



Prostate Cancer  
Foundation of Australia



PROSCARE:  
A PSYCHOLOGICAL  
CARE MODEL FOR MEN  
WITH PROSTATE CANCER

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MONOGRAPHS IN  
PROSTATE CANCER

# OUR VISION, MISSION AND VALUES

**Prostate Cancer Foundation of Australia (PCFA) is a broad-based community organisation and the peak national body for prostate cancer in Australia. We are dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.**

We do this by:

- Promoting and funding world leading, innovative research into prostate cancer
- Implementing awareness campaigns and education programs for the Australian community, health professionals and Government
- Supporting men and their families affected by prostate cancer, through evidence-based information and resources, support groups and Prostate Cancer Specialist Nurses.

PCFA receives Government funding for specific projects and relies on the generosity of individuals, the community and partnerships, such as those with The Movember Foundation and Commonwealth Bank, to carry out our essential work.

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# PROSCARE: A PSYCHOLOGICAL CARE MODEL FOR MEN WITH PROSTATE CANCER

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# INTRODUCTION

**The importance of psychosocial care as an integral part of oncology care has been well described but not yet broadly implemented in prostate cancer care. ProsCare: A Psychological Care Model for Men with Prostate Cancer has been developed to guide health professionals to an optimal approach in delivering psychological care for men affected by prostate cancer. The proposed approach is multi-disciplinary including psycho-oncology, health psychology, nursing, sociology, exercise physiology, urology; and is evidence-based and underpinned by best practice where clear evidence is not available.**

ProsCare summarises research about men's psychological responses to prostate cancer; the importance of screening for distress; the influence of life course and masculinities on men's experience of prostate cancer and their help seeking behaviours; and evidence to date about interventions to improve mental well-being in men with prostate cancer. A separate monograph discusses the needs and concerns of gay and bisexual men with prostate cancer. While this monograph focusses on men with prostate cancer it is acknowledged that the partners of men with prostate cancer often experience high psychological distress and should also be provided with targeted and sensitive support.

ProsCare is a novel stepped or tiered model of psychological care for men with prostate cancer that includes four care levels: universal care; low intensity care; specialised care and acute care. In this model care should be multi-disciplinary; include both the acute or hospital setting and the community sector; and have equity and access as key considerations.

It is envisaged that health care professionals apply ProsCare as a practical guide to developing a care plan for men with prostate cancer in their setting that utilises local services and links to other services in the acute and community sector.

ProsCare will be regularly updated as new evidence on men's psychological responses to prostate cancer emerges.

# PSYCHOSOCIAL CARE AFTER CANCER

The importance of psychosocial care as an integral part of oncology care has been well described<sup>[1]</sup>. Several countries have developed clinical practice guidelines and standards to guide such care in adults with cancer<sup>[2, 3]</sup>; with survivorship guidelines with a psychological focus also emerging<sup>[4]</sup>. Consistent with this, the International Psycho-Oncology Society has developed an International Standard of Quality Cancer Care<sup>[1]</sup> that states:

1. Quality cancer care today must integrate the psychosocial domain into routine care;
2. Distress should be measured as the 6th Vital Sign after temperature, blood pressure, pulse, respiration and pain.

This standard now has wide endorsement that includes the Union for International Cancer Control as well as other national and international cancer groups, including Prostate Cancer Foundation of Australia and Cancer Council Australia.

These guidelines and statements provide support for the need for health service providers working with men with prostate cancer and their families to ensure that psychosocial care is an integral part of the care plan; and that the care provided is evidence-based and targeted to the unique needs of these men and the demands that are associated with prostate cancer diagnosis and treatment.

# THE PSYCHOLOGICAL DISTRESS ASSOCIATED WITH PROSTATE CANCER

The experience of the diagnosis and treatment of prostate cancer is for most men a major life stress. Specifically, a cancer diagnosis represents a threat to a man's future, not only with regards to survival, but also in terms of physical wellness and bodily integrity; social, family and intimate relationships; lifestyle; and his financial and occupational security. While men often demonstrate great resilience to this experience, a substantive subgroup report high levels of psychological distress<sup>[5, 6]</sup> and many have high unmet needs for psychological support<sup>[7-9]</sup>.

