

BLUE SKY NEWS

ISSUE 80 | JANUARY 2022 EDITION

MEN AT WORK

STRIVING &
THRIVING
AFTER
PROSTATE
CANCER



UNDERSTANDING
**ERECTILE
DYSFUNCTION**

Combating the invisible enemy

LEARN MORE ABOUT
PSMA THERAPY

What is theranostic treatment and how does it work?

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LOVE, VIRTUALLY



Prostate cancer is tough, but together we are stronger.

This Valentine's Day, buy a virtual Forget-Me-Not for someone you care about. All proceeds will go towards PCFA research, nursing, and support.



Buy your virtual Valentine's Day Forget-Me-Not by scanning this QR code →



Jeff Dunn and Steve Callister

RESEARCH HOLDS THE KEY TO A CURE

Welcome to the January 2022 edition of Blue Sky News. In this edition, we bring you all the latest news about our work to create a world without prostate cancer. To do this, we must double funding for prostate cancer research, but we can't do it without your help.

Indeed, you and others have always been key to our success. Your donations and support have helped us to build a nationwide organisation connected with men and families in homes around the country.

This year, our work continues, with ongoing research, the expansion of our specialist nursing service, and the introduction of new programs and campaigns to grow community awareness and improve survivorship for the 230,000 Australian men who are alive today after a diagnosis of prostate cancer.

Thank you for being a supporter of PCFA.

With your Will, we can find a way.

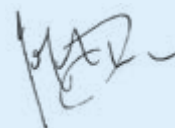
If prostate cancer has impacted your life, please consider leaving a gift in your Will to PCFA.

When you make the decision to leave a gift in your Will to PCFA, your legacy will help to save the lives of our fathers and sons, funding Australian prostate cancer research and driving actions to end the pain of prostate cancer.

Find out more by calling our team today on 1800 22 00 99.



Adjunct A/Prof Steve Callister
National Board Chairman



Professor Jeff Dunn AO
Chief of Mission and Head of Research

➔ Email enquiries@pcfa.org.au to request a free Wills guide.

TOGETHER WE ARE STRONGER: EXPANSION OF SPECIALIST NURSING SERVICES



OVER
300
NEW TELENURSING
CALLS EACH
MONTH



OVER
1,700
SURVIVORS
CONNECT WITH A
NURSE EACH MONTH



OVER
8,000
HOSPITAL
CONSULTATIONS
EACH MONTH



Prostate Cancer Specialist Nurses Kerry and Sophie

If you need support with prostate cancer, this year we'll be giving you more options for connecting with our Specialist Nurses for expert care and advice.

We'll be funding at least six new hospital-based nurses in city and regional areas, with a focus on locations where men and families currently lack the support of a local nurse.

We'll also be expanding the specialist services available to you via Telenursing, introducing an expert on sexual function after treatment for men who want more information about managing erectile dysfunction and rehabilitation.

Men on hormone therapy will also have the opportunity to take part in a major research project to test the effectiveness of a nurse-led intervention to improve survivorship care through exercise, distress

management, skills training, and wellness checks.

More than 200 men on hormone therapy will be invited to take part in the trial, which will be delivered over a four-week period with a booster session one month later.

The growth of our nursing services has been made possible thanks to the support of donors like you, the Dry July Foundation and government agency support.

➔ Email telenurse@pcfa.org.au to learn more and fundraise for PCFA during Dry July.

PSMA THERANOSTICS:

A NEW STANDARD OF CARE THAT IS SAVING LIVES

Almost all of us have heard of PSMA theranostics, but how does the life-saving therapy work, and what does it mean for men and families facing prostate cancer?



Theranostics combines therapy and diagnostics to improve our understanding of each man's prostate cancer, and how it can be most effectively treated.

HOW DOES PSMA PET/CT SCANNING WORK?

In the first instance, PSMA PET/CT scanning can help to identify whether a man's prostate cancer has spread beyond the prostate to other parts of the body.

