

National Male Health Policy Supporting Document

HEALTHY REPRODUCTIVE BEHAVIOURS

The National Male Health Policy has a focus on raising awareness about preventable health problems that affect males and targeting males with the poorest health outcomes. This document discusses some of the specific reproductive health issues affecting males. It does this by considering evidence from the literature about male reproductive health issues.*

What's in this document?

This document first looks at various **issues** to do with healthy reproductive behaviours for males:

- Prostate cancer
- Benign prostatic disease
- Erectile dysfunction
- Infertility
- Androgen deficiency
- Optimal health outcomes for males, and
- Equity between groups of males.

It then looks at **action** that is being taken:

- Government action – policies and initiatives.

It concludes with:

- Personal action – what males themselves can do.

Prostate cancer

The importance of reproductive health issues, particularly prostate cancer, was frequently raised during the Policy consultation process. Around one in three males over

* Most of the discussion refers to 'males', but on occasions the term 'men' is used to remain consistent with wording used in research papers. Wherever possible, male data is used but, when not available, data has been used for both males and females for particular population groups or issues where inferences for male health can reasonably be drawn.

the age of 40 reports reproductive health problems, with increasing numbers of males affected as they age.¹

Prostate cancer was the fifth leading cause of male death, and the second leading cause of cancer death in Australian males, with 2938 deaths in 2007.² It is the most commonly diagnosed internal cancer in Australia, with 16,349 new cases diagnosed in 2005.³ In 2005, the lifetime risk of males developing prostate cancer before the age of 75 was 1 in 8, with a 1 in 5 risk of developing the disease before 85.⁴

Although the incidence of prostate cancer has increased, so too has the rate of survival. Five year relative survival following a diagnosis of prostate cancer has improved from 57 per cent in 1982–86 to 85 per cent in 1998–2004.

Risk factors associated with prostate cancer include:^{5,6}

- *Age* – The most important risk factor, with risk rising over the age of 50 years. Prostate cancer affects mostly older males, with males over 60 accounting for more than 85 per cent of new cases and 96 per cent of deaths. It is rare in males under 45 years of age, yet younger males with a family history are at greater risk
- *Family history* of prostate cancer, and
- *Lifestyle and environmental factors* – for example, a diet high in animal fat and protein has been linked to prostate cancer.

Prostate cancer often has no symptoms, making disease detection challenging and raising issues such as the role of prostatic specific antigen (PSA) testing in the community.

Benign prostatic disease

The prostate normally enlarges with age and from middle age this process is frequently accompanied by features of obstruction to urine flow. Difficulty in urinating, urinating more often than usual, a weak urine stream, urgent urination, and pain or burning with urination are extremely common with ageing. The majority of males with these symptoms, known collectively as 'lower urinary tract symptoms', will have a non-cancerous problem such as benign prostatic hypertrophy (BPH) or inflammation (prostatitis). Troublesome symptoms significantly erode quality of life, and in severe cases recurrent urinary infections and kidney failure occur.

While the cost burden to the health system for prostate cancer is significant, the burden estimated for benign prostate disease is estimated to be greater. Although Australian data is not available, in the US, with similar demography to Australia, the direct costs for benign prostate disease alone are of the same order as those for malignant disease (US\$1.1 billion per annum compared to US\$1.3 billion per annum respectively).⁷ While BPH requires surgery in around 38 per cent of men by age 70 years, improved pharmacotherapy has been a great advance in reducing the need for surgical intervention and improving men's quality of life.

Erectile dysfunction

Erectile dysfunction (impotence) is the persistent inability to achieve and/or maintain an erection sufficient for satisfactory sexual activity.⁸ Occasional erectile dysfunction is normal, but at least one in five males over the age of 40 years has been found to often experience erectile problems, and about one in ten males to be completely unable to have an erection.⁹ An estimated 70 per cent of 70-year-old males experience erectile problems.¹⁰

Erections require adequate penile blood vessel and nerve function and normal sexual arousal. It is now confirmed that erectile dysfunction is more prevalent in association with cardiovascular and neuropathic disease and some psychosexual disorders, as follows:¹¹

