



THE WALNUT

MARCH 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>



The three nurses who completed studies into prostate cancer nursing (L to R, Marina Kosítcin, Catherine Chapman and Mingxia Wang), with Prostate Cancer Specialist Nurse, Allison Turner

President's Message

It was pleasing to receive the positive feedback from the three nurses, who completed the Diploma in Prostate Cancer Care at La Trobe University with sponsorship from the Group. The three graduates work in different areas of The Canberra Hospital — Marina Kosítcin in the surgical unit, Catherine Chapman in the Oncology Unit and Mingxia Wang in the Urology Unit. Each of them had found the course very helpful in their various areas. Because they had a more complete understanding of the experiences and needs of prostate cancer patients, they were able to provide better nursing care. The Group is planning on offering similar support to two additional nurses in 2020, one at The Canberra Hospital and a second at The National Capital Private Hospital.

John McWilliam

Next monthly meeting

Our next monthly meeting will be held at 7 pm on **Wednesday 18 March 2020**.

Our speaker will be Dr Kellie Toohey. Kellie is clinically active as an Accredited Exercise Physiologist and researcher across many populations with a keen interest in rehabilitation. Kellie's PhD investigated the Effects of Exercise Intensity on Health Outcomes and Cardiovascular Disease Risk in Cancer Survivors. Kellie is a Clinical Assistant Professor (Exercise Physiology).

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 8 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-raising activities.

March 2020 executive committee meeting

At its meeting on 4 March 2020, the committee, among other things:

- considered arrangements for speakers at coming meetings and support for outreach events at the Governor-General's Open Day on 14 March and Seniors Week Expo at Exhibition Park on 26 March;
- approved a donation to The Canberra Hospital towards the purchase of three bladder scanners for the Radiation Oncology Unit;
- agreed in principle to offer scholarships to two nurses to undertake the prostate cancer nursing course through La Trobe University in the second semester of 2020. We will discuss with the National Capital Private Hospital offering one of these scholarships to a nurse at that hospital;
- agreed to provide a donation of \$2,000 to the PCFA's Research Fund this financial year;
- noted that the Group has been invited to be represented on the newly-formed Steering Committee of the ACT Prostate Cancer Outcomes Registry and it has also offered to be represented on the Cancer Consumer Reference Group in the ACT; and
- noted that we have not yet had any volunteers to coordinate the preparation of the Group's monthly newsletter and that a volunteer is needed.

Coronavirus and cancer

The Prostate Cancer Foundation of Australia has issued a consumer advisory on coronavirus and cancer for prostate cancer patients and survivors in order to help safeguard patients and the community against spread of the disease.

“Australians impacted by cancer are often at higher risk of infections, influenza, and viruses, and any infections are more likely to take hold at a greater speed,” said PCFA’s CEO, Professor Jeff Dunn AO.

“Having a personal infection prevention plan is essential.

“It’s imperative for people to follow five steps to minimise potential exposure and reduce their risks:

- Always wash your hands well with soap or alcohol-based handwashes, especially before and after being in contact with other people, before eating or touching your face, and whenever you touch high-contact objects, such as handrails.
- Be more careful about close contact with others and consider precautionary measures such as avoiding handshakes and kissing others on the cheek.
- Be more cautious at public events or large gatherings which could bring you into contact with people who may be carrying the virus.
- Ensure your workplace, extended family, and social networks are aware of your vulnerability to infection, and respectfully ask them to avoid contact or visits if they have any symptoms of potential illness,

such as a high temperature, cough, sneezing, or headache, etc.

- Avoid contact with people who have been in countries or areas where the virus is in circulation.

“Cancer patients who develop signs of infection should contact their treatment team immediately or phone to seek the advice of their GP or health authority,” he said.

“Call in advance to request medical advice and urgent treatment if you experience signs of fever, chills, sinus pain, headache, shortness of breath, or any other suspicious symptoms.

