpha Blockers relax the muscles in the prostate gland and the bladder, which reduces or even takes away some of the symptoms of BPH. If this treatment option works, symptoms associated with BPH usually improve within one to two weeks.

Risks associated with this type of treatment include:

- Dizziness, tiredness, or decreased blood pressure
- Retrograde ejaculation, where semen passes back into the bladder during orgasm instead of being ejected externally

All these side effects are usually reversible when the medication is stopped.

5-alpha reductase inhibitors reduce the size of the prostate gland by blocking the change of testosterone to dihydrotestosterone, which is the androgen that is required to stimulate prostate growth. It may take months for symptoms associated with BPH to improve while taking this type of medication.

Approximately three percent of patients experience temporary reduced sex drive and erections as a side effect of this treatment.

Surgery

Surgery for BPH involves cut(s) through, or removal of part of the gland, either through the urethra (*Transurethral resection of the prostate*) or less commonly, through an open operation via the abdomen (*Retropubic prostatectomy*).

What is Transurethral Resection of the Prostate?

Transurethral resection of the prostate (TURP), involves removal of the prostate in small pieces by using a small camera that is guided through the urethra in the penis, therefore avoiding any external cuts into the abdomen.

What is Retropubic Prostatectomy?

Retropubic Prostatectomy involves the removal of most of the prostate gland from underneath the bladder through a cut in the abdomen.

What are the risks associated with surgery?

The surgical options used to treat BPH should be thoroughly discussed with a urologist, as there are significant risks associated with surgery. The prostate sits very close to the bladder and bundles of important nerves and it can be very difficult to reach without disturbing these other organs.

Approximately 75% of men will experience retrograde ejaculation following a TURP. Some men require a repeat of this procedure several years later as the benign growth can reform. A small proportion of men may also experience erectile dysfunction and incontinence.

Risks associated with Retropubic Prostatectomy include those associated with open surgery, erectile dysfunction which affects over 70% of men, and incontinence.

Can BPH be prevented?

As there are no known causes of BPH, there are no known measures to prevent it. Some research indicates that a healthy diet, high in soy or other phytoestrogens, may reduce the likelihood of BPH onset. However this evidence is not conclusive.

Does BPH exclude prostate cancer development?

Men with benign prostate disease can still develop prostate cancer. Doctors may perform regular prostate checks to monitor any changes to the prostate.

Robert McLachlan wins Susman Prize

Andrology Australia Management group member, Associate Professor Robert McLachlan has been awarded the Eric Susman Prize, the most prestigious annual research prize of the Royal Australasian College of Physicians for 2002.



The Prize is for outstanding contributions to any branch of internal medicine. It was presented at the Annual Scientific Meeting of the college in Hobart in May 2003. Associate Professor Rob McLachlan was presented with the award in recognition of his recent work in male infertility, male contraceptive development, transmission of Y chromosome defects and contraceptive effects on spermatogenesis.

This recognition again highlights the leading position associates of Andrology Australia have in male reproductive health in Australia.

Associate Professor Rob McLachlan is currently Head of the Clinical Research Unit at Prince Henry's Institute of Medical Research and the Deputy Director of Endocrinology at Monash Medical Centre.

Eli Lilly Provide Support for Andrology Australia's Community Education Program

The International pharmaceutical organisation, Eli Lilly, has recently shown support of Andrology Australia's community education strategies by providing \$20,000 to help educate the public on male reproductive health issues.

As an unrestricted educational grant, the money will be used to further develop the Andrology Australia education campaigns and development of resource materials.

Eli Lilly is a pharmaceutical company and a leader in developing new medicines in a range of health areas, including men's health.

Andrology Australia would like to thank Eli Lilly for their generous support.



INTERNET UPDATE



Emotional Impact of Infertility on Men Unspoken

Dr Roger Cook, Senior Lecturer in Psychology at Swinburne University, psychologist and infertility counsellor, has assisted Andrology Australia by writing material on the sometimes devastating emotional impact of male infertility. It contains information on the initial response to diagnosis, the role that partners, families and friends play in providing support and different strategies men can use to cope with their infertility.