A PET scan uses nuclear medicine to pinpoint the prostate cancer cells, while the CT scan uses x-rays to create a 3D image of the body that can be used by specialists to get a more complete picture of each man's situation.

Because prostate specific membrane antigens (PSMA) appear on the surface of prostate cancer cells, PSMA PET/CT imaging can be used to find prostate cancer cells which may have spread around the body, using a nuclear medicine radiotracer that attaches itself to PSMA.

The ProPSMA clinical trial, co-funded by PCFA, found this method of imaging to be 92% accurate in detecting deadly tumours, compared to only 65% accuracy for CT and bone scans combined, which have been used as standard imaging techniques until very recently.

HOW DOES PSMA TREATMENT WORK?

If the cancer has spread to other parts of the body, doctors use a special nuclear medicine radiotracer that attaches itself to the PSMA and deploys a form of targeted radiation to find and destroy the killer cancer cells.

The radiotracer is called Lutetium, and has been proven effective in worldwide studies such as the TheraP clinical trial, co-funded by PCFA and conducted here in Australia by some of the world's best researchers in this field.

While it's still considered experimental, LuPSMA treatment, as it's more commonly known, is usually given in intervals of six weeks, with between four and six cycles of the treatment recommended.

PCFA is advocating to the government for both PSMA PET/CT scanning and LuPSMA treatment to be made available to all men who need it, with no out-of-pocket costs.



Email

**enquiries@pcfa.org.au
for more information
and donate to research
via pcfa.org.au/donate**

FACING THE TIGER

LEARNING HOW TO PIVOT WHEN PROSTATE CANCER STRIKES



Professor Suzanne K. Chambers AO

“For many men, the experience of prostate cancer and the stresses it invokes, such as changes in physical function, challenges their usual ways of coping and they find themselves in an uncomfortable space,” Professor Chambers says.

“For example, if a person has had a tendency towards excessive self-blame or negative self-judgement, avoidant coping approaches, or rumination and worry, then a diagnosis of prostate cancer can heighten these tendencies.

“If these patterns are repeated and reinforced by a rigid mindset, struggling to cope with uncomfortable feelings, it can make life much harder for men, rather than helping them to cope.

“The good news is, there is much we can do to change this.”

In her book, *Facing the Tiger*, Professor Chambers provides practical strategies for strengthening understanding and self-awareness so that men and their loved ones can adjust better to life with prostate cancer.

Professor Suzanne K. Chambers AO is a registered nurse and health psychologist with over 30 years of experience in supporting men with prostate cancer. In this interview, she shares her expertise on the strategies men and their partners can use to cope better with their disease.

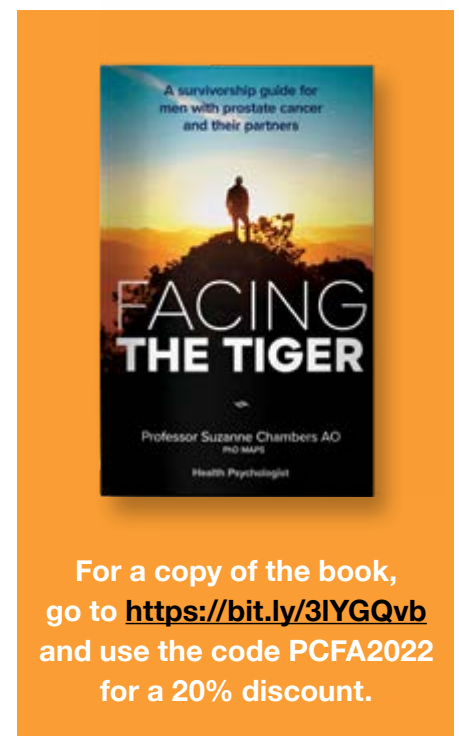
“The first step is self-awareness – noticing difficult feelings and thoughts, without judgement.”

