



THE WALNUT

February 2017

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

Our next monthly meeting will be on **Wednesday, 15 February** at our usual location and time (see below). Our guest speaker will be Alison Turner, Prostate Cancer Nurse at the Canberra Hospital. Alison will speak about her role and the support that she provides to patients with prostate cancer.

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 website here for details and map showing the location: <http://tinyurl.com/8gkhy5b>.

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

Next coffee morning

10:00 am, Thursday, 9 March, Canberra Southern Cross Club, Cnr Catchpole and Bowman Streets, Jamison.

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: president@prostate-cancer-support-act.net

Secretary: David Hennessy
Phone: (02) 6154 4274
Email: secretary@prostate-cancer-support-act.net

Appreciation

The Group recognises and expresses its appreciation for the support provided over the past year by:

- the Canberra Southern Cross Club
- Holy Family School, Gowrie
- the Burra Patchwork and Quilters Group
- the Naval Association of Australia
- many individuals in its fund-raising activities.

President's report

I am sorry to say that Allan Jackson has resigned from our Executive Committee for personal reasons. Allan has been an active member of the Executive Committee and the Group for some time and he has made an enormous contribution. The Committee recognises this support and is enormously appreciative of the work that Allan has done. Allan is continuing as a member of the Group and we will

continue to welcome his contributions when he is able to attend our meetings.

With Allan's resignation, we need to fill Allan's position to enable us to continue to meet the requirement in our constitution for us to have five members on the committee. I am therefore asking any member who is prepared to join us to get in touch with me (my phone number is shown above). This position will not have a formal functional responsibility and it provides the opportunity for someone to get experience on the committee without this onus. So, if you are able to help, please do contact me.

Each month we include details of research related to prostate cancer that might be of interest to members in the newsletter. UN Bhati has been preparing summaries of relevant research for us for some time. UN has advised me that he is now unable to continue to do this, and so we are also looking for a volunteer to prepare these summaries. Again, I would like to pass on my sincere thanks to UN for his great work and, if you are able to take on this role, please contact me.

On Thursday, 9 February, we had our first coffee morning. Six people attended, which was great for the first of these get-togethers. It was most enjoyable. We were able to discuss matters of mutual interest and to get to know each other a lot better. The next coffee morning will be held on Thursday, 9 March, at the Canberra Southern Cross Club's Jamison venue. I hope that you are able to join us and that having the coffee morning at Jamison on this occasion will make it easier for north-side residents to be involved.

Finally, my sincere thanks to those who assisted at the Cancer Centre's Open Days to mark World Cancer Day. As it happens, Saturday was not a good day for this, as it was not well patronised, and we would have been better having a display earlier in the week. However, I did appreciate a tour of the Cancer Centre that we were given and met people from other organisations. I also attended a Cancer Council breakfast as part of World Cancer Day where I again met some interesting people. We will give very careful thought to the value of future outreach activities.

I look forward to seeing you at our meeting on 15 February.

John McWilliam
President



John McWilliam with Tubi Oyston, an oncology massage therapist and wellbeing coach at the Cancer Centre's open day

Previous meetings

January 2017 General Meeting

16 members attended our January meeting. There was a lively general discussion, with members speaking about their treatment experiences and the quality and range of advice given to them prior to their decision on a preferred treatment path.

February 2017 Executive Committee Meeting

At its February meeting, the Executive Committee, among other things:

- considered a report from Mike Boesen on administrative support for the Group and agreed that a formal requirements document should be prepared with a view to obtaining quotes for this support;
- considered proposals from John McWilliam for revised pamphlets to support Group outreach activities and to help people who have been diagnosed with cancer know what questions to ask their medical professionals. It agreed to further work on these pamphlets;
- noted speakers who had been confirmed for future meetings (to April 2017) and agreed that proposals for the remainder of 2017 should be considered at the March meeting (some suggestions for the remainder of the year were discussed);
- noted reports from the Treasurer and Secretary on expenses for January and correspondence received respectively;
- passed a unanimous vote of thanks to Allan Jackson for his work on the committee; and
- agreed to trial a revised seating arrangement for monthly meetings that is more inclusive and will

avoid some members having to sit in the background.

Robotic-assisted laparoscopic prostatectomies now available in Canberra

People who elect to have radical prostatectomies no longer have to travel interstate to have this done by robotic-assisted laparoscopic surgery. Canberra Private Hospital at Woden now has the da Vinci Xi Surgical System. Robotic-assisted surgery potentially allows for more precise operations than keyhole or open surgery, so resulting in less time in hospital, fewer complications, less need for pain medication, minimal scarring and a faster recovery time. This is great news for those people who are interested in this surgical method. Of course, robotic-assisted surgery is more expensive than other methods and, while there are benefits in this approach, as we reported in our September 2016 newsletter, the results of a trial of open and robot-assisted laparoscopic surgery indicated similar functional outcomes after 12 weeks. The researchers therefore encouraged patients to choose an experienced surgeon they trust and with whom they have rapport, rather than a specific surgical approach.

