



Prostate Cancer  
Foundation of Australia

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# BLUE SKY NEWS

## TLX591

Pioneering  
new frontiers  
in the fight  
against  
prostate  
cancer

## TARGETING PROSTATE CANCER

Harnessing the power  
of new nuclear medicines

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Jeff Dunn and Steve Callister

## Our promise to save lives

Welcome to the January edition of Blue Sky News. In this issue, we unveil a ground-breaking new partnership with the ANZUP Cancer Trials Group to fund world-leading Australian-based prostate cancer clinical trials.

We also take a look at the game-changing nuclear medicines that are extending and saving men's lives. There is no doubt that if we keep up the pace of progress, we will be able to achieve our goal of zero deaths within ten years.

Thank you for your commitment and support.

**Adjunct A/Prof Steve Callister AM**  
 National Board  
 Chairman

**Professor Jeff Dunn AO**  
 Chief of Mission and  
 Head of Research

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## CHANGE IS COMING:

# A new era in early detection

*Australian experts are set to release new guidelines for the early detection of prostate cancer, towards our goal of zero deaths within ten years.*

Thousands of Australian men at a high risk of prostate cancer will soon be offered a lifeline to defeat the disease, with the imminent release of new guidelines for the early detection of Australia's most common cancer.

Release of the draft, scheduled for late February, follows nearly two years of work by a high-powered steering committee and expert working groups comprising the nation's best minds in the field, working to create a new way forward for detecting and managing prostate cancer.

Co-Chair of the Steering Committee and Prostate Cancer Foundation of Australia Chief of Mission, Professor Jeff Dunn AO, likened the release to the dawn of a new horizon.

"Subject to the approval of Australia's National Health and Medical Research Council, we expect the new guidelines to be released by mid-year, providing a new way forward for the early detection of prostate cancer.

"Key changes will include much clearer guidance for men at a higher-than-average risk of prostate cancer, including those with a family history of the disease, any known genetic risks, or risks associated with their ancestry, and particularly Australian men of African descent.

"Importantly, we expect to move towards an organised program for PSA testing, based on individual risk levels and any other symptoms."

Urologist and Co-Chair of the review Committee, Adjunct Professor Peter Heathcote, said the new guidelines would lead the world in the early detection of prostate cancer.

"Reducing the risk of harm is at the centre of what we do as clinicians, and that is certainly how we have approached the development of these new draft guidelines.



"Australia has among the highest rates of prostate cancer in the world, whereby prostate cancer accounts for one in three of all cancers diagnosed among men.

"The new guidelines will give clinicians and consumers the guidance they need to make evidence-based decisions about PSA testing, leaning on the very latest standards of care to ensure an even higher level of accuracy in diagnosis.

"This includes the use of magnetic resonance imaging, known as MRI, which allows us to more readily identify lesions which are likely to become aggressive and spread.

"We expect the new guidelines to be equally embraced by clinicians and consumers, advancing our march towards zero deaths from prostate cancer."

The new draft guidelines will be released for public comment in late February. ♦

For more information on the new guidelines, email [research@pcfa.org.au](mailto:research@pcfa.org.au)

# The sky is the limit

A new multi-year clinical trial partnership is set to expand access to clinical trials for Australian men with prostate cancer.

Prostate Cancer Foundation of Australia (PCFA) and the Australian and New Zealand Urogenital and Prostate Cancer Trials Group (ANZUP) have agreed to a landmark three-year research partnership aimed at accelerating clinical trials and advancements in prostate cancer treatment.

The research collaboration will build on a long-standing relationship between PCFA and ANZUP, who have co-funded clinical trials since 2015. The new partnership underscores PCFA's commitment to innovative research, supported by the PCFA Prostate Cancer Future Fund, which was established in 2022 to drive national investment in prostate cancer research.

ANZUP, formed in 2008, has spearheaded groundbreaking clinical trials including the proPSMA, TheraP, ENZAMET and #UpFrontPSMA projects, transforming prostate cancer treatment in Australia and internationally.

