

Prostate Heidelberg

cancer support group



Information, education and support for men and their families affected by Prostate Cancer

Newsletter **October 2019** – Issue 189

Next Meeting: **Tuesday 15th October 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.

A message from the Facilitator

Dear Members

For the past 13 years I have had the privilege and honour of being the leader of Prostate Heidelberg. The time has come however for me to pass on the leadership to another. I ask you to consider whether you (or someone you feel is appropriate) will take on this role. Unless someone comes forward before, I will be retiring in 12 months. I am happy to continue on the steering committee and will give my successor as much support as they wish.

Max Shub AOM

New blood test for prostate cancer is highly-accurate and avoids invasive biopsies

A new and simple blood test has been found to efficiently and accurately detect the presence of aggressive prostate cancer, according to research by Queen Mary University of London.

In combination with the current prostate specific antigen (PSA) test, the new test could help men avoid unnecessary and

invasive biopsies, over-diagnosis and over-treatment.

Prostate cancer is currently detected using a blood test that measures PSA levels. Although it provides early diagnosis, the PSA blood test has a low specificity (high false positives) with about 75 per cent of all PSA positive results ending up with negative biopsies that do not find cancer.

Additionally, most diagnosed early-stage prostate cancers are not fatal if left untreated. The current practice of the combined PSA test and biopsy for prostate cancer therefore results in unnecessary biopsies and over-diagnosis and overtreatment of many men.

The new prostate cancer test (the Parsortix® system from ANGLE plc) detects early cancer cells, or circulating tumor cells (CTCs), that have left the original tumour and entered the bloodstream prior to spreading around the body. By

measuring intact living cancer cells in the patient's blood, rather than the PSA protein which may be present in the blood for reasons other than cancer, it

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potentially provides a more accurate test for prostate cancer.

The study, published in the Journal of Urology, looked at the use of the CTC test in 98 pre-biopsy patients and 155 newly diagnosed prostate cancer patients enrolled at St Bartholomew's Hospital in London.

The research team found that the presence of CTCs in pre-biopsy blood samples were indicative of the presence of aggressive prostate cancer, and efficiently and non-invasively predicted the later outcome of biopsy results.

When the CTC tests were used in combination with the current PSA test, it was able to predict the presence of aggressive prostate cancer in subsequent biopsies with over 90 per cent accuracy, better than any previously reported biomarkers.

Additionally, the number and type of CTCs present in the blood was also indicative of the aggressiveness of the cancer. Focusing on more aggressive prostate cancer may reduce over-treatment and unnecessary biopsies for benign and non-aggressive conditions.

Lead researcher Professor Yong-Jie Lu from Queen Mary University of London said: "The current prostate cancer test often leads to unnecessary invasive biopsies and over-diagnosis and overtreatment of many men, causing significant harm to patients and a waste of valuable healthcare resources. There is clearly a need for

better selection of patients to undergo the biopsy procedure.

"Testing for circulating tumour cells is efficient, non-invasive and potentially accurate, and we've now demonstrated

its potential to improve the current standard of care. By combining the new CTC analysis with the current PSA test, we were able to detect prostate cancer with the highest level of accuracy ever seen in any biomarker test, which could spare many patients unnecessary biopsies. This could lead to a paradigm shift in the way we diagnose prostate cancer."

As this is a single centre study, the results need to be further validated in other independent research centres before the CTC test is available either privately or on the NHS in the UK, which could take a further 3-5 years. Clearance by the US Food and Drug Administration could also take 3-5 years.

Olivia Newton-John Cancer Wellness & Research Centre

The Olivia Newton-John Cancer Wellness & Research Centre is a treatment centre of Austin Health that provides wellness information and support to those with Cancer.

Drop in and use the centre to relax, wait for appointments, meet with others, or attend any of the wellness programs that you may benefit from.

Open Mon-Fri: 8.30am - 4.30pm
(Located past Level 3 Cafe, Lift accessible)

Level 3R, ONJ Centre
145 Studley Road
Heidelberg VIC 3084

P: 03 9496 3799

E: wellness@austin.org.au

More information can be found on their website:

<https://www.onjcancercentre.org/>

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First Results for Nanosphere Focal Therapy in Prostate Cancer

When imaging of the prostate shows only one small area of cancer, “why can’t you treat just that spot, instead of the whole prostate?” frustrated patients keep asking.

“This is what a new approach now being tested aims to do,” says Ardeshir R. Rastinehad, DO, director of focal therapy and interventional urologic oncology at the Icahn School of Medicine at Mount Sinai, New York City. His team has just reported early results from a small trial of focal therapy for discrete lesions in the prostate using gold-silica nanoshell (GSN)-directed laser technology (also called AuroLase Therapy, developed by Nanospectra). The study was conducted in 15 men who had low- to intermediate- risk prostate cancer. There were no serious side effects after 90 days, which was the primary endpoint of the study. At 12 months, 87.5% of the lesions tested negative for tumor in the ablation zone.

“This current pilot device study demonstrates that GSN-directed laser excitation and ablation is a safe and technically feasible procedure for the targeted destruction of prostate cancer,” the study authors conclude.

A revolution in prostate cancer care as off-label breast cancer drug doubles survival

A breast cancer drug has been used to double the survival of men with advanced prostate cancer becoming the first successful precision medicine for the disease.

