



THE WALNUT

JANUARY 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>



Next monthly meeting

Our next monthly meeting will be held at 7 pm on **Wednesday 15 January 2020.**

Our speaker will be radiation oncologist, Dr Lyn Austen. Radiation is used to treat localised prostate cancer and may also be used if the cancer has spread to other parts of the prostate region (locally advanced prostate cancer). There have been significant advances in the use of radiation oncology in recent years.

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](#)).

President's Message

What a terrible time so many Australians have been having with the bushfires over the past months and as we start 2020. Let us hope that the current emergency situation ends soon. Our thoughts are with all those who have been adversely affected by the fires, those who have been fighting and continue to fight the fires and those who have been helping people impacted by the fires.

On 15 December 2019 Harness Racing ACT again donated the proceeds of their twilight Christmas event to the Group to help us provide support for prostate health in the Canberra Region and other support for prostate cancer treatment. This event was highly successful and we are very grateful to Harness Racing ACT and all of the sponsors for their generosity.

We had a very interesting end-of-year meeting in November, with many contributors. It provides a good template for future end-of-year events. Again, I pass on my thanks to all who participated in this.

On 15 January we welcome back Dr Lyn Austen, who will let us know about recent developments in radiation oncology for prostate cancer. Dr Austen has been a long-time supporter of the Group and it will be good to hear what she has to say.

We will also be holding our monthly coffee morning on 14 January. As it happens, this is the day before our monthly meeting, because the second Tuesday, when we hold our coffee mornings, is the day before the third Wednesday, when we hold our monthly meetings. We look forward to seeing you there.

Is there any member who would be prepared to manage the preparation of the Group's newsletter, *The Walnut*? I have been preparing the newsletter for some years and will have a very busy year ahead with other commitments. The work involves collating the various inputs and editing them, as required. If you are not skilled in the publication of newsletters, we can arrange for that task to be outsourced. If you are able to take on this task, please contact me on president@prostate-cancer-support-act.net.

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, 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

Secretary: David Hennessy

Phone: (02) 6154 4274

Email: secretary@prostate-cancer-support-act.net

Next Coffee morning

10:00 am, Tuesday, 14 January 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.



Running to promote awareness of prostate health

David Ault is both a heart surgery and prostate cancer survivor. He is hoping his story will both interest you and inspire you to have an active and healthy lifestyle.

I took up running in May 2008 (aged 53) as a complement to my cycling pastime. In August 2008, I completed my first Sydney *City2Surf* in a time of 1 hour 36 minutes. I have now competed in 75 road and trail bike running events ranging in distance from 7 km to 80+ km.

I don't train to run distance events, I just do. I jog on paths and trails, flats and hills. I don't follow any training or 'special' diet regime, and my running times over distance don't change very much. I far prefer to 'ad lib' my fitness activities and so far have not overtrained or succumbed to injury in preparation for an event. My mindset is built from the knowledge gained from many 3 and 5 km jogs and park runs that I do.

In December 2007, while cycling, I started to have some irregular heartbeats – later diagnosed as tachycardia and arrhythmias. I continued to cycle and run until December 2015 when my abnormal heart episodes became too frequent and unpredictable. I had to stop all exercise and seek a more permanent solution; taking the prescribed medication wasn't effective.

In July 2017, after discussions with a new cardiologist I underwent surgery for atrial flutter ablation and also had a change of heart medications. The Saturday straight after this surgery I ran my fastest 5 km ever! I was now 'fixed' so I signed up for more running events. From a healthy heart perspective, I haven't looked back!

Near the end of 2017, while getting routine blood tests for monitoring my fitness and a check on my PSA levels, I was diagnosed with prostate cancer. In January 2018 I underwent radical robotic assisted prostate surgery in Canberra. After some significant struggles to regain my fitness, I returned again to an active lifestyle, including running. After surgery, my first formal running event was in March 2018, just 2 months after my operation! This year, as a part of my life's 'adventure', I have completed 12 marathon style events around Australia.



Being a prostate cancer survivor, I am doing these events and park runs as a prostate awareness 'run' with the encouragement and assistance of the Prostate Cancer Foundation of Australia (PCFA). My dedicated Facebook page is [Around Australia Marathons 2019](#). It is a self-funded venture with my partner's support.

I am not content to let 2019 be a 'once off', and so my partner and I are now discussing the possibilities of what we can do, with the theme '20 events in 2020', to continue to raise awareness of prostate cancer in the Australian population and the need to monitor prostate health.

