



Below the Belt!

Vol. 18 No. 4

September – November, 2019

Newsletter of The Nepean / Blue Mountains Prostate Cancer Support Group Inc.
(ABN No. 35 871 442 176)

A “Rant” from the Editor....

Well, it's that time of the year again!

The Annual General Meeting of the Group is due to be held at our October Meeting (Monday, October 21st)

Once again all positions on the Group Board are up for election.

In the past I have heard accusations that the Board is a 'closed shop' that we run 'an old boys network'. It may appear to be this but I can assure you that this is most definitely not the case. The reason for this appearance is that we have a real problem in attracting 'new blood'.

This year we have two members who are stepping down from the board (Secretary Ross Baker and Web Master Peter Murphy) and other members have expressed a desire to step aside. In my own case I have been producing this Newsletter for over 15 years – (*Bloody hell, is it that long!!*) Definitely time for some fresh ideas.

I would like ALL Members to seriously consider stepping forward and becoming involved to help continue the good work that the Group has achieved over past years. Involvement on the Board is not an onerous task. Board meetings are held Bi Monthly. You may have ideas and expertise in areas that can contribute to the running of the group. Please give some serious thought to nominating
We had a tremendous turn out of Members to assist at the recent Bunnings BBQ, it would be great to see that interest continue.

(See Page 8 for full details and a Nomination Form)

*Alan Howard
Newsletter Editor*

What's to Come

Group Meeting – Monday September 16th

Dr. Winters

Latest trends in Prostate Cancer Diagnosis and Treatment

Group Meeting – Monday October 21st

Group Annual General Meeting

See Page 8

Group Meeting – Monday November 18th

Not yet available

Check local press prior to the meeting

All meetings :- Gather at 6-30pm for a 7-00pm start.

Prostate Cancer And Exercise

Exercise can play a role both before surgery to improve recovery and outcomes, and after surgery for rehabilitation, especially to treat incontinence. Because prostate cancer cells are responsive to the hormone testosterone, a very common therapy is the pharmaceutical suppression of either testosterone production or blockage of binding sites on the cells. Both strategies result in testosterone availability for all cells in the body being reduced to castrate levels and grouped under the term Androgen Suppression Therapy (AST). AST drastically reduces testosterone levels in the body and is highly effective for slowing prostate cancer growth however; AST also causes many side effects, including muscle and bone loss, weight gain, cognitive impairment and increased risk of cardiovascular disease, type2 diabetes and other consequences of metabolic syndrome. Anxiety and depression are also more prevalent due to both the cancer diagnosis and treatment. Exercise has a well-established role as medicine to reduce all these side effects

Exercise and prevention of prostate cancer

Established scientific evidence shows that regular and vigorous physical exercise prevents some cancers, and can also reduce the incidence of cancer by 30–70%. Evidence of the protective effect on prostate cancer is increasing, although the effect is greatest in more advanced disease and in older men. The protective mechanisms are not well understood, but maintaining normal body weight, controlling stress and anxiety, and maintaining physical fitness all optimise the function of the immune system, which reduces the risk for all cancers.

Exercise for management of prostate cancer

If you have been diagnosed with prostate cancer, exercise is an important adjunct therapy to reduce your symptoms, lessen the side effects of radiation and drug therapies, improve your psychological wellness and increase your survival rate. There is now irrefutable evidence from large prospective studies that regular exercise after cancer diagnosis will actually increase cancer survival rates by 50–60%, with the strongest effect for breast, colorectal and prostate cancers. Men are generally older when they develop prostate cancer, and so muscle and bone loss and weight (fat) gain before diagnosis are common. These factors are considerably exacerbated by AST. Therefore, exercise programs must be prescribed to address specific issues facing the patient. An appropriately prescribed exercise program has been demonstrated to increase muscle mass and neuromuscular strength, enhance functional performance and reduce risk factors for metabolic syndrome, cardiovascular disease and type 2 diabetes. These effects, along with improved immune capacity resulting from exercise are the most likely mechanisms for increased survival rates in patients who remain, or become, sufficiently active.

What type of exercise is recommended?

