

Prostate Heidelberg provides information, education and support for those affected by Prostate Cancer. At our meetings we:

- Show respect to members, speakers and guests.**
- Allow people to speak and other attendees to listen.**
- Respect confidentiality.**

**Last Meeting 21<sup>st</sup> May**

Carla D’Amico from the Olivia Newton-John Cancer wellness & research Centre gave us a talk on sexual health, and the sexual health services, information & support at Austin Health. Carla also talked about a new exercise program based on your cancer treatment and health needs at the ONJ Centre.

Christine Dudley gave us a short relaxation and meditation class for the members present.

Michael Meszaros also invited us all to visit his wonderful Art Exhibition which many members did.

**Next Meeting is Tuesday 18/06/2019**

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**EX-HEART Trial: Exercise for heart health in prostate cancer**

**Opportunity to take part in a research study designed to reduce the risk of long-term heart disease following hormone therapy**

In prostate cancer patients, hormone therapy can be a very effective anti-cancer treatment that improves cancer

survival. However, the potential side effects of hormone therapy may affect the size, shape and function of the heart. Current tools to assess the heart cannot accurately predict which patients will go on to develop cardiovascular disease. Previous research has found exercise can reduce blood pressure, cholesterol and blood sugar levels but the effects of exercise on the heart during hormone therapy are unknown. The purpose of this research study is to understand the impact of hormone therapy on the heart and whether exercise training can help to protect the heart during and following therapy for prostate cancer.

**Who may be eligible to participate?**

- Men diagnosed with prostate cancer
- 40 years and older
- Scheduled or within 1-month of androgen deprivation therapy

**What does participation involve?**

- A comprehensive evaluation of your heart and exercise capacity
- A 50% chance (similar to a coin toss) of being allocated to either an immediate or delayed 3-month best practice exercise intervention

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- Small group exercise sessions that are supervised by an accredited exercise physiologist who specialises in prostate cancer
- Delivered at one of four fitness centres around Melbourne
- All screening and training is provided free of charge to participants

**If you're interested in participating or would like further information, please contact:**

**Exercise Oncology team at Australian Catholic University**  
T: 03 9230 8268 Email: [exerciseoncology@acu.edu.au](mailto:exerciseoncology@acu.edu.au)

OR

**Ashley Bigaran (Study Coordinator, EX-HEART trial)**  
T: 03 9230 8268 Email: [ashley.bigaran@myacu.edu.au](mailto:ashley.bigaran@myacu.edu.au)

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### **Darolutamide**

The ARAMIS trial evaluated the efficacy of darolutamide for delaying metastasis and death in men with nonmetastatic, castration-resistant prostate cancer (nmCRPC). Karim Fizazi discusses the efficacy and safety of darolutamide with Alicia Morgans.

Click on the link below:

<https://www.urotoday.com/video-lectures/asco-gu-2019/video/mediaitem/1151-embedded-media2019-02-21-16-47-33.html>

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### **Xtandi Better, Cheaper than Zytiga for Treatment of mCRPC, Study Suggests**

Treating chemotherapy-naive metastatic castration-resistant prostate cancer(mCRPC) patients with Xtandi (enzalutamide) leads to better survival outcomes and lower healthcare costs than Zytiga (abiraterone acetate), a study suggests. The findings were presented at the American Urological Association's 2019 Annual Meeting, May 3-6, in Chicago, in the study, "Survival Rates and Economic Outcomes in Chemotherapy-naive Metastatic Castrate Resistant Prostate Cancer Patients Treated with Abiraterone Acetate or Enzalutamide.

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### **Sipuleucel-T Could Be More Widely Used for Advanced Prostate Cancer**

More men with advanced prostate cancer could benefit from immunotherapy with sipuleucel-T, according to researchers who found use of the drug was influenced by income and other factors.

"Prostate cancer is a disease that affects men of every race, income level, and in every part of the country," Dr. Megan V. Caram of the University of Michigan, in Ann Arbor, told Reuters Health by email. "Therefore, it is important that future work be done to investigate and identify disparities in use of therapies for prostate cancer. Identifying disparities is an important first step in working toward ensuring that treatment of patients is based on their disease and not their income, race, the doctor that they see, or where they live."

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Sipuleucel-T was approved by the U.S. FDA in 2010 for use in metastatic castration-resistant prostate cancer (mCRPC) with minimal or no symptoms. It met with considerable initial scepticism as the first treatment of its kind, and its use remains controversial despite evidence of its efficacy and safety.

