Prostate Cancer Foundation of Australia

BLUE SKY NEWS

ISSUE 85 | AUGUST 2023

REBOOTING YOUR SEX LIFE

Restoring relationships after prostate cancer

SEARCHING FOR THE HOLY GRAIL

PCFA Future Fund research gears up

CONTENTS

A GIFT FOR DAD: FATHER'S DAY FOOD HAMPER

With Father's Day just around the corner, we're giving one lucky reader an Interflora hamper valued at $149.

Email enquiries@pcfa.org.au to go in the draw. As a friend of PCFA, you can also get $15 off orders over $100, with 5% of all proceeds to our work – just enter coupon code **PCFA15** when you buy from Interflora online.

Go to interflora.com.au/occasions/pcfa

Jeff Dunn and Steve Callister

GIVING HOPE TO CURRENT & FUTURE GENERATIONS

Welcome to the August 2023 edition of Blue Sky News. In this edition, we provide you with an in-depth look at a new PCFA-funded research project that could help to discover more powerful forms of immunotherapy to treat prostate cancer, representing a major development in our work towards zero deaths.

We also give you a snapshot of new figures that reveal a steep rise in prostate cancer cases over the past 40 years. In response, we're doubling down on research to defeat the disease.

Our aim is to eliminate avoidable deaths from prostate cancer in our lifetime, and we can't do it without you.

With your Will, we can find a way.

If you want to make a difference for men with prostate cancer, please consider leaving a gift in your Will to PCFA's Prostate Cancer Future Fund.

When you decide to leave a gift in your Will to PCFA, you help create a world without prostate cancer for Australian men.

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

Adjunct A/Prof Steve Callister
National Board Chairman

Professor Jeff Dunn AO
Chief of Mission & Head of Research

To learn more, go to pcfau.org/Wills

SERVICE YOU CAN TRUST: MEN COMMEND PROSTATE CANCER COUNSELLING SERVICE

Nearly 900 counselling sessions have been provided by our Counselling Service over the past year, supporting around 330 men and their loved ones.

Talking to a PCFA counsellor makes a positive difference in men's lives.

"I felt isolated by my prostate cancer diagnosis and treatment. Talking to the team at PCFA helped me enormously in reminding me that others had travelled the same road before me and had come out the other side. That reassurance was transformative for me."

Anxiety, uncertainty, and distress are common among men and their partners impacted by prostate cancer.

For some, adjusting to life after prostate cancer is challenging, while for others, relationship distress and concerns about sexual function and the side-effects of treatment, such as incontinence, can be overwhelming.

Now, just one year on from launching our national Counselling Service, 99% of clients who have used the service have rated it very highly and say they would recommend the service to others.

Head of the service, Bernie Riley, says the service is life-changing for men and their loved ones. "The feedback from men and their loved ones has been overwhelmingly positive, giving us strong evidence that talking to a qualified counsellor who understands the seriousness of a prostate cancer diagnosis can make a great difference to overall quality of life."

Around 55% of clients live in major cities, while 45% are from regional areas.

"Counselling results in a statistically significant reduction in self-reported levels of anxiety, trauma, and depression in men impacted by prostate cancer."

NATIONAL REACH WITH HIGH SATISFACTION AMONG MEN & PARTNERS

330	870	99%	83%
PEOPLE SUPPORTED	SESSIONS DELIVERED	OVERALL SATISFACTION	OF CLIENTS ARE PATIENTS

Call 1800 22 00 99 for a referral


PF
NITRILE
Kimwipes
KIMTECH
SCIENCE
Delicate Task Wipes
280

SEARCHING FOR THE HOLY GRAIL:

STOPPING THE SPREAD OF PROSTATE CANCER

One of Australia's most promising prostate cancer researchers believes she's on the cusp of what could be a holy grail discovery in stopping metastatic prostate cancer switching off the body's natural immune response as tumours spread to the bone.

The pioneering research, supported by Prostate Cancer Foundation of Australia (PCFA), could help identify men most at risk of their cancer spreading and make existing therapies more effective.

"We've identified an immune signalling pathway, which is suppressed when cancer cells move from the prostate to bone, making the tumour cells invisible, allowing them to evade the body's natural immune system and enabling the tumour to grow undetected and making them resistant to therapy," says Doctor Katie Owen, who has received two PCFA research grants for her work at the Peter MacCallum Cancer Centre.