A 2007 review of the literature on psychological adjustment in men with prostate cancer suggested that, on the basis of the limited research at that time, rates of psychological morbidity appeared to be low in this patient group<sup>[10]</sup>. A recent Australian study reporting on three different cohorts of men with prostate cancer found distress levels indicative of 'caseness' close to the time of diagnosis to vary from 10% to 23%<sup>[11]</sup>. Roberts found a 17.5% prevalence of depression in men with localised prostate cancer that decreased over time for the more distressed younger men<sup>[12]</sup>. Bill-Axelsson and colleagues in an eight year longitudinal study reported that although extreme distress was not common in men with localised prostate cancer, 30-40% of men reported ongoing health-related distress, worry, feeling low, and insomnia<sup>[13]</sup>. Risk of suicide may also be increased in the first six to twelve months after the diagnosis of prostate cancer<sup>[14-16]</sup>.

Androgen deprivation therapy (ADT) may also affect neurocognitive function and mood in men with prostate cancer. Cognitive effects can include decrements in verbal memory, coding and inhibitory tasks, spatial reasoning and ability, and tasks that require complex information processing<sup>[17-22]</sup>. Mood changes such as depressed mood, decreased energy and vigour, and increased irritability have also been reported in men treated with ADT<sup>[17]</sup>.

The first study to assess unmet supportive care needs in men with prostate cancer found one third of men to report moderate to high unmet needs for help with fears about the cancer returning or spreading and worry about those close to you<sup>[9]</sup>. This study was replicated in 2003 where again unmet need for help with fears about the cancer spreading and worries about those close to you were the most endorsed unmet psychological need<sup>[7]</sup>. Subsequently, in a large-scale Australian population-based study Smith and colleagues reported (54%) of men with prostate cancer express some level of unmet psychological need, and one in five men had moderate to high unmet need for support about uncertainty about the future<sup>[8]</sup>. The specific needs of gay and bisexual men with prostate cancer are discussed elsewhere<sup>[23]</sup>.

Factors that increase the likelihood that a man will experience higher distress include: younger age at diagnosis<sup>[12, 24]</sup>; avoidant coping approaches<sup>[25]</sup>; lower education and income<sup>[24, 26]</sup>. Men with advanced disease report higher levels of psychological distress<sup>[7, 10]</sup> and an increased risk of suicide by comparison to men with localised disease<sup>[13, 27]</sup>. Younger age predicts higher unmet psychological care needs<sup>[8]</sup>. Higher early distress is a predictor of later ongoing high distress<sup>[10, 13]</sup>. Hence, detecting raised distress early is a key priority.

# DISTRESS IN PARTNERS

A review of the psychological adjustment of female partners of men with prostate cancer concluded that partners report more distress than do the men themselves <sup>[28]</sup>. In a study of the partners of men with both localised and metastatic prostate cancer, partners had twice the rate of major depression and generalised anxiety disorders compared with their community counterparts, with distress lessening after six months <sup>[29]</sup>. A more recent Australian study found that the female partners of men with localised prostate cancer had overall low distress, however women were more anxious than patients with 36% reporting mild to severe anxiety <sup>[30]</sup>.

For these women, the man's psychological distress and his sexual bother were most strongly related to her mental health status, with higher social intimacy most strongly associated with physical quality of life. This means that how the man adjusts to his prostate cancer influences the woman's outcomes.

Male partners of men with prostate cancer will have different experiences and concerns and this is an area of ongoing research <sup>[23]</sup>.

# SCREENING FOR DISTRESS IN MEN WITH PROSTATE CANCER

It is now well accepted that screening for psychological distress is a key component of good cancer care <sup>[1, 31]</sup>. Screening for distress allows for the efficient identification of patients who require more in-depth psychological intervention in order to ameliorate current distress and prevent ongoing later distress. The single item Distress Thermometer (DT) presents as a scale that does not incur a cost; and is brief and simple to administer and score, making it ideal for use in a practice setting <sup>[32]</sup>. The DT is a single item scale that asks patients how distressed they feel on an eleven-point scale, ranging from 0 (no distress) to 10 (extreme distress). The scale has been well validated across cancer sites and countries, in acute and community settings <sup>[33-42]</sup>, and more recently in prostate cancer populations <sup>[38]</sup>.

Specifically, Chambers et al (2013) in a study with three large prostate cancer patient cohorts and including both cross-sectional and prospective cohorts found the DT to be a valid tool to detect cancer specific distress, anxiety and depression among prostate cancer patients, particularly close to diagnosis. A cut-off of  $\geq 4$  was suggested as optimal soon after diagnosis and for longer term assessments  $\geq 3$  was supported <sup>[43]</sup>. The prostate cancer-specific version of the DT and the associated validation data are available from Prostate Cancer Foundation of Australia (details in the resources section). The problem checklist as part of the Distress Screen helps the man and his health care provider to identify what type of intervention might best match the key challenges he is facing and that may be driving his distress. Screening for distress ideally should commence early in the cancer experience and be undertaken at regular intervals over time to regularly monitor the man's emotional wellbeing. It is also important to note that screening for distress must be accompanied by referral to appropriate psychological care services in order to be effective in meeting support needs.

