Welcome to the latest newsletter from the Wolverhampton Prostate Cancer Support Group for the year 2018. Please note that meetings will continue at the new time of 1.45pm to 3.30pm at the Community Centre, Marsh Lane, Wolverhampton, WV10 6SE. Thank you to everyone who continues to support the group and attends the meetings. Please continue to contribute to the raffles; we rely on monies raised to fund the meetings.

New Programme for 2018

Here is the new programme for the next year’s meetings. If there are any subjects of particular interest to you that do not appear on the programme, then please let Clare Waymont or the committee know.

New Consultant Urological Surgeon

Mr David Mak joined as the seventh consultant urological surgeon in September 2017. Having completed his basic medical training at Cambridge University and University College London, he moved to the West Midlands to undertake Urology specialist training. During the 5-year training scheme, Mr Mak worked at many of the teaching hospitals institutions within the region, and gained a broad experience in general urology. In 2014/2015, he worked as a specialist registrar at our very own department, where he was inspired to subspecialise in bladder and prostate cancer, and robotic surgery. He has visited several institutions specialising in robotic surgery and hopes to use the experience and skills he has acquired to expand the bladder cancer services at New Cross Hospital.

Mr Mak plays an active role at the University of Birmingham as a Personal Mentor to medical students. In addition to teaching medical undergraduates, Mr Mak continues to extend his interests in education and has recently written a book chapter on bladder cancer to help urology trainees undertaking their specialist exams.

Outside of work, Mr Mak enjoys travelling, photography and running. He has previously completed the Birmingham Half Marathon and hopes to achieve the full marathon distance in the near future!

New Nurse Practitioner

Diane Lilley joined the team as a Urology Nurse Practitioner in May this year.

Diane qualified at New Cross Hospital in 1990 and her first staff nurse post was on a medical ward with a specialty in renal medicine. From there she moved to the urology ward as a staff nurse before leaving the trust in 2008 to follow her interest in palliative and end of life care. She worked for Marie Curie, Fair Oaks Day Hospice in Walsall and then the district nursing team in Darlaston before taking up her current post here at New Cross Hospital.

“I found palliative and end of life care to be very emotional and also very rewarding but it’s great to be back at New Cross among some familiar faces as well as meeting some new ones”. As part of the urology nursing team Diane has a special interest in the diagnosis and management of kidney cancer.

On a personal note, Diane is married with three sons and is a lifelong fan of Wolverhampton Wanderers. She is also an animal and music lover.

Success of New Cannock Clinics

Earlier this year the urology department launched services at Cannock Hospital. Royal Wolverhampton NHS Trust took over the management of Cannock Hospital in April 2014 and now serves the 125,000 population of Cannock.

Current urology clinics include a suspected prostate cancer clinic run by an Advanced Nurse Practitioner and a Consultant clinic for new and review patients. The service has been well received by patients and the plan is to expand to offer more clinics in the near future.

“Wishing you all a very Happy New Year for 2018”
Discovery of ‘metastatic signature’ raises hopes of early identification of lethal disease

(Article taken from Prostate Cancer Charity website)

Deciding whether ‘to treat or not to treat’ localised prostate cancer is one of the biggest dilemmas for men and their doctors. Now research from one of the Movember Centres of Excellence could help identify which cancers are likely to spread and which are harmless.

Researchers at the Belfast Manchester Movember Centre of Excellence – funded through the Movember Foundation – have discovered a ‘metastatic signature’ in the genetic code of some prostate cancer cells, which could help identify which cancers are aggressive and which are harmless.

The fact that doctors can’t be 100 per cent certain about whether a prostate cancer requires treatment or not is one of the major problems facing men diagnosed with the disease today. Not treating a cancer that does in fact later progress could be fatal, while treating a cancer that has no impact on the patient’s life is wrong.

But today’s published research could represent the first step towards resolving the issue once and for all.

Taking a different approach to examining tumour samples

Previous tests that aimed to do a similar job have taken a patient outcome approach. This means they looked at biopsy samples from men whose cancers weren’t deemed harmful, and then looked for the differences between samples from each of these groups.

But in this new study, the researchers went about things slightly differently, looking at the underlying biology of the cancer itself without first knowing the outcome of the patient it was taken from.

They proposed that there might be a subgroup of primary prostate cancers that share genetic characteristics with metastatic cancer (cancer that’s spread outside the prostate). Not only this, but the researchers suspected that there are particularly dangerous cancers that are likely to return and spread after a prostate surgery.

