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Prostate Cancer Foundation of Australia

THE WALNUT

October 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 Events

Monthly Group Meeting

6:30 pm for 7:00 pm Wednesday 18 October 2023

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

One of our members, John Reis, will be leading a discussion on active surveillance based on his experience.

Harness Racing ACT Fundraiser, 6 pm Sunday 20 November 2023

Harness Racing ACT will be hosting our major annual fundraiser on 20 November. This will be a most enjoyable occasion, as always.

Please come along and join us for dinner and watch the races. Why not also invite your friends to join us?

For more information and to register your interest, please email:

secretary@pcsg-act.org.au

Coffee morning, 10:00 am Tuesday 10 October 2023

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

From the President

Hi All,

Genny Weston from Canberra Harness Racing Club has advised this year's event will be held on Sunday 19 November at 6.30pm.

Our group will be the beneficiary of the evening.

This is a great social night and represents a great fundraising opportunity for our group.

This social event will replace our normal Group meeting for November.

Genny has asked that, due to the relatively short lead time this year, if anyone can assist in seeking donations for the raffles on the evening, this would be greatly appreciated. Please contact John McWilliam (contact details below) and let him know.

If you have friends in business, a restaurant or business you frequent, please ask if they would consider donating a prize for the raffle.

Start talking to family and friends re getting a table together and join in this fun social evening.

We will start to call for seat/table bookings around 20 October.

As I will be out of Australia from 4 October to 10 November, please contact John McWilliam (secretary@pcsg-act.org.au) with any enquiries you have or any offers of assistance.

Please show your support and get behind this event.

Greg McRoberts
President

Our annual general meeting and September Group meeting

Our annual general meeting and September Group meeting were held on Wednesday 20 September at the Pearce Community Centre.

Annual General Meeting

President's Report 2022 – 2023

President, Greg McRoberts, provided the following report to the AGM.

Well, another year has gone by us all.

I feel it's been another positive year for our group.

We have continued spreading the message of early detection and support through community engagements.

Our stands at the Seniors Expos in late 2022 and March this year were very successful. Many members of the public spoke to us about prostate cancer and we were able to help spread the message on the need for monitoring prostate health and the importance of early detection of prostate cancer.

The annual charity day in January this year held by the Canberra Harness Racing Club was well attended and provided a great return in terms of the donation amount received by our group. Our ongoing relationship with the Canberra Harness Racing Club has been a focus of the committee's attention in terms of its benefit to our group. We are very grateful for their continued support and extend a special thank you to Genny Weston for all she does to make this a very valuable and enjoyable experience.

Group meetings have continued throughout the last year with many information presentations by guest speakers. I would like to offer our thanks to the specialists, nursing and allied health staff who have given up their time to present to us at our meetings. The value of their presentations is reflected in the many questions that members ask our speakers.

There has also been a relatively steady flow of new members to our ranks – some seeking information and with others joining our group.

Keeping members informed on changes and opportunities to access services is a key part of the support we seek to offer. We endeavour to do this through our newsletter – *The Walnut* – and regular emails to members.

Coffee mornings continued to be an important part of our support, offering members who may not find our monthly evening meetings convenient, an opportunity to catch up with other members.

We have sought to continue to support PCFA in its mission to fundraise and support men Australia-wide in their prostate cancer journeys.

Several promotions were undertaken to highlight the need for early detection, our profile as a local support group and the valuable role of PCFA in prostate cancer research, awareness and support.

The refreshing of our website continues to be an ongoing project due to delays this year that were beyond our control.

The year ahead will see us continue to do the basics as mentioned above.

I believe that one of the key things we need to address moving forward is member participation and engagement. Attracting new committee members to ensure succession planning continues to be challenging.

I would like to finish up by offering my thanks to the committee for their continued support and work done to see the ongoing survival of our group and ensuring that we are able to offer the services we do.

A special thank you to Adrian Rumsey who is stepping down tonight as Treasurer in readiness for his move north to warmer pastures.