"This new partnership will see ongoing expansion of clinical trials focused on improving

survival rates among Australians, particularly for those with advanced and aggressive forms of prostate cancer," says ANZUP CEO, Associate Professor Samantha Oakes.

The announcement comes as new data from the AIHW has revealed prostate cancer now accounts for 16% of all cancers diagnosed in Australia.

"This is a game-changing partnership that will significantly improve survival prospects for Australian men diagnosed with prostate cancer, while continuing our work to ensure that those impacted by the disease do not have their lives destroyed by treatment," says PCFA's Chairman, Adjunct Associate Professor Steve Callister AM.

"With more than 26,000 men expected to be diagnosed with prostate cancer this year, this research has never been more important – we are paving the way for breakthroughs that will save lives."

The first tranche of funding under the agreement will involve \$1.2m for clinical trials

to try and improve survival outcomes for men with the deadliest forms of prostate cancer.

"ANZUP's portfolio of prostate cancer clinical trials is world-leading. With PCFA's prior investments we have helped to establish new standards of care locally and internationally, including the Medicare listing of PSMA PET/CT scanning for men with prostate cancer.

"Research is our most powerful tool in the fight against prostate cancer, and this partnership will fuel the advancements needed to change lives."

The research collaboration will commence in 2025, bringing fresh hope to the 250,000 Australian men who have survived prostate cancer and to many more who have been newly diagnosed with the disease. PCFA has large-scale plans to fund more work like this under the organisation's Prostate Cancer Future Fund.

"Our hope is that this groundbreaking partnership will lead to more tailored and targeted treatments," Adjunct Associate Professor Callister says.

"Our ultimate goal is to eliminate deaths from prostate cancer, in our lifetime, by funding clinical trial discoveries." ♦

## OUR CLINICAL TRIAL PORTFOLIO

### ANZadapt

NSW | VIC | QLD | SA | WA

This Phase II trial aims to try to slow down the spread of cancer by treating patients with Abiraterone or Enzalutamide for just long enough to control the cancer, and then pausing the treatment if the cancer is controlled. If the cancer starts to grow again, the treatment recommences. Now recruiting.

### DASL-HiCaP

NSW | VIC | QLD | SA | TAS | WA | NZ | Ireland | Canada | USA

The purpose of this study is to see if a new tablet drug, darolutamide, combined with the current best treatments, can improve outcomes for people with high-risk prostate cancer that has not spread beyond the prostate area. Now in follow-up.

### ENZA-p

NSW | VIC | QLD | SA | WA

The ENZA-p clinical trial is a randomised Phase II trial that aims to compare the effectiveness of Enzalutamide in combination with Lu-PSMA, versus Enzalutamide alone for the treatment of prostate cancer. Now in follow-up.

### ENZAMET

NSW | VIC | QLD | NT | SA | TAS | WA | NZ | UK | Ireland | Canada | USA

This landmark Phase III clinical trial found that hormone therapy with a drug called Enzalutamide can improve survival outcomes for those with advanced, hormone-sensitive prostate cancer. Now in follow-up.

### ENZARAD

NSW | VIC | QLD | SA | TAS | WA | NZ | UK | Ireland | Belgium | USA | Spain | Austria | Slovenia

This is a randomised Phase III trial of Enzalutamide in androgen deprivation therapy with radiation therapy for high-risk, clinically localised, prostate cancer. Now in follow-up.

### EVOLUTION

NSW | VIC | SA | WA

This is a randomised Phase II Study of Radionuclide 177Lu-PSMA Therapy versus 177Lu-PSMA in combination with the immunotherapies Ipilimumab and Nivolumab for men with Metastatic Castration Resistant Prostate Cancer. Now in follow-up.

### proPSMA

NSW | VIC | QLD | SA | WA

The proPSMA clinical trial is a prospective randomised multi-centre study of the impact of Ga-68 PSMA-PET/CT imaging for staging high risk prostate cancer prior to curative-intent surgery or radiotherapy. Now in follow-up.