## KEY POINTS

- The diagnosis of prostate cancer is a distressing experience for most men and their partners and families
- Up to one in five men with prostate cancer may experience high psychological distress such as anxiety, depression or cancer-specific distress (trauma-like symptoms)
- The most common unmet psychological needs for men with prostate cancer are fears about the cancer returning or spreading, uncertainty about the future, and worry about close family
- Men with prostate cancer may have an increased risk of suicide
- Risk factors for higher distress include: younger age at diagnosis; avoidant coping approaches; lower education and income; advanced stage disease
- Distress and needs are heterogeneous
- High early distress predicts later ongoing distress
- Screening for distress is effective in detecting increased anxiety, depression and cancer-specific distress in men with prostate cancer with referral to appropriate psychological care services as the next step

# PSYCHOSOCIAL INTERVENTIONS FOR MEN WITH PROSTATE CANCER

A systematic review of psychosocial interventions for men with prostate cancer and their partners concluded group cognitive-behavioural and psycho-educational interventions were helpful in promoting better psychological adjustment and quality of life (QOL) for men with prostate cancer and that coping skills training for patient-spouse dyads improved QOL for partners<sup>[44]</sup>.

Specifically, in one study men who attended ten weekly group meetings with cognitive behavioural stress management and relaxation training experienced a significant improvement in physical and emotional QOL and benefit finding when compared with men who received a single stress management seminar<sup>[45-47]</sup>. Stress management sessions before and after surgery have been found to improve men's physical, although not mental, well-being<sup>[48]</sup>; six weekly group education sessions with peer discussion improved physical QOL in men without a college education<sup>[49]</sup>. A five session tailored home and telephone-based nurse delivered couples intervention improved short-term general QOL, uncertainty, and symptom distress and longer term physical QOL for partners<sup>[50]</sup>. Written education supplemented with verbal teaching from a urology nurse has been found to improve satisfaction with care for men undergoing androgen deprivation therapy<sup>[51]</sup>.

More recently, in a pilot study, an eight session group-based multi-disciplinary tailored behavioural program improved mental well-being, in the short term, for men with biochemical recurrence; with longer term positive effects for prostate cancer-specific anxiety<sup>[52]</sup>. A five session intimacy enhancing psychological intervention for men with prostate cancer and their partners reduced cancer concerns for men who had higher levels of

concerns and reduced cancer distress in partners with high distress<sup>[53]</sup>. A tailored web-based decision support program for men newly diagnosed with localised prostate cancer reduced men's decisional uncertainty and improved their clarity about values but did not improve overall decisional conflict<sup>[54]</sup>. A five session telephone-delivered nurse psycho-education and decision support intervention decreased cancer-specific distress and improved mental well-being in newly diagnosed young, well educated men with localised prostate cancer up to two years post-diagnosis<sup>[24]</sup>. A study comparing an eight week telephone delivered health education to interpersonal counselling for prostate cancer survivors and their partners found improvements in QOL for men who received health education<sup>[55]</sup>. Partners improved in both approaches, but more so in health education. A subsequent analysis found that that age, prostate-specific functioning, social support and educational level moderated intervention effectiveness<sup>[56]</sup>. These authors and others have confirmed that a 'one size fits all approach' is unlikely to be effective as a strategy to improve psychological outcomes for men with prostate cancer and their partners<sup>[24, 56]</sup>.

Peer support is based on the sharing of personal mutual experience and has been widely developed in Europe, North America, and Australia in the context of prostate cancer. Men with prostate cancer have reported that peer support helps by providing a source of useful information and advice about their cancer; helping them understand cancer better and to feel less alone and more in control of their life; providing the opportunity to talk about their concerns; and helping reduce feelings of self-blame<sup>[57]</sup>. Men with prostate cancer have described a preference for having access to peer support as close as possible to the time of diagnosis.

