



THE WALNUT

March 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 March 2014 at our usual location and time (see details here: <http://tinyurl.com/ley8grl>). We will not have a guest speaker that night. That will provide plenty of time for members to have an extended Q&A session.

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, and information about recent articles and reports that may 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 through the form here:

<http://tinyurl.com/2bdbbnk>

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

Presentation at 19 February 2014 meeting

At our 19 February monthly meeting we had 28 people attending including three new members. The meeting started with a presentation by Dr Irmina Nahon, Assistant Professor of Clinical Education at the University of Canberra. Irmina provided a lively and entertaining session on incontinence, its causes and the importance of the pelvic floor anatomy in its control. Pelvic floor, or Kegel exercises are an important element in controlling many forms of urinary incontinence. She also indicated that early toilet training tends to develop a conditioned response in which, in addition to internal bodily signals and some external stimuli e.g. the sound of running water can trigger the desire to void the bladder. In later life the bladder (effectively the mind controlling the bladder) can be retrained to limit the frequency of these desires. There were several questions from the floor after which Irmina was thanked warmly for her presentation.



Irmina with Chris after her presentation

New members welcomed at the meeting

One of the new members - aged 44 - underwent a radical prostatectomy in August 2013 with positive margins resulting. He has since embarked on a course of hormone therapy. A second new member briefed the meeting on his current circumstances and pointed out he was completely symptom free when diagnosed. The third new member suffered from urinary urgency and was diagnosed with prostate cancer with a Gleason Score of 6 and PSA of 6.5. He has opted for external beam radiation as a treatment. His circumstances are complicated as he also suffers from non-Hodgkins lymphoma for which he also receives radiotherapy. We wished them luck in their future progress.

Status reports from existing members at the meeting

A couple of our other members reported on their status. One reported he is now back on hormone therapy following periods of respite in the thirty-six years since he was first diagnosed with prostate cancer. Another reported that he has begun another round of hormone therapy and is experiencing none of the expected symptoms of hot flushes and mood swings. He indicated that the wide bore needle used to inject the medication was the biggest issue in the treatment

February 2014 Executive Committee meeting

I informed members that we held an Executive Meeting in February and agreed to the following:

- To donate a urine flowmeter to the Calvary Hospital following a similar donation to Canberra Hospital. (Note: funding for this type of expenditure was strongly endorsed in the recent survey of members' attitudes - Ed.)
- To hold a Special General Meeting to limit the period of tenure of an office holder to no more than two years. This will be held on the same night as the regular Annual General Meeting in September.

Other Business at the meeting

U N Bhati spoke about a several publications he received for the library. New members were encouraged to have a look at the wealth of books, newsletters, DVDs and other materials in our library. The catalogue for our collection can be downloaded from a link on this page of our web site:

<http://tinyurl.com/l4yxeok>

George Kayaba's work in chairing last month's meeting was noted with thanks from the floor of the meeting.

Recent activities of note

In the last month there have been two events of note, the first being the **4WD Spectacular** held in

Queanbeyan on 1 and 2 February 2014. While we only had short notice of the event we had a team of people who were able to provide coverage for the entire weekend. There was considerable interest from the crowd. That interest is consistent with the growing trend of increasing knowledge about prostate cancer.

The **Relay for Life** was held in Queanbeyan on 15-16 February 2014. We had a team of six people taking part and raised a total of \$360 in donations. Thank you to those who took part in these two events.

Next meeting on 19 March 2014

All welcome. There will be no guest speaker, allowing time for an extended Q&A session.

Chris Hansen
President

Executive committee report for 6 March 2014

The Executive Committee meets once a month and undertakes most of the administrative stuff that would otherwise clog up the monthly members' meeting. Any interested member is welcome to either attend (meetings are held at SHOUT in the Small Meeting Room at 1.30 pm on the first Thursday of each month) or provide comment or request action on any items the Committee is considering. At the 6 March meeting we:

1. Agreed the speakers program for the next several months
2. Agreed to buy a more manageable gazebo as well as a weatherproof panel for use at future community events. The existing gazebo needs a couple of people to erect and dismantle. Likely cost about \$200.
3. Considered whether to participate in the Connect and Participate event scheduled later this month at the Old Bus Depot Kingston. We decided not to take part on this occasion.
4. Considered a request from the ACT Health Community Care program on whether to fund a prostate cancer nursing course for one of their staff at an estimated cost of \$3,500. We have asked for further information before making a decision.
5. Decided to review the current arrangements for maintaining membership records.

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.

Statins again: prophylactic value related to dosage, length of treatment and brand

In the 22 October 2013 edition of Renal and Urology News, Jody A Charnow reports on a large-scale study undertaken by a team headed by Dr Alexander Lustman. The article is worth quoting in its entirety:

"...Prolonged statin use is associated with a decreased risk of prostate cancer but the extent of this protective effect varies by duration of use time and type of statin, according to a new study.

