



THE WALNUT

September 2017

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

Affiliated with the Prostate Cancer Foundation of Australia

Postal address

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Next monthly meeting

Our next monthly meeting will be on **Wednesday 20 September** at our usual location and time (see below). We will first hold our annual general meeting. This will be followed by a round-table discussion on member experiences in prostate cancer treatment and recovery.

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/8gkhysb>.

Next coffee morning

10:00 am, Tuesday 10 October 2017:

Canberra Southern Cross Club at Woden. All are welcome to attend, including partners and carers. No notice is required — simply come along and introduce yourself.

Personal support

For general information, please call SHOUT (Self Help Organisations United Together) during normal office hours on (02) 6290 1984, and their staff will arrange for someone from the Group to contact you. 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 PCFA
- SHOUT staff
- the Canberra Southern Cross Club
- Holy Family School, Gowrie
- Paddywack Promotions
- the Naval Association of Australia
- German Auto Day
- many individuals in its fund-raising activities.

From the President

I would like to thank Kellie Toohey from the University of Canberra, who spoke about the role of exercise in rehabilitation and the work that the university is doing in this area. Kellie provided a valuable wake-up call on the need to exercise regularly, including doing exercises for both cardiovascular fitness and core strength.

I would also like to thank:

- the PCFA, which provided us with a grant of \$1,164.30 for expenses incurred in 2016–17;
- the Holy Family School, Gowrie for again inviting us to be their nominated charity at their Father's Day event on Friday, 1 September. The school has been a generous supporter of the Group over many years, and we again raised valuable funds (\$378.30);
- the organisers of the German Auto Day, who invited us to be their nominated charity at this event, which was held on Sunday, 17 September at Pialligo Estate and where we received \$126.70 in donations;
- the Canberra Southern Cross Club, which has announced approval of a grant of \$500 to the Group in 2017–18; and
- those members who assisted with the Holy Family School and German Auto Day events.

On Wednesday 20 September, we will be holding our annual general meeting and will be appointing executive committee members for the coming year. I encourage members to nominate for the committee. We are required to have a minimum of 5 members on the committee (President, Secretary, Treasurer and two others), but we like to have others on the committee in an *ex-officio* capacity. So, even if you do not wish to hold a formal position, we would very much like to have other members join the committee. This will also help to ensure that there are members who are able to step up, when current members of the committee feel that it is time to take a break.

Please let David Hennessey or me know if you would be willing to serve on the committee (our contact details are shown earlier in the newsletter).

John McWilliam
President

Previous meetings

August 2017 General Meeting

Our speaker in April was Kellie Toohey, Clinical Assistant Professor, Exercise Physiology, Faculty of Health from the University of Canberra.



Among the many points Kellie made in her talk were:

- 130,466 new cancer cases were diagnosed in 2016 in Australia, 55% of whom were males. Prostate cancer accounted for 25.2% of all cancers but only 7.4% of cancer deaths. The 5-year survival rate for prostate cancer was 84.3%. Corresponding figures for breast cancers were 12.3% of total diagnosed

- cancers, 6.8% of deaths and a 5-year survival rate of 87.8%.
- A survey of 1,800 cancer sufferers showed that 42% had no co-morbidities with other complaints (e.g. type 3 diabetes, arteriosclerosis etc.), whereas 36% had one and 13% had two others.
 - The common effects of treatment for cancer are associated with reduced cardiovascular fitness, reduced muscle mass, reduced quality of life, increased depressive symptoms, increased fatigue (often lasting for years), increased treatment-related side-effects and a reduced desire to do anything.
 - A recent (2016) Swedish study found that exercise reduced prostate cancer growth by 31%. Exercise increases blood flow and maintains body muscle mass. An increased blood flow enhances chemo drugs entry into tumour cells, while active muscles produce chemicals that destroy tumour cells and increases the activity of natural killer cells (NKC). Exercise increases adrenalin, NKC activity and Interleukin 6, which guides the NKC to the tumour cells.
 - We should aim to walk for about 60 minutes a day (this could be two 30 minute walks). This should include walking up hills to increase our rate of breathing. We should aim to restrict sitting to 2-3 hours a day. Studies have indicated that around 60% of recently diagnosed cancer sufferers gain weight primarily through a lack of exercise. It is also important to include 2-3 hours per week for resistance training (i.e. weight lifting).
 - Two efficient exercise protocols were discussed: low volume high intensity exercise (LVHIE) and continuous low to moderate intensity exercise (LCMIE). For LVHIE a good regime is 30 seconds vigorous pedalling, followed by a one minute break, repeated for at least 10 minutes. LCMIE is similar to brisk walking (4 km/hr) but includes walking up a hill at that speed. Cancer survivors should combine both forms in their daily exercise regimen.

