



THE WALNUT

August 2013

Newsletter of the Prostate Cancer Support Group - ACT Region Inc.

Affiliated with the Prostate Cancer Foundation of Australia



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Monthly meetings

All men and women are welcome to attend our regular monthly meetings. No notice is required - simply come along and introduce yourself, or contact one of the people listed later in this newsletter.

When

Meetings of our support group are held on every 3rd Wednesday of the month except in December.

Usual Location

Room 22, Building 1, Pearce Community Centre, Collett Place, Pearce, ACT 2607. See our web site here for details and map showing the location: <http://tinyurl.com/bjoyczu>

Time

6:30 for 7:00

Next meeting

The next meeting will be on Wednesday, 21 August 2013. The guest speaker is Emily Woolford. Emily is a Clinical Trials Coordinator and one of 13 staff at the Clinical Trials Unit at The Canberra Hospital. The Clinical Trials Unit is involved in research studies investigating multiple areas of medicine, including cardiology, gastroenterology, endocrinology, immunology, respiratory and preventive health. Emily's major interest at the moment is a large primary preventive study called ASPREE, (ASpirin PReventing Events in the Elderly) and she will tell us about that at the meeting.

After that presentation we will have time for members to bring us all up to date on their progress and to have a questions and answers session about any matters that members are interested in discussing. General business and housekeeping matters will follow, then supper.

Contact us

Postal address

Prostate Cancer Support Group - ACT Region Inc.
PO Box 717, Mawson, ACT 2607

Personal support

If you would like immediate support, advice or assistance contact any of the following people:

President: Peter Daley
Phone: 02 6291 0612
Email: monashmm@bigpond.net.au

Committee member:
John Lucas
Phone: 02 6293 2532
Email: jandklucas@bigpond.com

Committee member, newsletter editor and web site manager:
Mike Boesen
Phone: 02 6254 3493
Email: mboesen2@gmail.com

Web site

Our web site provides details about the activities of the group, meetings, meeting location map, contact persons and lots of other useful information:

prostate-cancer-support-act.net

Disclaimer

From time to time in our newsletters we provide information about developments in the diagnosis and

treatment of prostate cancer, research articles, documents, audiovisual products, presentations and other interesting materials. However, the Group's Executive and the editor of this newsletter do not have the medical expertise required to make an informed evaluation of the conclusions and recommendations presented in such materials, and we have not verified such conclusions and recommendations through appropriately qualified medical professionals.

The information presented in this newsletter must not be interpreted as being endorsed or recommended by the Executive or the editor. Any recommendations made in such materials may not be applicable in your particular case. Before implementing any recommendations made in the materials that are reported, it is essential that you obtain advice from appropriately qualified medical professionals. The view of the Group's Executive is that no two prostate cancer cases are alike and that no single treatment option is better than any other in all cases. While the information in this newsletter should be of interest, there is no substitute for getting informed medical advice from your own GP, specialists and other medical professionals.

From the editor

This edition provides information about our last meeting, past and future events of interest, and research and reports that could be of interest.

If you are aware of news, products, publications, web sites, services or events that may be of interest to members of the group I'd be happy to be informed of them. If you have received this newsletter indirectly and would like to be emailed a copy directly please send me an email. I'm happy to also add any of your friends to the email list. Past issues of *The Walnut* can be downloaded from this page of our web site: <http://tinyurl.com/42fyrcd>

Mike Boesen

President's report

I was pleased with the attendance at our 17 July 2013 meeting, considering it was the final of the Rugby League State of Origin series. Instead of a Guest Speaker, Mike Boesen, our Editor and Webmaster, took the group through the June 2013 update of a presentation that had been given originally by Dr. Joe Enis (retired neurologist) at the NSW/ACT Chapter Council Conference in Tamworth in March 2012. Joe's situation is worth noting – he had an incredibly high PSA reading and diagnosis of advanced, metastasised prostate cancer 7 years ago and a prognosis of a life expectancy of 2 years. In addition to his treatment

(hormone therapy and IMRT) Joe implemented a comprehensive regime of diet, supplements and lifestyle changes. He has been on complete remission for the last 6 years and has a PSA less than 0.01. I saw the original presentation in Tamworth and revisiting it confirmed my view that the contents are well worth consideration by all prostate cancer patients and people who are at risk of developing the disease. I often judge the success of a speaker's presentation by observing the interest or lack of interest of the audience – I have to say with this presentation, members were totally focussed on the content of the presentation. (*Joe's 2013 presentation can be downloaded from our web site - see links on this page:* <http://tinyurl.com/mrbto8f> Ed.)

