

Newsletter **December 2019** – Issue 191 Next Meeting: **Tuesday 17th December 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**



Xmas Lunch

Don't forget that we are having our Xmas lunch at the Ivanhoe Hotel after the next meeting on Tuesday 17th. Please join us, even if you have not attended the group or some time we would still like to see you

A/Prof Renea Taylor will be the Speaker at our next meeting on 17th December 2019

“Hallmarks of Cancer”



A/Prof (Dr) Renea Taylor is a Senior Lecturer and Research Fellow in the Department of Physiology and Biomedicine Discovery Institute, Monash University. She graduated with a PhD in Reproductive Endocrinology in 2003 at Monash University and completed her postdoctoral training in Stem Cell Biology at the Monash Immunology and Stem Cell Laboratories. She pursued her research interest in hormone-dependent cancer, specialising in prostate cancer. The focus of her research program is the hormonal regulation of prostate stem cells and their interaction with the tumour microenvironment.

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A New Drug is Available for Erectile Dysfunction

Cancer of the prostate gland and its treatment can have a lasting, negative impact on sexual activity in men. Difficulties range from losing sexual desire to being unable to get an erection.

One study in this area has suggested that more than 50% of men who have prostate cancer also experience erectile dysfunction.

A fairly new drug Avanafil, trade name "Spedra" is one of a class of drugs known as PDE-5 (Phosphodiesterase type 5) inhibitors. Spedra and the other PDE-5 inhibitors can help men with erectile dysfunction (male impotence) by enhancing the erectile response when a man is sexually stimulated. Aside from Spedra, the other drugs in this class are Viagra, Cialis (Tadalafil) and Levitra (Vardenafil).

There is some evidence which suggests that **Spedra** works marginally faster than **Viagra**, from as soon as 15 minutes after you take the tablet.

Below are links to two useful websites providing more information on Spedra.

<https://www.bpas.org/more-services-information/erectile-dysfunction/spedra/>

<http://www.guildlink.com.au/gc/ws/fk/pi.cfm?product=fkpspedt>



At the Olivia Newton-John Cancer

Wellness & Research Centre, patients experience world-leading treatment and care, complemented by wellness programs to support patients in body mind and spirit. They have over 200 clinical trials in progress, providing access to new breakthrough therapies.

A new service providing exercise classes for people undergoing cancer treatment is now available on; Tuesdays, Wednesdays and Fridays

Further information can be obtained from one of the exercise physiologists, Kirsty or Lachlan.

To arrange an appointment, contact: ONJEXERCISE@austin.org.au Ph; (03) 9496 9445 (Leave a message) You can also 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/>

Laser-targeted removal of prostate tumours works as well as complete removal of the prostate

Researchers from The University of Texas Medical Branch at Galveston, led by prostate cancer treatment pioneer Dr. Eric Walser, have shown that selectively destroying cancerous prostate tissue is as effective as complete prostate removal or

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radiation therapy while preserving more sexual and urinary function than the other treatments. This study is currently available in *Journal of Vascular and Interventional Radiology*.

With current screening techniques, prostate cancers are now often detected early enough so that with treatment, they stay within the prostate gland and don't spread or cause harm to the patient. However, aggressive treatments such as removing the prostate or radiation therapy can result in difficulty with urinary and sexual functions.

Walser, lead author, UTMB professor and chair of the department of radiology, helped to establish a less invasive method of targeting and removing only the cancerous prostate tissue called focal laser ablation or FLA. This outpatient procedure has very little recovery or pain and preserves erectile and urinary functions.

"FLA offers men more peace of mind than active surveillance or 'watchful waiting', the traditional alternative to radical treatment," said Walser. "FLA pairs MRI imaging to identify cancer-suspicious areas in the prostate and advanced laser technology to remove it completely, with virtually no risk of impotence or incontinence."

In 120 men with low- to intermediate-risk prostate cancer treated with FLA, 17 percent needed additional cancer treatment after one year with no noticeable change in quality of life or urinary function.

In a small group of men who underwent a more aggressive FLA, only 6 percent had evidence of cancer one year later. However, these men all noticed a significant drop in sperm count.

