

Confidence robbing condition compromising mental wellbeing of one-in-three Aussie men aged 40+ new research

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Current run time: 54:09 mins

**Professor Helen O'Connell, AO,
Urological Surgeon, and President,
Urological Society of Australia and
New Zealand (USANZ), *MELBOURNE***



(00:25 – 00:53)

What is erectile dysfunction or ED?

Erectile dysfunction is a condition that affects men whereby they are unable to achieve an erection that's satisfactory enough for intercourse to occur. It's a super common condition with a number of underlying conditions potentially causing it, and then sometimes treatments can cause the problem as well.

(00:53 – 01:30)

What are the risk factors for developing erectile dysfunction or ED?

The risk factors for erectile dysfunction include advancing age, even having benign prostatic hyperplasia is a risk factor for ED. And then we've got the metabolic problems, particularly diabetes metabolic syndrome itself, which includes hypertension, smoking, and low testosterone are the big ones that contribute to its causation.

(01:30 – 01:53)

How many Australian men are affected by ED?

As many as one in two men over 40 years of age are affected by the problem. So where it was thought to be about one in three or even one in five, this new data really indicates the extent to which it's affecting men.

(01:53 – 02:31)

How does living with ED affect a man's intimacy with his partner?

As many as 70 per cent of men are finding that the ED is affecting their sex drive in their view. And then it really affects their intimate relationships with their partners. So, they have the issue, and then they've got less confidence, and less drive, which potentially makes them withdraw from participating in sexual activity. So, it ends up having a snowballing effect.

(02:31 – 03:05)

Three in 10 men living with ED report the condition has affected their partner's mental health. Can you reflect on this?

As many as three in 10 of the men living with ED report that their partner's affecting mental health issues or concerns related to their ED. So this is something that goes beyond the man himself. This problem then affects potentially the relationship and even the psychological wellbeing of their partner. So it has widespread implications.

(03:05 – 03:42)

How many men living with severe ED seek treatment?

As few as 14 per cent of men who are even severely affected with ED will seek treatment. This is a public health problem, isn't it? It's of such common, it's so common in the experience of men to be affecting 50 per cent of men over 40 and increasing with age.

So it's a hugely common problem. And then only this small group of people are seeking help.

(03:42 – 04:29)

New research reveals only one in three men living with ED seek treatment. What barriers do men face with seeking treatment?

The data shows that it's as few as 35 per cent of men who've got erectile dysfunction seeking treatment. So for quite a lot of people, it's an embarrassing condition. They don't want to overt it, they don't want to talk about it. They think that it'll get better on its own. They're worried about their loss of masculinity and how it makes them look to be seeking help. So there are all these barriers, if you like, that are psychological to seeking help.

(04:29 – 05:17)

Will a man's ED improve if he chooses not to seek treatment?

Well, it's pretty clear that if you don't do anything, it probably won't get better. And so, we know that it increases with age, it can significantly affect the relationship, which is, you know, a really important part of our social functioning, and wellbeing. But, but one of the things that can also happen if you leave this untreated, is, is truly penile length. And so, the penis itself may not actually recover. So there is some serious data about it being not reversible if you do nothing.

(05:17 – 06:03)

Why is timely and effective treatment crucial for men living with ED?

ED and its timely treatment is crucial because, it's really important for a man's wellbeing. You can see that it affects confidence, social functioning, mental health – affects beyond the physical, if you like. But then there are the true, physical consequences of not seeking help. So there's some data that penile length in untreated ED, can be affected. And so penile shortening is a consequence potentially, of longstanding, untreated ED.

(06:03 – 06:56)

What treatment options are available to men living with ED?

Firstly, there's psychological help which could be made available, and relationship counselling, which people are possibly aware of. But you can also have dietary and exercise prescriptions if you like, to really get your metabolism geared in the right direction. So you can start to reverse some of this metabolic syndrome that's driving the erectile dysfunction. And then there are effective medications, but also some medications that can be given orally, or as injections, and even surgery in certain cases has a role for restoring masculinity and erectile function.

(06:56 – 07:47)

What is your message to men living with ED?

As the President of the Urological Society of Australia and New Zealand, I want men to know that we see this as an important problem; that we want to empower them and encourage them to seek treatment if they're affected by this. Don't suffer in silence. Do something about it. Yes, it may take a little bit of courage to address the problem, but there are potential rewards for your relationship, for your mental health, for your partner and your partnership, in addressing the underlying causes and getting effective treatment.