Future events

March meeting: Prof Ross Hannan, John Curtin School of Medical Research will speak about work that he and the School are doing on cancer research and particular research into the treatment of prostate cancer.

April meeting: Dr Simon McCredie (or Dr Vincent Tang from the same practice) is expected to speak about the treatment of prostate cancer.

Stay up-to-date

Stay up-to-date by joining the PCFA Online Community. The PCFA Online Community is open to everyone who has been impacted by prostate cancer to share their experiences and connect with others. Through the Research Blog, PCFA Online Community members can also learn more about the latest prostate cancer research developments and findings.

It is free and easy to become a member of the PCFA Online Community. You can sign up at: <http://onlinecommunity.pcfa.org.au>

Borrowing items from the Library

Don't forget that you can borrow items from the Group's Library. There is a wide range of materials, from books to videos. Those who are interested in borrowing items from the Library (such as the new *Cancer Recovery Guide* book that we have acquired) or finding out more about materials we have can contact U N Bhati email: unbhati@gmail.com.

Articles and reports 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. Any opinions or conclusions expressed are those of the authors. Other medical practitioners or other practitioners may have other views. The articles are simply being drawn to your attention so that you can read them in full for yourself and make your own evaluation.

Treat older prostate cancer patients according to fitness, not age

Although many prostate cancer patients are elderly, new guidelines from the International Society of Geriatric Oncology say that the men's treatment should be based on their individual health status, not on their age.

Elderly patients who are frail or who have multiple health conditions may not be able to handle aggressive cancer treatment, but aggressive treatment may be the best course for healthier older patients, the guideline authors write in *European Urology*.

As long as the health status of the patient is okay, the treatment of elderly patients is basically the same as their younger counterparts, said lead author Dr. Jean-Pierre Droz of Claude-Bernard Lyon 1 University in France.

Source: Madeline Kennedy, Medscape Urology, Reuters Health Information, 25 January 2017, <http://tinyurl.com/gvwx7ej> (requires free registration at <http://www.medscape.com>).

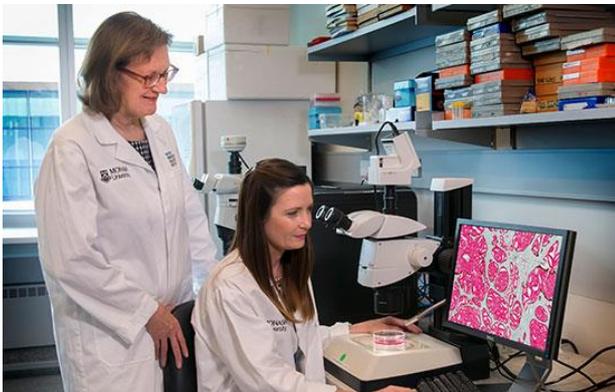
Aggressive prostate cancer secrets revealed in landmark study

A landmark Australian study, led by Monash University's Biomedicine Discovery Institute with the involvement of the Peter MacCallum Cancer Centre, has revealed the reason why men with a family

history of prostate cancer who also carry the BRCA2 gene fault have a more aggressive form of prostate cancer.

This study shows how different these tumours are from regular tumours and emphasises the importance of men knowing if they have a family history of prostate, breast or ovarian cancer in their family and may carry the BRCA2 gene fault, lead author of the study, Professor Gail Risbridger said.

Source: Monash Biomedicine Discovery Institute, Monash University, Melbourne, 10 January 2017, <http://tinyurl.com/grln682>.



Professor Gail Risbridger and Dr Renea Taylor from the Monash Biomedicine Discovery Institute

Surveillance of people with middle-risk prostate cancer: cautionary data

While increasing numbers of low-risk prostate cancers are now managed with active surveillance, the role of this conservative approach is less clear in men with intermediate-risk disease. One of the world's leading prostate cancer research groups says that active surveillance should not be used in routine clinical settings among men with Gleason 7 scores. The study found that the intermediate-risk group had a substantially inferior 15-year metastasis-free survival, which was the primary outcome.

Source: Nick Mulcahy, Medscape Medical News, Oncology, 10 January 2017, <http://tinyurl.com/jreud6q>, (requires free registration at <http://www.medscape.com>).

