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Prostate Cancer Foundation of Australia

THE WALNUT

May 2022

Newsletter of the Prostate Cancer Support Group–ACT Region

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https://pcsg-act.org.au

President's Message

As you will know from emails I have sent you, we have had a vacancy on our executive committee for the position of Secretary, following David Newman's resignation. I am pleased to say that our former President, John McWilliam, has now agreed to take on this role.

I am also pleased to announce that Adrian Rumsey has agreed to take on the role of Treasurer, providing the opportunity for Roger Carthey, our current Treasurer, to assist me with other tasks.

This means that the executive committee now comprises:

President: Greg McRoberts
Secretary: John McWilliam
Treasurer: Adrian Rumsey
Member: Roger Carthey
Member: Don Bradfield
Member: Andre Pietkiewcz

Our next Group meeting at 7 pm on **Wednesday, 18 May** with be a dinner at the Golden King Chinese Restaurant at 13 Dundas Court, Phillip. Details are on page 2 of the newsletter.

We are planning to alternate our Group monthly meetings at SHOUT, where we will have guest speakers, with social events at local restaurants. This should provide an opportunity for members to get to know each other a bit better. After the AGM in September, we will seek your views on this arrangement and on whether any changes are needed.

As COVID restrictions have now been relaxed in the community, we are hopeful that our activities can return to a better sense of normality. It was pleasing that we were able to have a guest speaker at our April meeting at SHOUT.

Stay well

Greg McRoberts
President

Coming Group Events

Coffee morning, 10 am, Tuesday 10 May

Our next coffee morning will be held at the **Canberra Southern Cross Club, Jamison**. There is no need to provide an acceptance. Just come along. This is a good way of chatting informally about issues and getting to know other members.

Group Dinner, 7 pm, Wednesday 18 May

Instead of a Group meeting at SHOUT, this month we will be having a dinner at the **Golden King Chinese Restaurant, 13 Dundas Court, Phillip**.

To enable us to let the restaurant know numbers for the event, please advise Secretary, John McWilliam, of acceptances by **Sunday, 15 May** to the following email: secretary@pcsg-act.org.au.

Executive Committee Meetings

The executive committee met on 2 May 2022 and finalised the revised committee membership arrangements, following the resignation of former Secretary, David Newman. The revised committee members are listed in the President's Message on page 1.

The committee agreed that there is a need to update its COVID Safety Plan, in light of the recent relaxation of government COVID restrictions.

The committee will also be considering suitable donations at its next meeting from available funds.

Suggestions of topics for discussion/speakers at future meetings are welcomed.

ACT Seniors Expo
Thursday 26 May 2022, Exhibition Park
Volunteers Needed for PCSG Stall

We are seeking volunteers for our stall at this year's Seniors Expo.

The Expo has not taken place over the past two years because of COVID. It is going ahead again this year.

In the past the Expo has provided a good opportunity for the Group to spread the word about prostate health and to answer many questions from the public.

We are asking for volunteers to help us staff our stall. We will have the following shifts:

- 9:00 am to 12 noon (includes setting up for 10 am start)
- 12 noon to 2:00 pm
- 2:00 pm to 4:30 pm (includes packing up).

If you are able to help please advise Secretary, John McWilliam on 0416 008 299 or secretary@pcsg-act.org.au **by Sunday 22 May** and nominate your available times. Thank you.

Prostate Cancer Foundation of Australia

If you don't already subscribe to PCFA's Blue Sky Horizons newsletter, you may wish to do so. It is free and it contains many interesting articles.

The May issue includes articles on:

- the listing of the life-extending drug *Erlyand*® on the PBS for men with non-metastatic prostate cancers that stop responding to hormone therapy. The drug helps to improve overall survival by slowing the spread of potentially lethal tumours. This listing followed extensive lobbying by the PCFA. The PCFA is now advocating to expand access to men with metastatic prostate cancer (read more);

- The listing of PSMA PET/CT scanning from July 1 2022. The new listing will deliver around 18,600 scans a year, expanding access to next generation imaging to improve survivorship. PSMA PET/CT scans are more accurate, and allow clinicians to more effectively monitor and manage higher-risk prostate cancers (read more).

- Managing erectile dysfunction. Did you know that more than half of Australian men over the age of 45 have some form of erectile dysfunction (ED)? The risk of ED increases with age, and for men with prostate cancer, it's a major concern. The good news is, there is a range of options for managing ED (read more).