### GenI-AIRSPACE

VIC

This study aims to determine whether genetic testing affects decision making for patients with favourable intermediate risk prostate cancer, and whether the results can inform recommendations for active surveillance for those with lower genetic risk scores, or recommend treatment if the risk of their cancer progressing is deemed higher. Now recruiting.

### TheraP

NSW | VIC | QLD | SA | WA

A groundbreaking randomised Phase II trial of 177Lu-PSMA617 theranostic versus cabazitaxel in progressive metastatic castration resistant prostate cancer. Now in follow-up.

### WOMBAT

NSW | QLD | SA

The WOMBAT study is testing whether Bipolar Androgen Therapy can prolong the time it takes for non-metastatic castration resistant prostate cancer to become detectable in other areas of the body. Now recruiting.

### #UpFrontPSMA

NSW | VIC | QLD | SA | WA

This is a randomised Phase II clinical trial to compare the effectiveness of Lu-PSMA therapy followed by docetaxel chemotherapy versus docetaxel chemotherapy on its own for men with metastatic hormone sensitive prostate cancer. Now in follow-up.

### NINJA

NSW | VIC | QLD | SA | WA | NZ

The NINJA clinical trial aims to compare two emerging schedules of radiotherapy in the treatment of intermediate or high-risk prostate cancer, in the hope we can improve the accuracy and quality of radiotherapy treatment in prostate cancer. Now recruiting.

Donations to the Prostate Cancer Future Fund can be made via [pcfa.org.au/donate](https://pcfa.org.au/donate)

## TARGETING PROSTATE CANCER:

# Harnessing the power of new nuclear medicines

*Australian scientists are leading the world in creating a pipeline of nuclear medicines that can stop the spread of prostate cancer.*

It's an audacious goal – zero deaths from prostate cancer within ten years. Just five years ago, the idea was inconceivable. But today, with thanks to the advent of nuclear medicine, anything seems possible.

Importantly, nuclear medicines also offer men hope of improved quality of life, with fewer side effects and non-invasive procedures.

These novel therapies, often referred to as 'radioligand therapies', harness the power of targeted radiation to treat cancer cells more precisely than traditional methods like chemotherapy or external beam radiation. Excitingly, the science behind these treatments is evolving rapidly, with researchers working to create radiopharmaceuticals that can deliver radiation directly to the tumour and eradicate the cancer, while sparing healthy tissue.

For men with advanced prostate cancer, these discoveries can't come soon enough. While 98% of men with early-stage prostate cancer will survive at least five years, for men with late-stage prostate cancer, five-year relative survival decreases to just 36%. The discovery and development of new nuclear medicines is therefore critical in PCFA's work towards zero deaths.

The good news is that clinical trials are showing promise, providing men with a whole new class of weaponry to defeat the most aggressive forms of prostate cancer.

### PSMA-targeted therapies

A protein called Prostate-Specific Membrane Antigen (PSMA) is often present on the surface of prostate cancer cells, particularly in the later stages of the disease.

This knowledge has paved the way for PSMA-targeted radioligand therapy (PSMA-RLT), using radiopharmaceuticals that are specifically designed to bind to PSMA on the surface of cancer cells.

In July 2024, the Australian Therapeutic Goods Administration (TGA) approved Pluvicto® (Lutetium (177Lu) vipivotide tetraxetan), a PSMA-targeted radiopharmaceutical found in clinical trials to significantly improve progression-free survival compared to those in the control arm in patients with metastatic castration-resistant prostate cancer (mCRPC), a particularly aggressive and hard-to-treat form of the disease.

Pluvicto® is administered via intravenous infusion and has shown an improvement in survival and preservation of quality of life vs the control arm for patients whose

cancer has not responded to other therapies, such as hormone treatment or chemotherapy.

"Notably, this improvement in survival with Pluvicto® was associated with a significant preservation of quality of life compared to patients treated with other therapies," says Novartis Country President, Matt Zeller.

"There are currently around 225 clinical trials underway around the globe to evaluate radioligand therapy in various cancers, and around 38 companies also investing efforts into treatments with new isotopes, ligands and combination therapies across different cancers and clinical stages of disease.

