



THE WALNUT

JULY 2019

Newsletter of the Prostate Cancer Support Group—ACT Region

Affiliated with the Prostate Cancer Foundation of Australia (PCFA)

Postal address: PO Box 650, Mawson ACT 2607

Website: <http://prostate-cancer-support-act.net>



Next monthly meeting

Our next monthly meeting will be held at 7 pm on **Wednesday 17 July 2019**.

The meeting will be held at the new **Icon Cancer Centre at Allawoona Street, Bruce** (on the University of Canberra campus) and NOT at our usual location in Pearce. Radiation oncologist, Dr Andrew Lee, and other centre staff will be in attendance and will provide a tour of the centre.

All are welcome to attend our regular monthly meetings and coffee mornings, including partners and carers. No notice is required. Simply come along and introduce yourself, or contact one of the people listed on page 2 of this newsletter.

Meetings of our support group are held on the third Wednesday of the month (except in December) at 6:30 pm for 7:00 pm. The usual location is Room 22, Building 1, Pearce Community Centre, Collett Place, Pearce, ACT 2607.



President's Message

We are all looking forward to our next meeting at the new Icon Cancer Centre at the University of Canberra (details opposite). This will be a most interesting evening, I am sure. We will have a presentation from radiation oncologist, Dr Andrew Lee, and a tour of the centre.

I know that some members have already used the services of the Centre and have been impressed with them.

To provide an indication of numbers, it would be appreciated if you could let me know if are planning to attend (president@prostate-cancer-support-act.net).

We are updating our website and expect it to go live within the next month.

John McWilliam

Appreciation

The Group recognises and expresses its appreciation for the support provided by: the PCFA, SHOUT staff, Harness Racing ACT, staff of the Australian Department of Human Services (Chief Technology Office), the Canberra Southern Cross Club, Holy Family School Gowrie, Paddywack Promotional Products, Residents' Social Club at The Grove, Ngunnawal and the many individuals who have assisted in our fund-raising activities over the past year.

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: John McWilliam

Phone: 0416 008 299

Email: president@prostate-cancer-support-act.net

Secretary: David Hennessy

Phone: (02) 6154 4274

Email: secretary@prostate-cancer-support-act.net

Next Coffee morning

10:00 am, Tuesday, 9 July at the Canberra Southern Cross Club, Jamison.

Coffee mornings are held at 10:00 am on the second Tuesday of each month and alternate between the Woden and Jamison venues of the Canberra Southern Cross Club.

Future meetings

21 August 2019 Cathie O'Neill, Canberra Region Cancer Centre will speak about developments at the Centre.

18 September 2019 Annual General Meeting. Maureen Bailey, physiotherapist.

July executive committee meeting

At its meeting on Wednesday, 3 July, the executive committee, among other things:

- noted progress on updating the Group's website and committee members made some suggestions on the layout of the pages. The new website is expected to be up-and-running in the next month (the link to the website will be unchanged);
- discussed publicity arrangements for the Group's next meeting on 17 July at the Icon Cancer Centre and that a notice of the next coffee morning had been placed in the *Canberra Chronicle*;
- discussed arrangements for other planned meetings;
- noted the financial report provided by the Treasurer *in absentia*;
- approved renewal of the Group's membership of, and meeting arrangements at Pearce with, SHOUT;
- noted that the President would invite SHOUT to make contact with medical practitioner offices to ask them to provide copies of our leaflets to prostate cancer patients;
- noted that the Group's records are now being stored electronically and that we will be asking past committee members to provide copies of any documents and photographs they have that can usefully be included in these records; and
- noted that David Newman will not be continuing on the committee for the next year because of travel commitments.



Stay up-to-date by joining the PCFA Online Community

The PCFA Online Community is open to anyone who has been impacted by prostate cancer to share their experiences and connect with others. Through the Research Blog, PCFA Online Community members can also learn more about the latest prostate cancer research developments and findings.

