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Australasian
Prostate Cancer
Conference

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the National Prostate Cancer
Symposium

3 - 5 AUGUST 2011

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Prof Doris Young - Melbourne University

Dr Jane Crowe – General Practitioner

Emma Stonham - The Royal College of GPs

Nurses Meeting

Helen Crowe- Australian Prostate Cancer Research Centre,
Nurse Practitioner

Pat Bugeja, Urology Specialist Nurse Australian Prostate
Cancer Research Centre, Epworth Richmond, & Royal
Melbourne Hospital.

Kay Talbot, Urology Specialist Nurse Australian Urology
Associates, Malvern, Melbourne.

Psycho-Oncology Meeting

Dr Addie Wootten – Royal Melbourne Hospital

Continence Meeting Committee

Shan Morrison – Convener - Pelvic

Pelvic Floor Physiotherapist

Jacqui Lodewyke, The Continence Foundation

Barry Cahill, The Continence Foundation

Anne-Florence Plant, Pelvic Floor Physiotherapist

Welcome

On behalf of the Australian Prostate Cancer Research Centre Victoria (APCRC), I am delighted to invite you to the 12th Australasian Prostate Cancer Conference (APCC) formerly the National Prostate Cancer Symposium. This year's event brings together world leading experts presenting their expertise and current research on all areas of prostate cancer care delivery. It will take place from the 3-5th August 2011 at the stunning Melbourne Convention and Exhibition Centre.

Now the premier prostate cancer educational event in Australasia, it is one of the biggest urology meetings in the region. The 2011 program includes specialised meetings for Urologists, Researchers, Nurses, General Practitioners, Psycho-Oncologists and for the first time this year Continence Practitioners. All meetings encompass the latest developments in prostate cancer screening, diagnosis and management with educational goals aimed at all practitioners involved.

The APCC expects to attract over 800 local and international delegates including Urologists, Scientists, General Practitioners, Nurses, Psychologists and Continence Practitioners over 3 days, making it one of Australia's most impressive scientific conferences for 2011.

Also new for 2011, the APCC is delighted to present the 1st da Vinci® Prostatectomy Masterclass – an all-day event taking place on Friday 5th August. This event is led by an expert faculty of National and International robotic surgery experts and is aimed at all those performing or interested in developing da Vinci® robotic radical prostatectomy.

Prof. Anthony Costello

Executive Director Australian Prostate Cancer Research Centre
Director of Urology, Royal Melbourne Hospital

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References: 1. The Man Plan Patient Support Program developed by Abbott Australasia Pty Ltd, Oct 2010. 2. Lucrin Depot PDS Approved Product Information, April 2011.





Keynote Speakers

INVITED SPEAKERS



Dr William J. Catalona

Northwestern University School of Medicine,
USA



Dr Noel Clarke

The Christie Hospital, Manchester, UK



Dr Patrick C Walsh

Johns Hopkins Medical Centre, USA



Dr John Fitzpatrick

Mater Hospital, Dublin



Dr Fritz Schroder

Erasmus Medical Centre, Netherlands



Dr Ben Challacombe

Guy's Hospital, London



Dr Hans Lilja

Memorial Sloan-Kettering, Cancer Centre, USA



Dr Howard Sandler

Cedars-Sinai Medical Centre, California



Dr Ash Tewari

Cornell University, USA



Dr Laurie Klotz

Professor of Surgery, University of Toronto



Dr John Mulhall

Memorial Sloan Kettering Cancer Centre, USA



Dr Chris Sweeney

Dana-Farber Cancer Institute, Boston



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References: 1. Abrams P, et al. *Br J Urol*, 1995; 76:325-326. 2. Asplund R. *Eur Urol Suppl* 2005; 3(6):24-32. 3. Stanley N. *Eur Urol Suppl* 2005; 4(7):17-19. 4. Kobelt G, et al. *BJU Int* 2003; 91:190-195.

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The Urology Program

We are delighted to welcome you all to the Urology Program at this year's Australasian Prostate Cancer Conference, the biggest and best to date. We have assembled a truly outstanding Faculty featuring 16 International Guests and a selection of recognised experts from around Australia. This represents the largest and most distinguished prostate cancer Faculty ever assembled in Australasia.

The main two-day Urology Program at this year's Conference will cover the full continuum of prostate cancer from screening through to the latest developments for the management of advanced disease. There will also be a particular focus on PSA testing for both screening and prediction as we are privileged to have the World's leading authorities in these areas joining us in Melbourne. Prof Fritz Schroder of the Erasmus Medical Centre in Rotterdam is the Principal Investigator of the European Randomised Study of Screening for Prostate Cancer (ERSPC) and will be updating us with the latest long-term follow-up data from that study. We also welcome Prof Bill Catalona from Northwestern University School of Medicine, Chicago who was the first to demonstrate that the PSA blood test could be used as a first-line screening tool for prostate cancer, and Prof Hans Lilja from Memorial Sloan Kettering Cancer Centre in New York, a world-renowned researcher working in the area of prostate cancer biomarkers and prediction, who has produced a number of landmark papers in this area. Overviews of the issue of prostate cancer screening will be Dr Pat Walsh of Johns Hopkins Medical Institute, the most prominent voice in prostate cancer worldwide over the past 30 years, who we welcome back to Melbourne and who will be entertaining us over breakfast on Thursday morning in our new session "Bacon and Eggs with Dr Walsh".

This group will also lead the discussion on active surveillance in the company of Dr Laurence Klotz of the University of Toronto who is the world's leading authority on active surveillance of low-risk prostate cancer. This is a very topical area and we look forward to hearing the latest developments from Dr Klotz and our distinguished faculty.

We also welcome Prof John Fitzpatrick of the Mater Misericordiae Hospital in Dublin for his first trip to the APCC. Prof Fitzpatrick in his role as Editor-in-Chief of the British Journal of Urology International has long been a supporter of this Conference and we are very pleased to have him here as part of our International Faculty. Prof Noel Clarke is the leading surgeon-scientist from the Christie Hospital in Manchester and is a prominent member of a number of lead European Uro-Oncology organisations. Prof Clarke together with Dr Chris Sweeney, medical oncologist at Dana-Farber Cancer Institute, and Dr Howard Sandler, Chairman of Radiation Oncology at Cedars-Sinai Medical Centre, Los Angeles, will update us on developments in advanced and high-risk prostate cancer, an area of enormous research interest in recent years.

Of course, surgical intervention remains a very exciting area and one which continues to evolve. We are excited to have some of the world's leading innovators present at this meeting to discuss refinements in surgical technique including minimally-invasive approaches. Dr Ash Tewari of Cornell-Weil University, New York is one of the world's best-known robotic surgeons and will be describing his experience of over 3500 cases of robotic-assisted laparoscopic radical prostatectomy. He will join with Dr KH Rha of Yonsei University, Asia's most experienced robotic surgeon, and Dr Ben Challacombe and Dr Declan Cahill of Guy's Hospital in London to give a truly global perspective on this approach.

We are also delighted to welcome some of the leading clinicians working in prostate cancer from around Australasia who will join with our distinguished International guests to produce a very exciting and lively program for this year's Conference. We thank you for your support and hope you have an informative and enjoyable few days.

Kind regards,



Prof Tony Costello



A/Prof Declan Murphy

Translational Science Meeting

Prof John Mills

(Chairperson for session 2: Abiraterone and new ways of Tackling Androgens)

Professor Mills is an infectious disease physician-scientist. Presently he is the Director of Research and Development at TissuPath, research-oriented histopathology practice and Chairs the Research Program of the Prostate Cancer Foundation of Australia. He is a Professor of Medicine, Microbiology and Epidemiology and Community Medicine at Monash University.

