



Newsletter **September 2019** – Issue 188 Next Meeting: **Tuesday 17<sup>th</sup> September 2019**  
Meeting Hall, Ivanhoe Uniting Church  
19 Seddon Street, Ivanhoe

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 20<sup>st</sup> August**



We would like to thank Assoc Prof Ken Sikaris whom gave a great talk about how they detect PSA in the blood.

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**There is a new Prostate Cancer study on: Coping with uncertainty in prostate cancer: Exploration of men’s worry and uncertainty related to long-term treatment effects.**

**Lead investigator**

A/Prof Ilona Juraskova from The University of Sydney

**Summary of project**

Common long-term effects of treatment for prostate cancer, such as

sexual problems, urinary leakage, and bowel problems, can cause major issues in the lives of affected men. Although we know how likely these side effects are to occur, not much is known about the worry and uncertainty men might feel in anticipation of these effects.

Our research study aims to understand whether, and how often, men experience worry and uncertainty about long-term cancer treatment effects, and how men cope with these worries and uncertainties.

The study involves:

1. completing a survey (paper copy or online), which asks questions about your cancer treatment and psychological wellbeing. The survey is expected to take approx. 20-25 minutes to complete.
2. taking part in a phone interview where we ask about: i) your experiences with treatment side effects, ii) any worry and uncertainty related to these treatment effects (both experienced and anticipated), and iii) how you coped with these side effects and feelings. The interview will be audio-recorded, and is expected to take 30-60 minutes.

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The study has ethics approval, from the Human Research Ethics Committee of Concord Repatriation General Hospital - Sydney Local Health District.

### Who is this study for?

You may be eligible for this study if you meet all the following criteria:

- Have been diagnosed with localised prostate cancer.
- Have undergone prostatectomy, external radiotherapy, brachytherapy (or combination of these treatments). Individuals currently undergoing long term hormone treatment are also eligible.
- Have completed treatment in the past 12 months.
- Understand and can speak fluent English.
- Are able to give verbal and written consent to participate in the study.

You will not be eligible if you have been diagnosed and treated for advanced prostate cancer.

### For more information, please contact:

Nick Handelsman

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Phone: 0428 250 990

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### Pre-Treatment Concerns

Before any treatment is considered, it is extremely important the physician determine from the patient any other health issues that patient may be experiencing or has experienced other than that for which current treatment is being planned. A variety of blood and other tests should be considered to hopefully alert the physician to any health issues the patient may be experiencing but unaware. Prescribing drugs or treatment without due

diligence could have harmful results for the patient. This is important and the patient, as well, should be certain to provide the physician a listing of any other health issues as well as medications prescribed for those other health issues.

The following are just a meagre sampling of what the physician and patient should be concerned as regards treatment for prostate cancer. The side effects of many drugs are so vast that both physicians and patients should take the important time to research, study, and be aware of any medications prescribed. Important to the patient is being made aware so not surprised when side effects are experienced.

### Lupron or any agonist/antagonist:

Before testosterone reducing drugs (Androgen Deprivation Therapy/ADT) are prescribed/administered, it is important to be aware if the patient has or is experiencing any cardiovascular issues since if so, the physician prescribing the medication should first contact and discuss the patient's issues with the patient's Cardiologist. These medications can cause a variety of side effects and the patient should be forewarned so not surprised when occurring. Most side effects can be remedied.

### Casodex/bicalutamide, Eulexin/flutamide,

**Nilandron/nilutamide:** These drugs can cause breast enlargement, so the patient should be forewarned and consider radiation to the breast area or prescribing Arimidex (anastrozole) or Aromasin (exemestane) prior to proceeding to prevent this issue. The patient should be made aware that, like the agonists and antagonist mentioned above, these medications

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can also cause hot flashes, sexual dysfunction, and overtime loss of bone density. Since these medications can be toxic to the liver, it is important the physician is made aware if any liver issues are present.

### **Avodart/dutasteride or**

**Proscar/finasteride:** Before the 5Alpha Reductase (5AR) inhibitor dutasteride/Avodart or finasteride/Proscar is prescribed it is important to be aware if the patient has or is experiencing any liver issues since, if so, these drugs should not be prescribed. Like antiandrogens, these medications can cause decreased libido, erectile dysfunction, and decreased ejaculate. The effects are usually mild and can improve over time.

**Zytiga/abiraterone:** how many are aware of the percentage of deaths that have occurred with the administration of Zytiga/abiraterone to patients with already present cardiovascular disease (CVD)? How many even pre-determine if the patient is experiencing CVD? How many patients even reveal or know that they have CVD? Yet, the prescribing of Zytiga is common-place when metastasized castrate-resistant prostate cancer (mCRPC) is evident and recent studies have only now brought attention to this important concern. (*Compared with the 15.8% crude 6-month post-abiraterone mortality rate for those with no CVD, the rate was higher for each of the pre-existing CVD categories the researchers assessed: ischemic heart disease (21.4%), stroke (22.1%), congestive heart failure (23.4%), atrial fibrillation (24.4%), and acute myocardial infarction (25.6%).* <https://tinyurl.com/y2b7cwc5> - <https://tinyurl.com/y5vqof75>

**Xtandi/enzalutamide:** this antiandrogen recently prescribed often has a large variety of side effects. In looking up this medication, side effects can include back pain, joint aches, musculoskeletal pain. Diarrhea. Hot flashes. Peripheral edema (swelling in your hand, arms, legs, or feet). Low white blood cell count. Headache. Upper respiratory tract infection. Dizziness. Thus, important the patient is made aware of what he may experience.

