



Proudly Affiliated
With the Prostate
Cancer Foundation of
Australia

Payneham

PROSTATE CANCER SUPPORT AND AWARENESS GROUP NEWSLETTER

Mailing Address

Payneham P.C.S.A.

1 Brixham Rd

St Agnes. 5097

**February
2010**

Vol 2. No 1.

Website www.psapayneham.org

Wish to reach us by Email

Phil Davis classic100@lifestyle.sa.net.au

For further Information

Ph Phil (08) 82510939 or
Peter (08) 82635556 or
Arthur (08) 82894180.

Next Meeting 7p.m.

Tues 16th February 2010

Payneham R.S.L.,

**360 Payneham Rd,
Payneham**

WE WOULD BE DELIGHTED TO WELCOME YOU ALONG TO OUR MONTHLY MEETINGS, WIVES/PARTNERS OR OTHER FAMILY MEMBERS ARE ALSO VERY WELCOME. (Prostate Cancer also affects wives/partners and family.)

The Payneham Prostate Cancer Support and Awareness Group, provide friendship, support and information to people who have been affected or diagnosed with Prostate Cancer.

WE DO NOT GIVE MEDICAL ADVICE PLEASE TALK TO YOUR HEALTH PROFESSIONAL, WE ALSO DO NOT RECOMMEND TREATMENT MODALITIES MEDICATION OR PHYSICIANS.

WELCOME TO 2010

GUEST SPEAKER KEVIN O'SHAUGHNESSY.

**WILL SPEAK ABOUT HIS RESEARCH REGARDING
HOW MEN COPE WITH A DIAGNOSIS OF
PROSTATE CANCER INCLUDING WHEN THE
CANCER RETURNS AFTER TREATMENT**

Chairperson/Convenor, Phil Davis.

Deputy Chairperson/Convenor, Peter Woodrow

Secretary/ Librarian, Kathy Seager

Treasurer Arthur Seager

Committee Members Doug Day & Ian Milroy

CHAIR PERSON REPORT

A happy healthy and enjoyable 2010 to all, I am sure some of you either had a relaxing or chaotic Christmas and New Year break. I am certainly looking forward to another year and the opportunity to speak to men and their families. Some of whom will be newly diagnosed with prostate cancer and facing important life decisions. When considering treatment options we are or were all quite nervous, anxious and vulnerable. As we all know communication with our medical professionals is particularly important.

In my view 2009 was a very busy positive and interesting year. I was particularly impressed with the level of courtesy and respect shown by all at our monthly meetings. During the year we all enjoyed speaking with others and each other, who have walked the same path. Prostate Cancer patients helped by other survivors, often reach out to pass on the support creating that continuance of support. Simply described as, "a Chain of Compassion." Men can talk to their doctor, but a survivor can also be very helpful in a unique way. Attendees can gain reassurance about treatment options, reducing anxiety that the path ahead will create.

Prior to support groups men after treatment continued their daily lives, some experiencing post treatment difficulties with very little information on how to handle the bladder, bowel and/or erectile problems. These are the most common physical issues but there are also psychological problems that can also arise. Then androgen deprivation therapy may result in further physical and psychological challenges. As a result of treatment and post treatment issues, often

lifestyle changes are made in order to reduce distress and/or cope with the side effects. Our support group along with many others throughout Australia assist many men and their carer's, who are also equally distressed.

As a result of the excellent speakers we listened to during 2009, not only did we learn a great deal, but I think we can take comfort in the reality that in South Australia we have world class health professionals in our midst. Naturally we as patients want the very best of treatment and care available "What does the future hold?" what we imagine may well become a reality within a few years.

This year on behalf of all members I wish to welcome our new committee members, Ian Milroy and Doug Day. New committee members are essential in stimulating new ideas, so our group is innovative and continues to remain viable and relevant.

Our newsletters appear on the Payneham RSL website. www.payneham.rslsa.org.au

This issue I have included a number of articles of interest concerning prostate cancer trials and treatments which may or may not be of value in the future.

Treasurer's Activity.

Our treasurer Arthur Seager as well as keeping our finances in order, also participated again in the Tour Down Under Community Challenge Ride. Yes he appeared in the Messenger Newspaper, 'Again,' feature article, naturally front page. However despite my sarcasm, congratulation Arthur on your participation and positivity, you are an excellent example to all people who have been diagnosed with cancer.

FUTURE MEETINGS

TUESDAY FEBRUARY 16TH 7P.M.

KEVIN O'SHAUGHNESSY,

WHO WILL SPEAK ABOUT HIS RESEARCH REGARDING HOW MEN COPE WITH A DIAGNOSIS OF PROSTATE CANCER INCLUDING WHEN THE CANCER RETURNS AFTER TREATMENT.

TUESDAY MARCH 16TH 7P.M.