Dr Renea Taylor

(Speaker in session 7: Talk title – Xenografting and modeling human prostate cancer growth in vivo)

Dr. Renea Taylor is a Prostate Cancer Foundation of Australia Young Investigator and Research Fellow in the Department of Anatomy and Developmental Biology, School of Biomedical Sciences at Monash University. Her research program focuses on stromal-stem cell interactions in prostate cancer, and includes translation studies using human primary specimens.

Prof Gail Risbridger

(Speaker in session 2: Talk title – Using androgens and estrogens to treat CRPC)

Professor Gail Risbridger is a NH&MRC Fellow in the Department of Anatomy and Developmental Biology at Monash University. She leads an internationally recognised research team of investigators working on prostate cancer and andrology/ urology related projects. She is also Deputy Dean – Special Projects, & Chair for Research, Centres & Institutes in the Faculty of Medicine, Nursing & Health Sciences.

Dr Lisa Butler

(Speaker in session 2: Talk title – Targeting androgen signaling in prostate cancer using novel heat shock protein 90 inhibitors)

Dr Lisa Butler is a Senior Research Fellow in the Dame Roma Mitchell Cancer Research Laboratories at the University of Adelaide and Hanson Institute. She is group leader for the Molecular Therapeutics research group, focusing on novel combinatorial approaches (eg. heat shock protein-90 inhibitors), to target androgen signalling therapeutically for prostate and breast cancer.

A/Prof Lisa Horvath

(Speaker in session 2: Talk title – Plasma biomarkers of chemoresistance in metastatic castration resistant prostate cancer)

A./Prof Lisa Horvath is the Head of the Department of Medical Oncology (Royal Prince Alfred Hospital) at the Sydney Cancer Centre. She has an active clinical practice and is involved with a large number of clinical trials in prostate, lung and colorectal cancers in addition to phase I trial work.

Prof Mark Smyth

(Speaker in session 4: Talk title – Immunotherapy of prostate cancer)

Professor Smyth is the Head of Cancer Immunology Program at Peter MacCallum Cancer Centre and is NH&MRC Australia Fellow. His research focuses on natural killer cells, granzymes and immunity to cancer. He has defined a new phase of cancer immune reaction, known as equilibrium, and undertaken the pre-clinical testing of combination chemo-immunotherapies in mouse models of established cancer, including prostate cancer.

Dr Kristen Radford

(Speaker in session 4: Talk title – Targeting the cross-presenting dendritic cells for prostate cancer immunotherapy)

Dr Kristen Radford is the leader of the DC Cancer Team at The Mater Medical Research Institute (MMRI) in Brisbane and a NHMRC Fellow. Her research focuses on the development of new vaccine strategies based on dendritic cells for the treatment of a variety of malignancies, but in particular, prostate cancers.

Dr Michelle Teng

(Speaker in 4: Talk title – Immunoregulation and Prostate Cancer)

Dr Teng is an NH&MRC Peter Doherty Fellow working in Professor Smyth's Cancer Immunology Program, investigating how tumour-induced immune suppression impedes the effective treatment of established prostate cancer. Her research interest is to examine the role of T regulatory cells, T cell anergy, and the cytokine IL-23 in the local microenvironment using experimental and de novo models of prostate cancer.

Dr Jeff Holst

(Speaker in session 8: Talk title – Targeting amino acid transporters as novel mTORC1 inhibitors)

Dr Jeff Holst undertook postdoctoral research at St Jude Children's Research Hospital in the USA (2003-2006), before continuing his research as a Cancer Institute NSW Fellow (2006-2009), with Professor John Rasko in the Gene and Stem Cell Therapy Program at the Centenary Institute. He now heads the Origins of Cancer Lab at the Centenary Institute.

Dr Luke Selth

(Speaker in session 3: Talk title – Assessing the potential of circulating micro RNAs as biomarkers and therapeutic targets in prostate cancer)

Dr Selth has published papers in such prestigious journals as Molecular and Cellular Biology, Journal of Biological Chemistry, DNA Repair, The Plant Cell and Annual Review of Biochemistry. He is currently a research fellow of the Freemasons Foundation Centre for Men's Health and a Prostate Cancer Foundation of Australia Young Investigator.

Dr Sally Stephenson

(Speaker in session 6: Talk title – Kallikrein 4 cleavage of EphB4: implications for prostate cancer progression)

Sally Stephenson is the leader of the Eph Receptor Biology group at the Institute of Health and Biomedical Innovation, and a Lecturer in the Faculty of Science and Technology, QUT, Brisbane. Her main research interest is the role that the receptor tyrosine kinase EphB4 plays in cancers, particularly those from the prostate.

Nurses Meeting Program

We are very excited about the program we have put together for this year's Australian Prostate Cancer Conference (APCC) Nurses Meeting. The format for this year's meeting is the dedicated nurses program in the morning followed by a very exciting combined plenary in the afternoon when we will join with our general practitioner, psycho-oncology and continence practitioner colleagues to discuss a multi-disciplinary approach to the prostate cancer patient journey.

Our International Speaker this year is Janette "Netty" Kinsella, Prostate Cancer Nurse Specialist at Guy's & St Thomas' NHS Foundation Trust in London. Netty was our guest by videoconference at last year's meeting, so we are delighted to have her here in person this year to update us on developments in nurse-led practice within the National Health Service in the UK.

For the first time this year we called for abstracts for a Poster Session, and have been delighted with the quality of work submitted. Prizes for best posters will be awarded and announced on Thursday evening at the Poster Cocktail Session, and all posters will have a brief poster presentation during the Friday morning session.

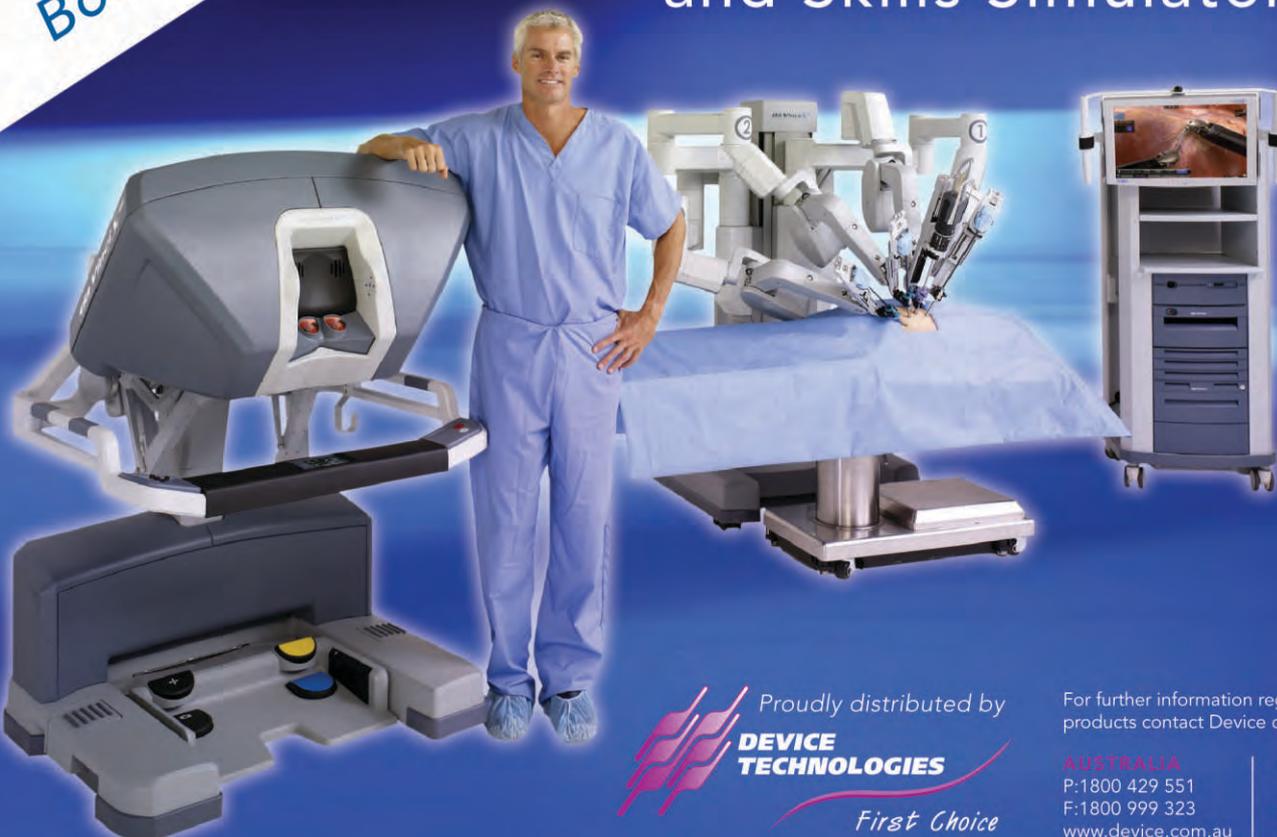
We are very proud of the program for the Nurses Meeting this year. This meeting provides an update on the latest developments in prostate cancer nursing, plus the opportunity to network with other nurses and health professionals involved in caring for men with this disease. We are confident that all attending will go away having gained something to help them in their professional roles.