Committee for 2023–24

The following members have been appointed to the executive committee for 2023–24:

President: Greg McRoberts

Secretary: John McWilliam

Treasurer: Roger Carthey

Other members: James Ashburner, Don Bradfield, David Hennessy

September Group Meeting

Following the AGM, our normal monthly Group meeting was held. Our speaker was medical oncologist, Professor Paul Craft, who spoke about new treatments for advanced prostate cancer.

New Treatments for Metastatic Castrate-Resistant Prostate Cancer

Prof Craft first provided a brief explanation of cancer and noted that, for a cancer to grow bigger than the head of a pin, it must grow its own blood vessels – a process called angiogenesis. Angiogenesis can allow cells to spread beyond surrounding tissue to other parts of the body.

In the ACT, prostate cancer is the most commonly occurring cancer (higher than breast cancer), and the fourth highest cancer in terms of mortality (lung cancer being the highest).

It is hard to prevent the growth of prostate cancer. It is known to be related to age, obesity, alcohol and heredity. Exercise is also known to reduce the risk of developing cancer.

With metastatic Castrate-Resistant Prostate Cancer (mCRPC), the cancer stops responding to hormone treatment, and is found in other parts of the body. The cancer can spread to nearby lymph nodes, bones, the bladder, rectum, liver, lungs, and maybe the brain. There may be no signs or symptoms of mPRPC.

President Nixon's 'War on Cancer' campaign in the 1970s provided a great impetus to efforts to develop a cure for cancer. This campaign led to the development of modern chemotherapy treatments. Many of these drugs have been derived from alkaloids.

Prof Craft outlined the major developments in the treatment of advanced prostate cancer over the past two decades.

The main medical oncology treatments over these years, not all of which are available in Australia, have been:

- Docetaxel (2004), a chemotherapy medication used to treat a number of types of cancer;
- Sipuleucel-T (2010), an autologous cellular immunotherapy manufactured from antigen-presenting cells primed to recognise prostatic acid phosphatase. It was the first immunotherapy product approved by the US FDA for men with asymptomatic or minimally symptomatic metastatic castration-resistant prostate cancer after it was shown to provide a survival advantage;
- Cabazitaxel (2010), a type of chemotherapy that is sold under the brand name Jevtana;
- Abiraterone acetate (2011), which is used in combination with prednisone, and is in a class of medications called androgen biosynthesis inhibitors. It works by decreasing the amount of certain hormones in the body. Studies have shown that Abiraterone + prednisone significantly improves overall survival, time to PSA progression, time to radiographic progression, and PSA response rate in advanced mCRPC;
- Enzalutamide (2012), formerly known as MDV3100 and sold under the brand name Xtandi, which is a prescription medication, now approved in Australia, to treat prostate cancer that no longer responds to a hormone therapy or surgical treatment to lower testosterone OR has spread to other parts of the body and responds to a hormone therapy or surgical

treatment to lower testosterone;

- Radium 223 (2013), a type of internal radiotherapy to treat the spread of cancer to the bones. It acts as a calcium mimic and naturally targets new bone growth around bone metastases. Because of its expense, it is not widely used in Australia;

- Rucaparib (May 2020), sold under the brand name Rubraca, which is in a class of medications called poly (ADP-ribose) polymerase (PARP) inhibitors and works by killing cancer cells; and

- Olaparib (2020), sold under the brand name Lynparza, which is also a PARP inhibitor and is approved in Australia, to treat men who are known to have a BRCA1 or BRCA2 gene mutation, and whose prostate cancer has stopped responding to hormone therapy.

Hormone treatments work by reducing testosterone signalling. Androgen deprivation therapy (ADT) is the backbone of treatment for patients with advanced prostate cancer. Chemical castration consists of gonadotropin-releasing hormone (GnRH) agonists (substances which initiate a physiological response when combined with a receptor) and antagonists (substances which interfere with or inhibit the physiological action of another) administered intramuscularly, subcutaneously, or orally GnRH (Gonadotropin-Releasing Hormone). GnRH agonists are the most commonly used medications for ADT in the treatment of prostate cancer patients. They bind to the GnRH receptors on pituitary gonadotropin-producing cells, causing an initial release of luteinising hormone (LH) and follicle stimulating hormone (FSH) and consequently a rise in testosterone levels for a few weeks.