# THE ROLE OF EXERCISE IN MENTAL WELL-BEING FOR MEN WITH PROSTATE CANCER

Sound theoretical rationale and emerging evidence indicates that exercise may reduce distress and improve mental well-being in men with prostate cancer. Considerable data involving men without prostate cancer indicate that superior physical fitness and activity levels are associated with a reduced risk of developing anxiety and depressive symptoms<sup>[58-61]</sup>. Furthermore, numerous systematic reviews and meta-analyses have confirmed exercise as an effective therapy for the management of clinical depression<sup>[62-66]</sup>. This evidence has led to the inclusion of exercise as a treatment option within practice guidelines for the treatment of patients with depression<sup>[67, 68]</sup>.

Several meta-analyses have identified that exercise also reduces depressive symptoms amongst cancer patients, however the vast majority of these data arise from investigations involving breast cancer patients<sup>[69-72]</sup>. Recent randomised controlled trials suggest these observations also apply to men with prostate cancer. Specifically, a 6-month supervised, group-based, resistance and aerobic exercise intervention involving men previously treated with androgen suppression and radiation led to a significant improvement in mental health as assessed by the SF-36 QOL questionnaire<sup>[73]</sup>. A significant improvement in social functioning was also observed but neither of these improvements were maintained after a subsequent 6-month home-based exercise program<sup>[73]</sup>. A similar clinic-based exercise intervention administered over the initial 3 months of androgen suppression resulted in a significant reduction in overall distress as assessed by the Brief Symptom Inventory-18 as well as significant improvements in mental health and social functioning as assessed by the SF-36 QOL questionnaire<sup>[74]</sup>. These observations are supported by a qualitative study indicating that supervised exercise is considered beneficial for reducing anxiety and fear of progression in men with prostate cancer receiving androgen suppression therapy<sup>[75]</sup>.

While the mechanisms driving these effects are unclear, several moderators are theorised to influence the potential impact of exercise on mental well-being. The quality and quantity of the exercise program and level of supervision has been observed to impact the degree of improvement in mental well-being in a dose-response fashion<sup>[69, 70, 76]</sup>. Involvement in a group-based exercise program, especially amongst other men with prostate cancer, appears to be another important factor<sup>[69, 73, 74]</sup>. It is theorised that exercise leads to improved masculine self-esteem as it articulates with traditional masculine values including being self-sufficient, powerful and independent<sup>[74, 77-79]</sup>. This is supported by the established efficacy of exercise for improving cardiovascular fitness, muscular strength, lean muscle mass, physical function and sexual activity as well as reducing fat mass and fatigue in men with prostate cancer<sup>[73, 74, 80-84]</sup>. Furthermore, physiological effects such as alterations to hormones (e.g. endorphin and monoamine levels), corticosteroids, pro-inflammatory cytokines, growth factors (including brain-derived neurotropic factor) and neurogenesis impact mood and cognitive function and thus may contribute to exercise-induced improvement in mental well-being<sup>[85-88]</sup>.

Therefore, the current evidence suggests that supervised, group-based exercise interventions involving at least moderate intensity resistance and aerobic exercise performed three times per week relieves distress and improves mental well-being in men with prostate cancer. While future research is required, it may well be that exercising in a group of men with prostate cancer facilitated by an exercise physiologist may present an effective avenue for peer support that is more accessed than traditional support models<sup>[89-93]</sup>.

# LIFE COURSE AND MASCULINITIES

Men are typically low users of psychological support services for cancer and are less likely than women to discuss their psychosocial concerns with their health care providers<sup>[94]</sup>. The lack of engagement with psychosocial support programs after prostate cancer has been described in connection to a conflict with the values that underpin masculine identities<sup>[95]</sup>. Specifically, traditional masculine values such as being self-reliant; stoic in the face of difficulty; and emotionally restrained are not conducive to help seeking. This is especially critical in a health context where male gender scripts are compromised by changes to erectile function; bodily function and appearance; and roles and relationships, as a result of the diagnosis of prostate cancer and the morbidities associated with treatment<sup>[77, 78, 96]</sup>.

It has also been proposed that life course is important in considering how masculinity impacts men's health outcomes<sup>[97]</sup>. A life course perspective encompasses the events of life that occur in different life domains across the life span. In this approach individual life courses intersect with the social historical context in which the man lives; the life courses of his family and friends; and the dynamics of the social groups in which the man belongs<sup>[98]</sup>.

Interventions for men with prostate cancer need to consider life course and masculinity if they are to be acceptable and effective for this patient population<sup>[97]</sup>.

