



## UPCOMING SPEAKER

Tuesday, 19<sup>th</sup> June 2018

### A Scientist's Look at PC Drugs



**Dr David J. Owen** BSc (Hons) Ph.D. is the Vice President, Research of Starpharma Ltd. He has experience in medicinal chemistry and biochemistry, and in managing commercially directed drug discovery.

Dr Owen has worked across therapeutic areas, including Starpharma's improved dendrimer-docetaxel chemotherapy formulation.

## A GP'S APPROACH TO SHARED CARE

By **Dr Jane Crowe** MBBS Hons Mast GP Psych

GP Deepdene Surgery

Prostate Cancer GP, Australian Prostate Centre,  
North Melbourne

Your General Practitioner has a role in the prostate cancer surveillance and management (whether active surveillance, localised prostate cancer, and advanced / metastatic prostate cancer), mainly in androgen (hormone) deprivation therapy (ADT) management).

### GP Responsibilities

1. Communication with specialist team about PSA monitoring, and access to the team.
2. Education
3. Care co-ordination
4. Side effect Management (using local resources) of continence, erectile dysfunction, mood disturbance, GP Chronic Condition

Management Plans, anxiety/depression, and GP mental health care plans.

5. Manage any other health issues, monitor co-morbid conditions: smoking, blood pressure, diet, weight, skin check, exercise, etc.
6. Preventative Health: bowel cancer screen, flu/pneumonia vaccine, etc.
7. Management of androgen (hormone) deprivation therapy (ADT)
  - Administration of the injection
  - Symptoms
  - Bone and cardiovascular effects
  - Partner distress
  - Allied health resources
  - General health, co-morbid conditions
  - Preventative care, etc.

### ADT Side Effects

Brain - fatigue, sweats and flushing, anxiety, and depression.

Body - altered body shape, abdominal (central) fat deposition, muscle weakness, mild anaemia, and breast enlargement.

Sexual - loss of libido (often), difficulty or loss of erection, and smaller testes.

Metabolic - increased risk of heart disease, diabetes, and osteoporosis (thin bones).

### GP monitoring of ADT patients

**At least 6 monthly**, you should visit your GP to:

1. Review lifestyle - smoking, alcohol intake, exercise, diet (including calcium intake), and continence (not ADT related).
2. Screen for - anxiety / depression, sexual bother, and ADT side effects.
3. Manage - issues identified, consider referral to allied health (exercise physiologist, dietitian, psychologist, urology nurses, and continence physiotherapist).
4. Order tests.

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On a 6 to 12 monthly basis, your GP should do:

1. Blood Tests - cholesterol, liver function, renal function, calcium and vitamin D, and full blood examination.
2. Annual blood test - HbA3c (diabetes marker)
3. Radiology imaging - DEXA bone density scan (test for bone strength), referred after ADT started, then at 1 year, and then as indicated (1-2 years).

## Survivorship Care Plan Toolkit

This Toolkit was developed at Peter MacCallum Cancer Centre to provide each patient with a comprehensive care summary and follow-up plan that is clearly and effectively explained. This toolkit is designed to support healthcare professionals, including GPs, to develop and deliver high-quality care plans in the post-treatment phase.

## Austin's Men's Health Clinic

Health, Endocrine Men's Health Clinic looks after men receiving Androgen Deprivation Therapy (ADT) for prostate cancer. It is part of the Austin Health's Endocrinology Department at Heidelberg Repatriation Hospital.

## Conclusion

Yes. It is important for you to have a GP: a GP can enhance your health whilst you're living with prostate cancer diagnosis.

*Presented to Prostate Heidelberg 17<sup>th</sup> April 2018*

# The ProCare TRIAL OF SHARED CARE FOR MEN WITH PROSTATE CANCER

By **Prof Marie Pirota**, GP

National Health and Medical Research Council (NHMRC) Career Development Fellow, Department of General Practice, Melbourne University, Chair, Royal Australian College of General Practitioners' National Standing Committee, Research.

ProCare Trial was a phase II randomised controlled trial of shared care for follow-up of men with prostate cancer at locations around Australia. The trial compared, from the health system's perspective (not necessarily the patient's), the efficiency, lower cost and patient satisfaction of care of prostate cancer patients in 2 models of post prostate cancer treatments:

1. Lead role by specialists in hospitals; and
2. Lead role by the patient's GP post treatment.

There were processes in place to ensure appropriate high standard care was always available to the patient.

What the trial examined was if care by a GP was better than or comparable to care in the hospitals. Does shared care (with the involvement of your GP)

1. Provide evidence that it is feasible?
2. Reduce rates of psychological distress and unmet psychosocial and psychosexual needs
3. Improve satisfaction with care?
4. At lower cost compared to usual care?