The sooner treatment is given for advanced prostate cancer the better are the outcomes for the patient.

Prof Craft outlined some of the findings of key studies on the use of these treatments. These included:

- the AFFIRM study, evaluating the efficacy and safety of the investigational drug MDV3100 (now Enzalutamide). MDV3100 shown to improve survival in men with metastatic castration-resistant prostate cancer previously treated with docetaxel chemotherapy;

- the CHAARTED trial, published in the New England Journal of Medicine, and which found that six cycles of chemotherapy (docetaxel) before ADT early in the treatment of mCRPC significantly improved overall survival than with ADT alone; and

- the STAMPEDE (Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy) study of non-metastatic high-risk prostate cancer strongly supported the addition of two years of abiraterone to androgen deprivation therapy and radiotherapy among eligible patients.

Australia has been a leading nation in the application of PSMA-PET (Prostate Specific Membrane Antigen positron emission topography) scanning. The uptake of these scans in the USA has been slow and the USA is only now trying to catch up. PSMA-PET scans (using Gallium 68) provide more precise detection of prostate cancer for better treatment planning and targeted care. It is more effective in pinpointing and eliminating tumours not only in the

prostate but also throughout the pelvis and the body in cases where the tumours have migrated. It is now commonly used in Australia to help identify whether the prostate cancer is localised or has metastasised and spread to other parts of the body. However, it may not always pick up metastasised cancers, as some cancers do not express the prostate membrane antigen.

177Lutetium PSMA therapy is used for prostate cancer that has spread throughout the body and has become resistant to other treatments. Although these hard-to-treat cancers can't be completely eradicated, 177Lutetium PSMA therapy aims to reduce the size and progress of the cancer, ease symptoms and, in doing so, maintain or improve quality of life. 177Lutetium radioisotope therapy is effective in other cancers (notably carcinoid tumours). It has modest side-effects.

Immunotherapy is another developing therapy for prostate cancer. Immunotherapy helps a person's immune system fight cancer. Research into the use of immunotherapy started with the fight against melanomas.

Normally, a protein called PD-L1 is found on certain healthy cells. It acts as a kind of 'brake' to stop cells in the immune system, called T cells, from attacking healthy cells in the body. If cancer cells have high amounts of PD-L1, they can turn T cells off so they can't attack the cancer cells.

If high amounts of PD-L1 are found on cancer cells, immunotherapy medicines called 'immune checkpoint inhibitors' may be used. These medicines prevent the PD-L1 protein from putting the brakes on T cells. This frees T cells to fight cancer.

Immunotherapy can help stop or slow the growth of many types of cancers that have PD-L1. Immunotherapy has fewer side effects than cancer chemotherapy. But it can cause serious side effects in some people, and not everyone benefits from it.

To date there has been little success with the development of immunotherapy treatments. Combination therapies are being tested.

The future of cancer treatments is the development of personalised medicine. This is where the treatment of the cancer is targeted to the type of cancer and what is happening in the patient. Genome studies might be related to changes in the cancer cells.

In the future men with advanced prostate cancer may have blood genetic testing (through blood tests) with:

- better biomarkers at the time of diagnosis and surgery;
- analysis of circulating tumour cells for treatment targets throughout course of illness; and
- genomics informed knowledge of risk and cancer responsiveness.

PCFA News

PSMA targeting: Harnessing the power of new nuclear medicines

Emerging evidence on the role of prostate-specific membrane antigen in the development and growth of prostate cancer has revolutionised treatment of the disease, delivering major breakthroughs and saving many lives. While high rates of screening mean many men are diagnosed and treated before prostate cancer has spread, around 15% of Australian men are diagnosed with advanced forms of the disease. In this new vodcast presentation, we hear from two Australian leaders in the field and learn more about a new clinical trial testing the effectiveness of PSMA-targeted therapy at different stages of prostate cancer.