"Given the potential of radioligand therapy for treating various cancers, we are committed to working together with all stakeholders across the healthcare ecosystem

to shape an environment that supports equitable access for all patients who stand to benefit."

Equitable access to Pluvicto® and other emerging nuclear medicines for men with prostate cancer is a key priority for PCFA, recognising that standards of care are rapidly shifting, as the horizon for new treatments expands.

### Alpha v Beta emitters

Existing radioligand therapies for prostate cancer typically fall into one of two classifications, being alpha or beta emitters. Both deliver

radiation directly to cancer cells, but work differently and have different depths of penetration, offering unique effectiveness in treating different types of tumours.

Alpha particles are heavy, positively charged particles composed of two protons and two neutrons. They have a shorter penetration depth, meaning they are more effective at targeting small clusters of cancer cells or specific areas of tumour growth, such as micrometastases or bone metastases in prostate cancer. They can effectively treat smaller, more confined tumours with minimal collateral damage to surrounding healthy tissues.

Beta particles are much lighter than alpha particles, consisting of a single electron or positron. Due to their longer range, they can penetrate deeper into tissues, making them more suitable for larger tumours or areas where the cancer has spread. However, this deeper penetration also means that beta emitters can sometimes affect healthy cells surrounding the tumour.

Pluvicto® is among the most effective beta emitters discovered to date, with the radiotherapy Terbium-161 (Tb-161) also gaining attention in new Australian clinical trials.



**Notably, this improvement in survival with Pluvicto® was associated with a significant preservation of quality of life compared to patients treated with other therapies.**

**Matt Zeller, Novartis Australia and New Zealand Country President**

Unlike traditional radiation therapies that affect both healthy and cancerous tissues, Terbium-161 can be precisely directed at prostate cancer cells that express PSMA, and has a relatively short penetration depth, which means it can precisely target cancer cells with minimal damage to surrounding healthy tissue.

While alpha radiation is often used for smaller tumours due to its high ionizing power and short range, beta radiation, such as that from Pluvicto® and Terbium-161, has a slightly longer range, which allows it to target larger tumours or those that may be difficult to treat with alpha particles. This makes Terbium-161 ideal for metastatic prostate cancer that has spread to distant parts of the body, including the bones and lymph nodes.

While the effectiveness of Terbium-161 for prostate cancer is still in the experimental stage, it shows great promise. Early-phase studies in men with advanced or metastatic prostate cancer have found that Terbium-161 may offer a significant improvement in progression-free survival and overall survival from prostate cancer. Notably, its precision in targeting PSMA-positive cells and its potential for reducing side effects make it an exciting addition to the arsenal of therapies available for prostate cancer treatment.

### Alpha-emitters

While beta-emitting radiopharmaceuticals like Pluvicto® are making waves in the treatment of prostate cancer, researchers are also exploring the potential of alpha-particle therapy. Alpha-emitting isotopes deliver more energy in a smaller area compared to beta-emitting drugs,



**The potential advantage of alpha-particle therapy is its ability to target and destroy prostate cancer cells with higher precision, particularly when the cancer has spread to the bones – a common site of metastasis for prostate cancer.**

**Dr Kevin Koo,**  
PCFA Research Fellow

making them ideal for targeting small clusters of cancer cells or micrometastases.

One of the most promising alpha-emitting therapies is Actinium-225-PSMA. Early-stage clinical trials have shown encouraging results, with patients experiencing tumour shrinkage and improved overall survival rates.

Another is Alpha 212, also known as Alpha-212Pb or 212Pb-PSMA.

The 212Pb isotope is an alpha-

emitting radioisotope, which decays by emitting alpha particles. These particles have a high ionizing power, which means they can cause significant damage to DNA and other cellular structures.

When combined with a PSMA-targeting agent, such as a monoclonal antibody or a small molecule ligand, the radioactive lead-212 specifically targets and binds to PSMA-expressing prostate cancer cells, causing local, lethal radiation damage to the cells, helping to shrink or eliminate the tumour.

