



Affiliated with Prostate Cancer Foundation of Australia  
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The knowledge gained at meetings and social activities helps to allay men's fears that arise during initial diagnosis and subsequent treatments and to dispel depression. We also consider other age related issues confronting men and their partners. The Support Group welcomes partners of men as active participants since the disease has an effect on families.

## Group News

**This is your group's 100th newsletter since the first in August 2012. We hope you enjoyed every one of them**

**THURSDAY, 9th December at 6pm**  
**CHRISTMAS SOCIAL EVENT**  
**with Musician Geordie**  
**Food & drink to burn but no alcohol allowed**

**HAVE A GREAT CHRISTMAS**  
**DON'T FORGET THERE IS NO MEETING IN JANUARY.**

### WHERE WE MEET

The group meets at 6pm on the 1st floor of the Mango Hill Community Centre (The Y). Entrance from the car park at 22 Linear Drive, Mango Hill on the 2nd **THURSDAY** of the month. It's the tallest building in Mango Hill.  
Refreshments are provided from 6pm.

### LAST MONTH'S MEETING

Lorelle Silveira gave a fantastic talk on the world of hearing difficulties. From comments received, everyone considered she was an accomplished speaker and her topic was very informative. This was so pleasing for many of us living in a world where hearing difficulties are treated as sales pitches by almost all device providers.

"It became so cold in New York last night that it forced the flashers to describe themselves to people."

### SOCIAL ACTIVITY

**PUT THESE IN YOUR DIARIES NOW**

**Sunday, 12th December Christmas Picnic - 10am, Jamiesen Park, Scarborough. **RSVP 10th December.****

**DON'T FORGET THE RSVPs**  
Social Event Leader Joy is available for RSVPs on 3886 5511 or 0408 795 248 or [petejoyham53@bigpond.com](mailto:petejoyham53@bigpond.com)

**LAST MORNING TEAS FOR 2021**  
**Ladies on 16th Dec and men on 18th Dec**  
**At Xander Café, North Lakes**

**GET INVOLVED.**  
**AND PUT HEALTH WORRIES ASIDE**  
**This group is all about meeting friendly faces and enjoying ourselves**

## ARTIFICIAL INTELLIGENCE PROGRAM HELPS DETECT PROSTATE CANCER

Sept. 22, 2021 -- The FDA has [authorized the first](#) artificial intelligence software to help doctors detect [prostate cancer](#).

The program, called Paige Prostate, is the first approved AI system in pathology.

"We really believe this product can make a huge difference," Paige CEO [Leo Grady, PhD](#), says.

The program was approved to help doctors, not to replace them.

"For a [second opinion](#) today, you ship a glass slide to somebody else or you do another stain that's really expensive or you do another molecular test," Grady says.

With the new tool, doctors digitally scan and upload biopsy slides to a computer, then import them into the program, which is a cloud-based service accessed through a Web browser.

The software compares the tissue patterns against a large database of tissue patterns collected at the Memorial Sloan Kettering Cancer Center, which created Paige as a company in 2018 from its work on digitizing [biopsy slides](#).

The program looks for patterns that have been previously diagnosed as cancer. When it finds such patterns, it highlights them for the pathologists to key in on, so they "don't miss anything" and have "a lot more confidence in their diagnosis without having to send it out for additional consultation," Grady says.

Shortly after the FDA announced the authorization on Sept. 21, the FDA's acting commissioner, [Janet Woodcock, MD](#), [tweeted](#) that she's "always pleased to see potentially life-saving advancements in medical device technology, such as using artificial intelligence to help identify [prostate cancer](#)."

The FDA approval was based on a study where 6 pathologists examined 527 digitally scanned prostate biopsy slides. Of them, 171 were cancerous, and 356 were benign. The pathologist made two assessments, one with and one without the program's help.

The software improved detection of [cancer](#) on individual slide images by 7.3% on average compared to unassisted reads. There was no impact on the reading of benign slides.

The FDA said that the risk for false negatives and false positives with the program is lessened because it is used along with a doctor and by the pathologists' consideration of patient history, laboratory studies, and other clinical information.

"Pathologists examine biopsies of tissue suspected for diseases, such as prostate cancer, every day," Tim Stenzel, MD, director of the Office of In Vitro Diagnostics and Radiological Health at the FDA, said in a statement. "The authorization of this AI-based software can help increase the number of identified prostate biopsy samples with cancerous tissue, which can ultimately save lives."

