



THE WALNUT

February 2014

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

Our next monthly meeting will be on 19 February 2014 at our usual location and time (see details here: <http://tinyurl.com/ley8grl>). The guest speaker will be Dr. Irmina Nahon who is currently Assistant Professor, Clinical Education Coordination at the University of Canberra and who also works as a pelvic floor physiotherapist with ACT Health. Irmina will tell us about treatment of incontinence and the importance of exercise after radical prostatectomy. Her great experience and expertise is well known to members. This will be a very informative and interesting presentation. Learn more about Irmina here: <http://tinyurl.com/n76r2ay..>

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, information about recent articles and reports of interest, and information about the Cancer Council's "Living well after cancer" program..

If you are aware of news, products, publications, web

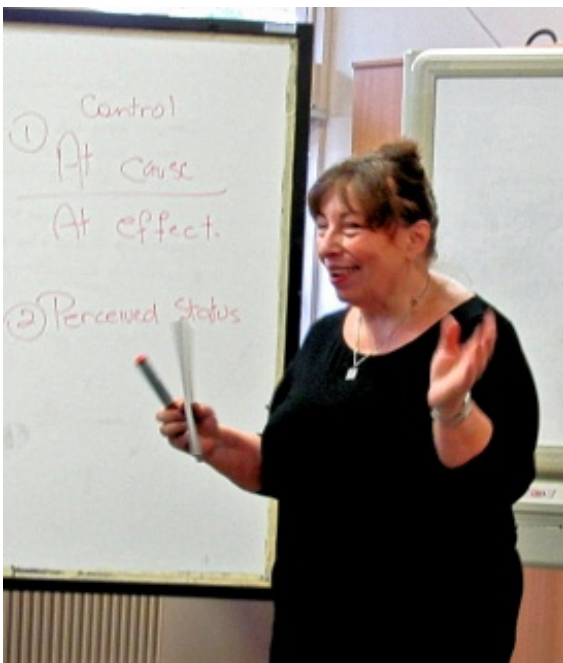
sites, services or events that may be of interest to members of the group I'd be happy to be informed of them. If you have received this newsletter indirectly and would like to be emailed a copy directly please send me an email at mboesen2@gmail.com

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/42fyrxd>

Mike Boesen
Editor

President's report

In my absence the 15 January 2014 regular monthly meeting was chaired by our Secretary George Kayaba. The guest speaker was Patricia Jones of Patrician Health. She informed members about the impact of Mindset on mood, health, and relationships and provide some easy to learn strategies on how to choose (design) your Mindset at will. She indicated that the population can be divided in a five social categories. How we are perceived by others depends on our presentation and this is quite important to our wellbeing. It is important to realise that when we are born this categorization is not present, but is dictated by the environment during the life of the individual. There are links between mindset and overall health and wellbeing of the individual.



Patricia Jones presenting

The presentation provoked lively interactions and discussion from the members. Before the end of the presentation we were divided in a groups of three to further probe the presented subjects. The take home message from the presentation was there are ways to improve the social standing and perception of the person. Patricia offered to conduct a two hour free group session to the members on the subject in future.



George thanking Patricia for her talk

Two new members informed the group about their situation and treatment. Useful discussion relating to their status took place.

The Queanbeyan 4WD Spectacular event occurred on the weekend of 1st and 2nd February. Despite the short notice received about the event from its organisers we were able have been able to provide a team to attend and provide information about prostate health and prostate cancer.



Michael Fullam-Stone (right) chatting to a 4WD enthusiast

The ACT Multicultural Festival will be held on the February 9 in Civic. While we won't have a separate stand, we will be represented at the SHOUT (Self Help Organisations United Together) marquee. Any members who are able to help out at the SHOUT marquee are welcome to attend on the day.

On 15 February the "Walk for Life" event will take place at Queanbeyan (Seiffert oval) from 10:00 am. The objective is to raise funds for the Cancer Council, although it's quite OK to attend simply to show solidarity. Not much actual exertion is needed and you can just do a single circuit of the Seiffert Oval if you

wish. Members are urged to participate in this event or to make a donation by sponsoring a member of our team. As we are Prostate Cancer survivors it is our event. Further information is available on the cancer Council's web site here: <http://tinyurl.com/m5xy7er>



Steve Sweet (left) and George Kayaba (right) providing information at the Queanbeyan 4WD event

The next monthly meeting will be at usual place and time on 19 February 2014 - see details on p1 of this newsletter.

