



THE WALNUT

October 2026



Proudly affiliated with



Prostate Cancer
Foundation of Australia

Newsletter of the Prostate Cancer Support Group – ACT Region

Postal Address: C/- Administration Office, Building 2, Pearce Community Centre
1 Collett Place, Pearce ACT 2607

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

 [Prostate Cancer Support Group - ACT Region](#)

Coming events

Next Coffee Morning

Our next coffee morning is at
**10 am on Tuesday
13 October 2026** 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.

All are welcome.

Next Group Meeting

Our next regular monthly
Group meeting is at 6:30 pm
for 7:00 on Wednesday
21 October 2026.

Dr. Adnan Ali, MBBS PhD,
Research Fellow, Clinical Hub
for Interventional Research
(CHOIR), John Curtin School of
Medical Research, Australian
National University will tell us
about research the John Curtin
School will be conducting to
target the MYC gene, which is
a major driver of tumour
growth and survival across
numerous cancers, with a
newly developed MYC
inhibitor drug - PMR-116. He
will also tell us about other
research into emerging
prostate cancer treatments.

*Please read the disclaimer on
page 9.*

President's Message

Welcome to the October 2026 edition of *The Walnut* and my first message as President of the group. Hello to everyone in the PCSG-ACT community.

Firstly, I would like to acknowledge our departing President, Greg McRoberts and committee stalwart David Hennessy, for their willingness to take on these roles and support the group during their time on the committee.

Both have been part of the group during an important period in its history, and I wish them well for the future.

Many of you will already know me, but for those who don't, I thought I'd briefly explain what I bring to the role.

My background includes eight years' experience in committee work with a large junior sports club of 530 junior players. I've learned that good organisations don't need to be complicated, but they do need to be clear about what they are trying to achieve and how they support the people they are there for.

My aim as president is to build on what PCSG-ACT has already achieved, while looking at practical ways to make the group more accessible, relevant and welcoming to men and families affected by prostate cancer.

I hope our members will continue to support each other in this brotherhood of men.

Russell O'Neill

Our September Annual General Meeting



David Hennessy (L) and Greg McRoberts (R) with Hon Jim Lloyd from PCFA

At our AGM on Wednesday 16 September, 18 full members attended in person and 3 on Zoom. Four others, including Hon Jim Lloyd from PCFA, also attended. We received apologies from 16 members, 9 of whom nominated proxies to vote on their behalf.

The meeting recognised the highly valued and important contributions to the group of former president, Greg McRoberts, and former committee member, David Hennessy.

The group presented Greg with a photobook that recounted the major achievements of the group and his contributions both to the group and to the PCFA in his time as president.

David was presented with a framed certificate of appreciation. David had previously served on the committee as the secretary and this was his second retirement from it.

On behalf of PCFA, Jim Lloyd presented Greg with a framed letter of appreciation from PCFA Chairman Adjunct Associate Professor Steve Callister AM and a framed copy of Greg's 'We have a dream' speech to the parliamentary barbecue in 2022.

The AGM accepted the following nominations to the committee:

- President - Russell O'Neill
- Secretary - John McWilliam
- Treasurer - Ian Titulaer
- Committee members - Dr Don Bradfield, Roger Carthey and Robin Wells.

COTA's Seniors and Better Ageing Expo September 2026



The team in action
(above) and our
information stall at the
Expo

The Group was again represented at COTA's Seniors and Better Ageing Expo that was held at the Old Bus Depot Markets on Wednesday 23 and Thursday 24 September.

On the Wednesday, I was joined by the effervescent Gary Monk, along with Gerard Clifford, Bill Willis, Greg Dunstone and David Newman. On the Thursday, Ron Parker provided excellent support for the shorter day. The support of all of our volunteers was much appreciated.

At the Expo PCSG-ACT made significant steps in networking into the northside of Canberra, with requests for further information from the Lions Club of Canberra City and Community Health Services in Belconnen to name two.

A great team effort all round – thanks to everyone who gave their time and helped to make the 2026 Expo such a success.

Russell

PCFA News

This information is taken from Prostate Cancer Foundation of Australia (PCFA) newsletters, press releases and the PCFA website.

