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Prostate Cancer Foundation of Australia

THE WALNUT

May 2024

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

Coffee morning, 10:00 am Tuesday 14 May 2024

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

Come along and share your experiences with men who have been recently diagnosed with prostate cancer or who are continuing their prostate cancer treatment journeys.

Group monthly meeting, 6:30 pm for 7:00 pm, Wednesday 15 May 2024

Our May Group meeting is being held at our usual location – the Community Room at the Pearce Community Centre, Collett Place, Pearce.

Our speaker is PCFA nurse counsellor, Lucy Bailey. She will speak about the emotional challenges men face when diagnosed with prostate cancer and the support that is available.

President's Message

I hope this month's edition of *The Walnut* finds everyone well and in good spirits.

I have noticed of late that things are starting to chill down a little bit, though I'm a fan of Canberra winters.

I have had the pleasure to be part of the the Prostate Testing Guidelines review committee with the PCFA.

I can assure everyone that there is a very thorough process going on behind the scenes to ensure that we finish up with guidelines that will give the best possible outcomes.

On page 3, under 'PCFA News', you will see that the review is calling for public submissions and comments.

I would urge all members to contribute by responding and being constructive in the feedback given.

The benefits of the journey that each and everyone has had is the experience we can bring to the table to help ensure the new guidelines give the best possible outcomes for those who follow us on this journey.

Remember that early detection is key.

Regards

Greg McRoberts
President

Our April Meeting

There were 15 people at our April meeting, in person and online.

Our speaker was Neil Anderson. Neil spoke about his experience with NanoKnife therapy, also known as Irreversible Electroporation (IRE) therapy, which is a form of focal treatment for prostate cancer.

Neil is a former professor. So, when he was diagnosed with prostate cancer in 2019, his used his research skills to investigate the available treatments for prostate cancer.

NanoKnife consists of placing a number of needle-like electrodes into the prostate to surround the area of significant cancer. Short 3000 volt pulses of electricity using very high voltage are passed between the electrodes on the area to be ablated.

The electrical impulses cause micropores to occur in all cells, including the cancer cells, which lead to their death. This occurs by the process of apoptosis or natural (programmed) cell death. This does not cause inflammation which other heat-based focal therapies do. Only cells are damaged. There is no damage to the surrounding extracellular matrix, vessels, nerves, and neighbouring normal tissue.

The ablated prostate cancer cells die slowly and in the process the body's immune system is stimulated to attack the cancer.

The current technique was developed by Berkeley Bioengineering and Mechanical Engineering professor Boris Rubinsky and it is licensed from Berkeley by a company called AngioDynamics.

Neil had his treatment at The Wesley Hospital in Brisbane. At the time the treatment was only available in Australia in Sydney and Brisbane. It is now more widely available in Australia.

The treatment is more readily available overseas, where the restrictions on its use are less onerous, particularly in Germany where it is being used to ablate the whole prostate, instead of targeted areas as in Australia.

Currently Neil understands that research into the NanoKnife treatment is being conducted in Australia, among others by Professor Phillip Stricker in Sydney.

In Australia, the treatment is typically reserved for patients with smaller cancers of the prostate, where the lesion is clearly defined on the MRI and confirmed on the trans-perineal biopsies, and for patients with low to moderate-grade cancers.

Neil said that his experience with NanoKnife had been positive. While the treatment was expensive (around $23,000 before rebates at the time and there is no Medicare item), he:

- was discharged from hospital the day after the treatment with no catheter;
- has had no side-effects (incontinence or erectile dysfunction); and
- experienced minimal pain.

Neil's PSA has remained at normal levels post-treatment. He has had annual MRIs, which have confirmed that the cancer has not recurred.

From international studies, there is a 15% chance of recurrence.

The procedure can be repeated if necessary. It does not preclude or make more difficult a robotic radical prostatectomy if one is required at a later date. Similarly radiotherapy can be used later on if necessary.

The procedure can also be used as salvage therapy in patients who have already had radiotherapy to their prostate cancer which has failed to clear the cancer. The NanoKnife therapy may then fully clear the cancer without making incontinence or impotence worse.

Read more about the treatment.

PCFA News

This information is taken from PCFA newsletters, press releases and the PCFA website

Call for consumer comments on PSA testing

Australians impacted by prostate cancer are being urged to have their say on Australia's guidelines for PSA testing, in a bid to help strengthen systems for detecting the disease early.

The call comes off the back of a major expert and consumer review into national testing protocols for prostate cancer, which were last reviewed and released in 2016.

The review is being co-chaired by Professor Jeff Dunn AO, President of the Union for International Cancer Control and Prostate Cancer Foundation of Australia's Chief of Mission.

"A new and improved surveillance program will be key to our success in detecting high-risk prostate cancers at the earliest stage in order to reduce the burden of prostate cancer on the Australian community," he said.

"We have gathered 51 national and international experts, alongside consumers, to help review the latest evidence and now want to hear from Australians whose lives may have been impacted by the existing guidelines to see what we can learn."

Co-chair of the review, Adjunct Professor Peter Heathcote, said consumer comments would be key in devising new communication strategies for a revised set of guidelines.

The deadline for comments is 5pm on Friday 31 May, 2024

To comment, go to pcfau.org/psa-guidelines-review.

