



Media Release

November 6, 2009

New Kiwi Research Offers Hope In Fight Against Prostate Cancer

New Kiwi research into current prostate cancer treatments could help save lives and ease the suffering of those with this disease.

Every year 3000 Kiwi men are diagnosed with prostate cancer and around 600 die. This makes prostate cancer the second largest cause of male cancer deaths in New Zealand, after smoking-associated cancers.

The Chief Executive of the Cancer Society, Dalton Kelly, says the research being carried out is crucial to improving survival rates and treatments of prostate cancer and has been made possible with funds from a charitable donation by Movember.

Movember is a month-long charity event that aims to raise awareness about men's health issues.

Last year Kiwi's raised more than \$900,000 with the funds split between two New Zealand charities – the Cancer Society and the Mental Health Foundation for its "Out of the Blue" depression awareness campaign.

Movember funds are providing further financial support for an ongoing study into the use of hormone therapy to treat prostate cancer and financing another study on improving the health and well-being of men with prostate cancer through a programme of physical activity.

The Medical Advisor for the Cancer Society, Associate Professor Chris Atkinson, says prostate cancer is one of the most common cancers among males and many need to undergo androgen deprivation therapy (ADP) as part of their treatment.

"Locally advanced cases are more successfully treated by radiation and ADP rather than with just radiation treatment alone. The unfortunate down-side of the ADP hormone treatment is that it can cause side-effects," he says.

Atkinson says patients undergoing ADP treatment for an extended period can develop osteoporosis.

The RADAR Prostate Cancer Trial is investigating how to prevent osteoporosis by studying the impact on bone density that varying lengths of ADP treatments have. Scientists will also determine if the incidence of osteoporosis can be reduced with the use of bone-hardening drugs (bisphosphonates).

The study is headed by Wellington School of Medicine and Health Sciences, Associate Professor David Lamb. Once completed, it is estimated 1060 men with prostate cancer will have participated in the clinical trial in New Zealand and Australia.

Atkinson says if the main hypothesis is confirmed, then around 1000 of the 4000 Australians and New Zealanders who present with localised prostate cancer each year will benefit greatly from the research.

“The results of the study, as they continue to be analysed, will alter how treatment for men with prostate cancer will be managed in the future. This is a hugely positive step for the treatment of prostate cancer,” he says.

The second study to be assisted with Movember funding looks at physical activity programmes as a way to improve the health and well-being of men with prostate cancer who are using ADP hormone therapy.

The year-long study at Auckland University of Technology (AUT) will investigate whether a programme of physical activity can enhance the health and quality of life of prostate cancer patients undergoing this hormone treatment.

International studies have indicated that physical activity can reverse many of ADP’s negative side-effects but until now, not enough has been done to investigate how many patients regularly undertake physical activity.

If successful, the study headed by AUT University Senior Lecturers Dr Justin Keogh and Dr Daniel Shepherd, will be used to create a physical activity programme for patients that will aim to reduce, if not reverse, the impact that this drug treatment has on patient’s health and well-being.

“The implications of this study for prostate cancer patients undergoing ADP treatment are huge. Many patients struggle through a myriad of negative side-effects when fighting cancer and any progress in this area, which can help make them more comfortable during this difficult time, will be well-received”, says Atkinson.

Mr Kelly says the results of the AUT study are of great interest as the research is expected to be relevant to national health strategies including those of the Cancer Society of New Zealand and the Cancer Control Council.

Movember organiser Jim Slattery says New Zealand men and women should be extremely proud that the money they have raised will have such a profound impact on men's health.

"The Movember Foundation is delighted the money donated to the Cancer Society has gone to such worthy projects and we look forward to raising even more this year in aid of charity."

For more information, visit www.movember.co.nz.

-Ends-

Written on behalf of Movember by [Impact PR](#). For further information or images, please contact Fleur Revell Devlin fleur@impactpr.co.nz (ph.021509600) or Mark Devlin mark@impactpr.co.nz (ph. 021509060).

