



# THE WALNUT

MARCH 2019

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 20 March 2019**.

Our speaker is Michael Milton OAM. Michael is one of Australia's best-known athletes. His leg was amputated when he was nine years of age due to bone cancer, but he went on to win gold, silver and bronze medals at several Winter Paralympics Games and World Skiing Championships. His four-gold-medal haul at the 2002 Salt Lake Winter Paralympic Games earned him the title of Laureus World Sportsperson of the Year with a Disability.

After retiring from competitive skiing, he took up cycling, again excelling in that sport and representing Australia with distinction.

Michael is now a strong advocate for raising awareness among men on the need to monitor their prostate health and so take action to both help prevent and provide early detection and treatment of prostate cancer. Michael will be talking about this campaign and the reaction of men and their families to it.

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.

## President's Message

Members were treated to a very interesting presentation at our February meeting by Dr Kieran Hart. There were many questions and it was good to have a focus on ADT treatment of prostate cancer and other treatment issues.

As will be seen from the notice opposite, we are privileged to have Paralympian Michael Milton OAM as our speaker at our next meeting on Wednesday 20 March. We are all looking forward to his presentation, particularly given his strong advocacy of early detection and treatment of prostate cancer.

We are working on a very interesting program of speakers arranged for coming meetings. At our April meeting, Dr Catherine Paterson, Associate Professor of Nursing at the University of Canberra, will be our speaker.

I attended the official opening of the new Icon Cancer Centre at the University of Canberra on 19 February. It is impressive. We expect to have one of our meetings at the Centre and a tour of it in coming months.

We will again have a presence this year at the Seniors Week Expo at Exhibition Park on Thursday 21 March. Last year we found that there was much interest shown in the information that we were providing. If you are able to help out for a couple of hours on that day, please contact John Hayhoe at [treasurer@prostate-cancer-support-act.net](mailto:treasurer@prostate-cancer-support-act.net).

We will be updating our website over the next few months, since much of the information on it was out-of-date. A start has already been made on this by removing some of the dated information. We also want to give it a more modern look and to include useful links to websites with information on prostate health and the treatment of prostate cancer.

I would like to remind members of the Prostate Cancer Conference being run by the Combined Prostate Cancer Support Groups of Rural New South Wales in Dubbo on 3 and 4 May (see [information flyer](#) and [registration form](#)). Some members of the Group are expected to attend.

I look forward to seeing as many of you as possible at our next meeting and our coffee mornings.

John McWilliam

## Appreciation

The Group recognises and expresses its appreciation for the support provided by: the PCFA, SHOUT staff, Harness Racing ACT, staff of the Australian Department of Human Services (Chief Technology Office), 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.

## 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](mailto:president@prostate-cancer-support-act.net)

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

## Next Coffee morning

**10:00 am, Tuesday, 12 March** 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.

## Volunteer needed

We are seeking a volunteer to organise the tea and coffee at our monthly meetings. It involves purchasing (and being reimbursed for the cost of) tea/coffee, milk and cake/biscuits for the meetings. Please contact John McWilliam (details above) if you are willing to undertake this small task.



## Our February meeting

Our speaker in February was urologist, Dr Kieran Hart, who spoke about hormone therapy, treating the side-effects of prostate cancer and comparisons of the different surgical methods for radical prostatectomy. We again had an excellent attendance of around 30 members.

Dr Hart indicated that ADT was very successful in reducing testosterone levels in recipients but that there were side-effects, such as:

- Sexual dysfunction — a 95% decrease in libido with 80% of patients reporting impotence and decrease in penile size.
- Metabolic consequences — tendency for weight gain and increasing blood glucose and associated cardiovascular risk.
- Cardiovascular risk — evidence of a higher death rate from prolonged ADT (20% higher after 2 years and 300% higher after 5-years of ADT).
- Cognitive changes — memory decline, a tendency to depression, anhedonia and increased sedentary lifestyle.
- Metabolic consequences — increased insulin resistance in 50% of patients; tendency for abdominal fat, osteoporosis and double the risk of bone fractures.
- Other risks — include anaemia, gynaecomastia (often referred to as 'man boobs') and 'hot flushes'.

