

## New to the team



### 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.

*"Wishing you all a very  
Happy New Year for 2018"*

# Wolverhampton Prostate Cancer Support Group



## Newsletter December 2017

**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.

**Monday 22nd January 2018**

**Prostate Cancer UK Charity**

(Sue Boyes – Support Group development Officer)

**Monday 19th March 2018 – RAFFLE**

**Diet and Prostate Cancer**

(Clare Waymont – Urology Advanced Nurse Practitioner)

**Monday 14th May 2018**

**Hormone Therapy**

(Mr D Mak - Consultant Urological Surgeon)

**Monday 9th July 2018 – RAFFLE**

**Macmillan Support and Benefits Advice**

(Hilary Waite – Macmillan Support Center Manager)

**Monday 10th September 2018**

**Advances in Prostate Cancer Diagnostics**

(Mr V Doring - Consultant Urological Surgeon)

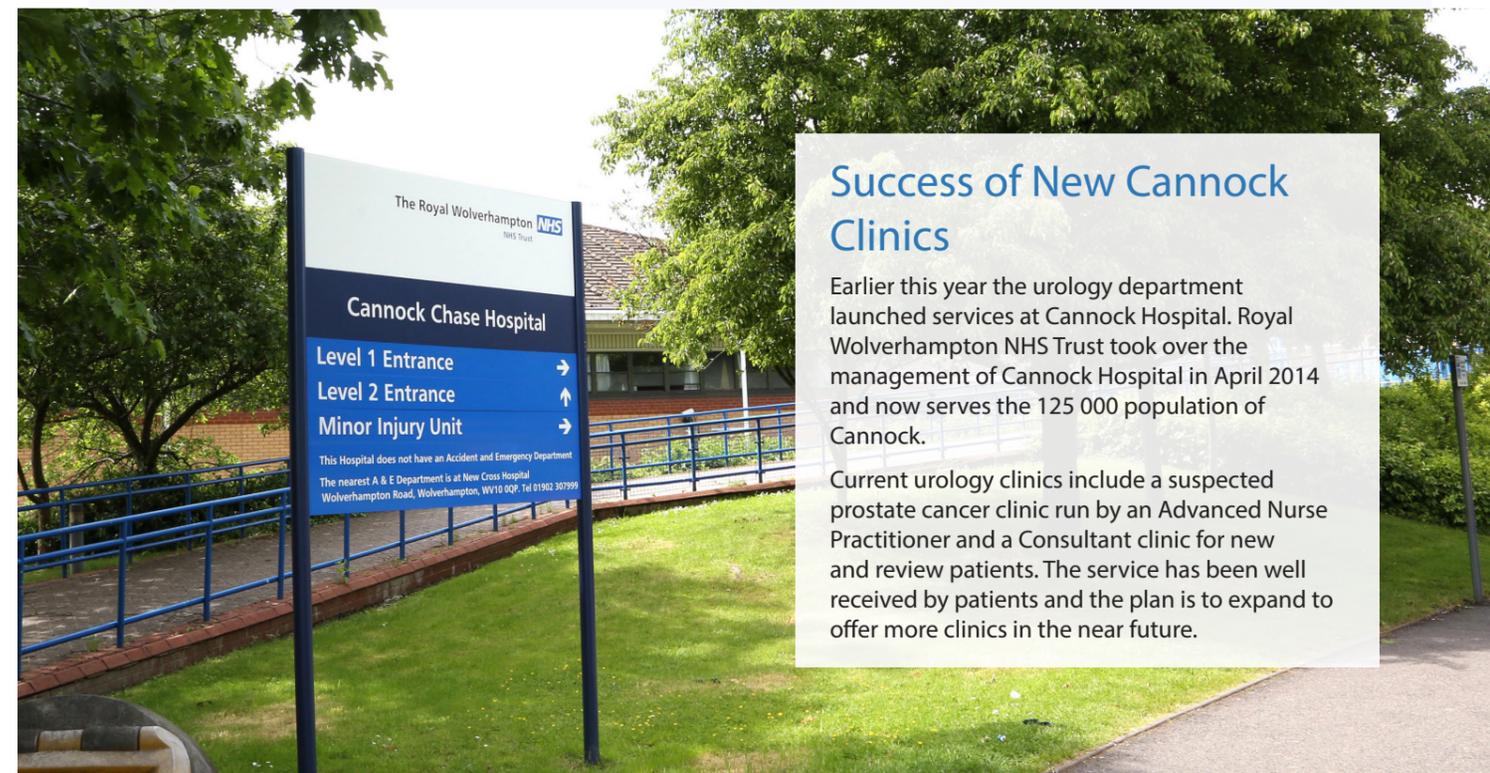
**Monday 29th October 2018 – RAFFLE**

**New Advances in Prostate Cancer Management**

(Mr P Cooke - Consultant Urological Surgeon)

**Monday 10th December 2018**

**AGM and general discussion**



### 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.

## 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 new 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 by 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 would never cause any harm risks serious and potentially life-altering side effects.