Dr. Caram's team used data from the Clinformatics Data Mart Database to investigate patient, physician and regional factors associated with the adoption of sipuleucel-T. Among the 7,272 men included in the study who received treatment for mCRPC, only 730 (10.0%) received sipuleucel-T, a fraction that increased from 0.6% in 2010, peaked at 15.1% in 2012, and then fell to 8.6% by 2016.

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### **Research Evidence on High-Fat Diet-Induced Prostate Cancer Development and Progression**

Narita S, Nara T, Sato H, Koizumi A, Huang M

J Clin Med 30 April 2019;

Although recent evidence has suggested that a high-fat diet (HFD) plays an important role in prostate carcinogenesis, the underlying mechanisms have largely remained unknown. This review thus summarizes previous pre-clinical studies that have used prostate cancer (PCa) cells and animal models to assess the impact of dietary fat on PCa development and progression. Large variations in the previous studies were found during the selection of preclinical models and types of dietary intervention. Sub-

cutaneous human PCa cell xenografts, such as LNCaP,

LAPC-4, and PC-3 and genetic engineered mouse models, such as TRAMP and Pten knockout, were frequently used. The dietary interventions had not been standardized, and distinct variations in the phenotype were observed in different studies using distinct HFD components. Use of different dietary components in the research models is reported to influence the effect of diet-induced metabolic disorders. The proposed underlying mechanisms for HFD-induced PCa were divided into (1) growth factor signalling, (2) lipid metabolism, (3) inflammation, (4) hormonal modulation, and others. A number of preclinical studies proposed that dietary fat and/or obesity enhanced PCa development and progression. However, the relationship still remains controversial, and care should be taken when interpreting the results in a human context. Future studies using more sophisticated preclinical models are imperative in order to explore deeper understanding regarding the impact of dietary fat on the development and progression of PCa.

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### **New treatment to 'seek and destroy' tumours could extend lives of thousands of patients**

A radical 'seek and destroy' treatment could extend the lives of thousands of men with advanced prostate cancer.

The approach – described by experts as 'game changing' – uses high-tech molecules to track down tumours anywhere in the body and blast them with a radioactive payload.

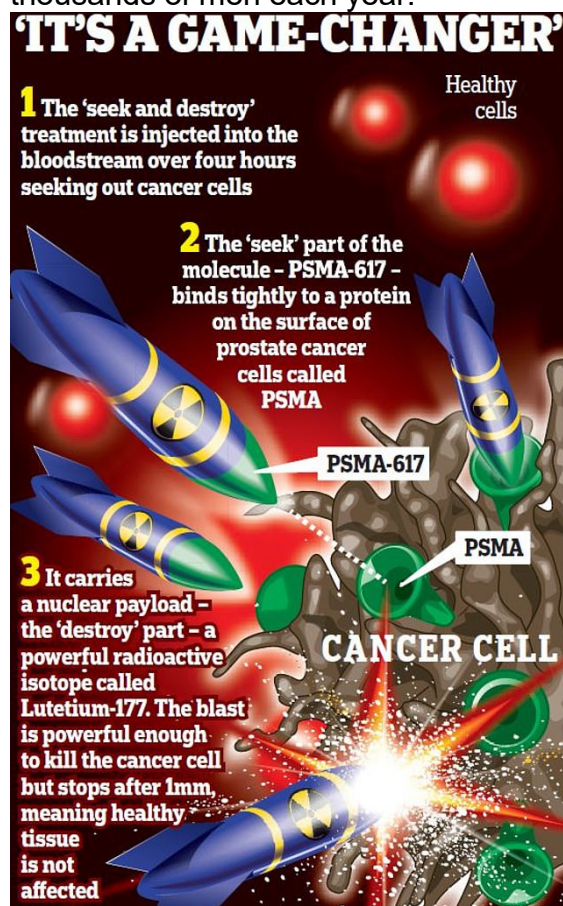
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The breakthrough 'PSMA' radiotherapy treatment became available privately in Britain for the first time last week – with two men already treated.

Thousands more are expected to benefit if global trials currently under way come back with positive results.

Experts at the American Society of Clinical Oncology congress in Chicago said the treatment provided hope for men for whom all other options had run out. Without it they are simply referred for palliative end-of-life care.

Considered the most promising new treatment for prostate cancer in 15 years, it is hoped that it will benefit thousands of men each year.



Australian oncologist Arun Azad, who is testing the treatment on 200 men in

one of ten trials taking place around the world, said: 'It's potentially game changing.'

'If the results are positive, it really will change the landscape of how we treat prostate cancer.'