Watch the vodcast

Death count climbs while survival improves

New data has revealed a 25 per cent increase in the number of deaths from prostate cancer in Australia since 2007, prompting calls for greater awareness of the disease.

Data just released by the Australian Institute of Health and Welfare estimates 25,487 Australian men will be diagnosed with prostate cancer this year, an increase of around five per cent in just 12 months.

In the same period, the number of deaths has jumped from 3,507 to 3,743 – more than 10 deaths a day.

Prostate Cancer Foundation of Australia Chairman, Adjunct A/Professor Steve Callister, said the need for a public awareness campaign was high.

"Only around 36 per cent of prostate cancers in Australia are detected at Stage 1, when the disease can be more effectively treated.

"Early detection is key to survival, but to achieve higher rates of earlier detection we must have government and community support for awareness activity to improve understanding of the disease.

"With more than 10 Australian men dying every day from prostate cancer, we must do everything in our power to prevent late diagnosis and the tragic loss of so many of our fathers and sons."

PCFA Chief of Mission and Head of Research, Professor Jeff Dunn AO, said : "PCFA surveys have found that 75 per cent of Australians do not know the PSA test guidelines, an alarmingly high level of unawareness that impedes early detection and diminishes population-wide survival prospects.

"If we can diagnose all men at the earliest stage and ensure they have access to new medicines and care, we can beat this disease. For men with a family history of disease, we need to give much clearer guidance about their risks and screening options.

"Five-year survival is now at an all-time high, but this survival benefit is not enjoyed equally by all men, with disparities in regional areas and among those experiencing socio-economic disadvantage," he said.

Chief Executive Officer, Anne Savage, said the number of men being diagnosed would continue to skyrocket with Australia's ageing and increasing population.

According to the new data, more than 250,000 Australian men are alive today after a diagnosis of prostate cancer at some point in the past 37 years.

"Our population is ageing and increasing, which means more and more men are being diagnosed with prostate cancer every year," Ms Savage said.

"Over 3,700 Australian men will die of prostate cancer this year. With concerted action, many of these deaths can be avoided.

"We hope to bring together government, health services, and patients to create a new way forward," she said.

Research discovery: Genetic mutations may hold the key

An international research team has identified mutations in 11 genes that are associated with aggressive forms of prostate cancer.