(07:47 – 08:20)

What is your message to men who have had, or are at risk of developing prostate cancer, and ED, after undergoing prostate cancer treatment?

For men who've had prostate cancer, or they're at risk of prostate cancer, they need to know that treatment is available for erectile dysfunction. And so, once they've overcome the surgery, recovered from it, start thinking of how to prevent ED or how to recover from it, and get effective treatment.

**Professor Jeff Dunn, AO,
Chief of Mission and Head of Research
Prostate Cancer Foundation of
Australia, *BRISBANE***



(08:25 – 08:58)

What is the most commonly diagnosed cancer in Australia and how many men are diagnosed with the disease each year?

Prostate cancer is now the most commonly diagnosed cancer in Australia. Every year there are around 25 and a half thousand men newly diagnosed with this disease. Sadly, there are about 3,700 men die each year, and we estimate that there are around 250,000 men out there today who have been diagnosed and treated for prostate cancer in their lifetime.

(08:58 – 09:27)

When are men in Australia most commonly diagnosed with prostate cancer?

A diagnosis of prostate cancer for men in Australia is most often occurring in the sixties, but there was a broad range. We have men as young as in their thirties being diagnosed, and of course, through to much later in life as well. So, while the average age is around 65, mid-60s, there is a broad range.

(09:27 – 10:24)

What do most men experience when diagnosed with prostate cancer?

Prostate cancer is a life-threatening disease, and a diagnosis of prostate cancer brings a whole range of things to an individual, to a person, to their partner, and to their family. There are the physical dimensions of a diagnosis of prostate cancer, so those things related to treatment, whether it's surgery, or radiation therapy, or chemotherapy. But then there are the social, emotional, and family-related issues about quality of life, surviving this disease, what its meaning is to sense of self; coping with that fear of recurrence, and then dealing with, what for many men, are some challenging circumstances after treatment.

(10:24 – 11:15)

Can you explain the physical, psychological and social wellbeing-related side-effects experienced by many men treated for prostate cancer?

Being treated for prostate cancer can lead to a range of side-effects – physical, psychological, and social. Physically, erectile dysfunction can be a significant impact or side-effect of treatment. Psychologically, men can get a challenge to their sense of self, to their identity – they can have concerns and anxieties. We know, for example, that at any one time, up to 30 per cent of men diagnosed with prostate cancer have clinically significant levels of anxiety and distress. And socially of course, side-effects from prostate cancer can impact upon their relationships, their sense of self, and their sense of value. It can change the way they communicate and gather with people.

(11:15 – 11:30)

What is a common side-effect of undergoing prostate cancer treatment?

For men out there diagnosed and treated for prostate cancer, many of them may have to face the challenge of erectile dysfunction.

(11:30 – 12:06)

What are some of the challenges experienced by men who have not only battled prostate cancer, but are also forced to contend with erectile dysfunction or ED?

A diagnosis and treatment of prostate cancer has those physical side-effects. But of course, they can lead to social, emotional and family-related concerns as well. In dealing with these things men face frustrations, they face anxieties, they can feel isolated. It can cause family and relationship issues, and erectile dysfunction can be a contributor to those concerns for men.

(12:06 – 12:36)

How challenging is it for men who have lived with prostate cancer, to discuss their ED symptoms with their partner, family and / or friends?

We do know that, in certain cases, the levels of distress anxiety experienced by partners of men with prostate cancer actually exceeds that of the man themselves. There are strains on relationships. There are the challenges of being a carer. There are fears about the future. There are changed hopes and aspirations. All of these weigh heavily, potentially heavily, on partners of men diagnosed.

(12:36 – 13:43)

What Prostate Cancer Foundation of Australia programs and services are available to men who have undergone prostate cancer treatment?

A diagnosis of prostate cancer can bring with it many challenges. What we want to see is men live well after treatment, to look after themselves physically, psychologically, and socially. There are ways that we can help with that. There are things that men can do, and certainly dealing with erectile dysfunction is one of the ways in which we can improve overall quality of life and wellbeing.

So the Prostate Cancer Foundation of Australia has a range of programs and services for men out there who may be dealing with erectile dysfunction and for their partners. Please get in touch. I mean, Prostate Cancer Foundation Australia has specialist nurses experienced and skillful in this area, who men can talk to, and they can do that face to face, or they can do that over the phone.