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.

Current issues in the treatment of prostate cancer

In the September 2013 edition of the *Translational Andrology and Urology*; 2013;2(3) is an informative review by J L Silberstein et al relating to issues concerning treatment of prostate cancer. In the abstract of the article the authors make these observations:

"Prostate cancer is the most common malignancy and the second leading cause of cancer death in men in the United States. Close to \$12 billion are spent annually on the treatment of prostate cancer in the US alone. Yet still there remain tremendous controversies and challenges that exist in all facets of the disease. This review and discussion will focus on issues and challenges for clinicians and patients diagnosed with the disease.

"Appropriate risk stratification for men with newly diagnosed prostate cancer is an appropriate first step for all patients. Once risk-stratified, for those with low-risk of death, it is increasingly recognized that overtreatment creates an unnecessary burden for many patients. This is particularly evident when put in the context of competing comorbidities in an elderly population. For those with advanced or high-risk localized disease, under-treatment remains too common. For those with a high-risk of recurrence or failure following primary treatment, adjuvant or salvage therapies are an option, but how and when to best deploy these treatments are controversial.

"Recently, tremendous progress has been made for those with advanced disease, in particular those with metastatic castrate-resistant prostate cancer (mCRPC). Within the last 4 years, five novel FDA approved agents, acting through distinct mechanisms have been FDA approved for mCRPC. With the introduction of these new agents a host of new challenges have arisen. Timing, sequencing and combinations of these novel agents are welcomed challenges when compared with the lack of available therapies just a few years ago.

"In this summary of current clinical challenges in prostate cancer we review critical recent studies that have created or shifted the current paradigms of treatment for prostate cancer. We will also highlight ongoing issues that continue to challenge our field."

The full article can be read here:

<http://www.amepc.org/tau/article/view/2755/3626>

or: <http://tinyurl.com/n28gv3y>

Top studies and flops for 2013

Related to some of the issues mentioned in the Silberstein article, is the content in a *Medscape Urology* article dated 13 December 2013 by Shira Berman. He reports views of a number of prostate cancer experts regarding the "highs and lows of the year in metastatic castration-resistant prostate cancer". He summarises opinions gathered, in these terms:

"Across the board, the same 3 pivotal clinical trials rose to the top of the list of highpoints: the CYP17-inhibitor abiraterone and the androgen receptor antagonist enzalutamide both showing a survival benefit in the pre-docetaxel setting, and radium-223, the first alpha emitter, showing a survival benefit in both pre- and post-docetaxel patients." and

"When it came to the top disappointments for the year, the vote was again unanimous: our inability to discern a survival benefit with targeted therapies among patients with mCRPC...Sadly, there were so many failures in mCRPC investigation this year that the lists of studies didn't even overlap; Dr. Beer

pointed to the failed aflibercept, atrasentan, and zibotentan trials, while Dr. de Bono pointed to the failed dasatinib and ipilimumab trials."

The full article can be read here:

http://www.medscape.com/viewarticle/817732_2

or: <http://tinyurl.com/ktslk2s>

Positive surgical margin (PSM) rates amongst open laparoscopic and robot-assisted radical prostatectomy patients

In a European Urology article dated 24 November 2013 written by P Sooriakumaran et al is reported a large-scale study of PSMs for 22,393 patients who had radical prostatectomies through either open surgery, laparoscopic, or robot-assisted laparoscopic surgery. PSMs are a known risk factor for biochemical recurrence of prostate cancer after surgery. The authors state that:

"In this study, we compared the effectiveness of different types of surgery for prostate cancer by looking at the rates of cancer cells left at the margins of what was removed in the operations. We compared open, keyhole, and robotic surgery from many centers across the globe and found that robotic and keyhole operations appeared to have lower margin rates than open surgeries. How many cases a [medical] center and surgeon do seems to affect this rate for both robotic and keyhole procedures."

