



THE WALNUT

NOVEMBER/DECEMBER 2018

Newsletter of the Prostate Cancer Support Group—ACT Region

Affiliated with the Prostate Cancer Foundation of Australia (PCFA)

Postal address: PO Box 650, Mawson ACT 2607

Website: <http://prostate-cancer-support-act.net>



Next monthly meeting

Our next monthly meeting will be held on **Wednesday 21 November 2018**.

This will be our last meeting of the year, and it will include our usual end-of-year celebration.

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 on page 2 of 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.

Next coffee morning

10:00 am, Tuesday 11 December at the Canberra Southern Cross Club, [Jamison](#).

Coffee mornings are held at 10:00 am on the second Tuesday of each month and alternate between the Woden and Jamison venues of the Canberra Southern Cross Club.

President's Message

I would like to greatly thank Dr Grant Buchanan for agreeing to speak at our meeting in October, particularly given the late notice. Once again, Dr Buchanan gave a most informative and interesting presentation, as was shown by the many questions he received and the fact that he could easily have taken questions for much longer.

I hope you can all make it to our last meeting of the year on Wednesday 21 November. As in previous years, this will be mainly a social occasion, when we will share experiences and reflect on events of the past year and for 2019. If you have not have attended for some time, do come along and join us. It would be good to catch up.

I also hope that many of you will be able to join us at Harness Racing ACT's twilight event on Sunday 16 December, the proceeds of which will be donated to the Group. We plan to use these funds to assist in prostate cancer research.

We will be organising tables of people wishing to join us for dinner at the event and are seeking volunteers to help with setting up for it on the afternoon of Friday 14 December. Further details of the event are included in the separate notice in the newsletter.

Included in this newsletter is notice of a PCFA 'Ask the Experts' webcast on Advanced Stages Prostate Cancer on Wednesday 28 November, which will be of great interest.

It is hard to believe that Christmas is almost upon us once again. I hope that you all have a great Christmas and I wish you all well for the New Year. May it be a healthy and happy one.

John McWilliam
President

Appreciation

The Group recognises and expresses its appreciation for the support provided by: the PCFA, SHOUT staff, staff of the Australian Department of Human Services (Chief Technology Office), the Canberra Southern Cross Club, Holy Family School Gowrie, ACT Veterans' Hockey Association Inc, Paddywack Promotional Products, Harness Racing ACT, 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.

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

Message from Jim Hughes AM, National Chairman, Prostate Cancer Foundation of Australia

During my eleven years with the Prostate Cancer Foundation of Australia (PCFA), I have been fortunate enough to witness the achievement of significant positive changes for those affected by prostate cancer. This is only possible due to a multitude of incredible people — from all walks of life — who through their tenacity, passion and dedication truly make a positive difference.

The time has now come for me to 'pass the baton on' and I would like to advise that I will be retiring from my role as National Chairman on 22nd November 2018. Steve Callister our current Deputy National Chairman was unanimously appointed as National Chairman Elect and Chris Hall as Deputy National Chairman Elect at a recent National Board meeting of PCFA. Steve and Chris have long affiliations with PCFA with both being appointed as National Directors in 2007 and are deeply committed to the cause. I have the utmost confidence in their ability to continue to build momentum around addressing the issues faced by men and their loved ones affected by prostate cancer.

It has been a great privilege for me to serve this community. It is truly gratifying to walk alongside people like you who have achieved some extraordinary milestones in conjunction with PCFA for men and their families affected by prostate cancer. There have been many significant accomplishments made since the inception of PCFA twenty-two years ago. Of particular note, more recently the establishment of the Prostate Cancer Specialist Nursing Program and evidence-based information packs have remarkably changed the experience of tens of thousands men who have been diagnosed with prostate cancer.

Broadening Prostate Cancer Foundation of Australia's research program has provided essential funding to areas such as clinical trials and survivorship. Support groups remain a deeply embedded and essential service to their local communities. Initiatives such as the Online Community allow more people to access essential support and to be updated with contemporary evidence-based scientific information. Our Ambassador program continues to be most beneficial in helping to increase community awareness about prostate cancer across Australia. .

