



THE WALNUT

FEBRUARY 2020

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>



John McWilliam (L) accepting a cheque of \$9,000 from TAB Corporation, which was presented by Bernadette McLoughlin, General Manager Wagering - NSW & ACT (R) and Katherine Morgan, Sponsorship, Media & Events from TAB Corporation and Harness Racing ACT President, John Sullivan

President's Message

As reported in the January issue of *The Walnut*, Harness Racing ACT generously donated the proceeds of their December 2019 race meeting to the Group. Around \$9,000 was raised. The TAB Corporation then generously agreed to match that contribution, and a cheque for their contribution was presented at ACT Harness Racing's event on Sunday, 2 February.

We thank TAB Corporation and Harness Racing ACT for their generous support of the Group. We will be using the money to assist in the purchase of much needed bladder scanners for the radiation unit at The Canberra Hospital.

It is important that men who are receiving radiation treatment to the prostate have a full bladder for each daily treatment to reduce side effects and stabilise the position of the prostate or prostate bed. The challenge for both the patients and the treatment staff is to achieve a similar bladder size for every daily treatment. Using a bladder scanner prior to delivery of treatment enables bladder size to be assessed using ultrasound.

Currently the hospital has one bladder scanner. This device is shared between the planning CT (planning treatment using information from the CT scan), four treatment units and the nursing team. It is often in use when it is needed elsewhere. The aim is to upgrade and purchase three bladder scanners so that the hospital can utilise them more often to assess bladder size prior to delivery of radiation. This will provide improved treatment to men with prostate cancer who are receiving radiation treatment, as well as assisting other cancer patients with their radiation treatment.

John McWilliam

Next monthly meeting

Our next monthly meeting will be held at 7 pm on **Wednesday 19 February 2020**.

Nurses who were sponsored by the Group to undertake studies into prostate cancer nursing will tell us about their experiences and how this is helping them to provide good nursing care.

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](#)).

Next Coffee morning

10:00 am, Tuesday, 10 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.

Appreciation

The Group recognises and expresses its appreciation for the support provided over the past year by: Harness Racing ACT; TAB Corporation; Holy Family School Gowrie; Paddywack Promotional Products; the Residents' Social Clubs at Isabella Gardens, Isabella Plains and The Grove, Ngunnawal; the ACT Masters Hockey Association; the PCFA; SHOUT staff; and the many individuals who have assisted in our fund-

February 2020 executive committee meeting

At its meeting on 5 February 2020, the committee, among other things:

- considered a request from The Canberra Hospital for financial assistance in purchasing three bladder scanners for the Radiation Oncology Unit, to provide improved support for prostate cancer and other cancer patients, with the hospital meeting part of the cost. The committee was disposed to offer to meet half of the cost of the scanners (around \$22,000), subject to the views of members at the coming February meeting on the total contribution and consultation with the hospital (most of this contribution will be from the proceeds of the Harness Racing event in December, generously donated by Harness Racing Act and TAB Corporation);
- agreed to consider providing further support for prostate cancer nursing studies, after receiving feedback at the February meeting from the nurses who undertook studies with Group support in 2019;
- agreed in principle to provide a contribution to prostate cancer research in 2020, as it did in 2019 [Note: although not known at the time, our contribution has in fact helped to fund research being conducted by Dr Catherine Paterson at the University of Canberra into the efficacy of pre-habilitation, which was later awarded by the PCFA];
- noted arrangements that have been made for speakers at coming meetings and agreed also to invite some members to speak about their experiences; and
- considered arrangements for our outreach activity at the Seniors Week Expo on 26 March.

Our January meeting

Dr Lyn Austen, Radiation Oncologist at The Canberra Hospital, spoke at our January meeting.

Dr Austen had attended the 2019 Conference of ESMO (European Society of Medical Oncology) in September (2019) held in Barcelona, and said that many changes in post-prostatectomy radiation were discussed at the Conference. The title of her address to members was therefore, 'Update on Post-Prostatectomy Radiation'.

At the Conference it was reported that a surprisingly large proportion of patients were found to relapse after a radical prostatectomy, especially if their PSA was over 20, they had positive margins in the prostate sac, there was seminal vesicle invasion or the nodes were positive for cancer cells.