More details about the study can be read here: <http://www.ncbi.nlm.nih.gov/pubmed/24290695> and the full article is here: <http://tinyurl.com/l75yy63>

Transperineal biopsy of the prostate

In a Nature Reviews Urology article of December 2013 is reported an abstract of a review that compares the traditional TRUS-guided and the newer transperineal prostate biopsy procedures. The authors of the review are D T S Chang *et al.* Dr Chang is in the Fremantle Hospital and Health Service in Fremantle WA. The abstract states:

"Transperineal prostate biopsy is re-emerging after decades of being an underused alternative to transrectal biopsy guided by transrectal ultrasonography (TRUS). Factors driving this change include possible improved cancer detection rates, improved sampling of the anteroapical regions of the prostate, a reduced risk of false negative results and a reduced risk of underestimating disease volume and grade. The increasing incidence of antimicrobial resistance and patients with diabetes mellitus who are at high risk of sepsis also favours transperineal biopsy as a sterile alternative to standard TRUS-guided biopsy. Factors limiting its use include increased time, training and financial constraints as well as

the need for high-grade anaesthesia. Furthermore, the necessary equipment for transperineal biopsy is not widely available. However, the expansion of transperineal biopsy has been propagated by the increase in multiparametric MRI-guided biopsies, which often use the transperineal approach. Used with MRI imaging, transperineal biopsy has led to improvements in cancer detection rates, more-accurate grading of cancer severity and reduced risk of diagnosing clinically insignificant disease. Targeted biopsy under MRI guidance can reduce the number of cores required, reducing the risk of complications from needle biopsy."

The article is here:

<http://www.nature.com/nrurol/journal/v10/n12/full/nrurol.2013.195.html>

or here:

<http://tinyurl.com/ns2bhde>

The full article is only available through a complicated Readcube access system. If you have a strong need to read the full article, please contact me.

Biomarkers in prostate cancer surveillance and screening

In a Medscape Urology article is reported a review article by K C Cary and M R Cooperberg appearing in Theoretical Advanced Urology 2013;5(6). The abstract states:

"The use of biomarkers for prostate cancer (PCa) screening, detection, and prognostication have revolutionized the diagnosis and management of the disease. Current clinical practice has been driven largely by the utilization of prostate-specific antigen (PSA). The lack of specificity of PSA for PCa has led to both unnecessary biopsies and overdiagnosis of indolent cancers. The recent controversial recommendation by the United States Preventive Services Task Force against PCa screening has highlighted the need for novel clinically useful biomarkers. We review the literature on PCa biomarkers in serum, urine, and tissue. While these markers show promise, none seems poised to replace PSA, but rather may augment it. Further validation and consideration of how these novel markers improve clinical outcome is necessary. The discovery of new genetic markers shows promise in stratifying men with aggressive PCa."

The abstract is published here:

<http://www.medscape.com/viewarticle/814388>

or here: <http://tinyurl.com/lakdbyx>

Statins may reduce mortality risk in prostate cancer patients

In a Pharmacy Times article dated 12 November 2013 Aimee Simone reports a large scale study for which she concludes that "Risk of death from prostate cancer was reduced for patients who started taking statins after being diagnosed with the disease and was reduced even more for those who started taking statins before being diagnosed." The study was undertaken by L Azoulay et al and their abstract is here:

<http://jco.ascopubs.org/content/early/2013/10/29/JCO.2013.49.4757.abstract>

and here: <http://tinyurl.com/lbtrs9f>

However the review by Simone contains a more informative summary in these words:

A new study suggests that in addition to improving outcomes in patients with high cholesterol, statins may also reduce the risk of death in prostate cancer patients. In the study, patients who used statins before and after receiving a prostate cancer diagnosis experienced the greatest benefits.

Although several previous studies have assessed a potential beneficial effect of statins on prostate cancer outcomes, the results have been inconsistent, most likely due to limitations and variations in study design. The current study, published online on November 4, 2013, in the Journal of Clinical Oncology, primarily investigated the association between statin use after prostate cancer diagnosis and the risk of prostate cancer mortality. In secondary analyses, the study also evaluated the relationship between statin use and risk of all-cause mortality, and the effects of statin use before prostate cancer diagnosis.

Using the United Kingdom National Cancer Registry, a large, population-based electronic database, the researchers identified newly diagnosed non-metastatic prostate cancer patients from April 1998 through December 2009 who were followed until October 2012. These patients were then linked to 3 additional databases to obtain tumor information, hospital records, and death certificates. All patients were followed for at least 1 year and were observed until they ended their registration with their general practice, the end of the study period, or death, whichever came first.

