

Professor Doug Easton, genetic epidemiology expert at the University of Cambridge, who analysed the data said the results would "greatly improve" the understanding of how prostate cancer develops. He added that most people would have at least one of the genes but it was the combination of a few that would increase a person's risk above the population average.

Nick James, professor of clinical oncology at the University of Birmingham and consultant in clinical oncology at the Queen Elizabeth Hospital, said it had proved much more difficult to find genes in prostate cancer compared with some other cancers. He

said: "This work provides two useful avenues. One is that finding faulty genes gives researchers a chance to look at their products that may be good targets for new treatments."

"Secondly, this discovery may mean that we can target screening for Prostate Cancer - a process that has been very controversial due to over diagnosis of clinically insignificant cancer - to groups of men that we know to have higher risk of developing the disease."

The research was funded by Cancer Research UK.

# Wolverhampton Prostate Cancer Support Group

Newsletter December 2012

**Welcome to this newsletter from the Wolverhampton Prostate Cancer Support Group for the year 2013. Meetings will continue at the regular time of 1.30 pm to 3.30 pm at the Community Centre, Marsh Lane, Wolverhampton. It is hoped that meetings will move to the newly built community centre this year. 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.**

## November

Since its beginnings in 2003 in Melbourne Australia, Movember has grown to become a global men's health movement inspiring millions of 'Mo Bros' to participate.

During November each year, Movember is responsible for the sprouting of moustaches on thousands of men's faces around the world, the aim of which is to raise funds and awareness for men's health issues, specifically prostate cancer and male depression.



Selwyn Pedley (pictured) was diagnosed with prostate cancer in 2010 and was very unfortunate to also be diagnosed with a bowel cancer soon after in 2011. Selwyn had surgery and chemotherapy for his bowel cancer and then hormone therapy

and radiotherapy for the prostate cancer. It has been an extremely difficult past year for Selwyn and he has lots of praise for the services at New Cross. He sprouted a fine specimen of a moustache for Movember and has raised £475 for the Prostate Cancer Trust Fund at New Cross Hospital.



## New Programme for 2013

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 Alan Morris know.

**Monday 28th January 2013**  
Active Surveillance  
(Mr Waymont - Consultant Urological Surgeon)

**Monday 25th March 2013 - RAFFLE**  
Radiotherapy and Brachytherapy  
(Richard Gledhill - Prostate Cancer Nurse Specialist)

**Monday 20th May 2013**  
Counselling for Prostate Cancer Patients  
(Dr Yvonne Lewis & Clare Corefield)

**Monday 8th July 2013 - RAFFLE**  
Outcomes of Surgery  
(Mr Cooke - Consultant Urological Surgeon)

**Monday 2nd September 2013**  
Diet and Prostate Cancer  
(Ann Malone)

**Monday 21st October 2013 - RAFFLE**  
Hormone Therapy  
(Ms Boddy - Consultant Urological Surgeon)

**Monday 9th December 2013**  
Male Incontinence  
(Michele Miletic - Urology Advanced Nurse Practitioner)

## All the best to Ms Boddy

Ms Boddy, who joined the Urology department two years ago, will soon be leaving to have her first baby. We wish her all the best and look forward to her return later in 2013.

## Welcome Mr Rukin

A new urological surgeon will join the urology team of Consultants in February 2013. Mr Rukin previously worked as a registrar at New Cross as part of his training and some of you may remember that he came to talk to the support group in 2009 about vitamin D and prostate cancer. Mr Rukin will have a special interest in urinary tract stones.

## 10 Year Anniversary for Support Group

Thank you to everyone who joined in with the celebrations for the 10 year anniversary of the support group this year. Let's look forward to the next 10 years!



"Wishing you all a very happy New Year for 2013 from Alan, Clare, Jenny, Helen and everyone in Urology"



## Prostate Cancer 'Barcode' Tests

By Michelle Roberts Health editor, BBC News online



A blood test that reads genetic results like a barcode can pick out the most aggressive prostate cancers, say experts. The test, which looks at the signature pattern of genes switched on and off in blood cells triggered by the tumour, can sort the "tigers" from the "pussycats". London's Institute of Cancer Research trialed the test in 94 patients.

