

East Lancashire Prostate Cancer Support Group Newsletter



Volume4

Issue12

Date December 2015



What's Inside

New Treatment can help 10k men a year	P1, P2
HITN Showcase	P2
New Diagnostic Tool	P3, P41
Poet Corner	P4
Group Therapy	P5

New prostate treatment to help 10,000 men a year: Treatment can extend life by up to 15 months if given as soon as cancer is diagnosed

Men with advanced cancer lived around 15 months longer with docetaxel

Current NHS England guidance waits until after standard hormone therapy

Campaigners have long been calling for a change to the drug's policy

By [Ben Spencer Medical Correspondent For The Daily Mail](#)

Published: 00:05, 22 December 2015 | Updated: 10:09, 22 December 2015

Up to 10,000 men a year are set to benefit from a prostate cancer treatment which dramatically extends the lives of patients (stock image)

Up to 10,000 men a year are set to benefit from a prostate cancer treatment which dramatically extends the lives of patients.

A landmark study published last night reported that men with advanced prostate cancer lived an average 15 months

longer if given docetaxel – a relatively cheap chemotherapy drug – as soon as they were diagnosed.

Current NHS guidance in England holds back the drug until after standard hormone therapy has failed. Men in Scotland can already get it early and now English health chiefs are expected to adopt the same policy in 2016.

Campaigners have long been calling for a change to the policy.

Angela Culhane, head of Prostate Cancer UK said: 'For every month this drug isn't available at least 500 men lose out on a potential extra year of life.'

Professor Peter Johnson, chief clinician at Cancer Research UK, which funded the trial, added: 'Chemotherapy isn't suitable for everyone, but all men who are well enough and who have prostate cancer which has spread, should be offered this combination of treatments.'

The eight-year, 3,000-patient trial, published in the Lancet yesterday, found that men given early docetaxel lived an average five more years, compared to 45 months without it.

They also had a higher quality of life because the rate of spread was slowed.

Docetaxel is particularly attractive to doctors because of its price. The original patent for the drug, which was originally made by pharma giant Sanofi, has expired, meaning it can now be made by any firm at a cheaper cost.

The treatment, given in six rounds, each lasting three-weeks, costs the NHS roughly £5,000 for a man of average weight, including staffing and administration cost.

In comparison, the newest prostate cancer drug, Enzalutamide, costs £33,000 a year, excluding administration and VAT.



***A Very Merry Christmas & a Happy New Year
Be Positive & Have Loads of Fun.***

Best Wishes from all the Staff at ELPCSG

A landmark study published last night reported that men with advanced prostate cancer lived an average 15 months longer if given docetaxel – a relatively cheap chemotherapy drug (stock image of chemotherapy) – as soon as they were diagnosed

There are 41,000 new UK cases of prostate cancer a year and study chief Professor Nicholas James, of Warwick Medical School, said a change in the guidance could help up to 10,000 men annually.

The research team wrote: ‘We have shown improved survival across a population of men commencing first-line long-term hormone therapy through the addition of docetaxel chemotherapy.

‘Standard of care should be updated to include docetaxel chemotherapy in suitable patients with metastatic [spreading] disease, and docetaxel may be considered for men with high-risk non-metastatic prostate cancer with or without radiotherapy.’

An NHS England spokesman added: ‘This encouraging news means NICE can now quickly complete their rapid review of this drug, and assuming this is positive we will set out our intention to begin funding this therapy on the NHS early in the New Year.’

Read more: <http://www.dailymail.co.uk/news/article-3369692/New-prostate-treatment-help-10-000-men-year-Treatment-extend-life-15-months-given-soon-cancer-diagnosed.html#ixzz3v8cfomWL>

Follow us: [@MailOnline on Twitter](#) | [DailyMail on Facebook](#)

HITN showcases prostate cancer education programming

Gabriel Miramar-Garcia

| 23 December 2015

The Hispanic Information and Telecommunications Network (HITN) has added programming on the early detection and prevention of prostate cancer.

The programming, built into to the educational content that the US TV network features as its core mission, has been featured since learning that Gerson Borrero, an HITN news and events correspondent in New York City, is suffering from an intermediate stage of prostate cancer. Borrero is expected to return to work in mid-January 2016 where he plans to resume his role covering special events at HITN.

