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Prostate Cancer Foundation of Australia

PROSTATE HEIDELBERG - CANCER SUPPORT GROUP

Newsletter Issue 170
Next Meeting: Tuesday 20th February 2018

Our speaker for February is

Associate Professor MICHAEL HOFMAN

"DIAGNOSTIC & TREATMENT PARADIGMS USING PET SCANS"

Tuesday 20th February 2018
10:00am sharp

Associate Professor Michael Hofman is a nuclear medicine physician in the Centre for Molecular Imaging and Cancer Imaging at the **Peter MacCallum Cancer Centre** in Melbourne, Australia's only public hospital dedicated to cancer treatment, research and education. He has a co-appointment at the University of Melbourne and has previously completed a fellowship at Guy's and St Thomas' hospital in London.

Associate Professor Hofman has a vision of improving patient outcomes by using molecular imaging to non-invasively characterise disease thereby enabling improved selection of the most appropriate therapy for an individual patient and better assessment of therapeutic response.

He has particular interest in novel F-18 and Ga-68 PET radiotracers, and in theranostic (combining specific targeted therapy based on specific targeted diagnostic tests) applications including neuroendocrine tumours and prostate cancer. He is one of Australia's, and possibly one of the world's, leading physicians specialising in PET and Radiotracer scans and theranostic treatments such as Lutetium^{177}.

He is currently the principal investigator of the randomised multi-centre clinical trial of Gallium 68 PSMA PET scans and trials of the game changing Lutetium^{177} PSMA therapy. These are cutting edge imaging and treatments for Prostate Cancer.

BECAUSE OF DEMAND TO HEAR OUR SPEAKER,

IT'S FREE – BUT PLEASE BOOK IN ADVANCE

by EMAIL (prostateheidelberg@gmail.com) or

PHONE Max: 0413 777 342 or Barry: 0400 662 114

"PROSTATE CANCER STAGES: GROWTH AND SPREAD"

https://www.webmd.com/prostate-cancer/

You should ask your specialist about your "*stage*". And then ask the specialist to explain what it means. If it is I, II, or III then most likely you will told that your cancer does not need to be treated, or can be treated with a cure in mind.

Identifying the Prostate cancer stage helps determine the optimal treatment, as well as prognosis. Your specialist will stage your cancer, using the same descriptors as for other cancers. Your specialist will do this "staging" when you first visit and at later points when your cancer is thought to have varied.

The specialist's tools for staging include (but are not limited to):

1. Digital rectal exam;
2. Prostate-specific antigen (blood test);
3. Trans-rectal ultrasound;
4. MRI of the prostate using a rectal probe;
5. CT scan of the abdomen and pelvis, looking for prostate cancer metastasis to other organs;
6. MRI of the skeleton, or a nuclear medicine bone scan, to look for metastasis to bones; and
7. Surgery to examine the lymph nodes in the pelvis for any prostate cancer spread.

The results may include some test results that could be considered as intermediate to staging. These include:

1. PSA history;
2. Gleason score from biopsy or surgery;
3. PI-RADS score from multi-parametric magnetic resonance imaging (mp-MRI).

The specialist will consider all of the above and your own history to "stage", precisely describe the extent of your Prostate Cancer's status and spread.

Prostate Cancer Stages: TNM System

As they do for most cancers, doctors use the TNM system of prostate cancer stages. The prostate cancer stages are described using three different aspects of tumor growth and spread. It's called the TNM system for ***tumor***, ***nodes***, and ***metastasis***:

T for tumor, describes the size of the main area of prostate cancer.

N for nodes, describes whether prostate cancer has spread to any lymph nodes and to what extent.

M for metastasis, means distant spread of prostate cancer, for example, to the bones or liver.

Tumor (T)

Using the TNM system, the "T" plus a letter or number (0 to 4) is used to describe the size and location of the tumor. There are sub-groups that help describe the tumor in even more detail:

T1: The tumor cannot be felt during a DRE and is not seen during imaging tests. It may be found when surgery is done for another reason, usually for BPH or an abnormal growth of noncancerous prostate cells.

T1: The tumor is not obvious from normal tests.

T1a: The tumor is in less than 5% of the prostate tissue removed during surgery.

T1b: The tumor is in more than 5% of the prostate tissue removed during surgery.