As was mentioned at the past two meetings, our big event for 2013 will be our awareness marquee at the Murrumbateman Field Days being held this year on Sat-Sun 19-20 October. A number of members have indicated their intention to assist at either the morning or afternoon sessions on one of the two days but we still require more helpers, particularly on Saturday morning. The sign-on sheet will be available at the August and September meetings, so if you can spare a few hours please put your name down on a day and shift that suits you best. The Field Days are a most enjoyable event and most members, over the years, have enjoyed the rural atmosphere and exhibits. Helping merely consists of handing out pamphlets, fielding a few questions and passing on information about our group's work. Then you can go and check out the livestock and exhibits!

There have been a couple of very important announcements by the Government in the past few weeks – on 14 July the Federal Health Minister announced that the Commonwealth Government has allocated some \$17M to fund additional Prostate Nurses. Our Committee will lobby seeking to have at least one additional Prostate Care Nurse funded for Canberra. As we indicated in the July edition of our newsletter, last month the Government announced that Zytiga (Abiraterone) would be put on the PBS from August 2013. This follows prolonged pressure from PCFA and individual members of the community. The original cost of such treatment (\$3,300- \$3,800) was extraordinary so listing on the PBS is great news indeed. This drug can be used for men who have undergone Taxotere chemotherapy and has been shown to be effective in extending life and improving the quality of life of people with advanced prostate cancer.

Our Guest Speaker for the August meeting is Emily Willford. Emily is a graduate from Wollongong University, currently completing her Masters in Clinical Epidemiology. She is planning to commence a PhD in primary disease prevention next year. Her current focus is a large primary preventive study called

ASPREE, (ASpirin PReventing Events in the Elderly) and this is main subject she will be concentrating on in her presentation. It will be a very interesting talk and I encourage you to attend.

I have reminded members over the past two meetings about the Annual General Meeting of the Group at our September 18 monthly meeting. The formal notification of that meeting appears below. There will be vacancies for 2013/14 following the formal resignation of the current executive committee at the AGM and I am asking members to consider nominating themselves for election to the committee for the coming year. The Group is currently in an envious position because of some 7 years of hard work by a small number of members – we need to keep our activities going but that will only occur if other members are now prepared to become involved in the work of the Committee. I will have nomination forms available at the August meeting – please give this some serious thought.

Keep Well,

Peter Daley

Notice of 2013 Annual General Meeting

Members are advised that the Annual General Meeting of the Prostate Cancer Support Group - ACT Region Inc. will be held on Wednesday, 18 September 2013 at the SHOUT Building, Pearce Community Centre, Collet Place Pearce, following the monthly meeting to be held at 7.00pm.

The Business of the meeting shall be:

- a. to confirm the Minutes of the last preceding Annual General Meeting;
- b. to receive from the Committee reports on the activities of the Group during the preceding financial year, including but not limited to:
 - the audited statement of the Group's accounts in respect of the most recently ended financial year of the Group; and
 - a copy of the Auditor's report to the Group in relation to the Group's accounts for that financial year;
- c. to elect the members of the Group's Committee for the coming year;
- d. to appoint the Auditor and determine remuneration for that work; and

- e. to determine the remuneration of any servants of the Group.

George Kayaba
Secretary

PCFA request for members to participate in research study

We have been requested by PCFA to bring to the attention of members of our group a research study that has been approved by PCFA's Consumer Research Advisory Committee and to encourage members to participate in the study. The Executive is supportive of the idea that members participate. The content of the email from the PCFA follows:

The project

La Trobe University PhD student Chris Thomas is conducting important research that focuses on men's health and related quality of life. Such quality of life can be influenced by a number of factors, some of which include: Body Image, Self-esteem, Sexual function and Urinary function. This study has been approved by the La Trobe University Human Ethics Committee, La Trobe University, Victoria. Phone: (03) 9479 1443 or e-mail humanethics@latrobe.edu.au

Who can be involved and how?