"We've found that in certain circumstances we can switch off these cancer cells and stop them expressing proteins which shuts down the good immune responses, creating a pro-tumour environment.

"This discovery is really exciting because if we can make these cells which are invisible seen, then we can explore ways to block it.

"It could make existing therapies more effective, even using them in a different way."

PCFA Chief of Mission and Head of Research, Professor Jeff Dunn AO, says the findings could transform the treatment of advanced prostate cancer.

"The spread of prostate cancer cells to bone is hard to predict, hard to treat, and hard to beat. This research could help identify men who are most at risk and allow us to deliver targeted therapies to slow down or stop the disease and improve overall survival."

Prostate cancer metastasis occurs when cells proliferate and spread beyond the prostate to other parts of the body, often to the bone.

"Prostate cancer is different to other cancers. It's unique in the way it metastasises because it almost always goes to the bone, which makes it even more challenging to treat effectively," Dr Owen says.

"With many of the most deadly forms of prostate cancer, the cancer cells trigger a protein which makes them invisible to the immune system, turning off the immune response that would ordinarily stop the cancer growth. This is where it gets tricky for the body, because the body can't fight what it can't see."

Continued over page ⟶

The pre-clinical trials examined and profiled tissue samples of men with metastatic disease, with the scientists looking at not only changes in the primary tumour but also in the metastatic sites themselves.

"Identifying these biomarkers through something like an initial blood test, which is fast and cost-effective could help identify men most at risk, giving them the best chance at survival and also greatly improving their quality of life," she says.

PCFA has recently established Australia's first Prostate Cancer Future Fund with the goal of accelerating world-leading research to save the lives of more men.

"Australia has one of the highest rates of prostate cancer in the world. It is a disease that accounts for more hospitalisations than any other type of cancer and claims the lives of more than 3,500 Australian men each year," Professor Dunn says.

Prostate cancer is the most commonly diagnosed cancer in Australia, with over 24,000 men likely to be diagnosed this year.

"While the rate of men dying from prostate cancer in Australia has been gradually falling over the past 20 years, around 10 Australian men still die every day to the disease, and the number of aggressive prostate cancers diagnosed is increasing dramatically as the population ages."

"Over the past 40 years five-year relative prostate cancer survival rates have increased from around 58% to 95%. That's a remarkable achievement which demonstrates the impact of research into better diagnosis and treatment," he says.

Dr Owen said the research has the potential to make real and achievable change in treatment of the disease, making it less invasive, more effective, affordable to deliver, and easily accessible.

"Research into bone metastasis is often put into the too hard basket and deserves more support. We need to know why treatments are failing and why tumour cells behave differently.

"Ultimately, the work being funded by PCFA right now will help to save lives, minimising the harms of prostate cancer and ensuring all Australian men have an opportunity to beat it before it spreads."

PCFA's FUTURE FUND

For every $1 invested in prostate cancer research, around $3.90 in benefits is returned to the community. With our focus on world-leading projects in areas such as nuclear medicine and genetics, you can trust that PCFA's Prostate Cancer Future Fund will deliver the outcomes we need. Call **1800 22 00 99** to find out more.

YOU + RESEARCH = HOPE

Your return on research investment

$1 = $3.90

Survival rate improvements

1982 2023

58% to 95.5%

9,000

More men diagnosed this year will survive for at least 5 years today compared to 1980s

