



# THE WALNUT

OCTOBER 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

<https://prostate-cancer-support-act.net>



## Next monthly meeting

Our annual general meeting and next monthly meeting will be held at 7 pm on **Wednesday 16 October 2019**.

Our speaker will be medical oncologist, Dr Ganes Pranavan.

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 map](#)).



## Parliamentary Big Aussie Barbecue

The Prostate Cancer Foundation of Australia's annual Parliamentary Big Aussie Barbecue was held at Parliament House on 11 September 2019.

The Prime Minister, the Hon Scott Morrison MP and the Leader of the Opposition, the Hon Anthony Albanese MP provided keynote speeches. Other speeches were provided by the Hon Warren Entsch MP, the Hon Chris Bowen MP, Mr Steve Callister, Chair PCFA and Professor Jeff Dunn AO, PCFA CEO.

The event is an opportunity to promote awareness of prostate cancer in the community because it is well attended by the media. All speakers stressed support for men to monitor their prostate health, particularly once they turn 50 years of age, to enable early detection and appropriate treatment of prostate cancer. Speakers also emphasised the need for men to be more open about and pro-active in managing their health.

Earlier in the day, the Hon Greg Hunt MP launched a PCFA position statement on screening for distress and psychosocial care for men with prostate cancer (see page 2).



## 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, Residents' Social Club at The Grove, Ngunnawal, the ACT Masters Hockey Association 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 November** 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.



L to R: Prof Jeff Dunn AO, PCFA CEO, Hon Greg Hunt MP, Minister for Health and Prof Suzanne Chambers AO, head of the Centre for Research Excellence on Prostate Cancer Survivorship at the launch of the Position Statement

## PCFA Position Statement on Screening for Distress and Psychosocial Care for Men with Prostate Cancer

For most men, a diagnosis of prostate cancer generates strong feelings. Few have access to specialised psychosocial care, and uncertainty hangs over men who walk in its shadow.

To address these challenges, the Prostate Cancer Foundation of Australia (PCFA) has released Australia's first Position Statement on Screening for Distress and Psychosocial Care for Men with Prostate Cancer with the Monograph: A Psychosocial Care Model for Men with Prostate Cancer.

The Position Statement was launched by the Federal Minister for Health, the Hon Greg Hunt MP on 11 September 2019.

[DOWNLOAD THE POSITION STATEMENT AND MONOGRAPH](#)

## President's Message

In September we held our annual general meeting and it was pleasing to have two new nominations. The committee for the coming year is:

President: John McWilliam

Secretary: David Hennessy

Treasurer: Peter Baker

Other members: Don Bradfield, John Richmond and Greg McRoberts



I would like to thank John Hayhoe for all the work that he has done as Treasurer over the past three years and David Newman for his contribution to the committee over the past year.

Physiotherapist Maureen Bailey was our speaker in September. It is always good to be reminded of how to perform pelvic floor exercises well and what we need to do to maintain good health. Maureen's talk was welcomed by those who attended, particularly judging by the questions she received.

Our speaker this month is medical oncologist, Dr Ganes Pranavan. This is a valuable opportunity to ask Dr Pranavan about the options when a man has non-localised prostate cancer and to learn about developments in the treatment of prostate cancer.

On 11 September, David Hennessy and I attended the PCFA's annual Big Aussie Barbecue at Parliament House. It was reassuring to know that there is cross-party support for helping men become more aware of the need for early identification – and so appropriate treatment – of prostate cancer. All of the speakers, including the Prime Minister and Leader of the Opposition, also spoke what they are doing to monitor their prostate health (and health more generally). Australian men are increasingly open to speaking about their health, but there are still too many men who are reticent about doing this. Our Group coffee mornings are really good opportunities for Canberra men to chat informally about their prostate health.

It was disappointing that our planned meeting with PCFA representatives did not go ahead in September because of a mix-up with dates. The PCFA is apologetic about this, but Kath Duggan, Head of Community Outreach and Support, will join us for our November meeting. Also, David Hennessy and I did have the opportunity for a preliminary discussion with Chair Steve Callister, CEO Jeff Dunn, Kath Duggan and Katie Dundas. They are very keen to work closely with support groups, such as ours, and to help share information between groups on things that work well and not-so-well.

This year Harness Racing ACT has again invited us to be their nominated charity at their Christmas Twilight event on Sunday, 15 December. Those of us who attended last year's event know how enjoyable it was and how successful it was in raising funds for the Group. So, please put this date in your diary and join us for what will again be a wonderful occasion. And bring your friends!

John McWilliam

## Our September Group meeting and Annual General Meeting

### Presentation by Maureen Bailey

Maureen Bailey's talk related particularly to aspects of physiotherapy management of men with prostate cancer (i) prior to a prostatectomy and (ii) post-prostatectomy. However, Maureen also discussed issues for men who have radiotherapy.

Maureen used a model and slides to discuss the pelvic floor anatomy to illustrate how important it is to have a good understanding of the function of the pelvic floor, and its control in bowel and bladder regulation post-prostatectomy.