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 turned out to be aggressive and men whose cancers weren't deemed harmful, and then looked for the differences between and similarities within 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 disease (cancer that's spread outside the prostate). Not only this, but the researchers suspected that these would be the 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 cancers, primary prostate cancers with known 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 known metastasis and some of the primary prostate cancer samples. Importantly, this gene expression pattern – or 'metastatic signature' – wasn't shared by any of the normal tissue or the rest of the primary prostate cancer samples.

They then needed to confirm that these results really could predict which men were at risk of developing metastatic prostate cancer. So they tested their metastatic signature against publicly available sets of prostate biopsy samples, matched to clinical outcome. These tests confirmed that the metastatic signature could successfully identify primary prostate cancers that would eventually spread beyond the prostate.

### Ending the biggest dilemma facing men at diagnosis

This is an important development, because the question 'to treat or not to treat' is still a big dilemma facing men diagnosed with prostate cancer and their doctors.

The researchers working on this project hope that this test could eventually help doctors identify which men wouldn't be safe to recommend for active surveillance, as well as instantly identifying men who are at risk of cancer recurrence after prostate surgery and so should be offered more radical treatment straight away.

## 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 pal's diagnosis.**



Hearing his friend had been diagnosed with prostate cancer and seeing how bravely and successfully he dealt with it, Ian Haywood was inspired to want to help others diagnosed with this disease. So on May 7th 2017 Ian ran the Stratford Marathon, to raise funds for prostate cancer UK who work towards helping more men survive prostate cancer, and to enjoy a better quality of life.

Ian ran the marathon in a time of 4:01:52, and would like to thank everyone who supported him on the day and to everyone who has sponsored him.

Ian and Phil had a great day out collecting for Prostate cancer UK before the game at Aston Villa, which rose in the region of £1,700 on the day. They have also volunteered for bag packing and collection on the door at Morrisons, which raised a fantastic £790.83.

If anyone would still like to kindly donate then funds are still being accepted on their just giving page.

<https://www.justgiving.com/fundraising/ianmenunited>

## 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 slow growing. Laura and her family felt that it was thanks to invaluable research undertaken, that hospitals are now able to provide earlier testing, investigations and treatment.

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 October in Cardiff. In total they have raised £495.00.

If anyone would still like to donate then please visit their just giving page. <https://www.justgiving.com/fundraising/laura-upton3>



## 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 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 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' comparison arm. They have all been followed up for just over 3 years.

Abiraterone is a newer 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](http://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 Hospital 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 prostate cancer.

Thank you for your ongoing-support

NIHR UK Clinical Trials Gateway access Informing you what trials are available in the UK

<https://ukctg.nihr.ac.uk/>

If you have any queries/ questions please contact the Clinical trials team New Cross Hospital 01902 307999 ext 8337

We are here to help.

## 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 released by The Institute of Cancer Research (ICR), show that IMRT to lymph nodes in the pelvis can dramatically improve outcomes for patients with prostate cancer.

IMRT bends the radiotherapy beam to fit the tumour or target tissue, allowing cancer cells to receive a higher dose 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 five years after treatment and that the level of side effects were manageable.

The trial's leader, Professor David Dearnaley, an expert in prostate cancer at the ICR and Consultant Clinical Oncologist at The Royal Marsden NHS Foundation Trust, said the trial was 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 centers 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.

## 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 show earlier and combined use of existing treatments can have a significant impact on advanced disease, but questions remain about its suitability for all men.

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 men with advanced prostate cancer compared to hormone therapy alone.

Almost 2,000 men were involved in this particular arm of the STAMPEDE trial, with 83% 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 treatment 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 can't say yet which is better. Even more importantly, we need a way to find out if they will work differently in different men, or if they might work even better together.

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. The potential benefits 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. Critically, we need to determine which 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 be crucial in enabling men and clinicians to make more informed 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 that will make sure that this happens."

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 the drug after ADT. This is part of a large effort towards precision medicine, where each man gets a treatment based on the genetic makeup of his cancer. We are committing £1.4 million to a grant to support this area of research.

Men who cannot receive chemotherapy such as docetaxel could benefit most from this new research into abiraterone. However, this will require a change in licensing before doctors would be able to prescribe it alongside ADT.

It's important we fully understand how earlier use of abiraterone will benefit men with advanced prostate cancer and if this outweighs the side effects from the drug. Severe side effects, such as hypertension and liver problems, were reported by 41% of men taking abiraterone in the STAMPEDE trial, compared to just 29% in the control group receiving just ADT.