Read more

LuPSMA: New research helps understand uptake odds

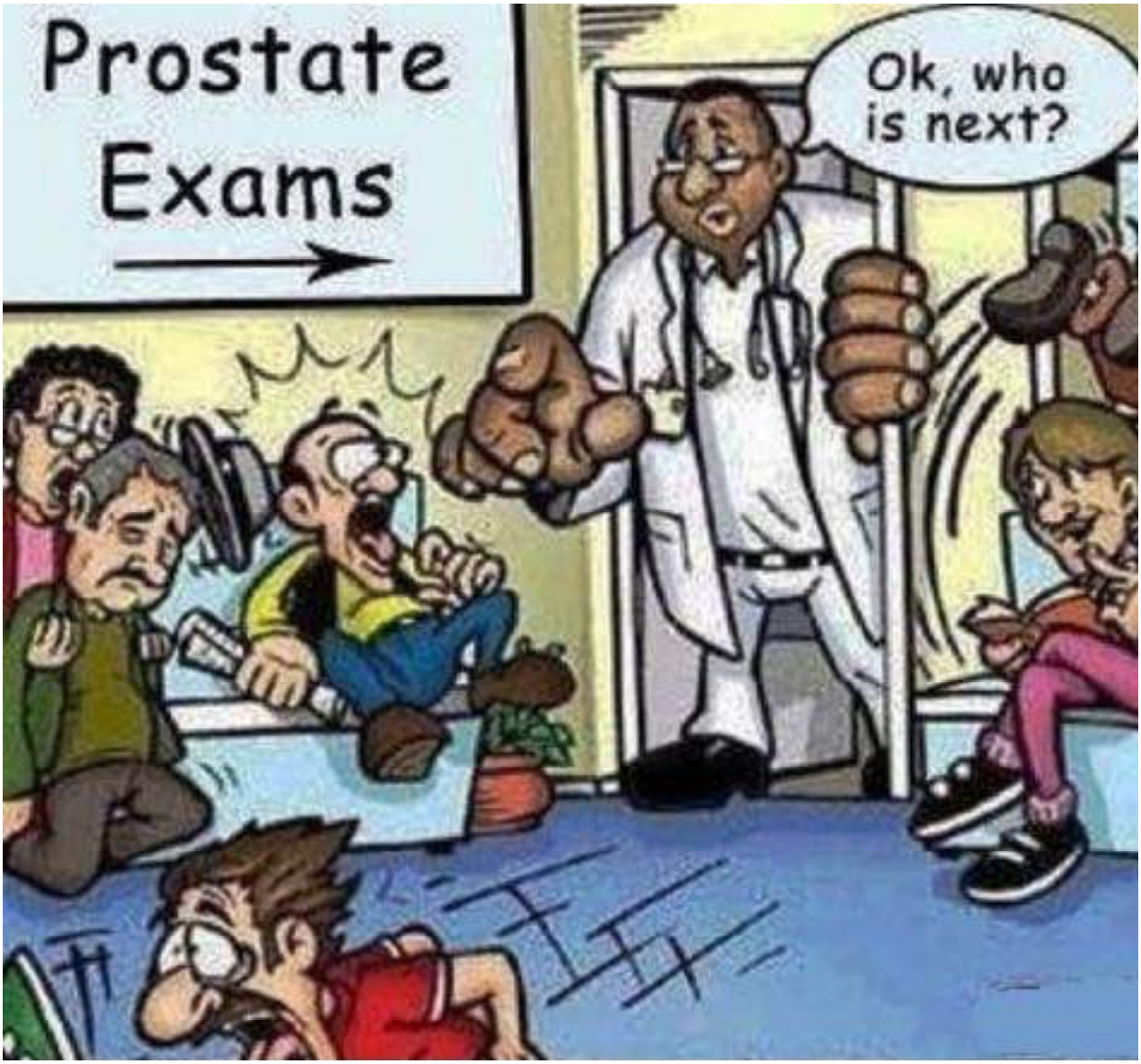
New research has helped scientists to better understand which men will benefit from treatment with nuclear medicine using Lutetium PSMA. The researchers found that certain genetic changes, detectable in the blood, are associated with a lower likelihood of benefit from the targeted radiotherapy. The findings may help clinicians improve the targeting of therapies for prostate cancer.

Read the article

Tumour triggers: New study zeroes in on cellular clues

A study from the University of Michigan Rogel Cancer Center has uncovered a new mechanism to explain why some prostate tumors switch from a common, treatable form to a more rare and aggressive form of prostate cancer. Using tissue samples and cell models from patients, the researchers zeroed in on a protein involved in turning genes off and on in normal and cancer cells.

Read more



Max Gardner Awards

Nominations are now open for the 2023 Max Gardner Awards.

The Max Gardner Award for Distinguished Service is awarded to individual members of the Network who have made an outstanding and significant contribution to reducing the impact of prostate cancer on Australian men, their partners, and families, recognising the diversity of the Australian community.

