

## THIS LOOKS LIKE A YES THEN !!!!

### Research: Strategy for detection of prostate cancer based on relation between prostate specific antigen (PSA Test) at age 40-55 and long term risk of metastasis: case-control study

Focusing prostate cancer testing on men at highest risk of developing the disease is likely to improve the ratio between benefits and the harms of screening, suggests a paper published today on [bmj.com](http://bmj.com).

Prostate specific antigen (PSA) screening is widely used for the early detection of prostate cancer, but remains highly controversial, as it became widespread long before evidence to prove its value. There is now evidence that PSA screening can reduce prostate cancer mortality in men who would not otherwise be screened. However, this can come at considerable harm.

As there is little evidence to support many aspects of screening guidelines, researchers from Sweden and the USA carried out a case-control study taking data from the Malmö Preventative Project (MPP) cohort, in an attempt to develop an evidence-based scheme for prostate cancer testing. A previous study from the MPP, published in the *BMJ* in 2010, demonstrated that PSA level at age 60 is strongly predictive of the risk of death from prostate cancer by age 85.

The Malmö cohort included 21,277 men aged 27 to 52 who participated in the MPP between 1974 and 1984. All these men gave a blood sample. A smaller group of these men were then invited to provide a second blood sample about six years later: 4922 (72%) of those re-invited complied.

The researchers focused their studies on men close to age 40, mid-to-late forties (45-49) and early-to-mid fifties (51-55).

Within 25 to 30 years, 44% of deaths from prostate cancer occurred in those with the top 10% of PSA levels at age 45-49, a PSA of about 1.5 ng / ml or more. The risk of prostate cancer death was more than 10 times greater in this group compared to men with the lowest 25% of PSA levels.

The researchers questioned whether PSA screening should start at age 40, mid-to-late 40s or early 50s: they found that even for men with PSA in the top decile at age 40, the risk of metastatic prostate cancer was very low at 0.6%, after 15 years of follow-up. The researchers say that due to this, it would be difficult to justify initiating PSA testing at age 40 for men with no other significant risk factor.

In contrast, the risk of developing metastatic prostate cancer within 15 years is close to three-fold higher for men in the top level PSA at age 45-49 (1.7%) and close to ten-fold higher at age 51-55 (5.2%). This suggests that initiating PSA screening after age 50 would leave a significant proportion of men at elevated risk of later being diagnosed with an incurable cancer.

The researchers also looked at screening intervals, results showed that the absolute risk of metastatic cancer remains very low within 15 years follow-up for men with PSA in the low deciles and as such, a screening interval less than five years for these men is unnecessary.

The researchers conclude that PSA levels are informative of the current risk of cancer as well as being "predictive of the future risk of prostate cancer" and any cancer-specific death. They say that screening programmes can be designed so as to "reduce the risk of over-diagnosis whilst still enabling early cancer detection for men at highest risk of death from prostate cancer". As it turns out, the best way to determine risk is a single PSA before the age of 50.

*The authors*--- from Lund University in Sweden and the Memorial Sloan-Kettering Cancer Centre in America. This was published in the *British Medical Journal* (BMJ) April 2013.

**Editor's note.** In the UK the National Screening Committee is opposed to the introduction of a nationwide PSA-based screening programme. It is due to reconvene this year and, with the conclusions of this research, one would think it likely to top their agenda as it reconsiders its advice !!!

## EVERY MONTH MATTERS FOR MEN WITH ADVANCED PROSTATE CANCER ACROSS EUROPE.

- ***New report highlights dramatically different standards of care across Europe for men with advanced prostate cancer***

European healthcare systems are failing to deliver the latest medical breakthroughs to men with advanced prostate cancer, according to a new report published today. Despite prostate cancer being the most common malignancy in men patients with advanced disease face a lottery in the standard of care they receive, with wide discrepancies in access to the latest treatment advances depending on the country they live in.

Understanding and treatment of advanced prostate cancer is evolving fast, with more progress made in recent years than the previous three decades. It is now possible to tailor care to meet the specific needs and preferences of each patient, delaying cancer progression and improving survival.

However, not all healthcare systems in Europe are keeping pace with scientific and medical advances. For example, UK cancer patients have to wait longer than those in France to access new oncology treatments. In addition, in a study of six western European countries, France had the highest use of oncology drugs, followed respectively by Spain, Germany, Italy, Sweden and the UK. This usage did not always reflect differences in the number of cancer cases in these countries. Access to optimal therapy is one of the most important reasons for international differences in cancer survival, and UK mortality rates for prostate cancer are higher than those in neighbouring countries.