Helen Crowe, Convener Nurses Meeting, on behalf of Meeting Co-conveners Kay Talbot, Lynda Hardy & Pat Bugeja.



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Psycho-Oncology Meeting

The 12th Australasian Prostate Cancer Conference will again provide a forum for researchers, clinicians and scientists from across the world to discuss all aspects of prostate cancer. The Psycho-Oncology meeting aims to bring together clinicians and researchers working in the field of psycho-social care of prostate cancer patients, their partners and families.

This meeting will encourage sharing of clinical practice and research findings and discussion of future directions in psycho-oncology research. It also aims to foster new collaborations between researchers and clinicians. A range of outstanding abstracts have been accepted this year for oral paper presentations as well as poster presentations. These presentations aim to showcase the psycho-social work specific to prostate cancer that is being conducted across Australia and Internationally.

The first morning session focuses on the quality of life and psychological outcomes of men after treatment for prostate cancer. The second morning session explores a range of innovative interventions for men with prostate cancer, and their partners.

The afternoon session will provide a multidisciplinary forum. Nurses, general practitioners and continence practitioners will come together to explore all aspects of patient care from the point of diagnosis to the point of prostate cancer recurrence. Management, support and clinical care issues will be explored during this session.

We hope that the Psycho-Oncology meeting is an informative, collaborative and engaging meeting. Thank you for joining us at the 12th Australasian Prostate Cancer Conference.



Dr Addie Wootten
Convenor



Dr Heather Siddons
Convenor

Jake W Anderson

Jake Anderson has an undergraduate degree in Behavioural Neuroscience, Honours degree in Psychology and was recently awarded a PhD in Psychology at Monash University. His clinical research has examined various health related conditions and their relationship to psychological function. He is currently completing a Master of Psychology (Clinical Psychology) at Deakin University. He has a history of collaboration with the Cabrini/Monash Psycho-oncology Research Unit and has elected to pursue the present project under their auspices.

Rebecca J Bergin

Rebecca Bergin is a project co-ordinator and researcher within the department of Nursing and Supportive Care Research at the Peter MacCallum Cancer Centre in Melbourne. Rebecca holds a Bachelors degree in Arts & Sciences from the University of Melbourne, and was awarded a first class honours degree in Biochemistry and Molecular Biology undertaken at the Florey Neuroscience Institutes. For the past two years Rebecca has worked on a number of research projects and randomised controlled trials at Peter Mac in supportive care.

Suzanne K Chambers

Suzanne Chambers is Professor of Preventative Health in the Griffith Health Institute, and a Consultant Advisor in Psycho-oncology at Cancer Council Queensland. She has more than 20 years of experience in delivering psychosocial support to people diagnosed with cancer and their families. Suzanne was instrumental in the establishment of a program of research focusing on prostate cancer at Cancer Council Queensland and for the past 10 years she has been an investigator on over 7 large scale research projects aimed at understanding the experiences of men diagnosed with prostate cancer; and developing and trialling new support programs aimed at assisting men and their partners through the cancer journey.

Kelly Chipperfield

Kelly completed a Bachelor of Psychology with Honours at Newcastle University in 2008. Kelly is currently completing a Doctorate in Clinical Psychology at Monash University, with a specialisation in Health. At present, Kelly is completing an internship with the Consultant Liaison Psychiatry program at the Alfred Hospital in the area of Oncology as part of her clinical experience.

David Christie

David Christie is a Radiation Oncologist with special interests in lymphoma and prostate cancer.

Daniel Costello

Mr Daniel Costello is a Data Manager and research methodologist at the Australian Prostate Cancer Research Centre

Melinda J Craike

Dr Craike's research focus is physical activity for people with cancer, specifically, the determinants of physical activity and physical and psychological outcomes of participation. She has experience working on funded research projects, including projects for academic award and those that have been

externally funded. Currently, Dr Craike is the project coordinator for an Australian Research Council and Prostate Cancer of Australia funded project that is examining the efficacy of a clinician referral to a supervised exercise program for prostate cancer survivors.

Ms Narelle Hanly

Narelle Hanly worked as a CNC for 10 years until 2009 as a specialist prostate nurse in the Department of Urology, Concord Hospital. Currently she is a member of a NSW Agency for Clinical Innovation (ACI) Urology Network advisory group evaluating the role and efficacy of the prostate cancer nurse. In 2011, Narelle was awarded the Masters of Applied Science (Biomedical Science) for her research thesis focusing on men's sexual adjustment and self-perception following prostate cancer treatment.

Michael Holmes

Michael Holmes is a urologist and clinical director of department at Waikato Hospital with both public and private appointments. Graduated Otago Medical School and Otago University 1988 with MB ChB and BSc and obtained FRACS in 2001. Clinical interests are prostate cancer with particular focus on peri- and post surgical, and laparoscopic renal surgery. His research interests have centred on treating benign prostatic disease, prostate biopsies, and the impact and outcomes of radical prostatectomies. As part of that interest is working in collaboration with the multidisciplinary team in the Sexual Health Research Unit at Waikato Clinical School.

Trish M Livingston

Over the past 20 years, Assoc Prof Livingston's key research focus has been in the implementation of clinical and community based interventions, programs and policy initiatives to improve health delivery and outcomes for people with cancer and their caregivers. Her previous studies include understanding knowledge and attitudes of physical activity among men with prostate cancer; an intervention for men newly diagnosed with prostate or colorectal cancer to improve psychological outcomes; comparing community and medical practitioner knowledge and attitudes to prostate cancer screening and mapping emergency department presentations among cancer patients. A/Prof Livingston is a panel member for the Cancer Institute Clinical Trials (NSW) Grants Review and an assessor for NHMRC, ARC, UK Project Grant Review Board, and Health Review Board of Ireland.

Michelle E McDowell

Michelle McDowell is a research fellow at the Griffith Health Institute in Brisbane, Australia and has been working with Professor Suzanne Chambers and Dr Stefano Occhipinti on a large-scale project into the screening behaviours and risk perceptions of men with a family history of prostate cancer.

Lisa M Nielsen

Ms Lisa Nielsen is a Research Officer with the Cancer Council Queensland's Viertel Centre for Research in Cancer Control, and is the project manager for the Living with Prostate Cancer Study. She holds a Master of Public Health, and has had over 7 years of experience working in public health research.

Penelope Schofield

Associate Professor Penelope Schofield is the Research Director of Nursing and Supportive Care Research Department, Peter MacCallum Cancer Centre. She is a behavioural scientist and supported by an NHMRC Career Development Research Fellowship. Penelope has extensive experience in behavioural, psycho-social, quality of life and supportive care research in cancer, particularly randomised controlled trials. Her current research focus is to assess and improve the quality of life of patients undergoing and completing cancer treatment.

