



# THE WALNUT

April 2016

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

Affiliated with the Prostate Cancer Foundation of Australia



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### Next monthly meeting

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

Meetings of our support group are held on every **third Wednesday of the month** (except in December) at **6:30 pm for 7:00 pm**.

The **usual location** is 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/8gkhysb>.

Our next monthly meeting will be on **Wednesday, 20<sup>th</sup> April** at our usual location and time (see above). Fran Morson, Clinical Nurse Consultant, located in Moore St, Civic, will speak to us on such things as pelvic floor exercises. She will take questions on all prostate matters. Fran has had a close association with our Support Group, having been a past recipient of financial support from the Group to undertake prostate related studies.

There will be plenty of time available for current and new members to exchange information and to discuss matters of interest or concern.

For details of speakers at future monthly meetings, see 'Upcoming events'.

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### Personal support

For general information, please call SHOUT (Self Help Organisations United Together), who will arrange for someone from the Group to contact you. They are available during normal office hours on (02) 6290 1984.

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

**President:** John McWilliam  
Phone: 0416 008 299  
Email: [mcwilja@gmail.com](mailto:mcwilja@gmail.com)

**Secretary/Treasurer:** John Lucas  
Phone: (02) 6293 2532  
Email: [jandklucas@bigpond.com](mailto:jandklucas@bigpond.com)

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### President's report

We are still looking for some volunteers to join the Executive Committee.

John Lucas has taken on the position of Secretary in a temporary capacity, in addition to his Treasurer's responsibilities. We need someone to take on this position. In addition, John will be stepping down as Treasurer in September, after many years in this position. So, we will also be looking for someone to take on John's role as Treasurer in September.

I am currently producing the newsletter, in addition to my duties as President and we would like someone to take on this role. It is not a very onerous responsibility. It mainly requires someone who can coordinate the various inputs. A familiarity with word processing applications would also be helpful.

Finally, I would like to have someone who could become Vice President. This position would provide support to me as President and act as President at monthly meetings in my absence.

The Executive committee meets on the first Wednesday evening of each month. Other members of the committee are: Allan Jackson (arranging monthly meetings) and Mark Jardine (working with other community group events to arrange for the Group to provide information and awareness on prostate cancer and managing our communications with members and supporters). We also have some ex officio members: U N Bhati (library and research services), Mike Boesen (web site manager), David Hennessey and Steve Sweet.

I encourage you or your partners to think about joining the Executive Committee. The meetings are a useful way of keeping up-to-date on prostate cancer services and developments. There is a good vibe on the committee and I am sure you would enjoy it. If you are able to join us on the Executive in one of these positions, please contact me. My contact details are shown above under 'Personal support'.

John McWilliam  
**President**

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### Previous meetings

There was no speaker at our March meeting. Graham Erickson stepped down as President. Michael Fullam-Stone had also resigned as Secretary for personal reasons. John McWilliam took over as President and there was a discussion of future directions for the Group.

At its last meeting, the Executive, among other things:

- agreed to the formal notification to the ACT Office of Regulatory Services of changes in office holders;
- discussed options for future speakers at our monthly meetings;
- discussed possible outreach arrangements, including the Murrumbateman Field Days in October and presentations to government departments and other suitable organisations;
- discussed a possible new bursary for nurses who want to undertake studies in prostate cancer care; and
- discussed a possible application for a community grant from the Canberra Southern Cross Club.

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### Thanks

The Group acknowledges with thanks a donation of \$500 from the Burra Patchwork and Quilters Group. This is the second such donation from the Burra Patchwork and Quilters Group in recent years.

### LIVING WITH CANCER – VOLUNTEER PATIENTS NEEDED

Each year, the ANU Medical School runs a teaching session relating to cancer for second year medical students. For this session the School invites people from the community who have had an experience of living with cancer to come to the School and talk about their medical history to a small group of medical students (around 8 students and their tutor, who is a doctor who manages the group).

If you have a diagnosis of cancer for which you are currently under the care of a doctor and/or receiving treatment, would you be willing to participate in this teaching session? You would be asked to discuss your experience with your health issue, how you manage it, its impact on your life and your treatment.

Session details are:

**When:** 2:15 pm (for 2:30 pm start) to 4:00 pm on Tuesday, 3 May 2016.

**Where:** ANU Medical School, Canberra Hospital (just opposite the main entrance).

The ANU can assist with taxi costs if needed (booking and paying for taxi). It also gives each volunteer a \$30 voucher as appreciation for their participation in the teaching session.

