THE WALNUT

Newsletter of the Prostate Cancer Support Group—ACT Region
Affiliated with the Prostate Cancer Foundation of Australia

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Next monthly meeting

Our next monthly meeting will be on **Wednesday 17 January** at our usual location and time (see below). Member, Dr Don Bradfield, will lead a discussion on recent developments in cancer research.

All are welcome to attend our regular monthly meetings and coffee mornings, 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 the 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, 6 February, Canberra Southern Cross Club, Jamison.

President's Message

Let me begin by wishing you all a very happy and healthy 2018.

At the start of each year we give thought to our resolutions for the coming year. Foremost among these should be resolutions to maintain a healthy lifestyle, because good health has a huge influence on our overall wellbeing and happiness.

We know that regular exercise and a good diet are two important factors in helping to prevent cancer and to maintain good cardiovascular health. At our August 2017 meeting, Clinical Assistant Professor Kellie Toohey told us that a 2016 Swedish study had found that regular exercise reduces prostate cancer growth by 31 per cent and that we should aim to walk in total for at least 60 minutes a day.

I am all too well aware from my own experience of the difficulties in persevering with New Year resolutions. It is all too easy to find excuses. However, we need triggers, such as a New Year, to help us recommit to developing healthy living habits.

Positive developments in prostate cancer research and treatment continue to be made. This will be the focus of our discussion at our January meeting. We are also planning a visit

to the John Curtin School of Medical Research for one of our meetings in the very near future.

I look forward to seeing as many of you as possible at our meeting on 17 January.

John McWilliam

Members attending the November coffee morning at the Canberra Southern Cross Club in Jamison. These are always enjoyable occasions and all are welcome to join us. We would love you to come along.

November Meeting

At our November meeting, we discussed plans for 2018 and matters of general interest to members. We also had an end-of-year social gathering.

President, John McWilliam, reported that:

- the Committee meets on the first Wednesday of each month and any member wishing to assist or attend is welcome to do so;
- the Committee is discussing ways of increasing information to the public about our meetings/activities and will start placing notices in the *Canberra Times/Chronicle* of upcoming guest speakers;
- the Group will acquire a model of the anatomy of the prostate gland for use at displays; and
- the Group will get administrative support in 2018 to help with the organisation of awareness activities and better publicity for our meetings.

Appreciation

The Group recognises and expresses its appreciation for the support provided by: the PCFA, SHOUT staff, the Canberra Southern Cross Club, Holy Family School Gowrie, ACT Veterans' Hockey Association Inc, Paddywack Promotional Products, the Naval Association of Australia, German Auto Day and the many individuals who have assisted in our fund-raising activities.

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

Borrowing items from the library

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

During discussion the following issues were raised by members:

- whether we should seek clarification from the Australian Institute of Health and Welfare of the ACT Health's claim of a 90% survival rate from prostate cancer;
- 'sniffer dogs' are being used in the UK to help detect prostate cancer and the trials have shown encouraging results (details are to be provided to the President);
- differences in Medicare rebates for different types of cancer and the need for Medicare support for robotic assisted prostatectomies;
- we should not just focus our awareness activities on men who are over 45 years of age; and
- is there information available on the average delay by men with symptoms before seeking medical advice and the further delay before surgical or other treatment?

The committee will look into these issues.

December Executive Committee meeting

At its meeting in December, the committee:

- discussed arrangements for coming monthly meetings;
- continued discussions from its previous meeting on options to provide improved support to outreach activities;
- agreed in principle to appoint a patron for the Group to help improve its profile. Options for a patron were discussed;
- discussed possible outreach activities which should be explored for health promotion events, including Seniors Week from 12-18 March (the Royalla Country Fair on 18 March is also on that week and it would be worth trialling representation at that event);
- agreed to advertise more significant monthly meetings in local newspapers; and
- agreed to invite SHOUT to provide administrative support in arranging publicity and outreach activities determined by the committee.

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 .