# HEALTH LITERACY

In men with prostate cancer, educational level appears to be an important factor in influencing how they respond to psychosocial intervention<sup>[24, 49, 56]</sup>; and low literacy has been found to be associated with low knowledge about prostate cancer<sup>[99]</sup>. This raises a consideration of health literacy when planning and delivering psychological care<sup>[100]</sup>. The ability to effectively access and consume health-related information and services requires reading, listening, analytical and decision-making skills. The 2006 Adult Literacy and Life Skills Survey found that 59% of Australian adults aged 15–74 years had health literacy levels below an adequate standard; with adequate health literacy negatively associated with age for Australian adults over 50 years<sup>[101]</sup>. In New Zealand, on average, health literacy is also limited<sup>[102]</sup>. Strategies to address low health literacy include: ensuring that communication is clear; focusing on key messages, checking that information has been understood; providing written resources to reinforce verbal discussion; encouraging questions; and ensuring services are easily and clearly accessible<sup>[103]</sup>. For men who have low literacy, patient education likely needs to be tailored if it is to be effective<sup>[104]</sup>.

## KEY POINTS

- A range of different approaches appear to have efficacy for improving psychological outcomes for men with prostate cancer and these include cognitive-behavioural therapy; psycho-education, stress management and coping skills training; health education and decision support; peer support; moderate intensity resistance and aerobic exercise
- Life course and masculinity must be considered in planning care and developing services
- Services need to be responsive to differing levels of health literacy and this may require tailoring of patient education

# A TIERED MODEL OF PSYCHOLOGICAL CARE AFTER PROSTATE CANCER

A tiered or stepped model of care is underpinned by the understanding that the needs of men and their families after prostate cancer are heterogeneous; vary over time; are influenced by life course, gender, and context; and that care should be individualised to the level of need.

As well, a multi-disciplinary approach that utilises services in a partnership across both community and acute settings is essential.

Embedded in this tiered model is a low intensity approach where access to services is a guiding value<sup>[105]</sup>. A low intensity approach can be expressed in terms of the delivery method, for example applying remote technology or self-help strategies; or the service provider, for example peer or nurse providers.

In a tiered approach, as need increases, the depth of care should increase and the area of intervention focus, narrow, and become more specialised<sup>[106]</sup>. In order for targeted care to be delivered in this way, screening for distress is essential<sup>[11]</sup>.

Figure 1 below presents a new proposed psychological care model for men with prostate cancer with four levels of care that integrates what is currently known about effective interventions for these men and is based on an existing generic cancer and community-based tiered model.