The traditional approach to post-prostatectomy radiation (pPR) has been to arrange for a MRI or CT scan of the patient's pelvis and then, if the patient's PSA increases, commence adjuvant radiotherapy or salvage radiotherapy later. This approach is now being questioned, with the advent of the PSMA-PET scan.

Conventional radiotherapy to the prostate bed is to provide a radiation in 30-35 fractions (between 60-70 Gy) daily, over several weeks. For most patients, little discomfort is felt although some suffer bowel bleeding (5% and some having blood in their urine (3%).

The long-term results from radiotherapy indicate that around half of patients respond well initially, with half of these patients later relapsing i.e. a 25% cure rate). However, with



Dr Lyn Austen

PSMA detection the radiotherapy differs with a higher density dose and negligible effect on the bladder and rectum.

Dr Austen reported on two recent studies on the effect and cure-rate of radiation on prostate cancer. The first study was named 'Radicals', the second 'Artistic'. The Radicals study employed a stratified randomised allocation of patients to treatments whereas the Artistic study was a meta analysis of previous studies. There was little difference between the two analyses comparing adjuvant radiotherapy (within five months of radical prostatectomy) or salvage radiotherapy (>5 months post-surgery) when the criteria was to commence radiation when the PSA reached 0.2 µg/L. Possibly salvage radiation caused less inconvenience than adjuvant radiation with incontinence (2.7% v 5.3%) and stricture (3.6% v 8.3%).



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:

- A comparison of medications for inducing erections after prostate surgery ([read article](#));
- Optimising radiotherapy for spinal compression ([read article](#));
- Can AI can determine Gleason scores for prostate cancer diagnosis ([read article](#)); and
- Top 10 prostate cancer research stories from 2019 ([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>.

Volunteers needed

Newsletter coordinator

We need someone who is prepared to coordinate the production of the Group's monthly newsletter, *The Walnut*.

Members of the committee will provide guidance on what is required and inputs. If necessary, the Group can also arrange for the production of the newsletter to be outsourced.

The person we are seeking would have good writing (for example, to edit information that is provided) and coordination skills (bringing everything together).

Outreach events

We are seeking volunteers for our stalls at the following events.

- Government House Open Day on Saturday, 14 March; and
- ACT Seniors Week Expo on Thursday, 26 March at Exhibition Park.

Responses

If you are able to assist with any of these matters, please click the button below:

[Yes, I would like to help](#)

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

Docetaxel improves survival in metastatic hormone-naïve prostate cancer

A report in the journal *Annals of Oncology* (December 2019), among others, found improved survival rates of patients with low- and high-burden metastatic hormone-sensitive prostate cancer when docetaxel is used in combination with androgen-deprivation therapy (ADT), rather than just using ADT alone.

The report authors suggest that upfront docetaxel should be considered in the treatment of all metastatic hormone-naïve prostate cancer patients, regardless of metastatic burden.

[Read the article.](#)

Single PSA test may predict long-term cancer risk

This study, published in the *JAMA Network Open* (January 2020), sought to estimate the long-term risk of any prostate cancer and clinically significant prostate cancer based on baseline PSA levels among men aged 55 to 60 years.

The study found that baseline PSA levels in midlife are associated with the subsequent risk of clinically significant prostate cancer and that a single test taken in men, aged 55-60 may predict the long-term diagnosis of prostate cancer.

The study suggests that men with a PSA less than one may consider cessation of further regular screening.

It suggests that future prostate cancer screening among middle-aged men (aged 55-60) should be individually tailored, based on baseline PSA levels, to reduce the risk of over-diagnosis and over-treatment of indolent cancers.

[Read the article.](#)

Prostate cancer in young adults and older adolescents

Recent observations suggest that prostate cancer is increasing among young adults. This study, published in the journal *Cancer* (January 2020) investigated incidence and survival data among men <40 years of age with prostate cancer. The SEER program and the Institute for Health Metrics and Evaluation

Global Burden of Disease database were used for analysis.

The study found that prostate cancer in older adolescent and young adult men has increased in most countries. There is some evidence that this may be caused in part by under-diagnosis, prostate-specific antigen screening, and over-diagnosis. It also may be

caused by trends in obesity, physical inactivity, HPV infection, substance exposure, environmental carcinogens, and/or referral patterns. How the biology of these cancers differs from that in older men and how the etiologies vary from country to country remain to be determined.

[Read the article.](#)

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

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.

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.