**Contact details if you are willing to participate:**

Call Alastair on 6244 3389 or

Email: [patient.recruitment@anu.edu.au](mailto:patient.recruitment@anu.edu.au)

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## Upcoming events

**May monthly meeting:** Dr Hodo Haxhimolla will tell us about new and emerging procedures for detection and treatment of prostate cancer.

**June monthly meeting:** Speaker still to be finalised.

**July monthly meeting:** Dr Lyn Austen, Director, Radiation Oncology, Canberra Hospital.

## CHRONIC DISEASE SELF-MANAGEMENT COURSE

### 'LIVING A HEALTHY LIFE WITH LONG TERM CONDITIONS'

**MAY TO AUGUST 2016**

**Gunghalin Community Health Centre**  
**Tuesdays 10:00 am to 12:30 pm**

**May/June:** May 3, 10, 17, 24 & 31. June 7.

**July August:** July 26 & August 2, 9, 16, 23 & 30

**Phillip Health Centre**  
**Thursdays 10:00 am to 12:30 pm**

**May/June:** May 5, 12, 19 & 26. June 2 & 9.

**July August:** July 21 & 28 & August 4, 11, 18 & 25.

To register or discuss course details, please call Community Health Intake:

Phone: 6207 9977, Monday to Friday (between 9:00 am and 5:00 pm).

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## 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.

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## Unilateral HIFU: More Cons Than Pros(tate)?

In the 11 March 2016 issue of Medscape, Dr Gerald Chodak provided a commentary on a research paper authored by R. Van Velthoven and co-workers.

The research paper reported on 50 men who were treated with unilateral high-intensity focused ultrasound (HIFU) for either low risk or low-to-intermediate risk prostate cancer.

The men were followed for a median of 35 months, and the results found a biochemical recurrence rate of either 28% or 36%, depending on which definition was used.

Side effects included the following:

- 20% [of men] who had good sexual function prior to the procedure became impotent;
- 18% developed lower urinary tract symptoms, even though all men had a minimal transurethral resection of the prostate (TURP) as part of the HIFU procedure;
- 6% developed persistent incontinence;
- 4% developed a urethral stricture; and
- 8% developed acute urinary retention.

The authors concluded that unilateral HIFU is a reasonable option to consider for minimally invasive therapy. But one could very easily argue that, in a group of men who only had half their gland treated, this is not a fair conclusion — because of the recurrence rate for biochemical disease, brief survival, and the rather high side-effect profile.

Interestingly, of the eight men who had a prostate biopsy as part of their follow-up, only two were completely negative. Three men had cancer detected in the side not treated with HIFU, one was positive on the side that was treated with HIFU, and two were positive on both sides of the gland.

Selecting men clearly is a challenge, but we know from other studies that somewhere around 75% of men have bilateral disease. Dr Chodak therefore suggested that the idea of offering unilateral therapy may not be a very good way to manage men.

In addition, 60% of these men would have been good candidates for active surveillance. R Chodak therefore concluded that, to offer them not only a 28%-36% biochemical recurrence rate, but also the side effects that go with it — when no therapy might have been a better or just as reasonable option — made the argument against HIFU pretty strong.

The bottom line is that focal therapy is looking for an indication, but so far the data have been very weak, as shown here. The idea that you are going to be able to successfully manage men with focal therapy or unilateral therapy, when most of the men are going to have bilateral disease, just does not seem to be a good way to go.

The full article may be read at <http://www.medscape.com/viewarticle/859935> or here <http://tinyurl.com/jfpszgk> (requires free registration at Medscape: [www.medscape.com](http://www.medscape.com) ).

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### **Low-Dose Aspirin Protects Against Prostate Cancer in Cardio- and Cerebro-vascular Disease Patients**

This article by Dave Levitan appeared in the 11 March 2016 issue of news section of Cancer Network, Home of the journal *Oncology*. It summarises the findings of a research study on the use of aspirin for reducing the risk of prostate cancer.

Long-term regular use of low-dose aspirin was associated with a decreased risk of prostate cancer in individuals with cardio- or cerebro-vascular disease, according to a large cohort study.

“A growing body of evidence indicates that [low-dose aspirin] may reduce the risk of developing some types of cancer, cancer-related metastases and mortality,” wrote study authors led by Francesco Lapi, PharmD, PhD, of the Italian College of General Practitioners and Primary Care in Florence. “The protective effect of aspirin is likely due to the inhibition of cyclooxygenase enzymes, which are over-expressed in tumor cell lines and seem to play an important role in carcinogenesis” and related processes.