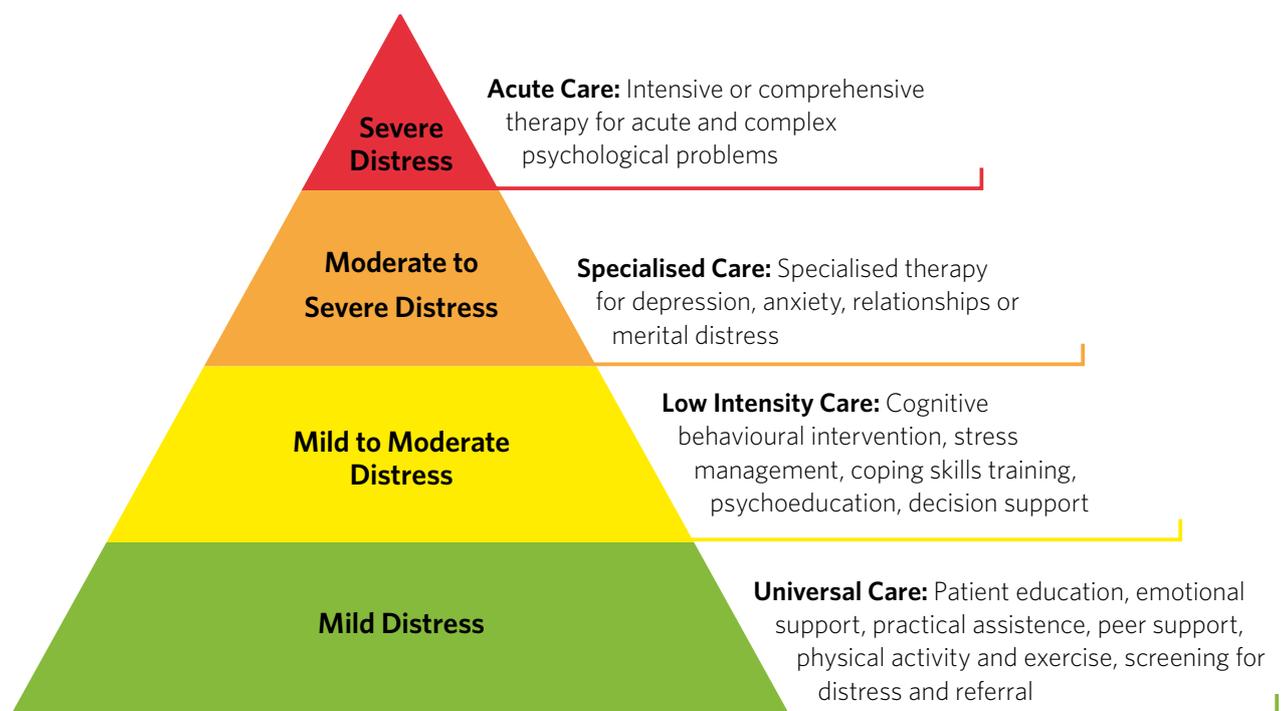


Figure 1. The ProsCare Tiered Model of Psychological Care after Prostate Cancer  
Adapted from the Tiered Model of Care<sup>[106]</sup>

# A TIERED MODEL OF PSYCHOLOGICAL CARE AFTER PROSTATE CANCER *(continued)*

## UNIVERSAL CARE

Universal care includes care that, based on current evidence and best practice, should be offered and available to all men with prostate cancer throughout their cancer experience and lays a foundation of care for more in-depth levels of intervention for men with higher need or distress. This care level includes patient health education to promote self-management and effective decision making; support to validate the emotional experience of prostate cancer and allow expression of worries; advice for practical concerns; peer support that may be in a group setting or one-to-one and face-to-face or remote; physical activity and exercise; and screening for distress and referral. Screening for distress provides a mechanism to support referral to other care levels. Evidence-based telephone-delivered cancer helplines provide accessible support and linkage to community services.

## LOW INTENSITY CARE

Low intensity care provides additional support for men who are experiencing mild to moderate distress and/or who express need for additional support. This care level includes a suite of standardised interventions that are considered relevant for most men experiencing distress as a result of a prostate cancer diagnosis and includes psycho-education, stress management and coping skills training, decision support, enhancing support networks, and managing treatment side-effects. Interventions are self-guided and can be supplemented with support/guidance from a nurse or other health professionals trained in the delivery of these interventions.

## SPECIALISED CARE

Specialised care provides a further and more in-depth level of care for men who are experiencing moderate to high distress and/or who express need for additional support beyond that already provided.

Specialised interventions are individualised and based on a comprehensive assessment that guides the therapist in the development of a treatment plan

targeting factors relevant to the development and maintenance of that individual's distress. Intervention types include tailored cognitive and behavioural strategies targeting specific negative thoughts and maladaptive ways of coping. Given that relationship distress can be a contributing factor to high distress following prostate cancer (either triggering or maintaining distress) relationship therapy targeting communication strategies and intimacy may be indicated. Specialised therapy or clinical psychology skills along with comprehensive knowledge of prostate specific factors that are likely to impact on distress (e.g. side-effects of treatments) are critical to the delivery of these interventions.

## ACUTE CARE

Acute care provides high level multidisciplinary mental health care for men with severe distress and complex problems.

Men with severe distress may present with depression, anxiety or trauma symptoms that may seriously impact upon their ability to function day to day. Suicidal ideation may be present in men with severe depression. These men require an immediate assessment and intervention with an initial focus on assessment of safety and management of the acute crisis. An urgent psychological or psychiatric review is indicated. Specific treatments should be developed according to the particular needs of the patient that potentially include medication as well as psychological treatments.

## KEY POINTS

- In developing a care framework all four levels of care need to be represented
- A multi-disciplinary approach is needed to provide comprehensive care
- Services across both community and acute settings should be included in a partnership approach
- Access to services should be a key consideration in care planning

# NEXT STEPS

In developing a psychological care approach within a specific health setting there are a number of steps to consider.

A **FIELD** approach, outlined below, provides steps to follow to help develop a model of care that is connected to your local context.

## A FIELD Approach

### 1. Form a reference group

It is crucial to involve key stakeholders in your local setting to guide the development of a psychological care approach for men with prostate cancer that will be effective in your community or setting. This helps build local support for your approach and also helps ensure you are informed about current local services and experiences. Your stakeholder group should as much as possible be multi-disciplinary and include consumers and key people working in prostate cancer in your setting. It is important to meet regularly with your stakeholder group as you progress in developing your care model.

### 2. Identify or scope current services

In developing a care model you need to be aware of currently available services within your local setting and those that are available elsewhere on a state and national level. Remember to include both community and acute settings and not-for-profit organisations. Current services provide a platform of care on which you can build.