Christopher F Sharpley

Christopher Sharpley is a Professor of Clinical Neuroscience who conducts research into anxiety and depression.

Heather M Siddons

Dr Siddons completed a PhD (Psychology) at Monash University in 2004. Since 2005 Dr Siddons has worked as a psychologist at the Department of Urology, Royal Melbourne Hospital. In her clinical role Dr Siddons provides psychological assessment and support for patients who experience difficulty coping with the side-effects of prostate cancer and other urological conditions. Her work often focuses on issues related to masculine identity, relationships and sexual intimacy, and issues of anxiety and depression related to the medical condition. Dr Siddons' research focus has predominantly been on the health and wellbeing of men with prostate cancer.

David P Smith

David Smith is a Research Fellow and cancer epidemiologist at the Cancer Council NSW. He has a particular focus on prostate cancer, prostate cancer testing and prostate cancer outcomes in Australia. He is chief investigator and project manager of the NSW Prostate Cancer Outcomes Study. In 2011 he obtained a National Health and Medical Research Council Post-Doctoral Research Fellowship to study the causes of death in men with prostate cancer. He is also currently chief investigator on two NHMRC project grants, one Prostate Cancer Foundation of Australia Grant and one partnership grant.

Christopher B Thomas

Chris Thomas is a PhD candidate at La Trobe University, Melbourne. Research work concerns the mental health related quality of life following the experience of prostate cancer in gay and straight men. Further work will involve investigations as to whether these groups of men experience other disease states differently in the psycho-social domain.

Addie C Wootten

Dr Addie Wootten is a clinical psychologist working in the Department of Urology at Royal Melbourne Hospital and the Australian Prostate Cancer Research Centre at Epworth. She works in both a clinical and research capacity and has authored a number of peer-reviewed scientific research papers; book chapters and patients information resources. Her clinical and research work focuses primarily on the psychological issues associated with prostate cancer; in particular issues around identity, self-esteem masculinity, relationships and intimacy. She is the convenor of the Psycho-Oncology meeting held annually as part of the Australasian Prostate Cancer Conference.

General Practitioners Workshop

Following the overwhelming interest stimulated by the inaugural General Practitioner Workshop in 2010, we are delighted once again to welcome delegates to this year's Workshop as part of the 12th Australasian Prostate Cancer Conference.

This Workshop will deal with the most challenging areas of prostate cancer care from the GP's perspective - everything from screening and prevention to treatment, side-effects and survivorship issues. International prostate cancer experts will join with leading figures from General Practice within Australia to update GPs on the best advice to give patients who are concerned about prostate cancer and provide details of the management options for the patient following diagnosis.

The format of this program will be a dedicated workshop for General Practitioners in the morning, followed by a very exciting combined plenary in the afternoon when we will join with our nursing, psycho-oncology and continence practitioner colleagues to discuss a multi-disciplinary approach to the prostate cancer patient journey.

This event will attract 40 Category 1 points as part of an Active Learning Module approved by the RACGP.

We are very grateful to our sponsors for supporting this Workshop and to our Co-Convenors for planning a wonderful afternoon session focusing on multi-disciplinary care of the prostate cancer patient.



Prof Doris Young
Professor of General Practice,
University of Melbourne



A/Prof Morton Rawlin
Vice-President of the Royal Australian
College of General Practitioners and
Chairman of the Victorian Faculty



Dr Jane Crowe
GP and Prostate Cancer Physician at the
Australian Prostate Cancer Research
Centre, Epworth Richmond.

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Translational Science Meeting

We are very excited about the program we have put together for this inaugural Australasian Prostate Cancer Conference (APCC) Continence Practitioners meeting on Friday 5th August 2011.

The format is a dedicated continence specific workshop in the morning followed by a very exciting combined plenary in the afternoon when we will join with our general practitioner, urology nursing and psycho-oncology colleagues to discuss a multi-disciplinary approach to the prostate cancer patient journey.

The continence practitioner morning program is being convened by the Continence Foundation of Australia and Shan Morrison a Physiotherapist with a special interest in male pelvic floor dysfunction and continence management and includes a number of presentations by Irmina Nahon, Pelvic Floor Physiotherapist who has recently completed her PhD in this area. The multidisciplinary meeting will outline best practice management especially pre and post radical prostatectomy and explore in depth the role of various disciplines including that of the Psycho-Oncologist, Urology

Nurse and Continence Nurse Advisor. We will also hear from Urologist Mr Daniel Moon regarding recent advances in surgical management of male urinary incontinence.

All continence practitioners are also welcome to register for the main Urology Program on Wednesday 3rd and Thursday 4th August which features a host of the World's leading prostate cancer experts updating us on the latest developments in the prostate cancer area.



Shan Morrison
Pelvic Floor Physiotherapist

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*Please note changes to Product Information

Full Product Information is available from Hospira Pty Ltd ABN 58 097 064 330 Level 3/ 500 Collins St, Melbourne, Vic 3000. Ph: 1300 046 774.


Hospira

da Vinci© Prostatectomy Masterclass

We are delighted to welcome you all to the 1st da Vinci© Prostatectomy Masterclass to be held within Australasia.

This event is presented as part of the 12th Australasian Prostate Cancer Conference convened by Prof Tony Costello and A/Prof Declan Murphy. It is aimed at all specialists, trainees, theatre staff and others who are currently performing or who are interested in robotic-assisted radical prostatectomy.

The past two years has seen huge growth in robotic surgery within Australasia with the number of installed da Vinci© surgical robots rising from seven to seventeen since 2009. Five new systems have been installed in 2011 alone, including Australia's only dual console da Vinci© Si at Epworth Richmond in Melbourne. With this growth comes a need to train more surgeons and theatre teams to safely introduce robotic surgery and ensure optimum outcomes for patients. Therefore we are particularly delighted to convene this Masterclass, the first of its kind within Australasia.

Our expert faculty has a mixture of International and Australasian surgeons with combined experience of many thousands of cases. These include:

- Dr Ash Tewari, Cornell University, New York
- Dr KH Rha, Yonsei University, South Korea
- Dr Declan Cahill, Guy's & St Thomas' NHS Foundation Trust, London
- Dr Ben Challacombe, Guy's & St Thomas' NHS Foundation Trust, London
- A/Prof Peter Gilling, Tauranga and Grace Hospitals, New Zealand
- Dr Daniel Moon, Peter MacCallum Cancer Centre and Epworth Hospital Richmond, Melbourne (Convenor)
- Dr Geoff Coughlin, Royal Brisbane and Women's Hospital, Brisbane (Convenor)
- Prof Tony Costello, Epworth Hospital Richmond and Royal Melbourne Hospital, Melbourne
- A/Prof Declan Murphy, Peter MacCallum Cancer Centre and Epworth Richmond Hospital, Melbourne
- Mr Peter Sutherland, Royal Adelaide Hospital, Adelaide
- A/Prof Philip Stricker, St Vincent's Hospital, Sydney
- A/Prof Laurence Harewood, Epworth Freemasons Hospital, Melbourne
- A/Prof David Webb, The Austin Hospital and Epworth Freemasons Hospital, Melbourne

This all-day Masterclass will include the following sessions:

- Full-length replay of da Vinci© prostatectomy case performed and commented by Dr Ash Tewari. This will highlight some technical nuances developed at Cornell University by Dr Tewari's team to improve functional outcome following radical prostatectomy.
- Step-by-step da Vinci© prostatectomy: video-based guide to the key steps of the procedure delivered by our expert faculty
- Optimising functional outcome - technical tips: with a particular focus on nerve-sparing techniques and apical dissection
- Challenging cases: Examples and tips from the expert faculty on the management of aberrant bladder neck anatomy, bleeding, difficult anastomosis and other challenges during robotic radical prostatectomy.

