

New Out Patients Manager



Sister Andeana Andreas has been appointed as the new urology out patients manager. Andeana has worked within the acute surgical unit for the past 12 years and has extensive knowledge of urological nursing.

She was seconded from the ward to introduce the electronic VitalPAC system which electronically records patient's observations. Andeana is now looking forward to the challenge of this new role and aims to improve on the patients' experience when attending our department.

New Urology Consultant

Mr Aniruddha Chakravarti

Consultant Urological Surgeon

Honorary Senior Clinical Lecturer in Urology



Mr. Aniruddha Chakravarti qualified as a medical graduate in 1990 and attained post graduate training in general surgery before embarking onto training in Urology. Amidst his experience in General Urology, Mr. Chakravarti has developed a special interest in laser surgery of the prostate, stone disease and minimally invasive management of upper urinary tract conditions. He has received intensive laparoscopy training from the European Institute of Telesurgery in Strasbourg, France, and has obtained a Diploma in Laparoscopic Surgery from the Institute.

He started and led the minimally invasive upper tract urology service at the Dudley Group of Hospitals for six years and has now joined The Royal Wolverhampton NHS Trust to develop this service further with the help of colleagues and the set up in a well-functioning tertiary cancer care unit.

He has also been through intensive training and has over four years of experience of using all kinds of lasers for prostatic surgery and is one of the few surgeons in West Midlands experienced in Holmium-YAG / Thulium laser enucleation and morcellation of prostate.

Special interests include renal cancer and minimally invasive (laparoscopic and robotic) surgery of the upper urinary tract, laser surgery of the prostate and prostate cancer diagnostics using MRI guided fusion biopsies

Research/Publications

Mr. Chakravarti has published in leading peer reviewed journals in Urology, and presented in various international meetings on the topics of laser enucleation of prostates, stone diseases and laparoscopy. His major research interest has been development of an encrustation free catheter.

Professional Memberships

- European Association of Urology
- The British Association of Urological Surgeons

Other interests

Theatre – he is a keen stage actor and a director and has an experience in stage acting at amateur and semi-professional levels in UK and abroad.



*“Wishing you all a very
Happy New Year for 2016”*



Wolverhampton Prostate Cancer Support Group



Newsletter December 2015

Welcome to the latest newsletter from the Wolverhampton Prostate Cancer Support Group for the year 2015. 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 2016

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.

Monday 25th January 2016 – RAFFLE

Diet and Prostate Cancer
(Clare Waymont, Advanced Nurse Practitioner)

Monday 21st March 2016

Pathology of Prostate Cancer
(Dr Karnik, Consultant Histopathologist)

Monday 16th May 2016 – RAFFLE

Hormone Therapy
(Ms Boddy, Consultant Urological Surgeon)

Monday 11th July 2016

Feel Fit and Keep Active
(Wolverhampton Health Trainers)