13% v 21%

Population increase 2022-2032

Increase in number of men diagnosed with prostate cancer 2022-2032

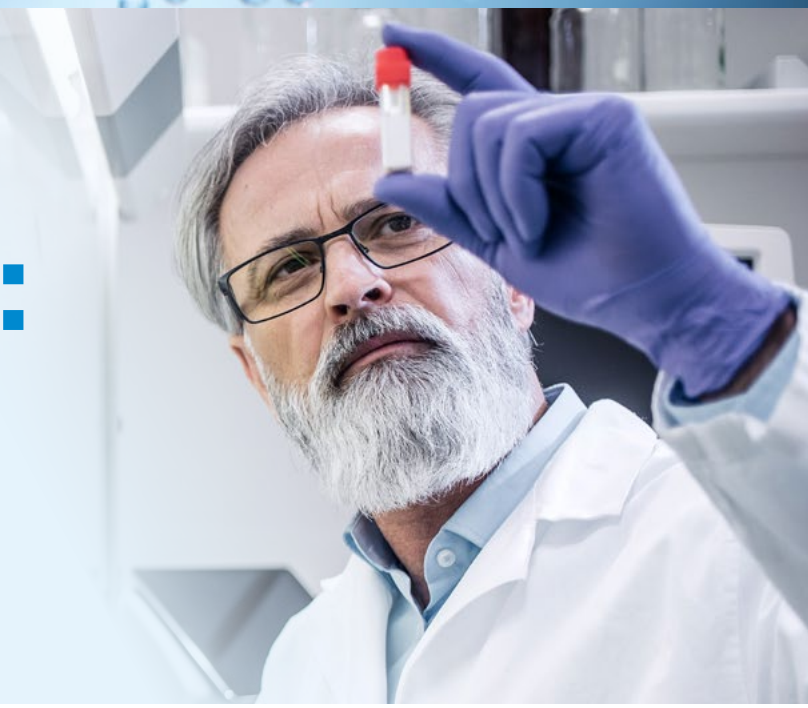
30,000

Men per year likely to be diagnosed by 2032

$50M

Invested in research since 2008

Donate online via **pcfa.org.au/donate** or call **1800 22 00 99**



YOU AND YOUR PSA:

UNDERSTANDING THE RISE AND FALL OF RISK

What is your PSA?

PSA stands for Prostate Specific Antigen, a protein made by the prostate that may increase as you get older, often hand-in-hand with enlargement of the prostate itself.

What does your PSA test score mean?

A simple blood test is used to measure the PSA level in your blood. The test is the primary risk assessment tool for detection of prostate cancer in Australia. Men in different age ranges and risk groups have specific thresholds at which the PSA level may be indicative of a problem.

What are your risk thresholds for detection of prostate cancer?

If you're 50 or over, with an average risk of prostate cancer, the threshold for referral to a specialist is typically 3ng/ml, although a referral may occur if your PSA level has doubled or increased rapidly for no reason. If you have a family history or known risk of prostate cancer, your referral threshold may be lower, depending on your age, your baseline score, and any unexplained increases in PSA, or a doubling time that gives cause for concern.

What are your risk thresholds after initial treatment for prostate cancer?

If you've had treatment for prostate cancer and your PSA then rises, it may be due to the presence of prostate cancer cells somewhere in the body. It's a helpful warning sign to monitor, alerting us to the potential presence of cancer cells.

If you've had surgery and have an undetectable PSA immediately afterwards, a PSA increase to 0.2ng/ml or more is considered a biochemical recurrence. If your PSA is still detectable after surgery, you will be referred for more tests and may be recommended for further treatment.

If you've had radiotherapy and your PSA increases 2ng/ml+ higher than your lowest PSA level after treatment, and/or you experience three consecutive rises in PSA, it may be an indication of active cancer cells, and further treatment may be recommended.

