

## \*\* NEW CALENDAR \*\*

After surveying members it has been decided to move our monthly meeting to the **THIRD TUESDAY OF EACH MONTH**. This should make it easier to get speakers. The change is **FROM JUNE 2017**. Therefore our new calendar is as follows.

**CALENDAR** of Meetings: **10:00am -12:30pm**

**\*\* WEDNESDAY 10<sup>th</sup> MAY 2017 \*\***

### **TUESDAY 20<sup>th</sup> JUNE 2017**

Tuesday 18<sup>th</sup> July 2017  
Tuesday 15<sup>th</sup> August 2017  
Tuesday 19<sup>th</sup> September 2017  
Tuesday 17<sup>th</sup> October 2017  
Tuesday 21<sup>st</sup> November 2017  
Tuesday 19<sup>th</sup> December 2017 (Christmas lunch)  
Tuesday 20<sup>th</sup> February 2018  
Tuesday 20<sup>th</sup> March 2018  
Tuesday 17<sup>th</sup> April 2018  
Tuesday 15<sup>th</sup> May 2018

## **PROSTATE IMAGING REPORTING AND DATA SYSTEM (PI-RADS)**

You are probably familiar with the **Gleason grade** as a system for classifying prostate cancer cells cores from a **biopsy** according to aggression. The Gleason scale ranges from 1 to 5, where 1 indicates no cancer at all, and 5 indicates very aggressive disease. The most common result is added to the second most common result to get a score out of 10.

In a sense, **PI-RADS** is similar, but it's an **interpretation of images**, not actual cells. Thus, it has to do with interpreting the **likelihood of cancer depending on what the images show**. **PI-RADS** (Prostate Imaging Reporting and Data System) refers to a

structured reporting scheme for evaluating the prostate for prostate cancer. It is designed to be used in a **pre-therapy patient**.

The **3 Tesla magnet (3T) multi-parametric magnetic resonance imaging (mp-MRI)** machine is a powerful machine for capturing prostate images. Sophisticated software can amplify various features of these images in ways that emphasise certain tissue parameters. Each parameter shows a specific difference between normal tissue and prostate cancer.

The **PI-RADS** score is assessed on prostate MRI. Images are obtained using a multi-parametric technique including the following elements:-

1. **(T2)** weighted images in a specific location;
2. a dynamic contrast study (**DCE**) of abnormal blood flows;
3. the imaged water molecules (**DWI**) which vary from healthy to cancerous tumours; and
4. the MRI spectroscopy (**MRS**) showing concentrations of certain metabolites which characterises prostate cancer.

It, too, is based on a score from 1 to 5 but there are two levels to the system.

1. **Level One**: Each parameter that shows up in an image (T2, DWI, DCE and MRS) is assigned a numerical value, with 1 being most probably benign and 5 being highly suspicious of malignancy.
2. **Level Two**: The values are added together. In centers that don't analyse for MRS, only T2, DWI and DCE are added together. In centers that analyse for all four parameters, those values are summed.

The total determines whether the PI-RADS classification is Level 1 to 5. The table below shows the probability range from benign to highly suspicious for cancer.

PI-RADS Classification System			
PI-RADS class	Definition	Total T2, DWI, DCE	Total T2, DWI, DCE, MRS
1	Most probably benign	3, 4	4, 5
2	Probably benign	5, 6	6-8
3	Indeterminate	7-9	9-12
4	Probably malignant	10-12	13-16
5	Most probably malignant	13-15	17-20

This system is useful in guiding decisions about whether to biopsy, how to optimize biopsy, and how to plan treatment.

Dan Sperling, MD

<http://sperlingprostatecenter.com/pi-rads-score/>

Dr Marcin Czarniecki et al.

<https://radiopaedia.org/articles/prostate-imaging-reporting-and-data-system-pi-rads>

## CASE STUDY: ACTIVE SURVEILLANCE plus TAKING CONTROL

**EDITORS WARNING:-** This case study shows positive results from Active Surveillance, a healthy diet, an exercise regime, and weight control. But the supplements are not proven in clinical trials, and as any cancer is unique to each person, what worked for Michael, may or may not work for you. He continues to regularly talk with his urologist about his treatment. His urologist's regular supervision, Active Surveillance, includes 3 monthly PSA tests and other regular monitoring.

### MICHAEL'S CASE

Michael's PSA went from 1.5 in 2008 to 8.6 in August 2015. Surgery was recommended (as the only option), but he was not ready. He saw another urologist and a radiation oncologist, settling for making the second urologist as his main man, who recommended Active Surveillance with PSA tests every 3 months and regular restaging by MRIs and biopsies.

He started an exercise regime (walk quickly for 30-40 minutes a day, 3 x 30 minute sessions with weights and rubber resistance, as recommended by Associate Professor Prue Cormie to a 2016 Prostate Heidelberg meeting), plus pilates and tennis.

