

The new horizon to zero deaths

from prostate cancer



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THE VOYAGE TO SURVIVAL

Welcome to the March edition of Blue Sky News, a magazine dedicated to you and other Australian men and families impacted by prostate cancer. In this edition, read about a new multi-year clinical trial exploring the frontiers of precision medicine, and discover more about our new STARGATE Project and the voyage to survival.

On behalf of the team here at PCFA, thank you for your messages of support and your heartfelt donations – your actions drive our mission forwards.

Jacen Ty

Associate Professor Steve Callister National Board Chairman

Professor Jeff Dunn AO
Chief Executive Officer

2021 WORLD CANCER LEADERS' SUMMIT:

DRIVING INNOVATION TO ADVANCE PROSTATE CANCER CONTROL

In October this year global leaders in cancer control will meet to talk about how we can work as a world community to improve equitable access to the highest standards of care.

PCFA CEO and UICC President-Elect, Professor Jeff Dunn AO, is expecting to join the Summit virtually, facilitating conversation on the role of innovation in preventing worldwide deaths from prostate cancer. "COVID-19 has changed the way we do things, requiring us to think differently about how we deliver clinical care and support. Ultimately, we have been given an opportunity to transform health services for the better," he says.







For more information, go to uicc.org

SURVIVORSHIP ESSENTIALS: NEW PROJECT SET TO HELP MEN COPE WITH HORMONE THERAPY



If you've experienced hormone therapy, you'll know how tough it can be. The side-effects can take a serious toll on your physical and mental health, and there are few support services to help you navigate everyday life on a hormonal rollercoaster.

In response, PCFA has issued a call for funding to test the effectiveness of a specialised telenursing program to better support men with prostate cancer on hormone therapy.

The project will involve recruitment of a Clinical Nurse Specialist to provide expert

care and tailored management strategies for coping with the treatment.

While the project is still in planning phases, it is expected to include a series of supportive care modules, covering issues such as distress management, decision support, skills training, exercise uptake, and patient-clinician communication.

PCFA's Director of Nursing, Adjunct Professor Sally Sara, says the program is urgently needed.

"Hormone therapy is a common treatment prescribed to an estimated 30-50% of Australian men as part of their prostate cancer treatment regime. While it is effective in increasing survival and reducing disease progression, it's also associated with a range of debilitating side effects that have a significant impact on both physical and mental health."

"Men undergoing hormone therapy report significant unmet supportive care needs particularly in relation to physical, cognitive, social and sexual functioning. There is an urgent need for these men to be provided with tailored, person-centred support that improves the management of side effects and quality of life for those undergoing treatment."

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To find out more about funding this Australian-first project, phone 1800 22 00 99 or email enquiries@pcfa.org.au

EVOLUTION:

PHASE II TRIAL SET TO GO WHERE NO PROJECT HAS GONE BEFORE

A ground-breaking new clinical trial co-funded by PCFA is set to explore the next frontier in precision medicine for prostate cancer – combining Lu-PSMA with immunotherapy.



A multi-million dollar
Phase II Trial will begin
later this year to test the
effectiveness of using
Lutetium-177-PSMA
(Lu-PSMA) and cancer
immunotherapy to treat
metastatic castration
resistant prostate cancer
(mCRPC, or advanced
prostate cancer).

This study, led by the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) with co-funding from PCFA, will be the first of its kind in the world, involving 100 men with mCRPC from around Australia. ANZUP Chair, Professor Ian Davis, says the trial could lead to major advances in the treatment of advanced prostate cancer.

"Cancer immunotherapy is already used to combat many different types of cancer, but so far has not proven successful in helping us treat prostate cancer.

"The reasons for this are not known, but we believe it could be made more effective if we think creatively about how it is given.

"Radiotherapy has been shown to help boost the immune response in other settings. It is possible that combining radiotherapy with immunotherapy might lead to more and better responses in prostate cancer."