Notes to Editors:

About Movember

The Movember Foundation is a not for profit, charitable organisation that implements the Movember event each year. The Movember event creates awareness around men's health issues and raises funds for carefully selected beneficiary partners in each country that are also charitable organisations, with a focus on prostate cancer.

2008 figures

Number of participants: 13,000

Amount of money raised: \$927,000

Trial 1: To improve the health and quality of life of prostate cancer patients on androgen deprivation therapy by programmed physical activity.

Dr Justin Keogh and Dr Daniel Shepherd - AUT

Trial Summary

This study seeks to improve the health and quality of life of prostate cancer patients (PCA) on androgen deprivation therapy (ADP). Prostate cancer is the most common cancer in males, with many patients undergoing ADT to slow disease progression, most often resulting in severe physical and quality-of-life adverse effects. International research indicates physical activity reverses many of these ADT side effects, but it is unclear how many of these patients regularly perform physical

activity. Our aim in this study is to investigate the physical activity attributes of prostate cancer patients on ADT with age-matched non-sufferers to look at factors that influence physical activity in these populations and parameters relating to improving quality of life. This evidence base will inform the design, evaluation and practical implementation of effective physical activity programmes for PCa-ADT patients, with the aim to reduce, if not reverse, the drug treatment effects on the patients' health and wellbeing.

* A number of validated questionnaires of physical activity behaviour and intention and QoL will be completed by the subjects. Demographic and relevant medical data will also be obtained.

Physical activity behaviour will be quantified using the Leisure Score Index. Physical activity and intention and determinants will be assessed using TPB constructs on a 7-point Likert scale. Quality of Life will be assessed using the EORTC QLQ-C30 v.3.

Dr Justin Keogh - Biography

Qualifications: PhD, BHMS (Hons)

Senior Lecturer at AUT: Exercise Science Stream – Human Movement

Leadership positions:

Acting Head Postgraduate, SSR

Human Movement Stream Leader

Paper leader - Human Movement Studies, Advanced Human Movement Studies

Dr Daniel Shepherd - Biography

Qualifications: BA, BSc, MSc (1st class), PhD (Auck)

Senior Lecturer at AUT and Head of Post Graduate Studies, School of Public Health and Psychosocial Studies.

Dr Shepherd's teaching areas of expertise include Psychometrics, Psychophysics and Psychophysiology. His areas of research include Quality of Life, Recovery Models in Mental Health, Noise annoyance and Schizophrenia

Trial 2: RADAR Prostate Cancer Trial - TROG Trial Renewal Grant

Associate Professor David Lamb

Trial Summary

As prostate cancers grow, they are more likely to spread outside the prostate, so cancers that are locally advanced at presentation often relapse when treated with radiotherapy only. Half of patients who relapse will subsequently die as a direct result of cancer progression. There is increasing evidence that addition of hormone treatment (androgen deprivation) to radiotherapy improves control rates for more advanced prostate cancers. Control is maximal with 3+ years of androgen deprivation, but such extended treatment often leads to loss of bone density (osteoporosis) and brittle bones that fracture easily.

The RADAR trial is comparing the benefits of six and eighteen months of androgen deprivation. Also, the trial is addressing whether osteoporosis can be prevented with a bisphosphonate called zoledronic acid. This medication may assist in preventing the development of secondary bone tumours.

The new funding is required to enable to completion of patient recruitment, initial follow up and the pathological sub study. The latter part of the study is important for identifying patients who are most likely to benefit from the combined approach.

Associate Professor David Lamb - Biography

Qualifications: M.B. B.S (London)

Co-Chair of RADAR Trial

David is Head of the Radiation Service at the Wellington Cancer Centre. He has a strong background in clinical research, and was a founding member of the Trans-Tasman Radiation Oncology Group (TROG) in 1989.

He is the Principal Investigator for the RADAR Study where his responsibilities include:

- Recruitment and follow-up of patient in Wellington
- Supervision of the NZ RADAR coordinator position
- Reporting to the Regional Ethics Committee

As a member of the Trial Executive Committee, he is involved in the overall management of the study.