A total of 11,772 non-metastatic prostate cancer patients were enrolled in the study and followed for an average of 4.4 years. The results indicated that patients who used statins after their cancer diagnosis had a 24% reduced risk of death caused by prostate cancer. A dose-response relationship was also observed; statins were more beneficial to patients who took higher cumulative doses for longer periods of time. In a secondary analysis, statins were found to decrease the risk of all-cause mortality by 14%. In addition, patients who took statins both before and after their prostate cancer

diagnosis were found to have a 45% reduction in risk for death related to prostate cancer and a 34% reduction in risk of all-cause mortality. The researchers also found statin use to be associated with a decreased risk of distant metastasis.

The authors note that their study is the largest to evaluate the relationship between statin use and prostate cancer outcomes and may be more reliable than previous studies due to its design and lengthy follow-up. However, the authors note that the study did have limitations, including potential misclassification of mortality, missing prescription information, and variations in adherence to the statin regimen by patients.

"Finally, although the results of this study provide evidence that the use of statins may be associated with a decreased risk of prostate cancer mortality, additional well-conducted observational studies are needed to confirm these findings before launching randomized controlled trials assessing the effects of statins in the adjuvant setting," the authors write.

The Simone article is here:

<http://www.pharmacytimes.com/news/Statins-May-Reduce-Mortality-Risk-in-Prostate-Cancer-Patients>

and here: <http://tinyurl.com/l85gtgx>

Cancer Council's "Living well after cancer" program

I have been requested by the Cancer Council to provide to members the following information about its **Living well after cancer** program.

Mike Boesen
Editor



The Cancer Council's Living Well After Cancer program is coming to Canberra and we would like to invite you, your family, friends and colleagues to come together to meet and connect with others on a similar journey.

Details of this two and half hour program are as follows:

Date: Saturday 22 February 2014
Time: 10 am - 12.30pm

Lunch and refreshments will also be served at the conclusion of the program with the opportunity to further mingle with participants and facilitators.

Living Well After Cancer program is a free community education program that is held throughout NSW and

ACT, and is run by Cancer Council NSW with trained cancer survivors. This two-and-a-half-hour program includes practical information and open discussion for people who are cancer survivors, carers, family, friends and work colleagues. As a participant, you will learn about the possible changes, challenges and opportunities you may face after completing cancer treatment.

You will also have the opportunity to connect with others on a similar journey, and share tips, ideas and activities to help you live your life well.

If you, or someone you know, wish to attend the Canberra Living Well After Cancer(c) program, please ring 1300 200 558 by Friday 14 February 2014. Please note registrations are essential as numbers are limited, so please call to register and confirm venue details. Your phone call, including calls from mobile phones, will be charged at the local call rate.

Prostate Forum newsletter

Our librarian - U.N. Bhati - wishes to inform members that he receives a monthly newsletter named **Prostate Forum** and holds back copies in our library. However, due to lack of awareness of its existence its contents are rarely noted. The newsletter contains opinion pieces relating to prostate cancer. Its editor is C E Myers Jr. MD ("Snuffy" Myers). In the January 2013 edition Dr Myers describes the contents thus:

"In this issue of the newsletter, we are privileged to feature two interviews with physicians who are in the process of changing the way we think about prostate cancer treatment.

"The first interview is with Laurence Klotz. In my mind, no one else has done so much to establish active surveillance as a viable option for men with Gleason 3+3=6 and select cases of 3+4=7. It is important for our readers to hear about the initial resistance he faced from the field. I remember the controversy very well. It is often true that the most revolutionary ideas in medicine trigger the greatest resistance, even anger. We all owe a debt to investigators like Dr. Klotz for having the courage to break with conventional wisdom. Without such courage, major advances do not occur.

"The second interview is with Charles Drake from Johns Hopkins. Charles is co-director of the Johns Hopkins Prostate Cancer Multi-Disciplinary Clinic. I first got to know him at the PCRI conference in September 2013 and was very impressed with his ability to explain the difficult area of immunology research. I have since had a chance to read his research and share two patients with him. I have been impressed with both his academic accomplishments and skill as a physician. In this interview, he does an outstanding job explaining the issues that impair the ability of the immune system to control prostate cancer and how the new agents offer promise to overcome these issues."

If you would like to view the newsletter please contact U.N. A very convenient means of accessing contents of the newsletter is to send an email to Jessica Myers-Schechter at jessica@prostateforum.com indicating that you would like to be put on the distribution list for the newsletter.

Mike Boesen
Editor

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.