- *Physical problems* – It is estimated that 80 per cent of erectile dysfunction problems are caused by physical problems, e.g. cardiovascular disease, diabetes, high blood pressure, chronic renal failure, high cholesterol or sleep apnoea. The onset of erectile dysfunction is now widely held to necessitate a thorough review of cardiovascular and metabolic health. Damage to penile nerves from prostate cancer surgery or diabetes are leading causes of erectile dysfunction
- *Lifestyle factors* – for example, smoking, lack of sleep, excessive alcohol consumption, obesity and physical inactivity (which also contribute to the physical causes), and

- *Psychological issues* – most erectile dysfunction affects males psychologically; in an estimated 10 per cent of erectile dysfunction the psychological problem (such as anxiety, depression and stress) can initiate the disorder. Life stressors such as employment or financial pressures can result in erectile dysfunction, and psychological issues can exacerbate erectile dysfunction that exists due to physical problems.

Infertility^{12, 13}

Infertility is defined as the failure to achieve a pregnancy after one year of regular unprotected intercourse with the same partner. It is estimated that 1 in 20 males is infertile. One in eight Australian couples is infertile, and male infertility is the sole cause for 20 per cent of infertile couples. In up to half of all IVF cases, male reproductive issues are either the exclusive or contributing cause. While many cases remain unexplained and untreatable, causes of male fertility problems include:

- Poor sperm production, most commonly arising from:
 - Genetic problems that impair testicular development
 - Testicular damage from infection (e.g. mumps in non-immunised males), loss of blood supply, trauma
 - Undescended testes, and
 - Cancer drugs or radiation treatment
- Blockages to sperm ducts due to:
 - Congenital defects or following surgeries, and
 - Sexually transmitted infection such as gonorrhoea and chlamydia, and
- Deficiency of pituitary hormones needed to drive sperm production.

Many other factors have been proposed as also reducing sperm production and/or sexual function and thus impairing male fertility prospects, including:

- Some illegal drugs, such as anabolic steroids, marijuana, heroin and cocaine
- Smoking, alcohol (binge drinking and regular heavy drinking), obesity, poor diet, and
- Certain occupational exposures, e.g. to heavy metals or pesticides.

Identifying the causes and best treatment of a couple with male fertility problems requires careful evaluation of both partners in a holistic model of care. The diagnosis of male infertility represents a heavy burden for some males with significant psychological and social stresses.

Androgen deficiency

Androgen is the collective term for the male sex hormones, including testosterone, that are essential for optimal health throughout life. They are responsible for the physical changes of puberty and are required for sperm production, the maintenance of bone, muscle and metabolic health, and for sexual interest, mood and quality of life.

Androgen deficiency affects about one in 200 males under 60 years of age¹⁴. It is usually the result of genetic disorders, testicular damage and (rarely) a deficiency of pituitary hormones. It is likely that androgen deficiency is under-diagnosed in the community. For example, only 30 per cent of males with androgen deficiency due to the commonest cause in young men (a genetic disorder called Klinefelter's syndrome) are diagnosed. This arises in part due to the failure of males to undergo routine genital examination which would pick up the very small testes in these males.¹⁵

Ageing males also have increasing rates of androgen deficiency, as androgen levels peak around 30 years and slowly decline thereafter. Obesity and smoking can speed up this decline in androgen levels, and estimates suggest that between 5 and 10 per cent of males over the age of 65 have low testosterone levels. The low androgen levels associated with ageing are responsible for osteoporosis in males, leading to bone fractures with minimal trauma. Androgen deficient males who escape detection inevitably are deprived of the substantial benefits of the excellent treatments that are readily available.

Conversely, androgen can be the subject of over-use or even abuse, particularly in young males who are bodybuilders, highlighting the need for improved professional and community education.¹⁶

Optimal health outcomes for males

There are a number of issues related to gender (societally generated notions of male and female roles) that affect equity in reproductive behaviours.

Awareness

Gaps in male health literacy (awareness) about reproductive issues can lead to unnecessary anxiety and also to delays in help seeking and treatment, which may lead to worse health outcomes. Andrology Australia's *Needs Analysis of Community Education in Australia on Male Reproductive Health* found an overall lack of knowledge in males about reproductive health.

