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Prostate Cancer Foundation of Australia

THE WALNUT

August 2023

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 meetings

Monthly Group Meeting 6:30 pm for 7:00 pm Wednesday 16 August 2023

Our next monthly Group meeting will be at our usual location, the Pearce Community Centre, Collett Place, Pearce.

Our speaker will be Professor Catherine Paterson, Professor of Cancer Care and Clinical Chair in Nursing at the University of Canberra.

Professor Paterson has been leading interesting research in Australia into, among other things, the impact of prehabilitation for prostate cancer patients.

Catherine's PhD at the University of Dundee in Scotland explored prostate cancer patients' self-management demands and social support experiences using questionnaire and behavioural diaries: Does social support buffer the relationship between coping and health-related quality of life?

Coffee morning, 10:00 am Tuesday 8 August 2023

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

From the President

Hi All,

A few things to update you on this month.

I had the pleasure last month of attending the annual awards night for the Canberra Harness Racing Club, which is our major sponsor. It was another enjoyable evening of mixing with the members and committee, providing an opportunity to continue building our relationship with them. I also had the pleasure of presenting the award for the best regional trotter on behalf of ACTTAB.

We are now only a month away from the start of PCFA's annual fundraiser 'The Long Run'. I know that we have members who either regularly walk or ride in groups, so please start a conversation and consider joining the 'Beat Prostate Cancer ACT' team and help raise funds which PCFA uses to continue its research and support programmes. If your exercise group is interested in joining our team please contact me and I will send you a link.

Next month will be our AGM and we are looking for members who would like to join our committee. Being a committee member is a rewarding way of giving back to the Group and represents an opportunity to help shape its direction.

We have a couple of positions that may be vacated and also we are always open to extra *ex officio* positions to add a broader perspective and other views. This assists in ensuring we are meeting the needs of the broader membership and prostate cancer patients. Please contact either myself or John McWilliam if you would like further information.

Stay safe and stay well.

Greg McRoberts
President

Our mid-year ('Christmas in July') social event

Fifteen people attended our mid-year social event in the Community Room at the Canberra Southern Cross Club on Tuesday 18 July. This replaced our normal third-Wednesday monthly Group meeting at Pearce.

All who attended this event had an enjoyable time, and it was an opportunity better to get to know other members and their partners.

The next social event is planned for December.

Volunteers Needed

Some of our committee members will step down over the coming year and we want to ensure that there is a succession plan in place.

We are looking for members who would be prepared to join our executive committee.

This is not an onerous task. The committee only meets about four times a year.

Please contact President Greg McRoberts or Secretary John McWilliam for more information.

Greg: president@pcsg-act.org.au

John: secretary@pcsg-act.org.au

PCFA News

Advances in care: Research shaping the horizons for prostate cancer treatment

The latest issue of *Prostate Cancer Support Group News* PCFA takes a look at some of the advancements in the treatment of prostate cancer that were announced over the past year.

Read the article.

Continence issues: Regaining confidence after treatment for prostate cancer

During World Continence Week, PCFA brought together experts and survivors to talk about surgical and non-surgical treatments and options for rehabilitation and the recovery of bladder control.

Watch the podcast.

Get on the bandwagon: We're taking BINS4Blokes Australia-wide

BINS4Blokes is an Australia-wide awareness and advocacy campaign promoting the installation of continence bins in male public toilet facilities. In alliance with national and international organisations such as Prostate Cancer UK, PCFA is working together with BINS4Blokes and the Continence Foundation of Australia to strengthen access to essential support for Australian men impacted by prostate cancer, with high numbers of men in our community affected. You can get involved by downloading the new BINS4Blokes guide and advocating in your local community.

Download the Guide.

Three decades of action: Recognising John Allen on his retirement

Dubbo Prostate Cancer Support Group stalwart, John Allen, has handed over the reins after an incredible 27 years of service to that group. John was diagnosed with prostate cancer in 1996 and almost immediately became involved in raising awareness, providing support, and rallying the community to take action. Together with his wife Elizabeth (we also know Elizabeth from the prostate cancer support group conferences we have attended (see below for the date of the next conference), John championed the formation of new groups in Wagga Wagga, Broken Hill and at Griffith – a magnificent contribution, culminating in the presentation of PCFA's prestigious Max Gardner Award for Distinguished Service in 2010.

We join with PCFA in wishing John well in his retirement.

Read John's story.

