



THE WALNUT

November 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 monthly meeting

The next meeting will be on Wednesday, 20 November 2013. Our guest speaker will be chiropractor Dr Shona Hutchinson. She will be presenting a follow up to the talk she gave us in June 2013. In particular she will address the subject of stress. A copy of the June presentation slides can be downloaded from this page on our web site: <http://tinyurl.com/3dktzm5>

There will be plenty of time for new attendees and existing members to discuss their status and to raise questions for which they would like answers. Since this is the last meeting of the year, at its end we will be providing pizzas, wine and soft drink as well as the usual tea and coffee for supper. There will be plenty of opportunity for discussion and networking with other members who have similar interests.

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: Chris Hansen
Phone: 02 6161 4135
Email: chriskayehansen@gmail.com

Treasurer:
John Lucas
Phone: 02 6293 2532
Email: jandklucas@bigpond.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

From the editor

This edition provides information about our last meeting, some events of interest, the next meeting, information about a special deal from Club Lime regarding gym membership and recent articles and reports 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 at mboesen2@gmail.com

I'm happy to add any of your friends and carers to the email list for the newsletter.

Past issues of *The Walnut* can be downloaded from this page of our web site:
<http://tinyurl.com/42fyrd>

Mike Boesen

Editor

President's report

The 16 October 2013 monthly meeting was attended by 23 people, including three new members. The guest speaker was urologist Dr Hodo Haxhimolla.



Dr Haxhimolla addressing the group

An important recent development that he informed us about was the availability in Canberra of MRI-guided biopsies. These can be undertaken through use of a 3-Tesla MRI machine operating at Universal Medical Imaging (UMI). It is located on the Calvary hospital campus. The 3-Tesla machine is more powerful than 1.5-Tesla equipment available elsewhere in Canberra. The higher power, together with its sophisticated imaging techniques, allows identification of prostate cancer lesions as small as 2 mm in diameter. It also enables more accurate guidance for the extraction of sample cores from the prostate and fewer cores are required in a biopsy. With fewer cores being required,

the risk of infection is reduced to about a half that for a biopsy procedure that is not guided by MRI. The new procedure still has some limitations - for example, people with pacemakers and some types of metal implants cannot be handled.

In the second part of his presentation Dr Haxhimolla showed a video of a robotic assisted prostatectomy. It was interesting to note that he indicated that except for some minor aspects there appears to be no major difference in patient outcomes for traditional laparoscopic and robotic-assisted laparoscopic surgery. Dr Haxhimolla noted that there were differences in suturing between open and laparoscopic surgery with open surgery suturing being limited to a small number of blind stitches, whereas laparoscopic or robotic-assisted surgery allowing continuous stitching. He pointed out that not everyone is suitable for robotic or traditional laparoscopic procedures. The presentation was of great interest to all those present and Dr Haxhimolla responded to a considerable number of questions from members at the end of his presentation.



President Chris thanking Dr Haxhimolla after his address

I reported that the German Auto Fest was held on Sunday 22 September. A number of our members staffed our marquee, collected donations and provided information to many of the people who attended the auto display. The event was well attended and resulted in a donation of \$455 cash from the VW Club which also donated \$1,200 directly to the PCFA. I informed members that I took part in two radio interviews in early October – one on 2CC to publicise the PCFA Rural Education Roadshow and the second on ABC 666 together with Dr Anthony Lowe to discuss the issue of prostate cancer more generally.

Three new members reported on their status: one had been diagnosed only recently and will be

contemplating his options; another was relatively young, aged 49, and had open surgery some 4 weeks ago and is still recovering; the third person is on the road of discovery, with an elevated PSA and having undertaken a biopsy recently.

I reported that Anthony Coelho has recuperated well after his operation and he is at home now. Hopefully we will see him and Rosetta at next month's meeting.

We finalized arrangements for our coverage of the Murrumbateman Field Days event to be held on 19-20 November. Advance warning of future action was given for the Queanbeyan Relay for Life walk which will be held on Saturday 15 February 2014 at Seiffert Oval. Details will be available at the next meeting. More details will be provided at the next monthly meeting.

Members were informed that chiropractor Dr. Shona Hutchinson will be the guest speaker at our next meeting. Details about the meeting and our get-together for our end of year supper are on page 1 of this newsletter.

Notes subsequent to the meeting: Our attendance at the Murrumbateman Field Days on 19-20 October was a great success - as in past years. We had a good turnout of volunteers and they gave out a record number of pamphlets.

Chris Hansen

Concessionary membership of Club Lime

Members will be aware of research that demonstrates the benefits of exercise for recovery after treatment for prostate cancer and in reducing risk of recurrence of prostate cancer.