A look at current clinical trials for prostate cancer

Medical research into the use of medications and new therapies for the treatment of prostate cancer is essential in finding new and improved ways of treating and potentially curing prostate cancer. Clinical trials are required to determine the harms and benefits of any emerging treatment. They help improve best outcomes for patients.

At present only 6% of patients undergoing treatment for all cancers are part of a trial.

Always consider asking your specialists and treating team if there is a clinical trial available when a decision regarding treatment options is required.

Read more about available trials.

The STARGATE Project

The STARGATE project aims to improve prostate cancer awareness by providing information on the burden of disease at a regional level, nationwide.

You can search by postcode or area name for factsheets of specific Australian regions and share these with your friends, family, and workmates to help improve community understanding and save lives.

The data includes diagnoses, deaths, and prostate cancer stage at diagnosis, unlocking information that has not previously been shared in this way with the community.

Read more about the STARGATE Project.

DOCTOR EXPERIENCES

My doctor couldn't figure out what was wrong with my prostate. He couldn't quite put a finger on it.

My urologist said I have a healthy prostate. I was deeply touched.

WHAT THE PROGRAM IS

Taking unused leftover male pads/continence products from men who do not need them anymore and giving them to men in need.

NEED PADS?

Call ahead to check availability and pick-up / appointment times **1300 006 438**

HAVE LEFTOVER / EXTRA PADS?

Drop off any leftover or extra pads to the below locations

INITIATIVE PROUDLY SUPPORTED BY

MENS HEALTH DOWNUNDER

Southside Physio

MENS HEALTH DOWNUNDER DEAKIN

Suite B3 Canberra
Specialist Centre
161 Strickland Crescent
DEAKIN ACT 2600

Monday - Thursday
9am - 4pm

SOUTHSIDE PHYSIO WODEN

Unit 3 - Level 1 Canberra
Health Point Building
16 Wilbow Street
PHILLIP ACT 2606

Monday - Thursday
7am - 7pm
Friday 7am - 3pm

PROSTATE CANCER SUPPORT GROUP ACT

Shout Building Pearce
Community Centre
3 Collett Place
PEARCE ACT 2607

At coffee mornings
or meetings

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 prostate cancer treatments could reach men sooner

Currently, it takes around 10 years for new treatments to be studied in large-scale trials. However, the new research showed that the length of time a man lives without his cancer progressing – known as progression-free survival – reasonably predicts how long he will eventually live ('overall survival').

As progression-free survival can usually be assessed around two years earlier than overall survival, using it in future trials could make them shorter. This is the conclusion of research that was funded jointly by Prostate Cancer UK and the Prostate Cancer Foundation and supported by the MRC Clinical Trials Unit at UCL and Duke University, Durham, USA.

Read more.

New urine-based test detects high-grade prostate cancer, helping men avoid unnecessary biopsies

Researchers at the University of Michigan Rogel Cancer Center have developed a new urine-based test that addresses a major problem in prostate cancer: how to separate the slow-growing form of the disease unlikely to cause harm from more aggressive cancer that needs immediate treatment.

The test, called MyProstateScore2.0, or MPS2, looks at 18 different genes linked to high-grade prostate cancer. In multiple tests using urine and tissue samples from men with prostate cancer, it successfully identified cancers classified as Gleason 3+4=7 or Grade Group 2 (GG2), or higher. These cancers are more likely to grow and spread compared to Gleason 6 or Grade Group 1 prostate cancers, which are unlikely to spread or cause other impacts. More than one-third of prostate cancer diagnoses are this low-grade form.

Read more.

Cheaper, quicker prostate cancer scans just as accurate 'and can help more men'

At present, doctors offer patients with suspected prostate cancer a three-stage MRI scan, with the patient injected with a contrast dye at the third stage: this helps to enhance the images from the scan. But a UK trial indicates that dropping the third stage was no less effective than the current three stages, making the MRIs cheaper and quicker for patients.

Read the report in *The Guardian*.

Advances in prostate cancer research

Most men diagnosed with prostate cancer will live a long time, but challenges remain in choosing the best treatments for individuals at all stages of the disease.

Read about available treatments and some of the latest research in prostate cancer being done by the US National Cancer Institute, including clinical advances that may soon translate into improved care.

Optimal Timing of Radiotherapy After Radical Prostatectomy

The optimal timing of radiotherapy after radical prostatectomy for prostate cancer has been uncertain.

A study published in *Annals of Oncology* has concluded that observation with salvage radiation therapy for PSA failure should be the current standard after radical prostatectomy.

This study reported the long-term follow-up from a multinational randomised controlled trial, which compared the efficacy and safety of adjuvant radiotherapy versus observation with salvage radiotherapy for prostate-specific antigen (PSA) failure in patients with prostate cancer with more than one risk factor (pT3/4, Gleason score of 7–10, positive

margins, or preoperative PSA levels >10 ng/mL) from 2007 to 2016.

No statistically significant or clinically meaningful benefit was observed with adjuvant radiotherapy after radical prostatectomy in terms of freedom from distant metastasis. In addition, adjuvant radiotherapy increased the risk of urinary and bowel morbidity.

Read more.

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.