



THE WALNUT

SEPTEMBER 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 19 September 2018**. This will include our annual general meeting. We will also be screening the Prostate Cancer Foundation of Australia's June 'Ask the Experts' webcast on 'Prostate cancer: sex, intimacy and relationships'.

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 September, Canberra Southern Cross Club, Woden.

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.

SEPTEMBER IS INTERNATIONAL PROSTATE CANCER AWARENESS MONTH

President's Message

September is Prostate Cancer Awareness Month and the Prostate Cancer Foundation of Australia is asking Australia to get involved and help create awareness and raise the much-needed funds to help in the fight against prostate cancer.

Prostate cancer is real. Around 1 in 7 Aussie men get it. Prostate cancer is the most commonly diagnosed cancer in men in Australia with almost 20,000 diagnoses and close to 3,500 deaths each year. However, early detection can lead to effective treatment of it. For this reason, all men over 50 — or over 40 if you have a family history — are encouraged to talk with your GP about your prostate health. Prostate cancer testing can be a complex subject, that's why it is recommended that you talk with your GP about what is best for you.

I am pleased to announce that the Canberra Southern Cross Club has again agreed to provide us with a grant of \$500 and that we were again invited as the sponsored charity to the Holy Family School's Father's Day celebration, where \$318.50 was generously donated to the Group. Our thanks to both of these organisations for their ongoing and highly valued support. The Canberra Harness Racing Club has also invited us to be their nominated charity at their Twilight Racing event on 16 December. Please put this in your calendar and ask your friends to come along. It should be a fun evening.

This month's meeting will begin with our Annual General Meeting. We would like as many people as possible to come along and participate in the appointment of your committee for the coming year.

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, 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

Notice of Annual General Meeting

Notice is hereby given that our annual general meeting will be held on Wednesday 19 September at 7 pm (i.e. just prior to our next monthly meeting).

The following business will be conducted at the meeting:

1. Confirmation of the chair of the AGM (John Lucas proposed)
2. Apologies
3. Acceptance of the minutes of the previous AGM
4. President's report
5. Treasurer's report
6. Appointment of auditor for 2019.
7. Any motions or business proposed by members
8. Election of office holders for 2018-19: President, Treasurer, Secretary and at least two *ex-officio* members.

Any member may nominate for a position on the committee by completing the [nomination form](#) and either sending it to [David Hennessy](#) or bringing it along to the AGM.

Our August meeting

There were 18 members, including three new members, in attendance at our meeting in August.

Our guest speaker was Allison Turner, specialist Prostate Cancer Nurse of ACT Health based at the Canberra Hospital. Allison interacts with patients who have prostate cancer in the ACT and south-east NSW, covering all aspects of standard treatment such as urology, radiation oncology and medical oncology. She has about 500 men in her database, which is unsurprising given that 25% of males over 85 have prostate cancer.

The current approach for low grade lesions is active surveillance in the first instance. For lesions within the capsule of the prostate, surgery is usual, but external beam radiotherapy or brachytherapy may also be a first choice.

Other than surgery or radiotherapy, Androgen Deprivation Therapy (ADT-Zoledex) is used for treatment, or in more serious cases chemotherapy (Docetaxel). Both treatments have side-effects and there is an ongoing need for care and management by her, dieticians and exercise physiologists.

Allison emphasised the importance of regular daily exercise as a key feature of combating prostate cancer. She also highlighted the importance of inheritance as a risk factor in getting prostate cancer.

A number of sites within Australia are assessing tumour tissues for a genetic assessment to understand the link with the onset of prostate cancer. The Peter MacCallum Cancer Centre (in Melbourne) analyses samples at no charge for people who are selected to participate in trials there.

September Executive Committee meeting

The Executive Committee met on 5 September. The Committee, among other things:

- considered arrangements for the Annual General Meeting on 19 September;
- discussed representation at the meeting with PCFA representatives on 11 September;
- received reports on the two recent outreach activities—Bunnings West Belconnen's Tradies Health Day and Holy Family School, Gowrie—and on a planned fundraiser with the Canberra Harness Racing Club's Twilight Racing events on 16 December;
- noted that we have received advice that the Canberra Souther Cross Club has again provided the Group with a grant of \$500 and that we would be writing and thanking them for this;
- agreed to investigate the possibility of sponsoring studies for new prostate cancer nurses in Canberra;
- discussed arrangements for the meetings in October and November and possible speakers for our meetings in the first half of 2019;
- agreed that the Group needs to replace its very ancient laptop computer—John McWilliam and John Hayhoe will examine suitable options; and
- discussed options for better publicising Group meetings and Group activities.

New drug to treat prostate cancer approved

A new drug has been approved to treat prostate cancer in Australia. Apalutamide (Erlyand) can be prescribed to men with prostate cancer that has not spread (non-metastatic), but that continues to progress despite treatment with hormone therapy.

A unique joint initiative between Australian and Canadian health regulators meant that this decision took less than half the time it normally takes for a new medicine to be approved in Australia. The supplier of the drug is working towards filing a submission to the Pharmaceutical Benefits Advisory Committee for the reimbursement of Apalutamide and intend to have the treatment available to eligible patients prior to then via private prescription.

Staff changes at PCFA

Evan Kallipolitis has finished working with PCFA. Many of you would have met or worked closely with Evan over the last 6½ years and we want to thank Evan for the terrific support he provided to the Group during this time.

Katie Dundas is the new contact for the Group until a permanent replacement has been made.