“Alpha-emitter therapies are still being refined and are largely in the experimental phase, but they hold significant potential for treating prostate cancer, especially in cases where cancer has become resistant to other therapies,” says PCFA Research Fellow, Dr Kevin Koo, who is working closely with a team from a radiopharmaceutical company called AdvancCell.

“The potential advantage of alpha-particle therapy is its ability to target and destroy prostate cancer cells

with higher precision, particularly when the cancer has spread to the bones – a common site of metastasis for prostate cancer.

“If our research proves effective, Alpha Therapy will soon be an important new addition to the arsenal of treatments for advanced prostate cancer, wiping out tumours more effectively by harnessing the patient’s immune system to stop tumour cell growth.”

### Radium-223

For prostate cancer patients whose cancer has spread to the bones, Radium-223 dichloride, used under the brand name Xofigo® is another example of nuclear medicine’s potential.

Approved by the TGA for the treatment of metastatic castration-resistant prostate cancer (mCRPC) with symptomatic bone metastases, Xofigo® is a targeted alpha emitter that specifically targets bone tissue.

Xofigo® works by mimicking calcium, naturally accumulating in areas of bone metastases, and emitting alpha radiation that selectively kills cancer cells without significantly affecting surrounding healthy tissue. This targeted approach reduces bone pain, slows disease progression, and improves overall survival.

Although Xofigo® is not suitable for all prostate cancer patients, particularly those without significant bone metastases, it remains a valuable option for those who meet the criteria. Its ability to target bone metastases has helped improve the quality of life for many Australian men suffering from the debilitating effects of bone pain associated with advanced prostate cancer.

“Several clinical trials investigating the role of Radium-223 with different combination therapies in different stages of the prostate cancer are currently underway,” says Medical Strategy Lead and Head of Field Medical at Bayer Australia, Svetlana Mactier.

“Earlier forms of prostate cancer are treated systemically with androgen deprivation therapy (ADT) and androgen receptor pathways inhibitors (ARPIs), but eventually the cancer progresses.

“In later stages of prostate cancer, the options for patients who progress on ADT and ARPI are limited and include chemotherapy, PARP inhibitors, radiopharmaceuticals and inclusions into clinical trials.

“Clearly, more treatment options need to be developed and radiopharmaceuticals represent one of the mechanisms to combat prostate cancer.”

Combination approaches, where radiopharmaceuticals are used with other therapies, are also undergoing clinical trial.

“The emergence of novel radionuclides with improved properties will amplify the therapeutic efficacy of radiopharmaceuticals.

New delivery approaches like nanocarriers and nanoparticles may enable more targeted delivery to the tumour site,”

Ms Mactier says.

“Moreover, the evolution of personalized radiopharmaceutical therapies, like theranostics, marks an era where each patient’s unique molecular profile guides tailored treatment regimens for improved outcomes.”

### Uptake of treatment

The term ‘theranostics’ is commonly used to describe emerging standards of care in nuclear medicine for men with prostate cancer. The term combines the words ‘therapy’ and ‘diagnostics’ to accurately describe treatment protocols for nuclear medicine, which harness advanced forms of imaging, such as PSMA PET/CT, to improve treatment selection and precision.

In all cases, patients who are candidates for nuclear medicine need to be screened for specific clinical and biological markers, such as PSMA expression, which give specialists an indication of whether or not the patient will respond favourably to the therapy.

“The use of PSMA therapy, or other nuclear medicines, depends on the type of prostate cancer you have. You may need to have additional tests to work out if your type of cancer is likely to respond to these therapies,” says PCFA’s Chief of Mission and Head of Research, Professor Jeff Dunn AO.

“One thing is certain – accelerated research can get us where we need to go, giving men with the most aggressive and deadly forms of prostate cancer a greater chance of survival.

“We are tremendously proud that Australia is leading the world in this field, through groundbreaking clinical trials that are saving lives and stopping the spread of disease.”

