

CanNET

**Cancer Service Networks
National Demonstration Program**

Linking regional and metropolitan
cancer services for better
cancer outcomes



Australian Government
Cancer Australia



Northern
Territory
Government

Cancer Journeys

IN THE NORTHERN TERRITORY

NT Patient Cancer Care Referral Pathways

Prostate Cancer

The *Northern Territory Patient Cancer Care Referral Pathways* have been produced by Healthcare Management Advisors (HMA) for the Northern Territory Government Department of Health and Families.

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Copies of this resource can be downloaded from the CanNET NT website at:
www.health.nt.gov.au/Cancer_Services/Publications/

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1 Explanation of Patient Pathways

Introduction

Welcome to the **Prostate Cancer** Pathway for the Northern Territory.

This pathway booklet aims to assist people with cancer to understand and navigate the journey ahead. It includes information on early detection, initial diagnosis, treatment planning and treatment options.

It is also useful for health professionals to follow the referral and treatment pathways for particular cancers.

Purpose of this Pathway Document

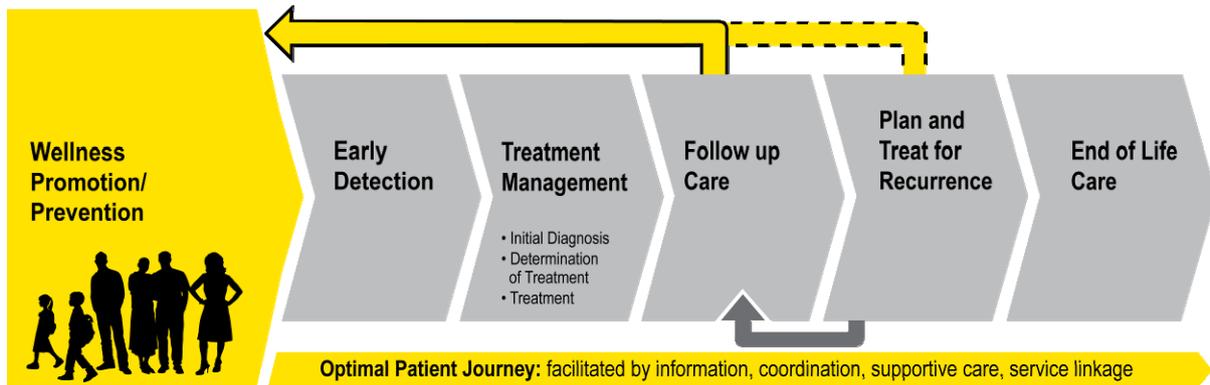
This document will help to guide you on your cancer journey through the public health system in the Northern Territory. You may choose to access the private system or to travel interstate for care, which may change the nature of the pathway you follow.

The pathway describes the current typical cancer service delivery arrangements in the NT. It is not designed to serve as evidence-based clinical guidelines or to recommend areas for service development.

It is designed to inform you of the services and treatments available, and to encourage communication amongst all team members involved in the delivery of cancer services.

The Radiation Oncology Unit at the Alan Walker Cancer Care Centre (AWCCC) in Darwin is able to plan and treat prostate cancer patients. This will mean that fewer people will need to travel interstate for such services in the future, although some people will still need to do so.

Patient Cancer Care Referral Pathway – The Generic Pathway



Five pathways booklets have been developed for the following tumour streams:

- Trachea/Lung
- Breast
- Prostate
- Bowel
- Head and Neck

Implementation and Principles of Patient Care

The pathway that you follow needs to be tailored to your needs and developed in consultation with your clinician. It will need to reflect the type of cancer that you have and the practicality of your situation. All care is based on the following principles:

- (1) **Patient-centred care:** Involves you and your carers accessing adequate information and being actively involved in the processes for all aspects of your care. Your involvement is critical.
- (2) **Coordinated care:** Throughout the cancer journey, coordinated care involves your local health professional (eg general practitioner, health worker, visiting medical officer, clinical nurse, Aboriginal Health Worker), as well as the treating surgeon and cancer specialist. You and your family should experience coordinated care with smooth and timely transitions from one service to another. Coordination of services may occur through the use of Multidisciplinary Team (MDT) meetings, case conferencing, patient records and sharing of information. Communication amongst health professionals is of vital importance to ensuring a smooth pathway for you. Do not be afraid to ask about this.
- (3) **Quality cancer services:** Cancer services support and participate in planned approaches to quality improvement through a variety of strategies designed to address your needs, service delivery, the collection and analysis of data, and staff knowledge and skills.
- (4) **Psychosocial support:** Quality of life issues are integral to your care. You should be offered access to a range of support services throughout each step of the cancer journey. This includes all services that support people with cancer and their carers to meet their physical, psychological, social, cultural, information and spiritual needs.

Future Review and Development

It is envisaged that the NT Patient Cancer Care Referral Pathways will be reviewed annually to include new services develop that significantly impact upon the delivery of cancer services in the NT.

During future reviews, the scope of the pathways may be altered and development of additional tumour streams will occur.