National Conference of Prostate Cancer Support Groups
Save the date

The Combined Prostate Cancer Support Groups of Rural New South Wales has announced that the next National Conference of prostate cancer support groups will be held in Dubbo from Friday 4th to Sunday 6th April 2025.

It is hoped that, with this early notice, many of us will be able to attend the conference. It is two weeks before Easter.

Our Group has been represented at the past two conferences, which are exceptionally well organised and are very worthwhile. We would certainly like to be represented once again.

THE UNIVERSITY OF SYDNEY

ANZUP Cancer Trials Group Limited

Share your experience with making treatment decisions for recurrent metastatic prostate cancer

We want to understand how you decided on your treatment for recurrent metastatic prostate cancer. Our study involves completing some questions online and then taking part in a discussion with the researchers. We are interested in your story to help improve treatment decision making processes for prostate cancer.

You can take part if you,

- **Have a current diagnosis of metastatic prostate cancer within the past 2 years defined as PSA elevation, evidence on conventional or contemporary imaging**
- **Aged over 18 years**
- **Able to speak and read English adequately to participate in a semi-structured interview or focus group**
- **Willing to participate and provide written informed consent**

To find out more, visit:
https://redcap.sydney.edu.au/surveys/?s=P8WFWA93LP8F8XD7[MM2]
or scan the QR code

You are welcome to share the study details with others.

This study has been approved by the Australian and New Zealand Urogenital and Prostate Cancer Trials Group's (ANZUP) Scientific Advisory Committee, and Consumer Advisory Panel and the University of Sydney's Human Research Ethics Committee.

If you have any questions regarding the aims and procedures of this study, please contact A/Prof Haryana Dhillon, Chief Investigator, on +61 2 9036 5392 during business hours, or by email at haryana.dhillon@sydney.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.

The natural history of a delayed detectable PSA after radical prostatectomy

Men with a detectable PSA after radical prostatectomy (RP) are often offered salvage therapy while those with an undetectable PSA are monitored. A study in *Nature* (10 February 2023) aimed to better characterise the natural history of men with an initially undetectable PSA who subsequently developed a detectable PSA over 6 months after RP.

Radical prostatectomy is an effective form of definitive treatment for men with clinically localised prostate cancer. However, 20 - 40% of men may experience biochemical recurrence within 10 years. A detectable post-operative serum PSA is thought to represent treatment failure, and some men may undergo salvage therapy. However, biochemical recurrence is increasingly recognised to have a variable course with only about a third of patients progressing to metastatic disease. As such, the risks and benefits of salvage treatment must be weighed by providers and patients, in an effort to prevent clinical progression while avoiding the costs and morbidity of unnecessary treatment.

The study in *Nature* undertook a retrospective analysis of men who underwent RP for clinically localised prostate cancer at the University of California, San Francisco from 2000 to 2022. The primary outcome was biochemical recurrence, defined as two consecutive PSA > = 0.03 ng/mL starting six months after surgery. Secondary outcomes were salvage treatment, post-salvage treatment, metastasis free survival (MFS), prostate cancer specific mortality (PCSM), and all-cause mortality (ACM). This cohort was compared to a previously described cohort who had an immediately detectable post-operative PSA.

From the study's cohort of 3348 patients, the team identified 2868 men who had an undetectable post-op PSA. Subsequently, 642 men had a delayed detectable PSA at a median of 25 months with median follow-up of 72 months after RP. Of those with a delayed detectable PSA, 46% underwent salvage treatment within 10 years after RP.

After salvage treatment, 62% of men had recurrent PSA failure within 10 years.

Overall, MFS (metastasis free survival) was 92%, PCSM (prostate cancer specific mortality) 3%, and ACM (all cause mortality) 6% at 10 years.

For those who received tertiary treatment for recurrent PSA failure, MFS was 54%, PCSM 23% and ACM 23% at 10 years' time.

The study concluded that men who develop a detectable PSA > 6 months post-operatively may have excellent long-term outcomes, even in the absence of salvage therapy.

Read the study in *Nature*.

Considering the role of radical prostatectomy in 21st century prostate cancer care

Another study in *Nature* (21 February 2020) considered the role of radical prostatectomy in 21st century prostate cancer care.

The practice of radical prostatectomy for treating prostate cancer has evolved remarkably since its general introduction around 1900. The open surgical method is now increasingly being abandoned in favour of the minimally invasive robot-assisted method, which was first described in 2000.