The management of these side effects entails regular medical checks (including blood pressure surveillance, weight stasis and blood chemistry), increasing physical exercise, joining support networks and having a 'hormone holiday' (periods without hormone treatment).

There are various treatments for erectile dysfunction and these may involve some trial and error. The use of Cialis or Viagra might be useful. Other treatments mentioned include:

- for osteoporosis — supplemental Ca and vitamin D3;
- for 'hot flushes' — Androcur or Effexor; and
- for cardiac or diabetes — the appropriate medication.

Q. When should ADT commence?

A. Assuming salvage radiotherapy follows a radical prostatectomy and PSA plateaued at < 0.4 µg/L, there is unlikely to be metastatic disease. So ADT is not required. However, if the PSA doubles quickly, start ADT early. Prior to a start, the use of the PET/CT PSMA (at about 0.12 µg/L PSA) should be completed to check for metastatic cells. There are now three PET imaging facilities in Canberra, each with slightly different roles.

Dr Hart also mentioned that there is little difference in outcomes of the various surgical methods for prostatectomies — open, laparoscopic and robotic assisted. The most important criterion is to have a surgeon who is highly experienced in the procedure being used. He lamented the fact that few surgeons are skilled in laparoscopic surgery, and that the Canberra Hospital has not approved the use of this procedure, since it is arguably as effective as robotic-assisted surgery and no more costly than open surgery. He felt that, if the use of this technique were to be approved by the hospital, it would be used quite widely.

Dr Hart also said that he encourages patients to meet with radiation oncologists before they decide on the most appropriate treatment for them.

## March executive committee meeting

Mike Boesen and Mark Jardine joined the executive committee at its meeting on Wednesday, 6 March. The committee, among other things:

- noted that expressions of interest for prostate cancer nursing scholarships being sponsored by the Group close on 14 March and agreed that John McWilliam, Don Bradfield and Prostate Cancer Specialist Nurse, Allison Turner would consider the applications;
- agreed that the Group's website needs updating and that arrangements need to be put in place for its ongoing maintenance;
- agreed to progress the updating of the website as follows:
  - Mike Boesen will make interim changes to the website on the basis of suggestions submitted to the committee — these will remove information that is now very dated and simplify the overall look and appearance of the site;
  - a small working group will be established to review the content of the site and the information that should be included on it;
  - Mark Jardine will develop the new website using a content management system, such as WordPress, on the basis of the recommendations of the working group and the Group will switch over to the new website once work on it has been completed;
  - the Group's website will continue to be hosted by Ventra, which provides very cost effective website hosting options; and

- Mike Boesen will explore options for ongoing maintenance of the new website;

- agreed to consolidate the Group's records electronically on OneDrive, for which the Group now has a licence;
- noted that information about the March meeting of the Group has been advertised in the *Canberra Chronicle/Queanbeyan Age*;
- noted that Dr Catherine Paterson will be addressing the Group in April and considered options for speakers at meetings for the remainder of 2019;
- noted arrangements for the Group's representation at the Seniors Week Expo at Exhibition Park on Thursday, 21 March;
- agreed that we should explore the possibility of providing outreach sessions to other government departments and to the Men's Sheds;
- noted reports from the Secretary and the Treasurer;
- noted that John McWilliam will be representing the Group at the *Men's Downunder Conference* on prostate cancer on 27 March; and
- noted a possible interest from some committee members in attending the Combined Prostate Cancer Support Groups of NSW conference, which is being held in Dubbo from 3 to 5 May.

The next committee meeting will be held on 3 April. Group members are welcome to attend meetings of the committee.

## Appointment of new PCFA Chief Executive Officer

The National Chairman of the Prostate Cancer Foundation of Australia (PCFA), Steve Callister, announced on 11 March 2019 that the PCFA Board has unanimously appointed Professor Jeff Dunn AO as its new Chief Executive Officer.



