



# THE WALNUT

February 2023

Newsletter of the Prostate Cancer Support Group–ACT Region

Proudly affiliated with



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

<https://pcsg-act.org.au>

## Monthly Group Meeting, 6:30pm for 7 pm, Wednesday 15 February

This meeting will be held at our usual location at the Pearce Community Centre, Building 2, Collett Street, Pearce.

Our speaker will be urologist, Associate Professor Hodo Haxhimolla. A/Prof Haxhimolla will update us on current developments in the diagnosis and treatment of prostate cancer.

## Coffee morning, 10:00 am Tuesday 14 February 2023

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



## Harness Racing Fundraiser

We would like to thank Harness Racing Act for again hosting its meeting in January as a fund raiser for the Group. It is always most generous and is our major donor.

Genny Weston from Harness Racing ACT always puts in some much effort to make the event a success. Thank you, Genny.

We are also thankful to those businesses that contributed prizes for the raffle, those members who attended and those who were unable to attend the meet but contributed through donations and buying tickets in the raffle.

Once again we were treated to a most enjoyable evening.

## From the President

An estimated 630,000 Australian men currently have at least double the risk of a prostate cancer diagnosis due to family history of the disease, but are potentially completely unaware of this risk, according to Anne Savage, chief executive of the Prostate Cancer Foundation of Australia (PCFA).

Further, out of more than 24,200 Australians expected to be diagnosed with prostate cancer this year, about 3500 will be aged 59 or younger.

Yet, we also know that the earlier prostate cancer can be diagnosed, the more successfully it can be treated.

It is for this reason that our support group is keen to spread awareness of the risk factors for prostate cancer and the need for men to have their PSA levels tested at least every two years if they are over 50 (or earlier if they have a family history of prostate cancer or other risk factors).

Many men will have regular blood tests, but are unaware that a PSA test can also be included in that test. They can ask their doctor to include this test.

We strongly urge all men to monitor their PSA levels as recommended by the approved clinical practice guidelines. Changes in PSA levels can then be identified at an early stage.

Information on the clinical practice guidelines for PSA testing can be found on the [PCFA website](https://www.pcfa.org.au).

Please spread the message among your family and friends on the need for their men to regularly monitor their prostate health in accordance with the guidelines.

Greg McRoberts



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.

### The missing piece of the puzzle: Surgery for erectile dysfunction

If your sexual function has been impacted by prostate cancer treatment, you'll understand how hard it is to get corrective surgery in the public health system. It's an issue that affects thousands of Australian men, but goes largely unheard by policy makers and health executives who allocate funding for prostate cancer services. This editorial in *BJUI International* takes a look at the issue.

[Read the editorial.](#)

### Survivorship essentials: Your personal care plan

If you or a family member have prostate cancer, you might benefit from having a survivorship plan to summarise information about your diagnosis, treatment and ongoing care. You can take your plan with you to health care appointments so that those involved in your current and future care have a clear picture of your diagnosis and treatment.

To make the most of your plan, you can connect with a PCFA Specialist Nurse by calling 1800 22 00 99 or emailing [Telenurse@pcfa.org.au](mailto:Telenurse@pcfa.org.au). Alternatively, you can ask a member of your healthcare team to help you with keeping it up to date.

[Download a copy of My Personal Plan.](#)

### Register now for research: New program for men

If you are on hormone therapy and affected by the treatment, register now for a research trial to test the effectiveness of a new supportive care program provided by PCFA Specialist Nurses. Participants will be randomly selected for one of two study groups.

[Register now.](#)

## 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.

### Association between initiation of PSA testing at a young age and prostate cancer related mortality outcomes

This analysis in *European Urology* (17 November 2022) used existing data from the Göteborg PSA screening trial to examine outcomes from beginning screening at different ages. The authors demonstrated that screening starting at 55 years of age halved the risk of prostate cancer-related death compared with starting screening at 60 years of age. Beginning even earlier at 50 years of age provided additional benefits, but the improvement was smaller.

This study demonstrates that there are benefits in starting screening from 50 years of age for most people.

[Read the article.](#)

### Impact of a family history of prostate cancer on mortality risk in patients with prostate cancer

This study in *European Urology* (16 December 2022) analysed The UK Genetic Prostate Cancer Study and assessed the effect of the degree, age, and number of relatives with prostate and genetically related cancers on the all-cause mortality and cancer-specific mortality of patients with prostate cancer. A stronger family history was associated with a lower risk of all-cause and prostate cancer-specific mortality. Patients with at least one first-degree relative were at a lower risk of all-cause mortality than those with no family history. This lower mortality could be related to a greater awareness of the disease. It shows the importance of screening and awareness programs, which are likely to improve survival among men with a family history.

[Read the article.](#)

### Immunologic responses to the PROSTVAC vaccine in patients with prostate cancer on active surveillance

This study in *European Urology Focus* (12 December 2022) investigated the immunologic response to the PROSTVAC vaccine and the clinical indicators of disease progression in patients with localised prostate cancer.

Participants were randomised (2:1) to receive seven doses of subcutaneous PROSTVAC, a vaccinia/fowlpox viral vector-based immunotherapy containing a prostate-specific antigen (PSA) transgene and three T-cell co-stimulatory molecules, or an empty fowlpox vector (EV) over 140 d.

In this first-of-kind trial of immunotherapy in patients on active surveillance for prostate cancer, PROSTVAC did not elicit more favourable prostate tissue or peripheral T-cell responses than the EV. There was no difference between the arms in clinicopathologic effects. Despite the null findings, this is the first study reporting the feasibility and acceptability of an immunotherapy intervention in the active surveillance setting.

The article is also interesting because it explores developing research aimed at altering immune responses to early prostate damage with a view to preventive intervention.

[Read the article.](#)

### The impact of salvage radiotherapy initiation at PSA $\leq 0.5$ ng/ml on metastasis-free survival in patients with relapsed prostate cancer following prostatectomy

This study in *The Prostate* (February 2023) analysed the impact of the prostate specific antigen (PSA) level at the time of salvage radiotherapy with regard to both biochemical relapse-free (bRFS) as well as

metastasis-free survival (MFS) in 397 patients with biochemically recurrent prostate cancer, who received salvage radiation therapy between 1985 and 2016. It concluded that initiation of salvage radiation therapy while PSA levels remain  $\leq 0.5$  ng/ml was associated

with improved MFS. It also concluded that consideration for salvage radiation therapy initiation while PSA levels remain low is warranted to minimise the risk of future prostate cancer metastasis.

[Read the 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:

[librarian@pcsg-act.org.au](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](mailto:president@pcsg-act.org.au) 0413 480 864  
Secretary: John McWilliam, [secretary@pcsg-act.org.au](mailto: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, Paddywack Promotional Products and SAC Tyrepower, Belconnen.

### 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](mailto: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.