Structure of the Pathways

The pathway for prostate cancer documentation is provided at three levels of detail, to reflect the diverse information needs of different readers. These levels are:

- **Level 1: Overview** (Chapter 2): This diagram provides an overview of the typical pathway for patients with prostate cancer in the NT public health system. It is intended to summarise the key features of the prostate cancer pathway in one easy to access location for patients.
- **Level 2: Expanded View** (Chapter 3): This diagram provides an expanded view of the typical pathway for patients with prostate cancer in the NT public health system, with additional detail. The information contained in this additional 'view' is consistent with the overview but contains more detail for patients on the type of intervention to expect and where services are available.
- **Level 3: Detailed View** (Chapter 4): This section provides a further level of detailed information on diagnostic processes, treatment options and possible variations in the pathway. It is intended for interested patients and health professionals with a need to inform themselves in undertaking their professional role.

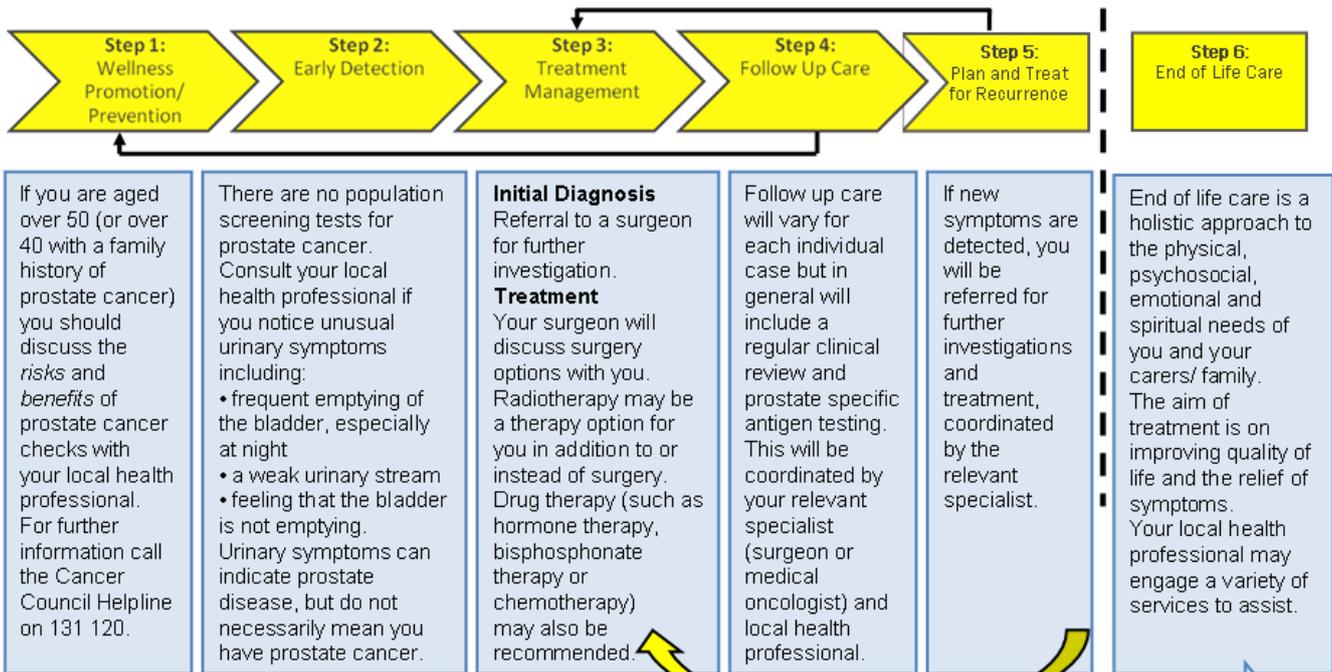
These different views are complemented by extra details on:

- Support services for prostate cancer (Chapter 5)
- Other useful sources of information on prostate cancer (Chapter 6)
- A glossary of terms (Chapter 7)

2 NT Prostate Cancer Patient Referral Pathway – Overview

This diagram provides an **overview** of the typical pathway for people with prostate cancer in the NT public health system. It is intended to summarise the key features of the Prostate Cancer Patient Referral Pathway in one easy to access location.

Overview of the NT Prostate Cancer Patient Referral Pathway, Public Health System



Support Services

Support services are available through the **Cancer Council NT** and the **CanNET NT** website Directory of Services www.health.nt.gov.au
Prostate cancer support groups Darwin ph: (08) 8981 4506, Katherine ph: (08) 8971 1725 and Alice Springs ph: (08) 8952 3550
Cancer Support Nurse Darwin ph: (08) 8927 4059 or Alice Springs ph: (08) 8953 5920

Other Information

Lions Australia Prostate Cancer Website www.prostatehealth.org.au/index.html
 Prostate Cancer Foundation of Australia www.prostate.org.au/articleLive/
 Cancer Council NT www.cancercouncilnt.com.au

