THE WALNUT

May 2014

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

Affiliated with the Prostate Cancer Foundation of Australia

What's in this issue

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 21 May 2014 at our usual location and time (see details here: http://tinyurl.com/ley8grl). Well-known Canberra urologist Dr Ahmad Al-Sameraaii will speak about recent developments in prostate cancer treatment and the Urolift procedure as a treatment option for BPH (see http://www.urolift.com). Dr Al-Sameraaii is always an informative presenter and his talk will be of great interest. All welcome: blokes, carers, partners, members, non-members. There will be time for an in-depth question/answer/ information discussion amongst members.

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/42fyrxd

Mike Boesen
Editor

President's report

There were 18 people at our 16 April 2014 meeting with three apologies. A new member accompanied by his wife were welcomed.

One of our members, Michael Fullam-Stone, presented a brief summary of his Health and Performance workshop. Michael discussed various thinking styles pointing out that thinking is not a subject studied specifically in normal education. Where it is touched upon it is critical thinking which is emphasized. Reliance solely on this method can close off other options while the more open method of analytical thinking avoids this.

Michael presenting

He followed up with several examples of the power of mind over the physical world, one being a man trapped in a refrigerated container. Apparently he was accidentally locked in the shipping container late on Friday, unable to call out to work colleagues as they had left for the weekend. Expecting to be cooled to near freezing point, he scratched a message on the wall saying he didn't expect to survive. He was discovered dead by his workmates on Monday morning, however the refrigerator motor was faulty and the container was no cooler than outside.

Michael went on to give an example of his meditation technique, based on visualization and relaxation.

Chris thanking Michael for his talk

I summarized the recent PCSG Executive meeting –

- Dr Ahmed Al-Sameraaii will speak to the group inMay, Dr Hodo Haxhimolla in June. Both will address recent developments relating to prostate cancer treatment. In July Frances Morson will speak about the graduate program in prostate cancer nursing. The Group provides support funding to nurses who undertake that program.
- The ANU Medical School has asked for 4 or 5 volunteers to join a small teaching group to assist students with patient interaction and develop their diagnostic skills. Our members have responded and Alastair Walters of the Medical School has thanked us for this.
- On Saturday 17 May the Medical School will be having an open day at its Canberra Hospital Campus. We have been asked if we would like to set up an information stand. Group members will be canvassed about this soon.

Our most recent new member has recently arrived from Townsville. He outlined his situation. He received brachytherapy following a diagnosis of prostate cancer eight years ago. Until recently his PSA readings have been OK but are now on the rise. He has received medical advice that he may need salvage surgery; he is considering obtaining a second opinion.

On Thursday 17 May the Defence Department held a Clean and Shine event where Defence personnel showed off their motorbikes. The event was held as part of The Long Ride 2014 which will take place later this year – both events raise funds in support of prostate cancer. Unfortunately there was little prior notice of the event so our presence there was less than ideal. The Long Ride web site is here: http://www.the-long-ride-tm--2013.com

SHOUT will be holding an Annual Dinner on Wednesday 7 May. Any members who would like to attend, please let Chris Hansen know – dinner and drinks are supplied.

As usual, some reminders :

- Whenever you come to a meeting, please add your name to the attendance book. This is important for

insurance coverage.

- If you stay on and have supper, male attendees should pitch in $2 to cover the cost of tea, coffee and cake.

Next Meeting is on 21 May 2014 - see details above on page 1.

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. I have not had time to provide summary extracts for readers, but hope to do that in the next edition of The Walnut. If you cannot access any of the article, contact me and I'll help.