PCFA's response to the Federal Government's redirection of funding for prostate cancer specialist nurses to the McGrath Foundation

As reported in the September edition of *The Walnut*, the Federal Government has announced that it will be redirecting funding for prostate cancer specialist nurses to the McGrath Foundation from 1 July 2021. At that time funding to the PCFA for prostate cancer specialist nurses will cease.

[Read the Government's announcement.](#)

PCFA has condemned this decision. PCFA Chairman Adjunct Associate Professor Steve Callister AM said thousands of men impacted by prostate cancer would be disadvantaged by the move.

"Defunding PCFA's program, which provides a completely different service to the McGrath program, at a time when more than 300,000 Australian men are impacted by the disease is indefensible," Adj A/Prof Callister said.

PCFA has reported that it received no prior notice and no opportunity for consultation. It has said that the Minister for Health, the Hon Mark Butler MP, announced the decision publicly within an hour of PCFA being informed about it.

In response to the Government's decision, PCFA has:

- written to the Prime Minister urging reconsideration and reversal of the decision;
- urged members of the public to register their opposition to the decision by writing to their local member of parliament and the Minister for Health;
- said that it intends to use the annual parliamentary barbecue for parliamentarians and their staff on Thursday 15 October as a 'day of action' to try to persuade the Government to

reverse the decision. The annual 'Great Aussie Barbie' is held in the courtyards at parliament house. It is an invitation only event and some members of the group have been invited to attend, as we have done in previous years; and

- asked members of the public to post a message of support for PCFA specialist prostate cancer nurses on its website before 15 October ([LEAVE YOUR MESSAGE OF SUPPORT](#)).

Please be aware that there is no separate planned public event to coincide with the 'day of action' on 15 October.

[Read more about the PCFA's response to the Government's decision.](#)

Help shape the future of PCFA affiliated support groups

PCFA has partnered with Global Consulting Group (GCG), a registered charity that provides pro bono consulting services to charities and not-for-profit organisations on a support group survey.

This is an opportunity for you to tell PCFA what you think is working well, what could be better, and what you would like PCFA to provide to help groups thrive.

PCFA plans to use this feedback to help build a clearer picture of the needs and opportunities across the support group network and guide how they prioritise services, resources, communication, and support in 2027.

Please take a few minutes to complete the survey. It is easy to do so.

Every response matters. The more voices PCFA hears, the better they can understand what support groups need and where PCFA can make the greatest difference.

[COMPLETE THE SURVEY](#)

READ THE LATEST EDITION OF PCFA'S BLUE SKY NEWS

READ THE LATEST EDITION OF PCFA'S PROSTATE CANCER SUPPORT GROUP NEWS

This includes an article on Greg McRoberts' outstanding contribution to our group and PCFA,

We also extend our sympathy to Elizabeth Allen on the death of her husband, John. We appreciate what both John and Elizabeth have done for support groups in NSW.



Other Surveys

The Prostate Zone survey on 'Men in Relationships'

The Prostate Zone is conducting a new survey on 'men in relationships'.

This is the third survey to be sponsored by The Prostate Zone. It uses these surveys to help inform specialists, GPs, researchers and other health professionals understand the impact of prostate cancer treatment on men. The survey results also help men with prostate cancer in their prostate cancer journeys.

[FIND OUT MORE AND PARTICIPATE.](#)

Consensus study on reported outcomes for cancer patients

Researchers from UNSW and Adelaide University are inviting people affected by cancer (including patients, survivors, carers and family members) to take part in a study about the treatment outcomes that matter most to them. The study will help better understand how different aspects of a person's experience during treatment affect the overall benefits they receive from cancer medicines.

[FIND OUT MORE AND PARTICIPATE.](#)



Prostate Cancer
Foundation of Australia

PSA testing: when should you start?

A quick guide for Australian men based on the 2026 national guidelines

1. Know your risk

HIGHER RISK

You may be at least twice the usual risk if you have:

- a brother with prostate cancer
- a father diagnosed before age 65
- 2+ second-degree relatives who died from prostate cancer
- Black sub-Saharan ancestry
- a BRCA2 mutation

IF YOU ARE AT HIGHER RISK

Start testing every 2 years from 45.
Age 45–49: action level ≥ 1.0 $\mu\text{g/L}$
Age 50–69: action level ≥ 2.0 $\mu\text{g/L}$
Age 70+: action level ≥ 5.5 $\mu\text{g/L}$
At/above: repeat in 1–3 months, if confirmed, consider referral.