### 3. Examine current use of services by men and their families

Examine carefully the current patterns of utilisation of services in your setting by the men with prostate cancer in your community. This will help make sure you have not missed out on any important services that are 'under the radar' and will give you a sense of what types of services men in your community use, and how they may prefer to access psychological care.

### 4. Look for gaps in services

Using the tiered model of care as a reference point look to see where there are gaps in services and then prioritise these for action. Remember to use your stakeholder group for expert advice and to engage their knowledge, skills and enthusiasm!

### 5. Develop and implement a plan

Draw together a plan for how you can better connect men to current services. This might involve system changes; changes in how you communicate with men in your setting about support ; and further development of your approach to providing information and managing referral. Investigate ways to develop new programs to meet gaps or to link into services in other organisations or settings. Have a timeline that includes implementation and evaluation that should then blend into regular quality assurance and re-development of the plan as services evolve and in response to new knowledge and health policies and practices.

# CONCLUSION

Evidence-based and best practice psychological care is an essential component of good prostate cancer care. As the population of men living with prostate cancer increases in our community it will become even more critical to develop effective and targeted care systems to meet the psychosocial needs of these men and those close to them. The ProsCare model provides an approach to meeting these needs that can be applied in the community or acute setting building on current service strengths in a collaborative partnership approach.

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# OTHER RESOURCES

This is a brief list of resources as well as places you might wish to start with for more detailed advice on specific issues. For medical or treatment questions your doctor is the best first point of call for advice that is personalised to your situation. Details were accurate at time of printing.

## SCREENING FOR DISTRESS MATERIALS

To obtain a copy of the Prostate Cancer Distress Screen materials contact the Prostate Cancer Foundation of Australia at [Julie.sykes@pcfa.org.au](mailto:Julie.sykes@pcfa.org.au)

## GENERAL

*Facing the Tiger: A guide for men with prostate cancer and the people who love them.* Suzanne K. Chambers. Australian Academic Press, Qld 2013. ISBN 9781922117052

## SEX AND SEXUALITY

*Saving Your Sex Life: A Guide for Men with Prostate Cancer.* John P. Mulhall, Hilton Publishing, Bethesda, MD, 2010. ISBN-13: 978-0980064964.

*After Prostate Cancer: A What-comes-next guide to a safe and informed recovery.* Arnold Melman, MD & Rosemary E. Newnham. New York: Oxford University Press, 2011. ISBN-13: 978-0195399660.

*A gay man's guide to prostate cancer: Gerald Perlman and Jack Drescher,* Haworth Medical Press, United States, ISBN 978-1560235521.

## URINARY PROBLEMS

*Conquering Incontinence: A New and Physical Approach to a Freer Lifestyle Exercise.* Peter Dornan, Allen & Unwin, Australia 2003. ISBN 9781741141443.

*Prostate Recovery MAP: Men's Action Plan.* Craig Allingham, Redsok, Australia 2013. ISBN 9780987076656

## MINDFULNESS AND MEDIATION

*Happy For No Good Reason: A meditators guide by Shankarananda, Swami, Motilal Banasidass, India, 2004 ISBN 978-8120820050.*

*Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* Jon Kabat-Zinn. Delta Publishing, 1990 ISBN 978-0385303125.

## PROSTATE CANCER TREATMENTS

*Localised Prostate Cancer: A guide for men and their families 4th Ed, the Australian Prostate Cancer Collaboration, Australia 2010.* ISBN 0-9579938-1-1, electronic copies are available from Prostate Cancer Foundation of Australia <http://www.pcfa.org.au/articleLive/pages/Download-Information.html> or hardcopies can be ordered by calling 1800 22 00 99.

*Advanced Prostate Cancer: A guide for men and their families,* Cancer Council Australia, 2009 ISBN 978-0-9807421-0-7. Electronic copies are available from Cancer Council Australia <http://www.cancer.org.au/Healthprofessionals/clinicalguidelines/prostatecancer.htm> or hardcopies can be ordered by calling 131 120.

## COMPLEMENTARY MEDICINE

*Promoting Wellness for Prostate Cancer Patients,* Mark A Moyad, Ann Arbor Editions US 2010, ISBN 978-1930842045.

## WELLBEING

*Taking Care of yourself and your family: a resource book for good mental health.* John Ashfield, Peacock Publications, Australia, ISBN 1921008490. Available free in Australia from beyondblue by calling 1300 22 4636.