T1c: The tumor is found during a needle biopsy.

T2: The tumor is found only in the prostate, not other parts of the body. It can be felt.

T2a: The tumor involves ½ of 1 lobe (part or side)

of the prostate.

T2b: The tumor involves more than ½ of 1 lobe of the prostate but not both lobes.

T2c: The tumor has grown into both lobes of the prostate.

T3: The tumor has grown through the prostate capsule on 1 side into the tissue just outside the prostate.

T3a: The tumor has grown through the prostate capsule either on 1 or both sides of the prostate, or it has spread to the neck of the bladder. This is also known as an extra-prostatic extension (EPE).

T3b: The tumor has grown into the seminal vesicle(s), the tube(s) that carry semen.

T4: The tumor is fixed, or it is growing into nearby structures other than the seminal vesicles, such as the external sphincter, the part of the muscle layer that helps to control urination; the rectum; muscles either side of the pelvis; or the pelvic wall.

Node (N)

The lymph nodes are tiny, bean-shaped organs help fight infection. *Regional lymph nodes* are near the prostate in the pelvic region; *distant lymph nodes* are in other parts of the body.

N0: The cancer has not spread to the regional lymph nodes.

N1: The cancer has spread to the regional lymph node(s).

N1: The cancer has spread to the distant lymph node(s).

Metastasis (M)

The "M" indicates whether the prostate cancer has spread to other parts of the body, such as the lungs or the bones. This is called *distant metastasis*.

M0: The disease has not metastasized.

M1a: The cancer has spread to distant *lymph node(s)*.

M1b: The cancer has spread to the *bones*.

M1c: The cancer has spread to *another part of the body*, with or without spread to the bone.

Stage Grouping Chart

Stage	T	N	M
I	T1a, T1b, or T1c	N0	M0
	T2a	N0	M0
	Any T1 or T2a	N0	M0
IIA	T1a, T1b, or T1c	N0	M0
	T1a, T1b, or T1c	N0	M0
	T2a	N0	M0
	T2b	N0	M0
IIB	T2c	N0	M0
	Any T1 or T2	N0	M0
	Any T1 or T2	N0	M0
III	T3a or T3b	N0	M0
IV	T4	N0	M0
	Any T	N1	M0
	Any T	Any N	M1

www.cancerstaging.org
https://www.webmd.com/prostate-cancer/
https://www.cancer.net/cancer-types/prostate-cancer/stages-and-grades

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Please contact Patrick Woodlock to redirect or cancel receipt of this Newsletter at ProstateHeidelberg@gmail.com or on 0438 380 131.

CALENDAR

2018 Meetings: **10:00am -12:30pm**

Tues 20 Feb '18 Michael Hofman
"*Changing the diagnostic & treatment paradigms with PET*"
Tues 20 Mar '18
Tues 17 Apr '18 Marie Pirotta & Jane Crow
"*A GP's approach to shared care*"
Tues 15 May '18
Tues 19 Jun '18 David Owen, Chief Scientist, Starpharma Ltd
"*A scientist's look at Prostate Cancer drugs*"
Tues 17 Jul '18
Tues 21 Aug '18 "*Survivorship studies, what are we learning?*"
Tues 18 Sep '18
Tues 16 Oct '18 "*ED and Incontinence: do we need to put up with it?*"
Tues 20 Nov '18
Tues 18 Dec '18 "*How genetics is impacting therapy now and in the future*" and Xmas lunch

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

Tues 19 Feb '19
Tues 19 Mar '19

Sometime 2019 Nik Zeps, Epworth
"*Negotiating your way through the medical system and life for cancer patients*"

The following **websites** members have found useful:-

Prostate Cancer Foundation of Australia www.PCFA.org.au
To record all your results.

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 best-practice exercise medicine program for people with cancer.

Prostmate www.ProstMate.org,au
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.

Us TOO International PC Education/Support Network www.UsToo.org/Read-Educational-Materials
USA Prostate Cancer support groups and information newsletter.

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

Commonwealth site for palliative care www.Health.gov.au/PalliativeCare
Government information on palliative care.

Banksia Palliative Care www.BanksiaPalliative.com.au
Austin Health/ONJ's palliative care provider.

ONJ Prostate Cancer Nurse carla.d'amico@austin.org.au
Austin Health/ONJ's prostate cancer nurse