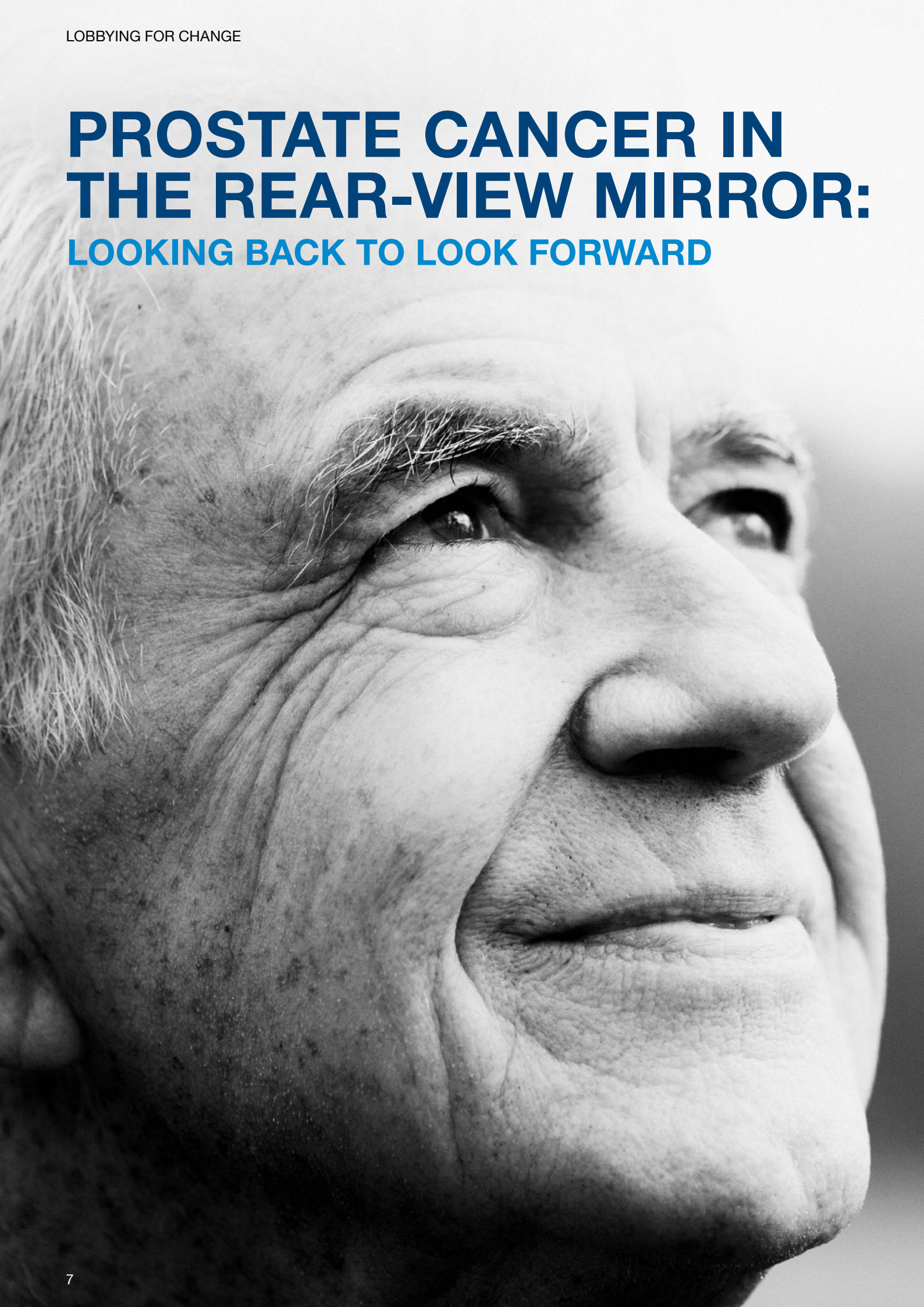
What do you need to do?

If you haven't been diagnosed but face a high risk of prostate cancer, or experience any symptoms, talk to your GP about regular PSA testing and know your baseline score. If you've been diagnosed and treated for prostate cancer, always follow your recommended PSA monitoring strategy, and see your GP or specialist if you notice any symptoms of potential concern, such as unexplained bone pain. If your PSA starts to rise, your specialist may refer you for further scans and a PSMA PET/CT. Modern imaging allows us to see very small prostate cancer cells, giving us a good chance of treating it rapidly if it reoccurs.

Call our team on 1800 22 00 99 for personalised advice from a PCFA Telenurse

PROSTATE CANCER IN THE REAR-VIEW MIRROR:

LOOKING BACK TO LOOK FORWARD



In 1982, the year Australian cancer records start, 3,606 Australian men were diagnosed with prostate cancer. In 2022, that number was 24,217 – an increase of 571%. It's a rate of increase that vastly outstrips male population growth over the same period, which was just 73%.

By Professor Jeff Dunn AO PCFA
Chief of Mission & Head of Research

By 2032, according to AIHW estimates, around 30,000 Australian men will be newly diagnosed with prostate cancer each year, although if history is anything to go by, that figure is likely to be higher.

That's because our ageing and increasing population places us at greater vulnerability, whereby more men will be diagnosed each year, and incidence rates will be significantly higher among men over the age of 60, such as our Prime Minister and many of our loved ones.

In fact, by 2032, men over 60 years old will have an age-specific incidence rate of more than 500 (per 100,000 males), compared to a rate of around 34 (per 100,000) for men aged under 60.