(13:43 – 14:13)

What is your message to men who have been diagnosed and treated for prostate cancer and are dealing with ED?

For men out there who have been diagnosed and treated for prostate cancer, and are dealing with erectile dysfunction, and for their partners, you don't have to go through this alone. There are professionals that can help. There are things that we can do. Reach out. Talk to a trusted health professional. Make sure that you seek out help.

**Dr Amanda Chung,
Urological Surgeon, Sydney Urological
Associates, and Chair, North Shore
Urology Research Group, *SYDNEY***



(14:19 – 14:34)

What is erectile dysfunction or ED?

Erectile dysfunction or ED is the inability to obtain, or maintain a rigid erection to have a satisfying sex life.

(14:34 – 15:03)

What are the risk factors for developing ED?

The risks factors for developing ED include advancing age, metabolic syndrome, hypertension, cardiovascular disease, but also other treatments or surgeries that affect the pelvic area and that includes treatments for prostate cancer and bowel cancer, for example. Injuries can also cause ED, such as spinal cord injuries and other neurological issues.

(15:03 – 15:12)

How many men in Australia are affected by ED?

Erectile dysfunction or ED affects more than 1 million men in Australia. That's a lot.

(15:12 – 15:47)

New Australian research reveals only one in three (34%) men living with ED have sought treatment, despite showing symptoms. Why is this the case?

Only one in three Australian men seek treatment for their ED. I think there are lots of reasons for that. I think that it really speaks to the shame that they might feel and that private suffering that it can cause and how it can fracture a relationship as well and affect their sense of being a man. I think also there might not be a lot of information or awareness that actually it's a very common problem, so they are not alone.

(15:47 – 16:23)

How does ED affect a man's overall quality of life?

ED can have a devastating impact on a man's quality of life. It can affect the way they view themselves, how complete or whole they feel. Um, it is an issue that often a lot of men will suffer silently about, and that can add to that shame, because of the stigma, the embarrassment. It can also have a big impact on their relationships with their partner, or partners and the amount of confidence that they have, in seeking intimacy. And it can also affect the emotional relationship as well.

(16:23 – 16:45)

According to the new Australian research, two in five (43%) men living with ED report the condition has compromised their mental health. Can you reflect on these findings?

Two in five men living with ED have indicated that it affects their mental health. It can cause anxiety, lead to depression, affect how they feel as a person and their masculinity, as well as affect their relationships.

(16:45 – 17:05)

Australian men describe ED as frustrating, embarrassing and confidence-robbing? What are your thoughts on this?

A lot of the men that I've spoken to who have come to me to talk about their ED and to seek help for it really do tell some heart-wrenching stories about how it's really been quite frustrating for them, embarrassing for them and confidence robbing for them.

(17:05 – 17:31)

How does ED affect relationships?

ED can have a huge impact on relationships. And not only is that because it can have a huge impact on a man's sense of self, and their confidence in seeking intimacy and closeness. Sometimes it leads to avoidance as well, and that can lead to a misunderstanding in that relationship and in that relationship dynamic.

(17:31 – 17:53)

Can ED be treated?

It can be very easily treated, and there are a lot of treatment options available, ranging from behavioural modifications or lifestyle modifications, medication injections, devices, or even surgery.

So there is a lot of help out there. They do not need to live with this.

(17:53 – 18:12)

Why is timely and effective treatment so crucial for men living with ED?

Timely and effective treatment is so crucial for men living with ED because the longer it goes on, the harder it can become to treat, and that's where sometimes more invasive treatment options are therefore needed in order to restore sex life.

(18:12 – 18:47)

How can we shake the stigma associated with ED?

ED still carries with it a lot of stigma, and that's really unfortunate. I wish it didn't. I think that by talking about it more, by realizing how common it is, I hope that men will be empowered to not feel so much shame and stigma with it, to seek help. And I think that by talking about it more, we can support each other, so that ED does not have to have such a devastating impact on people's mental health, and on how they relate with other people, and on their quality of life.

(18:47 – 19:12)

What is your message to men living with ED?

Please don't feel shame in seeking help and telling your healthcare providers that you do suffer from this condition and need help, because although it's common, it's not normal, and you don't have to live with it. It's not the end of your sex life. So please feel empowered to tell your GP, seek help from your healthcare provider because there are a lot of treatments available.

