



# THE WALNUT

June 2024

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>

## Coming Events

### Coffee morning, 10:00 am Tuesday 11 June 2024

Our next coffee morning is at the Canberra Southern Cross Club, [Jamison](#).

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 MONDAY, 17 JUNE 2024

**NOTE:** NOT ON THE USUAL WEDNESDAY THIS MONTH

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

At this meeting, we will watch a webinar for general practitioners on prostate cancers treatment and support that we are sponsoring with the Capital Health Network. Afterwards, we will have a short discussion about issues raised in the webinar.

The speakers at the webinar are:

- Urologist, Associate Professor Hodo Haxhimolla
- Medical Oncologist, Dr Neha Aggarwal
- Radiation Oncologist, Dr Patrick Bowden
- Our President, Greg McRoberts

We hope you can join us at Pearce for this special meeting. If you can't make it, the webcast will be posted on Capital Health Network's [YouTube](#) page after it has been professionally edited: [YouTube page](#)

## President's Message

This month I will be participating in a webcast on prostate cancer for general practitioners. This webcast is being sponsored by the Capital Health Network and has been developed with our support.

The main objectives of the webcast are to update GPs on developments in the treatment of prostate cancer and to ensure that they are aware of the current guidelines for PSA testing and other support that is available for men who have been diagnosed with prostate cancer.

We all know that early detection of prostate cancer (the most commonly diagnosed cancer in Australia and the most commonly diagnosed cancer among Australian men) is a key factor in the successful treatment of the disease. It is important that GPs are aware of the current testing guidelines for this. We have been aware of misconceptions among GPs about recommended PSA testing for prostate cancer.

There are also many developments in the treatment of the disease. For example, in the past year, we have seen new listings of two precision medications known as Nubeqa (Darolutamide) and Eryland (apalutamide). Both of these drugs work with standard hormone therapy injections to suppress testosterone and reduce the drive for prostate cancer cells to grow and spread. These tablet-based therapies are funded on the PBS for different stages of advanced prostate cancer and give new hope to men and their families. Another

significant advancement includes the creation and listing of Lynparza (Olaparib) for men with BRCA 1 or 2 mutations. Testing for the mutation is also included in the listing for eligible men. And, of course, advances in radiotherapy, such as stereotactic ablative body radiotherapy (SABR) for the treatment of metastatic prostate cancer, have also been occurring.

A prostate cancer journey can be difficult for some men and their families. But support is available and we want to ensure that men with prostate cancer are aware of this support.

It is important to keep GPs informed about these developments and we are trying to play our part in this.

Regards


Greg McRoberts  
President



### 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

#### 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

INITIATIVE PROUDLY SUPPORTED BY



## Our May Meeting

Our speaker at our May Group meeting was Lucy Bailey, Nurse Counsellor for PCFA.

Navigating a prostate cancer treatment journey can be difficult for some men. Our Group offers support to men for this journey, but there may also be a need to discuss difficulties and experiences with a professional. This is where men can speak to the Prostate Cancer Specialist nurses at The Canberra Hospital or a specialist nurse at PCFA.

PCFA's Telenursing Service is staffed by nurses with a good understanding of prostate cancer and who offer evidence-based information.

There are four specialist nurses and two nurse counsellors who can speak to men and their family members about their needs.

The service is confidential and free.

To contact the Service, call 1800 22 00 99.

You can expect to speak to a counsellor within about two days and most appointments are for about 50 minutes. Up to five sessions are scheduled, but men can re-refer.

There is a high (close to 100%) satisfaction rate with the service.

### Member experiences

Two members at the meeting told us that they had spoken to PCFA Counsellors and had very positive experiences.

One of these members has written about his experience.

I was diagnosed with prostate cancer three years ago; a Gleason 4+5=9. This was naturally a shock! Since then I have had a number of interventions where, sadly, I was at the unlucky end of the spectrum of outcomes - unlucky either in effectiveness against the cancer, or in the

side-effects.

Emotionally I dealt with this with a mixture of stoicism, passivity, and occasional railing at the unfairness of it all. Also, during this time COVID had caused various delays, adding to the feeling of my life being 'on hold'.

Recently my PSA shot through the roof. It was easy to feel a degree of despair, forcing me to move from passive stoicism to directly confront the situation. So I asked advice from the Prostate Cancer Nurse at Canberra Hospital and decided to see a counsellor. I had four one hour face-to-face sessions. It was very helpful. With a counsellor I felt able to talk about fears and worries that I had not really shared with anyone else. I had talked about my cancer with my family, and they were very supportive. But there were some things I had not talked about.

Talking with a counsellor helped me understand my reluctance, and to work out ways that worked for me to talk about them with others. The counsellor also observed things about how I had been handling my 'cancer journey' that I had been treating as the 'proper way' and helped me see there were other ways, together with some practical suggestions.

All in all, I found counselling very helpful in being more emotionally proactive with my situation. And this has all been made much easier by the fact that a recent treatment is looking very promising.

Other resources I found particularly helpful on the emotional side of things were:

- [Facing the Tiger](#), by Professor Suzanne Chambers AO. It covers both the medical and emotional side, with case studies and activities
- [The PCFA Wellbeing Plan](#), in particular the self assessment section that 'you can use to monitor how you are feeling and determine what is causing you stress or worry'.