Hands-on training is available on the new da Vinci Si© surgical system all day from 0700 with a second console demonstrating the utility of the powerful new da Vinci© Skills Simulator. We do hope you enjoy this excellent event.

Kind regards,



Dr Daniel Moon

Urologist

Epworth Hospital Richmond & Peter MacCallum Cancer Centre



Dr Geoff Coughlin

Urologist

Royal Brisbane and Womens Hospital & Wesley Hospital

We are very grateful to our sponsors for supporting this event:



USANZ-ANZUP Meeting

You will all be aware that the 64th Annual Scientific Meeting of USANZ at Christchurch was sadly interrupted by the devastating earthquake.

In the spirit of the resilience shown by the residents of Christchurch, USANZ has made arrangements for supplementary meetings in Sydney and Melbourne so that speakers may get an opportunity to present their papers prepared for the ASM. The Sydney meeting, held on 30th April, was an unqualified success, and I am very pleased to welcome you to the Melbourne meeting, being held as a Satellite to the 12th Australasian Prostate Cancer Conference (APCC). We are grateful to Prof Tony Costello, A/Prof Declan Murphy and the Organising Committee of the APCC for supporting our meeting.

It also gives me great pleasure that this meeting is co-badged by the Australian & New Zealand Urogenital and Prostate Cancer Trials Group Ltd (ANZUP). ANZUP, funded by Cancer Australia, aims to develop and conduct research into Urogenital cancers. The group fosters multi-disciplinary and multi-institutional collaboration, and the partnership between ANZUP and USANZ is a crucial one. The ANZUP annual scientific

meeting for 2011 is scheduled to be held in Perth from 15th-17th November 2011, in conjunction with the ASM for the Clinical Oncology Society of Australia.

Thus, this meeting will also serve as a supplementary ASM for ANZUP and will review current and proposed ANZUP trials, discuss potential new concepts and explore future collaborations. The sessions will interweave USANZ and ANZUP presentations, linking disease and site-specific content. I am confident that the program will be informative and will lead to a productive exchange of ideas.

The meeting will conclude with light refreshments and I extend an invitation to all attendees of the day.

Regards



Dr Shomik Sengupta
Convenor
USANZ – ANZUP Meeting



previously known as:  **SYDMED**

Avnet Technology Solutions (previously Sydmед) has served the Australian medical industry for over 20 years, specialising in sales and service for ultrasound and urodynamics equipment. We have been exclusive distributors of Laborie urodynamics equipment in Australia since 1994. Laborie are Australia's leading brand of urodynamics systems, with a reputation for outstanding quality and reliability. This teamed with Avnet's exceptional after-sales support and extensive experience in urodynamics help provide a confident diagnosis every time.

Avnet also exclusively distribute Mindray ultrasound products for urology, specialising in quality ultrasound scanners for prostate biopsy and related prostate ultrasound procedures. Our scanners are reliable, economical, and produce excellent images.

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COMBINED TIMETABLE STARTS HERE

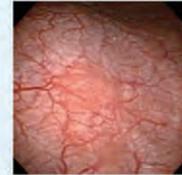
See & Treat with NBI

for Bladder Cancer Management

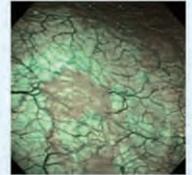
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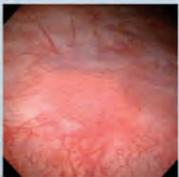
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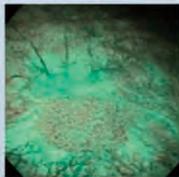
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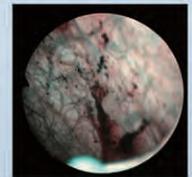
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NBI helps in defining the boundary of tumours for a more complete resection



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12th Australasian Prostate Cancer Conference

Together in discovery and care

Social Program

GALA DINNER

Date: Wednesday, 3 August 2011
Time: 19:30 - Midnight
Venue: River Room at Crown Entertainment Complex
8 Whiteman Street Southbank.
Dress: Lounge suit

The Gala Dinner promises to be a memorable night out. The breathtaking views from the River Room will be an impressive backdrop whilst you enjoy some of Australia's best wines and a three course dinner with other delegates.

MODERATED POSTER SESSION

Date: Thursday, 4 August 2011
Time: 17:15 - 19:30
Venue: Exhibition Space on ground level

Cocktail drinks and canapés will be served in the Exhibition Space on ground level. Come along to see the latest research in all areas of Prostate Cancer and chat one on one with presenters about their work. Prizes will be awarded in each of the four categories.

Conference Venue

Melbourne Convention Centre
1 Convention Centre Pl
South Wharf VIC 3006



MELBOURNE
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EXHIBITION
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Program Information

Speakers' Preparation Room

The Speakers' Preparation room is located in Meeting Room 215 on the Level 2 of the Melbourne Convention Centre and will be open during the following hours:

Wednesday, 3 August	08:00 – 18:00
Thursday, 4 August	08:00 – 18:00
Friday, 5 August	08:00 – 18:00

Oral Presentations

It is important that all speakers upload their presentation in the Speakers' Preparation Room at least two hours prior to the commencement of their allocated session. Speakers who are presenting at an early morning session should check-in their presentation the day before their presentation. An audio visual technician will be available in the Speakers' Preparation Room to assist with this process.

Poster Presentations

Posters will be displayed from Wednesday, 3 August through to conclusion of the Moderated Poster Session on Thursday 4th August. Poster presenters must check-in at the Registration Desk prior to setting up. The presenting author must be present at their poster during the Moderated Poster Session from 5.30 pm – 7.30 pm on Thursday, 4 August. Posters not collected at the conclusion of the Session will be discarded.

Exhibition Information

Exhibition Hours

The Exhibition is located in Main Foyer of the Melbourne Convention Centre and will be open during the following hours:

Wednesday, 3 August 2011	08:00 - 18:00
Thursday, 4 August 2011 (Including poster session drinks)	08:00 - 19:30
Friday, 5 August 2011	08:00 – 15:00

Exhibitors

Insert list of Exhibitors

Exhibition Floor Plan

Insert floor plan

Registration Information

Registration Desk Hours
Information to be provided

Full Registration Entitlements

- Entry to all sessions
- Lunch, morning and afternoon tea daily
- Attendance at the Moderated Poster Session (Thursday)
- Conference Satchel
- Copy of Final Program and Abstract Book
- Entry to the Exhibition

Student/Concession Entitlements
Information to be provided

Day Registration Entitlements

- Entry to all sessions (on day of registration)
- Lunch, morning and afternoon tea daily (on day of registration)
- Attendance at the Moderated Poster Session (Thursday day registration only)
- Conference Satchel
- Copy of Final Program and Abstract Book

Workshop Entitlements
Information to be provided

Accompanying Partner Entitlements
Information to be provided



'Depression and Anxiety
can affect not only your patients,
but their whole family.'

Men with prostate cancer are nearly twice as likely to develop depression as men in the general community. Partners of men with prostate cancer are also at risk of developing depression. Anxiety is also common. *beyondblue* has free information materials on depression and anxiety, common reactions to prostate cancer, and helpful strategies.