Fertility

According to Andrology Australia, many males take fertility for granted, believe that infertility is a female problem, and are unaware of the factors which may have already affected their fertility. Research has shown that

knowledge about fertility is low but that knowledge may help prevent infertility.¹⁷ Andrology Australia states that¹⁸

A lack of knowledge about what can and can't affect fertility may mean that people are unintentionally contributing to their own future fertility problems. For example, they may not understand that being overweight could be affecting their [fertility].

Infertile males quite often have a past history of undescended testes yet are unaware that this is a major risk factor for testicular cancer. Nor are they aware of the normal size and texture of testes. Consequently, testicular cancer may present at a late stage while even very small testes (one sixth normal) go unrecognised despite the likelihood of infertility and androgen deficiency.

While not all causes of infertility can be prevented, it is important that males know that mumps can cause testicular swelling and reduced sperm count, and this is a disease that can be prevented by vaccination. Other preventable causes include avoidance of drug misuse and sexually transmitted diseases. Knowledge of fertility issues can also reduce unnecessary or detrimental delays in seeking help when pregnancy does not occur.

Males are also increasingly called upon to play a role in contraception and clearly are willing to do so, given that the frequency of vasectomy in men over 40 years is 25 per cent, the second highest vasectomy level in the world.¹⁹ Such data indicate that more easily reversible methods of contraception, when developed, are likely to be an acceptable option.

Erectile dysfunction

There is also a lack of awareness around erectile dysfunction. Some males are living with erectile dysfunction when it could be successfully treated, and others are seeking help through clinics, some of which have raised significant concerns in relation to 'aggressive marketing, costly treatments, refunds being refused despite money-back guarantees being offered, medical consultations occurring without a doctor present, and inadequate information being given about medications and their side effects'.²⁰

The relationship between erectile dysfunction, lifestyle and conditions such as cardiovascular disease, diabetes and high blood pressure is not well known by the general public. Erectile dysfunction has been shown to be an early indicator of these conditions, prior to diagnosis. For example, males with erectile dysfunction who are 55 years and over have an estimated 50 per cent higher risk of developing cardiovascular disease than men without erectile dysfunction²¹, and this risk appears to be even greater in males aged 40–49.²² In addition, an American study of 25,650 men found that men with erectile dysfunction had a 75 per cent increased risk of peripheral vascular disease.²³

The *Treating Impotence: Roundtable Forum on Impotence Medications in Australia* report was released

by the House of Representatives Standing Committee on Health and Ageing in October 2009. In the foreword to this report, the Chair of the Roundtable, Steve Georganas MP, states that:

Treating erectile dysfunction (ED) presents a significant opportunity to treat, and perhaps address chronic diseases such as cardiovascular disease and diabetes ... Accordingly I urge all men suffering ED to see a general practitioner for a comprehensive check-up.

The report can be viewed at www.aph.gov.au/House/committee/haa/impotence/report.htm

It is important that GPs are aware of the links between erectile dysfunction and major diseases, and routinely ask ageing males about erectile dysfunction and also carry out a full health check to determine the reason for erectile dysfunction and to provide the most appropriate, sometimes life-saving, treatment.

According to Andrology Australia, presentation of reproductive health issues should be seen as a 'window of opportunity' for broader health assessment and preventive health care, not only in relation to erectile dysfunction but other issues such as infertility, which are also related to broader health and lifestyle factors such as smoking, alcohol and obesity.²⁴

Androgen deficiency

Testosterone, if understood at all by males, is widely thought to be only about sex drive and erectile dysfunction, the latter usually being due to neurovascular disease not androgen deficiency. Importantly, males are unaware of the beneficial role of androgens in muscle, bone and vascular health²⁵. Clinical guidelines for the appropriate use of androgens are widely available, and most local doctors are well able to undertake appropriate evaluation.²⁶

Australian males have available to them the best androgen replacement formulations, and clear benefits from treatment can be expected. Yet many males, young and old, have unrecognised androgen deficiency. The challenge is to raise awareness of the broad role of androgen in physical health and quality of life and for them to seek evaluation.

Simultaneously the community must be made aware that androgens are sometimes the subject of misuse, for example in the context of bodybuilding or through attempts to promote androgens as an 'elixir of youth' cure for the effects of ageing.