(See: What's New on www.andrologyaustralia.org)

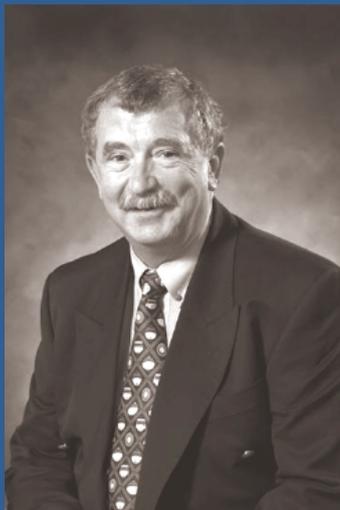
Link with HealthInsite website

HealthInsite is a unique Internet gateway established by the Commonwealth Government which is designed to provide Australians with easy access to high quality information on a range of health issues. The site provides a single entry point to reliable sources of health information thereby helping users to choose the appropriate information from a long list of search results. To ensure the credibility and comprehensiveness of content for the site, information from other sources is independently reviewed by an expert editorial board.



Information on the site has been sourced from a number of Australian Internet health information providers (referred to as a HealthInsite Information Partner). The Andrology Australia website has now also been approved as a HealthInsite Information Partner. With the HealthInsite website receiving more than 3000 visitors each day, partnership with HealthInsite will ensure that more Australians have access to important men's reproductive health information that is relevant to the Australian community.

(See: www.healthinsite.gov.au)



Dr Alan Wright

Andrology Australia Advisory Board Member Dr Alan Wright is a health professional with extensive experience in the front-line of men’s health management. Not only has he worked in general practice in Western Australia since 1983 but was heavily involved in the Medical Corps of the Australian Defence Forces for over 25 years.

After gaining his medical degree from the University of Western Australia, Dr Wright undertook his early training at Fremantle Hospital and later held the position of Anaesthetics Registrar at both the Royal Perth Hospital and the Repatriation General Hospital in Hollywood (WA).

In October 1997 he reached the rank of Colonel and was Director of Medical Services for the Western Region of the Defence Forces. He was also Chairman of the Area Health Advisory Board for this region.

Dr Wright has been a representative with the Fremantle Regional Division of General Practice since 1996 and is a former manager of the Men’s Health Project in this division.

Dr Wright has a Master of Family Medicine from Monash University. His commitment to improving all aspects of men’s health management is ongoing.

Launch of Video Resource

A video resource for the National GP Education Program on Men’s Sexual and Reproductive Health supported by Andrology Australia, was officially launched at the Townsville Mercure Inn on Saturday 12 July.

Over fifty GPs and interested members of the community attended the launch hosted by Dr Peter Doyle of the Townsville Division of General Practice. Guest speakers at the event were Councillor and President of the Townsville Rotary club Brian Bensley. Senator the Hon Kay Patterson sent a video message of endorsement and Professor Leon Piterman, Head, School of Primary Health Care at Monash University, spoke of General Practice in 2020. Professor Piterman was heavily involved in developing the videos.

“Recent increased awareness of general men’s health issues including reproductive health has led to the need for GPs to be educated so they can treat men effectively,” said Professor Leon Piterman.

“The videos were developed by the Department of General Practice with the support of Andrology Australia as a way of disseminating the latest information to the wider GP community in Australia”.

The launch followed a GP education workshop held in Townsville, as part of the national roll-out of the GP Train-the-Trainer workshops on male sexual and reproductive health. This education session has increased the number of GPs in Townsville with a further understanding on male health issues. The video resource will now be used to complement the Train-the-Trainer workshops and will be made available to each Division of General Practice throughout Australia.

The launch of the video resource was a huge success. Andrology Australia wishes to thank Lynne Bartlett of the Townsville Division of General Practice for her assistance and support in organising the event.



Thuringowa City Councillor Brian Bensley with the new video resource for GPs



Newsletter of Andrology Australia

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Information contained in this newsletter is based on current medical evidence but should not take the place of proper medical advice from a qualified health professional. The services of a qualified medical practitioner should be sought before applying the information to particular circumstances.