- A discovery of five bacteria linked to aggressive prostate cancer that could help unlock better ways of detecting and managing potentially lethal forms of the disease. Although more research is needed, it's an important finding.

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.

Effect of age and incontinence following robotic-assisted radical prostatectomy

A recent multi-institutional study investigated the effect of age on urinary continence following robotic-assisted radical prostatectomy (RARP). The study included 5648 men who underwent RARP and evaluated the pad usage and urinary bother at 12 months after the surgery.

The study found that significant urinary bother increased with age, ranging from 4.2% among men aged <55 years to 12.9% among men aged ≥75 years. The pad-free rates decreased with age, ranging from 86% among men aged <55 years and 50% among men aged ≥75 years.

These data suggest that urinary bother and pad usage correlate with age, with excellent results observed in younger men but worsening of symptoms observed with older age.

American Urological Association, The Journal of Urology, May 2022, read more.

Metastasis and mortality in men on active surveillance for low- and intermediate-risk prostate cancer

This study analysed the incidence of definitive treatment with prostatectomy or radiation, metastasis, prostate cancer–specific mortality (PCSM), and all-cause mortality in a cohort of 9733 men with low- (89.7%) or intermediate-risk (10.3%) prostate cancer undergoing active surveillance (AS).

At a median of 3.1 years from diagnosis, 44.8% of the patients eventually received definitive therapy. The 10-year cumulative incidence of metastasis was higher in the unfavourable intermediate-risk (19.2%) and favourable intermediate-risk groups (9.6%) than in the low-risk group (1.5%).

Similarly, the 10-year cumulative incidence of PCSM was higher in the unfavourable intermediate-risk (11.8%) and favourable intermediate-risk groups (3.7%) than in the low-risk disease group (1.1%).

In favourable intermediate-risk prostate cancer, active surveillance may be used for carefully selected patients with a well-defined surveillance protocol and close follow-up plan.

Journal of the National Comprehensive Cancer Network, February 2022, read more.

Local ablative therapy for patients with oligometastatic prostate cancer is safe and effective

Local ablative therapy for patients with oligometastatic prostate cancer (generally defined by presence of five or fewer metastatic sites on imaging) is safe and may result in durable PSA outcomes in carefully selected patients, according to a recent study.

A nonrandomised, prospective, investigator-initiated phase 2 trial recruited patients with oligometastatic prostate cancer (five or fewer lymph node or osseous metastases) after local curative therapy, without significant comorbidity and androgen deprivation therapy (ADT), at two German centres from 2014 to 2018.

In this clinical trial, 63 patients with up to five metastases of prostate cancer without androgen deprivation therapy were included. The study showed that local ablative radiotherapy is safe and that one in five patients had no recurrent prostate-specific antigen value after 3 years. Local ablative radiotherapy might be an option to avoid systemic therapy in selected patients.

European Urology Oncology, November 2021, read more.

Risk factors for prostate cancer

Family history, race, and hereditary syndromes are well-established risk factors for prostate cancer. Modifiable risk factors may impact the risk of developing prostate cancer and that of dying from the disease, but according to a recent study little evidence exists for any clear indication for prevention other than early diagnosis to reduce prostate cancer mortality..

The study authors assessed the geographic and epidemiological differences in prostate cancer throughout the world. Northern Europe had the highest all-age incidence of prostate cancer while South-Central Asia had the lowest. The authors found race, family history, and hereditary syndromes to be the strongest risk factors for prostate cancer. Metabolic syndrome was also associated with a risk of prostate cancer and high-risk disease.

Diabetes and exposure to ultraviolet rays were found to be inversely associated to prostate cancer incidence. Cigarette smoking and obesity may increase prostate cancer-specific mortality, while regular physical activity may reduce disease progression.

European Urology Oncology, October 2021, read more.

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:

mailto:librarian@pcsg-act.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: Greg McRoberts, president@pcsg-act.org.au, 0413 480 864

Secretary: John McWilliam, secretary@pcsg-act.org.au 0416 008 299

Appreciation

Thanks to all those supporting the Group's fund raising activities, in particular, Harness Racing AC T, the Canberra Southern Cross Club, ACT Masters Hockey, Chartertech ACT and Paddywack Promotional Products.

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: secretary@pcsg-act.org.au.

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..