A clear relationship exists between declining testosterone levels and chronic disease, particularly obesity.²⁷ Preliminary data from some studies have shown that androgen levels are low in obese men with Type 2 diabetes and that restoring testosterone levels by replacement therapy can improve the control of their diabetes.²⁸ The desirability of a healthy lifestyle and maintenance of normal body weight to maintain androgen levels and erectile function again draws

together the close linkage between reproductive and broader health issues, especially cardiovascular disease and diabetes prevention.

Benign prostate disease

Many males often believe that lower urinary tract symptoms are indicative of prostate cancer, whereas in reality this is usually not the case, and the vast majority of these symptoms relate to benign prostatic hypertrophy. High levels of concern about a cancer diagnosis²⁹ may make them reluctant to come forward for evaluation. Other males assume these troublesome symptoms are just 'part of getting older' and must be endured despite their serious impact on quality of life. Males are often unaware of the improved drug therapy now available, and that surgery is not always required.

The health burden of benign prostatic disease is enormous. Developing means to encourage males with lower urinary tract symptoms to come forward for evaluation requires a coordinated effort within the community and professional domains.

Prostate cancer

Andrology Australia's *Needs Analysis of Community Education in Australia on Male Reproductive Health* found that, while the majority of participants were aware of prostate cancer, there was a lack of knowledge around the prostate, its role and how it can be affected by disease.³⁰

That finding was confirmed in another study, which found that around one third to half of the male participants in the study, who were over 50 years of age, were not aware of symptoms that in a small proportion of males may indicate prostate cancer, and two-thirds of the males did not understand what digital rectal examination meant (a health professional placing a gloved finger inside the rectum to feel for changes in the prostate).³¹

Prostate cancer screening³²

During the Policy consultations, participants suggested that there should be a prostate screening program, and raised concerns about the existence of a breast cancer screening program in Australia but not of a prostate screening program. The call for this is also partly driven by the recognition that prostate cancer testing is already widespread in Australia, as evidenced by increasing rates of Prostate Specific Antigen (PSA) testing.³³

However, research has shown that screening well males for prostate cancer using the PSA test or any other available test would result in frequent false positive results (falsely indicating the presence of cancer), leading to patient anxiety and unnecessary prostate biopsies. In addition, many cases of prostate cancer would be diagnosed even though these cancers may never impact on the men's health or shorten their lives.

Around 60 per cent of males who have a high level of PSA and an abnormal prostate, found through digital rectal examination, do not have cancer. They are likely to have benign prostatic hyperplasia as the cause of symptoms of urinary disturbances. Current tests are not able 'to differentiate between benign prostate conditions and cancer, or between cancers, which ... would never cause harm, and those with the potential to cause death'.³⁴ It is also clear that further research is needed to predict, when a biopsy shows cancer, whether there is an aggressive tumour or one that will be unlikely to lead to death or disability.

Two major trials, which are evaluating the effect of prostate cancer screening with the PSA test and digital rectal examination on the rate of death from prostate cancer, are currently underway in the US and Europe. The initial findings are inconclusive, but both studies will continue to report, and the Government will monitor their findings as they are released.³⁵

Treatments such as the surgical removal of the prostate or radiotherapy can save lives, yet all treatments have risks and side effects, and prostate treatment may cause sexual, urinary and bowel dysfunction, which must be considered when decisions about testing and treatment are made.³⁶

The Australian Government considers that the decision to undertake a PSA test is a personal choice to be made by males, in consultation with their doctor. Males requesting prostate cancer testing require appropriate counselling by their doctor about their prostate cancer risk and the potential benefits, limitations and implications of PSA testing prior to being tested; they also need to be supported by their doctor to make an informed decision consistent with their values and personal preferences. The Australian Health Ministers' Advisory Council and Cancer Council Australia are currently developing a joint statement on prostate cancer screening.

Cancer Council Australia's position on prostate cancer screening

The benefits of population screening for prostate cancer are, at this time, unproven. The central concern is that many prostate cancers will not progress sufficiently to cause harm in the man's lifetime, while others will progress and be lethal. No current test (including the PSA test) adequately differentiates between these types of cancer.

The Cancer Council Australia does not support population-based screening of asymptomatic men for prostate cancer, because as yet there is no direct evidence showing a net benefit of screening in terms of reduction in mortality rates.