*What Women (and Their Men) Need to Know About Prostate Cancer.* Irena Madjar in collaboration with Gail Tingle. Health Research Association, 2007, ISBN 0646468529, 9780646468525.

## EXERCISE

Exercise and Sports Science Australia (ESSA) – [www.essa.org.au](http://www.essa.org.au) provide details of registered exercise professionals with University qualifications who are able to conduct exercise training with people who have had cancer or other chronic illnesses. The ESSA website has a section in their main page on How to Find an Exercise Physiologist: [www.essa.org.au](http://www.essa.org.au).

*American College of Sports Medicine (ACSM)* – [www.acsm.org](http://www.acsm.org) provides a similar service as does the British Association of Sport and Exercise Sciences, BASES – [www.bases.org.uk/](http://www.bases.org.uk/) in the United Kingdom.

## CANCER HELPLINES AND SUPPORT GROUPS

### AUSTRALIA

To contact a prostate cancer support group in your local area look up Prostate Cancer Foundation of Australia website (<http://www.pcfa.org.au/articleLive/pages/Support-Groups.html>) or call freecall: 1800 220 099. Prostate Cancer Foundation of Australia is a broad-based community organisation and the peak national body for prostate cancer in Australia dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.

Cancer Council Helpline is a free, confidential telephone information and support service run by Cancer Councils in each state and territory in Australia. Specially trained staff are available to answer questions about cancer and provide support. Call 13 11 20 (local call cost from anywhere in Australia but mobile calls charged at mobile rates), open between 9am and 5pm, Monday to Friday, however some states have extended hours.

## NEW ZEALAND

To contact a prostate cancer support group in your local area look up Prostate Cancer Foundation of New Zealand website (<http://prostate.org.nz/support-groups/>) or call 0800 477 678. Prostate Cancer Foundation of New Zealand aims to help those recently diagnosed with prostate cancer, and survivors of prostate cancer, to lead productive and full lives through shared counselling and discussions.

Cancer Society of New Zealand has a free Cancer Information Helpline, 0800 CANCER (226 237), which supplies booklets, information sheets and other information resources which can also be downloaded directly from their website <http://www.cancernz.org.nz/>

## NORTH AMERICA

Us TOO International Prostate Cancer Education and Support Network is a non-profit, grassroots organisation that provides support for prostate cancer patients, survivors, their spouses and partners and families. More details can be found on their website <http://www.ustoo.org/>. They have a toll free line to link for patients and concerned others to resources regarding diagnosis, treatment options and support systems and phone support from a prostate cancer survivor. Call 1-800-80-UsTOO (1-800-808-7866), M-F 9am-5pm Central Time.

## UNITED KINGDOM

The Prostate Cancer Support Federation can connect you to a support group through their National Help Line on 0845 601 0766. The web address for this group is <http://prostatecancerfederation.org.uk/index.htm>.

## OTHER RESOURCES (*continued*)

### OTHER USEFUL WEBSITES

<http://blog.renewintimacy.org/>

The Center for Intimacy after Cancer Therapy, Inc. is a non-profit organization dedicated to helping couples renew their intimacy after cancer. Founders and Co-Executive Directors: Ralph and Barbara Alterowitz.

<http://www.pcfa.org.au/>

Prostate Cancer Foundation of Australia is a broad-based community organisation and the peak national body for prostate cancer in Australia, dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.

<http://prostate.org.nz/support-groups/>

Prostate Cancer Foundation of New Zealand is a community organisation who sees it's role as to helping those recently diagnosed with prostate cancer, and survivors of prostate cancer, to lead productive and full lives through shared counselling and discussions.

<http://www.prostatehealth.org.au/>

The Lions Australian Prostate Cancer Website was developed by the education committee of The Australian Prostate Cancer Collaboration (APCC) with funding from the Lions International Clubs of Australia to assist men affected by prostate cancer and their families.

<http://prostatenet.com/page/>

The Prostate Net is an international organisation that uses a matrix of informational techniques (web site, 800#, email and personal team counsellors, public forums, newsletters and community disease interventions) to address disease risk awareness and early disease detection.

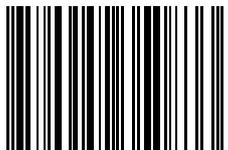
<http://malecare.org/>

Malecare develops practical, life-enhancing men's health programs and has a focus on gay and bisexual men's survivorship. Malecare runs a series of workshops and Prostate Cancer Support groups throughout the United States in areas of newly diagnosed cancer support groups, advanced prostate cancer, men diagnosed under age 50 and gay cancer survivor support.



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