For Australian men aged in their early 70s, the incidence rate will be nearly 900 (per 100,000). And as more men are diagnosed each year, more men will die.

More funding for research is urgently needed now to address this trend, not in five or ten years time.

The problem is that national investments in prostate cancer research only receive around half the funding granted to comparable cancers, despite the fact an estimated 250,000 Australian men have been diagnosed with the disease and still live with its impacts.

Beyond the toll it takes on these men, their families, and our community, prostate cancer costs the Australian health system over $1.35 billion to treat every year, and is the nation's most common cause of cancer-related hospitalisations, accounting for an overall burden of nearly 10% of all hospitalisations and around 16% of all cancer-related hospitalisations among men.

Investing more in research now is one way to offset the projected future costs of treating the 1 in 5 Australian men who will develop prostate cancer as they get older. That's because research is the only way to improve treatments and lift overall survival, a fact that is confirmed by a look in the rear-view mirror.

In 1982, five-year relative survival for prostate cancer was about 58%. Today, that figure is over 95%, and of the 24,217 Australian men who are diagnosed this year, over 9,000 more will survive at least five years thanks to decades-old investments in prostate cancer research.

Since 2008, PCFA has funded more than $50 million in Australian-based prostate cancer research, including pioneering projects that have helped to transform treatment and care through the introduction of next generation PSMA PET/CT imaging and nuclear medicine therapies.

But for every grant we give, at least two good projects will be shelved, because the overall pool of funding simply isn't great enough. And yet all of these projects offer viable pathways for obliterating Australia's leading cause of cancer and protecting the health of our population as we age.

PCFA has recently established Australia's first dedicated Prostate Cancer Future Fund, with the aim to eliminate prostate cancer as a life-threatening disease.

Can we guarantee it will work?
Yes, we can. Thank you for your support.

For information and support call **1800 22 00 99** or go to **pcfa.org.au**

REGAINING CONFIDENCE:

BY IMPROVING CONTINENCE

While no two patients are the same, evidence suggests that up to 80% of men experience urine leakage after a prostatectomy. For some men it stops after a few weeks or months, while others may have problems on a longer-term basis.

Factors such as a man's age, overall health, and any pre-existing conditions can impact recovery time, and symptoms can range from drips and light leakage to greater loss of control.

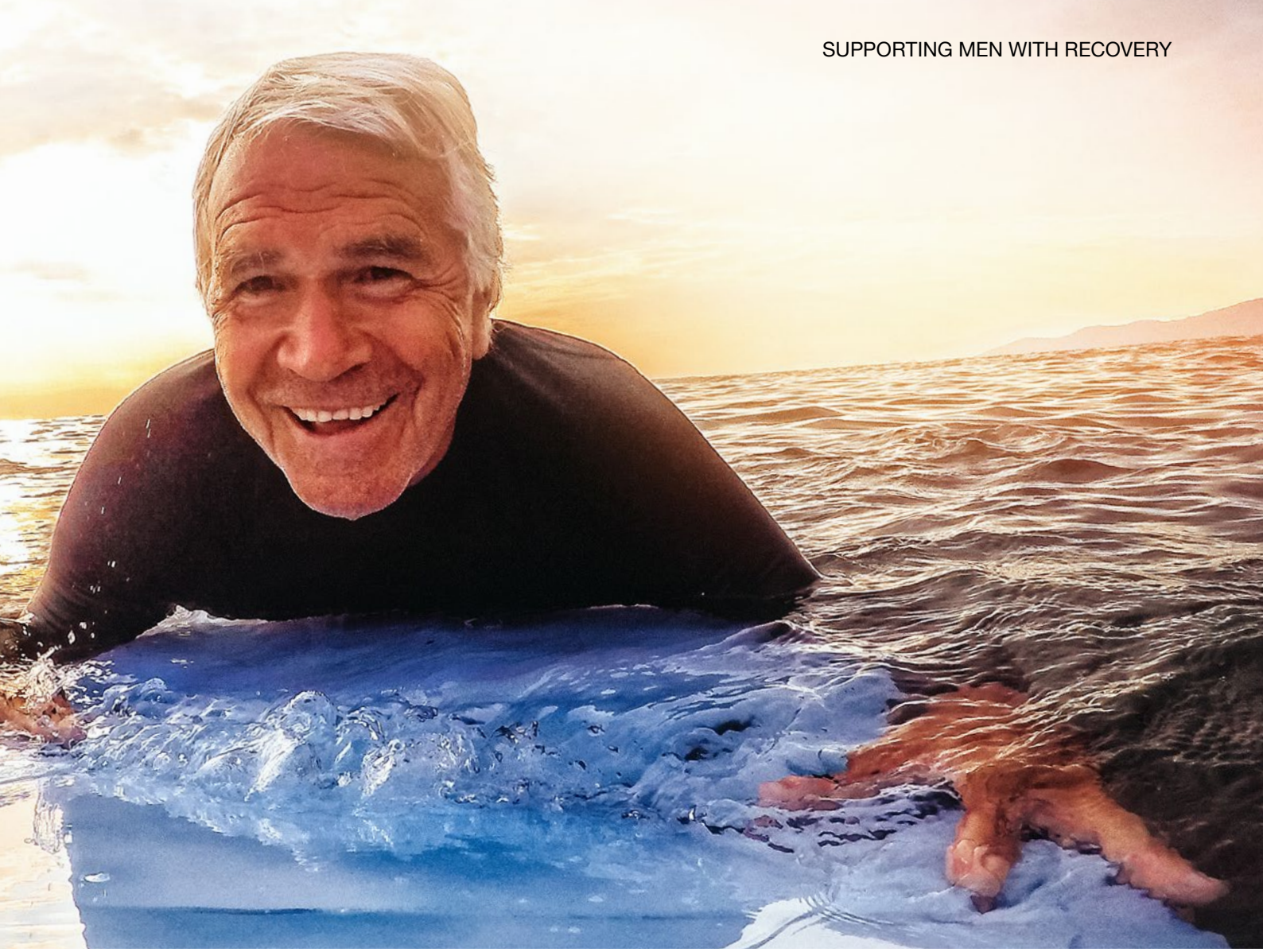
Non-surgical treatments include lifestyle adjustments, such as avoiding foods and drinks that make it worse, as well as pelvic floor exercises, external pouches, and clamps, which should only be used for short periods of time.