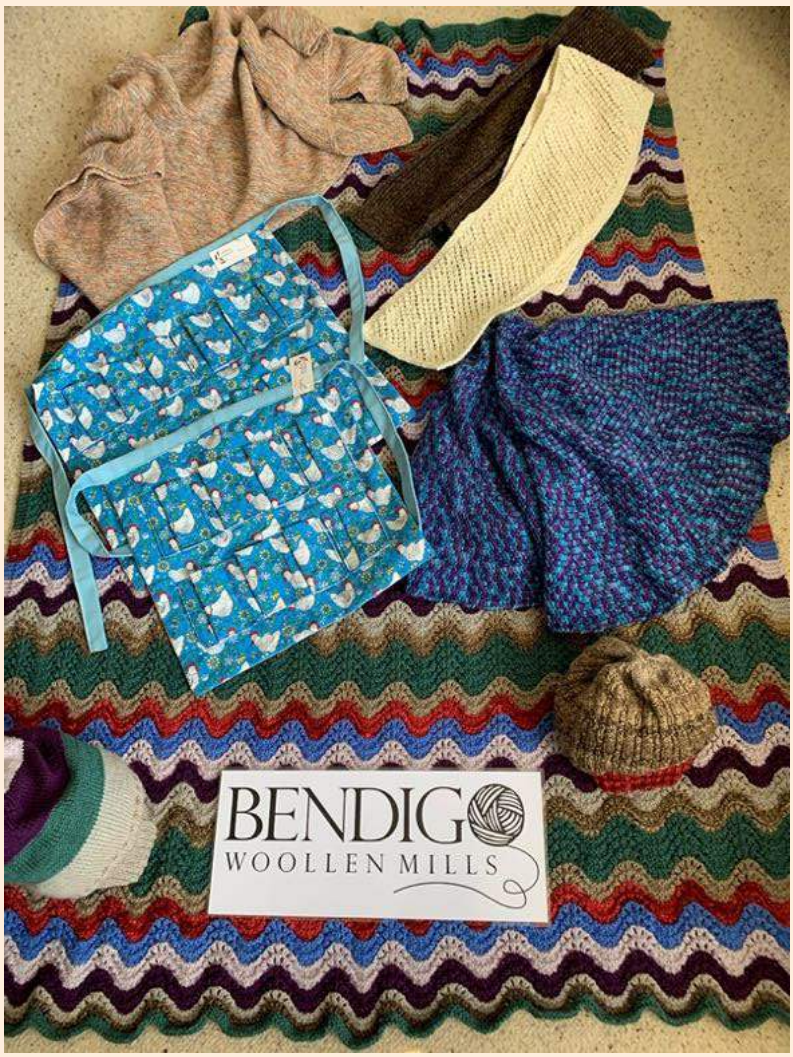
Read more about the Max Gardner Awards.

Nominations must be submitted by COB Friday 24 November 2023 via supportnetwork@pcfa.org.au or via Australia Post to:

Prostate Cancer Foundation of Australia
Level 5/437 St Kilda Road
Melbourne, Victoria, 3004

Awardees will be announced in early 2024.

Combined Prostate Cancer Support Groups Raffle



Following a donation from Bendigo Woollen Mills after this year's 150th Dubbo Show the Combined Prostate Cancer Support Groups of Rural New South Wales are running a raffle to support the Prostate Cancer Foundation of Australia's sponsorship of prostate cancer research.

The prizes are rugs made from the wool given by Bendigo Woollen Mills plus extra knitted items (two woollen scarfs, two egg collector aprons by Udderley Gorgeous, Geurie, two beanies).

The tickets are $2.00 each

To purchase tickets, please contact Elizabeth Allen at:

John.elizabethallen@bidpond.com

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.

New treatment approach for prostate cancer could stop resistance in its tracks

For the first time, researchers have discovered that prostate cancer cells can be killed by targeting a single enzyme, called PI5P4Kα. The findings, published recently in *Science Advances*, could help address the growing threat of treatment resistance in prostate cancer and could also lead to improved treatments for other cancers, such as those affecting the breast, skin, and pancreas.

Many cases of prostate cancer can be treated through treatments that lower testosterone and other male sex hormones, but about 10–20% of prostate cancer cases resist treatment within five years. This treatment-resistant prostate cancer can then spread to the rest of the body, where it becomes deadly.

The prostate gland requires male sex hormones, known as androgens, to grow. Prostate cancer hijacks the androgen signalling machinery of the prostate in order to grow rapidly, which is why treatments that disrupt these pathways are effective.

"What's remarkable is that we've found an enzyme that can be targeted against prostate cancer even in cases where treatments that lower hormones are ineffective or where resistance has developed," says co-senior author Brooke Emerling, Ph.D., an associate professor at Sanford Burnham Prebys. "nd other cancers that rely on this enzyme."

