The Walnut

October 2017

Newsletter of the Prostate Cancer Support Group–ACT Region

Affiliated with the Prostate Cancer Federation of Australia

Postal address: PO Box 650, Mawson ACT 2607
Website: http://prostate-cancer-support-act.net

In this issue

Next meeting

Our next monthly meeting will be on Wednesday 18 October at our usual location and time (see below).

Our speaker will be Melissa Gardiner from the *Cancer Support Group—ACT Eden Monaro's Own* [http://tinyurl.com/ybeq8b63]. 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.

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

Coffee mornings

Our coffee mornings are held on the second Tuesday of each month and alternate between the Woden and Jamison venues of the Canberra Southern Cross Club. All are welcome to attend, including partners and carers. No notice is required—simply come along and introduce yourself.

Details of our next meeting are:

10:00 am, Tuesday 14 November 2017, Canberra Southern Cross Club at Jamison.

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 to contact you. After hours, please call 0490 784 151.

If you would like immediate advice, support or assistance, please contact one of the following two 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

From the President

With our annual general meeting now behind us, we will be starting to plan activities for the coming year. If you have ideas about activities you would like us to consider, please let us know.

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 Promotional Products, the Naval Association of Australia, German Auto Day and the many individuals who have assisted in our fund-raising activities.

While we appointed our executive committee for the coming year at our AGM, we are still hopeful that one or two members might be willing to join us in an ex officio capacity. For instance, it would be helpful to have someone who might be prepared to help organise speakers for our meetings.

We had a wonderful turnout for our coffee morning this week. These are always enjoyable occasions, so why not think about joining us for our next one (see page 1 for details).

I hope you can join us for our next general meeting on 18 October.

John McWilliam

Members of our coffee group meeting at the Canberra Southern Cross Club on 10 September

Our AGM and September meeting

Only a small number of members attended our annual general meeting in September, which was a bit of a disappointment. However, we are aware that a number of members had other commitments or were sick.

At the AGM the following members were appointed to the committee for the coming year:

President: John McWilliam

Secretary: David Hennessy

Treasurer: John Hayhoe

Member: John Richmond

Member: Don Bradfield

Following the meeting, there was much useful discussion and exchange of information.

October executive committee meeting

At its meeting on 4 October, the executive committee:

- discussed arrangements for the October, November and January meetings;
- discussed arrangements for the Mini Health Expo, which is being held at Calvary Hospital on 18 and 19 October;
- received reports from the Treasurer and the Secretary; and
- discussed inputs to the October newsletter.

Future Group meetings

Our 15 November meeting will be the final meeting for the year. In keeping with tradition, it will be an informal occasion, to help us get into the Christmas mood. We will have pizzas available and will discuss the outcomes of current research and other matters raised by those present at the meeting.

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 an 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:

- Queensland researchers turn to nature to discover new drugs for prostate cancer;
- biomarker to guide treatment for men with castration resistant prostate cancer;
- highlights from the 2017 Asia-Pacific Prostate Cancer Conference; and
- promising early results for a new surgical technique to restore sexual function after prostate surgery.

Living well after cancer

Cancer and its treatment can bring a host of practical challenges, from changes in appearance and body function to managing the emotional and social impacts.

Living Well After Cancer is a free face to face program run by Cancer Council staff with trained facilitators who have experienced cancer firsthand.

This program includes practical information and open discussion for people who are cancer survivors, carers, family, friends and work colleagues. As a participant, you will learn about the possible changes, challenges and opportunities you may face after completing cancer treatment.

You will also have the opportunity to connect with others on a similar journey, and share tips, ideas and activities to help you live your life well.

Details of the program are:

When: Saturday, 28 October 2017

Time: 10:00 am to 12:00 pm

RSVP: Friday, 20 October 2017 by calling 1300 200 558 (local call).

Know your options for treating prostate cancer

Cancer Voices NSW has asked us to include the following article in our newsletter. It is written by Associate Professor Sandra Turner, a Senior Radiation Oncologist at the Crown Mary Cancer Centre and Associate Professor at the University of Sydney and discusses the various treatment options for prostate cancer.

Surgery isn't the only option for the treatment of prostate cancer but many men aren't offered others

Australian men with a recent diagnosis of prostate cancer that require active treatment, as opposed to careful monitoring, are often not given all the options available to them. This means not all men are getting the necessary information and support to make a decision on what treatment is best. A growing body of evidence and treatment guidelines support the fact that less invasive radiation therapy is equally effective in curing or controlling cancer as surgical removal of the prostate, known as radical prostatectomy.

While all patients see a urologist—the specialist surgeon who does the biopsies and gives the diagnosis—they only see a radiation oncologist if the urologist or GP refers the man on. In this way, the urologist is the gatekeeper to men receiving optimal (or sub-optimal) care. The fear of cancer and a natural emotional response to get it out may lead to a less than fully-informed decision for surgery, and to possible regret of this decision later on.

Bias in medicine is a reality, and it is not surprising doctors favour familiar treatments. But it is problematic when bias creates a hurdle to men getting accurate, balanced information. There is plenty of evidence men aren't getting the chance to hear about their radiation therapy options. A recent US study found that men seeing both a radiation oncologist and urologist were six times more likely to choose radiation therapy compared with men seeing only a urologist.