“If you experience a medical event or notice new symptoms associated with your diagnosis, contact your treatment team or call ahead and go to your GP, taking care to minimise exposure to others, particularly those who may be presenting to hospital with symptoms.

“If you are undergoing outpatient treatment for cancer and face an immediate emergency you should try to call your Emergency Department before arrival, to ensure a quarantined treatment protocol and minimise your exposure to other patients.”

To download a copy of PCFA’s Consumer Advisory, [click here](#).

If you have questions about prostate cancer and what to do in relation to Coronavirus and other infectious illnesses, please call PCFA on 1800 22 00 99, email enquiries@pcfa.org.au or go to www.pcfa.org.au.



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:

- Sleep disruptions are associated with prostate cancer—Difficulty sleeping is a common issue for men with prostate cancer, yet it's rarely discussed. This blog looks at some of the latest research studying sleep for men with prostate cancer ([read article](#));
- the surge for a prostate cancer bullet—this blog describes progress in creating a magic bullet style of drug for prostate cancer ([read article](#));
- a comparison of medications for inducing erections after prostate surgery ([read article](#));
- artificial intelligence being developed to assist in prostate cancer testing i.e. measuring the Gleason score ([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>.

Volunteer 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).

If you are able to assist or would like more information, please click the button below:

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

Work participation after prostate cancer

The Institute of Health and Biomedical Innovation (IHBI), School of Nursing, Faculty of Health at the Queensland University of Technology is undertaking research into the impacts of prostate cancer and its treatment on work participation for men. Men with prostate cancer who are over the age of 18, able to read and speak English, and were either in paid employment or self-employed at the time of diagnosis are invited to participate in the study. If you are willing to participate in the study, you can find more details [here](#).

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.

New type of treatment for localised prostate cancer

A new type of treatment method for prostate cancer, Irreversible Electroporation (IRE) is opening up new options for prostate cancer therapy—with minimum side effects.

Current treatment methods, such as surgery and radiation therapy, lead to impotence (loss of erection ability) and incontinence (loss of bladder control) in the majority of men, but these side effects can usually be avoided by treatment with Irreversible Electroporation using NanoKnife.

NanoKnife is the first surgical ablation system based on Irreversible Electroporation technology. In NanoKnife treatment, strong electric fields cause cells to die without

exposing the tissue to radiation or heating it. This reliably destroys tumour and parenchyma cells. But important anatomical structures in and around the prostate, such as nerves, the intestinal wall, the sphincter, veins and arteries are spared. Erection and bladder control are thus spared.

NanoKnife is based on ultrashort (100 µsec) pulses of extremely strong electrical fields. Compared to all standard procedures, this new technology has unique characteristics that make it perfect for use in the prostate:

- Tissue selectivity: Only cells, which have a cell membrane—such as cancer cells—are reliably destroyed, while all other structures (nerves, arteries, connective tissue structures, etc.) remain unharmed.

- **Ultrasharp edges:** With NanoKnife, the line between 'completely removed' and 'undamaged' is measured in micrometers. This contrasts favourably with other treatments, such as radiation, heat-based therapies and even surgery, where the central treatment field is always surrounded by an area of unintended tissue damage—often many centimetres in diameter.
- **Induced cell death:** NanoKnife induces cell death, or apoptosis, but not radiation damage or burning and consequently no scarring. With current standard procedures, such as radiation (protontherapy, brachytherapy, etc.) or heat therapies, a large 'toxic' area occurs because the burned tissue is a toxin for the body. The result is inflammation and pain, followed by scarring, all of which prevent or hamper any subsequent treatment that may become necessary in case of a recurrence.
- **No limit on repeated treatment:** Because IRE therapy does not cause lasting tissue damage, treatment using all other techniques (radiation, heat, surgery) is still possible without limitation after NanoKnife treatment. NanoKnife treatment can also be repeated as often as necessary.
- **Painless and minimally-invasive:** For the reasons mentioned above and because thin needles are the only invasive instrument used, patients usually do not even feel the therapy at all.
- **Quick and in one session:** In one single session under general anaesthesia, even extensive areas can be treated.
- **Broad spectrum of uses:** Although small, early detected prostate cancer tumours definitely represent the simplest use, NanoKnife therapy is also a potential treatment method for inoperable carcinomas that have penetrated the prostate capsule as well as recurrences after

radiation therapy, radical removal of the prostate, HIFU or brachytherapy.

