GET WELL SOON MAX!

Max has been unwell and in hospital for the last few weeks. He is sorely missed for his knowledge, insight and energy and we all wish him a speedy recovery and return to the helm of PHCSG meetings.

Prostate Heidelberg

April 2020 Issue 193

For Education, Information and Support

NEXT MEETING: Tuesday 21 April 2020 CANCELLED
10am – 12:30pm
Meeting Hall, Ivanhoe Uniting Church
19 Seddon Street, Ivanhoe
POB 241 Ivanhoe Victoria 3079

Prostate Heidelberg Cancer Support Group

PHCSG provides information, education and support for those affected by Prostate Cancer. At our meetings we are committed to:

- showing respect to members, speakers and guests
- allowing members to speak without interruption
- respecting confidentiality

COVID-19 VIRTUAL MEETINGS

With the current government lockdown measures in place to restrict the spread of Covid-19 we have had to suspend our normal group meetings for the foreseeable future.

To enable all PHCSG members to stay in touch we are considering how we might hold virtual meetings (perhaps using 'Zoom') and will be in contact with all paid up members shortly with proposals for how we might use video conferencing technology.

In the meantime if you have any suggestions, questions or need personal support please ring:

Mike on 0438 616 240

Telehealth & Delayed Hospital Treatments due to COVID-19

Media Alert

www.abc.net.au › worst-case-coronavirus-cancer-patient-scenario-plans

With the flu season arriving during the COVID-19 outbreak, now is the time for you to get the flu vaccine. If you are 65 and over it's free. It's important to remember that the flu vaccination does not protect you from the COVID-19 virus. However, good hygiene practices can help reduce your chances of spreading both the flu and COVID-19. Don't forget to follow the most current rules for social distancing, public gatherings and self-isolation to help stop the spread of COVID-19.

Medical Oncology Clinical Response Plan

Melbourne's Peter MacCallum Cancer Centre's internal "medical oncology clinical response plan" outlines five levels of treatment restrictions based on an anticipated reduction in staff due to the pandemic.

The COVID-19 epidemic is expected to have a major impact on staffing levels, which in turn will decrease capacity to administer chemotherapy and immunotherapy.

In a worst-case scenario, routine treatment would be suspended and only immediately life-threatening situations would be responded to. That would only happen if staffing levels dropped below 10 per cent.

"Underlying principles of the medical oncology plan will be to minimise patient attendance at the hospital, and to minimise the risk of complications requiring inpatient admission and in particular ICU admission." However the Peter MacCallum Cancer Centre is only at level one of its response plan, which means treatment is continuing and there has been no impact on services.

According to Cancer Council chief executive Sanchia Aranda, non-urgent surgeries have already been delayed across the country and hospitals have made changes to the ways treatments are being delivered.

"They are moving rapidly into telehealth consultations, particularly for follow-up appointments, so that patients have to attend the hospital less and they are also refining treatment regimens so they use less of the system delivery so that's particularly true in radiotherapy," she said.

People with cancer are among those who are at high risk of complications if infected with COVID-19.

"All hospitals around the country will be undertaking contingency planning for their wards to ensure critical treatments continue during the COVID-19 pandemic and ensure hospitals are adequately prepared for an influx of patients," said Professor Aranda.

"Whilst these plans do investigate worst case scenarios, this does not mean these scenarios will occur."

For the most reliable and up to date information on COVID-19 visit the Department of Health website or speak to your treating

FT for Prostate Cancer

https://pcnrv.blogspot.com/2020/04/fexapotide-triflutate-ft-injection-new.html

Fexapotide Triflutate (FT) injection – a new kind of focal treatment to extend time on active surveillance

A new medicine may be able to help men on active surveillance stay on it longer. The medicine, called Fexapotide Triflutate (FT), is administered just once with a thin (#22 gauge), reportedly non-painful, needle, in the prostate quadrant where GS6 cancer has been detected. It causes prostate cells, both benign and cancerous, to undergo "apoptosis" (programmed cell death). It only kills prostate tissue and not blood vessels or nerves, does not leak outside of the prostate into systemic circulation, and does not affect adjacent tissues of the rectum, bladder, urethra, or periprostatic tissue.