In Australia, the proportion of men receiving radiation is much lower than research on effectiveness of radiation therapy would predict if men with prostate cancer were exhibiting truly informed choice. Meanwhile, prostate surgery rates are higher and continue to rise, especially in the case of robotic surgery.

The gold standard of care

The gold standard of care for prostate cancer begins with the patient and his support person talking with the experts— the surgeon (urologist), a radiation oncologist and a specialist nurse. In doing so, the man is provided with the relevant information and impartial advice he needs to make an informed decision about his preferred treatment.

Virtually all specialist doctors who treat cancer profess to be part of a multi-disciplinary team, that includes surgeons, medical and radiation oncologists and other experts, and attend meetings where the relevant health professionals discuss patient "cases" to decide on management. These team meetings are valuable, but they are only one aspect of a high quality service. Meetings do not include the patient, the man with prostate cancer, who is integral to the decision-making process.

The multi-disciplinary team model has been successful in the treatment of breast cancer. There is nearly always more than one good treatment option available for men with prostate cancer, sometimes several. For men with low risk cancers, many may not require active treatment up front (or ever) and are appropriately managed by active surveillance or careful monitoring.

But other men with prostate cancer require active treatment to reduce the chance of dying, or suffering symptoms, from cancer. Alternative treatment pathways are very different for the individuals involved, in terms

of patient experience, potential side-effects, the need for additional treatments, and potential out-of-pockets costs. This is why the man with prostate cancer has to be the most important member of the team who decides on the treatment.

Putting the patient at the centre

Only the patient can weigh up the trade-off between the risk of bowel problems (with radiation therapy) and the risk of urinary incontinence (with surgery). Likewise, the choice between attending the cancer centre for radiation treatment every weekday over several weeks versus hospitalisation and time off work for recovery after surgery. There are many other pros and cons that may sway a man to prefer one approach over another.

As already mentioned, the ideal model for decision-making for prostate cancer treatment is that the man has a consultation with a urologist and a radiation oncologist. As the two types of prostate cancer specialists have distinct expertise in different areas, seeing both is the only way men can get complete, up-to-date information.

The man can then consider his options and discuss these with his family and GP if he wishes. The good news is that men can take time to do this, as most prostate cancers are relatively slow-growing.

In the United Kingdom, Canada, and select centres including some in Australia, prostate cancer teams do place the man at the centre of decision-making. But this must become the rule rather than the exception and Australian men should be strongly encouraged and assisted to see all experts.

Ultimately, men need to be empowered in their decision-making through being part of a process that enables and supports them in making fully informed choices. Until then, men who require active prostate cancer treatment need to insist on seeing all the specialists in the area, including a radiation oncologist.

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 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 this summary.

Efficacy, safety and quality of life in patients with castrate-resistant prostate cancer treated with Lu-PSMA

Report title	ESMO 2017: Lutetium-177 PSMA (LuPSMA) Theranostics Phase II trial: Efficacy, safety and QoL in patients with castrate-resistant prostate cancer treated with LuPSMA
Study Authors	Michael S. Hofman (Peter MacCallum Cancer Centre, Melbourne) et al
Journal article author	Zachary Klaassen, MD, Urologic Oncology Fellow, University of Toronto, Princess Margaret Cancer Centre
Publication	Uro Today
Date	Paper presented at European Society for Medical Oncology Annual Congress, Madrid 2017
View abstract at:	http://tinyurl.com/y826smpk

This article reports the results of a phase II Lutetium-177 PSMA (177Lu-PSMA) trial for the treatment of metastatic castrate-resistant prostate cancer (mCRPC) .

177Lu-PSMA, a radiolabelled small molecule, binds with high affinity to the prostate specific membrane antigen (PSMA), enabling beta particle therapy to be targeted to mCRPC.

This was a phase II prospective trial, enrolling 30 patients with PSMA-avid mCRPC who had failed standard therapies. Patients received up to four cycles of 177Lu-PSMA every 6 weeks. The primary endpoints were PSA and imaging response (based on PCWG2) and toxicity (based on CTCAE v4).

Prior treatment included chemotherapy (87%; 47% of which was Cabazitaxel) and Abiraterone/Enzalutamide (83%).

At the interim analysis, 17 patients (57%) achieved PSA decline >50%, including 11 patients (37%) with decline >80%. Among 17 patients with soft tissue disease, objective response (RECIST partial response or complete response) occurred in 12 patients (71%). Most common adverse events were grade 1 xerostomia (63%) and nausea (50%). Grade 3 or higher hematoxicity occurred in 5 patients (17%).

This treatment provides an opportunity for new therapeutic technology to be used to improve survival.

Another interesting article presented at the same session was Targeted Alpha Therapy (TAT) by Professor Johann de Bono from the UK. He discussed the future of targeted alpha therapy. Dr. de Bono shared a comprehensive slide delineating the timeline of alpha-emitting radionuclide therapy in oncology, specifically highlighting radium-223 approval in mCRPC in 2013 and the first patient being treated with Thorium-227 in 2016.

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/ybkxnlg4.

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.