A cluster of 70 genes found expressed in aggressive samples

To test out this idea, they looked at the genes expressed by primary prostate cancer, primary prostate cancer with locally available metastases, metastatic lymph node samples, and prostate tissue that they knew had no cancer within it.

Sure enough, they found a cluster of 70 genes that were expressed the same in all the metastatic lymph node samples, all of the primary prostate cancers with locally available metastases, lymph node samples, metastatic lymph node samples, and prostate tissue that they knew had no cancer within it.

Together with their brother Dan to get ready for the half marathon, they ran the Tenby 10k on 30th July 2017 and then the half marathon on 1st August. In total they have raised £495.00.

If anyone would like to donate then funds are still being accepted on their just giving page. https://www.justgiving.com/fundraising/lauraulton3

Hearing his friend had been diagnosed with prostate cancer and seeing how bravely and successfully he dealt with it, Ian Haweod was inspired to want to help others diagnosed with this disease. So on 5 May 2017 Ian set up the Swindon Maclaren prostate cancer UK who work towards helping more men survive prostate cancer, and to enjoy a better quality of life.

The tenby 10k on 30th July 2017 and then the half marathon on 1st August. In total they have raised £495.00.

If anyone would like to donate then funds are still being accepted on their just giving page. https://www.justgiving.com/fundraising/lauraulton3

Urology management assistant, running to support patients

Earlier this year Laura Upton, Urology Management PA at New Cross Hospital took part in fundraising for Prostate Cancer UK following her father’s diagnosis of prostate cancer. Luckily this was found early and it was done growing slowly and her family felt it was thanks to invaluable research undertaken, that hospitals are now able to provide earlier testing, investigations and treatments.

Together with her brother Dan to get ready for the half marathon, they ran the Tenby 10k on 30th July 2017 and then the half marathon on 1st August. In total they have raised £495.00.

If anyone would like to donate then funds are still being accepted on their just giving page. https://www.justgiving.com/fundraising/lauraulton3

IMRT – A new advancement in radiotherapy under trial

A new clinical trial that has taken place looks at intensity-modulated radiation therapy (IMRT) to treat prostate cancer that has spread to the lymph glands in the pelvis. The pelvis is the area surrounded by your hip bones. This trial is supported by Cancer Research UK. Initial results recently published and are available from www.stampedetrial.org.

Thank you for your ongoing support. NHRI Clinical Trials Gateway Accessing Information you what trials are available in the UK https://ctg.info.nih.gov/ If you have any queries/questions please contact the Clinical Trials team New Cross Hospital (01902) 367099 ext 8337
We are here to help.

Research News

(Vanda Carter - Senior Oncology Research Sister)

With over 40,000 men in the UK diagnosed with prostate cancer each year, here at the Royal Wolverhampton NHS Trust our oncology research team are actively involved in clinical trials looking for better treatments and better long term survival for our patients.

As a centre we are the leading recruiter to the ATLAS study this year in the UK for the TITAN study with 9 patients enrolled; a study which looks at the addition of a new drug (apalutamide) added to standard of care in newly diagnosed metastatic hormone sensitive prostate cancer patients.

We continue to recruit to the ATLAS study, currently 7 patients enrolled, looking at the same drug but in combination with primary radiation therapy.

In addition the STAMPEDE study continues to recruit into newly opened study arms; this year has seen the addition of the ‘metformin comparison arm’ using this drug which is currently used in the treatment of diabetes. We currently have more than 50 patients enrolled in this study.

The STAMPEDE study was set up to see if current prostate cancer treatments could be improved by adding various things to standard hormone therapy.

Between 2011-2014 the study enrolled 1,917 men into the ‘abiraterone’ arm (the first study arm in this protocol) following up for just over 3 years. Abiraterone is a new type of hormone therapy that works in a different way to standard hormone treatment. The trial has found that the people who had abiraterone plus standard hormone therapy lived longer on average than standard treatment alone. The full results have now been published and are available from www.stampedetrial.org.

Abiraterone is not yet licensed for use before failure of standard hormone therapy but this is work in progress and very positive news for the future.

We also have studies due to open looking at effects of hormone treatment on cognitive thinking and new drugs for metastatic castrate resistant prostate cancer.

Here at Royal Wolverhampton NHS Trust we are constantly looking to introduce and open new studies with the aim of being part of new future and potentially ground breaking treatments in the management of metastatic prostate cancer.