"PSA testing in prostate cancer: Early treatment Vs observation" - article by Anna Azvolinsky - CancerNetwork Oncology 21 March 2014. This is an interesting article reporting views of two notable USA doctors - Timothy Wilt and Ballentine Carter. They discuss the the contrasting strategies of early intervention on the one hand versus watchful waiting / active surveillance on the other. The opinions expressed may be of interest to anyone who is contemplating treatment options after a diagnosis of prostate cancer. Read the web article here or here: http://tinyurl.com/n6bfg8d

"Eleven grams of trouble" - article by Prof. Frank Bowden of ANU's Medical School. This article was published in the 18 March 2014 issue of InsideStory (see http://inside.org.au/eleven-grams-of-trouble/) and again in the Canberra Times on 29April 2014. Prof. Bowden comes to a very pessimistic view about PSA testing and prostate biopsy:

> *"... the PSA test misses people who do have cancer, incorrectly diagnoses it in those who don't, identifies it decades earlier than necessary, finds it even when it will never cause a problem and, in the majority of cases where it does identify cancer, does so too late for it to be cured. The TRUS biopsy is associated with pain, bleeding and life-threatening infection and turns the "what you don't know about, won't hurt you" cancers into "what you now know can hurt you" cancers. If that isn't enough, the treatments for prostate cancer cause impotence and incontinence and cure only 2 to 3 per cent of the men who receive them.*
>
> *"I fear that prostate cancer screening is one of the most unfortunate medical examples of the Law of the Instrument: the idea that when all you have is a hammer, everything looks like a nail. Our current tools for diagnosis are inadequate and, in the case of biopsy, increasingly dangerous."*

Prof. Bowden does not mention the most recent update of 18-year follow-up results from the European Randomized Study of Screening for Prostate Cancer (ERSPC) which were reported this year at the European Association of Urology 29th Annual Congress. An article dated 23 April 2014 by Kate Johnson entitled ***"Largest Prostate Screening Trial Still Shows It Saves Lives"*** provides some views of urologists about the significance of the data. The article can be read here: http://tinyurl.com/l7b7cx8 For instance, comments by Matthew Cooperberg, MD, MPH, associate professor of urology, epidemiology, and biostatistics at the University of California are reported thus:

> "... he disagrees with efforts to stop or reduce PSA screening in healthy men. 'A policy of discouraging all early detection efforts runs counter to the growing body of high-quality evidence, and puts thousands of men at risk of avoidable suffering and early mortality'
>
> "A policy of discouraging all early detection efforts runs counter to the growing body of high-quality evidence, and puts thousands of men at risk of avoidable suffering and early mortality...
>
> "... he noted that 'the USPSTF will update its evidence review in the near future to reflect the increasingly incontrovertible message of the ERSPC: that PSA-based early detection saves lives, period.' "

The PCFA's policy on PSA testing is supportive of PSA testing. Its current policy is specified here: http://tinyurl.com/96rhl9c specifically:

> *"Caught in its early stages whilst still confined to the prostate gland prostate cancer can be cured. Testing through a Prostate Specific Antigen (PSA) blood test and Digital Rectal Examination (DRE) and subsequent prostate biopsy is currently the best available way to detect the presence of cancer.*
>
> *"Early detection is the key to enabling better outcomes and potential cure of prostate cancer. Accordingly, PCFA recommends that men over age 50, or 40 with a family history of prostate cancer, should talk to their doctor about testing for prostate cancer using the PSA test and DRE as part of their annual health check-up. Men should make an individual informed decision about testing based on the latest available evidence on the benefits and potential harms of testing and subsequent treatment for prostate cancer.*
>
> *"It can be life threatening to wait for symptoms to appear before seeking assessment."*

It should be noted that the PCFA also states the following in a downloadable PDF document entitled "***PCFA policy on testing asymptomatic men for prostate cance***r":

"Emerging evidence on the benefits and potential harms of testing and subsequent treatment of asymptomatic men for prostate cancer has led many interested parties around the world to revise their guidance on testing using the PSA, or blood, test and Digital Rectal Examination (DRE).

... (PCFA) is currently working in partnership with Cancer Council Australia to develop national clinical guidelines on PSA testing and early management of test-detected prostate cancer. The guidelines are being developed using the National Health and Medical Research Council externally developed guidelines standards and procedures. It is expected that the guidelines will be published in late 2014."