“With advanced prostate cancer we are dealing with an incurable disease and every month matters for these men. Placing patients at the heart of the care pathway and ensuring access to the right treatment approaches mean that extra time and a good quality of life is now possible,” said Dr Heather Payne, Consultant Clinical Oncologist, University College London Hospitals NHS Foundation Trust (UCLH) and report contributor. “But this is not happening in every country. There are many reasons for international differences in cancer survival, but swift access to innovative treatments and the availability of best practice care are important in order to deliver the best outcomes in terms of life extension and quality of life.”

Compiled and funded by Astellas Pharma Europe Ltd. and contributed to by oncologists, urologists, a health economist and patient groups from across Europe, *Every Month Matters: Improving Advanced Prostate Cancer Care in Europe* is the first report of its kind to take an in-depth look at the rapidly changing landscape of advanced prostate cancer treatment, highlighting the changes that need to be implemented to improve care for men with advanced disease.

The report found that prostate cancer research is frequently underfunded compared with other malignancies and there is little focus on advanced disease, despite the fact that up to 20% of men who receive a prostate cancer diagnosis already have metastatic disease. The report calls for improved resourcing for advanced prostate cancer, whilst acknowledging the continuing efforts put into treating early disease.

### **Key recommendations from the report include:**

- Governments must recognise that advanced prostate cancer is a serious, life-threatening disease that must receive the same level of resourcing and focus as other complex diseases.
- Care teams must be multi-disciplinary, including allied health and social care professionals who work alongside healthcare professionals to personalise the goals of treatment for patients.
- Patient organisations across Europe must have a voice in national and local decisions about access to treatments and decisions regarding reimbursement should be evidence-based, transparent and equitable.
- Men must have access to accurate, reliable information which takes into account the individualised needs of the patient.

## PROSTATE CANCER FEDERATION CONFERENCE AND AGM

Tuesday 14<sup>th</sup> May 2013

### THIS YEAR THE TOPIC CLINICAL TRIALS

*The first speaker* was Dr. David Boocock, Senior Research Fellow, John van Geest Cancer Research Centre, Nottingham Trent University, who spoke about the work at this laboratory trying to develop a vaccine so men can be immunised against prostate cancer and their route from research lab to the clinic.

*The second speaker* was Prof Mark Emberton, MD FRCS Urol., Honorary Consultant Urologist, UCLH, who talked about trials for men with early (organ-confined) prostate cancer. He said he used the MRI technique for all his patients with suspected prostate cancer, but the vast majority of hospitals in this country still carry out traditional biopsies, with little idea of which area to target. He went on to say "There is no other organ of the body where we carry out a random 'blind' biopsy without knowing where we are looking". Unnecessary biopsies also increase the risk of infection.

*The third speaker* Prof Johann de Bono, MBChB FRCP MSc PhD FmedSci, who led the clinical trials of 'Abiraterone'. He talked about improving outcomes from advanced prostate cancer. He explained how Molecular targeted therapies differ from traditional treatments such as chemotherapy in that they are designed to act on only cancer cells and minimise damage to healthy cells. This is the 'Holy Grail' of cancer medicine, killing the tumour cell while sparing the cells of the patient's normal tissue.

*The fourth speaker* Matthew Sydes, Senior Scientist, MRC Clinical Trials Unit. Spoke about how important it is to get the correct trial for you and you should talk with your consultant first.

*Report by Editor*

### YOU CAN'T BE SERIOUS !!

1. The Japanese eat very little fat  
And suffer fewer heart attacks than the English.

2. The Mexicans eat a lot of fat  
And suffer fewer heart attacks than the English.

3. The Chinese drink very little red wine  
And suffer fewer heart attacks than the English.

4. The Italians drink a lot of red wine  
And suffer fewer heart attacks than the English.

5. The Germans drink a lot of beer and eat lots  
of sausage and fat.  
And suffer fewer heart attacks than the English.

**CONCLUSION:** Eat and drink what you like....  
Speaking English is apparently what kills you !!

## NEWS IN BRIEF

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### A QUALITY CHECKLIST

One of our members Len Overy-Owen met again with MP's on the 13<sup>th</sup> March in Westminster as a follow up from last year's meeting. It was organised this year by Prostate Cancer UK.

The message was to push home the need for all men with Prostate Cancer to get the same quality of care and support wherever they live in the country.

1.You should have access to appropriate clinical expertise at every step. Healthcare professionals must work together in teams to ensure that you receive care that is properly coordinated.