Marker for prostate cancer that needs aggressive therapy

A recently published study found that men with prostatic-specific antigen (PSA) levels that exceed 0.5 ng/mL (ug/L) after they have undergone six months of radiotherapy, with or without androgen-deprivation therapy, are at high risk for all-cause

mortality and should receive more aggressive treatment.

Source: Pam Harrison, Medscape Urology, Medscape Medical News, Oncology, 17 January 2017, <http://tinyurl.com/jbyn2vw>, (requires free registration at <http://www.medscape.com>).

Intermittent androgen deprivation therapy in prostate cancer: jury still out

Androgen deprivation therapy (ADT) is a cornerstone of locally advanced and metastatic prostate cancer treatment but is associated with a variety of adverse side effects. Intermittent ADT (wherein the treatment is stopped for periods of time) has been investigated as a way of reducing side effects without compromising overall survival, but results have differed depending on the specific patient population. For example, among men with localised disease, overall survival appears similar for continuous and intermittent ADT, with some quality-of-life factors favouring intermittent administration. However, for metastatic disease, there has been concern that intermittent therapy could compromise survival.

Source: Roxanne Nelson, BSN, RN, Medscape Urology, Medscape Medical News, Oncology, 18 January 2017, <http://tinyurl.com/ztdswfg>; (requires free registration at <http://www.medscape.com>).

Radiolabeled ligands targeting PSMA may benefit men with advanced prostate cancer

A new German multicenter study is suggesting that lutetium-177 (Lu-177)-labeled PSMA-617 may be a promising new therapeutic agent for radioligand therapy in men with metastatic castration-resistant prostate cancer (mCRPC). The study demonstrated that Lu-177-PSMA-617 radioligand therapy is safe and more effective than other third-line systemic therapies for men with mCRPC.

Source: John Schieszer, OncoTherapy Network, News, 13 January 2017, <http://tinyurl.com/zjfq6kf>.

Anti-androgen improves survival in recurrent prostate cancer

Adding anti-androgen therapy to radiotherapy as a salvage treatment for men with biochemical recurrence following prostatectomy improves outcomes. It extends overall survival and reduces the risk for both metastatic disease and death from prostate cancer at 12 years compared with radiation alone, final results from the US Radiation Therapy Oncology Group trial indicate. The study was published online 2 February 2017 in the *New England Journal of Medicine*.

Source: Pam Harrison, Medscape Urology, Medscape Medical News, Oncology, 1 February 2017, <http://tinyurl.com/z7e3l2m> , (requires free registration at <http://www.medscape.com>).

Could MRI replace biopsy in suspected prostate cancer?

A multi-parametric MRI (MP-MRI) administered as a triage test before a man's first trans-rectal ultrasound biopsy could identify at least one quarter of all patients who could safely avoid having a biopsy altogether, and it might also improve the detection of clinically significant prostate cancer, British researchers conclude from the PROMIS study.

"Biopsies will still be needed if an MP-MRI scan shows suspected cancer, but the scan could help to guide the biopsy so that fewer and better biopsies are taken," lead author, Hashim Ahmed, MD, University College London, United Kingdom, said in a statement.

Source: Pam Harrison, Medscape Urology, Medscape Medical News, Oncology, 23 January 2017, <http://tinyurl.com/zz3q82c> (requires free registration at <http://www.medscape.com>).

Attacking molecular circuitry may help combat castration-resistant prostate cancer

A new study is suggesting it may be possible to shut down the circuits that drive the high tumorigenicity of prostate cancer cells leading to castration-resistant prostate cancer (CRPC). The researchers report in the journal *Molecular Cell* that targeting the components of specific circuits may lead to the development of novel less toxic CRPC therapeutic strategies.

Source: John Schieszer, OncoTherapy Network, News, 12 January 2017, <http://tinyurl.com/zt2xyfm>.

Imaging-guided biopsies of the prostate miss apical cancer lesions

Both magnetic-resonance (MR) and trans-rectal-ultrasound-guided (TRUS) prostate biopsies often miss apical cancer lesions, according to new research. While the MR-guided technique had the most trouble detecting dorsolateral lesions, TRUS-guided biopsies tended to miss anterior lesions, Dr. Martijn G. Schouten of Radboud University Medical Center in Nijmegen, the Netherlands, and colleagues report in *European Urology*, online 4 January 2017.

"Prostate cancer lesions in certain anatomic regions of the prostate prove to be a diagnostic dilemma as

they often are occult during standard biopsy techniques," said Dr. Soroush Rais-Bahrami of University of Alabama at Birmingham, who was not involved in the study.

Source: Lorraine L. Janeczko, Medscape Urology, Reuters Health Information, 25 January 2017, <http://tinyurl.com/zhagc77>, (requires free registration at <http://www.medscape.com>).

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/grshy8s>.

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.