- **Immune system:** The tumour proteins released during NanoKnife treatment help the patient's immune system to fight any other tumours.

Two factors are critical for the success of any IRE therapy:

- correct and precise knowledge of the location of the tumour before treatment; and
- placement of the electric field in the right position.

The first is achieved using multiparametric MRI examinations, 3D biopsies and other procedures as necessary.

The second is achieved by minimally-invasive surgery under general anaesthesia in which sterile needles with variable exposition length are introduced. 'Exposition length' refers to the length of the part of the needle that touches tissue with electric current.

For details on the way this technology functions and the theory of IRE see the article on IRE theory [here](#).

Docetaxel improves survival in metastatic hormone-naïve prostate cancer

An article published in the *Annals of Oncology* (27 Sep 2019), and reported also in *Advanced Prostate Cancer*, suggests that upfront docetaxel should be considered in the treatment of all metastatic hormone-naïve prostate cancer patients, regardless of metastatic burden.

The study compared surgical outcomes for patients with low- and high-burden metastatic hormone-sensitive prostate cancer treated

with androgen-deprivation therapy (ADT) plus docetaxel or ADT alone.

Compared with the standard-of-care group, the docetaxel group had extended overall (HR, 0.81), failure-free (HR, 0.66), and progression-free (HR, 0.69) survival after a 78.2-month follow-up. There was no evidence of heterogeneity between the two metastatic burden subgroups. At 1 year, grade 3–5 toxicities were similar between the two groups.

[Read more](#)

Active surveillance as the standard of care for men with low risk prostate cancer

A study in the *Journal of Urology* (27 February 2020) examined the efficacy of active surveillance for patients with low risk prostate cancer (Gleason score ≤ 6). The authors included over 1800 men on active surveillance for a median of 5 years. There were 88 non-prostate cancer deaths, 4 prostate cancer deaths, and 1 additional case of metastasis.

The cumulative incidence of prostate cancer-specific mortality or metastasis was 0.1% at

both 10 and 15 years. The 5-, 10-, and 15-year cumulative incidences of biopsy grade reclassification were 21%, 30%, and 32%, respectively. On multivariable analysis, biopsy grade reclassification was associated with older age, African American race, PSA density, and increased cancer volume on biopsy. Men who underwent multi-parametric MRI prior to enrolment were less likely to undergo grade reclassification.

Based on these data, the risk of cancer death or metastasis was 0.1% over long-term follow-up, which supports AS being standard of care for low-risk men. Reclassification on AS is more common over time and in men of advanced age and with higher-volume disease on initial biopsy.

Forty-eight per cent of men entering with Gleason 6 lesions ultimately underwent surgery or radiation within 10 years. The main reasons were biopsy upgrading (mainly up-front misclassification), and 'change in preference' (anxiety). With the increased use of MRI-guided biopsies to confirm the prostate cancer classification, misclassification can be expected to be less than occurred in the study.

[Read more.](#)

LIFTING THE LID ON MASCULINITY 2020 AUSTRALASIAN HEALTH DOWNUNDER CONFERENCE, 1 APRIL 2020

This full-day conference will address of masculinity for men undergoing active treatment of prostate cancer. It is open to all, but is specifically aimed at pharmacists, GPs, nurses, physiotherapists, psychologists, urologists, government agencies and not-for-profits.

[Read more information.](#)

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.