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Prostate Cancer Foundation of Australia

THE WALNUT

November 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, 10:00 am Tuesday 8 November 2022

Our next coffee morning is at the Canberra Southern Cross Club, Jamison.

Group Monthly meeting, 7 pm Wednesday 16 November 2022

Our November meeting is at our normal location (Room 22, Building 1, Pearce Community Centre, 3 Collett Place, Pearce).

Our speaker will be Michael Irvine, senior physiotherapist, from Southside Physio. A flyer on Michael's presentation is at page 7 of this newsletter.

Prior to the meeting, we will consider two minor proposed changes to the Group's constitution. Details of these changes were circulated to the Group's full members and are detailed at page 4.

If you cannot attend in person, you can attend on Zoom and can request a link to the meeting from: secretary@pcsg-act.org.au

Christmas get-together, 6:30 pm Wednesday 14 December 2022, Community Dining Room, Canberra Southern Cross Club, Woden

This Christmas celebration is an opportunity to meet informally with other members and friends.

Please let secretary, John McWilliam, know if you will be attending (to help with reservations).

Harness Racing ACT fund-raiser, 6 pm Sunday 15 January 2023

Harness Racing ACT is again sponsoring the Group at its meet on 15 January. Details are in the President's Message (opposite).

From the President

It was pleasing to see such a large attendance for our visit to the Icon Cancer Centre last month. If there are particular presentations or visits you would like us to organise in the future, please let me know.

On 23 October I wrote to you about the fund-raiser that Harness Racing ACT is organising for us on 15 January. Harness Racing ACT has been such a wonderful sponsor of the Group over many years and these evenings are always most enjoyable.

All proceeds from the race meet are given to the Group. This includes the proceeds from dinners.

We will be organising tables for Group members and friends for the buffet dinner, which consists of a main course, desserts, bread rolls and wine. While we are yet to be advised of the cost If the dinner, it will be under $50 per person. It is always good value.

Why not join one of our tables or organise a group or table of your own, inviting family and friends?

Harness Racing ACT also gets local businesses to provide items for a raffle, with the proceeds again going to the Group. If you have suggestions for businesses that could be approached to provide raffle items, please let me know.

Please also let me know if you would like to reserve a place at one or our tables or if you think you will be able to arrange a table of your own.

I would like to get an indication of numbers before Christmas.

Best wishes

Greg McRoberts

Our Meeting on 19 October

Our meeting on 19 October was hosted by the Icon Cancer Centre and was attended by 26 members.

The Centre provided welcoming refreshments at the start of the meeting at 7 pm. Presentations were then provided by radiation oncologist, Dr Paul Conway, and exercise physiologist, Clinical Assistant Professor Kellie Toohey from the University of Canberra. After the meeting, tours of the Icon Cancer Centre and the University of Canberra's Wellness Centre were provided.

Dr Paul Conway's presentation

Dr Conway's presentation was about stereotactic ablative body radiotherapy (SABR) treatment of metastatic prostate cancer.

Dr Conway is based in Melbourne and provided his presentation remotely. However, this worked well.

Conventional treatment of metastatic prostate cancer (that is, cancer that has spread from the prostate gland to other parts of the body) is the use of hormone or androgen deprivation therapy (ADT). Prostate cancer needs testosterone to grow. ADT reduces how much testosterone your body makes to slow the cancer's growth or shrink the cancer temporarily. It is also referred to as 'chemical castration' because it typically results in a significant lowering of serum testosterone levels. In more advanced cases, a patient may also receive chemotherapy.

SABR uses high doses of precisely targeted radiation to eradicate (ablate) sites of metastatic disease, usually identified using PSMA-PET scans. SABR treatment is quick, painless and precise. It is able to target very specific cancer sites, without damaging

surrounding tissue. Where there is the potential for damage to surrounding tissue, such as on the margins of organs like the bowel and heart, its use may not be recommended.