If you have been diagnosed with prostate cancer, you should aim to meet or exceed the following: Do continuous or intermittent aerobic exercise for 20 to 60minutes per session, three to five times per week at 60–90% of your maximal heart rate (the maximal heart rate is estimated as 220 minus your age in years). Your total weekly exercise should be 120–150minutes, depending on the intensity of your aerobic exercise. Resistance (weight) training at an intensity of 6–12 repetitions maximum (RM) performed over 3 sets of 6-8 exercises is recommended for each session with the goal of 2 or more sessions per week. It is important to exercise all the major muscle groups each week and select functional movements such as squat, upright row, shoulder press and other exercises that are similar to tasks of daily living. Flexibility exercises for major muscle groups involving 2 to 4 sets of each exercise two to three times per week should also be completed. Low bone mineral density and osteoporosis are common in men with prostate cancer, due to their age and particularly if they are undergoing AST. If your bone density is compromised then it is recommended that impact loading exercise be completed to slow or even reverse your bone loss. However, if you have severe osteoporosis or if your cancer has spread to the bones, a modified program is best for reducing your risk of fractures. Exercise physiologists can help you to address any significant neuromuscular weakness to maintain your muscle function and reduce your risk of falls.

References and further information

Exercise is Medicine Australia www.exerciseismedicine.org.au Find an Accredited Exercise Physiologist www.essa.org.au Exercise Right www.exerciseright.com.au

(This article is from a fact sheet published by “Exercise is Medicine – Australia”. This, and other articles are available on their web site; www.exerciseismedicine.org.au)

Our BIG Bunnings Father's Day BBQ Day at Penrith North Bunnings, Saturday 31st September 2019



(I asked John Kemp if he could give me some information about the BBQ so I could come up with an article to include in the Newsletter – I can't improve on what John provided – Here is his report in full!)

What a great day, you could just about say "near perfect" day,

7-20 am. The trailer arrived with 800 Sausages, 800 bread rolls, & 25 kg of sliced onions.

7-25 am. The other cars arrived with the drinks and associated gear.

7-30 am, The trailer is already party unloaded, and the tent area half set up by the about 6 people who came so early to do the set up Thank You.

7-56 am, The first lot of Sausages were ready for selling,

7-58 am, The first sold, more members turning up to help,

8-00 am, The "official" start time things were in full swing, already the people in the cooking tent were getting a great system going, that system worked perfectly the whole day, plenty of hands on deck at all times.

Too many people to name individually, but things flowed VERY smoothly, thanks to each of you for that.

As we say at these events, "Come when you can, & go when you have to", also worked well. It was the best staffed BBQ we have had.

3-45 pm, only about 25 sausages left to sell,

3-55 pm, with about 12 to 15 to go & a good dish of onions left, the last lot of folk buying had Sausages on a Bun WITH THEIR ONIONS, the opposite to what we had been selling all day! (I can't confirm, but am pretty sure I heard someone around that time ask for an "Onion sandwich")!

4-03 pm SAUSAGE 800 sold!

4-04 pm after congratulation all around, the clean up / money counting started & went as smoothly as the preceding 8 1/2 hours,

4-35, Tent cleaned & checked, everyone saying their good byes. The show is over for another year!

Once again a special thank you, not only from our Groups board, but from members who could not make the day, to each & everyone who was there at any time of the day, To several members who we had not seen for a while, thanks for still being an active part of our group, to the wives who came, also thank you.

The takings for the day from the BBQ were \$1,587.25 a great result !

(The only thing that would have made the day better would have been if Penrith could have won on Saturday night)

(What John neglected to include in his report was the amount of his effort that went into the preparation for the BBQ.

John went around to the various supermarkets in the local area chasing up the best prices for the major items and when he had determined where to obtain these items he then went around on the day prior to the BBQ and collected them.

I have said it before, but it warrants repeating, we are extremely fortunate in having such a dedicated and committed person as John Kemp within our Group.)

New radiotherapy techniques tested in clinical trials.

Radiotherapy for prostate cancer is constantly being improved. Some of these modifications involve giving a higher dose of radiation over a shorter time-period. Although the outcomes are similar, this reduces the number of treatments for the patient and frees up healthcare resources. This week's blog describes the latest clinical trial results for ultra-hypofractionated radiotherapy for prostate cancer.

Different types of prostate radiotherapy

Research has led to constant improvement in the way radiotherapy is delivered, making it safer and more effective. Subsequently, there are different types of radiotherapy for prostate cancer that have been used over the years. Keeping track of the names of these therapies is challenging. There are two broad categories of radiation treatment for prostate cancer. One is **brachytherapy**, where radioactive seeds are inserted into the prostate. The other is **external beam radiation therapy (EBRT)**. During EBRT, a linear accelerator directs beams of radiation into the prostate at different angles. The beam is specifically targeted to match the man's prostate shape and position in the body. The aim is to maximise the radiation dose to the tumour and minimise damage to the surrounding areas.