## KEY STATISTICS (September 2021)

- Prostate cancer is the most commonly diagnosed cancer in Australian men.
- 18,110 Australian men will be diagnosed with prostate cancer in 2021.
- 3,323 Australian men will die from prostate cancer in 2021.
- 49 Australian men are diagnosed each day with prostate cancer, and nine Australian men will die each day from the disease.
- 230,000 Australian men are alive today after a diagnosis of prostate cancer

## CAR FACTS

- The fastest time for removing a car engine is 42 seconds for a Ford Escort on 21 November 1985
- The first electric traffic lights were launched in Wolverhampton, UK in 1927
- The most expensive car ever made is the 1931 Bugatti Royale Kellner Coupe at US\$8.7million
- In 2008 a special edition diamond encrusted version of the Rolls Royce ornament was sold for \$200,000
- 19 people can be crammed into a Smart car
- Hong Kong is the city with the most Rolls Royce's per capita
- 60 million cars are produced each year (165,000 per day)
- The average car has 30,000 parts
- Volkswagen owns Bentley, Lamborghini, Audi,

## BRAIN FREEZE

The technical name for what is commonly called a brain freeze or ice-cream headache is *sphenopalatine ganglioneuralgia*. The pain is caused by the rapid cooling and rewarming of blood vessels (capillaries) in the sinus cavities above the roof of your mouth.

So....you've been eating hotdogs and McChickens all your life, but don't want the vaccine, because, "you don't know what's in it"?

## POSSIBLE CHANGES IN THE STANDARD OF CARE FOR METASTATIC AND NON-METASTATIC PROSTATE CANCER

Two trials presented in today's Presidential Symposium 2 highlight the benefits of treatment intensification with androgen receptor signalling inhibitors in patients with hormone/castration-sensitive prostate cancer (CSPC). The PEACE-1 phase III trial investigated adding abiraterone acetate–prednisone (AAP) ± local radiotherapy to standard of care (androgen deprivation therapy [ADT] ± docetaxel; the addition of docetaxel became the new standard of care after the start of the study) in 1173 patients with de novo metastatic CSPC (LBA5\_PR). Median overall survival (OS) was improved with the addition of AAP, both in the overall population (5.7 years versus 4.7 years; hazard ratio [HR] 0.82; 95% confidence interval [CI] 0.69–0.98; p=0.030) and in the subpopulation of patients receiving ADT plus docetaxel (not reached versus 4.4 years; HR 0.75; 95% CI 0.59–0.95; p=0.017). Among patients who developed castration-resistant disease in the ADT plus docetaxel standard-of-care control arm, 84% then received at least one life-prolonging therapy and 81% received next-generation hormonal therapy, compared with 74% and 46%, respectively, of patients in the ADT plus docetaxel plus AAP arm. Toxicity was as expected, with no apparent synergistic adverse events from the combination.

“These results will change the standard of care,” says Dr Maria De Santis from Charité Universitätsmedizin, Berlin, Germany and the Medical University of Vienna, Austria. “In an earlier analysis of PEACE-1, the addition of AAP to ADT plus docetaxel significantly prolonged radiographic progression-free survival ([J Clin Oncol 2021;39\(15 Suppl\):5000](#)) but here, an obvious improvement in OS has been demonstrated, which extends the advances recently made in metastatic CSPC.” Reflecting on previous findings in this setting, De Santis adds, “In patients with metastatic CSPC, we already knew that early treatment intensification improved survival significantly, but the question was if doublets or triplet therapy should be used. This has now been answered in the PEACE-1 study.”

Similarly encouraging results were also presented in the non-metastatic CSPC setting. A primary combined analysis from two comparisons in the STAMPEDE platform protocol assessed AAP ± enzalutamide added to ADT compared with ADT alone (LBA4\_PR). There was significant improvement in the primary endpoint of metastatic-free survival (MFS) with 2 years of AAP-based therapy than with ADT alone (108 events versus 306 events, respectively; HR 0.53, 95% CI 0.44–0.64, p<0.0001). OS was also significantly improved with the combination regimen (147 deaths versus 236 deaths, respectively; HR 0.60, 95% CI 0.48–0.73; p<0.0001) (Figure). Adding enzalutamide to AAP increased toxicity, but this was described by the researchers as having ‘no discernible effect on efficacy’

“For patients with high-risk, locally advanced disease – the so-called M0 CSPC setting – we have been eagerly awaiting OS data for several years,” says De Santis. “Until now it was unclear if the major failure-free survival improvements would translate into an OS benefit. This is a completely new patient (sub)group that has not been included in other published trials. With the clinically relevant improvements in survival seen in STAMPEDE, I expect this kind of treatment intensification to be implemented as a standard of care.”