2. Discuss the possible benefits and harms with your GP before deciding to test

You can choose to test, opt out, or opt back in. These pathways apply if you choose testing.

3. Follow the pathway for your age

AGE 45–49

NOT AT HIGHER RISK

Routine testing is not recommended. If interested in your prostate health, an initial test may be offered.

INITIAL PSA TEST

PSA < 1.0 $\mu\text{g/L}$

No further testing until age 50.

PSA ≥ 1.0 $\mu\text{g/L}$

Repeat in 1–3 months. If confirmed, consider referral.

AGE 50–69

STANDARD PATHWAY

If you decide to test after an informed discussion:

PSA TEST EVERY 2 YEARS

PSA < 3.0 $\mu\text{g/L}$

Continue testing every 2 years.

PSA ≥ 3.0 $\mu\text{g/L}$

Repeat in 1–3 months. If confirmed, offer referral.

AGE 70+

CLINICAL ASSESSMENT

Consider life expectancy, other health conditions, values and preferences. Test only if life expectancy is over 7 years.

PSA TEST EVERY 2 YEARS

PSA < 5.5 $\mu\text{g/L}$

Further PSA testing may be discontinued.

PSA ≥ 5.5 $\mu\text{g/L}$

Repeat in 1–3 months. If confirmed, consider referral.

What happens next if your PSA stays high?

- 1 A repeat test confirms it. Your PSA is still at or above the action level for your age.
- 2 You are referred. Your GP talks with you about seeing a specialist for further checks.
- 3 You have a scan first. An MRI of the prostate (mpMRI) is recommended before any biopsy.

Aboriginal and Torres Strait Islander men: the same age, risk and PSA recommendations apply.

Your GP can tailor the discussion to your individual circumstances and preferences.

IMPORTANT This summary is for general information and does not replace medical advice. PSA levels are measured in $\mu\text{g/L}$. Recommendations apply to people with a prostate. Testing is generally offered only where life expectancy is greater than 7 years.

Source: 2026 Guidelines for the Early Detection of Prostate Cancer in Australia, recommendations 5.1–5.3 and 6.1.

pca.org.au | 1800 22 00 99

Articles and Reports of Interest

The following articles that 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 and are not a substitute for professional medical advice. See Disclaimer on page 9.

Scientists find a new weakness in treatment-resistant prostate cancer

Researchers at the University of Michigan have found a potential way to attack prostate cancers that evade treatment by changing their cellular identity. Combining two types of drugs reversed many of these changes and sharply slowed tumour growth in preclinical experiments, offering a possible new strategy for aggressive, treatment-resistant disease.

[Read the article in *Science Daily*](#)
(8 September 2026).

Long-term disease control from SBRT equal to surgery in localised prostate cancer

Five-treatment stereotactic body radiation therapy (SBRT) demonstrated biochemical and disease control comparable to prostatectomy in patients with localised prostate cancer, according to the results of a trial presented at the 2026 American Society for Radiation Oncology (ASTRO) Annual Meeting.

According to ASTRO expert Amar U. Kishan, MD, the results show durable cancer control with both approaches, and persistently better sexual and urinary function with SBRT. Together, these longer-term data give patients a more complete picture of what they can expect from each treatment.

[Read the report in *The ASCO Post*.](#)

Oncological and functional outcomes of focal irreversible electroporation for localised prostate cancer: a single institution series of 171 cases

This study, published in *Nature* (1 September 2026), reviewed the outcomes of focal irreversible electroporation (IRE) or 'NanoKnife' treatment of 171 cases at one institution.

The researchers concluded that, of the patients who proceeded to post-IRE biopsy, 92% had infield ablation of clinically significant cancer with a low risk of urinary incontinence or impotence. Focal IRE of prostate cancer has promising short to medium-term outcomes and is associated with low risks of impotence and incontinence. Long-term follow-up of out-of-field progression risk is required.

Urinary continence was maintained in 167/171 (97.6%), while erectile function was maintained in 94/112 (84%) of sexually active patients who completed questionnaires.