Monday 12th September 2016 – RAFFLE

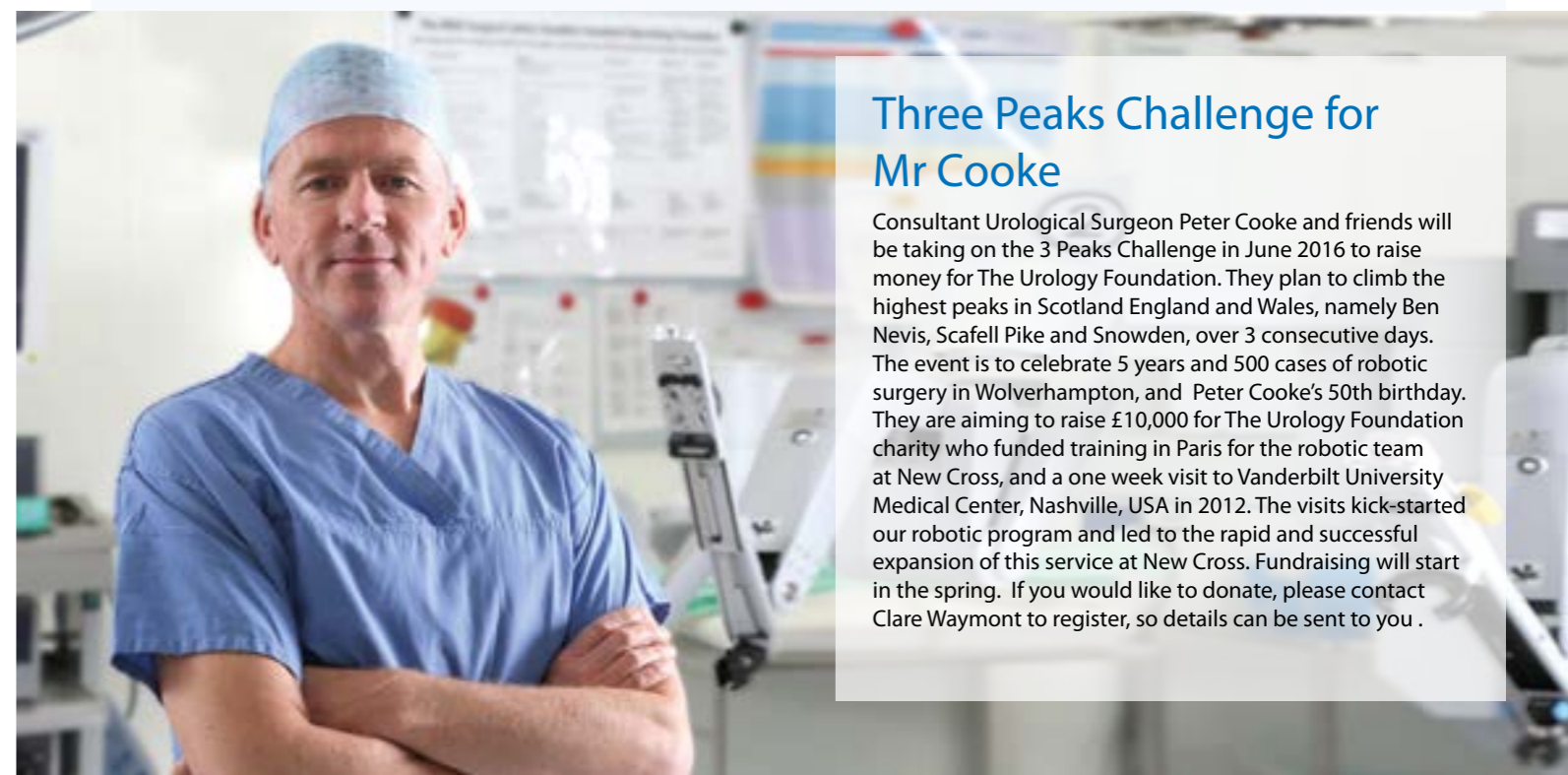
**Active Surveillance and Radical
Treatment Options**
(Mr Ubee, Urology Specialist Registrar)

Monday 31st October 2016

Prostate Cancer Diagnosis
(Mr Cooke, Consultant Urological Surgeon)

Monday 12th December 2016 – RAFFLE

AGM and general discussion



Three Peaks Challenge for Mr Cooke

Consultant Urological Surgeon Peter Cooke and friends will be taking on the 3 Peaks Challenge in June 2016 to raise money for The Urology Foundation. They plan to climb the highest peaks in Scotland, England and Wales, namely Ben Nevis, Scafell Pike and Snowden, over 3 consecutive days. The event is to celebrate 5 years and 500 cases of robotic surgery in Wolverhampton, and Peter Cooke's 50th birthday. They are aiming to raise £10,000 for The Urology Foundation charity who funded training in Paris for the robotic team at New Cross, and a one week visit to Vanderbilt University Medical Center, Nashville, USA in 2012. The visits kick-started our robotic program and led to the rapid and successful expansion of this service at New Cross. Fundraising will start in the spring. If you would like to donate, please contact Clare Waymont to register, so details can be sent to you.

Chemotherapy up-front may lengthen survival rate for men with Prostate Cancer

(Article taken from Prostate Cancer Charity website)

The largest ever randomized trial in prostate cancer has shown that adding chemotherapy upfront to hormone therapy significantly improves overall survival. This is the second trial to show a survival benefit from using chemotherapy up-front, and has experts talking again about a shift in preferred treatment.

“The paradigm for years has been to treat prostate cancer with hormone therapy...until there is no response left, and then we try chemotherapy. But this is a self-defeating strategy, because you are using chemotherapy when the disease has gotten to a point where it is much more aggressive,” commented American Society of Clinical Oncology (ASCO) President Peter Yu, MD, who is director of cancer research at the Palo Alto Medical Foundation in Mountain View and Sunnyvale, California. But now there is data suggesting that this may be the wrong strategy, he continued, and that using chemotherapy up-front may be better than using it as a last resort.

The new results come from an analysis of nearly 3000 patients from the British STAMPEDE (Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy) trial. Men with newly diagnosed advanced prostate cancer who were starting on androgen-deprivation therapy (ADT) lived on average for 10 months longer when docetaxel (a chemotherapy agent) was given together with the hormone therapy. Patients with metastatic disease benefited most, with an average survival benefit of 21 months.