Surgical treatments are viable options for treating long-term incontinence, and include the male pelvic sling and the artificial sphincter.

The male pelvic sling is a strip of mesh implanted using keyhole surgery. It positions the sphincter to support muscle control, without any conscious effort. The area can be painful or sensitive for two to four weeks after surgery, during which time strenuous exercise should be avoided.

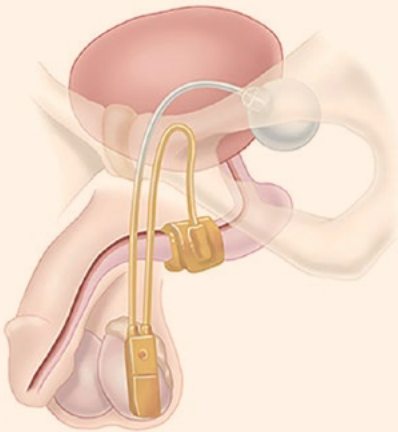
Most patients regain continence immediately following surgery and the sling is undetectable to others. Surveys of men who have had the procedure indicate that the more than 90% are satisfied with the outcome.

An artificial sphincter keeps the neck of the bladder closed until you want to urinate. Three parts of the device are implanted during surgery: an inflatable cuff, a pump, and a pressurised device that can be inflated and deflated by using saline to maintain urinary control. All three parts are connected, whereby the cuff fits around the urethra, the pump is implanted in the scrotum, and the pressurised device is placed in your abdomen by the surgeon.

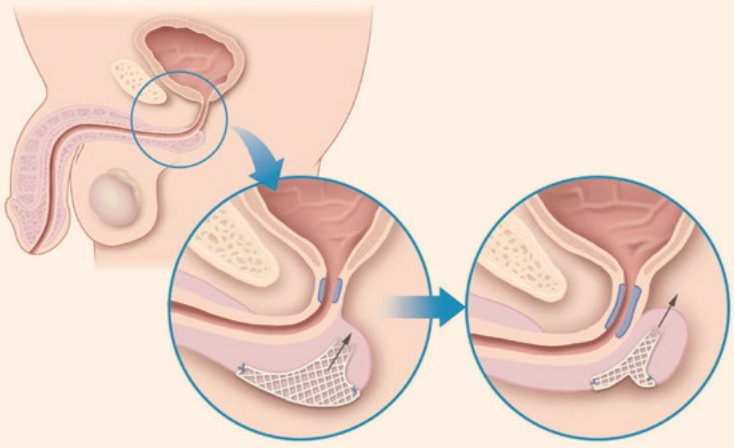


Recovery time for implantation of an artificial sphincter is around six weeks, with care required during that time not to place the body under stress.