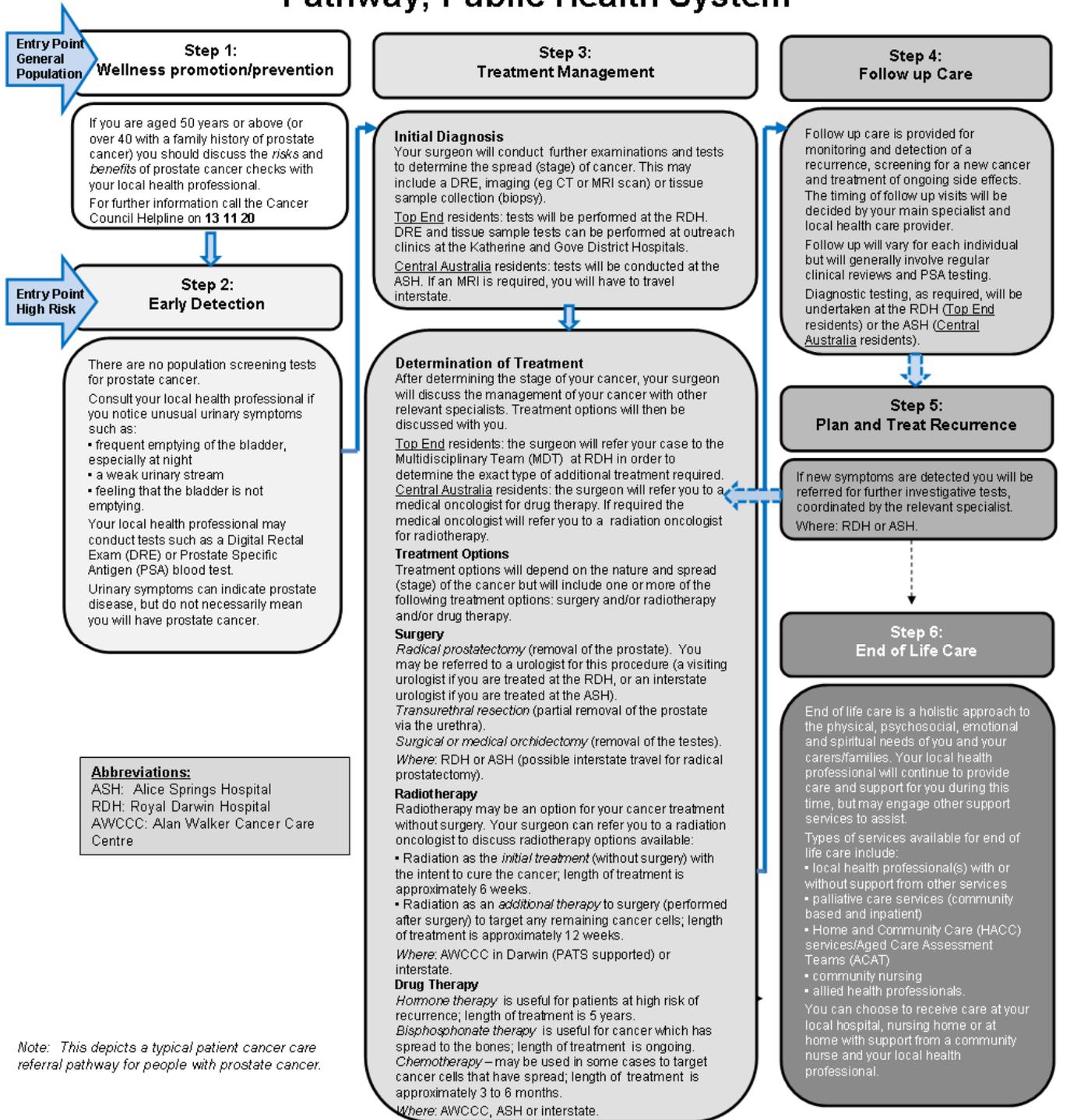
Travel Support

Assistance for patient travel through the **Patient Assistance Travel Scheme (PATS)**. Contact: **Royal Darwin Hospital** (08) 8922 8135 or (08) 8922 8134; **Katherine District Hospital** (08) 8973 9206 or (08) 8973 9213; **Gove District Hospital** (08) 8987 0540; **Alice Springs Hospital** (08) 8951 7846 or (08) 8951 7979; and **Tennant Creek Hospital** (08) 8962 4262.

3 NT Prostate Cancer Patient Referral Pathway – Expanded View

The following diagram provides an **expanded view** of the typical pathway for people with prostate cancer in the NT public health system, with additional detail. The information contained in this additional 'view' is consistent with the overview but contains more detail for patients on the type of intervention to expect and where services are available.

Expanded View of the NT Prostate Cancer Patient Referral Pathway, Public Health System



Other Local Support Services

CanNET website provides updates of cancer services in the NT, and a Directory of Services at www.health.nt.gov.au

Cancer Council NT provides counselling services via nurse counsellors, face to face or telephone, and other support services. Call the Cancer Council Helpline on 13 11 20.

Allied health professionals that you may wish to be referred to include:

- **Continence nurse specialist** for advice on bladder or bowel incontinence and other urinary disorders.
- **Dieticians** for nutritional advice, e.g. strategies to reduce diet related side effects and enhance nutrition and quality of life.
- **Occupational therapists** or **physiotherapists** to help maximise physical capabilities and functional independence and for education and management of lymphoedema.
- **Pastoral care** for support and comfort irrespective of religious affiliation (or otherwise).
- **Stomal therapist** for assistance with bowel incontinence.

Assistance for patient travel can be sought for eligible patients through the **Patient Assistance Travel Scheme (PATS)**. Contact local **Patient Travel Offices: Royal Darwin Hospital** (08) 8922 8135 or (08) 8922 8134; **Katherine District Hospital** (08) 8973 9206 or (08) 8973 9213; **Gove District Hospital** (08) 8987 0540; **Alice Springs Hospital** (08) 8951 7846 or (08) 8951 7979; and **Tennant Creek Hospital** (08) 8962 4262.

Prostate cancer support groups are located in Darwin, Prosper (08) 8981 4506, Katherine, Proshelp (08) 8971 1725 and Alice Springs, Prostate Cancer Support Group (08) 8952 3550.