1. To be eligible for this study you must:
 - o Be a male
 - o Be 30 years of age or older
 - o Be living in Australia
2. The method of choice for this project is an online survey. The survey will take less than ten minutes to complete. The survey is easy to navigate as it provides step by step instructions.
3. Your responses will remain **anonymous** and will be automatically entered into a research website database (Survey Monkey). Please access the survey using the link below:
<https://www.surveymonkey.com/s/MensHealthSurvey1>
4. Please forward this information to your friends and family and feel free to post this it on Facebook. We hope that whether you are forwarding this message to a **male or female friend**, young or old, we will reach a significant number people that are **30 year old males or older, living in Australia**.

Why should you do this?

By completing the survey you will be helping to fill the knowledge gap which currently exists in relation to the health related quality of life of Australian men. Thank you in advance for either completing the survey and/or forwarding the survey to as many people as

possible. Should you have any queries regarding the study, how to access the survey or any other issues concerning this project, please contact Mr. Chris Thomas
C4thomas@students.latrobe.edu.au

Postscript: diet, supplements and lifestyle

At the 17 July 2013 meeting I took members through Dr Joe Enis' very informative presentation on diet, supplements and lifestyle. It is interesting to note that the appropriateness of a number of the recommendations that are made in Dr Enis' presentation are newly confirmed in a recent study undertaken by Dr Lenore Arab *et al.* The researchers reported that adherence to the [World Cancer Research Fund's \(WCRF\) recommendations](#) on diet and physical activity led to a lowered risk of aggressive prostate cancer at diagnosis. This research is reported in a 10 July 2013 [Medscape Urology News article by Megan Brooks](#).

I mentioned at the presentation that there was recent research suggesting that there may be an association between quality of sleep and prostate cancer. I do not have access to details about that study but it is reported in a [Nature Reviews Urology abstract](#) dated July 2013 in which it is stated: "Recent data from the prospective AGES–Reykjavik cohort study (n = 2,102) suggest that men who have problems falling and staying asleep are at a significantly increased risk of prostate cancer compared with men without sleep disruption (approximately twofold). When restricted to advanced prostate cancer ($\geq T3$ or lethal disease), this association was even stronger (approaching threefold)." Whether or not the researchers regard the association as indicating a causal relationship is not specified in the abstract.

I also mentioned that there were reports of recent research that had found that there is a relationship between intake of Omega-3 fatty acid and risk of developing prostate cancer. See for instance Roxanne Nelson's [19 July 2013 article in Medscape Medical news](#) (updated now to 1 August 2013). In that article it was stated that: "A high intake of omega-3 fatty acid, which is found in fish oil, might significantly boost the risk of developing prostate cancer, according to a prospective study. Overall, men who had high blood concentrations of long-chain omega-3 polyunsaturated fatty acids (PUFA) had a significant 43% increase in the risk for all grades of prostate cancer, compared with men who had the lowest concentrations. The risk for high-grade disease was increased by 71%. The results of the study, led by Theodore M. Brasky, PhD, from the Ohio State University Comprehensive Cancer Center in Columbus, were published online July 11 (2013) in the *Journal of the National Cancer Institute*." However,

the methodology of the study has been criticised on a number of grounds as can be seen for example in the many Comments appended to that article, and in this [26 July 2013 Medscape Urology News article](#) by Dr G Chodak. Dr Chodak concludes: "The bottom line is that we cannot determine from this study design whether the intake of omega-3 fatty acids will cause prostate cancer and raise a man's risk for high-grade disease. The media has taken this and sensationalized the risk associated with omega-3 fatty acid intake, but I believe that the attention is overplayed and the concerns about the study design were not mentioned at all. At the end of the day, this study does not prove that intake of omega-3 fatty acids causes prostate cancer or increases a man's risk for high-grade disease. We would need better-designed trials that are prospective and randomized to be able to make such a claim. Until that is done, we will have to weigh the pros and cons of taking omega-3 fatty acids in terms of its other potential health benefits to decide what to do. Whether it causes prostate cancer is not determined by the results of this trial." It seems prudent therefore that the widely reported research should not be regarded as proving that there is a causal relationship between intake of Omega-3 fatty acid and risk of prostate cancer.