Help-seeking

Males in general use medical services and seek help at lower rates than females, and are particularly reluctant to seek help in some areas, such as reproductive health.^{37, 38}

The MATeS telephone survey of men 40 years and older revealed a high level of reproductive health problems among the 5990 male participants but 'a low level of specific enquiry and treatment' for these disorders,³⁹ suggesting that 'opportunities to talk to general practitioners are being missed'. Yet 87 per cent of that male population had seen a doctor in the 12 months prior to the study. However, while 50 per cent of all those males had had a rectal examination and/or PSA test, rising to 70 per cent in the group over 70 years, only 30 per cent of males with erectile problems had spoken to a doctor about their problems.⁴⁰

Feelings of embarrassment, reluctance to discuss sensitive issues with a health practitioner, and a preference by some males to see a male doctor in relation to private/personal matters are among the reasons that older males seek help less for reproductive issues.^{41, 42}

A study has found that while three-quarters of males who participated had no problem seeing a male or female doctor for routine matters, two-thirds of participants, particularly older males, preferred to see a male GP for personal or private matters.⁴³ Access to male health workers is important to Aboriginal and Torres Strait Islander males, particularly for reproductive and sexual health issues.

The fact that there is a reluctance to seek help for both reproductive problems and mental health issues has particular implications for seeking help in relation to the psychological impact of reproductive health issues. Psychological issues can cause erectile dysfunction, and the onset of reproductive health issues can also be a significant cause of stress, anxiety and depression. These health issues are closely tied with male identity, way of life and wellbeing.⁴⁴

Andrology Australia states that many males are shocked and unprepared when told they are infertile, and can:⁴⁵

confuse their infertility with their sense of masculinity, sexuality, virility and potency. An emotional response to infertility is normal and getting expert assistance with a counsellor to work through these feelings is strongly recommended.

In relation to prostate cancer, Andrology Australia states that it is normal for a man to experience a range of emotions when diagnosed, including feeling shocked, numb, anxious, nervous, sad or angry.⁴⁶ In addition, the uncertainties around prostate cancer diagnosis, treatment, possible side effects of treatment, and outcomes can lead to considerable levels of anxiety and depression in men and their partners. Males who

have been diagnosed with prostate cancer have been found to be more likely to have an anxiety disorder and to be nearly twice as likely to have depression as other males.⁴⁷ Partners and carers are also more at risk.

Males and partners/carers need to be aware of the possibility of reproductive health issues impacting on mental health, and doctors also need to be aware of this connection and provide appropriate treatment, support, information and referral.

As outlined below (under ‘Government action – policies and initiatives’), the Australian Government has funded the development of the *Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer* to assist health professionals in providing optimal evidence-based psychosocial care for adults with cancer, and their families.

Many males express the wish for male reproductive health issues to be ‘normalised’ to reduce reluctance to seeking help.⁴⁸ Male reproductive health needs to be promoted as a normal part of health and wellbeing.

Andrology Australia’s GP summary guide, *Engaging Men in Primary Care Settings*, outlines how GPs can help normalise these issues by routinely taking a sexual health history within medical histories and asking questions about reproductive health, for example saying ‘many men [of your age/with your condition] experience sexual difficulties. I am happy to discuss them’.⁴⁹ Similar normalisation of mental health issues is also recommended, as outlined in the *Healthy Minds* supporting document, and it is important that doctors consider and raise mental health issues when dealing with reproductive issues.

Equity between groups of males

Certain groups of males in Australia have higher numbers of issues to do with reproductive health than other Australian males.

Aboriginal and Torres Strait Islander males

There is little research on the prevalence of reproductive health issues among Aboriginal and Torres Strait Islander males; however, death rates from prostate cancer in this group are lower than for other men.⁵⁰ This may be due to lower life expectancies, meaning there is not enough time for prostate cancer to develop to the point that it is diagnosed or becomes severe enough to cause death.

Aboriginal and Torres Strait Islander males also have elevated levels of risk factors, such as diabetes, cardiovascular disease, smoking, excessive alcohol consumption, stress and other trauma, compared to non-Indigenous men. This may result in a higher incidence of reproductive health problems such as erectile dysfunction and infertility.