2.You should be informed about support services that are available to you, such as financial advice and emotional support, and be given information in a format that meets your needs.

3.Your partners, friends and family members should be offered information and support at every step to help them understand prostate cancer, the treatment options and their side effects.

These three standards should apply at every stage, from the point of **Diagnosis to Treatment and procedures, Living with and after prostate cancer, End of life.**

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### LISTENING AND RESPONDING

On 13<sup>th</sup> March eight of our members attended a Macmillan one day workshop to improve their skills at listening and responding to people who may need advice or help. The eight are :-

Diana Barrett, Brian Cole, Ted Friend, Philip Hubert, Marilyn Hubert, Jim Sephton, David Shipman, and Keith Slaughter.

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### NORFOLK AND WAVENEY P C S G

If you would like to read the Norfolk and Waveney Prostate Cancer Support Group Newsletter you can read it on line at [www.prostatesupport.org.uk](http://www.prostatesupport.org.uk)

There is a link on their web site to ours as there is a link on ours to their web site. We have worked together and received help from the Norfolk Group in the past so it is good that we keep in touch.

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### PROSTATE CANCER SUPPORT FEDERATION

If you are unable to get to our meetings when we issue the Federation's Quarterly Newsletter 'Prostate Matters' you can always read it online at :-

[www.prostatecancerfederation.org.uk](http://www.prostatecancerfederation.org.uk)

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### RICHARD FARNWORTH

Richard ran the London marathon this year in a time of 5 hrs. 25 mins. and raised over £1000 for Prostate Cancer. So this shows what you can still do even with Prostate Cancer.

Very well done Richard.

## NEW EXERCISE CLASS STARTING SEPTEMBER 2013

We have secured use of one of the physiotherapy gyms at Ipswich Hospital to provide an exercise class for those recovering from cancer.

The class will be run by a qualified instructor from FitClub on a Friday from 5-6 pm.  
(Start date to be confirmed)

Cost will be £6 per patient and £4 for a friend or partner to join in. Classes are payable in 4 week blocks as there are limited numbers.

If you are interested in joining this class please contact  
Louise Smith at [louise.m.smith@ipswichhospital.nhs.uk](mailto:louise.m.smith@ipswichhospital.nhs.uk) or 01473 715748

### HOPE Course

A PROGRAMME FOR CARERS OF  
SOMEONE LIVING WITH CANCER

Start to make a difference now.

To enrol please contact Louise, Michaela or Julie  
at the Cancer Information Centre  
or telephone 01473 715748.

Programmes run, once a week for six weeks,  
Refreshments provided.  
Programme dates for 2013  
(Wednesdays 10am – 12-30pm)

18<sup>th</sup> September to 23<sup>rd</sup> October

13<sup>th</sup> November to 18<sup>th</sup> December

### **ESPCSG MEETINGS 2013**

Wednesday 2<sup>nd</sup> October  
SPEAKER

**Adrian Kite**

Will talk about eye care.

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Tuesday 3<sup>rd</sup> December  
(Christmas Meeting)

OUR ENTERTAINER

**Charlie Haylock**

*That cood owd Suffik bor !!!!*

Author of 'Slightly on th' huh'

Also often heard on BBC Radio Suffolk

### **RADAR KEY**

Have you ever been 'caught short' when out and about and discovered all the toilets are locked ? Well help is at hand in the shape of the RADAR key. This key will open all disabled toilets. How to obtain one. – They are available from the Council Office which collect your council tax ie. Babergh, Suffolk Coastal, Ipswich etc. You will need to present a piece of paper, ie. a copy of a consultant's letter which mentions prostate cancer and you can obtain one free of charge – peace of mind immediately.

*Info. by our Welfare Officer Diana Barrett*

### **IMPORTANT**

If you change your address, phone number, e-mail-address, please let our secretary Chris Southcott know on 01473 311025 or e-mail [supportgroup@southcott.plus.com](mailto:supportgroup@southcott.plus.com) or tell one of our committee members at a meeting.  
**IF YOU DON'T TELL US, WE CAN'T KEEP IN TOUCH**

### **BRASS BAND CONCERT**

BY ST. PETER'S BAND

At St. Peter's Church 7-00 pm.

7<sup>th</sup> December 2013

Half of the proceeds going to the  
East Suffolk Prostate Cancer Support Group  
Book this date, more info later.

### **WHO TO CONTACT...**

**Chairman** David Shipman

**Secretary** Chris Southcott

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