I obviously do not expect you to all start engaging in marathons. But I do encourage you to adopt an active and healthy lifestyle. We know that an active style is good for both heart health and prostate health.



Our November meeting

Our November meeting was our final meeting for 2019. There were five guests, each of whom gave a short address.

- Kath Duggan, then Head of Support and Community Outreach Programs at PCFA, spoke about changes occurring at PCFA under new CEO, Prof Jeff Dunn's leadership. These changes will occur over the next eight months and include webcasts and webinars and identifying better ways of assisting prostate cancer support groups. [Note: Kath has since resigned because her long daily commute to work became unsustainable. The PCFA expects to appoint a replacement for Kath in coming weeks.]



L to R: Kath Duggan, Tim Stewart and Ron Parker

- Genny Weston, Manager of Capital Harness Racing, outlined the program for the Christmas Cup at EPIC on 15 December, with our Group being the sponsored charity, for which there were expected to be a number of sponsors and an offer from the ACT TAB to match donations from other sponsors. Genny emphasised that it was a family night with free entry, or, \$55 for an entry and the two-course dinner and drinks.
- Allison Turner, Prostate Cancer Specialist Nurse, spoke about the enthusiasm of the three nurses, who have completed the diploma certificate through La Trobe University, in the field of prostate patient care. They are willing



L to R: Amanda Parker and Genny Weston

to speak at one of our meetings. Allison has 310 patients on her list. Patients who are treated in the private sector are not necessarily referred to her, but where they do contact her, she does give them support. ACT Health is examining the need for a second Specialist Nurse to handle patients. The hospital is also seeking support to purchase three bladder scanners for the Radiation Department, and the Group has requested details so that it can consider supporting this.

- Assoc. Prof Catherine Patterson from the University of Canberra spoke about the funding she has obtained from the PCFA for a study into prehabilitation of diagnosed prostate cancer patients. The study will be seeking volunteers and will include partners because all aspects (psychological, physical, mindfulness, stress, empathy, etc) will be examined to establish individual programs to prepare men for treatment and its after effects.
- Tim Stewart from Men's Health Downunder at the Cooleman Court Pharmacy spoke about the upcoming patient forum at the Royal Canberra Golf Club. Peter Baker represented the Group at this event. We may be able to help organise future such events and identify ways of reducing the cost.

The meeting concluded with our annual informal get-together.

Photos from our end-of-year get-together



L to R: Adrian Rumsey and Don Bradfield



L to R: David Hennessy and Peter Baker



L to R: Greg McRoberts and David Ault



L to R: Clem Jones and John Lucas

December executive committee meeting

At its meeting on 4 December 2019, the committee, among other things:

- noted a report from David Hennessy on the PCFA Group Leaders meeting in Sydney on 27 November. Following this meeting, David will contact local four-wheel drive clubs in the Canberra Region about a '4WD Outback Adventure' PCFA is sponsoring in August 2020;
- discussed arrangements for the Harness Racing ACT event on 15 December;
- discussed support we might be able to provide in advocating for a second prostate cancer specialist nurse in Canberra;
- noted a new format for the receipt of donations developed by Peter Baker;
- discussed arrangements for the future production of the newsletter. There is a need to recruit someone to coordinate the production of the newsletter, although it was agreed that, if necessary, we could arrange for SHOUT to compile the newsletter for us; and
- agreed that Greg McRoberts should develop a proposal for the Group to have a Facebook page, noting that any such page needs to be actively managed.

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:

- the road to precision medicine for cancer, with promising trial results for prostate cancer ([read article](#));
- an atlas of prostate cancer in Australia ([read article](#));
- a new study that shows that a small proportion of men with late-stage metastatic cancer may benefit from the immunotherapy drug Keytruda ([read article](#)); and
- a pelvic floor exercise program started before prostate surgery improves the recovery of urinary continence ([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>.

Letter from Jeff Dunn, PCFA CEO

Friends

As I write, our loved ones, neighbours, and townships have been devastated by bushfires.

The loss of life, homes, livestock, wildlife, and our native heritage is hard to comprehend.

All of us know someone who has been affected, including many members of PCFA's Support Network.

While the depth of our dismay struggles to find ground, we have also witnessed a tremendous outpouring of support and concern — a sentiment strongly shared by all here at PCFA.