“This can help us think more deeply about why we feel the way we do, where we learned our way of responding, and what the consequences of this have been for ourselves and those around us.

“One helpful way to approach your mindset is to wonder what a close friend might say to you, to think about what advice they might give you, and to consider what you would say to them, if they were in your shoes.”

This type of thinking can lead to changed behaviours and new ways of coping, which can be especially powerful when combined with practical actions and goal setting, whether they are major or minor.

“Above all though, we need to approach our own situations and each other without judgement. Change is hard, and we need to recognise the courage of men with prostate cancer, who are all doing their best to cope with Facing the Tiger.”



For a copy of the book, go to <https://bit.ly/3IYGQvb> and use the code PCFA2022 for a 20% discount.

Your guide to prostate cancer: **UNDERSTANDING ERECTILE DYSFUNCTION**

An excerpt from the new book *Your Guide to Prostate Cancer: The disease, treatment options and outcomes (4th Edition)* by Associate Professor Prem Rashid.

Erectile dysfunction (ED) is a common side-effect following treatment for prostate cancer, but several different approaches can help overcome some of the challenges.

Early penile rehabilitation should be encouraged, with good evidence that it promotes quicker return of erectile function. Many men also notice penile shortening after treatment, and early rehabilitation may limit the extent of shortening.

When ED occurs, tablets such as sildenafil (Viagra), vardenafil (Levitra), tadalafil (Cialis) and avanafil (Spedra) can help men who can still achieve an erection. Each of these work in slightly different ways and timeframes:

- Viagra and Levitra work for about five hours.
- Spedra works for about 10 hours.
- Cialis works for about 24-36 hours.

They won't automatically cause an erection, but can help to boost one when stimulated.

Penile injection therapies such as Caverject Impulse and Trimix have a better success rate, although at first it can feel daunting to inject the penis. It's

important to understand that a fine needle is used and the process is simple, fast, and effective for many men.

Vacuum erection devices can also assist with restoring sexual function after treatment. The cylindrical device fits over the penis and uses a pump to stimulate blood flow, maintaining the erection through the use of a tension band at the base of the penis. Medical grade devices can be costly and some patients prefer to test penile enlargers sold in adult shops before making the financial commitment.

Penile implant surgery is also a good way to re-establish erectile function, where an inflatable device is surgically implanted into the penis. The device is not obvious to the eye and can help to avoid ongoing costs of injections and other treatments. There are initial costs for the surgery, which is partially reimbursed by some health insurance policies but not currently subsidized in the public health system.

Many men consider implant surgery if erections haven't returned after around 12 months, and recover quickly from the surgery, with swelling that lasts for about two weeks.

Most men maintain their libido after treatment, and although ejaculation will disappear or reduce, many are still able to achieve an orgasm after treatment and without a firm erection and ejaculation.

For more information about ED after prostate cancer treatment, talk to a PCFA Specialist Nurse by calling 1800 22 00 99.

Associate Professor Prem Rashid is the President of the Urological Society of Australia and New Zealand and a prostate cancer surgeon with over 25 years of clinical experience in treating men with prostate cancer.