**Ken, 70,
PCaHELP Founder and Chair who
developed ED after surviving prostate
cancer, *PERTH***



(19:19 – 19:33)

When and at what age were you diagnosed with prostate cancer?

I was diagnosed with prostate cancer in June of 2013. I was 59 years of age at that time.

(19:33 – 19:46)

What were you most concerned about regarding undergoing treatment for prostate cancer?

One of the things I was really concerned about was the side-effects. That is, erectile dysfunction or ED.

(19:46 – 20:18)

What is the Prostate Cancer Help Association Incorporated (PCaHELP) and why did you choose to establish the organisation?

PCaHELP is a not-for-profit Association which is run entirely by volunteers. And the reason we set it up was two-fold. Firstly, we wanted to try and raise awareness of prostate cancer, we want to help people who have experienced prostate cancer. We want to provide services for them that help them through their journey.

(20:18 – 20:44)

You considered forgoing prostate cancer treatment to minimise your risk of developing ED. Can you reflect on this?

I thought, well, prostate cancer is a slow growing disease. Maybe I've got some years, and we had a long discussion, my wife and I together about it, and she said to me, 'I'd rather you alive and not functioning sexually than to be dead after a few years. So it sort of made the decision.

(20:44 – 21:02)

What symptoms of ED, if any, were you experiencing before undergoing prostate cancer surgery?

Right up till the day before I had prostate cancer surgery, I had no symptoms whatsoever of ED. And it wasn't until after the surgery that I experienced the ED symptoms.

(21:02 – 21:30)

How did you feel when your surgeon told you he couldn't keep the nerves?

I'd been through a major surgery at that stage. I had open radical surgery, so it was quite a significant operation that I'd been through. I had tubes linked up all over me. So you're sort of thinking, how am I going to recover from this? And now, now I've been told that also I've got a problem with the nerve.

(21:30 – 21:54)

How did you feel after you were diagnosed with ED following prostate cancer treatment?

I went back to see my Urologist and he said to me, well, maybe another year, give it another year and see how you go. So at three years I went in to see him, and he told me, 'if there's no function at this stage, there's never going to be any function'. And I remember walking out of his rooms totally devastated. I thought it was the end of the world.

(21:54 – 22:20)

How does it feel to live with ED?

Living with ED changes your life totally. You basically lose your manhood. It's something that's an important part of every man, and all of a sudden, it's not there anymore. So it's devastating. You feel shameful about it. You want to try and hide from it. Mentally, it's totally debilitating.

(22:20 – 23:04)

How has living with ED as a side-effect of prostate cancer treatment affected your mental health and wellbeing?

Prostate cancer is obviously a life-changing diagnosis. It has the potential obviously, to end your life if you don't get treatment for it. So it's important to go down that path. But there are significant side-effects from any prostate cancer treatment. The mental effects of having prostate cancer side-effects are probably worse than the initial diagnosis to start with. And we have to learn to live with them. But we also need to know that there are solutions out there for us, and there is help available.

(23:04 – 23:27)

How did living with ED affect your relationship with your wife?

I was frightened that losing that part of our very intimate relationship together could lead to a breakdown in our relationship. And I expressed that to Nola, and we talked through the process, and very luckily, she was very supportive, and helped me along the whole way.

(23:27 – 23:56)

Can you reflect on the challenges of surviving prostate cancer and then developing ED?

On the one hand, you're worried about your survival as a man, and on the other hand, you're also worried about your physical ability to function by having erectile dysfunction. And when you combine the two of those, they compound the effect on your mental health, and the anxiety levels just crank up.

(23:56 – 24:22)

How important is a partner's support to those living with ED?

Up to two in three men have indicated that it's extremely important to them to have their partner share the journey with them. And from a prostate cancer point of view, you need support. We always stress to men that if you've got a partner, bring them along to a support group. They're the people who can help guide you through.

(24:22 – 24:52)

How long did you spend trialing ED treatment options?

I spent three years following my prostate cancer treatment, trialing a whole plethora of different treatment options, and none of them really gave me what I was looking for. At the end of the day, it didn't give me back my normal sexual function. I eventually found an effective treatment that worked for me, and it's important to find something that works for you, because every man is different in this process.

(24:52 – 25:14)

Why is effective treatment so crucial for men living with ED?

