East Lancashire Prostate Cancer Support Group Newsletter

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www.elpcsg.com

What's Inside

Don't miss out on the first meeting of 2015. 5th Feb Happy New Year

名词

Now prostate cancer drug can be used earlier: Treatment can cut progress of disease by three up three quarters

- Drug extends life by at least five months in men who have advanced cancer
- Some of those tested who took enzalutamide lived 18 months or longer
- Drug currently given to men who have stopped responding to hormone treatments - but when given earlier can delay need for chemotherapy
- It costs £25,000 for course of treatment and is not readily available on NHS
- Prostate cancer charity say making it available for use is 'a no brainer'

By Jenny Hope Medical Correspondent For The Daily Mail
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Read more: http://www.dailymail.co.uk/health/article-2864817/Prostate-cancer-drug-used-earlier-cut-progress-disease.html#ixzz3OVGIDlgT
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A drug for men with advanced prostate cancer has been licensed for use earlier in the disease – delaying the need for chemotherapy.

Enzalutamide extends life by at least five months in men who have run out of treatment options – with some living 18 months or longer.

It is currently given to men who have stopped responding to hormone treatments or chemotherapy

The drug enzalutamide is currently given to men who have stopped responding to hormone treatments - but when given earlier can delay the need for chemotherapy and its distressing side effects (pictured)

But new data shows that when given earlier in the course of the disease, the drug can delay the need for chemotherapy and its distressing side effects by 17 months.

It cuts the risk of the disease progressing or death by more than three-quarters compared with 'dummy' treatment.

Mail Online

Doctors hope enzalutamide – which was discovered in the UK – will help turn prostate cancer from a killer disease into a chronic illness by combining new and older agents together for longer survival.

Around 10,500 British men have advanced prostate cancer that has become resistant to standard hormone treatments, of whom about 6,000 might be eligible for pre-chemo treatment with enzalutamide.

The drug, which is a pill taken at home, costs around £25,000 for an average course of treatment and it is not routinely available on the NHS.

Some men in England have been able to get it via the Cancer Drugs Fund, for which manufacturer Astellas Pharma reduced the price through a patient access scheme.

The drug costs around £25,000 for a course of treatment and is not routinely available on the NHS

Dr Alison Birtle, consultant clinical oncologist at the Royal Preston Hospital, said the drug was cost-effective because it improved quality of life, reduced the need for palliative radiotherapy and GP visits, and cut down emergency hospital care.

She said 'For many men with advanced prostate cancer, enzlautamide has already shown that we can improve how long men live with this diagnosis and ensure they have good quality of life achieving all their milestones.'

She said men needing the drug were often breadwinners, or taking care of their grandchildren.

'The pre-chemotherapy data is very good and today's approval for a new licence is a much needed development in prostate cancer' she said.

Owen Sharp, Chief Executive of Prostate Cancer UK charity said 'Enzalutamide is a highly effective drug which we know can give men with advanced prostate cancer the extra quality time they need.

'Making it available for use pre chemotherapy is a no brainer. We hope today's announcement that enzalutamide is now licensed for use in this way means we can finally see it appraised to become routinely available on the NHS.

'Enzalutamide was already being made available to some patients pre-chemotherapy before receiving its licence.

'This has been via the Cancer Drugs Fund in England and the Peer Approved Clinical

'This early access means that there is now real-world evidence of the drug's effectiveness, leaving Nice and the Scottish Medicines Consortium with no excuse but to get on with the process of making it more widely available.

A doctor at the Royal Preston Hospital (pictured) said the drug was cost-effective because it improved quality of life, reduced the need for palliative radiotherapy and GP visits, and cut down emergency hospital care

'We also hope that the fact that men have been accessing

pre chemotherapy enzalutamide before it received its licence heralds a much needed step change in how a drug's effectiveness is established, so that we have a faster, more effective appraisal process in the future.'

Sandy Tyndale-Biscoe, honorary chairman of Tackle the charity, said 'It is great to have such a treatment for prostate cancer patients with advanced disease, where treatment choices are so limited.'

'Life Saving' Prostate Cancer

P. S. A. Testing

At Burnley Football Club

Bob Lord Stand

Harry Potts Way

- ***One in 8 Men will be diagnosed with Prostate Cancer during 2015***
- ***It is strongly recommended that men over 50 have a simple PSA (Prostate Specific Antigen) blood test and over 45 if a member of his family has experienced cancer.***
- ***Most Cancers Can Be Successfully Treated If Diagnosed Early Enough!***
- ***The PSA test will be conducted by Professional Medical Staff & in the strictest confidence***
- ***The simple test only takes approximately 30 seconds***
- ***Results will be posted to men tested, with a copy to his GP within 7/10 working days. (A donation of £10 is suggested to cover the costs of materials & Laboratory fees)***

Promoted by: East Lancashire Prostate Cancer Support Group
www.elpcsg.com

In conjunction with Leighton Hospital Prostate Cancer Support Group (Gary Steele MBE)

Supported by: Burnley FC in the Community.