With these findings, current practice is likely to change relatively quickly in both metastatic and high-risk locally advanced CSPC since the agents investigated are already approved and available in clinical practice, although these studies suggest a different, more effective way to use them. “AAP has become generic and is currently much cheaper than other androgen receptor signalling inhibitors. Hopefully, reimbursement will not be an issue given the significant OS improvement and the benefits for our patients,” concludes De Santis, who is optimistic about the safety data presented today. “The huge benefits of these treatments and combinations clearly outweigh the risks of well-known agents. The overwhelmingly positive results are reassuring and will help to convince patients and physicians to intensify treatment early on.”

### DID YOU KNOW

- Only a quarter of the Sahara Desert is sandy
- You only have two body parts that never stop growing (Nose and ears)
- Giraffe tongues can be 20 inches long.
- Europeans were scared of eating tomatoes when they were introduced. In reality, the acidity from the tomatoes brought out lead in their pewter plates, so they'd died of lead poisoning.
- The inventor of the microwave appliance only received \$2 for his discovery.
- The Eiffel Tower can grow more than six inches during the summer.
- Sloths have more neck bones than giraffes.
- Bees can fly higher than Mount Everest.
- Ancient Egyptians used dead mice to ease toothaches.
- Beethoven never knew how to multiply or divide.
- Steve Jobs, Steve Wozniak, and Ron Wayne started Apple Inc. on April Fools' Day.
- The British Empire was the largest empire in world history
- Penicillin was first called “mold juice”.
- May 20, 1873, is the “birthday” of blue jeans.
- Neil Armstrong's hair was sold in 2004 for \$3,000.

Good morning everyone!

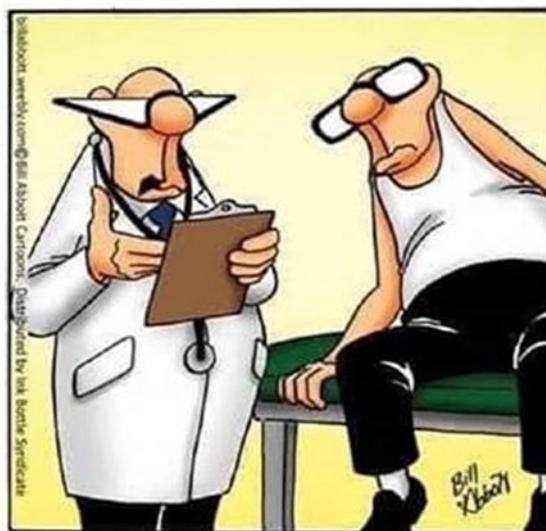
My body  
is up.  
The mind  
will follow  
sometime  
later  
today  
hopefully.



AND SO ENDS  
ANOTHER WEEK  
WITHOUT ME  
BECOMING  
UNEXPECTEDLY  
RICH.

The equal sign, "=", was invented by Welsh mathematician Robert Recorde in the 16th century because he was tired of writing "is equal to". He used the symbol because it inherently conveyed equality as the pair of parallels (Gemowe lines, meaning twin lines) are of equal length to each other

A blue whale's anus can stretch up to 3 and a half feet, making it the 2nd largest asshole next to people that talk on speakerphone in public



"High sodium, high cholesterol, lots of toxins - your blood test is remarkably similar to a potato chip."

#### GROUP MANAGEMENT

**Group Leaders-** Fred Travis & Peter Ham  
**Treasurer:** Peter Ham  
**Speaker Acquisition**—Tim McNickle  
**Social Events** – Joy Ham-at [petejoyham53@bigpond.com](mailto:petejoyham53@bigpond.com) or 3886 5511  
**Expo Officer** – Larry Hamilton  
**Membership Officer**—Mark Broughton  
**Welfare Officers**—Keith & Joan Penman  
**Induction Officers (Men)**- Brian Stegman, Garry Dingley & Lindley Deslandes  
**Induction Officers (Ladies)**-Penny Millard & Joy Ham  
**Mailing Officer**-Brian Stegman  
**Shirt Acquisition**—Joan Penman  
**Minute Officer**—Jenny Gehrke  
**Group Telephone:** 0435 119 628  
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My wife wanted to disgrace me in the presence of her friends, she said I wasn't good in bed. She was shocked when they all disagreed with her.

#### THIS MONTH'S QUOTES

- May you never forget what is worth remembering, nor ever remember what is best forgotten (Irish Blessing)
- You don't remember what happened. What you remember becomes what happened
- Some people appear to die at 25 but aren't buried until 75 – Benjamin Franklin