The December PCFA *Community Digest* includes articles on:

- penile rehabilitation: does it work?
- Peyronie's disease in men with prostate cancer;
- new patterns in prostate cancer diagnosis; and
- partial prostatectomy: an experimental surgical technique to treat focal prostate cancers.

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.

New IsoPSA blood test is more accurate in predicting overall risk of prostate cancer than standard Prostate-Specific Antigen (PSA)

Report title:	Cleveland Clinic-led study finds that new blood test is more accurate in predicting overall risk of prostate cancer than standard Prostate-Specific Antigen (PSA)
Publication:	Cleveland Clinic news report
Date:	11 May 2017
View article:	http://tinyurl.com/kkljb9r

A team of researchers from the Cleveland Clinic and other clinical sites have demonstrated that a new blood test known as IsoPSA detects prostate cancer more precisely than current tests in two crucial measures – distinguishing cancer from benign conditions, and identifying patients with high-risk disease.

By identifying molecular changes in the prostate specific antigen (PSA) protein, the findings suggest that, once validated, the use of IsoPSA may substantially reduce the need for biopsy, and may thus lower the likelihood of over-detection and over-treatment of non-lethal prostate cancer.

"Despite criticism, PSA has transformed the landscape of early detection, screening, and management of prostate cancer in the last few decades," the research team leader, Dr. Eric Klein, was reported as saying.

"Unfortunately, PSA is tissue-specific but not cancer-specific, leading to over-diagnosis and over-treatment of biologically insignificant cancers, which is widely recognised as a key limitation in its clinical utility."

The study directly compared the clinical performance of a new test based on PSA, called IsoPSA, to PSA itself with patients already scheduled for prostate biopsy. IsoPSA proved significantly superior to PSA in two key indications: discriminating between prostate cancer and benign conditions; and identifying patients with high-grade disease. The former indication is potentially useful for using IsoPSA for screening by primary care physicians, while the second is helpful for urologists in identifying patients who would benefit from curative intent therapy and other applications.

The results show that, if validated and adopted clinically, IsoPSA could significantly reduce the rate of unnecessary biopsies by almost 50 per cent."

"Due to its inherent simplicity, requiring only a blood draw and presenting information to the physician in familiar context using a single number – just like PSA itself – we are quite hopeful in IsoPSA's future utility after further validation studies," said Mark Stovsky, M.D., a co-author of the report.

Further comments, drawn from the original study, are reported in *European Urology*, December 2017 (http://tinyurl.com/yd2nzutk).

Survival outcomes for salvage radiation after radical prostatectomy

Report authors:	S. Agrawal et al
Report title:	Prostate cancer-specific mortality and survival outcomes for salvage radiation therapy after radical prostatectomy
Publication:	Radiation Oncology
Date:	1 October 2016
View article:	http://tinyurl.com/yb9p3gep

Generally, 'salvage' radiotherapy (SRT) is defined as radiation treatment given for suspected recurrent malignant disease after a period of observation after prostatectomy.

A recent study has shown that early salvage radiation therapy following radical prostatectomy has been shown to reduce biochemical recurrence and distant metastases. Using a consortium database, including data from ten academic institutions, the study assessed the impact of SRT initiation at lower prostate specific antigen (PSA) levels on prostate cancer-specific mortality and all-cause mortality (ACM).

In this retrospective study, 2,454 node-negative patients with detectable post-prostatectomy PSA (≥0.01 ng/mL) treated with SRT ± neoadjuvant/ concurrent androgen deprivation therapy were included.

Median follow-up was 5.1 years following the salvage radiotherapy end-date.