The July 2019 edition of the *PCFA Online Community Digest* has articles on:

- *Promising results from the ENZAMET clinical trial:* Enzalutamide (Xtandi) is a medicine that helps men with metastatic prostate cancer live longer. In Australia it's used by men with late-stage disease, called metastatic castration resistant prostate cancer. A large Australian and New Zealand clinical trial has now shown that Enzalutamide improves survival times if taken at an earlier stage, with hormone therapy. But unfortunately adding Enzalutamide to hormone therapy brings a higher risk of side effects. [Read article](#)
- *Risk factors for prostate cancer:* men over 50, or over 40 with a family history, are encouraged to talk to their GP about getting checked for prostate cancer. Men with family members diagnosed with prostate cancer have a higher chance of getting prostate cancer. But what other risk factors exist for prostate cancer? Is there anything that can be done to reduce the risk of this disease? [Read article](#)
- *Life after rejecting treatment advice for prostate cancer:* Some men reject their doctor's recommendations for prostate

cancer treatment. They do this for various reasons. Sometimes it turns out well – they avoid over-treatment. Other times it turns out not-so-well. Either way, it's a difficult decision to make, which has profound consequences for these men and their families. A new study has interviewed 11 Australian men who rejected their doctor's treatment advice to find out how this decision affected their lives. [Read article](#)

It is free and easy to become a member of the PCFA Online Community. You can sign up at:

<http://onlinecommunity.pcfa.org.au>.

Cancer Council's Living Well After Cancer Program, Saturday 20 July

Cancer Council's popular *Living Well After Cancer* program will be held again on Saturday 20 July. This free program is for people who have finished treatment, their carers, family and friends and provides practical information, discussion and ideas on how to adjust to life after cancer treatment.



The program will run from 10 am -12 pm at the Leukaemia Foundation office in Garran and registrations are required.

To register, call 1300 360 541 or email enrich@nswcc.org.au.

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@prostate-cancer-support-act.net

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 urine test for prostate cancer

UK researchers say they have developed a urine test that can detect whether a prostate cancer tumour is aggressive or whether the patient can be put on active surveillance. The prostate urine risk test was developed by looking for genetic markers in the urine samples of 535 men.

According to the researchers, the test has the potential to avoid an unnecessary initial biopsy and reduce repeated invasive follow-up of men with low-risk disease. This is because the test would enable doctors to predict whether or not prostate cancer patients already on active surveillance would require treatment.

[Read more.](#)

Testosterone recovery after cessation of Androgen Deprivation Therapy (ADT) for prostate cancer

ADT is frequently used in the treatment of prostate cancer, but it has side-effects. A recent study analysed how quickly testosterone returns to normal or baseline levels after ADT in 307 men based on their patient records. The study found that about a quarter of patients failed to normalise their

total testosterone level, and a tenth of men remained at castrate levels, 24 months after ADT cessation. The study concluded that, given the potential side-effects, men need to be made aware of the risks before undergoing treatment.

[Read more.](#)

PSA screening has benefits

A follow-up study of the 'European Randomized Study of Screening for Prostate Cancer' demonstrates that PSA (prostate specific antigen) screening greatly reduces prostate cancer mortality, showing greater absolute benefit with longer follow-up.

The authors found a 20 per cent mortality reduction at 16 years in the screened group. The number of men invited for screening to prevent one prostate cancer death was 570 at 16 years versus 742 at 13 years of follow-up. The number of diagnoses needed to avert one prostate cancer death was reduced to 18 at 16 years from 26 at 13 years of follow-up.

[Read more.](#)

Note for patients on 5 α -Reductase Inhibitors (Proscar, Avodart, Duodart, Propecia) for benign prostate disease

In a recent study study of 80,875 men with prostate cancer, patients using 5 α -reductase inhibitors prior to diagnosis were found to have a longer time from first elevated PSA test result to diagnosis, a higher adjusted PSA at diagnosis, more advanced disease at diagnosis and worse prostate cancer-specific and all-cause mortality compared with non-users.

5 α -reductase inhibitors are a family of drugs commonly prescribed for the treatment of obstructive (benign) swelling of the prostate

and male pattern baldness. Use of these drugs may enable a patient (usually older patients with other co-morbidities) to avoid surgery to relieve the benign obstruction. Physicians are told to prescribe it cautiously.

This study warns physicians who prescribe 5 α -reductase inhibitors (5-ARIs) for the treatment of benign prostatic hyperplasia

(BPH) and male pattern baldness of the importance of monitoring PSA levels for the effect of the drug. Failure to do so runs the risk that patients will later be diagnosed with advanced, rather than localised, prostate cancer.

[Read more.](#)

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:

president@prostate-cancer-support-act.net.

John McWilliam

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.