Professor Dunn was CEO of Cancer Council Queensland from 2002 to 2017 and, since then, has been Professor of Social and Behavioural Science at the University of Southern Queensland. He also holds Adjunct Professorships at Griffith University and the University of Technology Sydney.

Professor Dunn was appointed an Officer in the Order of Australia in June 2014 for 'distinguished service to medical administration through leadership roles with cancer control organisations, and to the promotion of innovative and integrated cancer care programs'.

Mr Callister said that Professor Dunn will continue to work closely with the PCFA as a member of the Prostate Cancer Survivorship Research centre and on a joint research project on Surviving Prostate Cancer in Regional Australia.

We welcome Professor Dunn's appointment and wish him well in his new role.



## 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 March 2018 edition of the *PCFA Online Community Digest* has articles on:

- Darolutamide, a new drug in development for men with non-metastatic castration resistant prostate cancer. Men with prostate cancer, who have a rising PSA despite hormone therapy, know their cancer is on the move. New treatments are needed to slow cancer growth at this stage. The successful ARAMIS clinical trial has demonstrated that Darolutamide can slow tumour progression, giving these men more time before their cancer spreads. But the path to this drug becoming available in Australia is unclear. [Read article.](#)
- Blocking fatty acid uptake: a new approach to treating prostate cancer. [Read article.](#)
- Complementary and alternative therapies for prostate cancer. [Read article.](#)
- The MRI-FIRST study demonstrates the benefit of combined biopsy techniques. [Read article.](#)

It is free and easy to become a member of the PCFA Online Community. You can sign up at:

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



## New Icon Cancer Centre

The Federal Minister for Health, the Hon Greg Hunt, MP opened the new Icon Cancer Centre at the University of Canberra on 19 February 2019. The centre is a collaborative approach between the University of Canberra, the Icon Group and Qscan. The new Centre will offer:

- radiation therapy: latest therapy technology and treatment techniques (including PSMA-PET scans) — no private health insurance required, with up to 80-90% Medicare rebate on services provided; and
- chemotherapy and treatment for blood disorders: 15 chair day-oncology hospital providing chemotherapy, targeted therapy and treatment for blood disorders for patients with private health insurance.

We have been generously invited to hold one of our meetings at the centre at which we will be given a tour of the centre.

## 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](mailto: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 his assistance with this segment.

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## Study shows PSA testing reduces deaths and shows value of long-term screening

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A blood test measuring the levels of PSA — a well-known marker of prostate cancer — shows significant benefits according to recent studies.

A Swedish study, reported in [Prostate Cancer News Today](#), followed 20,000 men living in the city of Gothenburg in 1994 for more than two decades. It found that PSA testing cut deaths from prostate cancer by around 30 per cent and that the outcomes of prostate cancer screening can be improved by starting PSA screening before the age of 60 years, improving attendance rates and offering men with long life expectancy additional testing after the age of 70. Prostate cancer deaths can also be prevented by offering additional PSA testing after the age of 70 years.

Participants, between 50 and 64 years old at the start of the study, were randomly assigned to receive a PSA test every two years — along with a biopsy if PSA levels were elevated — or to a control group not offered PSA screening.

After 22 years of follow-up, approximately 1,528 cancers had been detected in screened participants, compared to 1,124 in the control group. However, cancers in the screening group were detected at an earlier stage, which led to a 29% reduction in prostate cancer deaths. In total, 112 screened men died from the disease, compared to 158 deaths in the control group.

In a [separate study](#), the effect of screening, the European Randomised study of Screening for Prostate Cancer (ERSPC) Rotterdam pilot 1 study cohort was assessed with men randomised in 1991–1992. In a cohort with 19 years of follow-up, the study found indications for a more substantial reduction in metastatic disease and cancer-specific mortality in favour of prostate cancer screening than previously reported.

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## 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

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## 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.