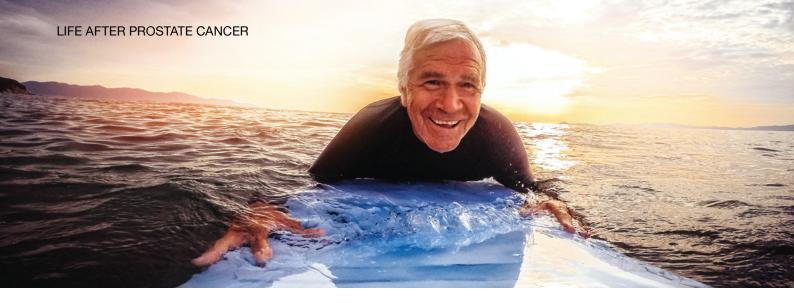
Lu-PSMA is a novel treatment that delivers radionucleotide substance Lutetium-177 to prostate specific membrane antigen (PSMA), a substance on the surface of most prostate cancer cells. Lu-PSMA will be given in conjunction with two immunotherapy drugs that are in common use for cancer treatment, known as ipilimumab and nivolumab.

The study name, EVOLUTION, is an acronym for Evaluating niVOlumab LUTetium and Ipilimumab in prOstate carciNoma.

"Our previous work has shown that Lu-PSMA is active in advanced prostate cancer. This trial aims to see whether Lu-PSMA combined with cancer immunotherapy is safe and can lead to clinically meaningful anti-cancer effects," Professor Davis says.

The trial will monitor and compare PSA levels for 12 months, collecting biological samples to try and understand response rates.





RETRAINING YOUR BLADDER

TO OVERCOME INCONTINENCE

In the same way poor bladder habits may have led to incontinence, retraining your bladder into good habits can improve, or even fix urinary challenges.

What is bladder retraining?

The purpose of bladder retraining is to improve the ability to 'hold on' and reduce or even eradicate leaks. Leakage issues can lead to poor habits which can unintentionally make things worse, such as going to the toilet 'just in case' and reducing fluid intake.

Going to the toilet before your bladder is full programs it to hold less and want to void more. Similarly, although reducing fluid intake reduces urine production, it increases its concentration, which can irritate the bladder, intensifying the urge to void frequently. In other words, it can lead to going to the toilet a lot, but passing only small amounts of urine. By gradually introducing good habits, the bladder can adopt a more usual function.

What are pelvic floor exercises?

Doing pelvic floor exercises is the best way to prevent and reduce urinary incontinence. The pelvic floor is a group of muscles that are positioned deep within the lower part of your pelvis. These muscles provide general support to your bladder and bowel and help to control the flow of urine. Exercising and strengthening the pelvic floor muscles before and after surgery or radiation therapy can help you to regain urinary control sooner.

Pelvic floor exercises can also reduce overactive bladder symptoms (the strong urge to urinate). Men who learn to effectively train the pelvic floor muscles, with the help of a trained physiotherapist or continence nurse, can experience less urine leakage after prostate cancer treatment than those men who don't. Just a note – after surgery, don't do pelvic floor exercises with a urinary catheter.

Retraining

Speak to your GP or one of our Prostate Cancer Specialist Nurses about the suitability of bladder training for you, as it is best done under the supervision of a healthcare professional. The process involves completing a bladder diary, noting fluid intake and output, as well as the degree of 'urge' experienced and any leakage.

Managing incontinence

While retraining, you may want the security of an absorbent product to manage any leaks. Over many years we've worked in partnership with TENA to raise awareness of products designed specifically for men that rapidly absorb and lock away fluid, keeping you dry and odour-free.

2021: IS THIS THE BEGINNING OF A NEW AGE IN PROSTATE CANCER EARLY DETECTION?

Experts in Europe have recently called for a review of current approaches to screening for prostate cancer, in response to rapid advances in treating the disease.

Their recommendations support our advocacy for an immediate review of Australia's PSA Test Guidelines.

"We feel the time has come to start implementing organised, risk-stratified early detection of prostate cancer for well-informed men," says Professor Hendrik Van Poppel, the lead researcher on a paper recently published in the Journal of the European Association of Urology.

Van Poppel is one of a growing number of experts recommending the European Union endorses a new early detection plan for adoption in national cancer strategies.

Van Poppel has a distinguished 35-year career in Urology and is Adjunct Secretary General of the European Association of Urology responsible for Education.

"The general prevailing motives for not implementing a prostate-specific antigen (PSA)-based population screening program for prostate cancer arise from its over-diagnosis and eventual subsequent over-treatment of indolent prostate cancer.

"However, this has been overthrown by the availability of increased knowledge on the natural course of different risk groups, new technologies such as multivariable risk prediction models, and magnetic resonance imaging.

"The harms of screening can now be reduced by risk-adapted and personalised strategies, while maintaining the reduction in metastasis and death."