## Criteria

### Inclusion criteria -

1. Confirmed diagnosis of prostate cancer.
2. Completed surgery and/ or radiotherapy (+/- ADT) with curative intent within 8 weeks of study entry.

### Exclusion criteria

1. Suspicion or evidence of metastatic disease.
2. Confirmed prostate cancer with any of the following high risk features: (cT3; PSA > 20 or Gleason score  $\geq$  8).
3. Patients having ADT following radiotherapy.
4. Severe psychiatric or cognitive disorder.

## Findings

1. **Shared care for prostate cancer, led by a GP, is acceptable, feasible and cheaper.**
2. No evidence of large harmful effects.
3. Patient preferences altered by experience.
4. It was only a small phase II trial (about 40 in each group).
5. Feasible for phase III trial, and look at increase in active surveillance.
6. Findings consistent with the evidence review from other cancers.

## EX-MED Cancer Program

EX-MED Cancer is a best-practice exercise medicine program providing individualised exercise prescriptions to people with cancer.

EX-MED Cancer incorporates a coordinated pathway of care between cancer specialists, general practitioners and exercise physiologists within the treatment plan of people with cancer.

EX-MED Cancer is a personalised exercise prescription based on your current health status and is relative to your physical capability specifically designed to cater for people who have been diagnosed with any type of cancer, with, the treatments you've undergone and any side-effects you may be experiencing.

X-MED Cancer will be provided free of charge for patients who meet eligibility criteria.

<http://www.exmedcancer.org.au/ex-med-cancer-program>

*Presented to Prostate Heidelberg 17th April 2018*

## TRIAL - WEIGHT LOSS FOR PROSTATE CANCER PATIENTS.

### Study title

Weight loss programme for prostate cancer patients. The lead investigator is Ms Rebekah Wilson

### Summary of project

Androgen deprivation therapy (ADT) is a common treatment for prostate cancer. One of the many possible side effects of this treatment is weight gain. Lifestyle changes utilising exercise and diet have been demonstrated as safe and result in improved health, physical function, and quality of life for cancer patients. The purpose of this study is to assess the efficacy of an exercise and diet programme designed to induce weight loss.

The study timeline will include a 6 week waiting period, followed by a 3 month exercise and diet intervention, and a further 3 month home-based programme. The participant will be required to attend a series of testing days during this time including assessment of body composition (fat, muscle, and bone mass), resting metabolic rate, blood and inflammatory markers, physical function (muscular strength, aerobic fitness), dietary monitoring, and quality of life.

The 3-month exercise and diet intervention will involve completing 3 supervised exercise sessions a week for 12 weeks and attending 3 nutritional counselling sessions during this time. The exercise will include individually prescribed resistance and aerobic training accumulating 300 minutes/week (45 minutes/day). The nutrition

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component will also be individually prescribed and focus on decreasing portion sizes and advise on carbohydrate, fat, and protein consumption.

## Eligibility

1. Currently receiving androgen deprivation therapy (hormone blocking therapy) as part of your prostate cancer treatment plan;
2. Have no bone metastasis (tumours spread to bones)
3. Have no secondary cancer diagnosis
4. Have no medical conditions that may prevent you completing an exercise programme.
5. Comfortably walk 400 m.

**Pathfinder**, the organisation recruiting for the study, is a national online register established as a joint initiative of Prostate Cancer Foundation of Australia ([PCFA](#)) and Griffith University for men and women interested in participating in research into improving the health and lives of people post prostate cancer treatment.

Rebekah Wilson

Phone: (08) 6304 3444; [r.wilson@ecu.edu.au](mailto:r.wilson@ecu.edu.au)

## AUSTIN'S ESTRADIOL STUDY

Austin's Men's Health Clinic looks after men receiving Androgen Deprivation Therapy ([ADT](#)) for prostate cancer. The Department is running a 6-month randomised, placebo-controlled clinical trial of a medication called [estradiol](#) which is applied daily to the skin as a gel. We are aiming to see if we can prevent hot flushes, bone density decline, fat gain and muscle loss with this treatment. Men naturally make estradiol, but a side effect of the ADT is that estradiol levels falls to zero.

Men are eligible for this trial if they are receiving ADT which is planned to continue for 6 months and they have not had chemotherapy or medications to treat osteoporosis (although Vitamin D and calcium supplements are fine).

Dr Nicholas is happy to discuss the details of the study with anyone who was interested.