It goes without saying that we offer any of you affected our full support and feel bolstered by the knowledge that many of you will serve as a source of strength and comfort for those within

your local area — demonstrating once again the value of our connection and sense of service.

Indeed, many of those involved in firefighting and recovery, or impacted by evacuations and destruction, are also fighting prostate cancer — conferring a responsibility on us to acknowledge with deep appreciation their efforts and to do what we can to assist. With that in mind, we have prepared an [information sheet](#) that may be useful for you or someone you know. Please do contact us if you require additional advice or assistance.

There seems little doubt that this will be a defining moment for Australia — and that the great Australian spirit and solidarity will always prevail.

With best wishes,

Jeff

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.

Ultrasound destroys 80 per cent of prostate cancers in one-year study

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A novel MRI-guided procedure that uses therapeutic ultrasound effectively treats prostate cancer with minimal side effects, according to a new study presented at the annual meeting of the Radiological Society of North America (RSNA). Researchers said the incision-free technique could also be used to treat benign enlargement of the prostate gland.

The new technique is called MRI-guided transurethral ultrasound ablation (TULSA). The minimally invasive technology involves a rod that enters the prostate gland via the urethra and emits highly controlled sound waves in order to

heat and destroy diseased tissue, while leaving healthy tissue unharmed.

Overall, clinically significant cancer was eliminated in 80% of the study participants.

The study co-author, Dr Steven S. Raman, professor of radiology and urology, and director of Prostate MR Imaging and Interventions and Prostate MR Imaging Research at the University of California at Los Angeles said that: "There are two very unique things about this system. First, you can control with much more finesse where you're going to treat, preserving continence and sexual function. Second, you can do this for both diffuse and localised prostate cancer and benign diseases, including benign hyperplasia." [Read the full article.](#)

Detection of residual prostate cancer with ⁶⁸Ga-PSMA-II PET after prostatectomy

In a multi-institutional study reviewed in *Practice Update*, 191 patients with elevated post-operative PSA underwent ⁶⁸Ga-prostate-specific membrane antigen (PSMA) ligand PET imaging, a procedure that has the potential to localise disease after prostatectomy in men with a persistently detectable PSA. Disease was localised in 67% of men, median PSA was 1.1 ng/mL, and 33% of patients had distant lesions.

The take-home message was that PSMA-PET scanning should be used to test for metastasised prostate cancer and that traditional procedures are unreliable.

[Read Practice Update article.](#)

10-year mortality, disease progression and treatment-related side effects in men with localised prostate cancer

Practice Update reports on study published in the journal *Urology* on outcomes according to treatment received in men in the ProtecT trial at 10 years' follow-up.

The authors found that more men receiving active monitoring died of prostate cancer (active monitoring, 1.85%; surgery, 0.67%; radiotherapy, 0.73%). Metastasis and disease progression were also more common in the monitoring group. Patients undergoing surgery had higher risks of sexual dysfunction (95% at 6 months) and urinary incontinence (55% at 6 months). Patients undergoing radiotherapy reported high risks of sexual dysfunction (88% at 6 months) and bowel dysfunction (5% at 6 months).

The authors concluded that the vast majority of men undergoing active monitoring for low- and intermediate-risk disease do not die of prostate cancer within 10 years. Treatment for localised disease, whether radiotherapy or surgery, is associated with more side effects; however, it is associated with better cancer control compared with active monitoring.

[Read the article.](#)

Survival outcomes of radical prostatectomy vs external beam radiation therapy (EBRT) in prostate cancer patients with Gleason score 9–10 at biopsy

Practice Update reported on this study published in the *Advanced Prostate Cancer*.

The authors compared cancer-specific mortality in men in the SEER database with Gleason score 9–10 prostate cancer treated with external beam radiation therapy (EBRT) versus radical prostatectomy (RP) between 2004 and 2015. 29% of the 9007 men undergoing radical prostatectomy underwent adjuvant radiation therapy. Those undergoing EBRT had significantly higher all-cause 10-year mortality rates, reflecting their greater baseline comorbidity. However, there were no differences in 10-year cancer specific mortality on unadjusted or adjusted analyses. A matched analysis of men undergoing radical prostatectomy not requiring adjuvant radiation therapy and those undergoing primary EBRT did demonstrate improved 10-year cancer specific mortality for those undergoing radical prostatectomy.

[Read the article.](#)

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.