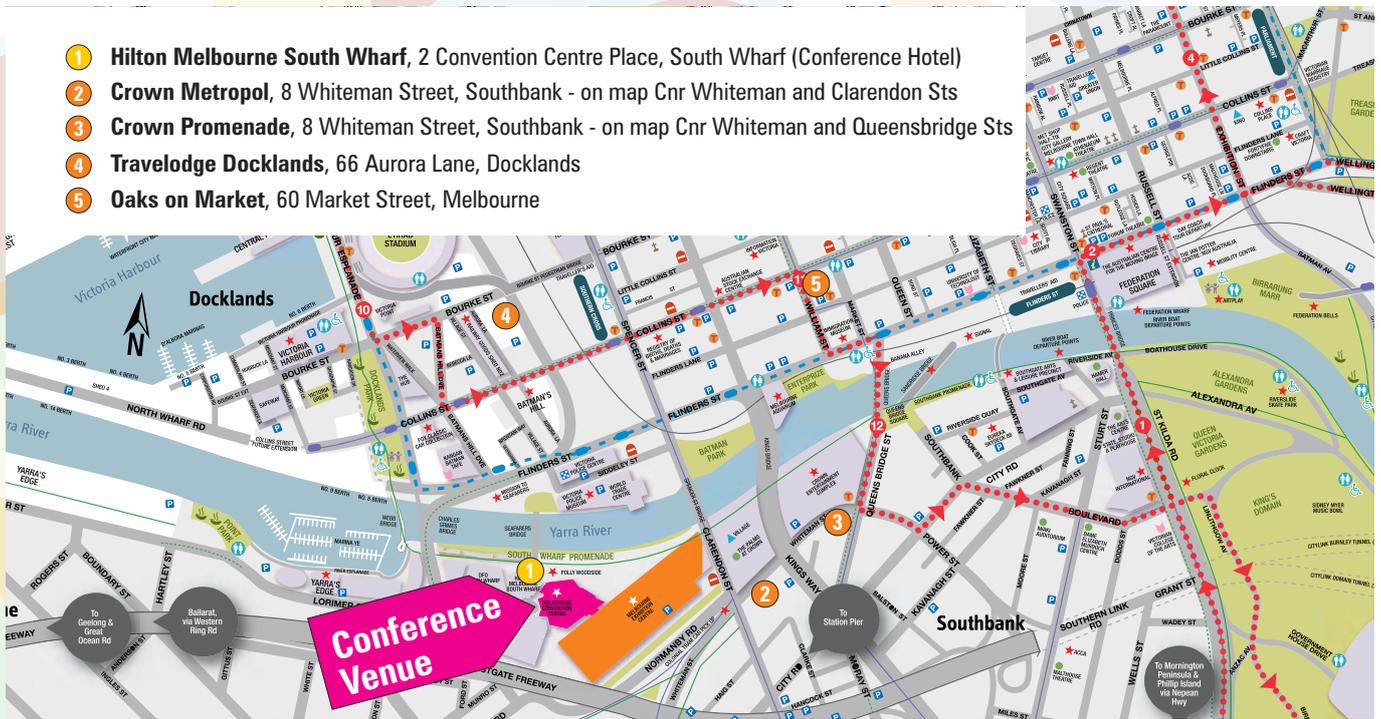
Find out more at:
www.beyondblue.org.au
1300 22 4636
infoline@beyondblue.org.au



beyondblue
the national depression initiative

Accommodation Information

- 1 **Hilton Melbourne South Wharf**, 2 Convention Centre Place, South Wharf (Conference Hotel)
- 2 **Crown Metropol**, 8 Whiteman Street, Southbank - on map Cnr Whiteman and Clarendon Sts
- 3 **Crown Promenade**, 8 Whiteman Street, Southbank - on map Cnr Whiteman and Queensbridge Sts
- 4 **Travelodge Docklands**, 66 Aurora Lane, Docklands
- 5 **Oaks on Market**, 60 Market Street, Melbourne



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Epworth HealthCare is proud to sponsor the 12th Australasian Prostate Cancer Conference 2011 Gala Dinner.

Epworth HealthCare is one of Australia's largest not-for-profit private hospital providers, with 2,900 accredited medical practitioners and over 4,300 staff working in partnership every day to deliver acute surgical, medical, obstetrics and rehabilitation services.

Epworth leads the field in many areas including oncology, urology, robotic surgery, maternity, cardiology, rehabilitation and orthopaedics.

We operate seven hospitals across Victoria and have strategic affiliations with prominent international and national health organisations, including the Australian Prostate Cancer Research Centre.

Through research and teaching, we are working towards a better tomorrow for patients of the future.

General Information

Attendance Certificate

A certificate of attendance is included in your name badge.

Car Parking

Parking is available at the Melbourne Exhibition Centre and adjacent car parks

Catering

All morning teas, lunches and afternoon teas during the conference are included in your registration fee and will be served in the Exhibition.

A separate buffet will be setup in the Exhibition to cater for delegates who require a special dietary meal.

Conference Office

ICMS Pty Ltd
84 Queensbridge Street
Southbank, VIC 3006
AUSTRALIA
Phone: +61 3 9682 0244
Fax: +61 3 9682 0288
Email: icwes15@icms.com.au
Website: www.icwes15.org

Liability Disclaimer

In the event of industrial disruption or other unforeseen circumstances, the Conference Office, the Organising Committee and the Host Organisations accept no responsibility for loss of monies incurred by participants and /or accompanying persons. The Conference Office, the Conference Committee and the Host Organisations accept no liability for injuries/losses of whatever nature incurred by participants and/or accompanying person, nor for loss or damage to their luggage and/or personal belongings. Participants and or/accompanying persons should make their own arrangements with respect to personal insurance.

Mobile Phones and Pagers

As a courtesy to speakers and other delegates, we request that all mobile phones and pagers are in silent mode or switched off before entering sessions.

Messages

The Conference registration desk staff will take messages for delegates during the Conference. Messages will be posted on the message board, located next to the registration desk. Delegates are requested to check the message board during breaks.

Name Badges

Your name badge is your entrance ticket to all conference sessions and the Exhibition. Please wear your name badge at all times. Your tickets for the pre conference workshops, site tours, welcome reception and conference dinner are also included in your name badge holder.

No Smoking Policy

Delegates should be aware that smoking is banned in public buildings and hotels and restaurants throughout South Australia, including the Conference venue.

Tickets

Delegates will receive all pre-booked tickets at registration. Tickets are required for the pre conference workshops, site tours, welcome reception and conference dinner. If you have misplaced your tickets or have not received tickets for functions you wish to attend, please see the staff at the Registration Desk.

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ANDROCUR[®]-100
cyproterone acetate 100mg tablets

Androcur[®]-100 for the treatment of inoperable prostate cancer

Visit us at booth 16

PBS Information: Authority required.

Advanced carcinoma of the prostate. To reduce drive in sexual deviations in males.

MINIMUM PRODUCT INFORMATION

ANDROCUR[®]-100 (cyproterone acetate)

INDICATIONS: Inoperable prostatic carcinoma: (i) to suppress "flare" with initial LHRH analogue therapy; (ii) in long term palliative treatment where LHRH analogues or surgery are ineffective, not tolerated, contraindicated or where oral therapy is preferred; (iii) in the treatment of hot flushes in patients treated with LHRH analogues or who have had orchidectomy. **DOSAGE AND ADMINISTRATION:** The following dosages are recommended for the respective indications: (i) initially 100mg twice daily for 5-7 days, followed by 100mg twice daily for 3-4 weeks together with an LH-RH agonist; (ii) 100mg two to three times daily; (iii) 50-150mg per day with upward titration up to a maximum daily dose of 300mg if necessary. **CONTRAINDICATIONS:** Liver diseases, Dubin-Johnson syndrome, Rotor syndrome, previous or existing liver tumours (only if these are not due to metastases from carcinoma of the prostate), presence or history of meningioma, wasting diseases (with the exception of inoperable carcinoma of the prostate), severe chronic depression, existing thromboembolic processes, hypersensitivity to cyproterone acetate or excipients in tablets. **PRECAUTIONS:** Androcur-100 is for use only in men; regularly check liver function, adrenocortical function, red blood cell count; risk of osteoporosis; reduction in spermatogenesis (advisable to make at least one control spermatogram before start of treatment); hepatotoxicity; meningioma; diabetes; shortness of breath; thromboembolic events; adrenocortical function; anaemia; patients with rare hereditary galactose intolerance, Lapp lactase deficiency or glucose-galactose mal-absorption; effects on ability to drive and use machines. **INTERACTIONS:** Oral antidiabetics or insulin, strong inhibitors of CYP3A4 e.g. ketoconazole, itraconazole, clotrimazole, ritonavir, inducers of CYP3A4 e.g. rifampicin, phenytoin, products containing St. John's wort, HMGCoA inhibitors (statins), inhibition of CYP 2C8, 2C9, 2C19, 3A4, 2D6. **ADVERSE EFFECTS:** Tiredness, weight change, headache, depressive moods, thrombotic phenomena, nausea and other gastrointestinal complaints, decreased libido, mastodynia, erectile dysfunction, reversible inhibition of spermatogenesis, hepatic toxicity, benign and malignant liver tumours (which may lead to intraabdominal haemorrhage, thromboembolic events), shortness of breath, gynaecomastia, fatigue, hot flushes, sweating.