4 NT Prostate Cancer Patient Referral Pathway – Detailed Description

This chapter provides a **detailed description** of the typical pathway for people with prostate cancer in the NT public health system. It provides a further level of detailed information compared to the expanded view, and includes details of diagnostic processes, treatment options, and possible variations in the pathway. It is also intended for health professionals with a need to inform themselves in undertaking their professional role.

Step 1 - Wellness Promotion / Prevention

Pathway for Men with No Symptoms (Asymptomatic)

The causes of prostate cancer are currently not understood and there is no clear prevention strategy in place to reduce the risk of developing this cancer. Tests are available that help to detect prostate cancer, however testing for prostate cancer has not been shown to be effective for population based screening to date.

The risk of developing prostate cancer increases with age for men at the following ratios:

- Aged 40s the risk is one in 554
- Aged 50s the risk is one in 45
- Aged 60s the risk is one in 15
- Aged 70s the risk is one in 11

This does not take into account family history, as men with a family history of prostate cancer (father, brother, son) are two to three times more likely to develop prostate cancer.

If you have an above average risk of prostate cancer, ie if you are aged 50 years or above – or aged 40 years or above and have a family history of prostate cancer – you should discuss the *risks* and *benefits* of prostate cancer checks with your health professional.

Your health professional should provide you with information about the potential benefits and harms of checks, diagnostic procedures and treatment for prostate cancer to help you make fully informed decisions. In making decisions it is important to balance the benefit of detecting a prostate cancer early, against the risk that detection and treatment may incur.

For further information on prostate cancer and prostate cancer tests contact the Cancer Council Helpline.

Phone: 131 120

or visit the Cancer Council Australia website

Web: www.cancer.org.au

Step 2 - Early Detection

Pathway for Men who Have Symptoms (Symptomatic)

Urinary symptoms may include:

- Frequent emptying of the bladder – especially at night
- A weak urinary stream
- Feeling that the bladder is not emptying

Most men with urinary symptoms will not have prostate cancer, but the symptoms should be discussed with your local health professional.

If you notice any urinary symptoms (especially if you have an elevated risk of developing prostate cancer), you should consult your local health professional who will determine appropriate tests such as a Digital Rectal Exam (DRE) and/or Prostate Specific Antigen (PSA) blood test.

Any abnormal results will be discussed with you by your health professional. If prostate cancer is suspected, you will be referred to a general surgeon (or a visiting urologist who specialises in urinary tract disorders, as required).

Initial Diagnosis

If prostate cancer is suspected, you will be referred to a general surgeon. Your surgeon will conduct a clinical examination and will advise you of the tests necessary to diagnose the cancer and/or determine the spread (stage) of the cancer. Further tests may include a DRE, imaging such as Computer Tomography (CT) or Magnetic Resonance Imaging (MRI), and taking a tissue sample (biopsy).

If you live in the Top End, this will occur at Royal Darwin Hospital (RDH), or via a visiting surgeon at the Katherine District Hospital or the Gove District Hospital (note: diagnostic tests such as a CT or MRI, if required, will still occur at Royal Darwin Hospital).

If you live in Central Australia, this will occur at the Alice Springs Hospital (ASH) (note: a diagnostic MRI will require travel).

Step 3 - Treatment Management

Determination Treatment

Your surgeon will determine the spread (stage) of the cancer based on previous tests and examinations. After determining the stage of your cancer, the management of your cancer will be discussed with you and other relevant specialists.

If you live in the Top End, your surgeon will discuss your case at the cancer Multidisciplinary Team (MDT) meeting at Royal Darwin Hospital. The MDT comprises a mix of health professionals such as your surgeon, a medical oncologist and the cancer support nurse. For advice regarding radiotherapy the radiation oncologist from Royal Darwin Hospital will be consulted. As appropriate, you may be referred to the visiting urologist depending on the type of surgery required. Your local health professional may also be involved in the MDT discussions.

If you live in Central Australia, your surgeon will consult with the visiting medical oncologist at Alice Springs Hospital to decide the best treatment options for you and will discuss these options with you. The oncologist will also discuss your case at an MDT. You may be referred to an interstate urologist depending on the type of surgery required.

Treatment

In some cases, a surgical option may be identified as the appropriate initial treatment, followed by additional (adjuvant) radiotherapy and/or drug therapy. In other cases, radiotherapy may be identified as the most appropriate initial treatment for your cancer, followed by additional (adjuvant) drug therapy.

Surgery

Initial treatment may involve surgery to remove the cancer. The type of surgery required will depend on the nature and stage of your cancer. Your surgeon will discuss the options with you and your family. Typical surgical options include:

- **Radical prostatectomy** (total removal of the prostate gland) for localised cancer. If this option is recommended for you, in the Top End, you will be referred to a visiting urologist who will further assess the risks and benefits of the surgery with you, and perform your surgery if appropriate. In Central Australia you may be referred to a urologist interstate for this procedure if necessary. Your local surgeon will provide ongoing care between the urologists' visits.
- **Transurethral resection** (removal of portions of the prostate gland through the urethra) for complications from the cancer and/or significant lower urinary tract symptoms. This procedure is usually performed by your local general surgeon.
- **Surgical** (removal of the testes) or **medical** (chemical) **orchidectomy** for advanced cancer which has spread to more than one site. This procedure is usually performed by your local general surgeon.