Because of the high doses that are provided, treatments can be completed within a short course of treatment, typically spanning over a week or two. Each daily treatment usually takes no longer than 20 minutes.

When cancer cells metastasise, they will often spread first to a small number of sites in the body. They may then spread from those sites to other parts of the body (secondary tumours). If the initial sites of spread can be targeted and removed (ablated), the spread of the cancer can be greatly slowed or in some cases even successfully treated. The need for ADT treatment may also be completely avoided or delayed for many years. So SABR is potentially an excellent treatment for the few small tumours that are detected in a patient who has oligometastatic prostate cancer (that is, cancer that has spread to only a few sites in the body and has not spread widely within the body).

In some advanced cases SABR may be used in conjunction with ADT. However, each patient's needs must be individually assessed.

There have been several published studies that have indicated positive results from large clinical trials comparing the use of SABR with conventional treatment that would otherwise have been provided.

In the TRANSFORM trial, which involved around 200 patients with up to five metastases, just over half the patients required no further escalation of treatment for at least two years, a quarter of patients had a lower PSA level than at enrolment after 34 months of follow-up, and three patients had long-term zero PSA with no remaining evidence of the cancer.

Another international study (SABR-COMET Phase II randomised trial) indicated that patients with SABR treatment have double the rate of time of overall survival when compared with those receiving conventional treatment, such as ADT.

For follow-up questions, Dr Conway's contact is: Paul.Conway@icon.team.

Prof Kellie Toohey's presentation

Prof Toohey's presentation was on the role of exercise in the treatment of the side-effects of prostate cancer treatments, for example, in treating the side-effects of ADT for men with metastatic prostate cancer. She also explained the role of the Wellness Centre in this regard.

Patients receiving ADT treatment will typically have a number of side-effects. These include:

- a reduction in muscle mass as a result of the decrease in their testosterone levels;
- fatigue;
- weaker bones; and
- an increased risk of cardiovascular disease.

Exercise is known to mitigate these side-effects and to stimulate the immune system to help reduce the side-effects.

The Wellness Centre provides free individualised assessments of patients' needs (funded by Capital Chemists) and low cost individual ($15) or group ($30) sessions that are targeted to their assessed needs.

To make an appointment, call 02 6201 5843 or email healthclinic@canberra.edu.au.

Proposed Changes to Our Constitution

Our November meeting at 7 pm on Wednesday 16 November at Pearce will be preceded by a Special General Meeting to consider changes to our constitution.This meeting will then be followed by our normal business, which will include a presentation from Michael Irvine, Physiotherapist, Southside Physio.

Proposed changes to the constitution

The proposed changes are to sections 22 and 25 of the constitution. Details are as follows:

Section 22: Committee meetings and quorums

Section 22(1) currently reads:

The Committee shall meet at least once in each month (except December) at such place and at such times as the Committee may determine. Minutes of such meetings

are to be kept.

Proposed amendment:

The Committee shall meet at least five times a year at such place (including by videoconference) and at such times as the Committee may determine. Minutes of such meetings are to be kept.

Reason for change

The committee has found that it is not necessary to meet every month. This change will give the committee greater flexibility to determine the frequency of its meetings (e.g. every two months, unless urgent matters arise that cannot be handled by email out-of-session). It also makes explicit that the commit can meet by videoconference (e.g. Zoom).

Section 25: Holding of General Meetings

Section 25 currently reads:

1. *The Group shall convene an Ordinary General Meeting, which may be declared to be a Special General Meeting, once each month excluding December, on a date and at a time to be determined and promulgated by the Committee.*

Proposed amendment:

1. *Subject to subsection (2), the Group shall convene an Ordinary General Meeting, which may be declared to be a Special General Meeting, once each month excluding December, on a date and at a time to be determined and promulgated by the Committee.*
2. *Where a social event is held in any month, there will be no requirement to hold an Ordinary General Meeting in that month, provided that at least five Ordinary General Meetings are held in the calendar year.*

Reason for change

This change makes explicit that, where a social event occurs in any month, there will be no requirement for an Ordinary General Meeting to be held. It is the committee's intention to hold regular general meetings. We have been doing this in recent months as members have become more confident in attending meetings as COVID-19 restrictions have been lifted and we learn to live with the virus. However, the committee would like the flexibility to hold a number of social events, instead of

General meetings, as reflected in a recent survey of members.

