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Prostate Cancer Foundation of Australia

THE WALNUT

June 2022

Newsletter of the Prostate Cancer Support Group—ACT Region

Postal address: C/- SHOUT, Building 1, Collett Pl, Pearce ACT 2607

https://pcsg-act.org.au

John Richmond preparing our stall for the Seniors Expo

Seniors Expo

The Group was represented at this year's Seniors Expo, which was held at EPIC onThursday 26 May.

As in past years, this was a highly successful event. Many visitors to the Expo discussed their prostate health and prostate cancer, in particular. We were able to provide useful information to these people and many men said that they would talk to their GP about getting a PSA test, having not done so previously or for some time. Others who had previously received treatment for prostate cancer were interested in receiving information about the Group and its activities.

Many thanks to those who assisted with our stall at the Expo.

Coming Group Events

Coffee morning, 10 am, Tuesday 14 June

Our next coffee morning will be held at the **Canberra Southern Cross Club, Woden**. 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 Monthly Meeting 7 pm, Wednesday 15 June

Building 1, Pearce Community Centre, Collett Place, Pearce

The speakers at our next Group meeting will be radiation oncologists, Dr Brandon Nguyen and Dr Farhan Syed from the Cancer Centre at The Canberra Hospital.

Dr Syed will speak about contemporary radiotherapy techniques and Dr Nguyen will present some clinical data for new indications of radiotherapy in prostate cancer.. There will be time for questions on this and on other aspects of the treatment of prostate cancer using radiation.

Refreshments will provided. We hope you can join us.

If you are unable to join the meeting in person, you can join us on Zoom using the following link:

https://us06web.zoom.us/j/88418243937?pwd=R2JlU3BFcnpJSEorQ0ZlYUszMW8yUT09

Meeting ID: 884 1824 3937
Passcode: 889708

May Group Dinner

Thirteen people attended our dinner at the Golden King Chinese Restaurant on 18 May. It was a most enjoyable evening.

As advised in our May Walnut, we are trialling having a dinner every other month to help members and their wives and partners to get to know each other better.

We hope you can join us for our next dinner, which will be held on 20 July and when our after-dinner speaker will be Wayne Simpson, CEO of *Rise Above*.

Details of the venue and time will be advised in the July issue of the *Walnut*.

New Medicare Items for PSMA-PET Scans

In the 2022-23 Budget the Government announced that from 1 July 2022 two new items will be introduced for prostate-specific membrane antigen (PSMA) positron emission tomography (PET) study for patients with prostate cancer.

These items will allow for a PSMA PET study for the initial staging of intermediate to high-risk patients with prostate cancer and for the re-staging of patients with recurrent prostate cancer.

However, please note the actual wording requirement of the new Diagnostic Imaging Medicare Benefits Schedule (MBS) items 61563 and 61564

Item 61563

- Whole body PSMA PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for loco-regional therapy with curative intent.

Medicare benefits are payable for a maximum of one service in the patient's lifetime.

Item 61564

- Whole body PSMA PET study performed for the re-staging of recurrent prostate adenocarcinoma, for a patient who has undergone prior loco-regional therapy and is considered suitable for further loco-regional therapy to determine appropriate therapeutic pathways and timing of treatment initiation.

This item can be claimed by patients with:

- a prostate specific antigen (PSA) increase of 2ng/ml above the nadir (lowest point) after radiation therapy; or
- failure of PSA levels to fall to undetectable levels; or
- rising PSA serum after a radical prostatectomy.

Medicare benefits are payable for a maximum of two services in the patient's lifetime.

Whole body PSMA PET study items 61563 and 61564 are not to be used for surveillance nor for assessment of patients with suspected (as opposed to confirmed) prostate adenocarcinoma or disease recurrence.

Whole body PET studies should be used as an alternative rather than additional to conventional CT scanning.

Diagnostic CT items cannot be claimed with a PET item where the purpose of the CT is for attenuation correction or anatomical correlation. CT item 61505 is the correct item to be claimed in these circumstances.

Comments by member Don Bradfield

A 2017 article in *Prostate International* discussed the sensitivity of PSMA PET scanning and reported on its review of the literature on this. [Read article] It found that the vast majority of evidence from the studies that it reviewed supported the use of ^{68}Ga-PSMA-PET/CT in the setting of biochemical recurrence.

In one meta-analysis that the study reviewed, a positive finding was detected in 76% of patients with biochemical recurrence undergoing ^{68}Ga-PSMA-PET/CT. Indeed, the study asserted that this meta-analysis highlighted that pre-PET PSA predicts the positivity rate of ^{68}Ga-PSMA-PET/CT in the setting of biochemical recurrence. Specifically, on pooled analysis, positivity rates for PSA 0–0.19 ng/mL, 0.2–1.0 ng/mL, 1.0–1.99 ng/mL, and > 2.0 ng/mL were 42%, 58%, 76%, and 95%, respectively.