Note: very late stage cancers are unlikely to undergo surgery.

If you live in the Top End, your surgery will be performed at Royal Darwin Hospital.

If you live in Central Australia, your surgery will be performed at Alice Springs Hospital.

After surgery, your surgeon will refer your case for **radiotherapy** and/or **drug therapy** as appropriate.

Radiotherapy

Radiotherapy is the use of high-energy x-rays that target specific areas of the body where the cancer is located. The rapidly dividing cancer cells are less able to recover from the damage caused by the radiation (compared to healthy cells) and are therefore destroyed. Radiotherapy can be used as initial treatment with the intent to cure the cancer, with the length of treatment approximately seven to eight weeks.

Radiotherapy can also be used post-surgery to target any remaining cancer cells, eg for people at high risk of secondary tumours or with locally advanced disease, or cancer which has spread to the bones. In this instance the length of treatment is approximately one to two weeks.

The Radiation Oncology Unit at the AWCCC is set up to plan and treat most prostate cancer patients using 'external beam' radiotherapy. This means that some prostate cancer patients who require brachytherapy will still need to travel interstate for their treatment.

Drug Therapy

Drug therapy may be recommended for additional (adjuvant) treatment and includes hormone therapy, bisphosphonate therapy and chemotherapy.

- **Hormone therapy** is the use of drugs to reduce the body's production of androgen hormones (eg testosterone), which is required for the growth of the prostate cancer cells. The length of treatment of androgen reducing drugs is approximately five years.
- **Bisphosphonate therapy** is the use of small molecules (bisphosphonates) which bind to the surface of damaged bone and promote bone healing, reducing further bone damage. This type of therapy is used when the cancer is at risk of affecting the bones. Treatment for bisphosphonate therapy is ongoing.
- **Chemotherapy** is the use of drugs to kill rapidly dividing cancer cells throughout your body and is sometimes used after surgery or radiotherapy to target any cancer cells that may have spread. Most chemotherapy cycles take three to six months.

If you live in the Top End, drug therapy will occur at the AWCCC or Royal Darwin Hospital.

If you live in Central Australia, drug therapy will occur at Alice Springs Hospital.

Note: If you are undergoing radiotherapy interstate, you may also undergo chemotherapy there as well.

During the treatment of cancer you may require the input of many different types of health professionals. You can assist in communication between the members of your treatment team by asking them to share your medical information with relevant health professionals.

Shared Electronic Health Record (SEHR)

We recommend the use of the Shared Electronic Health Record (SEHR) as a way of securely storing and sharing important information about your health. This information is collected when you visit participating health care providers such as NT public hospitals, health centres and some GPs.

Your SEHR does not replace the medical record that is held by your health care provider. It is a summary of your medical record that is accessible only by authorised health professionals.

For more information on the eHealth and SEHR programs, please visit www.ehealthnt.nt.gov.au or call Consumer Services on (08) 8924 7013.

Step 4 Follow up Care

Follow up care will vary for each individual, but in general follow up post radical prostatectomy and/or radiotherapy should include:

- Early post operative assessment
- Clinical review and Prostate Specific Antigen (PSA) test: **three months after treatment**
- Clinical review and PSA test: **every six months to two years post treatment**
- Clinical review and PSA test: **every 12 months to five years post treatment**
- Clinical review: **every 12 months to at least 15 years post treatment**

Follow up care is generally coordinated by your treating specialist (surgeon or medical oncologist) and local health professional.

If you live in the Top End, follow up will involve regular consultation with your local health professional and referral to Royal Darwin Hospital or specialist outreach clinics at the Katherine District Hospital or the Gove District Hospital as required.

If you live in Central Australia, follow up will involve regular consultation with your local health professional and referral to Alice Springs Hospital or specialist outreach clinic at the Tennant Creek Hospital as required.

If your follow up screening identifies **abnormalities**, your local health professional will refer you back to the surgeon for further investigative tests such as a CT and MRI, and possible treatment.

Step 5 Plan and Treat for Recurrence

If new symptoms are detected from your follow up care, you will be referred for further investigative tests as coordinated by your surgeon. Investigative tests may include:

- Imaging such as: x-ray / CT / MRI / bone scan
- Biochemistry and full blood examination

You may re-enter the pathway for further treatment if a recurrence is found.

If you live in the Top End, this will occur at Royal Darwin Hospital.

If you live in Central Australia, this will occur at Alice Springs Hospital. Travel may be required if MRI and/or bone scanning is recommended.

Step 6 - End of Life Care

End of life care is a holistic approach to the physical, psychosocial, emotional and spiritual needs of you and your carers and family.

Even though your illness is considered incurable, you may still be treated with surgery, chemotherapy or radiotherapy for the control of symptoms and to ensure your comfort during this time. The aim of treatment is on improving your quality of life and the relief of symptoms.

Your local health professional will continue to provide care and support for you during this time and may engage other support services to assist in this process.

Referral to other services such as Territory Palliative Care (TPC), a team of health professionals who specialise in assisting patients and their families through this last stage of illness, may be made by your medical team and/or local health professional to assist. You and your family or friends may also approach TPC directly for support, advice or even temporary care.