"A team led by Alexander Lustman, MD, of Clalit Health Services [and Tel Aviv University] Israel, conducted a population-based cohort study of 66,741 men aged 45-85 years. The mean age at cohort entry was 58 years. During follow-up, 1,813 PCa cases were diagnosed and 11,245 men died. A total of 37,645 subjects (56%) had filled at least one prescription for a statin and 26,061 (39%) had filled prescriptions for statins for at least 12 months.

"The longer statins were used, the greater the reduction in PCa risk. In a fully adjusted model, men who used statins for five years or more had a 78% decreased risk of a PCa diagnosis compared with non-users. Men who used statins for one to five years had a 45% decreased risk and those who used statins for three to 12 months had a 32% decreased risk, the researchers reported online ahead of print in *Prostate Cancer and Prostatic Disease*.

"Risk reductions also varied by cumulative statin use. Compared with men who did not take statins, those who had a cumulative defined daily dose of 1 [to] 5,000, 5,001-10,000, 10,001-20,000, and 20,001 mg or higher had an 18%, 36%, 65%, and 76% decreased risk, respectively, in a fully adjusted model.

"Moreover, the reduction in risk varied by type of statin. Compared with no statin use, men who used rosuvastatin for at least six months had an 80% decreased risk of PCa in a fully adjusted model. Men who used simvastatin or atorvastatin for at least six months had a 52% and 55% decreased risk. The risk was increased by 34% and 29% for men who used lovastatin or fluvastatin, respectively.

The article is [here](#) or here: <http://tinyurl.com/ltxg79a>

An abstract of the original article by Lustman *et al* is [here](#) or here: <http://tinyurl.com/lror6jx>

Lycopene intake linked to lower risk of aggressive prostate cancer

In Volume 106 Issue 2 of the Journal of the National Cancer Institute is reported a large-scale prospective study undertaken amongst 49,898 health professionals with the objective being evaluating the association between intake of dietary lycopene and incidence and type of prostate cancer. Lycopene is carotenoid and antioxidant found in red colored fruits

and vegetables (e.g. tomatoes). The results of the study which was undertaken by Ke Zu *et al* are reported in a CancerNetwork Oncology article by Anna Azvolinsky dated 11 February 2014. In her article she states that the authors of the study found that:

"...consuming foods high in lycopene is linked to reduced risk of lethal prostate cancer. They suggest that with the advent of prostate-specific antigen screening, which has resulted in an uptick of asymptomatic, early-stage, and indolent prostate cancer diagnoses, the more relevant endpoint for lycopene studies may be the detection of lethal prostate cancer rather than indolent disease."

The Azvolinsky article is [here](#) or here: <http://tinyurl.com/kfdggbh>

The Zu *et al* abstract is [here](#) or here: <http://tinyurl.com/k5en2cg>.

Selenium and vitamin E may increase prostate cancer risk

In a MedScape Urology article dated 26 February 2014, Nick Mulcahy reports new data analysis from the Selenium and Vitamin E Cancer Prevention Trial (SELECT). He states:

"New data from ... (SELECT), which sought to determine whether these supplements could protect against the development of prostate cancer, confirm that both antioxidants can be risky business for men. As previously reported, men receive no preventive benefit from either selenium or vitamin E supplements; in fact, for certain men, these supplements actually increased the risk for prostate cancer. The new study, [published online February 22](#) in the *Journal of the National Cancer Institute*, explored which men who take these supplements are most at risk for prostate cancer, and why. However, the ongoing public health message from the trial remains the same, said a trial investigator.

'Men using these supplements should stop, period. Neither selenium nor vitamin E supplementation confer any known [health] benefits — only risks,' said lead author Alan Kristal, DrPH, from the Fred Hutchinson Cancer Research Center in Seattle, in a press statement."

The full article can be read [here](#) or here: <http://tinyurl.com/kjj6tsj>

New biomarkers for detection of prostate cancer

A 15 February 2014 article in CancerNetwork Oncology written by E David Crawford *et al* provides a review of recent advances in identification of prostate cancer biomarkers. The abstract of the article states:

"Prostate cancer (PCa) is the most commonly diagnosed male cancer in the United States. The prostate-specific antigen (PSA) biomarker has

been widely used to screen men for prostate cancer. Challenges of PSA cancer-specific sensitivity and specificity exist; fortunately, a new generation of PCa biomarkers is emerging, consisting of serum-, urine-, and tissue-based assays that may supplement PSA testing, or replace it over time. The identification and development of these biomarkers have been facilitated, in large part, by new genomic technologies that have enabled an additional interpretation of the individual patient's tumor biology. Several biomarkers with specific indications for disease diagnosis, prediction, prognosis, and therapeutic response are now commercially available. Furthermore, genomic assays may now stratify the risk of aggressive PCa at the time of diagnosis. In this article, we review recent advances in the discovery of PCa biomarkers, their integration into clinical practice, and implications for improving clinical management of the disease."