[Read the report in *Nature*.](#)

Study shows that adding hormone therapy to postoperative radiation did not improve overall survival in men with low PSA levels

Adding hormone therapy to definitive radiotherapy in localised prostate cancer improves overall survival, but whether it similarly improves overall survival after radical prostatectomy is unclear.

A meta-analysis published in *The Lancet* (26 February 2026) reviewed the available data on this. It pooled individual patient data from six randomised clinical trials that included 6,057 men who had prostate cancer surgery followed by radiation, called postoperative radiotherapy (PORT). The analysis included men who received radiation therapy to treat a biochemical recurrence—called salvage radiation—or as part of planned adjuvant therapy due to their cancer's high-risk features.

The researchers concluded that their findings provide the strongest level of evidence to date suggesting there might be no meaningful overall survival benefit to adding hormone therapy, either short-term or long-term hormone therapy, to PORT for PSA 0.5 ng/mL or less, with no apparent difference in efficacy for short-term versus long-term hormone therapy. They suggest

that there is an unmet need to identify biomarkers to predict potential hormone therapy benefit.

[Read The Lancet findings.](#)

[Read a report on the findings in Cancer Today.](#)

How low do you need to go? Association between various prostate-specific antigen response measures and clinical outcomes in metastatic castration-sensitive prostate cancer in US Veterans Health Administration data

In a retrospective analysis of Veterans Health Administration data for patients with metastatic castration-sensitive prostate cancer (mCSPC), achieving a prostate-specific antigen (PSA) of <0.2

ng/mL (whether or not a PSA decline of 90% was reached) within 9 months of initiating androgen deprivation therapy (ADT) ± other treatments was associated with improved overall survival; while a 90% PSA decline and not achieving a PSA of <0.2 ng/mL was not. This supports a PSA nadir of <0.2 ng/mL for optimising mCSPC outcomes. Patients who initiated ADT plus androgen receptor pathway inhibitors versus ADT alone were more likely to achieve a PSA of <0.2 ng/mL.

[Read the article in the Journal of the American Cancer Society.](#)

Prostate Cancer Research Institute videos

The Prostate Cancer Research Institute in the US has many useful videos on prostate cancer. [CHECK OUT PCRI VIDEOS.](#)



MEN'S PAD LOCKER
FOR MALE INCONTINENCE

Supplied free of charge to men in need

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

INITIATIVE PROUDLY SUPPORTED BY

MENS HEALTH DOWNUNDER

Southside Physio

PROSTATE CANCER SUPPORT GROUP ACT

Shout Building Pearce Community Centre
3 Collett Place
PEARCE ACT 2607

At coffee mornings or meetings

Personal Support

For general information, please email info@pcsg-act.org.au and provide your contact details, and we will contact you.

If you would like immediate advice, support or assistance, please call **1300 451 500** or contact one of the following people:

President: Russell O'Neill, president@pcsg-act.org.au

Secretary: John McWilliam, secretary@pcsg-act.org.au

Treasurer: Ian Titulaer, treasurer@pcsg-act.org.au

Appreciation

Thanks to all those supporting the Group's fund raising activities, in particular, Harness Racing ACT, Southside Physio and Men's Health Downunder.

From the editor

If you have received this newsletter indirectly and would like to be emailed a copy direct, or if you no longer wish to receive copies of the newsletter, please send an email to:

secretary@pcsg-act.org.au

Disclaimer

At our meetings and in our newsletters, information is provided about the diagnosis and treatment of prostate cancer. While the information is provided in good faith, it cannot be taken to be the opinion of the group.

The group does not have the medical expertise required to make an informed evaluation of the conclusions and recommendations presented by speakers at our meetings or in the research that is reported. They must not be interpreted as being endorsed or recommended by the group.

The information presented is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your qualified health provider with any questions you may have regarding a medical condition.

Before implementing any recommendations made at our meetings or in the materials that are reported in our newsletters, 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 therefore qualified medical advice on your appropriate treatment is essential. While the information presented or reported at our meetings and in our newsletters should be of interest, there is no substitute for getting informed medical advice from your own GP, specialists, and other medical professionals on your best treatment option.

Never disregard professional medical advice, or delay in seeking it, because of something you have heard at our meetings or read in our newsletters.