“Gerson is a top-notch professional. We are confident that with his iron will and strong spirit he will return to work very soon. All of his co-workers, and the entire HITN team, wish him a speedy recovery,” said Mike Nieves, CEO, HITN. “Our thoughts and prayers are with him, and family during this time.”

In December and January, as part of HITN’s commitment to education and in solidarity with Borrero, the network will present a series of specials dedicated to the early detection and effective prevention of prostate cancer.

According to 2012 statistics from the Centres for Disease Control (CDC), approximately 180,000 men are diagnosed with prostate cancer each year in the United States. African-Americans have the highest rate of prostate cancer, while Hispanics have the third highest, behind whites. The failure of many men to have periodic exams for prostate cancer, and taboos related to the disease, often prevent its early detection and prevention.

For his part, Borrero decided to undergo a type of surgery that usually allows a favourable recovery.

“Fortunately, based on the tests conducted so far, my cancer has a high probability of complete remission, so my doctors, my family and I expect that the surgery will lead to a total cure of this disease,” Borrero said. “I have a lot of energy, am in good spirits, and am anxious to recover post-surgery and get back to work.”

Read more: [HITN showcases prostate cancer education programming | DTT | News | Rapid TV News](#)

<http://www.rapidtvnews.com/2015122341119/hitn-showcases-prostate-cancer-education-programming.html#ixzz3v8icscx>

Follow us: [@rapidtvnews on Twitter](#)

“New Diagnostic Tools for Prostate Cancer”

By *Roni Caryn Rabin*

December 21, 2015 4:22 pm December 21, 2015 4:22 pm 15 Comments



-Dan Woska, 63, a lawyer in Oklahoma City, decided to forgo radiation and surgery for prostate cancer after a genomic test indicated that the cancer would probably not spread. Credit Nick Oxford for The New York Times

Dan Woska was weighing his treatment options after he was found to have prostate cancer two years ago when a friend mentioned a new genomic test that could gauge how lethal his tumor was.

The test, called Oncotype DX, which looks at the expression of 17 genes in a tumor, cost about \$4,000 and was not covered by Mr. Woska's insurance. But through a patient assistance program, the company that created it, Genomic Health, ran it for him free, using

a tiny grain of tissue left over from his biopsy. The results indicated there was an 81 percent probability that Mr. Woska's tumor would not spread beyond the prostate. On an aggressiveness scale of zero to 100, the tumor was an indolent 15.

Thrilled and relieved, Mr. Woska decided to forgo radiation and surgery.

“Everybody gets completely flipped out, ‘I have cancer, I gotta get it out,’” said Mr. Woska, 63, a lawyer in Oklahoma City who now watches his condition closely with frequent checkups and a blood test every 90 days. “I am double-minded,” he said. “I really don't want to have this cancer in my body, but everything is telling me this appears to be a low-risk cancer.”

Decisions about prostate cancer treatment are fraught with such conundrums. Every year, about 220,800 American men receive a diagnosis of the disease, but one-third to one-half of all prostate cancers are not life-threatening, and most of those who have the disease do not die from it. The problem for patients is that doctors do not know how to distinguish the life-threatening cancers from the slow-growing ones.

Now, a plethora of new diagnostic tools aimed at distinguishing the aggressive cancers from the indolent ones — tests that “help tell us which ones are the bad guys,” as the Genomic Health co-founder Dr. Steve Shak put it — are becoming available, and more are in development.

But while they promise to help guide decisions like Mr. Woska's about whether to pursue treatment or engage in what doctors call “active surveillance,” some experts advise that they may not have been adequately studied.

“A lot of companies are developing tests that may be promising, but they push them out the door into clinical practice without really doing all their homework,” said Dr. David F. Penson, the chairman of urologic surgery at Vanderbilt University Medical Center, who added, “The rules for new lab tests aren't as rigorous as the rules for new drugs.”