PROFESSOR ALFRED POULOS

MEDICAL RESEARCHER

CAUSES OF CANCER

TUESDAY APRIL 20TH 7P.M.

SURVIVOR FORUM

INCLUDING A MEAL AND SOCIAL EVENING.

ASPIRIN MAY PREVENT CANCER RECURRENCE.

Nov 6, 2009 (Chicago)

The use of anti-clotting drugs, including aspirin, appears to lower the odds that cancer will recur in men undergoing radiation treatment for prostate cancer, researchers report.

“We found that taking an anticoagulant lowers the risk of recurrence by almost half, says Kevin S. Choe, MD, PhD, a radiation oncologist at the University of Chicago.

Also, research suggests that the drugs may cause molecular changes then make cancer cells more sensitive to radiation, says the

University of Miami’s Alan Pollack, MD, PhD, who was not involved with the work.

The findings were presented at the annual meeting of the American Society for Radiation Oncology.

The study involved 662 men with prostate cancer undergoing radiation treatment at the University of Chicago from 1988 to 2005.

Of the total, 196 were taking aspirin, 58 were taking Coumadin, and 24 were on Plavix. The other men weren’t taking any anti-clotting medication.

About four years after they were treated, cancer recurred in only 9% of men taking an anti-clotting medication, compared with 22% of those who weren’t taking the drugs. After taking into account other risk factors for recurrence, taking an anti-clotting medication was associated with a 46% lower risk of recurrence. Choe says.

The benefit was most pronounced in men with high risk aggressive cancers that had not yet spread (metastasized) at the time of radiation treatment. In this group, cancer recurred in 18% of men on anticoagulants vs. 42% of men not taking the drugs. Cancer recurrence was defined as a rise in levels of prostate-specific antigen, or PSA. After radiation therapy, PSA levels usually drop to a stable and low level. Rising PSA levels are usually a sign of recurrence.

The anticoagulant drugs benefited men regardless of whether they received traditional external beam radiation therapy or radioactive seeds. The study did not include men who received newer forms of radiation therapy, such as proton therapy.

The researchers did not analyze the three drugs separately.

Choe cautions that men with prostate cancer should not start taking blood-thinning drugs for the purpose of cancer control.

The drugs have risks of their own, including internal bleeding. Choe's previous research showed that Coumadin and Plavix increase the risk of rectal bleeding in men undergoing radiation treatment.

"We need more data from a larger study before we can say with confidence that the benefits outweigh the risk of toxicity," he says.

But if your doctor has prescribed the drugs for reasons of heart health, "this may be an added benefit," Choe says.

EVEN SMALL PROSTATE CANCERS RELAPSE FOLLOWING RADICAL PROSTATECTOMY

Researches from the Netherlands have reported that one in 10 men with small volume, or "insignificant", prostate cancers have a biochemical recurrence (BCR) following radical prostatectomy. The details of this retrospective study were published in the September, 2009 issue of Urologic Oncology.

There has been a considerable amount of discussion concerning over diagnosis of patients through prostate specific antigen

testing (PSA). It has been suggested that many men will be diagnosed with prostate cancer that is not destined to result in death. However, attempts to identify men with indolent prostate cancer that does not require treatment have not been successful.

In this study small-volume prostate cancers are defined as being less than 0.5cc and insignificant tumors, which are defined as being less than 0.5cc in volume with a Gleason score of less than 7. These researchers evaluated outcomes of 502 men with prostate cancer treated between 1992 and 2005. The median follow-up after surgery was 40 months.

In this cohort of patients 16% (82) were categorized as small volume or insignificant. 13% (64) were categorized as insignificant. Positive margins were found in 16% of small volume and 13% of significant prostate cancers. The five year risk of BCR was 10% in men with small-volume or insignificant prostate cancers versus 35% for the other men in this cohort with more advanced disease.

This data suggests that even small volume and insignificant prostate cancers are associated with a significant biochemical recurrence rate, which could increase with further observation. Thus size alone does not help in determining which prostate cancers are benign enough to warrant no treatment.

Reference

Van oort IM, Kok DEG, Kiemeny L.A, et al. A single institution experience with biochemical recurrence after radical prostatectomy for tumours that on pathology are of small volume or insignificant. Urological oncology.

PSA VALUE AT TWO YEARS POST-TREATMENT CAN PREDICT LONG-TERM SURVIVAL IN PROSTATE CANCER PATIENTS

Prostate cancer patients having a PSA value less than or equal to 1.5ng/mL at 2 years after external beam radiation therapy, (EBRT) are less likely to have a cancer recurrence and cancer-related death, according to a study in the December 2009 issue (Vol. 75, pp.1350-6) of the International Journal of Radiation Oncology*Biography*Physics, the official journal of the American Society for Radiation Oncology.