I will remain a key supporter of the forthcoming initiatives of PCFA. I have complete faith that Steve Callister and Chris Hall, with support from our dedicated National Board, volunteers, employees and the broader community will continue to expand the vital work of this remarkable organisation. I would like to offer my heartfelt thanks for your support during my tenure as National Chairman and may I offer my gratitude to all those who are altruistically working towards improving the lives of those affected by prostate cancer.

Best wishes

Jim Hughes AM
National Chairman



Our October meeting

Our speaker at our October meeting was Dr Grant Buchanan, Registrar Radiation Oncology, The Canberra Hospital, Clinical Senior Lecturer, ANU and affiliate Senior Lecturer at the University of Adelaide.

Dr Buchanan said that Canberra is unique to other Australian centres in that prostate cancer therapies are run privately, and there is a dearth of tissue samples collected in Canberra to facilitate cellular and tissue study. Tissue samples need to be frozen, not paraffin-embedded, to enable cellular study. A new Specific Radiator has been purchased to enable Matthew Cook to do genomic sequencing of locally collected tissues in Canberra and some clinical trials have now commenced.

Dr Buchanan made a number of points, assisted by a PowerPoint presentation. These included:

- Prostate cancer in men in Australia accounts for 30% of male cancers, 15% of the cancer burden and 13.4% of cancer deaths. This equates to around 20,000 cases annually, over 3,000 deaths and costs \$200 million annually.
- For Australian men, the mean age of diagnosis is 67.4 years. Before the age of 85 there is a 1:5 risk of disease, and a 1:25 risk of death.
- Between 1982 and 2014, mortality declined from 35.4 to 30.6 per 100,000 men, and five-year survival increased from 58.2% to 92%.
- Significant risk factors for prostate cancer include age (2% at 40 -60, 15% at 60 - 80), high fat diets, high BMIs, low physical activity, a family history, high serum testosterone, Cadmium exposure (e.g., from smoking, paint, batteries), African background, multiple sex partners, sexually transmitted diseases and a vasectomy.
- Changes over time in treating prostate cancer have included better detection, but there is still an inability to predict who will die or an ability to stop metastatic prostate cancer.



Dr Grant Buchanan being thanked for his superb presentation

- The typical clinical states model is for: (i) surgery or radiation treatment of localised prostate cancer; (ii) observation of a rising PSA; (iii) Androgen ablation or androgen deprivation therapy (ADT) of metastatic cancer; and (iv) chemotherapy for castrate-resistant cancer. Chemotherapy for castrate-resistant cancer has a low success rate.
- Currently, post-surgical PSA increases should initiate a bone scan, CT-CAP (Chest, Abdomen and Pelvis) and PSMA -PET scan, followed by focused high energy radiation.
- Most clinicians now understand that prostate cancer treatment should align with the patient's expectation of their quality of life, based on the tumour grading and life expectancy. With a poor ability to detect 'lethal' prostate cancer, there is a risk of over-treating the many that do not have a fatal prostate cancer.
- Prognosis for those diagnosed with prostate cancer depends on the tumour burden and disease risk, assessed as follows:
 - PSA <10 low, 10-20 intermediate, >20 high and >100 having a poor survival outcome.
 - Grading, based on the Gleason Score viz. Grade 1 < 6, Grade 2 3+4, Grade 3 4+3, Grade 4 8, Grade 5, 9 - 10.
- Dr Buchanan dispelled the 'myth' that a healthy 70 year-old will die with prostate

cancer, rather than from it by highlighting the following statistics. The risk of dying from prostate cancer with a Gleason Score of 5 was 5% for those men <60 years and 11% for those men >70 years. However, for a Gleason Score of 7, the rate for men < 60 years was 70% compared with 42% for men > 70 years of age.

In summary, prostate cancer treatment is based on four precepts: surveillance (suitable for organ-confined prostate cancer and the elderly), Androgen Deprivation Treatment (which is not curative, only time sparing), surgery (for low/intermediate risk) and radiotherapy (including LDR/HDR brachytherapy, EBRT).



Coffee morning

We had an excellent attendance for our coffee morning on 13 November, with about 20 people attending. Come and join us at the next event at 10:00 am on 11 December at the Canberra Southern Cross Club, Jamison. These are always most enjoyable occasions.