Types of services available for end of life care include:

- Local health professional(s) with or without support from other services
- Territory Palliative Care services (TPC, community based and inpatient care)
- Community Support Services such as: Home and Community Care (HACC) and services/Aged Care Assessment Teams (ACAT)
- Community nursing
- Allied health professionals such as a social worker, dietician, occupational therapist, pastoral care, physiotherapist etc

If you live in the Top End, public palliative care services are available at:

- home with support from your local health professional with or without support from TPC, community nursing or Home HACC/ACAT
- Palliative Care Hospice located at the Royal Darwin Hospital campus (provides palliative care, respite and symptom management)
- medical wards at Royal Darwin Hospital
- Palliative Care room at the Katherine District Hospital
- medical wards at the Gove District Hospital
- nursing homes

If you live in the Central Australia, public palliative care services are available at:

- home with support from your local health professional with or without support from TPC, community nursing or Home HACC/ACAT
- medical wards at Alice Springs Hospital
- medical wards at Tennant Creek Hospital
- nursing homes

Additionally, the Cancer Council NT offers a variety of Cancer **Support Groups** and will recommend a suitable forum for your needs. These groups offer a supportive environment to discuss relevant issues, share experiences and gain strength.

For more information contact the Cancer Council helpline Darwin office on (08) 8927 4888 or Alice Springs on (08) 8953 5920.

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Support Services for Prostate Cancer

At different times in the treatment of your cancer, different treatment team members may be the main co-ordinator of your care. They will advise you of other services available to you and refer you on to support services such as those described below.

CanNET NT

The CanNET NT website provides updates on cancer services in the NT, including a directory of cancer specific services.

Phone: (08) 8999 2572

Web: www.health.nt.gov.au

Physical

Lymphoedema

Lymphoedema (swelling of limbs) may be a side effect if surgery has included the removal or damage of the lymph nodes. An occupational therapist or physiotherapist who is specifically trained in the management of lymphoedema can provide education on the prevention and management of lymphoedema, and discuss a personalised treatment program. This may include manual lymphatic drainage, compression bandaging, exercises, skin care and the provision of compression garments if needed.

Treatment can be provided publicly through hospital departments or you can choose to see a private lymphoedema therapist. Talk to your Breast Care Nurse or ring your local hospital if you are concerned about lymphoedema.

Lymphoedema Support Group NT

Meetings are at the Carers NT Meeting Room, 1 Caryota Circuit, Coconut Grove. All are welcome to come along. Support and advice is also available in the central district of the Northern Territory through the following contacts.

Phone: (08) 8927 4888

Email: lsgnt@ymail.com

Accessories and Wigs

You can contact the Cancer Council NT for information on free accessories such as wigs after you have received treatment.

Phone: 131 120

Symptom Management

Your medical team will offer you symptom management (including pain relief) as required. In some cases, you may be referred to palliative care for symptom management as palliative care specialises in this type of treatment.

Referral to palliative care for symptom management does not necessarily mean that your case is incurable. Palliative support and advice is available in many areas of the Territory, for more information on services please contact the following areas:

Top End

Building 58 (Menzies Building), Royal Darwin Hospital
PO Box 41326, Casuarina NT 0810

Phone: (08) 8922 6761

Fax: (08) 8922 6775

Central Australia

Flynn Drive Community Care Centre, Flynn Drive
PO Box 721, Alice Springs NT 08721

Phone: (08) 8951 6762

Fax: (08) 8951 6774

Web: www.health.nt.gov.au/Palliative_Care

Psychosocial

Counselling

Counselling can be beneficial for anxiety, depression, issues regarding body image and/or sexuality and fertility issues.

The Cancer Council NT offers counselling services to all clients via Nurse Counsellors. Brief interventions include a single session with a clinical psychologist funded by the Cancer Council NT. These may be arranged through the Nurse Counsellors.

Psychological consults are also available at the Darwin Office of the Cancer Council NT.

In Alice Springs the Cancer Council NT can refer you to a psychology service, but there can be long waiting periods. Face-to-face and/or telephone counselling services can also be arranged.

Phone the Cancer Council Helpline on 13 11 20

For further counselling, you can ask your local health professional to arrange a Mental Health Plan for you.

Allied Health

You can ask your medical team or local health professional to refer you to allied health services at your local hospital, community health clinic or privately to address specific areas of care.

- **Continence nurse specialists** can assist you with bladder or bowel incontinence and other urinary disorders.
- **Dieticians** provide information about nutritional needs, develop strategies to reduce diet related side effects and enhance quality of life through nutrition.
- **Occupational therapists** work with you towards your goals. They can suggest different ways of managing symptoms including using equipment so you can do your daily tasks. They can help you achieve the best quality of life and be as safe, independent and comfortable as possible. Some occupational therapists can also assist with the treatment and management of lymphoedema.
- **Pastoral Care** offer support and comfort in times of need, help with problems or simply be a companion, listen and talk without giving unwanted advice or intrude into the life of any person. It is available to you, whether you have any religious affiliation or not.
- **Physiotherapists** assist you to maximise their physical capabilities and functional independence. This may include the provision of mobility aids where appropriate. They may also assist in pain management and lymphoedema intervention.
- **Social workers** provide support, counselling and help in organising practical assistance with regards to finance and accommodation.
- **Stomal therapists** assist with bowel incontinence. A stomal therapist is available at the Casuarina Community Health Centre if you live in the Top End. In Central Australia you can get support through the Cancer Council NT.