The full article can be read [here](#) or here: <http://tinyurl.com/mdbygkp>

An approach to sequencing of agents for treatment of castration-resistant prostate cancer (CRPC)

In a CancerNetwork Oncology article dated 15 November 2013 Michael Hurwitz and Daniel Petrylak outline an approach to sequencing of agents for treatment of CRPC. Their abstract states:

"Ten years ago, the clinician treating metastatic castration-resistant prostate cancer (CRPC) had palliative options for treatment of symptomatic patients, such as the combination of mitoxantrone combined with prednisone, as well as isotope therapy. In 2004, docetaxel-based chemotherapy regimens were shown to provide an overall survival benefit for patients with CRPC. Today, the prostate cancer oncologist is in the enviable position of having six US Food and Drug Administration-approved agents to choose from: immunotherapy (sipuleucel-T), hormonal therapies (abiraterone, enzalutamide), radiopharmaceuticals (radium-223), and chemotherapy (docetaxel, cabazitaxel), in addition to agents being administered in clinical trials. In general, the sequencing of these drugs is based upon the entry criteria from the phase III trials that led to their approval. Selection of treatment is based on symptoms, sites of disease (bone vs visceral) and types of prior treatment (docetaxel-ineligible vs pre-docetaxel vs post-docetaxel setting). Unfortunately, there is a lack of useful correlative biomarkers in prostate cancer to help oncologists select treatment. This problem is best illustrated in the post-docetaxel castration-resistant setting, for which there are indications to use all five other approved agents. In this review we will outline an approach to sequencing these new therapies, with particular attention paid to the biology of CRPC"

The full article can be read [here](#) or here:
<http://tinyurl.com/l5qqwe8>

Sequential use of therapeutics in treatment of castration-resistant prostate cancer (CRPC)

This article supplements that of Hurwitz and Petrylak above. It is written by Aurelius Omlin *et al* and is published in *Theoretical Advanced Urology* 2014;6(1) pp3-14. The authors' abstract follows:

"In the last three years, five novel treatments have been shown to improve survival in metastatic castration-resistant prostate cancer (CRPC). These novel treatments have distinct mechanisms of action: tubulin-binding chemotherapy (cabazitaxel); immunotherapy (sipuleucel-T); CYP-17 inhibition (abiraterone); androgen receptor (AR) blockade (enzalutamide); and radioisotope therapy (radium-223). For a number of years, docetaxel was the only treatment with a proven survival benefit for patients with CRPC. Therefore, somewhat artificially, three treatment spaces for drug development in CRPC have emerged: pre-docetaxel; docetaxel combinations; and post-docetaxel. For patients progressing after docetaxel-based chemotherapy, treatment options available outside of clinical trials now include abiraterone, cabazitaxel and enzalutamide. Prospective data on how to best use these novel agents sequentially are not available. Clinicians face the difficult task of choosing between treatment options for individual patients to maximize patient benefit. Treatment evaluation in patients with CRPC remains challenging due to the predominance of bone metastatic disease and the lack of validated surrogate markers for survival. This review summarizes the data available with regards to sequencing of the novel treatments for CRPC."

The full article can be read [here](#) or here:
<http://tinyurl.com/l22qgct>

Value of radiotherapy as an adjunct to hormone therapy

In a *CancerNetwork Oncology* article about a Conference Report presented at the January 2014 ASCO Genitourinary Cancers Symposium by Sophie Fossa. The data came from the Scandinavian Prostate Cancer Group VII study. The content of the report is summarised by Leah Lawrence in a *CancerNetwork Oncology* article in these terms:

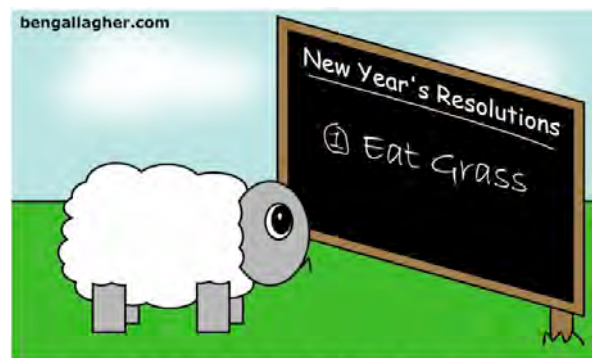
"Adding a treatment course of local radiotherapy to hormonal treatment in men with locally advanced or high-risk prostate cancer more than halved the 10-year and 15-year prostate-cancer-specific mortality compared to treatment with anti-androgens alone....

"...data showed that at 10 years, cumulative prostate-cancer-specific mortality was 8.3% in patients assigned combination treatment compared with 18.9% in the anti-androgen alone arm; at 15

years, it was 12.4% compared with 30.7% in the anti-androgen alone arm."

The Lawrence article can be read [here](#) or here:
<http://tinyurl.com/n8sq8t2>

Gerald's new year resolution about diet



When it came to New Year's Resolutions, Gerald was a realist.

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.