



THE WALNUT

MAY 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>



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-raising activities.

How to attend our virtual meetings

Email the President to attend our virtual coffee morning or virtual monthly Group meeting to be given instructions on how to attend:

president@prostate-cancer-support-act.net

For the coffee morning at 10 am on Tuesday 12 May: Advise attendance by noon on Monday, 11 May.

For the Group meeting at 7 pm on Wednesday 20 May: Advise attendance by Sunday 17 May.

You will then be emailed instructions on how to attend.

President's Message

I trust you have all been coping well with the current restrictions to limit the spread of the Novel Coronavirus (COVID-19). It has certainly been a difficult time and we extend our sincere sympathies to the families and friends of all those who have lost loved ones during this time.

Because of the restrictions, as you will all appreciate, we are currently unable to hold our normal in-person meetings. So we are trying to keep in touch by holding virtual meetings, and we hope that it won't be too long before it is safe for us to resume our normal meetings and get-togethers. In the meantime, stay safe as restrictions are progressively lifted.

In April we held a 'virtual' coffee morning by video-conference and we will our next such event at **10:00 am on Tuesday, 12 May.**

Subject to sufficient numbers, we are also planning to hold our May Group meeting 'virtually' at **7 pm on Wednesday 20 May.** Our speaker will be exercise physiologist, Assistant Professor Dr Kellie Toohey from the University of Canberra.

Details on how to attend these meetings are shown opposite.

Don't forget that we are still available during this difficult COVID-19 period to provide personal support and you are welcome to contact us using the contact information on page 5.

John McWilliam

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.

PSA levels after prostatectomy but before salvage radiotherapy associated with outcomes of long-term anti-androgen therapy

Hormone therapy is also called androgen suppression therapy. The goal is to reduce levels of male hormones, called androgens, in the body, to stop them from fuelling prostate cancer cells.

For most prostate cancer cells to grow, androgens have to attach to a protein in the prostate cancer cell called an androgen receptor. Anti-androgens are drugs that also connect to these receptors, keeping the androgens from causing tumour growth. Anti-androgens are also sometimes called androgen receptor antagonists.

In an article published in the journal *Urology* (3 April 2020), the authors reported on a study that evaluated the association between PSA levels before salvage radiotherapy and the benefit of adding long-term anti-androgen treatment to salvage radiotherapy in 760 men with PSA elevation after radical prostatectomy.

Anti-androgen therapy was associated with superior overall survival in the group with PSA >1.5 ng/mL (HR, 0.45), with an absolute 12-year benefit of 25%. No benefit was observed among those with PSA ≤1.5 ng/mL. However, there was an improvement in overall survival seen in a sub-analysis of men with PSA 0.61

to 1.5 ng/mL (HR, 0.61). Men with a PSA <0.6 ng/mL had no overall survival improvement but did show an increased risk of high-grade cardiac and neurologic toxicity with anti-androgen therapy.

These findings highlight both the potential benefits and harms of anti-androgen therapy and suggest that pre-salvage radiotherapy PSA levels can be used to personalise the treatment decision.

[Read more.](#)

Outcomes of observation vs stereotactic ablative radiation for oligometastatic prostate cancer

Oligometastatic prostate cancer is generally defined by the presence of five or fewer metastatic sites on imaging, and represents a transitional state between localised and widespread metastatic disease and encompasses a wide spectrum of disease biologies and clinical behaviours.

This study, published in *JAMA Oncology* (March 2020), reports on a phase II clinical trial, in which 54 men with recurrent hormone-sensitive prostate cancer with one to three metastases were randomised to receive stereotactic ablative radiotherapy (SABR) or undergo observation. SBRT is a type of radiation therapy in which a few very high doses of radiation are delivered to small, well-defined tumours. The goal is to deliver a radiation dose that is high enough to kill the cancer while minimising exposure to surrounding healthy organs.

Progression of disease at 6 months was significantly lower with SABR (19% vs 61%; P=.005). Among those treated with SABR, complete consolidation of metastatic disease detectable by PSMA-targeted PET further decreased the risk of subsequent metastases.

Combined Prostate Cancer Support Groups of Rural New South Wales together with the Prostate Cancer Foundation of Australia have pleasure in advising that a

National Conference will be held in Dubbo

from Friday 30th April - 2nd May 2021

This wonderful event will celebrate the 25th Birthday of the Foundation and the 25th Birthday of the Dubbo Support Group.

All leaders, members and partners of support groups across Australia are invited to attend.

We will have top speakers presenting the latest news on diagnosis, treatment and outcomes.

This will be a wonderful opportunity to mingle, exchange ideas and create new friendships.

Many plans are in place for your time in Dubbo as much as they can be with the Corona Virus situation.

Your travel and accommodation will be at your expense but all meals etc will be covered by both the Combined Group and PCFA.

We hope that you will all be planning to make this part of your travel for 2021.

More information will go out later.

These results demonstrated improved survival in men with recurrent hormone-sensitive oligometastatic prostate cancer treated with ablative radiotherapy. Further investigation of immune phenotype and tumour mutational testing as predictive biomarkers, as well as the incorporation of molecular imaging, are warranted for this promising approach.

Read more: [JAMA Oncology](#), [Practice Update](#).

Men living with metastatic prostate cancer needed for an exercise-based health research project

Researchers in behavioural, exercise and medical science from various institutes across Australia have developed an online exercise guidance tool for men with metastatic prostate cancer. It wants volunteers to help test if the tool, which provides tailored exercise advice, is helpful to men with metastatic prostate cancer for enhancing exercise and quality of life using an eight week trial.

You can find out more information and express your interest in participating via the study website: www.exerciseguide.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



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:

- Metastasis directed therapy for oligometastatic prostate cancer. The increasing use of PSMA PET scans to image prostate cancer means that metastatic prostate cancer can be detected and targeted more effectively. For a specific type of metastatic disease, known as oligometastatic prostate cancer, emerging evidence suggests that treating the individual oligometastatic sites of disease by metastasis directed therapy (MDT) could delay both the progression of the cancer and the need for androgen deprivation therapy. [Read more.](#)
- Harnessing the immune system to control prostate cancer spread to bone. In a groundbreaking discovery for men with aggressive prostate cancer, Australian scientists have found a new way to make prostate cancer cells that have spread to bone more visible, so that the immune system can more easily recognise and kill them. [Read more.](#)
- A PCFA-funded Australian trial shows PSMA-PET scans can replace CT and bone scans for diagnosis of high-risk prostate cancer. Results show that these scans can replace the current CT and bone scans used by men with high-risk prostate cancer at their time of diagnosis. [Read more.](#)
- A web-based prediction tool to help with decisions between treatment and management options for localised prostate cancer. For men with localised prostate cancer, the decision between different treatment and active surveillance options is a very important one. These men want to know their risks of difficult side effects from these options. New research from the US has created a web-based prediction tool for side effects to help men and their doctors in making this decision. [Read more.](#)
- Combatting Coronavirus. This article takes an in-depth look at world-wide collaborative efforts to defeat COVID-19. [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>.

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.