Phone: (08) 8951 5887

or the Alice Springs Community Health Centre

Phone: (08) 8951 6711

You may be eligible for a Medicare rebate with a private allied health professional if the treatment is part of an Enhanced Primary Care patient plan developed by a GP. The rebate is available for a total of no more than five allied health consultations in a year.

If you live in a rural area, the *More Allied Health Services* program allows you to access public or private allied health professionals (where available) for free if referred by a GP.

Patient Assistance Travel Scheme (PATS)

If travel is required you may be eligible to access PATS. This Scheme assists NT residents to access a range of essential specialist medical or surgical services where services are not available locally or from a visiting service.

PATS provides assistance with travel and, where applicable, accommodation costs to NT residents who are required to travel more than 200kms to specialist medical treatment. PATS is a contribution scheme and does not cover all travel and accommodation costs.

Visit PATS online for more information or contact your Patient Travel Office at your local hospital:

Web: www.health.nt.gov.au

Phone:	Royal Darwin Hospital	(08) 8922 8135 or (08) 8922 8134
	Katherine Hospital	(08) 8973 9206 or (08) 8973 9213
	Gove District Hospital	(08) 8987 0540
	Alice Springs Hospital	(08) 8951 7846 or (08) 8951 7979
	Tennant Creek Hospital	(08) 8962 4262

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Other Useful Sources of Information on Prostate Cancer

The following websites and contact details have been provided for your information. The authors take no responsibility for the content of these websites.

For the General Public

Bladder and Bowel Website

The Bladder and Bowel website is funded by the Australian Government Department of Health and Ageing and provides information and advice on the prevention and management of bladder control and bowel problems, including links to other continence resources.

Web: www.bladderbowel.gov.au

Cancer Council NT

The Cancer Council NT is a non-government, charitable, community based organisation committed to raising funds for the purpose of reducing the impact of cancer. It achieves this by providing information and support for people affected by cancer. The Cancer Council NT is a member of The Cancer Council Australia. The website contains information sheets on various cancer types including screening processes and risk factors.

Web: www.cancercouncilnt.com.au

Email: admin@cancernt.org.au

Darwin

Casi House,
Unit 2 & 3/25 Vanderlin Drive, Wanguri

PO Box 42719
Casuarina NT 0811

Telephone: (08) 8927 4888
Fax: (08) 8927 4990

Alice Springs

Shop 3, Ground Floor
Anangu House, Bath Street

PO Box 9215
Alice Springs NT 0871

Telephone: (08) 8953 5920
Fax: (08) 8952 9189

Cancer Council Helpline

By calling the Cancer Council Helpline you can speak to caring and experienced people who understand what you need to know about your cancer and are familiar with resources available in the Northern Territory.

The trained nurses and health counsellors provide confidential information and support for people with cancer and their families and friends about:

- How to prevent cancer or detect it early
- Different types of cancer
- Diagnostic tests and cancer treatments
- Services available to people with cancer
- Emotional aspects of cancer

The Cancer Council Helpline does not provide medical advice or recommend a course of action, but the trained nurse/health counsellors can provide information to clarify medical terms, procedures and treatments.

Phone: 131 120

Local call cost from anywhere in Australia

Open: 9.00 am – 5.00 pm, Monday to Friday

Cancer Council Australia

Cancer Council Australia is Australia's peak national non-government cancer control organisation and provides advice to the Australian Government and other bodies on practices and policies to help prevent, detect and treat cancer as well as advocating for the rights of cancer patients for best treatment and supportive care. The vision of the Cancer Council Australia is to *minimise the threat of cancer to Australians, through successful prevention, best treatment and support.*

The website contains fact sheets on various cancer types including lifestyle factors, early detection and diagnosis.

Web: www.cancer.org.au

CanNET NT

The aim of CanNET NT is to develop a network of cancer service providers to deliver streamlined cancer services across the Northern Territory. The project focuses on enhancing access to quality cancer services for all Territorians. Visit the website for updates on cancer services in the NT, including a directory of cancer specific services, patient pathway booklets in five tumour streams and Indigenous resources in five Indigenous languages.

Web: www.health.nt.gov.au

Continence Aids Assistance Scheme (CAAS)

A Commonwealth Government scheme to provide assistance for the cost of continence aids for people with chronic (long term) incontinence.

Phone: 1300 366 455

Web: www.intouchdirect.com.au

Email: caas@intouchdirect.com.au

Lions Australia Prostate Cancer Website

Lions are an international network of 1.3 million men and women in 200 countries who work together to answer the needs that challenge communities around the world. Lions Australia support a website (developed by the Australian Prostate Cancer Collaboration) which provides information on prostate cancer and prostate health, including when to be tested and interpretation of results, treatment access and support groups.

Web: www.prostatehealth.org.au

National Continence Helpline

The National Continence Helpline is a national continence advisory service funded under the Australian Government's National Continence Management Strategy. The helpline is staffed by a team of experienced continence nurse advisors who provide information, education and advice to callers with incontinence or who are caring for someone with incontinence. The helpline also provides information and advice to health professionals.