Chromosomal Instability in Cell-Free DNA Is a Serum Biomarker for Prostate Cancer

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Abstract

BACKGROUND: Genomic instability resulting in copy number variation is a hallmark of malignant transformation and may be identified through massive parallel sequencing. Tumor-specific cell free DNA (cfDNA) present in serum and plasma provides a real-time, easily accessible surrogate.

METHODS: DNA was extracted from serum of 204 patients with prostate cancer (Gleason score 2–10), 207 male controls, and patients with benign hyperplasia (n = 10) and prostatitis (n = 10). DNA was amplified by use of random primers, tagged with molecular identifiers, sequenced on a SOLID system, and aligned to the human genome. We evaluated the number of sequence reads of cfDNA in sliding 100-kbp intervals for variation from controls. We used chromosomal regions with significant variations in alignment hits for their ability to segregate patients and matched controls.

RESULTS: Using ROC curves to assess diagnostic performance, we evaluated the number of regions in a first subset (n = 177), with variations in alignment hits alone, provided an area under the curve (AUC) of 0.81 (95% CI 0.7–0.9, $P < 0.001$). Using 5 rounds of 10-fold cross-validation with the full data set, we established a final model that discriminated prostate cancer from controls with an AUC of 0.92 (0.87–0.95), reaching a diagnostic accuracy of 83%. Both benign prostatic hypertrophy and prostatitis could be distinguished from prostate cancer by use of cfDNA, with an accuracy of 90%.

CONCLUSIONS: Assessment of a limited number of chromosomal structural instabilities by use of massive parallel sequencing of cfDNA was sufficient to distinguish between prostate cancer and controls. This large cohort demonstrates the utility of cfDNA in prostate cancer recently established in other malignant neoplasms.

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From Left to Right Hazel Goulding (Treasurer) Leon D Wright (IT Admin) Stuart Marshall (Secretary) Steve Laird (Vice Chairman) Dave Riley (Chairman)

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We are a group of local people who know about prostate cancer. We are a friendly organisation dedicated to offering support to men who have had or who are experiencing the effects of this potentially life threatening disease.

The East Lanc's Prostate Cancer Support Group offers a place for free exchange of information and help for local men and their supporters (family and friends) who may be affected by this increasingly common form of male cancer.

At each meeting we strive to be a happy, supportive and upbeat group of people; encouraging open discussion on what can be a very difficult and perhaps for some an embarrassing subject. We have lively, informative, interactive, sharing and above all supportive meetings.

A Call to Arm's Stu NEEDS YOU! Can anybody Please Help?

Hello everybody, for those of you who are unaware we (E.L.Prostate Cancer.S.G) are holding an important **PSA TESTING 'CLINIC'** on Saturday 31st January at Burnley Football Club (9am -12pm), it will be a unique opportunity for men to have the PSA test without the need to make an appointment with a GP.

This is a request for HELP with the distributing of leaflets in order to promote the event, if you can spare a little time to take leaflets to suitable venues we will be extremely grateful. Any assistance you can offer will help to ensure the success of this event which will be the first of it's kind in the NW. If you can spare a little of your time please contact any of the following asap:

Stu 01282 431465, Dave 01282 451852, John 01254 235663, Leon 01254 728479

A FEW IDEAS: W.M Clubs, Pubs, Golf Clubs, Leisure Centres, Sports Clubs, Chemists, Supermarkets, Barber shops, Charity shops, Rotary Clubs, Probus Clubs, Freemasons, Work places (Factories)

We also have A4 Posters available to advertise the event in suitable venues if you know of any organisation who could display them.

Looking forward to replies, Stu

Penn Study: Radiation Plus Hormone Therapy Prolongs Survival for Older Men with

Justin E Bekelman MD

Perelman School of Medicine
University of Pennsylvania

Many men with prostate cancer in United States not receiving life-saving radiation treatment

PHILADELPHIA — Adding radiation treatment to hormone therapy saves more lives among older men with locally advanced prostate therapy than hormone therapy alone, according to a new study in the *Journal of Clinical Oncology* this week from Penn Medicine researchers.

The researchers found that hormone therapy plus radiation reduced cancer deaths by nearly 50 percent in men aged 76 to 85 compared to men who only received hormone therapy. Past studies have shown that 40 percent of men with aggressive prostate cancers are treated with hormone therapy alone, exposing a large gap in curative cancer care among baby boomers aging into their 70s.