Males living in rural and remote areas

Males living in rural and remote areas have similar rates of prostate cancer to males living in urban locations, yet prostate cancer mortality has been found to be higher in rural areas than in major cities, possibly indicating a lack of access to treatment.⁵¹ In addition, in small towns there may be a lack of male GPs and a perceived lack of privacy and confidentiality, which may deter help seeking for sensitive issues.⁵² The MATeS survey also found that males in regional or remote areas were less likely to receive treatment for erectile dysfunction.⁵³

Culturally and linguistically diverse males

The incidence of prostate cancer seems to vary widely between different ethnic groups around the world, with South East Asian males having the lowest incidence of prostate cancer and African-American males in the US having the highest incidence. While different incidence rates may be due to different risk factors, which vary by ethnic background, regional variations in PSA screening may also account for some regional differences seen.⁵⁴

The MATeS survey found that, while numbers of males surveyed were small, males from Middle Eastern and Asian countries reported lower rates of erectile dysfunction, whereas higher rates of erectile dysfunction were reported by males from Italy and Eastern European countries.⁵⁵ Males from non-English-speaking backgrounds were also less likely to discuss erectile dysfunction with a doctor or receive treatment for it.⁵⁶

Men from disadvantaged backgrounds

Prostate cancer mortality rates are significantly higher among males from socioeconomically disadvantaged backgrounds.⁵⁷ The MATeS survey found that males who were employed in a trade such as labouring, or similar employment, were less likely to have a PSA test, and males who had not completed secondary school were less likely to discuss erectile dysfunction with a doctor.⁵⁸

Government action – policies and initiatives

Andrology Australia

Andrology Australia (see box) provides evidence-based information and resources for males and health professionals on male health issues such as prostate problems (including prostate cancer, erectile dysfunction, testicular cancer, low testosterone, male infertility) and associated conditions.

Andrology Australia

Andrology Australia (Australian Centre of Excellence in Male Reproductive Health) brings together expertise from across Australia to raise the awareness about a range of male-specific health issues and associated conditions through community and professional education and support of research. Andrology Australia aims to:

- Ensure equity between groups of men by providing information online, in alternative formats and in a range of other languages
- Provide a range of education and training programs for health professionals to ensure that they possess the skills and knowledge to assist men with reproductive health concerns
- Strengthen community capacity to raise the awareness of men's health issues, and
- Undertake and support research to ensure that education programs are underpinned by sound and current evidence.

The Andrology Australia website receives more than 1.2 million hits and 50,000 visitors each month. Distributing more than 200,000 booklets on men's health across Australia and supporting more than 1000 organisations each year to raise awareness of men's health, Andrology Australia is a key source of information and has made a significant contribution to date in addressing help-seeking for men's health issues.

It has produced a Men's Health Education Kit to assist organisations and individuals to raise community awareness of a range of men's health problems.

For more information visit www.andrologyaustralia.org

The Australian Government has provided funding to Andrology Australia since 1998.

Regional Cancer Centres

In 2010 the Australian Government is investing \$560 million in new or upgraded cancer centres in regional and rural communities across Australia.

Regional Cancer Centres will enable Australian males living in rural and regional communities to receive care closer to home and their community.

Cancer affects thousands of Australian families every year – 100,000 new cases of cancer are diagnosed every year, and around 40,000 people die each year from various forms of this disease.

With some cancers, patients from rural areas are up to three times more likely to die within five years of diagnosis than their urban counterparts.

Prostate Cancer Foundation of Australia Men's Health Ambassador Speaker's program

The Government funds the Men's Health Ambassador Speaker's program through the Prostate Cancer Foundation of Australia. The National Men's Continence Awareness Project is a nationally focused initiative which aims to raise the awareness in men as to the causes of poor bladder and bowel health. The project delivers timely and up-to-date information to aid men in avoiding incontinence as well as seeking early treatment for the condition.

Target groups for the project include:

- The general public
- Men at risk of developing incontinence
- Men with incontinence
- Carers, partners, family and friends of people with incontinence, and
- Health professionals.

The Prostate Cancer Foundation has received \$715,000 for the project, which is running from June 2008 to June 2010.