Worldwide, more than 1.4 million men are diagnosed with prostate cancer each year and more than 375,000 die from the disease. ♦

Call 1800 22 00 99 to speak to PCFA’s Telenursing team on any medicines referenced in this article

*A new type of radiation therapy is emerging as a game-changer for men with prostate cancer.*

National and international clinical trials looking into the effectiveness of Stereotactic Body Radiotherapy (SBRT) are providing hope for men with aggressive prostate cancer, delaying the need for hormone therapy or chemotherapy for up to five years in some patients.

SBRT works by using highly targeted radiation beams to treat prostate cancer tumours, while leaving the surrounding organs unharmed.

Unlike traditional radiation, which often requires 20-39 sessions, SBRT is much faster and typically only requires five to 10 treatment sessions.

Icon Cancer Centre Radiation Oncologist Dr Patrick Bowden is the driver behind the TRANSFORM Trial and says the findings have the potential to transform care.

“The TRANSFORM Trial launched in 2014 but its real genesis was back in 2007. I was referred a patient who had a solitary bone secondary cancer from his prostate cancer. I used high dose radiotherapy, and he ended up having a much better result than anyone could have expected,” Dr Bowden says.

Inspired by this case, Dr Bowden launched a large trial involving 200 patients with oligometastatic prostate cancer (cancer with five or fewer secondary sites).

“We enrolled 200 patients in a two-year period, making it the largest trial of its kind in the world,” Dr Bowden says.

“Systemic treatment (hormone therapy and chemotherapy) has been the long-term standard treatment for Stage 4 prostate cancer. But we found that for men with up to five secondaries from prostate cancer,

we were able to avoid the use of systemic treatment for five years in a significant percentage of the group we studied.

“Also, there were a small subset of men who had no detectable cancer whatsoever over seven years after treatment. This raises the possibility that these men may have been cured of their metastatic disease, which is something that has been rarely seen before.

“Furthermore, in our study the treatment was almost free from any short and long-term side effects.

“The transform study and others like it provide very important evidence to guide treatment for men with prostate cancer.

“Our data shows that in many cases we can turn Stage 4 prostate cancer into a chronic disease, rather than a terminal one. In fact, the first patient I treated in 2007, is still alive and well 17 years later.”

More research is needed to compare SBRT for men with metastases to the current standard-of-care ADT-based approach, and particularly, to understand the impact of delayed ADT on survival.

With around 35 to 40% of men experiencing long-term decrements in quality of life associated with androgen deprivation therapy, researchers are hopeful these findings will start to shift standards of care and accelerate research into novel radiotherapies. ♦

**Our data shows that in many cases we can turn Stage 4 prostate cancer into a chronic disease, rather than a terminal one.**

*Dr Patrick Bowden, Icon Cancer Centre*

## STEREOTACTIC SUCCESS: A new millennium in radiation therapy

Call 1800 22 00 99 and ask to speak to a Specialist Nurse about Stereotactic Radiation

# TLX591: Pioneering new frontiers in the fight against prostate cancer

*Australian men on novel hormone therapies for advanced prostate cancer are being invited to take part in a global clinical trial of a targeted nuclear medicine known as TLX591.*

Every year, around 4,000 Australian men are newly diagnosed with Stage 3 or 4 prostate cancers, and many more will have their cancer progress to an advanced stage.

One of the most challenging aspects of prostate cancer treatment is managing metastatic castration-resistant prostate cancer (mCRPC), where the cancer has spread beyond the prostate and has become resistant to conventional therapies like hormone treatment.

For these men, experimental therapies can provide hope of progression-free survival, slowing, or stopping, the spread of cancer.

The investigational targeted radiopharmaceutical TLX591, developed by Telix Pharmaceuticals,

has shown encouraging results in prior studies of patients with mCRPC. Men with this form of advanced prostate cancer are encouraged to check whether they may be eligible for the Phase 3 ProstACT Global Clinical Trial.

The PSMA-targeted therapy is engineered to selectively bind to Prostate-Specific Membrane Antigen (PSMA), a protein overexpressed on the surface of prostate cancer cells, particularly in advanced and metastatic stages of the disease.