Phone: 1800 33 00 66

Prostate Cancer Foundation of Australia

The Prostate Cancer Foundation of Australia (PCFA) is the peak national body for prostate cancer in Australia. It is dedicated to funding research into the cause, diagnosis, prevention and treatment of prostate cancer; raising awareness about prostate cancer; and providing support, information and advocacy to men and their families impacted by prostate cancer. The PCFA website contains information on:

- Prostate health
- When to be tested and interpretation of results
- Treatment access
- Support groups

Web: www.prostate.org.au/articleLive/

Freecall: 1800 220 099

Phone: (02) 9438 7000

Fax: (02) 9438 7099

E-mail: enquiries@prostate.org.au

Address: PO Box 1332, Lane Cove, NSW 1595

Member and Support Groups

Cancer Council NT

The Cancer Council NT facilitates support groups for people at different stages of the cancer journey, offering a supportive environment to discuss relevant issues with people who can offer support, advice and hope. Please contact the Cancer Council to discuss which group would meet your needs.

Phone: 131 120

Web: www.cancercouncilnt.com.au

Email: admin@cancernt.org.au

Darwin:

Prosper Darwin Prostate Cancer Support Group

Prosper meet every second Monday of the month from 7.30 pm – 9.30 pm at the Harbour Room, Christ Church Cathedral, Darwin.

Phone: (08) 8981 4506

Katherine:

Proshelp, Katherine Prostate Cancer Support Group

Proshelp meet every second Wednesday of the month at 7.00 pm at the Phillipino Association Hall on Giles Street, Katherine.

Phone: (08) 8971 1725

Mobile: 0401 116 851

Email: donalockley@yahoo.com.au

Alice Springs:

Alice Springs Prostate Cancer Support Group

Alice Springs Prostate Cancer Support Group meets every second Thursday of the month from 6.30 pm – 8.00 pm at the General Practice Network (NT) Conference Room, Alice Springs.

Phone: (08) 8952 3550

For Health Professionals

Medicare Australia Items available for cancer treatment

A summary of Medicare Australia Items available for cancer treatment is accessible online.

Web: www.canceraustralia.gov.au

National Health and Medical Council (NHMRC) Clinical Guidelines

Web: www.nhmrc.gov.au/publications/synopses/cp88syn.htm

Clinical Practice Guidelines: Evidence-based information and recommendations for the management of localised prostate cancer.

A report of the Australian Cancer Network Working Party on Management of Localised Prostate Cancer, endorsed October 2002.

Reference number CP88

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Glossary and Abbreviations

Term	Abbreviation	Meaning
Alice Springs Hospital	ASH	
Biopsy		Removal of a small amount of tissue from part of the body. Can be non-surgical eg using a needle to extract the tissue, usually for diagnostic purposes only; or surgical, where larger amounts of tissue are removed for treatment and diagnostic purposes.
Bisphosphonate therapy		Use of small molecules (bisphosphonates) which bind to a substance on the surface of damaged bone, to promote bone healing and reduce further bone damage. This type of therapy is used when the cancer has affected / is affecting the bones.
Chemotherapy		Use of anti-cancer drugs to stop the growth of cancer, either by killing the cancer cells or by stopping them from dividing. Chemotherapy drugs enter the bloodstream and can reach cancer cells throughout the body. The way the chemotherapy is given depends on the type and stage of the cancer being treated. Chemotherapy is used to kill cancer cells and prevent recurrence.
Computer Tomography	CT	Diagnostic technique used to produce cross-sectional images of the body, particularly useful in the head, chest and abdomen regions.
Digital Rectal Exam	DRE	Placement of a gloved finger inside the rectum to feel for abnormalities of the prostate. Performed by a GP or other medical practitioner.
Drug therapy		Use of drugs for the treatment of cancer. In reference to prostate cancer treatment, includes hormone therapy, bisphosphonate therapy and chemotherapy.
Hormone therapy		Use of drugs to reduce the body's production of androgen hormones eg testosterone, which are required for growth of the prostate cancer cells.

Term	Abbreviation	Meaning
Lymphoedema		<p>Secondary lymphoedema can occur after treatment for cancer, when lymph nodes are removed from the body by surgery or damaged by radiotherapy. This can stop the lymph fluid from flowing freely through the lymphatic system and can cause a build up of fluid in some parts of the body.</p> <p>Lymphoedema may affect the arm after treatment of nodes in the armpit, or swelling may occur in the leg if nodes in the groin are removed. Facial swelling may also occur if local nodes are affected.</p>
Magnetic Resonance Imaging	MRI	Diagnostic technique which uses magnetic signals to produce images of tissue in the body. Like all imaging techniques, MRI creates images based on differences between types of tissues.
Multi-disciplinary Team	MDT	Team of health professionals from various disciplines including clinical staff, eg surgeon and medical oncologist; and allied health professionals. The MDT aims to provide holistic patient-centred, best practice treatment planning.
Palliative Care		<p>Palliative care improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis to the end of life and bereavement.</p> <p><i>Definition from the World Health Organisation:</i> www.who.int/cancer/palliative/en/</p>
Prostate Specific Antigen	PSA	Marker in the blood which can increase as a result of prostate health disorders.
Radiotherapy		Use of a type of high-energy x-ray targeted at specific areas of the body where the cancer is located (sometime referred to as <i>localised therapy</i>). The rapidly dividing cancer cells are less able to recover from the damage caused by the radiation (compared to healthy cells) and are therefore destroyed.
Royal Darwin Hospital	RDH	
Staging of cancer		A method of classifying the severity and spread of the cancer based on size of the tumour and spread of the cancer (if any). Accurate staging of a cancer is important to determine appropriate treatment and prognosis.

CanNET is a Cancer Australia initiative. CanNET NT is jointly funded by the Australian Government and the Department of Health and Families.