- The Cancer Council's brochure *Exercise for People Living with Cancer* provides good advice on exercise for cancer survivors. It can be downloaded using the following link:
<http://tinyurl.com/yax88qp2>

September 2017 Executive Committee Meeting

At its meeting on 13 September, the Executive Committee, among other things:

- noted a report by John McWilliam on a meeting with Carol Mead, the new SHOUT administrator, and Rebecca Davey from the SHOUT Board on our support needs;
- considered arrangements for the conduct of the annual general meeting on 20 September;
- considered arrangements for support for outreach activities on 17 September and 18 and 19 October (see below); and
- noted reports from the Secretary and Treasurer, which included mention of approval of a grant of \$500 from the Canberra Southern Cross Club, which we expect to receive in November.

The next meeting of the committee will be held on Wednesday, 4 October.

Future Group events

Wednesday 18 and Thursday 19 October:

We have been invited to participate in a mini health expo being held in the foyer of Calvary Public Hospital. The event is being organized by Bosom Buddies and Calvary Hospital. We are seeking volunteers for this event.

Wednesday 18 October: General meeting. Our speaker will be Melissa Gardiner from the Cancer Support Group — ACT Eden Monaro's Own. Melissa will speak about the role of that group and the support that it provides. This might lead to greater cooperation between our two groups.

Nominations for the Executive Committee for 2017-18

Nominations are sought from members for the Group's Executive Committee for 2017-18.

Under the Group's Constitution we are required to have at least five members on the Executive Committee—the President, the Secretary, the Treasurer and two other members. We can also appoint *ex officio* members.

We rely on the voluntary support of our members to continue our activities. If you are willing to take on a position on the committee, please complete the nomination form attached to this newsletter and return it to our Secretary, David Hennessey at: secretary@prostate-cancer-support-act.net.

Nominations can be received up to the start of the AGM.

If you would like to discuss what participation on the committee would involve, please contact David Hennessey on (02) 6154 4274 or John McWilliam on 0416 008 299.

Future of SHOUT

I am pleased to advise that the Government has agreed to provide funding to ensure the continued operation of SHOUT. This decision means that we will be able to continue to meet at Pearce and receive support from SHOUT. Good news!

The new administrator of SHOUT is Carol Mead. Thanks to Phoebe Saunders and Mandy Hudson from SHOUT for all the help they have provided over past years. We wish them well in their next endeavours.

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>.

This month's PCFA *Community Digest* includes articles on:

- Does the new grading system for prostate cancer work for Australian men?
- Salvage-HIFU (High Intensity Focused Ultrasound) is a feasible treatment for local prostate cancer recurrence after radiotherapy.
- Interpreting the PIVOT study: is prostate cancer surgery pointless?
- Early androgen deprivation therapy: a trade-off between quality and length of life.
- An atlas of prostate cancer in Australia.



PCFA Webcast: Prostate cancer — what you need to know

The PCFA is having its annual webcast on prostate cancer at 7 pm on Wednesday, 20 September. This is the date of our next meeting, but you can register for the webcast and then watch it at a time of your choosing.

A leading panel of leading health experts will answer your questions about prostate cancer, including:

- What are the risk factors?
- What are the symptoms?
- How is prostate cancer detected and diagnosed?
- What are the different treatment options available?
- What side effects to expect and how to best manage them?
- What services are available to support men and their families during and after prostate cancer?

To register for the webcast, click the following link:

<http://pcfa.org.au/asktheexperts>

Max Gardner Award nominations

The PCFA has announced that nominations are now open for the **2017 Max Gardner Award**.

The Max Gardner Award for Distinguished Service is a prestigious award presented by PCFA. It is awarded to an individual member of the Network who has made an outstanding and significant contribution to reducing the impact of prostate cancer on Australian men, their partners and families, recognising the diversity of the Australian community. This award is a peer-based form of recognition for PCFA Network members who are currently an official Ambassador, in a Support Group Leader role or an active member of an affiliated support group.