More information can be obtained by calling 1800 220 099 or visiting www.prostate.org.au

Continence brochures

The National Continence Management Strategy has a series of 17 Continence Resource pamphlets. Two of these are related to male health:

- Brochure 5 – Pelvic Floor Muscle Training for Men, and
- Brochure 13 – The Prostate and Bladder Problems.

The brochures are available through the National Continence Helpline – 1800 33 00 66.

Prostate cancer research centres

In 2008 the Australian Government committed \$15 million over five years to establish two dedicated prostate cancer research centres in Australia to develop improved diagnostic tests, screening tools and treatments for prostate cancer. This funding will allow for more effective coordination of prostate cancer research, and the expansion of the evidence base in areas that will improve outcomes for men affected by prostate cancer.

One centre is located at the Epworth Hospital in Richmond, Victoria, and the other at the Princess Alexandra Hospital in Brisbane (hosted by the Queensland University of Technology).

Prostate cancer research

Through the National Health and Medical Research Council (NHMRC), the Government has invested \$45.2 million in research involving prostate cancer

since 2004, with 45 active grants in 2009 valued at \$10.8 million. These grants will also help to build the evidence base on prostate cancer.

Clinical Practice Guidelines

The *Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer* assist health professionals in providing optimal evidence-based psychosocial care for adults with cancer, and their families.

The National Breast and Ovarian Cancer Centre and the National Cancer Control Initiative have produced a summary of the guidelines to provide an overview of the key emotional issues to consider when treating patients with cancer. It includes practical recommendations about specific interventions to promote adjustment and detect and treat emotional disorders. These are available at www.nhmrc.gov.au/publications.

Cancer Australia initiatives

Cancer Australia (the Government's national cancer agency) is pursuing a number of initiatives:

- *Building Cancer Support Networks Grants Program* – Under the 2006 round of this program, \$85,760 funding was provided to two projects, the Prostate Cancer Foundation of Australia (see below) to provide information and increase support to existing groups, and to establish new groups in Queensland and, to the Association of Prostate Cancer Support Groups South Australia to provide support and information to patients and their families and carers. In the 2010 Round Cancer Australia partnered with the Prostate Cancer Foundation of Australia to provide \$80,000 to the – Queensland Support Programs Project - to provide a range of face-to-face and online training opportunities to be delivered to support group conveners and peer group facilitators, and develop an electronic publication to support new and existing cancer support groups across regional Queensland
- *Priority-driven Collaborative Cancer Research Scheme* – In the 2007, 2008 and 2009 rounds of this scheme, sixteen research projects, with a total value of \$7.6 million, were funded relating to prostate cancer and its treatment. These projects were funded by the Australian Government and various organisations, including Cancer Australia, the Prostate Cancer Foundation of Australia and Cancer Council Australia, and
- *Support for Cancer Clinical Trials program* – Cancer Australia is funding the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) in 2009 and 2010 to build the capacity of the group to conduct national cancer clinical trials in prostate, testicular, bladder, renal and other urogenital cancers.

Personal action – what males themselves can do

- Get evidence-based information on reproductive health issues from reputable organisations, such as:
 - Andrology Australia – www.andrologyaustralia.org – 1300 303 878
 - Prostate Cancer Foundation of Australia – www.prostate.org.au – 1800 220 099
 - Cancer Council Australia – www.cancer.org.au – Helpline 13 11 20
 - beyondblue (information on depression, anxiety and prostate cancer – www.beyondblue.org.au – Info line 1300 22 4636
 - Impotence Australia – www.impotenceaustralia.com.au – 1800 800 614
 - Continence Foundation of Australia (for help with bladder or bowel incontinence) – www.continence.org.au – 1800 33 00 66
- Talk to your doctor about reproductive issues, including prostate cancer, particularly if you have a family history of it or if you have erectile dysfunction. There are successful, safe treatments available.
- If you experience erectile dysfunction it is important to see your doctor, whether or not you would like to have sex. Erectile dysfunction may be a symptom of underlying medical conditions such as cardiovascular disease. It is important to talk openly to your doctor about any problems with sexual functioning.
- Try to follow the simple steps outlined in the *Healthy Routines* supporting document, and have regular preventive health visits to your doctor to check for conditions such as heart disease, diabetes and high blood pressure, particularly if you are experiencing erectile dysfunction.

Endnotes

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