Points Maureen made included:



Maureen Bailey giving her presentation

#### *Physiotherapy assessment pre-prostatectomy:*

- Real-time ultrasound is used prior to surgery to ascertain how well the pelvic floor muscles are used, and then, in most cases, applying exercises to improve their use. The exercises should be practised thrice daily. Urine flow is measured to assist in improving bladder capacity. At a volume of 250 mL, the bladder detects discomfort; at 320 mL volume the bladder is full and requires emptying. These are desirable volumes to void and the exercises assist men to reduce frequent micturition of volumes as low as 70 mL.

#### *Physiotherapy Management post-prostatectomy:*

- Patients need to continue exercising to gain control of each of two fibre types in the pelvic muscles. Voiding due to a sudden cough or sneezing is best done by increasing the strength of 'fast-twitch' muscles (30% of the muscles) and 'holding-on' is best achieved by enhancing the action of 'slow-twitch' muscles (70% of the total). There were many questions.

### Annual General Meeting

As noted in the President's Report, the following members were elected unopposed to the committee for 2019-20:

- President: John McWilliam
- Secretary: David Hennessy
- Treasurer: Peter Baker
- Other members: Don Bradfield, John Richmond and Greg McRoberts

## Coming Group events

20 November	End-of-year informal meeting and celebration. Kath Duggan, Head of Community Outreach and Support at PCFA, will be joining us for this meeting.
15 December	Harness Racing ACT Twilight event with proceeds to the Group. As was the case last year, we will have a Christmas dinner at this event and it should again be a most enjoyable occasion and an opportunity for us all to socialise together.

## October executive committee meeting

At its meeting on 9 October, the executive committee, among other things:

- agreed that committee meetings should be held at 6:30 pm (instead of 7:00 pm) on the first Wednesday of each month in future;
- agreed access arrangements for committee members to the Group's electronic document storage on OneDrive and the documents to be stored on the drive;
- agreed to purchase a new privacy suite (firewall and virus protection) for the Group's computer;
- discussed arrangements for coming Group meetings, including possible speakers for meetings in early 2020. For the meeting in January it was noted that it is planned to invite the nurses who were sponsored by the Group to undertake specialist studies in prostate cancer nursing to speak about their experience at our January meeting. The committee also agreed that John McWilliam would approach a radiologist and a urologist to speak at the February and March meetings and that Greg McRoberts would approach a nutritionist to speak at our April meeting;
- noted that David Hennessy and John McWilliam would soon be meeting Genny Weston of Harness Racing ACT in regard to their generous invitation for the Group to again be their sponsored charity at their Christmas Twilight event on 15 December. The Group will again arrange for members and their friends to come along and support this very enjoyable event. Dinner and drinks are available at a very reasonable cost and the Group will have its own table(s);
- noted that the Group would be attending a breakfast for residents of the The Grove at Ngunnawal on Monday 18 November and discussed possible outreach events for 2020;
- noted that David Hennessy would be representing the Group at a NSW Support Group Leaders meeting in Sydney on 27 November;
- noted that Dr Catherine Paterson, Associate Professor in Nursing at the University of Canberra, had been successful with her research grant application (Multimodal prehabilitation in couples affected by prostate cancer), which the Group had supported;
- noted work that is continuing to update our membership database and mailing list; and
- discussed opportunities to better engage with past active members and those who may be unwell.

## PCFA research grants announced

The PCFA has announced three successful research grants. In announcing the grants, the PCFA said that:

*"The successful projects were selected by an independent expert committee, based on their potential to provide the best possible benefits for Australian men affected by the disease.*

*"The first project will help us improve predictions about prostate cancer risks and progression, the second will help to build our knowledge of the role DNA mutations play in prostate cancer, and the third will compare the effectiveness of different styles of interventions in*

*enhancing quality of life outcomes for men who have undergone a radical prostatectomy."*

The third project was submitted by Associate Professor Dr Catherine Paterson from the University of Canberra and her application was supported by the Group. This study will examine the effects of pre-habilitation on men choosing surgery for localised prostate cancer. Prehabilitation involves improving the physical and psychological health of the men before they begin treatment.

[Read more.](#)



## Stay up-to-date by joining the PCFA Online Community

The PCFA Online Community is open to anyone 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 Online Community Research Blog has recent articles on:

- PARP inhibitors (new drugs being developed for prostate cancer) and why scientist are excited about them ([Read article](#));
- how insulin can change the nature of prostate cancer cells when testosterone levels are low ([Read article](#));
- The FOXA1 gene is an important driver of prostate cancer formation and growth ([Read article](#)); and
- Where are the immunotherapies for prostate cancer ([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>.

## 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 members. Any opinions or conclusions expressed are those of the authors. See Disclaimer below.

### Radiotherapy after prostate surgery offers no benefit, according to study

Radiation therapy (RT) following radical prostatectomy (RP) for high-risk localised prostate cancer offers no advantage in terms of biochemical recurrence compared with delaying radiation therapy until development of biochemical recurrence, study findings presented at the European Society for Medical Oncology (ESMO) annual congress in Barcelona, Spain, show.