# PCFA News

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

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## Walk for Him

*Walk for Him* is a fundraising event for the Prostate Cancer Foundation of Australia (PCFA). The funds raised go towards life-saving research, awareness campaigns and support services.

*Walk for Him* takes place throughout Men's Health Week 2024, 10 -16 June. 'How far will you go' for the men in your life? This provides the opportunity to set your own distance goal for the week or you can opt for the suggested 25kms.

Visit [walkforhim.org.au](http://walkforhim.org.au) for more information and to register.

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## New Operations Team

PCFA has written to us introducing its new Operations Team.

Of particular interest to us as a support group is our new Support Network and Office Coordinator, Halinka Panzera.

We understand that Halinka comes to PCFA from the not-for-profit sector, working most recently with Anglicare in Queensland. Prior to that she ran a market research consultancy for over 23 years in Melbourne. She is an experienced business professional with a background in psychology and business.

We look forward to developing the same close working relationship with Halinka that we had with her predecessor, Debra Garroun.

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## Navigating radiation therapy: Continual evolution

Radiation treatments for prostate cancer have advanced significantly over recent years, with clinical trials demonstrating the safety and efficacy of more precise and shorter treatment courses. In this article PCFA looks at existing and emergent radiation therapies and how they work.

[Read the article](#)

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## Biomarker breakthroughs: PCFA funded project paves the way

Australian scientists have launched a project to overcome uncertainty in the diagnosis of prostate cancer, applying a PCFA research grant to try and identify biomarkers for aggressive prostate cancer. The findings could make it easier to pinpoint how the cancer will progress, providing an accurate and reliable diagnosis on which to base treatment.

[Read more](#)

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## Lining up to BAT: Building new evidence on novel hormonal therapies

New research funded by PCFA will seek to prove the power of Bipolar Androgen Therapy (BAT) for prostate cancer, with early trials demonstrating its potential. BAT cycles between very high and low levels of testosterone, limiting the growth of tumours in low testosterone environments. The game-changing project will test new combinations of BAT.

[Read more](#)

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## Combatting bladder leakage: Understanding and treating urinary incontinence

Most of us have experienced bladder leakage at some point in our lives, but when it persists, especially as a result of treatment for prostate cancer, it can be frustrating. The good news is that there are a range of treatment options available to help reduce bladder incontinence. These include external devices, injections, and surgical solutions.

[Learn more](#)

## 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.

### Scientists develop new spit test for prostate cancer

Researchers from the Institute of Cancer Research, London and the Royal Marsden NHS Foundation Trust appear to have found a better alternative than the current standard PSA blood test.

A study shows their new saliva test, which involves a DNA sample being collected in seconds, is more accurate than the PSA blood test.

It is claimed that this new test could 'turn the tide' on prostate cancer worldwide by spotting the disease earlier, detecting where men are at high risk and sparing others unnecessary treatment.

[Read more](#)

### Optimal timing of radiotherapy after radical prostatectomy

The optimal timing of radiotherapy after radical prostatectomy for prostate cancer has been uncertain. The results of a randomised study of patients receiving adjunct and salvage radiotherapy after a radical prostatectomy has concluded that an observation policy with salvage radiotherapy for PSA failure should be the current standard after radical prostatectomy.

The study involved 1396 participants (pT3/4, Gleason 7-10, positive margins, preoperative PSA  $\geq 10$  ng/ml, median age 65 years) from 2007 to 2016 from the UK, Denmark, Canada and Ireland over the period 2007 to 2016, 699 of whom randomly received salvage radiotherapy and 697 received adjuvant radiotherapy.

The study found that in these patients long-term results confirmed that adjuvant radiotherapy after radical prostatectomy increased the risk of urinary and bowel morbidity, but did not meaningfully improve disease control.

[Read the article in \*Annals of Oncology\*](#)

### Evaluation of [177]Lu-PSMA-617 plus enzalutamide for metastatic castration-resistant prostate cancer

This article discusses the use of Lutetium with a novel androgen blocking agent (enzalutamide). The use of Lutetium is a significant advance as it treats metastatic prostate cancer cells with a localised 'radiation dose', even though they may not yet be apparent on a PSMA PET scan.

Between August 2020 and July 2022 162 patients were randomly assigned to receive <sup>177</sup>Lu-PSMA-617 plus enzalutamide or enzalutamide only. The study found improved prostate-specific antigen progression-free survival in patients who received <sup>177</sup>Lu-PSMA-617 compared with patients who only received enzalutamide.

Early results support the addition of <sup>177</sup>Lu-PSMA-617 to androgen-blocking therapy as a first-line treatment for patients with metastatic castration-resistant prostate cancer with at least two risk factors for early progression, but longer follow-up is needed to assess overall survival outcomes.

At present, in Australia, Lutetium treatment is restricted to advanced disease, other than in a trial setting.

[Read the article in \*The Lancet\*](#)

### Development and validation of a survey to assess the sexual health in female partners of patients with prostate cancer

Prostate cancer diagnosis and treatment can have a significant negative impact on sexual health, affecting patients and their partners. This study developed a new instrument, the *Sexual Concerns In Partners of Patients with Prostate cancer (SCIPPP-F)*, and found it to be valid in a diverse sample of female partners across the USA.

[Read the article in \*European Urology Oncology\*](#)



## 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.