The study was prompted by an observation made by Emerling's colleagues at the University of Bern, led by co-senior author Mark A. Rubin. They noticed that patients with treatment-resistant prostate cancer had high levels of PI5P4Kα, suggesting that this protein played a role in the cancer's ability to resist treatment and grow. Emerling's team was then able to show—using multiple prostate cancer model systems—that inhibiting this enzyme could kill treatment-resistant prostate cancer. Emerling says, "There's no drug yet, but I have high hopes that in the near future, we'll have something in clinical trials. That would be amazing."

Read the full article on Sanford Burnham Prebys News.

Tests to decide when active surveillance of low risk prostate cancer is appropriate

In a recent article in AusDoc (account required to read the full article), Professor David Gillatt, a leading UK prostate cancer surgeon who has taken up the permanent positions of both Professor of Urological Oncology and Robotic Surgery and Director of Medical Services at Macquarie University Hospital, provided an opinion piece on the risks of over-treating prostate cancer.

Prof Gillatt argued that over-treatment is a significant issue in Australia, especially in the private sector because some low-grade prostate cancers never cause problems. However, it remains important to diagnose those with a medium or high risk of the cancer progressing during their lifetime and then causing them harm.

Prof Gillatt stresses the importance of tests to assess when active surveillance would be appropriate and when surgery is needed. These include:

- Novel biomarker tests to provide clinicians with more information on a patient's cancer. These include blood- and urine-based biomarker tests, including the Prostate Health Index (Phi) which has been around for several years, and newer options such as MiCheck Prostate, which uses an algorithm factoring in PSA, free PSA, prostate size and a couple of proprietary proteins.
- MRIs. For diagnosis, he notes that an MRI will identify most areas within prostates containing "significant" (mid-

to-high grade) cancer and allow targeted transperineal biopsy. This will give a more accurate assessment of the type and site of prostate cancers.

- Most patients will still be referred for a prostate biopsy. Biopsies are safer today , thanks to the switch to transperineal prostate biopsies in Australia.

After a diagnosis of prostate cancer, a thorough assessment of the cancer stage and pathological grade is undertaken in a multidisciplinary setting. Stage can be determined by the PSA level and imaging, with MRI and prostate-specific membrane antigen (PSMA) PET scanning.

Prof Gillatt was recently an investigator on MiCheck Prostate's validation study, which was undertaken at Macquarie University Hospital in Sydney, to determine whether the biomarker test could be a more accurate way of stratifying people. The study found that the test has high sensitivity (92%) for significant prostate cancer across all risk groups, making it an effective tool to assist the clinician in patient stratification and avoiding unnecessary biopsies.

For those who wish to read (much) greater detail in regard to epigenetic testing, read:

Prostate Cancer: Epigenetics and the Need for Immunological Biomarkers, Int. J. Mol. Sci. 2023, 24(16), 12797; pub 14 Aug 2023

Three Studies From ASCO 2023 Focus on Metastatic Castration-Resistant Prostate Cancer

This article by Alice Goodman in *The ASCO Post* presents summaries of three abstracts from the 2023 ASCO Annual Meeting that are pertinent for patients with metastatic castration-resistant prostate cancer.

The first two abstracts focus on men with homologous recombinant repair (HRR) gene alterations, including BRCA1/2. In the first study, BRCA1/2 alterations were found to be associated with worse outcomes in metastatic castration-resistant prostate cancer than non-BRCA and other HRR alterations. A second study found the combination of the PARP inhibitor talazoparib plus the androgen receptor blocker enzalutamide improved outcomes in HRR-mutated metastatic castration-resistant prostate cancer, particularly those with BRCA1/2 alterations.

The third study showed that treatment with radium-223 did not impact a patient's chances of going on to subsequent life-prolonging therapy.

Read the article.

Patient Guide to Prostate Cancer

A comprehensive resource on diagnosis, treatment, side effects, and risk factors for patients and families with a history of prostate cancer.

DOWNLOAD HERE

Webinar – Integrative Oncology – Living Well with Prostate Cancer

The webinar on Integrative Oncology – Living Well with Prostate Cancer (held on 27 September 2023) is now available to be viewed on Shine A Light's youtube channel.

WATCH HERE

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.