Prostate cancer is a very diverse disease - some people live with it for years without symptoms, but for others it can be aggressive and life-threatening. Currently, doctors take a small sample of the tumour - a biopsy - to examine under a microscope to get a better idea of how dangerous it is. "If the present results are borne out in further studies, we may have a new way of selecting the right treatments for the right patients" says Prof Malcolm Mason, Cancer Research UK.

Experts hope that ultimately the barcode blood test could be used to make a more accurate estimation. In the study, the scientists were able to split the patients into four groups based on the results of the barcode test. One of these groups fared far worse, surviving for significantly less time than the other patients.

The researchers then confirmed their findings in another 70 US patients with advanced cancer, which revealed that nine genes could accurately spot who had the least chance of survival. Patients with this "bad" gene signature survived for an average of nine months compared with 21 months for those without it.

US researchers at the Dana-Faber Cancer Institute and the Memorial Sloan-Kettering Cancer Centre have also been testing a similar prostate cancer blood test. Their six-gene test could split patients into high and low risk groups.

Prof Malcolm Mason, of Cancer Research UK, said: "These are important results. Not only do they point to a group of patients with advanced prostate cancer who do particularly badly, and who therefore may need different forms of treatment, but they also point to the possible role of the immune system in influencing how a cancer might behave. If the present results are borne out in further studies, we may have a new way of selecting the right treatments for the right patients."

Prostate cancer is the most common male cancer in the UK, accounting for almost a quarter of male cancers. Each year, nearly 35,000 men are diagnosed and more than 10,000 die from the disease.

The findings are published in the Lancet Oncology medical journal.

## Specialist Cancer Psychology Service at New Cross

Counselling can help patients make sense of feelings around having a cancer diagnosis and how it may affect their life.

The specialist cancer psychology service offers assessments and talking therapies to patients and their families to help adjust to physical and emotional symptoms that often occur with cancer. Patients and families can experience a range of concerns that impact on their quality of life and this can cause increasing levels of distress. Support can be provided on how to manage difficult emotions such as shock, upset, depressed mood and anxiety about the future.

The specialist team can help patients focus on their strengths and develop ways to cope with any concerns. Guidance can be given on how to feel more in control of the situation and better manage difficult symptoms or side effects such as fatigue, pain, anticipatory nausea and issues relating to intimacy.

If you would like an appointment then please have a chat with your Nurse Specialist or Doctor who will help you consider whether this service will be of help to you.

Therapists and staff within the Cancer Psychology Service are:

- Dr Yvonne Lewis - Clinical Psychologist
- Clare Corfield - Counsellor
- Louise Tonks - Secretary

## 'One-off' Prostate Cancer Tests backed for 60-year-olds

(BBC News Online)



A single blood test for all 60-year-old men could pick out the vast majority of those likely to die from prostate cancer, say scientists. Some doctors oppose regular screening, saying it leads to too many men having unnecessary treatment. However, testing just once at 60 could reveal men who need no further checks, claims the study published in the British Medical Journal. Other experts welcomed the findings - but called for more research.

Cancer of the prostate - a walnut-sized gland located next to the bladder - is the most common cancer in UK men, with more than 35,000 new cases a year. It usually emerges after the age of 60, and there are frequently few obvious symptoms until it is well-advanced, making treatment more difficult. Doctors can offer a blood test looking for raised levels of "prostate specific antigen (PSA)", which may be a tell-tale sign of the body's response to the tumour.

"Investment needs to be made in research for a new generation of screening and diagnostic tests - critically, ones capable of distinguishing between aggressive and slow-growing forms of the disease, the so-called 'tigers' and 'pussycats'" said Dr Sarah Cant of the Prostate Cancer Charity.

However, PSA levels can be raised naturally, or could represent a slow-growing tumour which offers no threat to the patient in their lifetime. This can mean that men who would never become ill from prostate cancer undergo distressing further investigations, or even potentially damaging radiotherapy or surgery.

One piece of research published in the journal appears to confirm this, finding that routine prostate cancer screening did not greatly reduce deaths from the disease, while boosting the risk of "over-treatment".

However, the second study, led by Professor Hans Lilja from the Memorial Sloan Kettering Medical Center in New York, offers an alternative approach. They carried out a single test on all 60-year-old men, and split them into two groups depending on PSA levels. They found that nine out of 10 prostate cancer deaths occurred in the men with the highest levels, while those with average or low levels had negligible rates of disease or death.

