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Prostate Cancer Foundation of Australia

THE WALNUT

July 2022

Newsletter of the Prostate Cancer Support Group—ACT Region

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

https://pcsg-act.org.au

Coming Group events

Coffee morning 10 am, Tuesday 12 July

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 Monthly Meeting and Dinner 6 pm for 7 pm, Wednesday 20 July, Community Room, Ground Floor, Canberra Southern Cross Club, Woden

Continuing our trial of alternating our meetings at Pearce with dinners at different venues around Canberra, this month we are having a dinner at the Canberra Southern Cross Club in Woden.

You can, of course, come along and join us without having dinner. Those who do decide to have dinner can order what they like from the bistro.

Our speaker at our meeting with be Wayne Simpson, the Chief Executive Officer of *Rise Above Capital Region Cancer Relief*. Rise Above provides financial assistance and support to cancer patients and family residing with them within the ACT, Queanbeyan and surrounds.

To help us confirm numbers for our booking, it would be helpful if you could email Roger Carthey if you plan to attend (but still come if you forget to do so):

Email Roger

From the President

How quickly the year is passing. It's again 'Christmas in July' time!

Go Dry this July

Actually, it's *Go Dry July* time.

Do you want to support men with prostate cancer while boosting your health and reducing your risk of hangovers? If the answer is yes, sign up now for Dry July! All funds go directly to the PCFA's Prostate Cancer Specialist Nursing Services – giving men and families access to the support they need when prostate cancer strikes.

Register here.

Do you have publishing and web design skills?

We are looking for someone with publishing design skills to help us refresh our website and the brochure about our Group. f you or someone you know is available to help us with these tasks, please let me know by emailing me at president@pcsg-act.org.au.

Do we have your up-to-date membership details?

In September, we will be holding our annual general meeting, when we will also elect the executive committee for the coming year.

To ensure that we have a quorum of eligible members under our constitution at our AGM, we want to ensure that we have your correct membership details.

We know that some members no longer want to play an active role in the Group, such as attending meetings and other Group events and voting at our AGMs. However, they would still like to receive the *Walnut* and to know what is going on. You can do this without having a full membership and therefore being counted as a member for voting purposes.

If you no longer want to remain a member with voting rights, or just need us to update your contact details, please email me and we will update our records.

Greg McRoberts

If you have not already signed up to receive the Prostate Cancer Foundation of Australia's *Blue Sky Horizons*, you might wish to do so. It is free.

Articles in the latest issue of *Blue Sky Horizons* include:

Mental health matters: New counselling service for men

Australian men with prostate cancer now have access to a new mental health counselling service provided at no cost to patients by our expert team. The counselling service will be fully integrated with PCFA's Telenursing Service, helping men and their families navigate the challenges of their diagnosis, providing practical strategies for managing the impacts of prostate cancer.

Read article

Targeting prostate cancer: New research needed

The arsenal of drugs available to treat advanced prostate cancer has expanded significantly in recent years, thanks to research such as our ProPSMA, TheraP, and EVOLUTION Clinical Trials. In this article just published in *Nature*, researchers make the case for more prospective clinical trials to improve treatments and find drug combinations to stop prostate cancer.

Read Nature article

No gym? No worries! You can work out well at home

This article, by Exercise Physiologist Jena Buchan, applies the latest insights from Exercise & Sports Science Australia to give you tips and tricks for exercising safely and effectively at home. If you've been impacted by prostate cancer, this article is for you.

Read article

Tim Baker: Life and love with prostate cancer

In Tim Baker's latest blog, the surf icon takes a look at how intimate relationships are impacted by prostate cancer. 'A prostate cancer diagnosis changes us and is likely to change your relationship in ways that are difficult to foresee,' he writes.

Read article

New Medicare Items for PSMA-PET Scans

As mentioned in our June *Walnut*, from 1 July 2022 two new items have been 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.

The listing will result in an additional 18,600 services each year, helping thousands of men access better treatment to improve their prognosis.

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.

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.

Risk factors and incidence of hematuria following post-prostatectomy radiotherapy

Hematuria is the presence of blood in a person's urine.

The authors of this single-institution retrospective study published in the *Journal of Urology* (12 June 2022) identified 216 men who received post-prostatectomy radiotherapy (at a median period of 20 months from prostatectomy). The median follow-up period was 72 months.

The study found that overall, 39% of the patients experienced grade 1 hematuria (showing on test strip), 35% of the patients experienced grade 2 (macroscopic or visible) hematuria, and 7% of the patients experienced grade 3 hematuria. In total, 58% of the patients with hematuria underwent cystoscopy, 15% of the patients required intervention, and 31% of the patients had a recurrence of hematuria.

The risk factors associated with a high incidence of hematuria included anticoagulation therapy (HR, 3.24; P < .001), bladder V65 Gy ≥43% (P = .004), and medication allergies (HR, 1.73; P = .049).

Patients receiving post-prostatectomy radiotherapy should be aware of the risk of developing hematuria. and speak to their urologist about this.

Read the study

ADT + pelvic lymph node radiation Improves prostate cancer outcomes

According to a study published in the May 14 issue of The Lancet, the five-year freedom from progression rate is higher for those receiving short-term ADT (Androgen Deprivation Therapy)and Pelvic Lymph Node radiotherapy (PLNRT) in addition to salvage PBRT (Prostate Bed Radiotherapy) following prostatectomy.

Alan Pollack, M.D., from the University of Miami Miller School of Medicine, and colleagues conducted an international randomised trial involving patients with a persistently detectable or an initially undetectable and rising prostate-specific antigen of 0.1 to 2.0 ng/mL after prostatectomy for adenocarcinoma of the prostate.

A total of 1,792 patients were enrolled and randomly assigned to PBRT alone (group 1), PBRT plus short-term ADT (group 2), or PLNRT plus PBRT and short-term ADT (group 3; 592, 602, and 598 patients, respectively). The evaluable patient population included 1,716 patients.

The researchers found that, at the interim analysis, when group 1 was compared to group 3, the Haybittle-Peto boundary for five-year freedom from progression was exceeded (difference, 17.9 percent). Comparing groups 2 and 3, the difference did not exceed the boundary. At a median follow-up of 8.2 years, which was beyond the interim analysis, the five-year freedom from progression rates were 70.9, 81.3, and 87.4 percent in groups 1, 2, and 3, respectively. Freedom from progression was superior in group 3 versus groups 1 and 2 per protocol criteria.

The study suggests that there is benefit in adding short-term ADT to PBRT to prevent progression in prostate cancer.

Taken from *Urology* 10 June 2022 and *Lancet* 14 May 2022.

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 ACT, 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..