“We hope our findings will encourage doctors to offer docetaxel to men newly diagnosed with metastatic prostate cancer, if they are healthy enough for chemotherapy. Men with locally advanced non metastatic prostate cancer may also consider docetaxel as part of up-front therapy, as it clearly delays relapse,” lead author Nicholas David James, MD, PhD, director of the cancer research unit at the University of Warwick and consultant in clinical oncology at the Queen Elizabeth Hospital Birmingham, United Kingdom, commented in a statement.

The trial is currently on-going for all newly diagnosed prostate cancer patients and New Cross Hospital is recruiting into this trial.

Holistic Needs Assessment

Research shows that people living with and beyond cancer have ongoing needs following active treatment. Studies have also shown that the health and well-being profile of people with cancer is similar to those with other long-term conditions, including diabetes and arthritis.

Effective assessment and care planning to identify people's concerns and needs can lead to early interventions, diagnosis of consequences of treatment, improved communication and better equity of care. As such, everyone with cancer should be offered a holistic needs assessment (HNA) and a care plan.

The HNA and care plan ensure that people's physical, emotional and social needs are met in a timely and appropriate way, and that resources are targeted to those who need them most. The information gathered from an HNA can also be shared with the multidisciplinary team (MDT) to improve a person's management and care, and the data collected can influence commissioning of future services. All patients diagnosed with cancer at New Cross Hospital are offered a Holistic Needs Assessment

Active Surveillance Monitoring

(Article taken from the Prostate Cancer Charity Website)

New Research Study completed.

Clinician and patient evaluation of nurse-led active surveillance

As part of the Prostate testing for cancer and Treatment (ProtecT) trial a nurse-led active monitoring protocol was developed. The aim of this study by Wade et al. was to assess the acceptability of a nurse led active surveillance clinic, and to compare these with experiences of standard urologist led active surveillance clinics. Interviews and questionnaires were carried out by the nurses, urologists and patients.

Results of the interviews and questionnaires indicated the ProtecT trial model of nurse-led active monitoring for men with localised prostate cancer, was acceptable to patients, urologists and nurses within the trial.

Urologists believed that nurse-led active monitoring had enabled high-quality care to be delivered, whilst also reducing the burden on urologist clinics to the benefit of patients. Nurses believed nurse-led active monitoring enabled them to increase their professional development while providing a high-quality, flexible service to patients. Patients within the ProtecT trial were very positive about nurse-led care because it allowed flexibility, accessibility and had greater continuity of service.

At New Cross Hospital Clare Waymont (Urology Advanced Nurse Practitioner) has been conducting a nurse led prostate cancer follow-up clinic for 9 years. This clinic incorporates patients under active surveillance for their prostate cancer and those with negative prostate biopsies who require further monitoring.

2014 - 2015 has seen an increase in the number of patients using this service with 557 patients being seen during this time. Patients attending the prostate cancer follow up clinic are guaranteed continuity of care and their disease can be monitored in a timely manner. Treatment can be adjusted or referral to other disciplines made as required as also indicated in the ProtecT trial.

Buddying and Befriending

Receiving a cancer diagnosis can be daunting and isolating. Many patients at the time of diagnosis do not have any previous conceptions on preferred treatment options or know where to turn for advice. We are receiving many requests now for patients “buddies”

We are compiling a list of patients who have gone through various cancer treatments, who would like to be considered as a patient buddy. This role may involve speaking with other patients on a one to one basis about their own experience, supporting patients when decision making and offering practical tips on coping with side effects etc.

The buddying / befriending service is an excellent way of providing support from those with a real understanding. If you would like to be considered for becoming a buddy, please inform a member of the urology nurse practitioner team.

We advise that all patients considering this role, complete the Macmillan Buddying and Befriending course which is accessed online through the Macmillan website. It covers, confidentiality, dealing with difficult situations and training and support for buddies.

<http://learnzone.org.uk/courses/course.php?id=42>



Blood test could determine prostate cancer therapy

By James Gallagher Health editor, BBC News website 5 November 2015



A blood test can determine whether prostate cancer patients are likely to respond to drugs, scientists say.

Tests on 97 men, described in Science Translational Medicine, were able to tell whether tumours were already resistant to the drug abiraterone. Doctors at the Institute of Cancer Research in London will now trial the test, to see if it can extend lives. Prostate Cancer UK said such a test would also avoid unnecessary side-effects for men.

Abiraterone is a potent drug able to shrink tumours, but only some men benefit.

Mutated tumours

Cancers can evolve resistance to drugs over time, so the team of scientists set about looking for evidence in the fragments of tumour DNA that float in the blood stream. Abiraterone works by hitting the male hormone receptor on prostate cancer cells. But the team discovered that mutations affecting the male hormone receptor stopped the drug from working.