Dr Azad, associate professor at the Peter Mac Cancer Centre in Melbourne, said about half of the 10,000 men diagnosed with advanced prostate cancer in Britain each year might benefit from the treatment.

And eventually he wants to give it to patients at an earlier stage of the disease – potentially opening it up to thousands more men.

Some 15,000 men in Britain with prostate cancer receive traditional radiotherapy every year. But that type of radiotherapy is used for only early, low-risk disease – when the cancer is still confined within the prostate – and it comes with severe side effects because it also radiates healthy tissue.

Once the cancer has left the prostate it spreads throughout the body, making it impossible to treat with external radiation.

The new treatment targets a protein on the surface of prostate cancer cells called PSMA, or 'prostate-specific membrane antigen'.

The treatment contains a molecule, known as PSMA-617, which seeks out and binds to PSMA. The molecule also carries a 'payload' – a nuclear isotope called Lutetium-177 – which delivers a powerful blast of radiotherapy to a depth of 1mm – ensuring only prostate cells are damaged and healthy tissue is spared.

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Professor Johann de Bono of the Institute of Cancer Research in London, who is co-leading another study of PSMA radiotherapy, said: 'It is a huge deal. It is one of the next big things.'

A pilot study of 50 men in Australia has shown the treatment extends the life expectancy of men with advanced prostate cancer from nine months to an average of 13.3 months. But a fifth of patients responded extremely well – and were still alive after 33 months.

Paul Villanti, of the Movember cancer foundation, which is funding several trials, said: 'PSMA is one of the most exciting areas in prostate cancer research. It gives us the ability to find and destroy cancer.'

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### Next Meeting Tuesday 18/06/2019

The June Meeting will feature A/Prof Nic Zeps



Adjunct Prof. Nik Zeps. Dr. Zeps was appointed as the inaugural Group Director of Research for Epworth Health Care in April 2017. Prior to that he was the Director of Research at St John of God Health Care from 2012 to 2016 and head of their translational cancer research program since 2008. He is an Adjunct Professor at the Eastern Clinical School of Monash University. He was a member of the Australian Health Ethics Committee from 2006-2012 and the Research Committee of the National Health and

Medical Research Council (NHMRC) of Australia from 2009-2015. He is a board member and the chair of the Cancer Biology Group of the Clinical Oncology Society of Australia (COSA) and a member of the Scientific Advisory Committee of the Australasian Gastro-intestinal Trials Group (AGITG). He is chair of the Primary Care Collaborative Cancer Trials Group (PC4) Advisory committee and a member of the PC4 Scientific committee. His was a founding director and board member of the Australian Clinical Trials Alliance (ACTA)

### Correspondence

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### Committee

Max Shub, Facilitator 0413 777342  
Barry Elderfield, Treasurer  
Janis Kinne, Membership  
Spiros Haldas, Library  
David Bellair, Web site  
Christine Dudley, Newsletter  
Michael Meszaros

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

Tues 18 Jun  
Tues 16 Jul  
Tues 20 Aug  
Tues 17 Sep  
Tues 15 Oct  
Tues 19 Nov  
Tues 17 Dec including Xmas lunch

Meetings include a general discussion and round robin. New members in particular are invited to introduce themselves and share their journeys with the Group.

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## Internet Resources

Use the internet to find 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.

Our members have found the following **websites** to be useful.

### **Prostate Cancer Foundation of Australia**

[www.PCFA.org.au](http://www.PCFA.org.au)

*For guides and help.*

### **Australian Cancer Trials**

[www.australiancancertrials.gov.au/](http://www.australiancancertrials.gov.au/)

*Information on the latest clinical trials in cancer care, including trials that are currently recruiting new participants.*

### **USA Prostate Cancer Foundation (Guide)**

[www.PCF.org/guide/](http://www.PCF.org/guide/)

*PDF guide for men newly diagnosed with prostate cancer*

### **Us TOO International PCa Education (USA)**

[www.UsToo.org](http://www.UsToo.org)

*USA Prostate Cancer support groups information and newsletter.*

### **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 Melbourne-based best-practice exercise medicine program for people with cancer.*

### **ProstMate (PCFA)**

[www.ProstMate.org.au](http://www.ProstMate.org.au)

*The companion for those impacted by prostate cancer, particularly 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.*

### **PCRI Prostate Digest (USA)**

<https://pcri.org/insights/>

*Prostate Cancer Research Institute supports research and disseminates information that educates and empowers patients, families, and the medical community*

### **PAACT Newsletter (USA)**

<http://paact.help/newsletter/>

*Patient Advocates for advanced Cancer Treatments.*

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