Associate Professor Prem Rashid



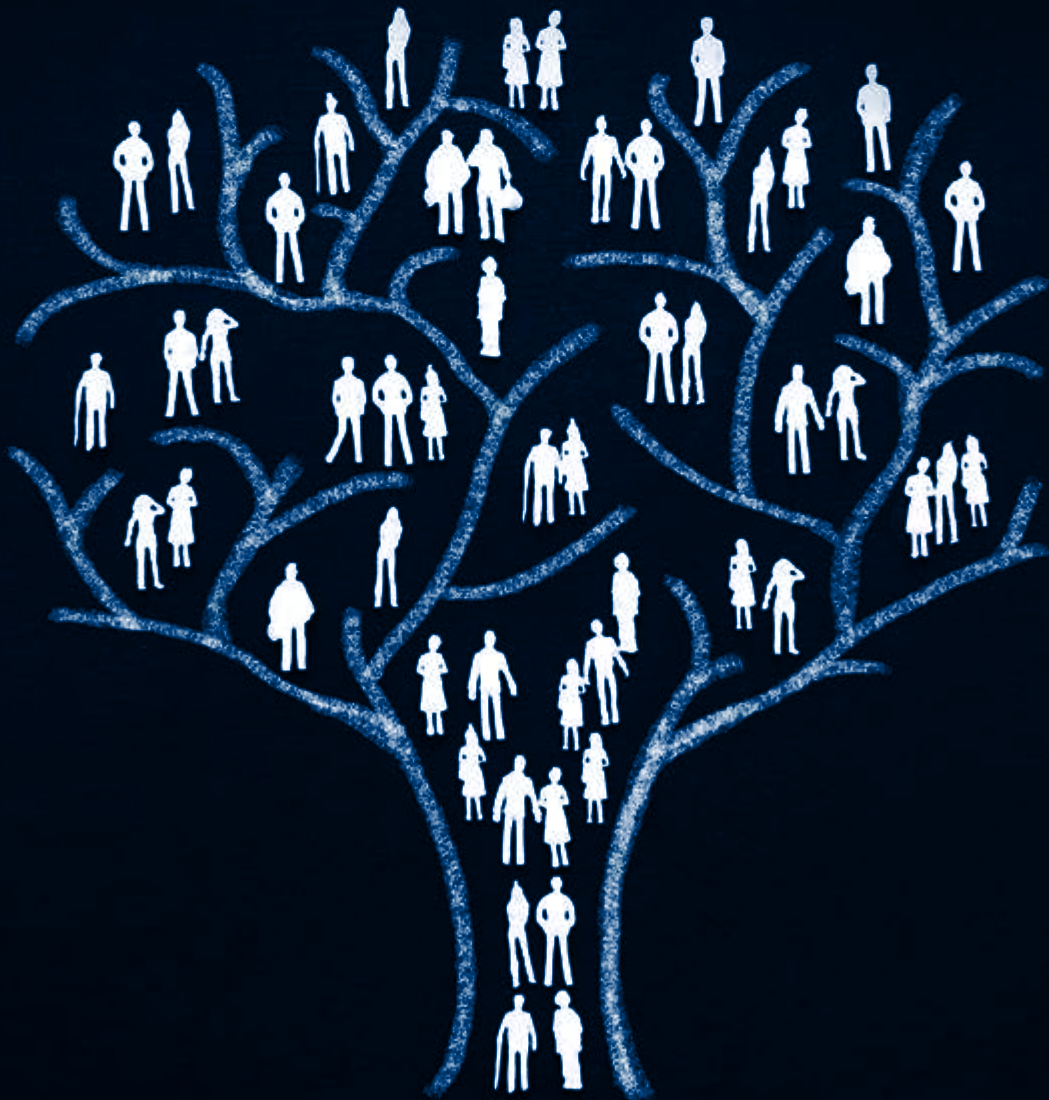
To buy the book, call PCFA on 1800 22 00 99
or email enquiries@pcfa.org.au

All proceeds go to research and support.

GENES, MUTATIONS, & YOUR FAMILY TREE:

The hereditary and genetic factors that can influence prostate cancer outcomes

The connection between men's family history of prostate cancer and their risk of being diagnosed with the disease is well established, but not well understood. In this article, we examine your risks, your options, and the need for ongoing research in this area.





If your father or brother have ever been diagnosed with prostate cancer, you have twice the average risk of developing the disease.

If you have two or more close male relatives who have been diagnosed, your lifetime risk of developing prostate cancer increases five-fold.

And your risk also increases if you have a strong family history of breast or ovarian cancer, especially if a BRCA1 or 2 gene

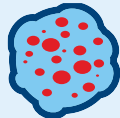
mutation was involved.