Doctors at the Royal Marsden Hospital, UK, who conducted the trial say the

results amount to a “revolution” in prostate cancer care.

They conducted genetic testing on more than 4,400 patients to identify those with one or more of 15 types of DNA fault.

Those who qualified were given olaparib, a course of pills which is commonly used to treat breast and ovarian cancer but is not currently licensed for prostate cancer.

The men in the trial had already failed to respond to hormone therapy - currently the best treatment available - and their prognoses were poor.

However, their length of progression-free survival, the period during which the cancer does not get worse, increased on average from 3.6 to 7.4 months.

This shows that using DNA testing to match patients with already available drugs can “transform” the treatment of the most common type of male cancer, according to the researchers.

The trial, which is being presented at the European Society for Medical Oncology annual congress in Barcelona, coincides with a new study

in the journal Nature which suggests that using genetic information to re-purpose unlicensed or “off-label” drugs could benefit around one-third of patients for whom standard therapies do not work.

Olaparib, a type of PARP inhibitor, works by blocking a protein that fuels cancer by helping damaged cells to repair themselves.

Because it is known to benefit women with breast and ovarian cancer who have BRCA gene mutation - made famous by Angelina Jolie - scientists tested for these and other faults in men.

They found that 80 per cent of men whose tumours had faults in the BRCA genes responded to olaparib.

The teams at the Institute of Cancer Research, The Royal Marsden and Northwestern University in Chicago said this proves that, rather than being a

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single illness, prostate cancer is a series of sub-types of the disease, requiring tailored treatment for individual patients. While precision medicine is becoming increasingly mainstream for other forms of cancer, notably breast cancer in the form of Herceptin, it is yet to play a significant role for men with prostate cancer.

Approximately 47,700 men receive a diagnosis in the UK each year, with 11,600 dying from the disease.

Dr Matthew Hobbs, from Prostate Cancer UK, said: "This hugely exciting result represents a revolution in the treatment of prostate cancer.

"It finally brings prostate cancer medicine into the 21st century by giving us, for the first time ever, a therapy that makes use of genetic testing of the tumour to work out which men will benefit."

In the trial, 387 out of 4,425 patients were identified as having one of the 15 genetic mutations, suggesting olaparib could help at least 11 per cent of patients. Professor Johann de Bono, a consultant oncologist at The Royal Marsden and ICR, said: "This study is a powerful demonstration of the potential of precision medicine to transform the landscape for patients with the commonest of male cancers.

"I hope that within the next couple of years, olaparib will become the first precision medicine to become available as a standard treatment for men with prostate cancer."

More information can be found here:

<https://www.esmo.org/Press-Office/Press-Releases/ESMO-Congress-prostate-cancer-olaparib-Profound-Hussain>

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Zejula Granted FDA's Breakthrough Therapy Status for Treating Metastatic Castration-resistant Prostate Cancer

The FDA has granted a breakthrough therapy designation to niraparib (Zejula) for the treatment of patients with *BRCA1/2*-mutated metastatic castration-resistant prostate cancer (CRPC) who have previously received taxane chemotherapy and androgen receptor (AR)-targeted therapy.

"Niraparib is a PARP inhibitor that we believe may help address an important unmet need for patients with metastatic castration-resistant prostate cancer who have mutations in DNA-repair genes," Kiran Patel, MD, vice president, Clinical Development, Solid Tumors, Janssen Research & Development, LLC, said in a press release. "We are pleased with the FDA's Breakthrough Therapy Designation as we continue the clinical development of niraparib, and we look forward to working with the agency in our continued focus and commitment to bring new advancements to patients diagnosed with prostate cancer."

The designation was based on findings from the ongoing multicenter, open-label phase II GALAHAD trial that is investigating the safety and efficacy of the PARP inhibitor in men with metastatic CRPC who have DNA repair abnormalities (NCT02854436). Findings from a prespecified interim analysis of the trial were recently presented at the 2019 ESMO Congress.

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The AGM will take place at the next meeting Tuesday 15th October 2019 at 10:00am

The Steering Committee is elected annually at the Annual General Meeting and shall consists of a:

- Chairperson
- Facilitator
- Secretary,
 - *who communicates with any bodies outside the Group*
- Treasurer,
 - *who maintains the books of account and presents the Financial Report to the Annual General Meeting*
- Newsletter Editor,
 - *who prepares and circulates the Group's newsletter*
- Librarian
 - *Other persons who provide support in Group operations.*

Correspondence

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Committee

Max Shub, Facilitator 0413 777342
Mike Waller, Treasurer
Spiros Haldas, Library
David Bellair, Web site
Christine Dudley, Newsletter
Michael Meszaros

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

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

For guides and help.

Australian Cancer Trials

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/

PDF guide for men newly diagnosed with prostate cancer

Us TOO International PCa Education (USA)

www.UsToo.org

USA Prostate Cancer support groups information and newsletter.

Cancer Council Victoria

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

The companion for those impacted by prostate cancer, particularly to record all your results.

Beyond Blue

www.BeyondBlue.org.au

HELPLINE – 1300 22 4636; for help with depression or anxiety.

Continence Foundation of Australia

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

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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