Until 1980, the procedure was hazardous, often accompanied by massive blood loss and poor outcomes. For patients in whom surgery is indicated, prostatectomy is increasingly being used as the first step in a multi-therapeutic approach in advanced local, and even early metastatic, disease. However, contemporary molecular insights have enabled many men to safely avoid surgical intervention when the disease is

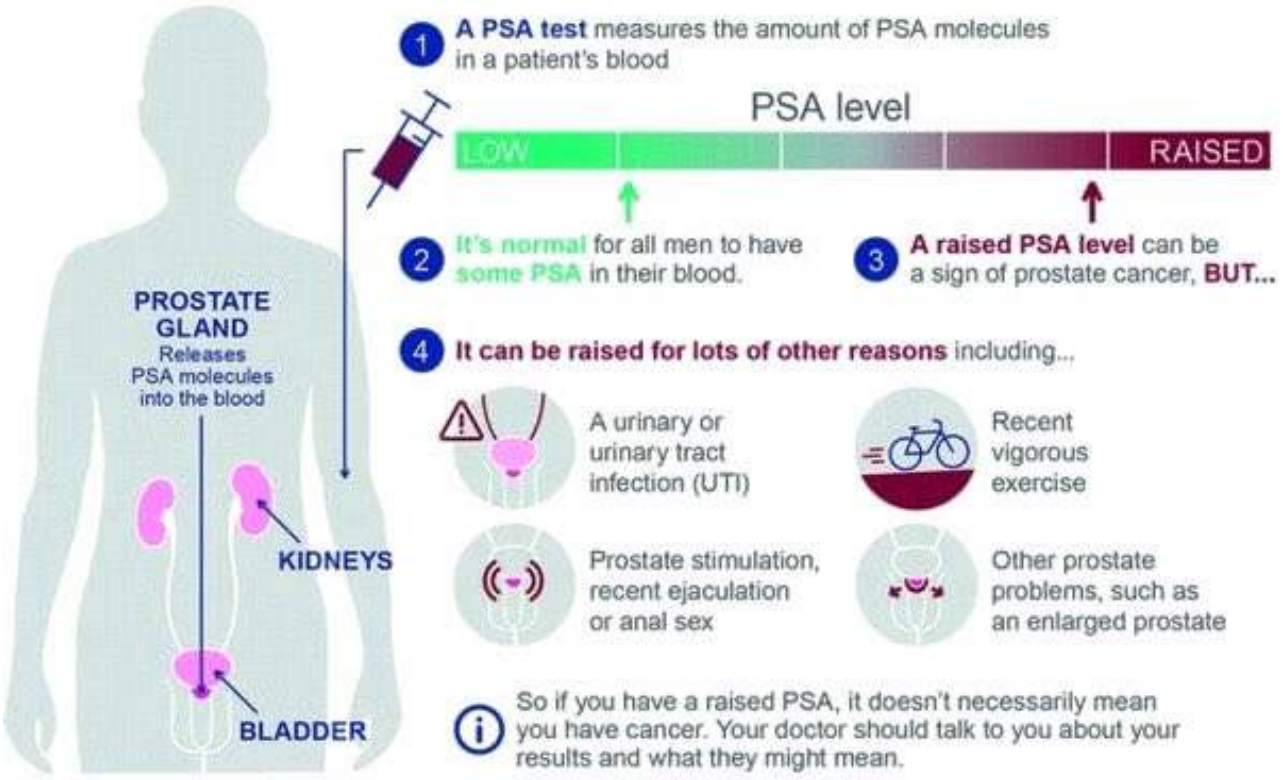
phenotypically indolent and the use of active surveillance programmes continues to expand worldwide.

Today surgery is not generally recommended in men with low-grade, low-volume Gleason 6 prostate cancer; previously these men — a large cohort of ~40% of men with newly diagnosed prostate cancer — were offered surgery in large numbers, with little clinical benefit and considerable adverse effects.

Radical prostatectomy is appropriate for men with intermediate-risk and high-risk disease (Gleason score 7–9 or Grade Groups 2–5) in whom radical prostatectomy prevents further metastatic seeding of potentially lethal clones of prostate cancer cells.

Small series have suggested that it might be appropriate to offer radical prostatectomy to men presenting with small metastatic burden (nodal and or bone) as part of a multimodal therapeutic approach. Furthermore, surgical treatment of prostate cancer has been reported in cohorts of octogenarian men in good health with minimal comorbidities, when 20 years ago such men were rarely treated surgically even when diagnosed with localised high-risk disease. The changing demographics of prostate cancer means that radical prostatectomy remains an important and useful option in many men, with a changing indication.

Understanding your PSA test results



Source: Quora

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, 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

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.