In the new study, the researchers retrospectively analysed outcomes from a national database. The cohort included 13,453 patients, all of whom were diagnosed with either ischemic cardiovascular or cerebro-vascular disease between 2002 and 2012. The results were published online ahead of print in the *International Journal of Cancer*.

The patients were followed for a mean of 5.54 years. The overall prostate cancer incidence during the follow-up period was 2.5 per 1,000 person-years.

The primary analysis showed that low-dose aspirin users had a significantly lower risk of prostate cancer than nonusers. The incidence rate among aspirin users was 2.17 per 1,000 person-years, compared with 2.95 in the nonuser group, yielding an adjusted hazard ratio (HR) of 0.64 (95% CI, 0.48–0.86).

Low-dose aspirin users who had used aspirin for at least 5 years had an even lower rate of prostate cancer, with an HR compared to non-users of 0.42 (95% CI, 0.21–0.91). Only those who took aspirin more than twice per week saw a significant reduction in prostate cancer risk, with an HR of 0.60 (95% CI, 0.43–0.83), while those who took it up to twice per week did not. Those taking a dose below 100 had a significant reduction in risk, while those taking a dose at 100 mg or higher did not.

“Our results showed that [low-dose aspirin] use was associated with a reduction of prostate cancer risk,” the authors concluded. “Overall, we found a protective effect which was greater than those observed in prior studies.” They did note that they could not exclude the possibility of a “healthy-user” effect on the results — that is, patients in secondary prevention for cardiovascular or cerebro-vascular disease and low-dose aspirin users may be more likely to take other healthy or preventive measures which could influence outcomes.

The full article may be accessed at: <http://tinyurl.com/j9ljso> .

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### **Metastasis Site Affects Prostate Cancer Survival**

The site of metastasis has a substantial affect on the survival of patients with prostate cancer, confirms a US multi-study analysis that may help guide treatment decisions and future trial designs.

Data on almost 8,820 men with castration-resistant prostate cancer indicated that patients with lymph node-only disease survive the longest, at a median period of survival of more than 30 months, whereas those with liver metastases survive for the shortest period, at less than half that time.

Bone metastases and lung metastases, which were identified in approximately 70 per cent of patients, were associated with a survival period between the two extremes.

The study suggests that its findings could be used to direct treatment and inform patient-clinician discussion.

The study was partly supported by the National Institutes of Health and the US Department of Defense. The Alliance for Clinical Trials in Oncology, AstraZeneca, Bristol-Myers Squibb, Celgene, Oncogenex, Regeneron, Sanofi, and SWOG provided data.

Abstract of the study was published online on 7 March 2015 by the *Journal of Clinical Oncology*. To access it click <http://tinyurl.com/ztjse6b>

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### **Cancer Scientists Can Now Explain a Third of the Inherited Risk of Prostate Cancer**

An exciting discovery during a major international study has revealed cancer scientists can now identify men at a 6-fold increased risk of prostate cancer.

Cancer scientists at The Institute of Cancer Research, London, together with researchers in Cambridge, and California found 23 new genetic variants associated with increased risk of the disease.

The study means that scientists can now explain 33% of the inherited origins of prostate cancer in European men and will contribute to determining whether these genetic markers can improve on other tests for the disease.

Professor Ros Eeles, Professor of Oncogenetics at The Institute of Cancer Research, London, and Honorary Consultant in Clinical Oncology at The Royal Marsden NHS Foundation Trust, said, "Our study tells us more about the effect of the genetic hand that men are dealt on their risk of prostate cancer.

"We know that there are a few major genes that are rare and significantly affect prostate cancer risk, but what we are now learning is that there are many other common genetic variants that individually have only a small effect on risk, but collectively can be very important."

They are now investigating whether genetic testing could help diagnose more men at risk of developing dangerous forms of prostate cancer that need urgent treatment – something that the current test is unable to determine.

"Building on previous research, this study gives a more complete list of these factors, bringing us closer to knowing who may need screening for prostate cancer and which men may benefit from early treatment. More work needs to be done, but identifying these genetic factors will allow us to better understand the disease and maybe even develop new treatments," said Professor Eeles.

Source: Australian Cancer Research Foundation, 2014. <http://tinnyurl.com/jtpukwz>

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### **From the editor**

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 like to be informed of them. If you have received this newsletter indirectly and would like to be emailed a copy direct, or if you would like to add any of your friends or carers, or if you no longer wish to receive copies of the newsletter, please send me an email through the form here:

<http://tinyurl.com/hbxhkxc>

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### **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.*