Shore et al. reported the results of a Phase 2 randomized clinical trial in 148 patients at 28 sites. They were randomized to get low-dose FT (2.5 mg), high dose FT (15 mg), or active surveillance (AS). Patients and investigational staff were blinded as to FT dose, with no sham injections for AS patients. The FT patients received a single injection only into the quadrant with the cancerous core. Patients were all excellent candidates for active surveillance:

- Gleason score 6
- Stage T1c (nothing felt on DRE)
- Only 1 core with cancer
- ≤50% cancer in the core

They were all followed using the same protocol:

- Follow-up biopsy on Day 45 and at 18 months, 36 months, and 48 months
- PSAs every 6 months
- After the first biopsy, 18 of the 49 AS patients were allowed to opt for FT injections

After 4 years of follow-up:

- 42% of AS patients progressed, and 39% were treated for progression
- 19% of high-dose FT patients progressed, and 11% were treated for progression
- 37% of low-dose FT patients progressed, and 21% were treated for progression.
- Median biopsied tumor grade was Gleason 3+4 among those assigned to AS or low-dose FT vs Gleason 3+3 among those who received high-dose FT. At 18 months, the median tumor grade for the high-dose group was benign (no cancer detected) vs GS 3+3 in the other two groups.
- At 18 months, estimated tumor volume in the quadrant with cancer *increased* by 69% for AS vs *decreased* by 59% for FT.
- The effect of high-dose FT was greatest at 18 months, and still had an effect at 48 months.

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This small study suggests that FT injections can delay progression for men on AS, without any side effects

• The effect of low-dose FT was greatest at 18 months, but was insignificant at 48 months.

• PSA reduction was maintained in both FT groups (-21%)

• There were very few and transient side effects attributable to the injections (blood in urine, sperm or stool), diarrhea or nausea from antibiotic.

• There were no serious adverse effects - no increase in urinary symptoms

• There were no significant sexual problems associated with FT treatment

It is entirely possible that injections across the entire prostate might have improved results.
For comparison, at 5 years after AS, Johns Hopkins (which had similar stringent requirements) reported progression in only half as many patients (21%), about the same percent as in the high-dose FT group. It is unclear why progression among the AS control group was so much higher in the Shore trial.

Comparison to 5αri therapy

Dutasteride has also been used in an effort to slow progression among men on AS. Fleshner et al. reported that after 3 years, 38% of treated patients and 48% of their more liberally-assigned AS patients progressed or were treated. In the Shore trial at 3 years, 10% of high-dose FT-treated patients and 30% of the AS patients progressed and were treated. It's hard to compare these trials because the AS criteria were so different.

At one year after 5αri therapy (finasteride or dutasteride) for BPH in very-low-risk men on AS for prostate cancer, Shelton et al.reported that no cancer was found on biopsy in over half (54%) of the treated men, similar to the finding of the high-dose FT group at 18 months. Only 5% progressed to Gleason 7, similar to the high-dose FT group (6%) at 18 months.

5αris are known to have sexual side effects in 20-25% of men taking them. Sexual side effects may include reduced libido, difficulty in having an erection or orgasm, or gynecomastia.
• Hair growth is a beneficial side effect for many men.
• They have to be taken every day.
• They shrink benign prostate tissue, and may cut PSA in half if the PSA is due to enlargement of the entire prostate. However, in men who have BPH due to enlargement of the transition zone-only (with normal-sized prostates), their effect on BPH and PSA is unclear. Whereas PSA as a biomarker for active surveillance is already problematic, using 5αris may increase confusion and anxiety.

• FT, on the other hand, has no sexual side effects
• works well for transition zone tumors, and
• has a smaller effect on PSA (-21%)
• is a pain-free, "one and done" treatment.
• It is unknown what the relative costs will be.

Other potential therapies

In a retrospective study at Cleveland Clinic, statin use was not associated with reduction of progression among men on active surveillance.

There are other medicines in ongoing clinical trials to delay progression in men on AS:

- 2-hydroxyflutamide (intra-tumoral injection)
- apalutamide
- green tea catechins
- curcumin
- Prostatak
- Provenge
- Proscavax

Patients are cautioned against using supplements that may be masking their true PSA in the hope of prolonging AS.
"Treating PSA" rather than treating the underlying cancer can lead to mismanagement.