**Sipuleucel-T/Provenge:** If central venous catheter use can be avoided, perhaps complications such as line infections can be decreased. In addition, patients at high risk for thromboembolic events or with multiple risk factors for cerebrovascular or myocardial events may not be ideal candidates for Sipuleucel-T.

**Blood Thinners:** If prescribed a blood thinner such as warfarin, Eliquis, or similar, it is important to avoid adding aspirin or Vitamin E or certain herbal supplements that also are blood thinning products. If surgery is scheduled, your surgeon should be made aware of these products so the appropriate time to stop their use is determined prior to that surgery.

So much important information every patient should be aware, but more often are not.

*Charles (Chuck) Maack (ECaP) - Continuing Prostate Cancer Patient Since 1992, Advocate, Activist, Volunteer Mentor since 1996 to men diagnosed with Prostate Cancer and their Caregivers locally and on-line Worldwide.*

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### **Elective Node Radiation Appears More Effective for Nodal Recurrent Prostate Cancer**

Elective nodal radiotherapy (ENRT) appears to reduce relapses better than stereotactic body radiotherapy (SBRT) in men with nodal oligorecurrent prostate cancer, according to a retrospective analysis. But ENRT is also more toxic, researchers reported online 19 July 2019 in the journal *European Urology*. Following local therapy of prostate cancer, the most dominant sites of recurrence are lymph nodes, which can be targeted with focal SBRT or more comprehensively with ENRT. It remains unclear which of the treatments is better. Dr. Elise De Bleser from Ghent University Hospital, in Belgium, and colleagues from 15 different centres reviewed differences in toxicity and efficacy between 309 men receiving SBRT and 197 receiving ENRT for oligorecurrent nodal prostate cancer. The three-year metastasis-free survival (MFS) was 68% after SBRT and 77% after ENRT ( $P = 0.01$ ). In multivariable analysis, ENRT resulted in significantly longer MFS than SBRT among men presenting with only one node, but not with more than one node at recurrence. Local progression was seen in 50 men following SBRT vs. only nine men following ENRT ( $P < 0.001$ ).

The three-year castration-resistant prostate cancer (CRPC)-free survival did not differ significantly between the treatment groups. During a median of 34 months of follow-up, 419 men remained free of CRPC.

There was no early or late grade-3-or-higher toxicity following SBRT, but there were five such events following ENRT. Early

toxicity was significantly greater following ENRT (three cases after SBRT vs. 12 cases after ENRT) as was late toxicity (16 cases after SBRT and 31 cases after ENRT).

“Our findings hypothesize that ENRT should be preferred to SBRT in the treatment of nodal oligorecurrents,” the researchers conclude. “This needs to be evaluated in a randomized trial.”

Reuters Health Information 06 August 2019

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### **Trials to start on a new Immunotherapy drug for advanced prostate cancer**

Calibr - the drug development division of Scripps Research, announced today that the U.S. Food and Drug Administration (FDA) has cleared its investigational new drug application (IND) for CCW702, a novel immunotherapeutic for the treatment of patients with metastatic castration-resistant prostate cancer. “CCW702 has the potential to be effective in patients who have failed prior treatments and have exhausted their treatment options, because it works differently than traditional chemotherapeutics and androgen deprivation therapies,” says Travis Young, PhD, vice president of Biologics at Calibr, who led the pre-clinical development of the molecule. “We are truly excited about the opportunity to evaluate the safety and

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anti-tumor activity of this molecule in patients.”

CCW702 is a first-of-its-kind molecule designed to redirect a patient’s own immune system to eliminate malignant cancer cells. The molecule uses a unique design that combines the specificity of a validated imaging agent for prostate cancer with the potency of immunotherapy. In preclinical work, this design proved highly effective at completely eliminating tumors in animal models of prostate cancer.

The launch of this clinical study—Calibr’s fourth overall and second being run independently by the institute—is another major milestone for the new model being pioneered at Scripps Research,

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**Veyonda-LuPSMA Radiotherapy Safe, Well-tolerated in Advanced PC, Early Trial Results Show**



A combination of Noxopharm’s radiation sensitizer Veyonda (idronoxil) and 177LuPSMA-617 — a kind of targeted radiation therapy — is safe and well-tolerated, and appears to have a high efficacy in men with metastatic castration-resistant prostate cancer (mCRPC), preliminary results from an ongoing Phase 1/2 trial show.