### Screened regularly

This would mean that more than half of men could be told at that point that, even if they had a prostate tumour, it was unlikely to ever threaten their life or make them ill. The other group could then continue to be screened regularly.

Professor Gerard Andriole, from the Washington University School of Medicine, said that while the findings needed to be tested again in other groups of men, particularly those from different ethnic groups, in the future much older men, and those at lower risk of disease could be spared further testing. He said: "Approaches such as these will hopefully make the next 20 years of PSA based screening better than the first 20."

Dr Sarah Cant, from the Prostate Cancer Charity, said that the idea of a single test at 60 was an "interesting proposition", but agreed that more work would be needed to confirm the results of this early study. "We believe that investment needs to be made in research for a new generation of screening and diagnostic tests - critically, ones capable of distinguishing between aggressive and slow-growing forms of the disease. She added that men needed to be made fully aware of the pros and cons of PSA testing before being asked for their consent.

## Behind the Scenes

The Urology Out Patient's Department is very fortunate to have three volunteers who assist with the running of clinics, providing extra assistance, which helps to improve the experience of the patients. The volunteers, Malcolm Gatsby, Iggy Peters and Carol Rose make a huge difference and are viewed as part of the department team. Malcolm Gatsby and Iggy Peters have both been recognised for their contribution, winning a 'Making a Difference' award.

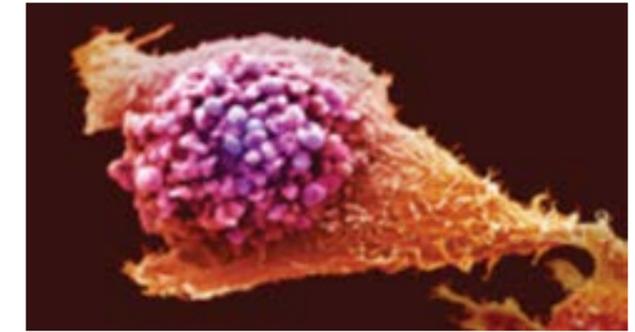
If you would like to give up some of your free time and are interested in becoming a volunteer, then contact Eleanor Morris, Volunteer Co-ordinator at New Cross Hospital.

## Website for Support Group

2013 will see the launch of a website for the support group. More and more patients are accessing information 'on line' and the website will allow access to details about the meetings and up to date research and new treatments. Anyone with an interest in being involved with the development of the website should contact Clare Waymont or Alan Morris.

## Prostate Cancer Screening 'Hope'

(BBC News online)



Prostate cancer accounts for a quarter of cancers in men

UK researchers have discovered seven new genes associated with prostate cancer, which could be used to identify high-risk men more accurately.

Some of the genes could also lead to new treatments, the study in Nature Genetics suggests.

A trial is starting later this year to screen for the risk genes in men with a family history of the cancer. The genes, found through analysis of 10,000 individuals, are present in over half of all prostate cancer cases.

**"From a public health point of view, this could be very helpful because it will allow us to target scarce resources to where they are really needed"**

**Dr Ros Eeles**

There is currently no routine screening programme in the UK, although men with a family history of the disease can have a prostate specific antigen (PSA) blood test to detect signs of the disease.

But this is notoriously inaccurate and although 10-15% of men will have high enough PSA levels to warrant carrying out a prostate biopsy, only 2-3% will require any treatment.

More than half a million single letter variations in the DNA code were analysed in men in the UK and Australia. Researchers said the seven genes they found had not previously been linked to prostate cancer. One of them, MSMB, can be measured in the blood and may be particularly helpful in screening for or monitor progression of the disease.

Another, LMTK2, is a potential target for new treatments, the researchers said. Within three to four years, it should be possible to offer "genetic profiling" to men to assess their risk of developing the condition, the researchers believe. It will enable doctors to more accurately decide which men need more regular monitoring or a biopsy.

Dr Ros Eeles, who led the study at the Institute of Cancer Research, said: "From a public health point of view, this could be very helpful because it will allow us to target scarce resources to where they are really needed.

She said genetic profiling would definitely happen but researchers were not in a position to offer the test just yet. "We're doing the trial because we need to see who would come forward for the test, who would benefit, what kind of results do they get on their biopsies and what kind of cancer develops." ►