Effective treatment is extremely crucial for men living with ED, because it's like any illness that you have. If you just put it on the shelf and think it's going to go away, it's not.

It will just get worse over time. It eats away at you.

(25:14 – 25:43)

Why have you chosen to share your story of living with ED?

I've chosen to share my story with the community of living with ED because I think it's vitally important that men understand that there's help out there, and there are people who have been through exactly the same things as what they're going through. If you can talk to someone, and share that knowledge and experience with them, it's a game changer. It really is.

(25:43 – 25:59)

What is your message to other men living with ED?

step up and take a bold step and just say, well, who's out there, who can help me? Talk to your GP first. Get specialist treatment as you need it, and it will change your life.

**Peter, 64,
Business Consultant, father and
grandfather who developed ED after a
traumatic sporting injury, *BRISBANE***



(26:05 – 26:26)

What events led to your diagnosis of erectile dysfunction or ED?

I'd always prided myself of being a great cricketer, but apparently I wasn't because I was involved in a traumatic injury in around 1997 where the inevitable happened when you're playing cricket and I got some severe damage which led to erectile dysfunction.

(26:26 – 26:56)

What was the cause of your ED?

The cause of my ED came from vascular trauma, so simply the blood flow that would normally make these things happen wasn't happening correctly, and so I just knew things weren't right. And so when I saw this men's health specialist, he was able to do the diagnosis using all kinds of wonderful chemistry to say the blood flow just isn't there.

(26:56 – 27:10)

For how long do you suspect you had been living with ED before your diagnosis?

I think I was suffering from ED at various levels for probably five years before the formal diagnosis came.

(27:10 – 27:44)

How challenging was it to discuss your ED symptoms with your partner at the time?

I think one of the things that the challenges to partners when you've got someone who's suffering from ED is that we might be feeling sad and sorry for ourselves, but you got to feel for the partners that they're going through hell as well.

They're watching their partner with anxiety, with depression, with all kinds of problems, and they're saying, am I not adequate? Is there something wrong with me? And so I was very fortunate that I had a partner who understood and could give empathy and came on the journey with me.

(27:44 – 28:18)

How challenging was it to discuss symptoms with a healthcare professional, and why?

Heading off to talk to a health professional to declare that I think, or I know I've got a problem was a really tough thing to do, because it's not blokey, and we're not supposed to have those problems. And it's fascinating because we have a car and something goes wrong, we take it straight to the mechanic. We have our own bodies. We do nothing about fixing the problems that we have, and so it was a challenge, but once I took that challenge on and found a doctor that had great empathy, it became easy.

(28:18 – 28:48)

Would you have been more likely to have sought treatment for ED earlier, had your GP raised the topic during a routine health check?

It's like, you have your car serviced, the brakes, okay, the tyres are okay. Is your heart okay? Is ED an issue for you? I think if those things were addressed with a patient, it would make it so much easier for the patient to come out of the front foot. None of us actually want to put our hands up and say, I think I've got a problem. So a health professional that actually walked you through it might make it really easy to say, yeah, give me a hand.

(28:48 – 29:17)

How does it feel to live with ED?

I don't think anyone can truly understand the effects of living with ED. The anxiety, the depression, the challenges, the feelings of low self-worth, the feelings, I'm not good enough. The feelings of why this happened to me can really drive you crazy. You feel so inadequate, and you wonder, is there actually a light at the end of this tunnel?

(29:17 – 29:44)

How did living with ED affect your partner?

Whilst we might be having a pity party for ourselves about the challenges that we're going through, it's really important to just stop for a minute and think about the challenge it is for your partner. That's a really tough thing for them to understand. Am I good enough? Am I not attractive anymore? Is there anything else that I can do? There is a sense of helplessness from your partner, and you really got to acknowledge that and understand the challenge that it is for them. And so do it for yourself, but do it for your partner. Involve them on the journey.

(29:44 – 30:09)

Can you reflect on the new Australian research revealing many Australian men living with ED are suffering in silence?

There is some amazing research around that doesn't surprise me, that shows that so many Australian men are suffering in silence, and they don't need to. There's so much good advice out there. There's so many solutions that are available out there. All you need to do is put your hand up.

(30:09 – 30:39)

New Australian research reveals as many as 1 in 2 Aussie men aged 40+ years have experienced ED in the past 12 months. Can you reflect on this?