PBS dispensed price for maximum quantity: \$171.41

PLEASE REVIEW PRODUCT INFORMATION BEFORE PRESCRIBING. The approved product information is available on request from Bayer Australia Limited. ABN: 22 000 138 714, 875 Pacific Highway Pymble NSW 2073 L.AU.SM.07.2011.0092

ZOMETA®

zoledronic acid



Protect what is essential¹

Dose ZOMETA 3 to 4 weekly¹

In patients with bone metastases
DAILY LIFE IS PRECIOUS
HANDLE with **ZOMETA**

See Approved Product Information before prescribing. Approved Product Information available on request.

ZOMETA® (zoledronic acid). Indication: Prevention of skeletal-related events (pathological fracture, spinal cord compression, radiation to bone or surgery to bone) in patients with advanced malignancies involving bone; treatment of tumour-induced hypercalcaemia (TIH). **Dosage and administration:** Prevention of skeletal related events in patients with advanced malignancies involving bone: 4mg (diluted with 100mL 0.9% w/v sodium chloride or 5% w/v glucose solution), given as a intravenous infusion of no less than 15-minutes every 3 to 4 weeks; treatment of TIH: the recommended dose is 4mg given as a single intravenous infusion of no less than 15 minutes. Dose adjustments are recommended in patients with pre-existing mild to moderate renal impairment –see approved Product Information. Patients without hypercalcaemia should also be administered an oral calcium supplement of 500mg and 400 IU vitamin D daily. **Contraindications:** Hypersensitivity to active, other bisphosphonates or any of the excipients; pregnancy and breast-feeding. **Precautions:** Assess hydration prior to administration; monitoring of standard hypercalcaemia-related metabolic parameters such as serum levels of calcium, phosphate and magnesium, and particularly, serum creatinine; not recommended in severe renal impairment; serum creatinine should be evaluated prior to each dose, if renal function has deteriorated, the dose should be withheld; limited clinical data in severe hepatic insufficiency, no specific recommendations can be given for this patient population; severe bone, joint and/or muscle pain reported; overhydration should be avoided in patients at risk of cardiac failure; no experience in children; investigate any dental symptoms developing on treatment; patient should inform the dentist while under dental treatment or if a dental surgery is foreseen; post-marketing experience and the literature suggest a greater frequency of reports of ONJ based on tumour type (advanced breast cancer, multiple myeloma), and dental status (dental extraction, periodontal disease, local trauma including poorly fitting dentures); cancer patients should maintain good oral hygiene and should have a dental examination with preventive dentistry prior to treatment with bisphosphonates; patients treated with Zometa should not be treated with Aclasta. Interaction - caution with other potentially nephrotoxic drugs, thalidomide in multiple myeloma patients, aminoglycosides. **Side effects:** The most common are: rise in body temperature; commonly a flu-like syndrome consisting of fever, fatigue, chills, and bone, joint, and/or muscle pain; headache; elevation of serum creatinine; renal impairment; anaemia; conjunctivitis; frequently, the reduction in renal calcium excretion is accompanied by a fall in serum phosphate levels; serum calcium may fall to asymptomatic hypocalcaemic levels; occasionally hypersensitivity reactions, hypertension, hypotension, resulting very rarely in syncope or circulatory collapse shortness of breath, dizziness, sleeping disturbances gastrointestinal reactions, such as nausea and vomiting or diarrhoea; loss of appetite; local reactions at the infusion site such as redness or swelling; some cases of rash and pruritus; jaw osteonecrosis predominantly in cancer patients (uncommon); data suggests a greater frequency of reports of ONJ based on tumour type (advanced breast cancer, multiple myeloma); very rarely atrial fibrillation, anaphylactic reaction/shock, urticaria, scleritis and orbital inflammation. – see full PI (27/04/09). PBS dispensed price as at 1/07/11: Injection concentrate for I.V. infusion 4mg (as monohydrate) in 5mL - \$450.00.

PBS Information: Section 100. Public Hospital Authority Required (STREAMLINED) and Private Hospital Authority Required.

Multiple myeloma; Bone metastases from breast cancer; Bone metastases from hormone-resistant prostate cancer, with demonstration of biochemical progression of disease despite maximal therapy with hormonal treatments; Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.

Reference: 1. ZOMETA Approved Product Information (TGA Approval 23/07/07. Date of most recent amendment 27/04/09).



Novartis Pharmaceuticals Australia Pty Ltd (ABN 18 004 244 160), 54 Waterloo Road, North Ryde NSW 2113.
Telephone: (02) 9805 3555. ® = Registered Trademark. Item No: ZOM0080. ZOME4983 BBK 07/11



The **first** GnRH* receptor blocker approved in Australia for the treatment of advanced prostate cancer¹

* Gonadotrophin releasing hormone. Ref: 1. FIRMAGON® approved Product Information.

PBS Information: Authority Required (STREAMLINED). Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate.

