



UPCOMING SPEAKERS

Tuesday, 17th April 2018

A GP's Approach to Shared Care

Prof Marie Pirotta and Dr Jane Crowe

Research GPs



Marie is Chair of the Royal Australian College of General Practitioners' National Standing Committee- Research. She is a general practitioner and an associate professor at the Department of General Practice, University of Melbourne. Her research interests include medicines and how they are used, in particular complementary medicines, as well as cancer in primary care. One of her current projects is exploring how people negotiate their way between complementary and orthodox medical systems.



Dr Jane Crowe, a General Practitioner and Prostate Cancer GP, currently at University of Melbourne, Australian Prostate Cancer Research, Victorian Primary Care Research Network, as well as private practice. She previously was at Epworth Prostate Centre.

Tuesday, 19th June 2018

A Scientist's Look at PC Drugs



Dr David J. Owen Ph.D. is the Vice President - Research of Starpharma Ltd. He has experience in medicinal chemistry and biochemistry, and in managing teams focused on commercially directed drug discovery.

Dr Owen has knowledge in many areas of chemistry, and has worked across therapeutic areas, including Starpharma's own internal drug delivery program focused on an improved dendrimer-docetaxel formulation.

PSMA PET/CT IMAGING and THERANOSTICS



Professor Michael Hofman, a physician in Nuclear Medicine and Molecular Imaging at Peter MacCallum Cancer Centre, and Department of Oncology, University of Melbourne, presented the talk at our February meeting.

PSMA PET: the new "gold standard"

Michael explained the difference between anatomic imaging (**CT** or **MRI**) versus functional imaging (**PSMA PET/CT**) using a "Where's Wally" analogy. CT and MRI provide very rich detail but it can be difficult to find the abnormality, even when you know for what you are looking. With PET scanning, the abnormality is highlighted with high contrast. When combined with CT (**PET/CT**) the abnormality can be found quickly, even if it has a normal appearance.

PSMA PET/CT scans:-

- Significantly superior to existing imaging modalities.
- Potential for wide clinical availability at relatively low cost.
- Produces images with high tumour-to-background contrast.
- There is a requirement to prove the technology in clinical trials.
- Some prostate cancers do not express PSMA; therefore be aware it is not perfect (just more perfect than alternatives)
- Images micro-metastatic disease; but don't play "Pokemet": treat everything you see
- PSMA theranostics is also a game changer.

PSMA is short for Prostate Serum Membrane Antigen. (It is not PSA, Prostate Serum Antigen, which is in the blood.)

- PSMA is expressed in normal prostate tissue.
- It is highly expressed in prostate cancer.
- It is more highly expressed in castrate-resistant and metastatic disease.

Better for detecting disease

PSMA PET/CT superior to CT, MRI or nuclear bone scans for detecting disease in the lymph nodes and the bones. Combining the PET with an MRI may increase accuracy beyond either modality alone. A caution is given that not all prostate carcinomas are PSMA-avid.

Randomised trial proPSMA

There is prospective randomised multi-centre clinical trial, **proPSMA**, in 10 centres around Australia, studying the impact of Ga-68 PSMA-PET/CT imaging for staging high risk prostate cancer prior to curative-intent: surgery or radiotherapy.

PSMA Theranostics

Theranostics combines specific **targeted therapy** based on specific **targeted diagnostic** tests, with a key focus on patient centred care: a personalised and precision medicine approach.

Prostate theranostics was introduced at Peter MacCallum in 2014. Lutetium¹⁷⁷ is an example of theranostics

Lutetium¹⁷⁷ PSMA (LuPSMA) Theranostic Phase II trial (Australian New Zealand Clinical Trials Registry, ACTR N 1261 5000 912 583) looked at the efficacy, safety and quality of life in 30 patients with castrate-resistant prostate cancer treated with LuPSMA.

THERANOSTICS:-

targeted **therapeutic** ¹⁷⁷Lu-PSMA-617
plus

diagnostic companion ⁶⁸Ga-PSMA-11 PET/CT

Conclusions

In men with metastatic castrate-resistant prostate cancer who have progressed after standard therapies with PSMA-avid disease:-

1. LuPSMA has high response rates;
2. Limited toxicity; and
3. With improvements in pain and well-being.

Further Trials

The conclusion warrants further evaluations:

- **"TheraP Trial"**: 200 patient multi-centre phase II randomised cancer trial vs cabazitaxel (a chemotherapy drug), patients having progressive metastatic castration resistant prostate cancer;
- **LuPSMA + anti-PD1 Ab pilot study** (Victorian Cancer Agency); and
- **LuPSMA + PARPi phase I study.**

HEALTH CHECK POINTS

Are you spending extra time at work, missing your kids and giving up a run each day or a bike ride on the weekend? Taking time for yourself is very important: remember to relax and allow yourself time to do the things you enjoy.

Health check points:

1. Spend time with your family;
2. Quit smoking;
3. Keep active;
4. Catch up with your mates; and
5. Mental health - talk about any issues.

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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 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