Around one in two Australian men upwards of 40 years of age, have suffered from ED in the last 12 months. So if you're feeling that you're alone, I can promise you, the research says you are not alone. That this is quite a common thing, and we need to normalise it, and make the opportunity and the comfort for you to have conversations with your health professional because you are certainly not alone. The stats tell us that.

(30:39 – 31:13)

Around 2 in 5 men (43%) living with ED report the condition has compromised their mental health. What are your thoughts on this?

Some research I've read recently says that around two out of five Australian men are suffering with some terrible and debilitating mental trauma as a result of their ED – anxiety, depression, feelings of not being up to life, relationship challenges, and it's so sad that's two in five are going through those challenges, and that can be absolute hell.

(31:13 – 31:44)

Men living with ED describe their experience as “frustrating, embarrassing and confidence-robbing”. What are your thoughts on this?

If you've been suffering with ED, you'll be going through challenges of confidence and self-doubt and frustration. All of those things are there, and it's really, really hard to get through those challenges. But if you don't address those things, they will just get worse. And so do yourself a favour. Do your partner a favour. Do the rest of your life a favour and seek some medical help because there is a solution for you. You just have to ask.

(31:44 – 32:18)

14% of men living with ED mistakenly believe nothing can be done about it, and use this as a reason for not seeking treatment. What are your thoughts on this?

Aussie blokes are characters. We just are. It's who we are, and we kind of sometimes value the wrong things in our lives. We've got a lovely car that as soon as a spark plug starts to play up, as soon as there's an oil leak, we race off to the mechanic to get it fixed. But in our own bodies, our own bodies that might be going through a challenge, we say it's okay. We don't need to do that. Quite frankly, if we don't look after ourselves, it's fair to say that our warranty is stuffed.

(32:18 – 32:54)

Why is it important for men to seek treatment for their ED?

Aussie men of my vintage and maybe others, but certainly my vintage, we are so blokey, blokey about things. We want to be tough and what's wrong with you, mate? There's something wrong. Can't you lift it? Well, sometimes parts break. Sometimes things go wrong, and if that happened to your car, you'd get it fixed. Well, it's happening to your body. There's no shame in that game. Like, don't suffer in silence. Put your hand up, do something about it. It rests with you.

(32:54 – 33:20)

Why is effective treatment crucial for men living with ED?

The effective treatment of ED is critical. It's critical for you. It's critical for your relationship. It's critical for your mental wellbeing. It's critical for your lifestyle. I'm living proof to tell you that your life can be a whole lot better. You just got to put your hand up and say, I need some help.

(33:20 – 33:47)

Why have you chosen to share your story of living with ED?

Being public, sharing my story absolutely comes with some challenges. But if one Australian man listens to me and takes my advice and does some research and reaches out to a health professional who specializes in solutions for men with ED, if one Aussie male does something about it and changes their lives, I'm a happy man.