Van Poppel and co-authors argue that the knowledge gathered over recent years has reduced the potential harms of early diagnosis and may increase the benefits of broader screening strategies.



STARGATE:

THE NEW HORIZON TO ZERO DEATHS FROM PROSTATE CANCER

A new website is changing the way Australians think about prostate cancer, highlighting the need for urgent action today to save lives tomorrow.

For the first time,
Australians have been
given access to a
national series of fact
sheets revealing the
best and worst prostate
cancer survival rates
in the country.

The fact sheets are the culmination of 12 months of research using cancer registry data to examine rates of incidence, mortality, survival, and stage of disease at diagnosis.

The information is key to improving survival outcomes, increasing community awareness of the prostate cancer burden in Australia.

Lead researcher, Associate Professor David Smith, says the knowledge can be used to help strengthen systems of care in high-risk regions.

"The STARGATE fact sheets give people a summary of prostate cancer's impact in their region, compared to Australian averages.

"The information is key to helping us understand how prostate cancer affects different communities, and increases our awareness of areas that may be at a high risk of avoidable deaths."

PCFA's CEO, Professor Jeff Dunn AO, says the data adds weight to PCFA's call for a review of the PSA Test Guidelines.

"The way we diagnose and treat prostate cancer has rapidly changed over the past 10 years. Today, about 70% of Australian men with low-risk prostate cancer choose active surveillance, which reduces risks of over-diagnosis and mistreatment.

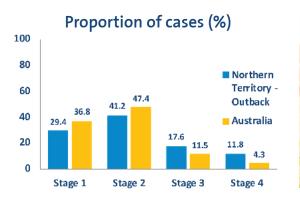
"Despite this progress, under the current PSA Test Guidelines only 36% of prostate cancers are being detected at Stage 1, when we know we have the best chance of beating the disease.

"In some areas, such as Ipswich in Queensland, only 13% of men are being diagnosed at Stage 1. We urgently need a better approach to prostate cancer early detection in order to save lives."



Cancer stage at diagnosis

Cancer stage indicates the presence of prostate cancer within or beyond the prostate, on a scale of 1 to 4. Stage 1 prostate cancer is contained within the prostate, whereas Stage 4 has spread outside the prostate.







For the first time, STARGATE will reveal stage of disease at diagnosis for every region in Australia, creating new awareness – visit <u>stargate.org.au</u> to find out more.

RESEARCH SAVES LIVES:

MEET AUSTRALIA'S MOST PROMISING PROSTATE CANCER RESEARCHERS

Late last year we put out a call for applications from Young Investigators worthy of grant funding under our Priority Impact Research Awards. Today we unveil the award winners, who will use their grants to help us defeat prostate cancer.









SCREENING FOR GENETIC VULNERABILITIES IN CHR8Q-AMPLIFIED PROSTATE CANCER

Dr Richard Rebello, Monash University

Progression to end-stage prostate cancer is associated with increased copies of cancer-causing genes in the original tumour. This increase commonly occurs in the DNA surrounding the 'MYC' gene, a strong cancer driver, and involves more than 400 other genes. This study will investigate the specific additional genetic changes thought to contribute to poor survival and determines whether these changes are weaknesses that can be exploited as drug targets or as early detection biomarkers, in a precision medicine approach to cancer care.



TARGETING LIPID METABOLISM IN ADVANCED PROSTATE CANCER

Dr Kate Mahon, Chris O'Brien Lifehouse

Prostate cancer remains a major cause of cancer-related death. Patterns of circulating lipids (fats in the blood) are associated with poor response to treatment and shorter life related to prostate cancer. In this project, we plan to identify drugs which can reverse the patterns of lipids in the blood. In the future, this will allow the development of new metabolic approaches to treatment to potentially improve survival and quality of life in men with lethal prostate cancer.



CELLULAR STRESS TO IDENTIFY THE MOST AGGRESSIVE FORMS OF PROSTATE CANCER

Dr Sam Faulkner, University of Newcastle

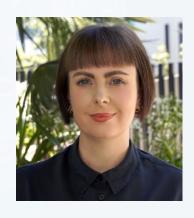
Nerves play a critical role in stimulating prostate cancer growth and metastasis. We have obtained exciting new data showing that nerve infiltration is initiated by the cellular stress experienced by prostate cancer cells. This project will test the value of cellular stress as a biomarker to identify aggressive prostate cancer at the time of diagnosis, as well as the potential of targeting cellular stress to prevent nerve infiltration and prostate cancer progression.