Dr Nicholas Russell MBBS FRACP  
Austin Health Department of General Medicine  
145 Studley Road, Heidelberg 3084  
(03) 9496 5000; [nicholas.russell@austin.org.au](mailto:nicholas.russell@austin.org.au)

## HOW CAN YOU HELP ONJ?

Olivia Newton-John Cancer Wellness & Research Centre ([ONJ](#))

### 5 easy ways you can feel the joy of giving too.

1. **Take up a challenge: Run Melbourne**  
is your opportunity to set yourself a challenge, have some fun and ask your family and friends to help you fundraise for people with cancer.
2. **Go Dry in July!**  
No one asks for cancer, so we're asking for your help! Go Dry this July, like our amazing volunteer Kate did last July, and raise funds for people affected by cancer.
3. Buy a copy of **May's Australian Women's Weekly**  
Enjoy reading the cover story on Olivia Newton-John, knowing that 20 cents from every copy sold will be donated to ONJ Cancer Centre.
4. **Joy of giving**  
As an example, a young couple was inspired to raise money at their wedding for cancer treatment.
5. **Together Wellness Walk and Research Run.**  
Save the date and help Olivia to end cancer on Sunday 16<sup>th</sup> September. Help people win over and live better with cancer. Registrations open 10<sup>th</sup> May.

ONJ's contact address is:

Austin Health, 145 Studley Rd, Heidelberg, 3084  
Phone (03) 9496 5753,  
[fundraising@ONJCancerCentre.org](mailto:fundraising@ONJCancerCentre.org)

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## 2018 SUBSCRIPTIONS \$10

The 2018 annual subscriptions are due from 1<sup>st</sup> January 2018. The rate is **\$10 per individual, couple or family**. Pay at your next meeting, by mail to the address below, or directly into the Prostate Heidelberg bank account:  
BSB 083-256; Account 583244292  
(include your name in the details).

## CORRESPONDENCE

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Please contact Patrick Woodlock to redirect or cancel receipt of this Newsletter at [ProstateHeidelberg@gmail.com](mailto:ProstateHeidelberg@gmail.com) or on 0438 380 131.

## CALENDAR

**2018** Meetings: **10:00am -12:30pm**

Tues 15 May '18  
Tues 19 Jun '18 David Owen, Chief Scientist, Starpharma Ltd  
*"A scientist's look at Prostate Cancer drugs"*

Tues 17 Jul '18  
Tues 21 Aug '18 *"Survivorship studies, what are we learning?"*

Tues 18 Sep '18  
Tues 16 Oct '18 *"ED and Incontinence: do we need to put up with it?"*

Tues 20 Nov '18  
Tues 18 Dec '18 *"How genetics is impacting therapy now and in the future"*  
and Xmas lunch

**2019** Meetings: **10:00am -12:30pm**

Tues 19 Feb '19  
Tues 19 Mar '19  
Tues 16 Apr '19  
Tues 21 May '19  
Tues 18 Jun '19  
Tues 16 Jul '19  
Tues 20 Aug '19  
Tues 17 Sep '19  
Tues 15 Oct '19  
Tues 19 Nov '19  
Tues 17 Dec '19, including Xmas lunch

Sometime 2019 Nik Zeps, Epworth  
*"Negotiating your way through the medical system and life for cancer patients"*

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Use of the internet is to find your questions to ask your specialist. It should not be trusted to find answers for your personal case. The web is general. Your specialist specifically knows you.

The following **websites** members have found useful:-

- Prostate Cancer Foundation of Australia [www.PCFA.org.au](http://www.PCFA.org.au)  
*For guides and help.*
- Cancer Council Victoria [www.CancerVic.org.au](http://www.CancerVic.org.au)  
*For general help and to understand services supporting men with cancer.*
- Ex MED Cancer program <http://www.EXMedCancer.org.au/>  
*A best-practice exercise medicine program for people with cancer.*
- ProstMate [www.ProstMate.org.au](http://www.ProstMate.org.au)  
*To record all your results.*
- Beyond Blue: [www.BeyondBlue.org.au](http://www.BeyondBlue.org.au)  
HELPLINE - 1300 22 4636  
*For help with depression or anxiety.*
- Continence Foundation of Australia [www.Continence.org.au/](http://www.Continence.org.au/)  
HELPLINE - 1800 33 0066  
*For assistance with incontinence and for aids (such as pads).*
- Australian Advanced Prostate Cancer Support Group [www.JimJimJimJim.com](http://www.JimJimJimJim.com)  
*For men diagnosed with advanced metastatic prostate cancer.*
- Us TOO International PC Education/Support Network [www.UsToo.org/Read-Educational-Materials](http://www.UsToo.org/Read-Educational-Materials)  
*USA Prostate Cancer support groups and information newsletter.*
- USA Prostate Cancer Foundation (Guide) [www.PCF.org/guide/](http://www.PCF.org/guide/)  
**USA** PDF guide for men newly diagnosed with prostate cancer.
- Commonwealth site for palliative care [www.Health.gov.au/PalliativeCare](http://www.Health.gov.au/PalliativeCare)  
*Government information on palliative care.*
- Banksia Palliative Care [www.BanksiaPalliative.com.au](http://www.BanksiaPalliative.com.au)  
*Austin Health/ONJ's palliative care provider.*