FIRMAGON® degarelix (as acetate). Powder and solvent for injection, depot, 120 and 80mg. **INDICATIONS:** FIRMAGON is a GnRH receptor blocker for treatment of prostate cancer where androgen deprivation is warranted. **DOSAGE AND ADMINISTRATION:** Start with 240mg s.c. (two 120mg injections at a concentration of 40mg/mL), followed by monthly maintenance dose of 80mg s.c. (one injection at a concentration of 20mg/mL). Reconstitute FIRMAGON as per instructions in full PI and administer immediately as a subcutaneous injection in the abdominal region. Do not give intravenously. Avoid areas where the patient will be exposed to pressure. Do not rub or massage the injection site and vary the site periodically. Use in one patient only on one occasion. Do not mix FIRMAGON with other medicinal products. **CONTRAINDICATIONS:** Hypersensitivity to degarelix, to excipients in the product or to any other GnRH antagonists. Women and children. **PRECAUTIONS: Effect on QT/QTc interval:** Long-term androgen deprivation therapy may prolong the QT interval. No data are available in patients with a history of a corrected QT interval over 450 msec, in patients with a history of or risk factors for torsades de pointes and in patients receiving concomitant medicinal products that might prolong the QT interval, hence a risk:benefit assessment should be carried out before treating these patients with FIRMAGON. **Hypersensitivity:** Patients in the degarelix program were carefully monitored for at least one hour post-injection at all dosing visits for any histamine mediated untoward effects; no cases of anaphylaxis, angioedema, or severe cutaneous reactions were observed. **Changes in bone density:** Long periods of testosterone suppression are anticipated to have effects on bone density. **Antibody formation:** Antibodies to degarelix were observed in 10% of patients after prolonged treatment with FIRMAGON and the prevalence of antibodies increased with time, although this did not affect the efficacy and safety of FIRMAGON treatment. **Changes in hepatic enzyme measurements:** Increased liver transaminase values were seen in some patients with normal pre-treatment values, particularly after prolonged treatment. Although these were mostly mild and transient, a small percentage of patients had markedly abnormal values (>3*ULN). Hence, care should be taken in patients with known or suspected hepatic disorder. **Route of administration:** FIRMAGON is for s.c. administration only and is not to be given i.v. **Second line use:** FIRMAGON should only be used as first line androgen deprivation therapy. **Effects on fertility:** In animal studies degarelix caused reversible infertility in male and female animals. **Use in Pregnancy (Category D):** FIRMAGON must not be used in pregnant women. An increase in abortions, early embryofetal deaths and premature deliveries along with prolonged parturition were observed in animal studies. **Patients with renal impairment:** Dose adjustment is not required in patients with mild or moderate renal impairment. However, data in severe renal impairment is scarce and caution is warranted in this patient category. **Patients with hepatic impairment:** Dose adjustment is not required in patients with mild or moderate hepatic impairment. However, patients with severe hepatic dysfunction have not been studied and caution is therefore warranted in this group. **Elderly:** The mean age of patients in the degarelix program was 74 (range 47 to 98 years). Population pharmacokinetic studies showed only small changes in clearance, therefore, dose adjustment is not warranted in this group. **Interaction with other Medicines:** No drug-drug interaction studies have been performed, however, clinically significant pharmacokinetic drug-drug interactions are unlikely to occur with degarelix. **Effects on ability to drive and use machines:** No studies have been performed, however, degarelix is not expected to have any adverse impact. **ADVERSE EFFECTS:** The adverse reactions observed with degarelix during the pivotal one year clinical trial were those due to the physiological effects of testosterone suppression, including hot flushes (25%) and weight increase (7%), and injection site adverse events. Injection site events were mainly pain (28%) and erythema (17%). Less frequent were swelling (6%), induration (4%) and nodules (3%). The adverse events occurred mainly with the starting dose and reduced during maintenance therapy. They were mostly transient, of mild to moderate intensity, with very few discontinuations (<1%). In an active controlled trial of degarelix vs leuprorelin given monthly for 12 months in prostate cancer, the following adverse events were reported (in ≥5% patients) with degarelix – injection site reaction, hot flush, liver transaminases increased, weight increase, hypertension, back pain, chills, arthralgia, urinary tract infection, constipation and fatigue. **PBS dispensed price:** FIRMAGON 120mg (2) \$438.72, FIRMAGON 80mg \$420.20. #27110 -v1



Ferring Pharmaceuticals Pty Ltd.
Suite 2, Level 1, Building 1, 20 Bridge Street, Pymble, NSW, 2073 Ph: +61 2 9497 2300
Fax: +61 2 9497 2399 Toll Free: 1800 337 746 Email: enquiries@ferring.com FN/428/2011/AU

**PBS INFORMATION:
THIS PRODUCT IS NOT LISTED ON THE PBS**

Before prescribing please refer to Viagra product information (approved on 17 February 2003 and amended on 26 October 2009). Full approved product information is available from Pfizer Australia Pty Ltd.

Minimum Product Information: VIAGRA® (sildenafil) 25 mg, 50 mg & 100 mg Tablets
Indications: Erectile dysfunction in adult males. Not indicated in women. **Contraindications:** Hypersensitivity to sildenafil or any component of tablet, concomitant nitrates, patients with cardiovascular risk factors or conditions making sex potentially hazardous, severe hepatic impairment, blood pressure >170/110 mmHg or <90/50 mmHg, recent stroke or myocardial infarction, hereditary degenerative retinal disorders (e.g. retinitis pigmentosa), patients with a previous episode of non-arteritic anterior ischaemic optic neuropathy (NAION). **Precautions:** See full PI for details. Assess cardiovascular status of patients including those with recent onset of angina, or cardiovascular patients who have not had intercourse for a number of years; left ventricular outflow obstruction (e.g. aortic stenosis, hypertrophic obstructive cardiomyopathy); multiple system atrophy; anatomical deformation of the penis (e.g. angulation, cavernosal fibrosis or Peyronie's disease); predisposing conditions for priapism (e.g. sickle cell anaemia, multiple myeloma, anaemia); bleeding disorders; active peptic ulceration, diabetic retinopathy and transient visual disturbance. The effects of combination with other erectile dysfunction therapies is not known. Sudden decrease or loss of hearing or an erection that persists longer than 4 hours requires immediate medical attention. If dizziness is experienced the ability to drive or operate machinery must be assessed. CYP3A4 inhibitors including cimetidine, erythromycin, ketoconazole, itraconazole and the HIV protease inhibitors saquinavir and ritonavir increased exposure to sildenafil. Concomitant administration of CYPAA4 inducers, such as rifampicin, may decrease plasma levels of sildenafil. Simultaneous administration of VIAGRA to patients taking alpha-blocker therapy may lead to symptomatic hypotension in some patients. **Adverse Effects:** See full PI for details. Generally well tolerated, effects usually transient and mild to moderate. Most common effects are headache, flushing, dyspepsia, nasal congestion, urinary tract infection, abnormal vision, diarrhoea, dizziness, rash. Post-marketing reports have included hypersensitivity reaction, serious cardiovascular events, seizure, seizure recurrence, priapism, haematoma, visual disturbances and NAION a cause of decreased vision including permanent loss of vision. **Dosage:** Initial dose 50 mg orally 1 hour before sex. Can be increased to 100 mg or reduced to 25 mg depending on efficacy and tolerability. A maximum of one dose in 24 hours. Starting dose of 25mg in elderly; hepatic or renally impaired; with concomitant inhibitors of CYP 3A4. Administration with food may delay onset of activity. Pfizer Australia Pty Ltd, ABN 50 008 422 348, 38-42 Wharf Road, West Ryde NSW 2114. Based on TGA approved Product information of 17 February 2003 and amended 26 October 2009. ®Registered Trademark **References:** 1. Giuliano F et al. Int J Clin Pract 2009; 64:240-255. 2. Data on file. VIA0230/APCC 07/11

half page ad for
Pfizer - Left hand page

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HANDS-ON RESEARCH^{1,2}



*It's a team effort
Together we're researching
prostate cancer*



**victorian
prostate
cancer**
RESEARCH
CONSORTIUM

Men often suffer in silence

With the TENA Men range this no longer needs to be the case.

Bladder weakness is generally experienced by men recovering from prostate issues and is often the biggest challenge men face when recovering from surgery. But it is important men understand that there are treatment and management options.

At TENA we have developed a range of protection specifically for men. TENA Men offers discretion, security and comfort and is designed especially for the male anatomy. TENA Men will bring you complete confidence, every day.

The TENA Men range is available in two absorbency levels: Level 1 and Level 2 and for extra protection there is our TENA Pants range.

For FREE samples or to take advantage of the 30% discount on TENA Men contact Independence Australia.

1300 788 855

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*Offer is available from Independence Australia between 01.08.2011-31.08.2011

Independence Australia, a leading supplier of continence and health care products.

Easy ordering through our friendly customer service centre 1300 788 855 or online at www.independenceaustralia.com

Fast home delivery all over Australia.

Very competitive prices with a great range of products.



Diphereline™
triptorelin embonate



PBS Information: Authority required (STREAMLINED). Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate.

Before prescribing please refer to full Product Information, which is available from Ipsen Pty Ltd.

For further information about Diphereline™, contact Ipsen Pty Ltd:
T (03) 8544 8100 F (03) 9562 5152 E info@ipsen.com.au
Suite 6, 40 Montclair Avenue, Glen Waverley, VIC 3150 Australia
All correspondence to: PO Box 820, Glen Waverley, VIC 3150 Australia
Ipsen Pty Ltd, ABN 47 095 036 909 Diphereline™ is a registered trade mark
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Innovation for patient care

ERECTILE RESTORATION

AMS700®
Three-Piece Penile Implant



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MOXY
Liquid Cooled Fiber



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MALE CONTINENCE

AMS800
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AMS800
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With 3.5 Cuff



InhibiZone®



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