Thank you for your ongoing support.

NHRI UK Clinical Trials Gateway Accessing Information you what trials are available in the UK https://ctg.info.nih.gov/ If you have any queries/questions please contact the Clinical Trials team New Cross Hospital (01902) 367099 ext 8337
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New STAMPEDE trial results show earlier abiraterone could improve survival of men with advanced prostate cancer

(Article taken from Prostate Cancer Charity website)

Announced by researchers at a cancer conference in Chicago, the new findings from one of the biggest ever clinical trial exploring the use of existing treatments could have a significant impact on advanced disease, but questions remain about its suitability for treating earlier disease.

The latest results from the extensive STAMPEDE trial, announced today at the American Society of Cancer Oncology (ASCO) conference in Chicago, show that adding abiraterone to hormone therapy improves survival for those with advanced prostate cancer compared to hormone therapy alone.

Almost 2,000 men were involved in this particular arm of the STAMPEDE trial, with 63% of those receiving abiraterone alongside androgen deprivation therapy (ADT) surviving for over three years, compared to 76% of men who received ADT alone.

Abiraterone is a new type of hormone therapy that is given to men with advanced prostate cancer once their cancer has become resistant to ADT. Today’s results suggest giving abiraterone earlier in the treatment pathway could increase how effective it is. However, it’s not clear how much this would benefit men in reality, as clinical practice for treating advanced prostate cancer has changed since the trial began.

Following the STAMPEDE trial results from 2015, which showed giving the chemotherapy drug docetaxel, at the same time as ADT helped men survive for an average of 15 months longer than ADT alone, earlier docetaxel quickly became the standard treatment option for men with advanced prostate cancer on the NHS.

As docetaxel and abiraterone have not been compared side by side, we cannot yet say one is better than the other. Even more importantly, we need a way to find out if they will work differently in different men, or if they might have different side effects.

Dr Iain Frame, director of research at Prostate Cancer UK, said: “These results are further evidence that earlier, combined use of existing treatments can improve the survival of men diagnosed with advanced prostate cancer. We need to keep exploring the options of giving some men abiraterone alongside hormone therapy are clearly impressive, and we will be working with all relevant bodies to make sure this treatment becomes an option available for these men via the NHS.

“However, there are still key questions that need to be answered. Critics of this study need to show that men will gain the most benefit from this treatment combination and which men will respond better to earlier use of other treatments, such as docetaxel. This knowledge will allow us to tailor treatments to make more intelligent treatment choices, ensuring that men are receiving the right treatments for them, at the right time.”

“If we want to dramatically improve survival of all men with advanced prostate cancer, we must move towards this kind of personalised approach to treatment. Prostate Cancer UK is committed to funding the research needed to make that happen.”

Prostate Cancer UK is already developing a test to see which men will benefit from abiraterone, as we know that a third of men do not respond to treatment at all and clinicians need to make more intelligent treatment choices, ensuring that men are receiving the right treatments for them, at the right time.

“However, it’s not clear how much this would benefit men in reality, as clinical practice for treating advanced prostate cancer has changed since the trial began.”

New drug apalutamide added to standard of care in newly diagnosed advanced prostate cancer

We continue to recruit to the ATLAS study, currently 7 patients enrolled, looking at the same drug but in combination with primary radiation therapy.

IMRT bends the radiotherapy beam to fit the tumour or target tissue, allowing a higher dose to be delivered to the tumour while reducing the dose to surrounding tissue. Giving standard radiotherapy in this area is usually considered too risky to give in high enough doses to be effective.

The trial found this was safe using IMRT and concluded that 87 per cent of the men on the trial were still alive four years after treatment and that the level of side effects were manageable.

The trial’s leader, Professor David Deamaley, an expert in prostate cancer at the ICR and Consultant Clinical Oncologist at The Royal Marsden NHS Foundation, said one of the first to test the safety of this type of IMRT at different doses for prostate cancer.

IMRT to the pelvic lymph nodes is already being used in a number of cancer centres across the UK. However, it has not yet completed the phase two trial. It is only when that trial is complete – in around two years’ time – that we will have a clearer picture of the impact of this new treatment on men.

Thank You to Derek Evans

Derek Evans has now stepped down as chairman for the support group. We would like to thank Derek for all his hard work and commitment to the group. Clive Pearce will now take over as chairman.

Marathon Runners for Prostate Cancer

Ian Haywood raises money for Prostate Cancer UK, following his half-marathon.