The Food and Drug Administration does not regulate tests that are developed and manufactured in a single laboratory, but the agency is seeking to extend its oversight into this rapidly growing field to ensure that these tests are not only accurate and reliable but clinically meaningful in guiding treatment decisions. In November, the agency issued a [report](#) criticizing 20 lab-developed tests for various diseases that mentioned Myriad's Prolaris prostate cancer biomarker test, saying it had not been studied adequately for clinical use and could lead to overtreatment or undertreatment of cancer. (Myriad officials say the test has been validated and studied in thousands of patients, with 10 retrospective studies published in peer-reviewed journals.)

Much of the interest in new screening stems from the reality that the Prostate Specific Antigen, or P.S.A.,

blood test used to screen men at annual checkups can be misleading, often suggesting cancer where there is none. Even pathology reports on tissue from biopsies that confirm prostate cancer often fail to provide a clear picture of how the cancer is likely to behave.

The fog of information is particularly problematic because surgery and radiation treatments for prostate cancer can have serious side effects, like incontinence and sexual dysfunction. In 2012, a national task force found the risks of routine P.S.A. blood screening tests outweighed the benefits, but last month, some experts expressed concern when studies found that fewer early-stage prostate cancers are being detected and fewer men are being screened.

The holy grail test for prostate cancer that scientists are seeking is a “liquid biopsy” — a minimally invasive test that can be performed on blood or urine and is capable of detecting “the prostate cancers that kill and need to be treated, versus those that don’t kill,” said Dr. Otis Brawley, chief medical officer for the American Cancer Society.

Researchers, often working in collaboration with industry, are inching closer to this goal. The company MDxHealth plans to introduce a noninvasive urine-based molecular test called SelectMDx in the United States early next year. The test, which is already available outside the country, measures messenger RNA levels of biomarkers associated with an increased probability of aggressive disease. It is intended to help determine whether an initial prostate biopsy is needed — gauging not just the likelihood of detecting cancer upon biopsy, but the probability of high-grade versus a low-grade tumor.

Dr. Philip Ginsburg, executive vice president and chief medical officer of MDxHealth, based in Irvine, Calif., said the tests were designed to be prognostic rather than diagnostic.

“At the end of the day, our test, and most other tests, should be seen as aids to patient management,” he said, “and not regarded as a sine qua non.”

Last month, Swedish researchers reported good results with their new version of a liquid biopsy, a blood test that analyzes more than 200 genetic markers called S.N.P.s (or single nucleotide polymorphisms) associated with prostate cancer, as well as six prostate protein markers. The researchers also incorporate personal medical information like age and family history into the calculations.

The scientists ran both the P.S.A. blood test and the new test, called the STHLM3 test, on 58,818 men in their 50s and 60s, and reported that the STHLM3 test reduced false positives, cutting the number of biopsies by nearly one-third while finding aggressive cancers in men with low P.S.A. levels who would have been missed. The study was published in *The Lancet Oncology*.

Dr. Joseph Presti, lead urologic surgeon at the Kaiser Permanente Oakland Medical Center, said the test had enormous potential because it was “just like walking in and getting your P.S.A.” but is far more accurate and precise. He hopes to start a clinical trial in the United States soon.

But even as new tests are being developed, existing technologies, like magnetic resonance imaging scans of the prostate, are being improved and retooled. The P.S.A. test may be flawed, but most physicians say it is a valuable tool. The challenge is to use it more wisely, said Dr. James Eastham, chief of urology at Memorial Sloan Kettering Cancer Center. “It’s probably one of the better screening tools we have, but it comes with a big asterisk: It has to be used appropriately.”

A Christmas Tale

At this time of year it is patently clear
That the males are the ones who are blest.
Thoughts like "goodwill to men" we hear time
and again
And we find them quite hard to digest.
As we women all know, men think they run
the show,
And sometimes we allow them this pause.
But it gets on our nerves, like too many hors
d'oeuvres
When we want to get at the main course.

Leaving plans to the menfolk is risky.
Christmas spirit they think is some kind of a
drink,
Such as vodka, Baccardi, or whiskey.
Since we carry the load, men keep out of our
road,
We are ready and willing and able.
For it's perfectly clear, that the stuffed tur-
keys here
Are not always confined to the table.
The traditional way is now rather passe,
Lets give credit, where credit is due.



Contact Information

Tel: 07548 033930
E Mail leondwright4@gmail.com

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

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.

"The Importance of Group Therapy"



Sponsors