The award process has been updated to include the valuable contribution of Ambassadors, assist in preparing nominations and improve fairness and transparency.

If you have suggestions for nominations the Group might submit for this award, please email John McWilliam:
president@prostate-cancer-support-act.net

Chronic Conditions Seminar Series— Neuroplasticity: what's it all about?

PRESENTER:
Angie Clerc-Hawke, Pain Educator

DETAILS:
Thursday 21 September 2017
7:00pm - 8:30pm at SHOUT
Building 1, Pearce Community Centre, Collett Place, Pearce

Angie Clerc-Hawke has a background in allied health, neuroscience and pain education. She will be drawing on her own persistent pain experiences and passion for neuroscience to explore neuroplasticity and its relationship to chronic conditions. These concepts will be delivered in easy to understand language. The emerging science in neuroplasticity is very interesting and this knowledge can be empowering in understanding and managing our health.

FREE TO ATTEND - NO RSVP REQUIRED

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 our collection can contact U.N. Bhati, email:
librarian@prostate-cancer-support-act.net

Articles and reports of interest

The following articles which have appeared recently on web sites or other sources may be of interest to some members. Any opinions or conclusions expressed are those of the authors. See Disclaimer below.

With thanks to Don Bradfield for these summaries.

Evidence for PSA screening showing benefit

Report title: Reconciling the effects of screening on prostate cancer mortality in the ERSPC and PLCO trials
Authors: Alex Tsodikov, PhD; Roman Gulati, MS; Eveline A.M. Heijnsdijk, PhD, et al
Publication: Annals of Internal Medicine
Date: 5 September 2017
View abstract at: <http://tinyurl.com/ybdlzs3h>

Current RACGP (Royal Australian College of General Practitioners) guidelines recommend against PSA screening in primary care and this position is mirrored in the US. However, the authors of the latest analysis note that the US recommendation relies heavily on results from the ERSPC (European Randomized Study of Screening for Prostate Cancer) and the PLCO (Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial), which offer conflicting results. The ERSPC showed a significant reduction and the PLCO showed no reduction.

While differences in study implementation, compliance and practice settings may account for this conflict, the authors found that, after these differences were accounted for, the ERSPC and PLCO provide compatible evidence

that screening reduces prostate cancer mortality.

"Screening was estimated to confer a 7% to 9% reduction in the risk for prostate cancer death per year of mean lead times," they write. "This translated into estimates of 25% to 31% and 27% to 32% lower risk for prostate cancer death with screening as performed in the ERSPC and PLCO intervention groups respectively, compared with no screening."

Recommendations against prostate cancer screening may need to be revised after this reanalysis of the evidence that found that prostate-specific antigen (PSA) testing significantly reduces mortality. However, discussion should focus on how to implement screening so the benefit outweighs the harms of overdiagnosis and overtreatment. See observations in:

PSA Screening Does Reduce Deaths, New Analysis Shows, 5 September 2017.

<http://tinyurl.com/ydfnb7se>

Androgen deprivation therapy for prostate cancer and dementia risk

Androgen deprivation therapy (ADT) to treat prostate cancer may be associated with an increased risk of dementia, but existing studies have shown conflicting results. Some of these conflicting studies are shown below.

Report title: Androgen deprivation therapy for prostate cancer and dementia risk: a systematic review and meta-analysis
Authors: K T Nead, S Sinha and P L Nguyen
Publication: Nature
Date: 28 March 2017
View abstract at: <http://tinyurl.com/ybnq7zxq>

In this study, researchers conducted a systematic review of articles reporting the outcome of dementia among individuals with prostate cancer in those exposed to androgen deprivation therapy (ADT) versus a lesser-exposed comparison group. Nine studies were included in the review.

A random-effects meta-analysis of studies reporting any dementia outcome, which included 50,541 individuals, showed an increased risk of dementia among ADT users (hazard ratio (HR), 1.47; 95% confidence interval (CI), 1.08–2.00; $P=0.02$).

This new analysis of patients who have undergone treatment for prostate cancer showed a connection between androgen deprivation therapy (ADT) — a testosterone-lowering therapy and a common treatment for the disease — and dementia, according to researchers from the Perelman School of Medicine at the University of Pennsylvania.