It consists of a radioactive isotope attached to an antibody that binds to PSMA on prostate cancer cells. Once TLX591 binds to the cancer cells, the isotope delivers targeted radiation, which damages the cancer cells, destroying them while sparing surrounding healthy tissue.

This approach combines the benefits of precision medicine with radiotherapy, creating a more focused treatment, with potentially less severe side effects, compared to conventional therapies. A simple two-dose regimen, administered over 14 days, offers patient convenience.

The ProstACT Global trial aims to enrol more than 500 men across numerous countries, including in Australia and the Asia Pacific region, North America, and Europe, comparing TLX591 in combination with standard-of-care (SoC) treatments to SoC alone. The trial consists of two parts: Part 1, safety and dosimetry run-in with 30 patients; and Part 2, expansion with an overall target enrolment of approximately 490 patients. In Part 1, all patients will receive TLX591 plus SoC, and Part 2 is randomised 2:1, which means that for every patient receiving SoC alone, two will receive TLX591 plus SoC.

This innovative trial design will allow researchers to evaluate how effective TLX591 is at improving

patient outcomes compared to current treatment options.

The trial is being conducted under the guidance of world-leading oncologists, with a keen focus on patient safety and overall well-being.

For patients with mCRPC, the trial offers a potential new hope, particularly for those who have exhausted other treatment options.

“Radiopharmaceuticals are an additional tool in the armamentarium for doctors in the fight against cancer,” says nuclear medicine physician and principal investigator at the Nepean Hospital in NSW, Dr Veronica Wong.

“ProstACT Global is a highly anticipated Phase 3 trial to test treatment effectiveness, of TLX591, given in tandem with established chemotherapy and/or androgen deprivation protocols.

“The tolerability and ease of administration of this particular investigational therapy, with two doses given two weeks apart, may make it an ideal early additional treatment for men with aggressive forms of the disease.”

The trial’s integration with existing, real-world standards of care differentiates the ProstACT Global study from other trials and commercial radiopharmaceuticals for prostate cancer, and may help inform the development of improved treatment protocols for many thousands of men with mCRPC.

“The addition of this treatment could extend the lives of hundreds of thousands of men worldwide,” Dr Wong says.

ProstACT Global has five trial sites in Australia, at Westmead, Nepean, and Wollongong Hospitals in NSW, the Australian Prostate Centre in VIC, and Genesis Care Murdoch in WA. ♦

 ProstACT

You can also watch a short explainer video by visiting [telixpharma.com/ProstactVideoExplainer](https://telixpharma.com/ProstactVideoExplainer) or scan the QR code below.



➔ For more information on the trial visit [clinicaltrials.gov/study/NCT06520345](https://clinicaltrials.gov/study/NCT06520345)

# SpaceOAR: A radiotherapy safeguard for surrounding organs

Medical innovation is making radiotherapy safer than ever before for Australian men with prostate cancer.

Around one in four Australian men with intermediate-risk prostate cancers opt for radiotherapy treatment, and many more will undergo radiotherapy at some point in their survivorship.

With high numbers of men using radiotherapy, Australia has rapidly established itself as a world-leader in the field, pioneering new forms of highly effective radiotherapy that eliminate cancer cells towards full remission.

In fact, under modern Medicare guidance, men recommended for curative treatment must be encouraged by their

specialists to discuss treatment options with both a urologist and a radiation oncologist, as part of fully informed decision making.

And while no treatment is without the risk of side effects, medical innovation is getting better and better and minimising the risks of harm associated with radiotherapy.

The SpaceOAR is one example, safeguarding healthy tissues, and particularly the rectum, from the impacts of radiation.