Katie and others will be meeting Group members at 2 pm on Tuesday 11 September at the Ovolo Nishi lobby cafe (formerly called the Hotel Hotel). If you are interested in attending, please advise John McWilliam (Email: president@prostate-cancer-support-act.net).

Chronic conditions seminar on gut health

The Health Care Consumers' Association is running a seminar on gut health and you are invited to attend.

The seminar is being conducted by Accredited Practising Dietician/Nutritionist, Linda Smillie,

who specialises in gastrointestinal disorders and plant-based diets. Questions that might be answered include:

- What do you feed your gut bacteria to make sure they are balanced and function well?
- What happens when you don't?
- How can good gut health affect your diseases and your general health?

Refreshments will be provided.

Further details on the seminar are:

- When: Thursday September 20, 7-9pm.
- Where: Building 1, Pearce Community Centre, Collett Place, Pearce.
- RSVP: adminofficer@hcca.org.au
- Phone: 6230 7800.

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

- highlights from the 19th Asia-Pacific Prostate Cancer Conference (APCC);
- can a biopsy spread prostate cancer?
- exercising in the real world; and
- Australian researchers develop a tumour growth approach to test new drugs for prostate cancer.

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

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 and Mike Boesen for their assistance with this segment.

Men and their prostates

Assoc Prof William Lynch, *Men and their prostates*, MJA InSight, 13 August 2018, <http://tinyurl.com/yaqhvz6v>

Associate Professor William Lynch, MB BS MMed MSc FRACS FRCSEd (Hons), is a Fellow of the Royal Australasian College of Surgeons and Associate Professor of Urology at Macquarie University.

This article provides an excellent summary of why men should not ignore their prostate health. It deals mainly with benign prostatic hyperplasia (BPH) and lower urinary tract symptoms (LUTS), and is well worth reading.

The article notes that the prevalence of BPH increases with age — 50% of men in their 50s, increasing to 80% of men in their 80s, have BPH. While not all men with BPH will experience symptoms, more than 30% of men older than 50 years of age will experience moderate to severe LUTS and two-thirds of those symptoms will be due to BPH. In turn, that means that more than a

million Australian men have significant symptoms due to BPH. This, of course, allows that not all men with LUTS have BPH, but after 50 years of age, the majority do.

The article goes on to point out that it seems that nearly all documented interventions or lifestyle changes beneficial for heart health can prevent, or lessen, the impact of some aspect of BPH and LUTS. There are also a number of drugs that can effectively relieve LUTS, with only small side-effect profiles (most commonly, sexual dysfunction and dizziness).

Prof Lynch concludes by saying that 'men should be encouraged not to ignore their prostate. There are lifestyle and behaviour modifications that can prevent and alleviate symptoms, with substantial general and cardiac health benefits in addition. Numerous medications are available that can also provide effective relief of LUTS due to BPH.'

Long-term treatment with Atorvastatin may have some benefits in the treatment of prostate cancer

Teemu J. Murtola et al, *Atorvastatin Versus placebo for prostate cancer before radical prostatectomy—a randomized, double-blind, placebo-controlled clinical trial*, European Urology, <http://tinyurl.com/y7jmtr5u> (also see article by Iqra Numal in *Prostate Cancer News Today*, 6 August 2018, <http://tinyurl.com/y7jmtr5u>).

Atorvastatin is a type of statin, which is a medication that lowers cholesterol. Statins are a very common drug, which are usually well tolerated when used in treatment of vascular disease (heart attacks, strokes) and also indicated to prevent vascular disease in high risk patients.

The use of statins is associated with improved prostate cancer-specific survival in laboratory studies. This study sought to determine in a randomised clinical trial whether prior treatment with Atorvastatin has any beneficial effects on prostate cancer in patients who were about to have a prostatectomy, compared with a placebo.

Researchers recruited 160 men with prostate cancer who were scheduled to undergo a prostatectomy at Tampere University Hospital in Finland. These patients were randomised to receive either 80 mg of Atorvastatin or a placebo from the day they were enrolled in the trial until they had surgery. Participants received the treatment for a median of 27 days, with 96% compliance.

Atorvastatin showed no positive effects on tumour proliferation or serum PSA levels, compared with patients treated with placebo. However, when researchers analysed the results by subgroups, patients who took Atorvastatin for at least 28 days had a 14.1% decrease in tumour growth, compared with placebo.

Additionally, in patients with high-grade cancer, Atorvastatin use was associated with reduced PSA levels, with a median decrease of 0.6 ng/ml, compared with patients treated with placebo.

Results from this study indicate that short-term, high-dose intervention with Atorvastatin is well-tolerated, but shows no benefit to patients. However, tumour proliferation and serum PSA levels were reduced in some patients who took the medication for a longer period of time — suggesting that there may be some beneficial effects with long-term Atorvastatin treatment.

New class of drugs to treat cancer in the pipeline

Ellen Singleton, *Time for bed: anticancer drug putting cancer cells into permanent sleep*, CSIROscope, 2 August 2018, <https://tinyurl.com/y72uzqh7>

This article reports on a new class of anti-cancer drugs that potentially means better treatment for cancer patients.

Unlike conventional cancer therapies, like chemotherapy and radiotherapy, which cause irreversible DNA damage to healthy cells as they target cancer cells, this new class of drugs does not kill the cancer cells but stops them dividing and proliferating.

Research into this class of drugs is being led by researchers in Melbourne at the Walter and Eliza Hall Institute, Monash University and Cancer Therapeutics CRC. The drugs seek to inhibit the proteins KAT6A and KAT6B, which are responsible for amplifying genes that stimulate cancer growth.

The development of the drug is still at a pre-clinical stage.

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.