Voting on the changes

We will require at least 15 full members to vote on the changes. So, we would ask that, if you are a full member, you attend the meeting (if necessary by Zoom) or, if you are unable to attend, that you notify the Secretary before the meeting of your vote in favour or not in favour of the changes or nominate a person who will be attending as your proxy.

Notice to Members from PCFA

PCFA has advised that you may receive an email from a company called 'Swap to Save' asking you to switch energy providers and upon sign up, a donation would be made towards prostate cancer support.

PCFA has received several enquiries from group leaders asking if this company is endorsed by PCFA.

Please note, PCFA is not associated with 'Swap to Save' and does not receive any benefit or donations from this company.

Happy Retirement, Jim

The Hon Jim Lloyd retired from his position of National Support Groups Executive at PCFA on 18 October 2022, exactly 20 years to the date that he was diagnosed with prostate cancer.

Over the past few years Jim has been an integral member of the PCFA team and has been committed to improving the lives of men and families impacted by prostate cancer.

Jim has attended meetings all over Australia and given his expertise and knowledge to many support groups, including our own.

Drawing on his parliamentary experience, Jim also organised the annual parliamentary barbecue at Parliament House in Canberra, where members and senators and their staff were familiarised with the impact of prostate cancer on men and their families, and the need for early detection. The Federal Government provides financial support to PCFA, which is invaluable to its work. It has been pleasing that, with this support, the number of prostate cancer specialist nurses in Australia has been expanded in recent years.

Jim's retirement plans include learning to fly an aeroplane and taking on the Kokoda Track with his son next year.

Thanks, Jim, for your great support to the PFCA and its support groups. You will be missed. Have a great retirement.

Movember

Movember fundraisers are a global community of fired up Mo Bros and Mo Sisters – aka rock stars making a difference in mental health and suicide prevention, prostate cancer and testicular cancer. Your donation could help save a father, a brother, a son, a friend, a partner, a man's life.

Find out more and sign up.

If you don't already subscribe to PCFA's Blue Horizons newsletter, why not do so. There is no charge and it contains a lot of useful information. The following are some items from the latest newsletter.

Screening saves lives: New research on PSA testing

A 22-year study of 20,000 men aged 50 years and over has found regular PSA testing reduces risks of death from the disease, in a major finding that will influence worldwide screening practices. The researchers also concluded that testing should begin before age 60 and continue after 70 years old, in a development that will be considered in PCFA's review of Australian guidelines. Read the article.

Predicting patient benefit: PET scans prove powerful

Biomarker analysis from the TheraP clinical trial has found whole-body PET scans before treatment for prostate cancer can predict patient outcomes. The findings were published recently in The Lancet Oncology and give clinicians greater confidence in managing and treating prostate cancer. The analysis is the latest breakthrough from the TheraP study, which was co-funded by PCFA. Read the article.

The advent of new imaging: Time to grasp full picture

Australian prostate cancer experts have urged doctors worldwide to transition to PSMA PET/CT for the management of metastatic hormone-sensitive prostate cancer, making the case that low-volume disease on conventional imaging often becomes high-volume on next-generation scans. They make the case for new standards of care to ensure we see the full picture before deciding on treatment. Read the article.

The basics of brachytherapy: Is brachy right for you?

Brachytherapy has been around for nearly a century and involves the insertion of radioactive implants directly into the tissue to help eradicate prostate cancer tumours. Patient suitability for the treatment varies, depending on factors such as Gleason grading and cancer stage. Read the article.