November Executive Committee meeting

The Executive Committee met on 7 October. The Committee, among other things:

- agreed that David Newman will assess options for the electronic storage of Group records;
- agreed that John McWilliam and John Hayhoe will provide recommendations out of session

for the purchase of a new computer for the Group;

- noted that John McWilliam is liaising with Allison Turner on the possibility of the Group sponsoring prostate cancer nursing scholarships for 2 to 3 nurses in the ACT;
- agreed to a response to a request from the Royal Australian College of Radiation Oncologists for support of a position on the consultation process for men before deciding on their treatment. While we support men being encouraged to consult all relevant specialists, including urologists, radiation oncologists and, if necessary, medical oncologists (and we advise men to do this), we did not feel that we were well enough informed to support a proposed explanatory note in the MBS descriptors that encourages consultation with a radiation oncologist and documentation in patient notes of this consultation. However, we advised that we would support an advisory note to consult all relevant specialists, including urologists, radiation oncologists and, if necessary, medical oncologists;
- agreed to try to arrange a dietician to speak at our meeting in January 2019;
- noted that Dr Kieran Hart has agreed to speak at our meeting in February and Paralympian Michael Milton has agreed to speak at our meeting in March 2019;
- discussed other possible speakers/visits for 2019;
- discussed arrangements for supporting an awareness session at the Department of Defence on 19 November and a twilight Harness Racing ACT event, from which all the proceeds will be in aid of the Group, including arranging for the printing of some display posters;
- agreed that all of the proceeds from the Harness Racing ACT event should be donated to research into prostate cancer; and

- noted with appreciation that Leslie Macdonald has agreed to help us determine whether there is a need for the Group to apply for a new ABN.



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.

The November edition of the *PCFA Online Community Digest* has articles on:

- prostate cancer survivorship research in Australia. Australian researchers have reviewed the evidence behind prostate cancer survivorship programs. [Read more;](#)
- best treatments for locally advanced prostate cancer. A recent clinical trial has compared the success and side effects of different treatments for locally advanced prostate cancer. [Read more;](#)
- does androgen deprivation treatment (ADT) increase the dementia risk? While the jury is still out on this, a recent study found no statistical link between androgen deprivation therapy and dementia in patients with prostate cancer. [Read more;](#)
- why cancer cells go to sleep. Dormancy is a stage in cancer progression where the cells stop dividing but survive in an inactive, sluggish state while waiting for appropriate conditions in the body to begin dividing and multiplying again. [Read more;](#) and
- proton therapy is coming to Australia. Proton therapy aims to deliver almost all the radiation dose to the tumour, with little spreading to

normal tissues. This approach is particularly useful for difficult-to-reach tumours, and tumours close to vital organs. [Read more.](#)

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



Ask the experts webcast Prostate cancer: advanced stages

**7 pm to 8 pm on Wednesday
28 November 2018**

This *Ask the Experts webcast* will be a live moderated panel discussion that you can watch online and participate in from your own computer, smart phone or tablet. Participating in the Ask the Experts webcast is easy, free and open to all.

PCFA's aim is to provide all those impacted by prostate cancer, especially those living in regional and remote communities, with an opportunity to learn more and to feel comfortable asking questions related to the topic.

Registration is essential.

[REGISTER HERE](#)

Save the date

The Combined Prostate Cancer Support Groups of West/Northwest NSW will be holding a Prostate Cancer Awareness conference in Dubbo from Friday 3 to Sunday 5 May 2019. Details will be provided early in the New Year.



HARNESS RACING TWILIGHT EVENT, SUNDAY 16 DECEMBER 2018
EXHIBITION PARK

All proceeds in aid of the Prostate Cancer Support Group—ACT Region Inc

Harness Racing ACT is holding its annual Christmas Cup meeting at **6:30 pm on 16 December, with all proceeds going to the Group.** This will be a really enjoyable event, with Santa and plenty of other activities for the children, raffles and an auction — not to mention the seven races!

And did I mention the food? We will be booking tables for the Group. (depending on numbers).