A typical "conventional" treatment plan consists of treatment five times per week over 7.5 weeks. Conventional radiotherapy has been improved over the years with new technological advances. 3D-conformal radiotherapy (**3DCRT**) allows more accurate targeting of the prostate tumour by using three-dimensions to focus the beam. Another improvement on EBRT is intensity-modulated radiation therapy (**IMRT**). IMRT allows more accurate targeting of the shape of the prostate or the tumour. IMRT is very commonly used in Australia.

Hypofractionation is another improvement on conventional EBRT. Hypofractionated treatment delivers a higher dose of radiation over a shorter overall treatment time than conventional fractionation. In other words, the same total amount of radiation is delivered, in higher doses, over fewer visits to the clinic. Recent clinical trials (such as CHHiP and PROFIT) have shown that prostate radiotherapy has similar outcomes and side effects if it's delivered in higher doses over fewer visits. For example, radiation in higher doses over 20 visits instead of 37 visits can be equally successful.

Hypofractionated radiotherapy is becoming a recommended form of radiotherapy for localised prostate cancer. [Guidelines](#) from the US recommend that men with early-stage prostate cancer be offered hypofractionated radiotherapy if appropriate. The advantages of hypofractionation are less visits and less overall treatment time for men with prostate cancer. Additionally, less visits frees up resources in the health sector, hopefully reducing waiting times and costs for taxpayers.

Ultra-hypofractionation

A recent new technology uses an extreme form of hypofractionation. During this procedure, radiation is delivered in even higher doses over an even shorter time period, such as one or two weeks. This radiotherapy is called Stereotactic Body RadioTherapy (**SBRT**) or Stereotactic Ablative Body Radiotherapy (**SABR**). CyberKnife was the first type of SBRT/SABR to be introduced into Australia. The name Cyberknife refers to the Cyberknife machine that delivers SBRT/SABR treatment. Now we have other types of SBRT/SABR machines, so it's not always referred to as Cyberknife.

It's very confusing having all these different names for the same type of treatment. In order to alleviate some of this confusion, another long and complicated word has been invented to refer to the SBRT and SABR: **ultra-hypofractionation**.

Comparing ultra-hypofractionation to other prostate cancer radiotherapy

Research around the use of ultra-hypofractionation (SBRT/SABR) was discussed in a [research blog](#) from last year. There have been a number of small trials testing ultra-hypofractionation for men with localised prostate cancer. These have promising results, showing that it has a good safety record and appears to be effective. But until now, there has been no randomised controlled trial – the highest level of evidence.

Current important questions in this field of research are:

- Is ultra-hypofractionated radiation as effective, or better than, conventional radiotherapy for prostate cancer?
- Is it as safe as conventional radiotherapy for treating prostate cancer?
- How does it compare to hypofractionated radiotherapy?

The HYPO-RT-PC trial

A [new randomised controlled trial](#) of ultra-hypofractionation has recently been published in the Lancet journal. This trial was performed in Sweden and Denmark by a group of collaborating clinicians and researchers. They were led by Prof Anders Widmark, of Umeå University in Sweden.

This trial, known as HYPO-RT-PC, compared ultra-hypofractionation to conventional IMRT for localised prostate cancer. Men joining this trial had either intermediate or high-risk prostate cancer, but no lymph node or metastatic tumours. Most of the men had intermediate risk cancer. HYPO-RT-PC is a phase 3 randomised controlled trial, conducted in 12 different treatment centres over two countries.

This trial design is known as a *non-inferiority trial*. The aim was to ask whether ultra-hypofractionation is *not worse* than the conventional treatment. This may sound a bit odd. What we want to know is whether men receiving conventional treatment could instead get ultra-hypofractionation, without it being less effective or less safe. Doctors could then advise men a new treatment is available that is much quicker, but still as effective and safe for them.

591 men received conventional radiotherapy (IMRT: the current standard treatment) for their prostate cancer. They were compared to 589 men receiving ultra-hypofractionation. The conventional radiotherapy consisted of 39 treatments (5 days a week for 8 weeks). Men having ultra-hypofractionation received 7 treatments of higher dose (3 days a week for 2.5 weeks).

Success of ultra-hypofractionation treatment

The trial followed-up these men for an average of 5 years to record the effectiveness of their treatment and their side effects. The main outcome measured was called *failure-free survival*. This was defined as men surviving with no increase in PSA or cancer progression (either new symptoms or new tumours on scans) The HYPO-RT-PC trial results showed:

- 84% of men, in both groups, enjoyed failure-free survival over an average 5 years. These men did not see their cancer progress in that time period.
- There was no significant difference in the overall survival rates of men in either group.

These results indicate that the new ultra-hypofractionation treatment is equally successful to the current standard treatment, IMRT. In clinical trial speak – the new treatment is non-inferior to the current standard.