Transperineal biopsy Vs transrectal biopsy

In the Bowden article reference is made to a significant and increasing risk of infection associated with the TRUS (Trans-Rectal UtraSound guided) biopsy procedure. An alternative to that procedure is the transperineal (TP) biopsy. A recent article by Jeremy Grummet *et al* in BJUI dated 19 February 2014 provides an evaluation of the two approaches. The article is entitled "***Sepsis and 'superbugs': should we favour the transperineal over the transrectal approach for prostate biopsy?***". The authors provide these results and conclusions:

- *In all, 245 TP biopsies were performed (111 at Alfred Health, 92 at Epworth Healthcare, 38 at Peter MacCallum Cancer Centre, and four at other institutions).*
- *The rate of hospital re-admission for infection was zero.*
- *The literature review showed that the rate of sepsis after TRUS biopsy appears to be rising with increasing rates of multi-resistant bacteria found in rectal flora, and is as high as 5%.*
- *However, the rate of sepsis from published series of TP biopsy approached zero.*
- *Both local and international data suggest a negligible rate of sepsis with TP biopsy.*
- *This compares to a concerning rise in the rate of sepsis after TRUS biopsy due to the increasing prevalence of multi-resistant bacteria in rectal flora.*
- *Although TRUS biopsy is convenient, cheap and quick to perform, we think that TP biopsy should now be offered as an option, not only to patients undergoing repeat prostate biopsy, but to all patients in whom a prostate biopsy is indicated.*

The article can be read here or here:
http://tinyurl.com/kl3vuur

The report of a recent interview with Dr Grummet provides an additional expression of his view, with his concluding statement being:

"... TP biopsy can reduce the morbidity of sepsis in individual patients as well as potentially help reduce the public health risk of antibiotic resistance. In doing so, TP biopsy could also reduce the enormous financial costs of these problems. These offsets must also be borne in mind when we consider the cost of the procedure of TP biopsy itself, and our group is researching this at the moment."

Comparative effectiveness of robotic-assisted radical prostatectomy Vs open surgery

In a pre-print online version of a Journal of Clinical Oncology article by Giorgio Gandaglia *et al* dated 14 April 2014 is reported a post-hoc analysis of data from a SEER-Medicare linked (USA) database. The study involved records for 5,915 patients whom had radical prostatectomies through either the robot-assisted (RARP) or the open surgery (ORP) procedures. The authors concluded that:

"RARP and ORP have comparable rates of complications and additional cancer therapies, even in the post-dissemination era. ...RARP was associated with lower risk of blood transfusions and a slightly shorter length of stay..."

In the same source is a related opinion piece by Debasish Sundi and Misop Han entitled "Limitations of Assessing Value in Robotic Surgery for Prostate Cancer: What Data Should Patients and Physicians Use to Make the Best Decision?" Their views are worth noting. They conclude that:

"Perhaps the more important message of this well-conducted study by Gandaglia et al is that overall complications between RARP and ORP are quite similar. In 2014, we are truly in the RARP post-dissemination era. Whether RARP will become widely adopted is no longer in question - despite increased costs, it already has. Our recommendation for patients considering surgical treatment of their prostate cancer is not to choose a technique, but to choose a surgeon who is an expert at a given technique, to minimize surgical complication risk."

The Gandaglia article can be read here or here:
http://tinyurl.com/lfajyjd

The Sundi article can be read here or here:
http://tinyurl.com/lsoo75l

Comparative effectiveness of radical prostatectomy and radiotherapy in prostate cancer

In the April 2013 edition of The Walnut we reported a brief press release on a study undertaken in Sweden by Prasanna Sooriakumaran *et al*. This was an observational study reporting survival outcomes for based on data for 34,515 men who had been treated via surgery or radiotherapy. The details for the study can be viewed here or here: http://tinyurl.com/l4sqlge

The authors conclude that:

"This large observational study with follow-up to 15 years suggests that for most men with non-metastatic prostate cancer, surgery leads to better survival than does radiotherapy. Younger men and those with less comorbidity who have intermediate

or high risk localised prostate cancer might have a greater benefit from surgery."

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.