The men were more than seven times more likely to respond to treatment if they did not have these mutations. Dr Gerhard Attard, from the Institute of Cancer Research, told the BBC News website: “We have identified a group that should not have abiraterone and another set who have great benefit.

“This is the first study in prostate cancer to predict which patients are going to respond, it's very compelling data to suggest we could have a test.” Only 17 men in the trial had tumours shrinking in response to the therapy. Fifteen of them had normal male hormone receptor, and only two had the abiraterone-resistance mutation. And those two, who seemingly responded, had only a short-lived effect and their cancer rapidly rebounded.

The researchers are now trialing the test in 600 men to see if those with abiraterone-resistant tumours would be better off being given chemotherapy straight away.

'Exciting time'

Dr Attard said several new drugs were being developed for advanced prostate cancer. “It's a very exciting time in prostate cancer, but we do not know which treatments to give to which patient,” he said. Blood tests - also known as liquid biopsies - are seen as crucial for determining which patients will respond to therapy.

One of the key advantages they have is the ability to pick up mutations from every tumour throughout the body. A traditional biopsy can test only the area that has been sampled.

Clock ticking

The drug abiraterone was rejected for use by the NHS in England because of the cost. A test to determine who will respond could make the drug more cost-effective. Dr Iain Frame, the director of research at the Prostate Cancer UK charity, said: “We know that a one-size-fits-all approach to treating prostate cancer doesn't work.

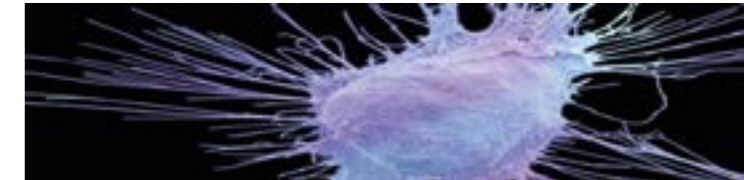
“When the clock is ticking for a man with advanced prostate cancer, finding out early that his treatment needs changing can not only save precious time, but can also help avoid unpleasant side-effects from a treatment that no longer works for him.”

Dr Emma Smith, from Cancer Research UK, said: “If these important early results bear up in larger clinical trials it could lead to a test which would indicate which patients might benefit more from trying other therapies instead.”

'Milestone' prostate cancer drug

By James Gallagher Health editor, BBC News website 29 October 2015

The first drug that targets precise genetic mutations in prostate cancer has been shown to be effective in a “milestone” trial by UK scientists.



The study, at the Institute of Cancer Research in London, took place on 49 men with untreatable cancer. The drug, olaparib, had low overall success, but slowed tumour growth in 88% of patients with specific DNA mutations.

Cancer Research UK said the trial was exciting.

The future of cancer medicine is treating cancers by their mutated DNA rather than what part of the body they are in. The breast cancer drug Herceptin is already used only in patients with specific mutations. Olaparib targets mutations that change the way DNA is repaired.

The trial results, published in the New England Journal of Medicine, showed the drug worked in 14 out of 16 men with such mutations. Levels of prostate specific antigen, which is produced by tumours, was more than halved and there were also significant falls in the number of prostate cancer cells detected in the blood and in the size of secondary tumours.

Patients responded to the drug for between six months and nearly a year and a half.

One of the researchers, Dr Joaquin Mateo, told the BBC News website: “It is very promising.” Those entering the trial had an expected survival of 10 to 12 months and we have many patients on the drug for longer than a year.”

Prostate cancer is the fifth most deadly type of cancer in men. However, a larger clinical trial is needed before doctors can say if the drug extends life expectancy. Dr Mateo added: “This is the first drug that targets specific genetically defined populations and we are going to see more and more of these coming in the next few years.”

The advantage of targeted drugs is they can be given only to those patients who will respond, which both saves money and spares patients unnecessary side effects. Some of the patients in the study were born with mutated DNA repair genes while in others the mutation developed inside the tumour.

Professor Johann de Bono, the head of drug development at the Institute of Cancer Research said: “Our trial marks a significant step forward in the treatment of prostate cancer.

“I hope it won't be long before we are using olaparib in the clinic to treat prostate cancer.” However, the drugs watchdog in England, the National Institute for Health and Care Excellence has already rejected olaparib for ovarian cancer on grounds of cost at £4,000 a month.

Cancer Research UK's Dr Aine McCarthy added: “This trial is exciting because it could offer a new way to treat prostate cancer by targeting genetic mistakes in cancers that have spread. “The hope is that this approach could help save many more lives in the future.