"Other studies have shown that after completely removing the prostate, 15 to 30 percent of patients have a cancer recurrence within 5 to 10 years of surgery," Walser said. "Although FLA doesn't yet have such long-term data, this

technique may ultimately provide similar cancer control while better preserving quality of life."

Testosterone as a Drug

The male hormone testosterone can feed the growth of prostate cancer, but in an interesting twist, when given in a very specific way, it may also cause its demise. Drugs that block the action of testosterone are commonly used to treat men with advanced prostate cancer therapy. Cutting off the supply of testosterone to the cancer works for a time, but eventually prostate cancer cells figure out a way around it and begin to grow again. Other drugs work at the molecular level to cut off prostate cancer cells' access to testosterone, but their impact is temporary and comes with unpleasant side effects. "Men who have long-term hormone ablation have a good response initially, but eventually they become resistant to therapy, and then there aren't many options left for them," says prostate cancer expert Samuel Denmeade. These are the men most at risk of dying from prostate cancer.

With testosterone viewed as a fuel for prostate cancer, most researchers are reluctant to explore it as potential therapy. However, what Denmeade and fellow prostate cancer researcher John Isaacs envisioned was different, and it all came down to the delivery. Taking a play right out of cancer's playbook, Denmeade and Isaacs figured out what prostate cancer cells were doing to survive hormonal therapy and then beat them their own game. After prolonged treatment with testosterone-blocking drugs, prostate cancer cells adapted to living with low levels of the hormone by ramping up the activity and amount of receptors within the cell surface to suck up every bit of testosterone available.

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With prostate cancer cells in this state, adapted to an environment with low levels of testosterone, Denmeade wondered what would happen if he flooded the cancer cells with a short burst of high-dose testosterone, using the hormone like a drug. "If we give testosterone acutely through injection to cause a sharp rise in the hormone, prostate cancer cells won't like that, and some will die," says Denmeade. "Prostate cancer cells might be killed by the hormone shock, and the cells that survived would make fewer receptors, making prostate cancer cells vulnerable once again to hormone-lowering therapies." At first glance, it seems paradoxical to give testosterone to a prostate cancer patient, but Denmeade and Isaacs say this approach is very different from the chronic, ongoing supply of testosterone that naturally occurs in men or testosterone replacement therapy. "It's pharmacologic testosterone, not physiological testosterone," says Isaacs.

Prostate cancer cells are not expecting an intense dose of testosterone, and they don't know that it's a short burst. Cancer cells that survive will adapt again, this time turning down the activity of those cell surface testosterone receptors. "They will downregulate their receptors at a time when the drug is wearing off, so we will see a period of low testosterone, low receptor, and that's not good for cancer cells," says Denmeade. As the cells are continually challenged with these short bursts of testosterone, they are constantly adapting levels of cell surface receptors up and down. "We are taking the cancer cells' options out of play by making the testosterone levels rise and fall rapidly," says Denmeade. He turned the idea in a clinical trial of testosterone as a prostate cancer drug therapy. Following a pilot study funded by the One-In-Six Fund, the National Institutes of Health, and a \$5 million Transformative Grant from the Department of Defence in the U.S, he began to perform two studies—one at one

at the Kimmel Cancer Centre, and another at 18 sites across the U.S. Both clinical trials in asymptomatic men with prostate cancer that has progressed on hormone therapy were designed to see if a monthly injection of testosterone to make the testosterone level rise sharply for about a week would kill cancer cells.

Denmeade says about two-thirds of the men treated responded well to the therapy, at least keeping their prostate cancer stable. But Denmeade noticed that some of the men treated were resensitized to hormone therapy. That observation was the impetus for his Transformer Study, a new clinical trial to see if giving testosterone in sequence with hormone therapy could prevent or reverse hormone treatment resistance. One patient in the study had his cancer completely disappear for two years. Denmeade is now looking for biomarkers that predict which patients will respond best to the testosterone therapy. Prostate cancer expert Emmanuel Antonarakis identified a subset of patients with a variation in their cell surface receptors that predicts a more aggressive and resistant type of prostate cancer. Denmeade's testosterone treatment may convert it to a less aggressive form of cancer. A new study, called the Batman Study, is funded by the Patrick Walsh Foundation, and is helping Denmeade and colleagues look more deeply into the specific molecular and cellular mechanisms that make this therapy work. With the exception of patients with prostate cancer that has spread to the bone, the short burst of testosterone makes most men feel better.