He decided he would "change [his] diet to largely vegetarian [only occasional meat, poultry or fish], and mostly vegan".

**DISCLAIMER:** Information in this newsletter is not intended to take the place of medical advice. You should obtain advice from your doctor relevant to your specific situation before acting or relying on anything in this newsletter. We have no liability whatsoever to you in connection with this newsletter.

He included in his diet a mix of supplements and special foods including:-

1. Broccoli sprouts (1/3 to 1/2 a punnet each day).
2. Fruit (including dried fruits) and nuts.
3. Fish oil (1,500 mg in the morning).
4. Vitamin D (2,000 IU morning and night).
5. Curcumin with black pepper, an Indian preparation kanchanar guggulu, Basica (an alkalizing powder), and crushed garlic.
6. Flax seeds (3 dessert spoons), ground hemp seeds, pumpkin seeds, and sunflower seeds.
7. CBD oil (*dropped as too expensive*).
8. "Cocktail" of 100ml soya milk with a large pinch of black pepper, a small spoonful of sugar, and a heaped teaspoon of turmeric, a Resveratrol tablet, taken with a teaspoon of ghee (clarified butter) (the fat is to aid absorption of the turmeric and Resveratrol).

"None of it [the above] would do me harm and some of it may do me good".

Michael's PSA has stabilised. Active Surveillance by his urological oncologist professor is continuing with 3 monthly PSA tests. He is usually monitored by MRIs. His PI-RADS has dropped from 3/5 (likely cancerous) to 2/5 (unlikely cancerous).

"I do not need another biopsy, as was originally planned, and my next MRI will be in 18 months."

(April 2017)

## WOULD ADDING HORMONE THERAPY TO THE RADIOTHERAPY TO TREATMENT OF RECURRENT PROSTATE CANCER DO ANY GOOD?

Jim Marshall (not a doctor), of [www.jimjimjimjim.com](http://www.jimjimjimjim.com) Australian Advanced Prostate Cancer Support Groups, said sometimes prostate cancer comes back after a prostatectomy. If it does come back ("recurs"), doctors will often recommend radiotherapy. But would adding hormone therapy to the radiotherapy do any good?

A trial tested whether hormone therapy would make a difference. Half the men in the trial got real hormone therapy pills. Half got pills that looked the same, but weren't real hormone therapy pills (placebo).

They all took the pills for 2 years. The hormone therapy was Bicalutamide (brand names Casodex, Cosudex) at 150 mg per day. After following the men for about 13 years they found, men on the hormone therapy:

- lived longer;
- had fewer cases of metastatic spread; and
- were less likely to die of prostate cancer.

N Engl J Med. 2017 Feb 2;376(5):417-428.

doi: 10.1056/NEJMoa1607529.

<http://forums.jimjimjimjim.com/index.php?/topic/1710-if-prostate-cancer-comes-back-after-surgery-adding-hormone-therapy-to-radiation-helps/>

Jill Margo, AFR Mar 21 2017

<http://www.afr.com/lifestyle/health/mens-health/new-thinking-brings-hope-for-men-with-advanced-prostate-cancer-20170319-gv1ptn>

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## 2017 SUBSCRIPTIONS \$10

The 2017 annual subscriptions are due from 1<sup>st</sup> January 2017. The rate is \$10 per individual, couple or family. The subscription is a contribution to costs of the meetings and the library.

## MEETING MAY 2017

The **NEXT MEETING:** 10:00 am to 12.30 pm, [Wednesday 10<sup>th</sup> May 2017.](#)

May's meeting will be the last meeting on the 2<sup>nd</sup> Wednesday of the month. Future meetings will be on the 3<sup>rd</sup> Tuesday of the month.

*Prostate Heidelberg provides information, education and support for those affected by prostate*

*cancer. At the meetings, we*

- *Show respect to members and speakers;*
- *Allow people to speak and we listen;*
- *Respect confidentiality;*
- *Allow new ideas to be shared.*

From Tuesday 20<sup>th</sup> June, we meet on the 3<sup>rd</sup> Tuesday of each month (except January) from 10:00am - 12:30pm. We meet at the Uniting Church Meeting Room, Seddon St, Ivanhoe (behind the Commonwealth Bank in Upper Heidelberg Rd).

Free parking is available in a large public parking area at rear of the church. Ivanhoe railway station and various bus routes are nearby.

Meetings are open to anyone interested in getting support or information on a prostate cancer journey. Partners or carers are welcome to all meetings

There is no charge for attending.

After the meeting you are welcome to join us for lunch in a local Thai restaurant.

If you can't attend daytime meetings, the Diamond Valley Prostate Cancer Support Group has evening meetings: <http://www.dvpcsg.org.au/>

### COMMITTEE:

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Please contact Patrick Woodlock to redirect or cancel receipt of this Newsletter.

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