The findings were presented at the Society of Nuclear Medicine and Molecular Imaging 2019 Annual Meeting held recently in Anaheim, California.

Treatment with LuPSMA alone has proven safe and effective in prostate cancer patients. However, some men do not respond to the treatment and some have limited response. Veyonda (formerly known as NOX66) is a kind of immunotherapy that works to increase the number of cancer cells killed by chemotherapy and radiation therapy.



**Exercise Medicine for People with Cancer known as EX-MED Cancer.**

EX-MED Cancer is the result of years of scientific research, refined by extensive consultation with cancer patients and health professionals, that is informed by multisector expertise. EX-MED Cancer enables patients to access targeted exercise medicine specifically designed to counteract the negative effects of their cancer and its treatment. This allows them to exercise safely and effectively – minimising any risk of complications and maximising benefits to their health and wellbeing.

**WHO IS EX-MED CANCER FOR?**

EX-MED Cancer is now open to ALL people with cancer. Patients with any type and stage of cancer, at any point before, during or after treatment are eligible to participate. The program is tailored to each person’s individual needs based on their type and stage of cancer, the treatments they have had, are receiving and/or will receive, any side-effects they are experiencing, their

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overall health status and their functional ability.

## WHAT DO PATIENTS RECEIVE?

All cancer patients receive an individualised cancer-specific exercise prescription that is personalised to their unique needs. They participate in a 4-month structured, supervised, program delivered by oncology specialist exercise physiologists in community-based exercise facilities (i.e. local gyms and leisure centres close to patients home or work). Patients receive 3 x 1 hour individual sessions, 36 x 1 hour group-based sessions and a 4-month gym membership. Patients also receive a personalised plan for their ongoing exercise program

## WHAT ARE THE EXPECTED OUTCOMES?

Based on our Victorian Government funded evaluation of over 200 patients, participants in EX-MED Cancer should expect a 20% improvement in physical function; 17% reduction in cancer-related fatigue; 10% reduction in distress, depression and anxiety symptoms; and a 15% improvement in quality of life among other benefits. No adverse events occurred and only 10% of participants discontinued the program. During qualitative interviews, patients identified profound changes to their lives, not just to their physical and mental wellbeing, but also to their ability to move past cancer and re-engage more fully in all aspects of their life.

## WHERE IS EX-MED CANCER DELIVERED?

EX-MED Cancer is currently operating out of 5 locations throughout Melbourne:

1. CBD
2. Coburg
3. Hawthorn
4. Caulfield
5. Sunshine

We aim to open more locations in metropolitan and regional areas as soon as possible [pending funding] and are working towards national implementation across 50 locations Australia-wide.

## HOW MUCH DOES EX-MED CANCER COST?

As a not-for-profit organisation we are committed to keeping costs as low as possible to enable access to as many cancer patients as possible.

The patient fee is ~\$30 per week for 4 months which equates to a total cost of \$500. This cost is over 60% cheaper than industry standard rates.

Over 90% of patients involved with the EX-MED Cancer evaluation reported their willingness to pay a fee in line with this cost.

## HOW CAN I REFER MY PATIENTS?

It takes 30 seconds to refer a patient to EX-MED Cancer.

Health professionals are asked to provide their patients name and phone number using any of the following options:

Website –

[www.exmedcancer.org.au/enrol-or-refer](http://www.exmedcancer.org.au/enrol-or-refer)

Email –

[exmedcancer@exmedcancer.org.au](mailto:exmedcancer@exmedcancer.org.au)

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Phone – 1300 EX-MED Cancer (1300 396 332)

Text Message – 0421 943 875

There is no waitlist involved with EX-MED Cancer. As soon as you refer your patients the EX-MED Cancer team will contact them within 24 hours and initiate the process for them to begin their exercise program.

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**Feedback Received on our August**

**Newsletter.**

Following is a letter received from Professor Ian Davis:

Dear Prostate Heidelberg,

I'm a bit concerned that you have included some misleading information in your newsletter.

Some of the foods you have mentioned are associated with different risks of being diagnosed with prostate cancer in the first place, but there is no evidence that those foods can affect the course of prostate cancer once you already have it.

You've said that "there is some evidence that eating a lot of certain foods may be harmful for men with prostate cancer" and have then gone on to talk about dairy, calcium, meat, fat. This is potentially dangerous medical advice and is not supported by the established literature.

Thanks,

Ian Davis

**Professor Ian Davis** MB BS (Hons) PhD FRACP FChPM

Professor of Medicine, Monash University and Eastern Health

Head, Eastern Health Clinical School, Monash University Faculty of Medicine, Nursing and Health Sciences

Medical VITAMEN, Eastern Health

NHMRC Practitioner Fellow

**Message from the person writing this Newsletter:**

I am sorry if I have given any misleading information. This was not my intention.

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## **Next Meeting is Tuesday 17/09/2019**

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

## **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 17 Sep  
Tues 15 Oct  
Tues 19 Nov  
Tues 17 Dec including Xmas lunch

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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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