OVERLAY

TIME CODES	DESCRIPTION
3D animation	
33:52 – 34:02	Walking man animation with highlighted crotch area
Professor Helen O’Connell, AO, Urological Surgeon, and President, Urological Society of Australia and New Zealand (USANZ), MELBOURNE	
34:07 – 34:14	Medium c/u of Prof O’Connell looking up
34:14 – 34:21	Mid shot of Prof O’Connell’s certificates
34:21 – 34:26	Panning (down) c/u of Prof O’Connell’s certificate
34:26 – 34:31	Wide shot of Prof O’Connell walking out of life
34:31 – 34:38	Mid shot of Prof O’Connell entering consulting room and zooming into name signage
34:38 – 34:59	Wide shot of Prof O’Connell entering consulting room and showing papers to her receptionist
34:59 – 35:06	C/u of Prof O’Connell looking at her computer
34:06 – 35:12	Panning (down) c/u of Prof O’Connell typing
Professor Jeff Dunn, AO, Chief of Mission and Head of Research Prostate Cancer Foundation of Australia, BRISBANE	
35:15 – 35:27	C/u of Prof Jeff Dunn AO looking up at camera, smiling, in slow motion
35:27 – 35:38	Pan up of Prostate Cancer Foundation (PCFA) signage – c/u
35:38 – 35:46	C/u of blurry PCFA signage, pulling into focus
35:46 – 35:55	Panning mid-shot of Prof Dunn AO working on his computer
35:55 – 36:01	Extreme c/u of Prof Dunn AO looking at computer screen
36:01 – 36:21	C/u to midshot blurring rear of Prof Dunn into focus of computer screen, scrolling through website content, prostate cancer and erectile dysfunction
36:21 – 36:30	C/u of Prof Dunn’s hand scrolling on computer mouse
36:30 – 36:49	Mid-shot of Prof Dunn & colleague Svenn discussing Prostate Cancer Foundation Australia (PCFA) website
36:49 – 38:26	Mid to wide shots of men walking along street; crossing street, looking at mobile phone
Dr Amanda Chung, Urological Surgeon, Sydney Urological Associates, and Chair, North Shore Urology Research Group, SYDNEY	
38:30 – 38:41	Panning shot of San clinic building, from top to bottom
38:41 – 38:50	C/u of San clinic signage
38:50 – 38:59	Wide panning shot of San clinic building, from left to right
39:00 – 39:11	Mid-shot of Dr Amanda Chung smiling at the camera (stationary)
39:11 – 39:23	C/u of Dr Chung looking up at camera in slow motion, breaking into a smile, camera slowly moving
39:23 – 39:33	Mid-shot of Dr Chung walking down corridor, beyond camera x2
39:33 – 39:43	Wide shot of Dr Chung from rear, opening door to her ‘Sydney Urological Associates’ clinic
39:43 – 39:51	Mid-shot of Dr Chung opening door to her clinic featuring ‘Sydney Urological Associates’ signage

39:51 – 40:04	Wide shot of Dr Chung entering her clinic and speaking with her receptionist
40:04 – 40:13	Mid-shot of receptionist speaking to Dr Chung
40:13 – 40:24	Mid-shot of Dr Chung smiling and chatting with her receptionist
40:24 – 40:33	Wide shot of Dr Chung walking towards camera and turning into her clinic room
40:33 – 40:45	C/u of Dr Amanda Chung signage
40:45 – 40:49	Mid-shot of Dr Chung sitting at her desk, scrolling through content on her computer screen (from rear)
40:49 – 40:57	Extreme c/u of Dr Chung's eyes looking at content on her computer
40:57 – 41:09	C/u of Dr Chung scrolling through treatment-related options for ED on computer
41:09 – 41:15	C/u of Dr Chung's hand on computer mouse, scrolling
41:15 – 41:24	C/u Dr Amanda Chung's screen looking at treatment options for ED
41:24 – 41:35	Wide shot of Dr Chung walking down corridor to greet male patient, shaking hands and walking into her consulting room
41:35 – 41:43	Mid-shot of patient greeting Dr Chung and shaking hands
41:43 – 41:59	Wide-shot of Dr Chung and patient walking down corridor to her consulting room
41:59 – 42:20	Mid-shot of Dr Chung performing patient consult
42:20 – 42:28	C/u Dr Amanda Chung's name whilst she consults in the background
42:28 – 42:37	Mid-shot Dr Chung speaking with patient
42:37 – 42:51	C/u of Dr Chung speaking with patient
42:51 – 43:00	C/u of patient's hand on chair
43:00 – 43:09	C/u of patient in consultation
43:09 – 43:17	Mid-shot of male urinary system picture on wall
43:17 – 43:24	C/u patient in consultation with Dr Chung
43:24 – 43:35	C/u of Dr Chung in consultation
43:35 – 44:19	C/u of Answers for Men brochure in stand on desk
44:19 – 44:55	C/u of Dr Chung showing Answers for Men brochure to patient, and flipping through pages of brochure, landing on HARDFacts.com.au page, closing brochure and passing to patient
44:55 – 45:05	C/u of male patient nodding in discussion with Dr Chung
45:05 – 45:15	C/u of erectile dysfunction brochures with Dr Chung's hands moving, in shot
45:15 – 45:21	C/u of Dr Chung speaking
Ken, 70, PCaHELP Founder and Chair who developed ED after surviving prostate cancer, PERTH	
45:22 – 45:40	C/u of Ken looking up at camera, smiling
45:40 – 45:47	Extreme c/u of Ken looking up at camera, smiling
45:47 – 45:56	Mid-shot of Ken and his wife smiling at camera
45:56 – 46:02	Mid-shot of Ken and Nola walking
46:02 – 46:12	C/u shot of Ken & Nola walking
46:12 – 46:19	C/u of Nola walking
46:19 – 46:24	C/u of Ken and Nola's dog walking
46:24 – 46:31	Extreme c/u of Ken and Nola holding hands
46:31 – 46:43	Mid shot of Ken and Nola walking with their dog