Mike Boesen

Recent articles and reports that might be of interest

The following articles that have appeared recently on web sites or other sources may be of interest to some members. The group's Executive has not attempted to evaluate the articles' findings and conclusions or the credentials of the authors. The articles are simply being drawn to your attention so that you can make your own evaluations.

Possible association between hormone treatment and increased risk kidney disease

In a July 2013 [WebMd article by Dennis Thompson](#) information is provided about a retrospective study that indicated an association between androgen deprivation therapy and risk of kidney disease. It is pointed out in the article that the study methodology is one that relies on past medical data and it was not a study that compares risk for a control Vs a treatment group. Thompson obtained the opinion of Dr Durado Brooks of the American Cancer Society who is reported as stating that the study "...did find what would appear to be a fairly strong association between androgen deprivation treatment and acute kidney injury..." and that "This is something that men and their

clinicians need to be aware of and watching out for if they choose to go with androgen deprivation therapy as part of their treatment plan for prostate cancer..." and that "These results are suggestive that an association may exist, but they are not definitive..."

5 α -reductase inhibitors and risk of prostate cancer in Swedish men

In a comprehensive 2013 [Medscape Urology News article](#) David Robinson *et al* report the results of a retrospective study to "...assess the association between 5 α -reductase inhibitor (5-ARI) use in men with lower urinary tract symptoms and prostate cancer risk." 5-ARI (dutasteride and finasteride) are used in the treatment of LUTS (Lower Urinary Tract Symptoms such as those of BPH (Benign Prostatic Hyperplasia). This was a "Nationwide, population based case-control study for men diagnosed with prostate cancer in 2007-09 within the Prostate Cancer data Base Sweden 2.0" The researchers gave consideration to two earlier randomised trials in which there was "...a decreased risk of prostate cancer overall in men on ... finasteride in the Prostate Cancer Prevention trial (PCPT) and dutasteride in Reduction by Dutasteride of Prostate Cancer Events (REDUCE) Trial." and "... a 23-25% reduction in risk of prostate cancer at biopsy for men receiving 5-ARI, compared with men receiving placebo, in both trials." but "...in both trials, there was also an increased risk of cancer with Gleason scores 8-10."

The authors state that in their retrospective study they determined that "Men treated with 5-ARI for lower urinary tract symptoms had a decreased risk of cancer with Gleason scores 2- 7, and showed no evidence of an increased risk of cancer with Gleason scores 8-10

after up to four years' treatment." However, having considered their own results and those from the two prior studies, the authors concluded that "...the effect of 5 α -reductase inhibitors on the risk of cancers with Gleason scores 8-10 is uncertain."

Statins not related to risk of prostate cancer specific mortality

In an item in the October 2012 issue of the Walnut I cited a study undertaken by Alon Mass *et al* in which they concluded that "Our findings are consistent with the results of the meta-analysis, which indicated that preoperative statin use does not impact the overall risk of biochemical recurrence."

In a 13 May 2013 [article in CancerNetwork Oncology](#) Anna Azvolinsky reports on a cohort-based study of 1,001 men with prostate cancer undertaken by Milan S Geybels *et al* in Washington USA. An abstract of that study and is reported [here](#). The outcomes studied were prostate cancer progression and recurrence and prostate cancer specific mortality. Azvolinsky reports that the study "...shows that those men who took cholesterol-lowering statins had a lower risk of dying from their prostate cancer Vs men who did not take these medications. The study also found that recurrence and progression were not related to statin use." Azvolinsky states that "The study does not yet suggest that clinicians should recommend statins for either prostate cancer prevention or treatment. Previous cohort-based studies have had varying results—supporting the benefit of statins for prostate cancer, or showing no link, as well as a study that showed an increased risk of prostate cancer. The jury is still out on whether statins can benefit a patient's prostate cancer prognosis."

Mike Boesen