The product is made from hydrogel, typically made of water and polyethylene glycol,

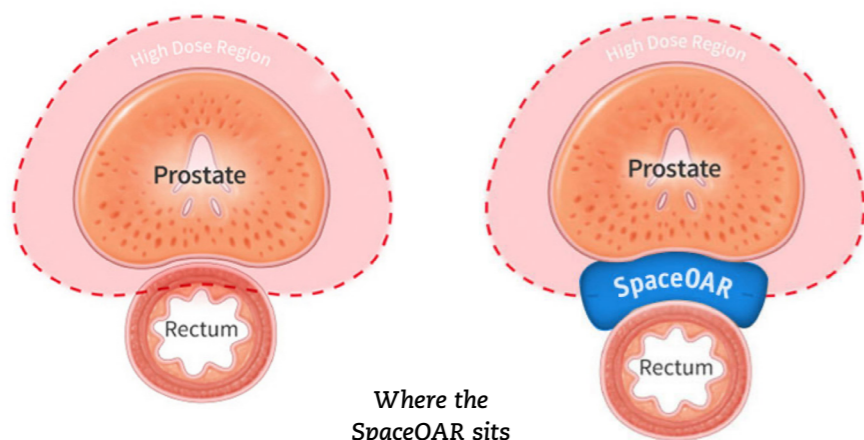
and is injected between the prostate and rectum in a minimally invasive procedure by a urologist.

The name is an acronym for Space Organs At Risk, as it acts to protect the rectum from the effects of radiation by moving the rectal wall away from the prostate.

After implantation, the gel provides continuous protection, remaining in place for the duration of therapy. On completion of treatment, it gradually biodegrades and is naturally absorbed by the body without the need for removal.

By reducing radiation exposure to the rectum and lowering the risk of side effects, it can help to preserve quality of life for men undergoing prostate cancer treatment, reducing discomfort and disruption to daily life during treatment.

Out-of-pocket costs for SpaceOAR vary based on healthcare settings and insurance, but talk to your specialist for a quote. ♦



## 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.

### Genetics could hold the key to surviving prostate cancer



In an international study of 19,607 men, those at higher genetic risk of prostate cancer had three-fold increased risk of an early prostate cancer death. The study concluded that implementing interventions targeting men at an increased genetic risk of prostate cancer may substantially reduce the number of early deaths caused by the disease.

Read more [➤ pcfau.org/4gfJCGG](https://pcfau.org/4gfJCGG)

### CDKI-73: New drug may stop the spread of deadly prostate cancer



New Australian research has found promising signs that a novel drug could radically change the way prostate cancer is treated. The study examined the effectiveness of a drug known as CDKI-73 in targeting the cyclin-dependent kinase 9 protein, which plays a crucial role in the growth and survival of prostate cancer cells.

Read more [➤ pcfau.org/3ZUMAum](https://pcfau.org/3ZUMAum)

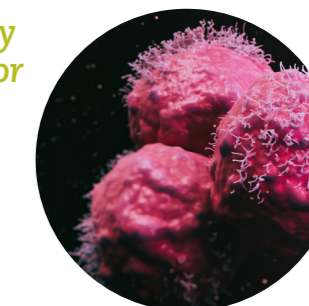
### DNA may help predict prognosis for advanced prostate cancer patients



New research has found that a DNA sequencing test for advanced prostate cancer patients may help to distinguish between patients with poor and favourable prognoses. The new blood-based test—called AR-ctDETECT—is designed to detect and analyze small fragments of tumor-derived DNA in the blood of certain patients with advanced, metastatic prostate cancer.

Read more [➤ pcfau.org/3ZSnr3A](https://pcfau.org/3ZSnr3A)

### Immunotherapy may improve outcomes for high-risk localised prostate cancer



Treatment with a viral immunotherapy known as CAN-2409 (aglatimagene besadenovec) in combination with valacyclovir and standard-of-care external beam radiation therapy resulted in a statistically significant improvement in progression free survival compared to standard of care alone, in a trial among men with intermediate to high-risk localised prostate cancer.

Read more [➤ pcfau.org/3ZTZSao](https://pcfau.org/3ZTZSao)

Call 1800 22 00 99 to speak to our Telenursing team on whether SpaceOAR might be suitable for you

Subscribe to our monthly newsletter via [enquiries@pcfau.org.au](mailto:enquiries@pcfau.org.au) or call 1800 22 00 99





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