A two-course dinner with beer, wine and soft drinks costs only \$50 per person. For children aged 15 to 18, the cost is \$30 per child and for children under 15 there is no charge. Entry to the event is also free for all.

Acceptances to John McWilliam by **Sunday 9 December (see below)**

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Volunteers are also needed

We also need volunteers to help set things up at 2 pm on **Friday, 14 December and to help clean up after the event on the Sunday.** Neither time will take long. If you are able to help out, please contact John McWilliam.

John can be contacted on:
president@prostate-cancer-support-act.net

Staffing changes in PCFA's Community and Outreach Team

Amanda Pomery, Director community Support and Outreach at PCFA (who we met in September) has advised of changes in PCFA's Community and Outreach Team.

Debra Garroun has joined the Team in the role of Network Support. Debra joins PCFA with extensive administrative and reception experience, including working at the Austin Hospital Urology Department. Debra is based in the Melbourne office.

Daniel Moore remains in the Team but moves into a new position that more closely aligns with his studies in public health.

In the new year, the Team plans to recruit another team member to provide community engagement support.

We welcome Debra and thank Daniel for his dedication and support to the Group over the past three years.

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

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, Mike Boesen and Michael Fullam-Stone for their assistance with this segment.

Scientists hope harnessing the sensory power of a dog's nose could be used in non-invasive early disease detection

Dogs trained to sniff out human disease are helping scientists develop medical diagnostic technology.

In the early stages of cancer, or just before having a seizure or dangerous drop in blood sugar levels, a patient's breath, urine and skin smell slightly differently. It's these minuscule odour differences between a healthy and diseased person that a dog's nose can pick up. This raises the prospect that dogs can be trained to help in detecting early stage cancer. [Read more.](#)

Prostate cancer ADT increases osteoporotic fracture risk

A study reported in *Renal and Urology News* (17 October 2018) indicates that androgen deprivation therapy (ADT) for prostate cancer increases fracture risk.

The study included 179,744 men with a mean age of 79.1 years. The cohort included 159,662 without prostate cancer, 6954 with prostate cancer and current ADT and 13,128 men with prostate cancer who did not receive ADT. Compared with men who did not have prostate cancer, those who had prostate cancer with ADT had a 40% increased risk of any fracture, 38% increased risk of hip fracture and 44% increased risk of major osteoporotic fracture (MOF), after adjusting for multiple potential confounding variables. Compared with men with prostate cancer but not ADT, ADT recipients had a 34%, 38%, and 34% increased risk of any fracture, hip fracture and MOF, respectively.

The investigators concluded that 'osteoporosis medications should be considered as routine procedures in all patients with prostate cancer already at the initiation of androgen deprivation therapy.'

[Read more.](#)

Stereotactic radiation shows ability to significantly extend survival in cancer patients with multiple metastasis

Patients whose cancer returns at multiple sites after treatment — called oligometastatic cancer — are generally thought incurable, but a recent Phase 2 trial, reported by *Prostate Cancer News Today* (26 October 2018) has found that a highly precise form of radiation can significantly extend these patients' lives, if the spread shows small tumours, without diminishing life quality.

Stereotactic ablative body radiotherapy (SABR), also known as stereotactic body radiation therapy (SBRT), is a kind of precision radiation therapy that uses small, thin beams of radiation directed into the tumour from different angles. The treatment delivers high radiation doses, requiring only one or a few sessions and, because it's precise, healthy tissues nearby are spared.

This study compared SABR with standard radiation approaches in patients whose cancer had been controlled but had returned in up to five distinct locations. There were 99 patients with common cancers (breast 18%, lung 18%, colon or rectum 18% and prostate (16%) from four countries. All had a life expectancy of more than six months.

Researchers found that SABR significantly extended patients' lives by more than one year. Five years after treatment, 46% of patients who received SABR were still alive, which was nearly double the 24% seen in patients receiving palliative radiation. Severe side-effects were more common among those receiving SABR (30%) than in patients given standard of care (9%). The most common side-effects were fatigue, difficulty breathing, and pain. Three patients died due to SABR-related adverse events.

[Read more](#) (subscription required).

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, we would 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 to our distribution list, 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>.

John McWilliam

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 does 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 Group. 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 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.