WHAT ARE THE NEEDS OF PROSTATE CANCER PATIENTS, AND THEIR PARTNERS IN AUSTRALIA? A STUDY THAT WILL DESCRIBE UNMET NEEDS AND STRATEGIES TO BEST SATISFY THEM

Dr Carolyn Mazariego, Cancer Council NSW

This research aims to identify the needs of prostate cancer patients and their partners. We are interested in talking about any unsatisfied needs post-treatment or management choice. These would include physical, psychological and support needs that are still unsatisfied. In order to do this, we will be sending out surveys to men and their partners enrolled in the Australia-wide Prostate Cancer Outcomes Registry. From the survey we will identify the most commonly reported unsatisfied needs and ask men and their partners to talk to us further about how we can best help them meet these needs.



EXPLOITING NOVEL SUPPRESSORS OF IMMUNE SIGNALLING PATHWAYS IN PROSTATE CANCER CELLS TO PREDICT AND PREVENT SPREAD TO BONE

Dr Katie Owen, University of Melbourne

The spread (metastasis) of prostate cancer cells to bone is hard to predict, currently untreatable and ultimately fatal. Our research has identified that an immune signalling pathway, normally intact in less aggressive prostate cancer cells, is suppressed when cancer cells move to bone. Loss of this pathway makes the tumour cells invisible, allowing evasion of immune detection and subsequent growth. We will utilise these pathway changes to identify men most at-risk of bone metastasis and explore how blocking this pathway loss in tumour cells can prevent prostate cancer spread to bone.

PARTNERS AND PROSTATE CANCER:

YOU'RE NOT ALONE

When the person you love is diagnosed with prostate cancer, life changes. For many, it's a distressing and challenging journey. To look after each other, you have to care for yourself too.



When you hear the news your loved one has prostate cancer, you may suddenly find yourself dealing with feelings of fear, anxiety, anger, depression, and loss. Many partners, families and friends say they feel as though they are on an emotional rollercoaster. You are likely to experience changes to your lifestyle and relationships. On a practical level, your life may change overnight, with difficult decisions to be made about work, finances and new roles and responsibilities.

HERE ARE SOME THINGS TO LOOK OUT FOR, AND SUGGESTIONS FOR COPING:

1 ANGER

- Notice the warning signs of anger in your body (e.g. tense jaw, heart beating faster, feeling hot, shaking, feeling out of control).
- Take time out. Step outside the room and go for a walk.
- Try relaxation techniques like controlled breathing.
- Talk to your General Practitioner (GP) or a counsellor about ways to manage your feelings.

2 GUILT

- Recognise it and say it out loud ('I feel guilty for...').
- Look for the causes of guilt.
- Seek and accept help talk to a trusted friend, family member, prostate cancer support group member, psychologist, counsellor or your doctor. Find out what help is available.
- Do not use the words 'SHOULD' or 'MUST' – they can make you feel more guilty.

STRESS

- Exercise regularly, even if it is just a walk around the block.
 You can exercise with friends or join a gym.
- Learn meditation and other relaxation techniques.
- Do something you find relaxing, such as listening to music, reading a book.
- Talk to someone, join a prostate cancer support group, talk to a psychologist or social worker.
- Rest and try to get enough sleep.
- Eat proper meals that are nutritious, and limit alcohol and other drugs.
- Take time out.
- Be kind to yourself.
- Speak to your healthcare team about ways to manage your stress level.

4 LONELINESS

- Keep in touch with family and friends more regularly. This can be in person, through phone calls or emails and social media sites.
- Accept help from others.
- Invite people over to visit.
- Join a PCFA prostate cancer support group so that you are around other people who know exactly what you are going through. To find a PCFA support group, visit pcfa.org.au/support/find-

a-support-group.

5 DEPRESSION

- Try to do at least one thing that you enjoy every day.
- Improve your sleeping patterns.
- Do not stay in bed get up as soon as you wake up.
- Try to manage your stress before it gets too much.
- Catch up with friends either in person, or on the phone.
- Do some relaxation.
- Do some exercise.



TO LOOK AFTER EACH OTHER, YOU HAVE TO CARE FOR YOURSELF TOO.

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This article is an extract from our new Understanding Series – download the full booklet and others at *pcfa.org.au/awareness/general-information/general-information-resources*

Join the Voyage to Survival

STARGATE.ORG.AU