As a consequence of an initiative of one of our members - Michael F-S - Club Lime is prepared to offer to our members a concessionary fee for their Platinum membership. This includes full access to all gyms in Canberra, a fitness assessment every 6 weeks and free use of the spa and steam room. Club Lime has gyms in Civic, Belconnen, Gunghalin, Mawson, Mitchell, Crace, Woden, Kingston, CISAC, Tuggeranong, Kaleen and Nichols. A letter of introduction plus proof of membership will be required to obtain the special rate. We will inform members when this necessary paperwork is available.

Chris Hansen

President

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.

Curent, new and novel therapy for castrate-resistant prostate cancer (CRPC)

In a Medscape Urology article by Josep M Gaya *et al* there is an informative brief review of therapies for CRPC. The conclusion drawn is:

"CRPC is a poor outcome scenario with limited treatment options. Advances in the understanding of the molecular mechanisms underlying CRPC has translated into a variety of treatment approaches. The number of treatment options for men with metastatic CRPC has increased over the last 2 years with recent FDA approvals. Docetaxel, abiraterone and sipulecel-T are currently the preferred first-line treatment options for CRPC; cabazitaxel is a new option for patients after docetaxel failure as well as abiraterone and enzalutamide (MVD3100) which have also demonstrated a survival benefit. Denosumab, a recent bone protecting agent has recently demonstrated its superiority compared with zoledronic acid in the prevention of SREs in men with bone metastases and CRPC, without impairing renal function. Having reviewed the incremental modest but much needed benefits conferred by these recently approved agents, novel and tolerable agents are necessary to make future gains. Promising new drugs are TAK-700, RA-223 and ipilimumab, have demonstrated promising results in Phase III studies and could soon be approved by the FDA. In addition, new data supporting the role of novel molecular targets are promoting new clinical trials with new drugs."

The article is [here](http://tinyurl.com/ouogrcj): <http://tinyurl.com/ouogrcj>

Enzalutamide found to be effective as a first-line treatment for castrate-resistant prostate cancer (CRPC)

In a Medscape Urology article by Zosia Chustecka dated 22 October 2013 the results of a trial of Enzalutamide (MDV3100) as a first-line treatment for CRPC is reported. The author states:

"The road ahead for first-line use in prostate cancer seems clear now for enzalutamide (Xtandi, Medivation/Astellas), after a pivotal phase 3 trial exploring this use of the drug was stopped early because of benefit. After an interim analysis showed significantly better overall survival with enzalutamide compared with placebo, the Independent Data Monitoring Committee recommended that the trial be stopped, and that patients who were receiving placebo should be offered the active drug."

The author goes on to say:

"The manufacturers released top-line results from the study in a press release. The companies said that the results will be presented at an upcoming medical conference. The companies also said that they will talk to regulatory authorities about these data in early 2014. The results show that patients treated with enzalutamide had significantly longer overall survival, showing a 30% reduction in risk for death compared with placebo ($P < .0001$), according to the companies."

The article is [here](http://tinyurl.com/mvn2yqr): <http://tinyurl.com/mvn2yqr>

Research indicating no association between metformin usage and risk of prostate cancer

In a Medscape Urology News article by Janis Kelly on 8 August 2013 is a report on a retrospective research study undertaken by David Margel *et al.* The study examined the association between cumulative duration of metformin use after PC diagnosis and all-cause and PC-specific mortality in men with diabetes. The Kelly article is here: <http://tinyurl.com/lebtb4u> An abstract of the research study was reported in the *Journal of Clinical Oncology* and is here: <http://tinyurl.com/mkw58q7> The authors concluded that

"Increased cumulative duration of metformin exposure after PC diagnosis was associated with decreases in both all-cause and PC-specific mortality among diabetic men."

There is a second recent article by the same authors, livepage.apple.com reported in [this Medscape Urology article](#): <http://tinyurl.com/nmsda4k> The authors are reported as concluding that:

"This large study did not find an association between metformin use and risk of prostate cancer among older men with diabetes, regardless of cancer grade or method of diagnosis."

Biomarker may predict which prostate cancers require treatment

In a Cancernetwork article dated 11 September 2013, Anna Azvolinzky reports research conducted by Cory Abate-Shen *et al.* at Columbia University. Azvolinsky states that the researchers have:

"...identified a 3-gene signature that could indicate whether a particular early-stage prostate cancer is indolent. The test relies on a tissue sample, and along with a prostate-specific antigen (PSA) test and a histology assessment, could help clinicians make an accurate diagnosis. The early results, including a blinded retrospective analysis of 43

patients, show that the signature can accurately predict which patients with low-risk disease would develop metastatic prostate cancer and which patients would not progress."

The genes involved are FGFR1, PMP22, and CDKN1A - all associated with aging. Azvolinsky goes on to state that a trial to validate the genetic signature is underway at Columbia University, and a national trial (in the USA) is being planned.

The article is [here](http://tinyurl.com/ln594xq): <http://tinyurl.com/ln594xq>

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.