An analysis of more than 50,000 patients worldwide showed a consistent statistical link between men who underwent ADT for prostate cancer and men who developed dementia. The lead author, K T Nead, says the numbers show correlation, not causation at this point.

"Research shows androgens play a key role in neuron maintenance and growth, so the longer you undergo this therapy to decrease androgens, the more it may impact the brain's normal functions," Nead said.

The analysis was less conclusive on the question of Alzheimer's. While there was still a connection, it was not as clearly defined as the link to dementia. Nead says evidence for a link between ADT and neurocognitive dysfunction is growing and should be part of the conversation between doctors and patients.

Report title: Risk of Alzheimer's disease among senior Medicare beneficiaries treated with androgen deprivation therapy for prostate cancer
Authors: Seo Hyon Baik, Fabricio Sampaio Peres Kury and Clement Joseph McDonald
Publication: Journal of Clinical Oncology
Date: 28 March 2017
View abstract at: <http://tinyurl.com/yapurzp8>

Of the 1.2 million fee-for-service Medicare beneficiaries who developed prostate cancer in 2001 to 2014, 35% received ADT. Of these, 109,815 (8.9%) and 223,765 (18.8%) developed Alzheimer's disease and dementia,

respectively, and 26% to 33% died without either outcome. Unadjusted rates of Alzheimer's disease and all-cause mortality per 1,000 patient-years were higher among ADT recipients; the unadjusted rates of Alzheimer's disease were 17.0 and 15.5 per 1,000 person-years in recipients and non-recipients, respectively, and the unadjusted rates of all-cause mortality were 73.0 and 51.6 per 1,000 person-years, respectively.

The unadjusted rates for dementia in ADT recipients versus non-recipients were 38.5 and 32.9, respectively and the unadjusted rates of mortality were 60.2 versus 40.4, respectively. However, after analysis was adjusted for other cancer therapies and other covariates, patients with ADT treatment had no increased risk of Alzheimer's disease and had only a miniscule (1%) risk of dementia.

Patients treated with ADT were more likely to die before progression to Alzheimer's disease or dementia. The risks of Alzheimer's disease and dementia were not associated with duration of ADT (i.e. no dose effect).

These data suggest that ADT treatment has no hazard for Alzheimer's disease and no meaningful hazard for dementia among men age 67 years or older who are enrolled in Medicare.

Report title: Androgen deprivation therapy and the risk of dementia in patients with prostate cancer

Authors: Farzin Khosrow-Khavar, Soham Rej, Hui Yin, Armen Aprikian, and Laurent Azoulay

Publication: Journal of Clinical Oncology

Date: 10 January 2017

View abstract at: <http://tinyurl.com/y744a5tk>

Using the United Kingdom's Clinical Practice Research Datalink, the researchers assembled a cohort of 30 903 men newly diagnosed with non-metastatic prostate cancer between 1 April 1988 and 30 April 2015 and observed them until 30 April 2016.

Compared with nonuse, the researchers found that ADT use was not associated with an

increased risk of dementia (incidence, 7.4 v 4.4 per 1,000 person-years, respectively; adjusted hazard ratio, 1.02; 95% CI, 0.87 to 1.19). In secondary analyses, cumulative duration of use (*P* for heterogeneity = .78) and no single type of ADT were associated with an increased risk of dementia.

In this large population-based study, the use of ADT was not associated with an increased risk of dementia, including Alzheimer's disease. The researchers observed similar findings in secondary analyses that assessed the association with duration of use and by specific ADTs.

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 us an email through the form here: <http://tinyurl.com/ybkxnlq4>.

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 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.

Nomination for the Executive Committee

We, and
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being members of the Prostate Cancer Support Group (ACT Region), hereby nominate:

.....
.....

to be a member of the Executive Committee of the Group for 2017-18. I nominate this person for the following position (check box):

<input type="checkbox"/>	President
<input type="checkbox"/>	Secretary
<input type="checkbox"/>	Treasurer
<input type="checkbox"/>	Other position

.....
Member 1's signature

Date:

.....
Member 2's signature

Date:

Acceptance of nomination

I hereby accept this nomination.

.....
Signature of member being nominated

Date:

Please send to secretary@prostate-cancer-support-act.net or hand to the AGM chair before the start of the AGM.