Some of the results were as follows:

597 patients (24%) had pathologic Gleason score (GS) of ≤6, 1383 (56%) GS 7, and 474 (19%) GS ≥8. There were 1365 (56%) with extra-prostatic extension, 451 (18%) seminal vesicle invasion, 1430 (58%) positive surgical margins, and 390 (16%) received neoadjuvant/concurrent androgen therapy for a median of six months.
Median ages at radical prostatectomy and subsequent salvage radiotherapy were 61 years and 64 years, respectively.
Median pre-SRT PSA was 0.5 ng/mL.
The 5 and 10-year prostate cancer specific mortality rates were 3% and 6%, respectively.
The 10 year prostate cancer specific mortality rate was 5% for pre-SRT PSA ≤0.2 ng/mL, 6% for 0.21-0.50 ng/mL, 8% for 0.51-1.0 ng/mL, 18% for 1.01-2.0 ng/mL, and 22% for >2.0 ng/mL, P < 0.0001.
The 5 and 10-year All Cause Mortality rates were 7% and 23%, respectively, and at 10 years was 14% for pre-SRT PSA ≤0.2, 16% for 0.21-0.50, 23% for 0.51-1.0, 30% for 1.01-2.0, and 38% for >2.0, P < 0.0001.
On multi-variable analyses, higher pre-SRT PSA (HR = 2.13, P < 0.0001), higher Gleason Score seminal vesicle invasion and year of SRT were significantly associated with higher PCSM, while extra-prostatic extension, surgical margins, ADT use, SRT dose, age at SRT, and age at RP were not. These same variables were significantly associated with higher ACM on MVA, in addition to advanced age at radical prostatectomy.

The study concluded that initiation of early SRT at low PSA levels compared to higher PSA levels following radical prostatectomy is associated with reduced risk of PCSM and ACM. Other factors significantly associated with PCSM include higher GS, seminal vesicle invasion, and earlier year of SRT.

Editor's note: This study reports that salvage radiotherapy is of most benefit if initiated early after biochemical PSA progression becomes apparent.The study may be criticised in comparing PCSM vs year of SRT. The highly sensitive PSA assays were only developed from about 2008 onwards and hence it is likely that SRT may have been initiated at a higher level on study participants who had SRT prior to that time.

PSMA PET scans can identify patients who are more likely to benefit from salvage radiotherapy following prostatectomy

Report authors:	Louise Emmett et al
Report title:	Treatment outcomes from 68Ga-PSMA PET/CT–informed salvage radiation treatment in men with rising PSA After radical prostatectomy: Prognostic value of a negative PSMA PET
Publication:	Journal of Nuclear Medicine
Date:	December 2017
View article:	http://tinyurl.com/ycr9g9q4
See also:	Prostate Cancer News Weekly, http://tinyurl.com/y8jjbax4

A recent study-based article demonstrates that prostate-specific membrane antigen (PSMA)-PET scans can identify prostate cancer patients likely to benefit from salvage radiation therapy (SRT) after a radical prostatectomy, and that the scans are more informative than traditional clinical parameters.

PSMA is a well-characterised imaging biomarker of prostate cancer. It can be used as a radio tracer in PET scanning to identify prostate-specific tumour regions.

In the study, these patients underwent imaging with a PSMA PET scan and had treatment based on the results of the scan findings. The study then followed how these men were treated, and whether the treatment was effective.

Currently 20 to 50 percent of these men who undergo radical prostatectomy will relapse, based on rising PSA levels following surgery. Currently, salvage radiotherapy (SRT) to the prostate region is the only potentially curative therapy available to these men. Classifying patients by PSA levels can help determine which men are most likely to benefit from SRT. Patients with low serum PSA levels (less than 0.5 ng/mL) who are treated by SRT have better outcomes.

However, there are still a significant number of men who do not respond to therapy despite low PSA levels. Some suggest this may be due to spread of the cancer to the lymph nodes or distant body regions.

The study included 146 men, 99 of whom received SRT and were followed for a median of 10.5 months. In this group, overall treatment response was 72 percent. However, for patients with a negative PSMA-PET result or positivity only in the localised prostate, the treatment response climbed to 82.5 per cent.

On the other hand, the response rate was only 53 per cent in men with PSMA-PET positivity for lymph nodes or distant disease.

Further analysis showed that PMSA-PET is more predictive of benefit from SRT compared to other clinical parameters such as Gleason score, surgical margins, tumour stage or PSA levels at imaging.

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.