Prostate Heidelberg Cancer Support Group Meetings

While we are having to distance ourselves and unable to hold face to face group meetings we hope to engage speakers via video conferencing

Guest speakers scheduled for the first half of the 2020:

21 April CANCELLED
Dr. Cleola Anderiesz General Manager, Service Development and Clinical Practice at Cancer Australia "National data to improve cancer outcomes"

16 June TBA
Professor Grant McArthur Executive Director of the Victorian Comprehensive Cancer Centre
Prof Grant McArthur's research interests include discovery of novel drug targets in cancer, targeting oncogenes, immunological effect of targeted therapies, clinical trials of targeted therapeutics, personalised medicine, melanoma, cell cycle control, metabolism and protein synthesis in cancer.

Prostate Cancer Trials

DASL-HiCaP Trial

The purpose of this study is to see if a new tablet drug, darolutamide, combined with the current best treatments, can improve outcomes for men with high risk prostate cancer that has not spread beyond the prostate area. Previous studies have shown promising results for darolutamide preventing disease progression and improving survival for men with advanced prostate cancer. This is a randomised controlled trial, which means that, in addition to best standard treatments, half the participants on the study will receive darolutamide, and the other half will receive placebo. The trial is being led from Australia by ANZUP in collaboration with the NHMRC Clinical Trials Centre. The plan is to enrol 1,100 men from Australia, New Zealand, Canada, the US, Ireland, and the UK.

The trial is open and recruiting.
anzup.org.au

Evaluation of a mainstream model of genetic testing for men with prostate cancer

Status:Recruiting | Trial ID:ACTRN12619000502134
Recruitment date:28/03/2019

The National Comprehensive Cancer Network guidelines now suggest testing all men with metastatic prostate cancer for germline mutations predisposing to cancer, the purpose of this study is to determine whether this kind of testing is acceptable to patients with prostate cancer.

All patients will be offered germline genetic testing by a member of their treating oncology team:
- Patients will receive pre-test genetic counselling by member of their treating team, including provision of a general information sheet about the testing
- Participants will then have testing performed by collection of a saliva sample, with testing performed for 16 prostate cancer genes (ATM, BRCA1, BRCA2, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PMS2, TP53, FANCA, PALB2, RAD51D, BRIP1)

Primary Trial Sponsor:
Hospital
Chris O'Brien Lifehouse
119 - 146 Missenden Road,
Camperdown NSW 2050
Australia

Clinical trials may enable you to receive leading edge treatment, but you must also be fully informed of the risks, costs and safety issues of participating.

Internet Resources

Members have found the following websites useful

Prostate Cancer Foundation of Australia for guides & help
www.PCFA.org.au

Australian Cancer Trials
Information on clinical trials
www.australiancancertrials.gov.au

USA Prostate Cancer Foundation (Guide) PDF guide for men newly diagnosed with PC
www.PCF.org/guid

Us TOO International PCa Education (USA) USA PC support groups' information & newsletter
www.UsToo.org

Cancer Council Victoria for general support services
www.CancerVic.org.au

ExMed Cancer Program
Melbourne based 'best practice' exercise medicine program
www.EXMedCancer.org.au

ProstMate (PCFA) A companion to record PC results

Beyond Blue for help with depression and anxiety
HELPLINE 1300 22 4636

Continence Foundation of Australia for assistance with incontinence aids
HELPLINE 1800 33 0066

Australian Advanced Prostate Cancer Support Group for men diagnosed with advanced metastatic PC
www.JimJimJimJim.com

PCRI Prostate Digest (USA) Prostate Cancer Research Institute supporting research and disseminating information to educate and empower patients, families and the medical community www.pcri.org/insights

PAACT Newsletter (USA) Patient Advocates for Advanced Cancer Treatments
www.paact.help/newsletter/

The internet is a good source for research but it should not be trusted to give you answers for your personal care. Always speak to your doctor to clarify any medical advice.

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Mike Waller	Treasurer
Spiros Haldas	Library
David Bellair	Web Site
Michael Meszaros	Welfare Officer
Sue Lawes	Secretary

PHCSG Meetings 2020 10am – 12:30pm

Tues 18 Feb (guest speaker)
Tues 17 March
Tues 21 April (guest speaker)
Tues 19 May
Tues 16 June (guest speaker)
Tues 21 July
Tues 18 August
Tues 15 September
Tues 20 October
Tues 17 November
Tues 15 December (including Xmas lunch)

Please note that all face to face meetings have been cancelled until further notice. Please check your email regularly for updates from the PHSCG Committee.