"Failure to use effective treatments for older patients with cancer is a health care quality concern in the United States. Radiation plus hormone therapy is such a treatment for men with aggressive prostate cancers," said lead author Justin E. Bekelman, MD, an assistant professor of Radiation Oncology, Medical Ethics and Health Policy at Penn's Perelman School of Medicine and Abramson Cancer Center. "Patients and their physicians should carefully discuss curative treatment options for prostate cancer and reduce the use of hormone therapy alone."

Locally advanced prostate cancer is cancer that has spread outside but near the prostate gland. Unlike slower growing tumors, locally advanced prostate cancer is an aggressive malignancy that is prone to metastasize and cause cancer deaths. Hormone therapy lowers or blocks the levels of testosterone and other androgens (male hormones) that feed prostate cancer tumors.

Two landmark clinical trials have shown that radiation plus hormone therapy produces a large and significant improvement in survival in younger men relative to hormone therapy alone, but until now there has been no comparable research on treatment for older men with advanced prostate cancer.

Addressing this question for the first time, Penn's research team compared the combination of radiation plus hormone therapy versus hormone therapy alone among 31, 541 men with prostate cancer ranging in age from 65 years to 85 years. Among men age 65 to 75 years old, radiation plus hormone therapy was associated with a reduction in prostate cancer deaths of 57 percent relative to hormone therapy alone (from 9.8 percent to 4.4 percent of patients at 7 years follow up). Similarly, among men age 76 to 85 years old, radiation plus hormone therapy was associated with a reduction in prostate cancer deaths of 49 percent relative to hormone therapy alone

(from 9.8 percent to 5.0 percent of patients at 7 years follow-up). In both groups, radiation plus hormone therapy was also associated with about one-third fewer deaths from any cause.
Importantly, the clinical trials have shown that the side effects of radiation plus hormone therapy are very acceptable relative to hormone therapy alone. “Older men with aggressive prostate cancers should know that the combination of radiation plus hormone therapy is both tolerable and effective in curing prostate cancer,” said Bekelman.
In addition to offering new evidence for older men, Bekelman’s research also demonstrates that the prior clinical trial findings for younger men apply in the “real-world” of routine clinical practice. Only three percent of cancer patients participate in clinical trials; thus, confirming that treatments work in real-world care is a crucial aspect of translating medical evidence to clinical practice. Bekelman’s study is an example of patient-centered cancer comparative effectiveness research, which provides reliable, useful information to help individual patients make informed cancer care decisions and improve cancer care outcomes.
The Penn-led study examined radiation treatment and hormone therapy in the Surveillance Epidemiology and End Results (SEER) Medicare database. SEER collects data from population-based cancer registries that cover 26 percent of the U.S. population and Medicare, which covers 97 percent of the U.S. population 65 years of age or older. Patients received treatments not by random assignment but as part of their normal clinical care. Bekelman’s team utilized specialized analysis techniques to mimic randomized clinical trials in data from routine care and to identify which treatments are best for men of different age groups and cancer severity.
In addition to Bekelman, co-authors of the study include Nandita Mitra, PhD and Daniel Polsky, PhD, from Penn Medicine, Stephen Hahn, MD, from MD Anderson Cancer Center, Elizabeth Handorf, PhD, and Robert Uzzo, MD, from Fox Chase Cancer Center, and Katrina Armstrong from Massachusetts General Hospital.
The study was supported by grants from the National Cancer Institute, the National Institutes of Health, and the American Cancer Society.

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Penn Medicine *is one of the world's leading academic medical centers, dedicated to the related missions of medical education, biomedical research, and excellence in patient care. Penn Medicine consists of the Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania (founded in 1765 as the nation's first medical school) and the University of Pennsylvania Health System, which together form a $4.3 billion enterprise.*

The Perelman School of Medicine has been ranked among the top five medical schools in the United States for the past 17 years, according to U.S. News & World Report*'s survey of research-oriented medical schools. The School is consistently among the nation's top recipients of funding from the National Institutes of Health, with $392 million awarded in the 2013 fiscal year.*

The University of Pennsylvania Health System's patient care facilities include: The Hospital of the University of Pennsylvania -- recognized as one of the nation's top "Honor Roll" hospitals by U.S. News & World Report*; Penn Presbyterian Medical Center; Chester County Hospital; Penn Wissahickon Hospice; and Pennsylvania Hospital -- the nation's first hospital, founded in 1751. Additional affiliated inpatient care facilities and services throughout the Philadelphia region include Chestnut Hill Hospital and Good Shepherd Penn Partners, a partnership between Good Shepherd Rehabilitation Network and Penn Medicine.*

Penn Medicine is committed to improving lives and health through a variety of community-based programs and activities. In fiscal year 2013, Penn Medicine provided $814 million to benefit our community.