However, making a connection between your family history and the genes responsible for prostate cancer is an area of ongoing research, with much to reveal about how we can treat the disease in future.

HERE'S WHAT WE KNOW:



All of us have Breast Cancer 1 (BRCA1) and Breast Cancer 2 (BRCA2) genes. They are tumour suppressor genes that function to repair cell damage which help to prevent certain cancers from developing. **When your BRCA1 and 2 genes have mutations, your risks of related cancers increases.**



About **1 in 500** Australians carry a **BRCA1 mutation.**



About **1 in 225** have a **BRCA2 mutation.**

9% RISK

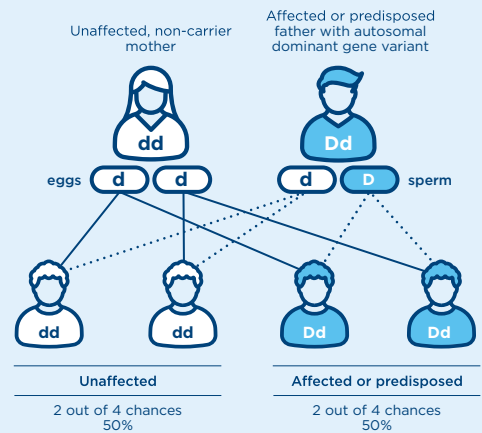
Men who have the **BRCA1 mutation** have a **9% risk** of developing prostate cancer, **compared to the population average risk of just 5%.** These men also have a 1% risk of developing breast cancer.

15% RISK

Men who have the **BRCA2 mutation** have a **15% risk** of developing prostate cancer **compared to the population average, and a 7% risk** of developing breast cancer, compared to the population average of much less than 1%.

Research has found that if prostate cancer develops in a man who carries a BRCA1 or BRCA2 mutation, it is more likely to be aggressive and to spread beyond the prostate.

While our current understanding suggests that only 5 to 10% of all prostate cancer cases in Australia are caused by an inherited genetic risk, about 10 to 12% of men with metastatic castration-resistant prostate cancer have BRCA mutations. More interesting still, only around half of these are inherited mutations, and about 5% of men with advanced prostate cancer have non-inherited BRCA1 or 2 mutations.



Autosomal dominant inheritance when one parent has a non-working gene copy. The non-working gene copy is represented by 'd'; the working copy by 'D'.

WHAT CAN YOU DO ABOUT FAMILY AND GENETIC RISKS?

Firstly, know your family history, and talk to your GP about screening for prostate cancer from 40 years old.

Secondly, remember that few men experience any symptoms of prostate cancer at its earliest

stages, so don't be fooled by how well you feel.

Thirdly, support research and advocacy in this area.

Research has led to breakthroughs in precision medicine that allow us to target BRCA1 and 2 prostate cancers with new drugs. We're advocating for listing of these

drugs, and genetic testing, on the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme.

➔ To find out more, call PCFA on 1800 22 00 99 or email enquiries@pcfa.org.au Donate online via pcfa.org.au/donate

Men at work: STRIVING AND THRIVING AFTER PROSTATE CANCER

Supporting men at work with prostate cancer is a positive step for workplace health and safety. Whether you're working from home or employed on a construction site, each of us can do more to create a workplace free from the pain of prostate cancer.

While almost all Australian men and women know someone who has been impacted by prostate cancer, research has found that one in every three men diagnosed don't feel comfortable talking openly about the disease.

For men returning to work after a diagnosis or treatment, confiding in workmates and colleagues is important, and can get remarkable results.

"In response to a PCFA survey going back a few years, one gentleman told us 'The truth is that nobody likes to say that they have got prostate cancer',"

says our Chief of Mission and Head of Research, Professor Jeff Dunn AO.

"It's a view that's very hard to shake. It's also a call to arms for our community – we need to overcome lingering barriers to awareness so that we can support men and make it okay to talk about prostate cancer in the workplace."