Side effects from ultra-hypofractionation

Radiotherapy to the prostate can cause side effects such as problems with urination, bowel movements and erections. Not all men experience these problems. These side effects are often more serious at the time treatment finishes but improve with time. Unfortunately, some men see these problems appearing many years after their treatment.

Side effects in the HYPO-RT-PC trial were measured in two ways: as reported by the men in the trial, and as reported by their doctors. Overall, there was pretty good agreement between the men and their doctors regarding these side effects. These results showed:

- There is some evidence of an increase in the rates of urinary and bowel side effects at the end of treatment (but not after) in the ultra-hypofractionated treatment group.
- The rates of erection problems were similar between the two groups.

These results show a slight increase in the risk of urinary and bowel problems at the end of the ultra-hypofractionated treatment. No long-term differences were apparent. Since the radiation is given in much higher doses, over a shorter period of time, this increase in side effects was expected. This is useful information that will help men and their doctors to decide which treatment they would prefer.

What does this mean for Australian men?

There are different types of radiotherapy available for men with prostate cancer. Hypofractionation is becoming more popular, especially as new US guidelines recommend it be offered by doctors to appropriate men. But it takes a while for new technologies to become wide-spread. Expensive new machinery often needs to be installed and staff trained to perform new techniques. It also takes a long time to establish high-quality evidence on which to make recommendations.

The HYPO-RT-PC trial shows that, for men with intermediate-risk prostate cancer, ultra-hypofractionated radiation has the same outcomes and acceptable side effects compared to the current standard IMRT. So it's a potential alternative treatment for these men. Unfortunately, what we don't yet know, is how hypofractionated and ultra-hypofractionated radiotherapy compare. So it's currently difficult for men and their doctors to decide between hypofractionation and ultra-hypofractionation.

Hypofractionation and ultra-hypofractionation, are available in Australia. As for any type of radiotherapy, hypofractionated and ultra-hypofractionated radiotherapy are not suitable for every man. Your radiation oncologist is in the best position to advise what type of radiotherapy is suited to each man, based on his tumour and his own preferences, and to advise on the expected side effects.

(This article was written by Dr. Wendy Winnall and was published on the PCFA 'Research Blog' as part of their 'Online Community.' To find this and many other interesting articles go to <https://onlinecommunity.pcfa.org.au/research-blog-directory>)



A Couple of Upcoming Events

Saturday, September 21st

The Clarendon Classic – Machinery, Truck and Hobby Show – Hawkesbury Showground.
Information Stand

Saturday October 26th

Hawkesbury Canoe Classic – Hawkesbury River – Windsor - Scrutineering of boats

We need volunteers for these events. Contact John Kemp if you would like to assist.

Charity Golf Day at Leonay Golf Club,
Saturday 17th August, 2019.



Members of the Golf club held a "4 Ball, Best Ball" day, and proceeds from the day were donated to our support group. Thank you to all the 144 club members who played that day and also bought tickets in the raffle.



Thanks to Bob Wittrien, who joined me at the pro shop, at a chilly 6-15 am, to help set up our info table beside the first tee, then sold the raffle tickets as players signed on. Thank you also to Peter Murphy and David Wilkinson, who came & helped sell during the morning.

A Special thank you to Dennis Gallagher, who stayed at the club the whole day selling tickets. The presentations for the day were made at around 4-30 pm and our President gratefully received donations of. \$3412, the golf players group donated \$2500, while the raffle added a further \$912. A good day, Thank you again to the Members of Leonay Golf Club, and the above mentioned support group members.

John Kemp
Promotions Officer
N/BMPCSG



Penrith Men's Walk and Talk

Have you ever thought that you would like to just sit down and have a chat with a couple of other blokes but where do you start?

A group of five Penrith men felt this way and decided to meet up, grab a coffee, go for a walk and just chat to each other. The walk they chose was Penrith's Two Bridges River Walk. Just walk and talk and any other bloke who wants to join in is more than welcome.

Thus the Penrith Men's Walk and Talk was born.

From these five original participants the numbers have grown and regularly attract over a hundred participants.

Do you want to join in? Simple, just meet at the Coffee Club at Tench Reserve on the Nepean River each Thursday at 5.30pm for a Coffee and a 6.00pm start.

Enjoy 6.4 km of gentle exercise while just chatting with other blokes.

The walk takes place rain, hail or shine, (Just make sure you have appropriate clothing!)

Sorry Ladies, this is a blokes only event!

2019 ANNUAL GENERAL MEETING MONDAY, OCTOBER 21st

Our Annual General Meeting will be held on Monday, October 21, 2019, so here is an overview of what is involved and how you go about nominating for election to the Board of our Group.