"Men were hugging me because they felt so good. People are clamouring for it," says Denmeade. "We get emails from men all over the country and the world." Denmeade says they are still learning about the best way to safely give the therapy. "So far, the side effects have been low grade, as long as the treatment

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is limited to men who are asymptomatic without any pain due to prostate cancer,” he says. “In some cases, the testosterone therapy makes men feel increased energy, less fatigue and restored sexual function.”

To date, 150 men have been treated with varying responses. “We have some patients whose PSA drops after treatment and their scans get better; we have others whose PSA doesn’t drop and even have some initial rises. For most patients, their prostate cancer is at least held in check,” he says. PSA stands for prostate-specific antigen. Tests that measure rising levels of PSA in the blood are used to screen for prostate cancer.

Denmeade is studying cells from the one complete responder more closely in hopes it may provide critical clues. “If we can understand what happened in this one guy, it would provide a wealth of information,” he says.

One possibility is that the up and down of the testosterone attracts the attention of the immune system, which is always on patrol for things that look out of the ordinary. Deciphering what underpins these varied responses could reveal biomarkers that will help them decide who are the best candidates for the treatment and how long to give it. “There has been a groundswell of interest,” says Denmeade. “Right now, we have plenty of anecdotes and some evidence of how it works, but we need to do more research and test it in more patients.” The treatment with generic testosterone is a bargain at about \$100 a month, but lacking a pharmaceutical partner, Denmeade and Isaacs are struggling to find funding to do additional combination studies. “Since we are using a generic form of testosterone we may have difficulty getting support from pharmaceutical companies,” says Isaacs. “So for now, it remains a completely homegrown project”.

Samuel Ray Denmeade is a Professor of Oncology, Urology and Pharmacology and Molecular Sciences at the Johns Hopkins University School of Medicine



Meditation Can Help Ease Uncertainty of Prostate Cancer

A study last year shows that mindful meditation helps ease men’s fears and uncertainties about prostate cancer.

Researchers from Northwestern University Feinberg School of Medicine found that men who are under close medical surveillance following a prostate cancer diagnosis reported significantly greater resilience and less anxiety over time after receiving an intervention of mindfulness meditation.

According to the scientists, the anxiety and uncertainty that men who choose active surveillance experience when diagnosed with prostate cancer causes one in four to receive definitive therapies within one to three years, even when there is no sign of tumor progression.

“It’s very understandable that some men will feel concerned with the knowledge that they indeed have prostate cancer but are asked to NOT do anything to remove it,” said David Victorson, the principal

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investigator of the study and an associate professor of medical social sciences.

“For many men this can create a great deal of inner turmoil. This turmoil can build up over time and eventually lead to men seeking surgical intervention when it may not ultimately be necessary.”

Mindfulness meditation is a well-known contemplative awareness practice dating back some 2,500 years. It is a form of meditation designed to develop the skill of paying attention to our inner and outer experiences with acceptance, patience, and compassion, the researcher explained.

Victorson and his research team are now partnering with other academic medical institutions to conduct a five-year multi-site controlled trial where men and their spouses will be randomly assigned to eight weeks of intensive mindfulness meditation training or an eight-week control group.

“I believe we have an opportunity to investigate and equip men with additional tools above and beyond surgical intervention that can help them manage cancer-related uncertainty intolerance,” Victorson said.

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Committee

Max Shub,	Facilitator
	0413 777342
Mike Waller,	Treasurer
Spiros Haldas,	Library
David Bellair,	Web site
Ray Dudley,	Newsletter
Michael Meszaros,	Welfare Officer
Sue Lawes,	Secretary

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

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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Tuesday 18th February, 2020: Assoc Prof Joseph Ischia.

“Testosterone and the endocrine system”



Joseph Ischia is a urologist at Austin Health and researcher at the University of Melbourne. He specializes in the robotic-assisted, laparoscopic, and major open surgical treatment of early cancers, as well as the medical management of advanced cancers, of the prostate, bladder, kidneys, and testicles.

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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 Australiawww.PCFA.org.au

For guides and help.

Australian Cancer Trialswww.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 Victoriawww.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 Bluewww.BeyondBlue.org.au

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

Continence Foundation of Australiawww.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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