This implies that, with the need for an increase in PSA of 2 ng /ml to qualify for a Medicare PSMA scan, the positive result is likely to be 95%. However, in my opinion this may cause a significant delay in initiation of possible salvage treatment in patients whose PSA level at biochemical recurrence is far lower.

Within the Canberra group, one member has had a positive PSMA PET scan (and subsequent treatment) with biochemical relapse PSA level of 0.28, while another member has had several negative scans and only received a positive scan when the level reached 0.95.

The new Medicare item will be of benefit in initial management staging where it is far more sensitive than the previous method of performing a CT abdomen/pelvis and a nuclear bone scan. A positive PET scan at this stage of management would enable patients to decide in favour of treatment by radiotherapy and ADT/chemotherapy rather than surgery if the PET scan showed cancer outside of the prostate itself.

The second item for investigation of biochemical recurrence is also helpful, but I query the need to have a rise of more than 2 ng/ml which may lead to later investigation, and the restriction to a maximum of two investigations in lifetime could also be unreasonable.

Vale George Kayaba

It is with sadness that we announced the passing of George Kayaba.

George was an active member of the Group and was on our committee at one time. We will miss him greatly and extend our sincerest sympathy to George's wife, Ludmilla, and to his family.

Prostate Cancer Foundation of Australia

PCFA is running a national survey in collaboration with Peter MacCallum Cancer Centre Health Services Research focusing on understanding people's experiences with audio recording medical appointments and consultations, whether with a specialist, GP, nurse, allied health practitioner or other health professional. We are also interested in whether people who do record are seeking permission first, and how they then used the recording e.g. was it for their own use, or was it to share with family or friends?

What will participation involve?

Participation will involve completing an anonymous online survey, which should take about 5 minutes. The outcomes of this study will be used to inform a framework for Victorian healthcare services to guide consultation recording policy.

To participate, click the link below. You will be provided with further information about the study, and the survey questions.

More information

Want further information

Please don't hesitate to reach out to Dr Megan Prictor

Email: megan.prictor@unimelb.edu.au

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.

Impact of PSMA-PET on the treatment and outcomes of men with biochemical recurrence of prostate cancer

Prostate-specific membrane antigen (PSMA) positron emission tomography (PET) scans are highly sensitive in identifying disease recurrence in men with biochemical recurrence of prostate cancer after primary therapy and is rapidly being adopted in clinical practice. The April 2022 edition of *Prostate Cancer and Prostatic Diseases* reported on a systematic review and meta-analysis of the effect of PSMA-PET on the management and outcomes of patients with biochemical recurrence of prostate cancer after definitive primary therapy.

Overall, PSMA-PET yielded a positive result in 68.2% of the patients. In total, 56.4% of the patients reported a change in management after PSMA-PET. At a median follow-up period of 8.1 months and 11 months, 72.4% of the patients had a decrease in the serum PSA levels and 23.3% of the patients showed a complete biochemical response, respectively. At a median follow-up period of 20 months, the biochemical recurrence-free survival was 60.2%.

These results suggest that the detection of biochemical recurrence of prostate cancer via PSMA-PET results in frequent changes in the patient management.

Prostate Cancer and Prostatic Diseases, April 2022, Read article

Following a plant-based diet may reduce the risk of developing prostate cancer

Adopting a plant-based diet could potentially lower the risk for developing prostate cancer, according to results presented at the American Urological Association Annual Meeting,

Natasha Gupta, M.D., of NYU Langone Health in New York City, and colleagues conducted a systematic review of plant-based diets and prostate cancer. The studies were included in the review and citation search if they reported primary data on full plant-based dietary patterns and incidence among men at risk for prostate cancer or oncologic conditions.

The researchers included 31 publications in the qualitative synthesis, including 16 interventional studies and 15 observational studies. The interventional studies focused primarily on lifestyle modification, including adoption of plant-based diets, for men under active surveillance for localised prostate cancer or with biochemical recurrence after treatment. These studies revealed an association of lifestyle modification with improvements in short-term oncologic outcomes as well as improvements in general health and nutritional parameters. The epidemiological studies mainly focused on the risk for prostate cancer and showed either protective or null associations with plant-based dietary patterns.

"For men at risk of developing prostate cancer, those who were vegetarian or vegan were either significantly less likely or had equivalent risk of developing prostate cancer over time compared to men who ate meat and/or fish," Gupta told PracticeUpdate. "Notably, no study showed an increased risk of developing prostate cancer with a plant-based diet. For men who already have a diagnosis of prostate cancer, those who adopted a plant-based diet had significantly improved general health and prostate cancer outcomes. Men should be encouraged to adopt a plant-based diet to help improve overall and prostate health."

Journal of Urology, 1 May 2022. Read article

Effect of age on urinary continence following robot-assisted radical prostatectomy (RARP)

A multi-institutional study reported in the Journal of Urology (April 2022) 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. 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.

Journal of Urology, 27 April 2022. Read article.

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..