For more information about assessment and management of urinary continence, phone our Telenursing Service on **1800 22 00 99** and talk to a PCFA Prostate Cancer Nurse.



The artificial sphincter



The pelvic sling

OVERCOMING ED:
THINGS YOU NEED TO KNOW

More than half of Australian men over the age of 45 have some form of erectile dysfunction (ED). The risk increases with age, and for men with prostate cancer, it's a major concern. The good news is, there are a range of options for treating it.

By Tim Baker

So, the other day I jabbed a sharp metal needle into the shaft of my penis. This is not something I've ever done before, and it wasn't some strange bondage or piercing kink that drove me to this unlikely behaviour. This is a simple and effective medical treatment to address erectile dysfunction (ED).

The needle, I hasten to add, is very fine and this was done under the supervision of a prostate cancer specialist nurse who was extremely good at her job. It barely hurt at all and felt less weird and awkward than I had expected, thanks mainly to the professionalism and care of the aforesaid nurse.

But, more than all that, it worked.

After eight years of hormone therapy, the results weren't anything spectacular. It was a bit like being re-united with an old friend who I hadn't seen for many years (nearly eight, to be exact) and was showing the effects of age. But there he was just the same, a bit reduced in size but recognisable and able to stand proudly erect on his own. I was flabbergasted.

It took all of ten minutes for the injection to work and last about two hours. After the surprise and the excitement of discovering it was still possible for me to achieve an erection, there was a pang of anger and sadness. When I was prescribed hormone therapy eight years ago for metastatic prostate cancer, and it was described as 'chemical castration', I wasn't offered any advice or guidance on how to manage this or overcome the loss of sexual function.

No one talked about it at any of the support groups I attended or at any of the countless medical consults I've endured. My assumption was, that faced with a choice between death or impotence, I'd chosen impotence and simply had to cop it.

How is it possible that hormone therapy can be prescribed without men being offered any advice on how to maintain or resurrect their sexual function?

How many years of misery and despair might I have been spared if I'd had this simple procedure explained to me from the outset. Who knows? I might even still be married.

And I was angry with myself. For all the research I'd done into prostate cancer and its treatment, how had this escaped my notice?

For the first few years after my diagnosis I was so fixated on how to stay alive it didn't seem like a priority. By the time I made an appointment to see a men's sexual health specialist four years on, and his prescribed pills didn't do the trick, I figured I was beyond help. And lacking a libido, it never seemed to make it to the top of my self-care to-do list.

The gradual loss in size of the penis over time from hormone therapy can never be recovered which is another compelling reason to get on to it early. A simple regime of using a vacuum pump a couple of times a week, or even daily, finding whether a pill or injection can provide a sufficient erection for penetrative sex, can help maintain penile size and health. Even if you don't have a partner, you might find it worthwhile even for the sake of bodily self-image and the prospects of meeting a special someone in the future.

So, my plea to men newly diagnosed with prostate cancer is this: Address this issue early on. Your chance of success will be much greater. If you are already in an intimate relationship, it may well save it and allow you to maintain physical intimacy and a healthy sex life.

Involve your partner in the process and get them to come along to appointments with a men's sexual health specialist or a prostate cancer specialist nurse. Caught early, something as simple as Viagra might do the trick. A vacuum pump can also help maintain penile health, supporting blood flow and tissue within the penis that would otherwise suffer from inaction brought on by hormone therapy.

And my plea to specialists who prescribe hormone therapy is, for the sake of all that is precious in the world, speak to your patients about managing ED, sooner rather than later.

With some effective medical communication, we can save many men from the loss I have experienced.

Call **1800 22 00 99** to talk to a PCFA Prostate Cancer Nurse or visit **pcfa.org.au**

ED: EVERYTHING YOU NEED TO KNOW

Erectile function is stimulated by nerves which increase the blood flow to the penis. If something interferes with either your blood vessels or your nerves, you may experience ED. The incidence and treatment of prostate cancer can do both, preventing men from getting and maintaining normal erections.