The study enrolled 1396 patients following RP from the United Kingdom, Denmark, Canada, and Ireland. Investigators randomly assigned patients to receiving postoperative RT or the standard approach with observation, with RT an option if patients experienced biochemical recurrence.

At a median follow-up of 5 years, biochemical progression-free survival rates were 85% in the RT group and 88% in the standard care group, a difference that was not statistically significant, the investigators reported.

"The results suggest that radiotherapy is equally effective whether it is given to all men shortly after surgery or given later to those men with recurrent disease," first author Christopher C. Parker, MD, of The Royal Marsden NHS Foundation Trust and Institute of Cancer Research in London, said in an ESMO press release. "There is a strong case now that observation should be the standard approach after surgery and radiotherapy should only be used if the cancer comes back."

Read the [press release](#). This has links to the relevant articles.

Another study published in *European Urology* performed a randomised study comparing adjuvant radiotherapy (radiotherapy shortly after Radical Prostatectomy, within 12 weeks of radical prostatectomy and PSA <0.5) with observation for patients with T3a disease or T2 disease with positive margins. 250 Finnish patients were included and followed for a mean of 9 years.

Observation patients who progressed received 'late salvage' (salvage therapy is treatment after a biochemical recurrence has occurred) therapy at a median PSA of 0.7.

The authors found no difference between overall and cancer-specific survival between the groups at 10 years.

[Read this study](#).

### **Which diet and lifestyle recommendations for men with prostate cancer are supported by science?**

The PCFA Online Community has an article that examines the scientific evidence around diet and lifestyle changes for men with prostate cancer.

PCFA recommends that men diagnosed with prostate cancer maintain a healthy diet in accordance with the [Australian Guide to Healthy Eating](#), consider a tailored exercise program supervised by an expert such as a

physiotherapist, and perform pelvic floor exercises as recommended by clinicians.

[Read the full article](#).

### **Dads who father through assisted reproduction have higher prostate cancer risk according to Swedish study**

Men who father children through assisted reproduction appear at increased risk of prostate cancer and could benefit from earlier screening for prostate cancer, according to a Swedish study published in the BMJ.

In the study, men who had children through *in vitro* fertilisation had a 30% increased risk of developing prostate cancer, while those using intracytoplasmic sperm injection (ICSI) had a 60% higher risk than men who fathered children naturally over a mean of 12 years' follow-up.

Furthermore, men using ICSI were almost twice as likely to develop prostate cancer earlier, with onset before the age of 55. The findings suggest that these men might benefit from early screening and long-term monitoring for prostate cancer, the researchers wrote in the BMJ.

[Read the full BMJ article](#).

### **Deferred radical prostatectomy after an initial period of surveillance**

*Practice Update* provided the following take-home message on an article in *Urology* by Daniel Lim.

As active surveillance becomes increasingly adopted, understanding outcomes for men undergoing deferred treatment is important. The authors of this retrospective, single-institution study evaluated post-prostatectomy outcomes in 448 men who were initially on active surveillance. The median time of treatment deferment was 27 months. Compared with men with grade group 1 disease, men who had at least two cores of grade

group 2 disease at the time of diagnosis had a significantly increased recurrence risk (HR, 3.29), whereas men with one core of grade group 2 disease had no significant difference in risk.

These data suggest that men with at least two cores of grade group 2 disease may benefit from immediate treatment. This study population covers a long period of time, 1994 to 2017, during which active surveillance protocols and tools have evolved. New tools and techniques, such as multiparametric MRI, genomic risk-stratification tools, and targeted biopsies may affect the treatment decisions of current active surveillance patients.

[Read the articles.](#)

### Testing for hereditary gene mutations in men with metastatic prostate cancer

International guidelines recommend the use of tests for hereditary genes by men with metastatic prostate cancer. The National Comprehensive Cancer Network (NCCN) in the US makes recommendations for testing genes such as BRCA2 and ATM. It recommends these tests for all men with prostate cancer if they have high-risk or very high-risk disease, metastatic disease, positive lymph nodes, or a family history of prostate cancer. There are no such guidelines in

Australia and the tests in Australia are expensive (around \$750), although they can be sourced more cheaply overseas.

If the test finds a known mutation in a hereditary gene associated with prostate cancer, this could help guide treatment decisions. For instance, if a man has a mutation in a BRCA gene, there is evidence that they would benefit from receiving platinum chemotherapy (such as Carboplatin).

Men with metastatic prostate cancer who have BRCA mutations might also benefit from drugs that target DNA repair problems, called PARP inhibitors.

A team at St Vincent's Hospital in Sydney reviewed the results of genetic testing for 100 men at their clinic. These men had metastatic prostate cancer and received testing between 2016 and 2018. Of the 100 patients in this study, 9% had mutations that are known to contribute to prostate cancer. Two had mutations that are suspected to contribute to prostate cancer. 15% of the men had gene mutations of unknown consequences.

The size of the study was too small to draw firm conclusions. However, two men in the study were subsequently enrolled into clinical trials testing PARP inhibitor drugs.

Read the full [PCFA Online Community article](#).

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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 an email to:

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

#### 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.