To do that, this year we'll be launching a new workplace awareness program, called Life Force.

The program will engage

employers and workplaces in supporting men and families to deal with prostate cancer, their way.

The Life Force program will educate employers about the steps they can take to support men recovering from treatment, and improve employee understanding of the common side-effects and symptoms caused by prostate cancer.

We'll also be promoting prostate cancer screening and early detection for men, strengthening community understanding of the steps we can take together to save lives.



Workplace checklist to support men with prostate cancer

- Flexible office hours are vital during treatment recovery periods.*
- Work from home flexibility can help with side-effect management.*
- Good ventilation and cooling are essential for men on hormone therapy.*
- Bins in male bathrooms are a basic respect for men with incontinence.*
- A compassionate approach to personal leave demonstrates understanding.*

*For more information, call PCFA on 1800 22 00 99
or email enquiries@pcfa.org.au*

RESEARCH BREAKTHROUGHS: WORK TO WATCH THIS YEAR

In 2021, we made great strides in our work to help combat prostate cancer. This year, we have more work to do, collaborating with government and industry to inspire new investments in research and care.

THE EVOLUTION PHASE II CLINICAL TRIAL

With \$1.6M in co-funding from PCFA, this year the EVOLUTION clinical trial will begin recruiting patients to test the comparative effectiveness of LuPSMA treatment and LuPSMA treatment combined with immunotherapy. Cancer centres around Australia will take part in the multi-year trial, with at least 100 patients expected to take part.

THE NOBLE STUDY

Supported by Telix and the Oncidium Foundation, the NOBLE (Nobody Left Behind) Registry will continue its work to test the effectiveness of PSMA scanning using single photon emission computed tomography (SPECT). SPECT imaging is more widely available in regional areas of Australia than PET/CT, and could revolutionise prostate cancer management in regional areas.


PREVENTING THE SPREAD OF PROSTATE CANCER

Dr Katie Owen will continue her work as a PCFA Young Investigator this year on a project investigating immune signaling pathways in influencing the spread of prostate cancer to bone. The project could help to identify men most at risk of metastasis and explore whether blocking this helps us prevent prostate cancer from spreading.



Dr Owen's PCFA Young Investigator Grant has been named in recognition of PCFA Legacy Circle Member, the late Mr Marcus Susanto, who provided us with a \$100,000 gift towards clinical research.



 For more information call PCFA on **1800 22 00 99** or donate online via pcfa.org.au/donate

Supporting you:
**A SNAPSHOT OF OUR
 YEARLY IMPACT**

Thanks to you, we're transforming care and saving lives.



OVER
\$35M

**INVESTED IN
 RESEARCH
 SINCE 2015**



100
**PROSTATE CANCER
 SPECIALIST NURSES**



30,000
**FACEBOOK
 FOLLOWERS**



50,000
**INFO PACKS
 DISTRIBUTED ANNUALLY**



300,000
**MEN AND WOMEN ON
 OUR DATABASE**



6,000
**PATIENTS IN OUR
 ONLINE COMMUNITY**



130
**PROSTATE CANCER
 SUPPORT GROUPS**

VISION 2022 & BEYOND

To help drive forward our vision, we're excited to announce that Professor Jeff Dunn has taken on a new role as PCFA's Chief of Mission and Head of Research, supported by the promotion of Anne Savage (pictured) to Chief Executive Officer. Jeff and Anne have worked together for over 15 years and will continue PCFA's quest to be world leaders in research, advocacy, awareness, and support.

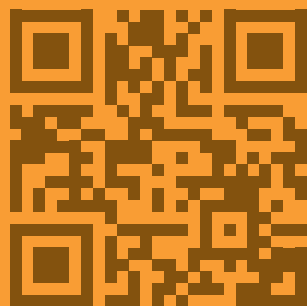




When prostate cancer
threatens the men you love,

**Join the team that can
save a life.**

SIGN UP TODAY



Q fundraise.pcfa.org.au