Surgery, radiation therapy, and hormone therapy can all increase your risk of ED, resulting in changes in your penis length, your erectile function, and your ability to ejaculate. A range of treatments are available and are well worth considering if you are impacted by ED.

Oral medications: Oral medications allow greater blood flow to the penis, allowing an erection to be achieved with sexual stimulation. Medications known as Phosphodiesterase Type 5 Inhibitors (PDEi5) are tablets used to treat erection problems. They relax the smooth muscle cells lining the blood vessels and allow blood flow to the penis. They don't work for every man, and it depends on the nature of the damage that is preventing erections. Common PDEi5 medications are Viagra (sildenafil), Cialis (tadalafil), Levitra (vardenafil) and Spedra (Avanafil).

Intracavenosal injections: If oral medication does not work, or if remaining penile nerves are not functioning effectively, penile injections may be more effective. Alprostadil is one of a range of drugs that may be injected into the penis to induce erections. Clinical trials have shown this treatment helps men achieve erections after prostate surgery. Like any medication, Alprostadil has potential side effects so it's important to speak with your GP about these.

Vacuum erection devices: A vacuum erection device (VED) helps draw blood into the penis to stimulate an erection by creating a negative pressure. Your treating doctor may be able to tell you where to purchase the devices and advise you on correct technique. Penile rings can be used by men who can achieve an erection but can't maintain it long enough. These are made of rubber and are placed onto the base of the penis while using a VED.

Penile implants: Penile implants are an effective way to help overcome longer-term ED and have been in use for more than 40 years, with good results for the majority of patients. There are two types of implants – malleable implants and inflatable implants. Malleable implants are a one-piece device, whereas inflatable implants are a three-piece device to provide a natural-looking erection when desired, allowing spontaneity. Patients report 97% satisfaction rates with penile implants.

For more information and advice call **1800 22 00 99** or email **Telenurse@pcfa.org.au**

Latest news: PROGRESS IN PROSTATE CANCER FROM AROUND THE WORLD

We are proud to be part of a worldwide community working to combat prostate cancer. Every day, our work helps to inform new developments in the diagnosis and treatment of prostate cancer at home and abroad. Read more about what's in the news right now.

Consensus builds: PSMA PET/CT proves superior

New international research presented at the 2023 Annual Meeting of the American Society of Clinical Oncology has provided further evidence that PSMA PET/CT has the power to revolutionise the management of prostate cancer, giving clinicians a superior imaging result that can help to accurately detect bone metastasis and allow rapid treatment of disease recurrence and spread.

Read more bit.ly/42v4yBW

Personalised care: New European Guidelines give hope

The European Association of Urology has issued new guidelines on the management of prostate cancer, providing an improved model of testing, diagnosis, and treatment for the world to follow. The guidelines include recommendations for improving Quality of Life Outcomes in Prostate Cancer, and are accessible online for clinicians and patients worldwide.

Read more bit.ly/3MJkdYi

$40k cost saving: New prostate cancer drug listed on the PBS

The life-extending medicine Eryland® has been listed on the PBS for men with metastatic hormone-sensitive prostate cancer. The novel hormone therapy works by blocking the action of testosterone in prostate cancer cells, preventing the hormone androgen (which plays a role in prostate cancer growth) from binding to the androgen receptor. The therapy is taken once a day in tablet form.

Read more bit.ly/45zHEfp

Personalised PSA levels: The next generation in screening

Scientists at Stanford Medicine may be on the cusp of creating a more accurate method of screening for prostate cancer, by monitoring PSA levels matched to each man's genetics. If successful, the test could significantly improve the reliability of PSA testing and detect potentially aggressive prostate cancers earlier. The screening would require genetic testing, in what could be a big step forward for survival.

Read more bit.ly/43Dyhta

To subscribe to our monthly email newsletter, email **enquiries@pcfa.org.au** or phone **1800 22 00 99**

Prostate Cancer Foundation of Australia

the LONG run

HELP LOVE GO THE DISTANCE

Conquer 72km for Australian men with prostate cancer this September.

Sign up now

thelongrun.org.au

#THELONGRUN

1800 22 00 99