46:43 – 46:53	C/u of Ken sitting with Nola on a bench in the park
46:53 – 46:59	C/u of Ken and Nola talking
46:59 – 47:05	C/u of Nola kissing Ken and talking to him
47:05 – 47:11	Mid shot of Nola and Ken kissing and talking
47:11 – 47:18	Medium wide shot of Ken and Nola's dog playing fetch whilst they sit in the background
47:18 – 47:28	Extreme wide shot of Ken and Nola walking on beach
47:28 – 47:44	Wide shot of Ken and Nola walking on beach
47:44 – 47:51	Mid shot of Ken and Nola walking on beach
47:51 – 47:59	Mid shot of Ken and Nola walking on beach (from rear)
47:59 – 48:05	C/u of Ken and Nola's feet walking on beach
48:05 – 48:11	C/u of Ken and Nola walking on beach (from rear)
48:11 – 48:19	Mid shot of Ken and Nola walking on beach (from rear)
48:19 – 48:40	Panning shot of Ken and Nola walking on beach against the coastline
48:40 – 48:52	Extreme c/u of Ken and Nola's feet walking on beach
48:52 – 49:01	Extreme wide shot of Ken and Nola walking on beach (drone)
49:01 – 49:08	Mid shot of Ken talking to Nola
49:08 – 49:14	Mid shot of Nola talking to Ken holding a tea
49:14 – 49:20	Mid shot of Nola and Ken talking to each other drinking tea
49:20 – 49:26	Extreme c/u of Nola holding her tea
49:26 – 49:37	Mid shot of Nola and Ken talking to each other
49:37 – 49:45	Mid shot of Ken bringing a tea to his desk
49:45 – 49:54	C/u of Ken typing on computer
49:54 – 50:01	Extreme c/u of Ken typing on his computer
50:01 – 50:10	Mid shot of Ken scrolling through his computer and working
50:10 – 50:26	Wide shot of Ken across from table out of focus to in focus
50:26 – 50:37	C/u of Ken scrolling through PCaHELP website
50:37 – 50:58	Extreme c/u of Ken scrolling through PCaHELP website
50:58 – 51:11	Mid shot of Ken getting onto his bike and riding it down the street
51:11 – 51:26	Wide shot of Ken riding bike through streets
Peter, 64, Business Consultant, father and grandfather who developed ED after a traumatic sporting injury, BRISBANE	
51:32 – 51:46	<i>c/u Peter looking up at the camera</i>
51:46 – 51:57	<i>c/u Peter looking up and smiling at the camera</i>
51:57 – 52:02	<i>Wide shot of Peter working at his work from home desk setup</i>
52:06 – 52:10	<i>c/u of Peter's laptop screen</i>
52:10 – 52:14	<i>c/u of Peter's face looking at work laptop</i>
52:14 – 52:18	<i>Extreme c/u of Peter typing</i>
52:18 – 52:20	<i>Wide shot of Peter working at his desk</i>
52:20 – 52:27	<i>Mid shot of Peter walking to his barbecue</i>
52:27 – 52:35	<i>C/u of Peter cleaning his barbecue</i>
52:35 – 52:43	<i>Wide shot of Peter walking away from his barbecue</i>
52:43 – 52:46	<i>Wide shot of Peter walking in a park towards the camera</i>
52:46 – 52:56	<i>Wide shot of Peter walking in a park out of focus</i>
52:56 – 53:05	<i>Mid shot of Peter sitting on a park bench looking out at the river (from rear)</i>

53:05 – 53:12	<i>Mid shot of Peter sitting on park bench looking out at the river (from side)</i>
53:12 – 53:20	<i>Panning c/u of Peter sitting on park bench</i>
53:20 – 53:26	<i>Wide shot of Peter sitting on park bench (from front)</i>
53:26 – 53:35	<i>Mid shot of Peter sitting on park bench looking out at river (from beneath)</i>
53:35 – 53:40	<i>Mid shot of boats sitting in river</i>
53:40 – 53:55	<i>Mid shot of Brisbane River Citycat</i>

ends#

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