Prostate Cancer
Support Group
ACT Region

Southside Physio

16 November
Shout Office
Collett Place

Speaker

Michael Irvine

Senior Physiotherapist

Men's Health Physio

Southside Physio Woden

What will be covered

Living with prostate cancer: active surveillance

Prostatectomy / radiation therapy

- When to start physiotherapy
- What to expect from surgery

Treating incontinence

Treating erectile dysfunction

Peyronie's disease

PROST! – Men's Health exercise classes

Visit our Men's Health blog for info on where we can help:
https://www.southsidephysio.com.au/Mens-Health

Contact Michael, our website, or the Woden clinic for more information:
michaeli@sspg.com.au | www.southsidephysio.com.au | wod@sspg.com.au
Phone Woden 02 6282 5010

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.

Outcomes of active surveillance in patients with intermediate-risk prostate cancer

This study in *Urology* (13 October 2022) evaluated the treatment-free survival and oncologic outcomes in men on active surveillance for intermediate-risk prostate cancer.

Patients with intermediate-risk prostate cancer demonstrated treatment-free survival outcomes comparable to those in patients with low-risk prostate cancer, but they had a higher risk of metastasis and death owing to prostate cancer. A subgroup analysis involving studies that included patients with low-volume favourable intermediate-risk prostate cancer (Gleason grade ≤2) demonstrated comparable rates of survival and death between patients with low-risk disease and those with intermediate-risk disease.

Read the study.

Long-term outcomes of radical prostatectomy versus low-dose-rate brachytherapy in patients with intermediate-risk prostate cancer: Propensity score matched comparison

This study in *The Prostate* (14 September 2022) evaluated the differences in long-term outcomes between patients with intermediate-risk prostate cancer undergoing radical prostatectomy and those undergoing low-dose–rate brachytherapy.

The study identified 1241 patients with intermediate-risk prostate cancer. Compared with radical prostatectomy, low-dose–rate brachytherapy was associated with improved biochemical recurrence–free survival and salvage therapy–free survival outcomes. However, radical prostatectomy was associated with improved metastasis-free survival outcomes.

This study suggests that the survival differences associated with brachytherapy and prostatectomy are variable, with radical prostatectomy demonstrating improved metastasis-free survival outcomes.

Read the study.

ADT plus Radical Local Therapy vs ADT alone for newly diagnosed oligometastatic prostate cancer

This study in *European Urology Oncology* (29 June 2022) investigated the effect of radical local therapy (RLT) on the survival outcomes in men with oligometastatic prostate cancer.

The patients were randomised to receive either androgen deprivation therapy (ADT) or ADT plus RLT. After a median follow-up period of 48 months, the median radiographic progression-free survival (rPFS) was not achieved in the ADT plus RLT group and the median rPFS in the ADT-only group was 40 months (P = .001). The 3-year overall survival rate was 88% and 70% in the study and the control groups, respectively (P = .008)

Among patients with oligometastatic prostate cancer, those receiving ADT plus RLT (mainly prostatectomy) had significantly better rPFS and OS than those who received ADT alone.

The study concluded that, in patients with oligometastatic prostate cancer, those receiving ADT plus RLT (mainly prostatectomy) had significantly better rPFS and overall survival than those who received ADT alone.

Read the study.

Time to second biochemical recurrence as a prognostic indicator in post-prostatectomy patients receiving salvage radiation therapy

This study in *The Prostate* (19 September 2022) examined whether a shorter time to a 'second' biochemical recurrence (sBCR) after salvage radiation therapy (sRT) was associated with worse cancer control outcomes.

The study concluded that time to sBCR after sRT) is a significant predictor of cancer specific mortality following initial radical prostatectomy. This information can be used to guide subsequent treatments, and to counsel patients.

Read the study.

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@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.