At the AGM all Board positions will be declared vacant. Nominations are now invited from any Members wishing to become involved. Our Board has 8 members, with four of these members forming an Executive, These four members are President, Vice -President, Secretary (who is also the Public Officer) and the Treasurer. The other positions on the board are; Librarian, Newsletter Editor Web Site Manager, Promotions Officer.

The involvement is not onerous and if everybody 'does their bit' it is even less so.

Meetings are held Bi monthly Meetings last for two hours and are held at the Gaels Club the first Monday of each even month. We usually stay on at the Club for lunch. Why not become involved? I am a great believer that you get more out of involvement in Group activities the more you are prepared to participate.

If you want to re-nominate for the Board or nominate as a new member for the Board, you will need to fill out and sign the nomination form below, (or you may nominate in writing) and have two other members endorse and sign your nomination, which, when completed, will need to be handed to David Wilkinson, our President or Ross Baker our Secretary no later than seven days before the date of the AGM . (i.e. Monday, October 14th, 2019)

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**NOMINATION FORM
For
ELECTION TO THE BOARD OF
NEPEAN / BLUE MOUNTAINS PROSTATE CANCER SUPPORT GROUP INC.**

To The Secretary
Nepean / Blue Mountains Prostate Cancer Support Group Inc.,

I. Wish to nominate for election to the

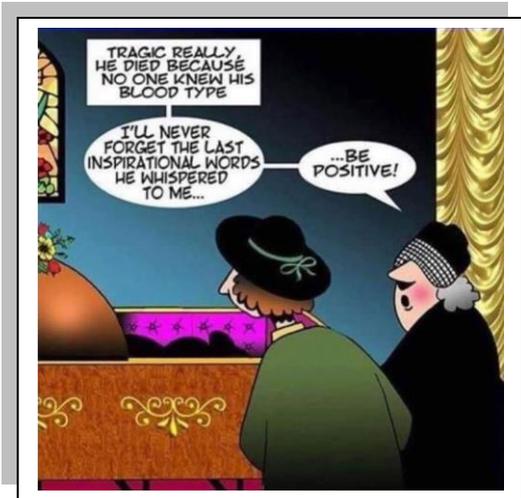
position of On Board of the
Nepean / Blue Mountains Prostate Cancer Support Group Inc.

Signed.....

We endorse this nomination.

Name..... Signed.....

Name..... Signed.....



Sadly, the days of people using proper English are went.

Contact Us

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Web Site www.prostatesupport.org.au

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 Nepean / Blue Mountains
 Prostate Cancer Support
 Group
 P.O. Box 763
 Kingswood, N.S.W. 2747

PAYMENT OF Membership Fees. Members can pay their annual Group Membership Fees by direct deposit to our bank account. Our Westpac Account Name is 'Nepean / Blue Mountains Prostate Cancer Support Group'. BSB is 032-837 and the Account No. is 206701. Current Fees are \$10.00 P.A. per family. Don't forget to advise who you are in the Lodgement Reference i.e. " John Smith Fees 2019"



Would you like to make a cash donation to our group?
Do you know any Group or Organisation that would like to make a donation?
 We are a registered charitable organisation and all donations are fully tax deductible.
 All donations help us to support cancer and health related projects in our local area.
 If you are able to assist, contact our Treasurer, Graeme Renshaw.

Board Members of the Nepean / Blue Mountains Prostate Cancer Support Group for 2019 are as follows:-

President :-	David Wilkinson
Vice President / Treasurer :-	Graeme Renshaw
Secretary :-	Ross Baker
Assist. Secretary :-	Wayne Singleton
Librarian :-	Bob Wittrien
Newsletter Editor:-	Alan Howard
Publicity / Web Site Manager :-	Peter Murphy
Promotions Officer :-	John Kemp

The Nepean / Blue Mountains Prostate Support Group Inc. is grateful for the support of its members and various local groups. This enables us to produce this newsletter and cover other incidentals in the running of the group. The Below the Belt 'Zipper' logo (Page 1) is copyrighted to Ms. Caroline Redwood and is used with her kind permission

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The views expressed in this newsletter are not necessarily the views of the Group.
The Group does not offer medical or other professional advice.
Articles presented in this or any other issues are presented only as a means of sharing information and opinions with members.
It is important that health professionals should be consulted before making any decisions about any treatments.
This newsletter has been compiled by Alan Howard from material culled or provided.
email: nbmpcsgnews@gmail.com
Nepean / Blue Mountains Prostate Cancer Support Group Web Site 'www.prostatesupport.org.au