PSA levels after a successful course of EBRT should decline gradually over the following 18 to 24 months. A continued rise in PSA can indicate relapsing disease. Prior studies attempted to categorize PSA response patterns, but most did not use a fixed point after RT to predict outcomes.

Researches at the Memorial Sloan Kettering Cancer Centre Department of Radiation Oncology and Epidemiology and Biostatistics in New York sought to determine the significance of a patient's reaching a certain PSA level at a specific point in time after EBRT.

The study authors found that patients with a PSA value of less than or equal to 1.5 at two years had a 2.4 and 7.9 percent incidence of distant metastases at 5 and 10 years after treatment respectively. Patients with a PSA value higher than 1.5 experienced a significantly higher rate of metastases at 5 and 10 years after

treatment (10 percent and 17.5 percent respectively).

“In the past patients with a relapsing cancer after receiving radiation, were not identified until several years after treatment and at that point it may be too late to effectively salvage their recurrence.” Michael Zelefsky, MD, lead author of the study and a radiation oncologist at Memorial Sloan Kettering Cancer centre, said.

“If we can catch these future instances of cancer recurrence earlier in prostate cancer patients, then we have a much higher chance of reducing the mortality associated with the cancer.”

PRELIMINARY DRUG TRIAL INDICATING PROMISING RESULTS

The drug “**Olaparib**” is indicating some positive results in preliminary drug trials. Olaparib was given to 19 patients with inherited forms of advanced breast, ovarian and/or prostate cancers caused by mutations of the BRCA1 and BRCA2 genes.

In 12 of the patients – none of whom had responded to other therapies – tumours shrank or stabilized,

The study, which was led by the institute of Cancer Research, features in the New England Journal of Medicine.

Julian Lewis was treated with olaparib after being diagnosed with advanced prostate cancer.

Within a month or two, levels of a key chemical marker of cancer went down to a low level and have stayed low for more than two years.

Olaparib – a member of a new class of drug called PARP inhibitors – targets cancer cells, but leaves healthy cells relatively unscathed.

The researchers, working with the pharmaceutical company Astra-Zeneca, found that patients experienced very few side effects and some reported the treatment was “much easier than chemotherapy.”

Researcher Dr Johann de Bono said the drug should now be tested in larger trials. He said; “The drug showed very impressive results in shrinking patients’ tumours. It’s giving patients who have already tried many conventional treatments long periods of remission, free from the symptoms of cancer or major side-effects.”

Although development of this drug requires further extensive controlled trials, it is quite exciting and interesting. Early indicators suggest it has the potential to work when other treatment options have failed.

PROMISING NEW ANTIBODY KILLS PROSTATE CANCER CELLS

Research Scientists at the University of Pennsylvania have reported a new antibody, F77 which recognizes and causes the death of prostate cancer cells. The report in the proceedings of the national Academy of Science states

“In our effort to find diagnostic markers and to develop therapeutic approaches for prostate cancer, we have identified an mAb that is capable of binding to a cell surface antigen specifically expressed on both androgen-dependent and androgen-independent prostate cancer cells.”

More simply put the antibody known as F77 attacks the disease directly and helps the immune system identify and destroy cancer cells in patients with advanced, treatment-resistant tumours. However it could also be used for patients in the early stages of the disease, doubling its benefit.

F77 is a monoclonal antibody which can be mass-produced in the laboratory by copying a single type of immune system protein. Like natural antibodies made in the body, they help identify and neutralize invaders or sources of danger, such as cancer cells. This is done by latching on to a specific target molecule, or antigen.

In the case of F77, the target is a fatty sugar only found on prostate cancer cell surfaces. Dr Mark Greene from the University said F77 had “promising potential.”

The antibody was tested on mice injected with highly aggressive human prostate cancer cells. Tests found that it wiped out 85 percent of one type of highly aggressive prostate cancer.

Large prostate tumours grown in the laboratory were dramatically reduced in size when treated with the antibody. Tagging F77 antibody could theoretically be used to detect the spread of prostate cancer.

The Payneham R.S.L. is located on the southern side of Payneham Rd, about 100 metres east of the intersection of Payneham Rd and Portrush Rd. a car park is available on the eastern side of the hall, enter the eastern side door of the R.S.L. from the car park.

Membership to join the Payneham Prostate Cancer Support and Awareness Group is free as the group is funded in part by the Prostate Cancer Foundation of Australia, however we do welcome and depend on donation to fund the remainder of our expenses.

Supper (Tea Coffee and Biscuits) is provided free of charge at each meeting and the bar at the R.S.L. is open prior to and after each meeting.

For further information or a chat please call Phil Davis, Ph82510939, Peter Woodrow, 82635556 or Arthur Seager, Ph 82894180.

**A SPECIAL THANK YOU TO THE COMMITTEE OF THE PAYNEHAM
R.S.L.**
