



REG. CHARITY NO.1229395
www.westwalesprostatecancer.org.uk
Patron: Chris Jones. Television Presenter.

NEWSLETTER

SEPTEMBER

2018

Dear Member/Friend

Welcome to the September edition of our Group's Newsletter. If anyone has any items they would like to appear in the next or future newsletters please let me know. All contributions or ideas gratefully received. (DG).

General Data Protection Regulations (GDPR). There has been a very disappointing response to return of the General Data Protection Regulations forms.

Copies of the form were sent out with the June Newsletter but only about 60 or so responses have been received (Our Membership currently stands at approx. 150). As explained in that newsletter:

Your permission cannot be implied, it must be explicit: you MUST "opt in", in order to continue to enjoy all the benefits of Membership and/or receive this Newsletter.

If you have not already done so please sign the

Policy, print your name and date the document then return it to Ken Jones at the address on the back page of this Newsletter. Alternatively, the easiest way is to email Ken (kentybet@gmail.com) stating that you give the Group your permission to hold your data. If we do not receive a response we will, unfortunately, have to delete your details. This will prevent us from sending you newsletters and emails to notify you of future events.

Several years ago when we carried out a review of our membership (with a similar request for a "confirmation" from members) there was a lacklustre response resulting in some members being deleted from the membership list: we stopped contacting them. Sometime later requests were received from many of these "deletions" asking to be reinstated as members.

Thank you for your cooperation in this matter.

"Pub" Lunches - There were more than 30 members/partners at the Tafarn Y Tanerdy on the 3rd September and the feedback was good. It was great to meet some of our new members.

Our next lunch, the last in 2018, has been arranged:

Our Christmas Lunch will be on:
3rd December at:
Nantyffin Hotel,
Llandissilio,
Clynderwen.
SA66 7SU.

It is really important to always confirm your attendance with Gill Lewins, a week or so before the event. Gill's contact details can be found at end of this newsletter).

These meetings are always a great way to catch up with other members and their partners: please try to join us.

Other events

Dave Bunce (our Treasurer) is doing a gig to raise funds and publicise our charity on the 21st September at The Penrhiwllan Inn, New Quay, starting about 9 pm. Ray Howe is doing a great job organising this event.

Those of us who saw Dave singing and playing guitar at the Pentre Arms or the "pub" lunch on the 4th June know that this will be a great night's entertainment so please join us. It's free entry. If anyone has any suitable raffle prizes to donate it would be great. Please see Dave's contact details at the end of this newsletter.

Update from Professor Norman Ratcliffe of the University of the West of England:

Members will recall that at our AGM in May, we donated £23,266 to support Prof. Radcliffe's research into PCa diagnosis using gas chromatography on various bodily fluids.

The Professor writes:

"It's taken some time to negotiate however the university has agreed very recently to add

an additional £39,000 to your generous donation towards research in detecting prostate cancer by detecting volatile compounds.

Will keep you posted, we will need to advertise soon to hopefully obtain an enthusiastic PhD student. I'm not sure when our advert will go out, my university has slots etc."

Norman.

The Prof. also told me that in June he attended a breath analysis conference in Maarstricht. (DG)

HDUHB Urology Dpt Developments.

Some of the committee attended a meeting with HDUHB Urology Staff (requested by WWPCaSG) at the Oxygen Therapy Centre (courtesy of Andrea and Mike Prince's daughter Gina) ahead of our usual committee meeting.

Amongst the attendees was Mr Ng, Consultant Urologist, who promised to write (as follows) and give more details of some of the things discussed by the group.

Update from Mr Ng, Consultant Urologist:

"Mr Moosa (Consultant Urologist), Anna Thomas (Urology service manager), and I were delighted to join the WWPCaSG at a meeting in the Oxygen Centre, Cardigan, on the 24th August. Following on from this, I would like to update you on a few current "goings on" within Urology in Hywel Dda.

MRI Fusion targeted Prostate biopsies:

It is 3 years now since we acquired the above equipment made possible solely from local charitable sources including a sizeable £20k donation from the WWPCaSG. This enabled us for the first time to make targeted biopsies within the prostate based on information acquired from MRI images. We are proud that we achieved our goal of being the first health board in Wales to offer this service and HD patients have benefitted since. We have now done over 70 fusion targeted cases as well as

over 300 standard and cognitive targeted TRUS biopsies using this equipment. We have found that fusion targeted biopsies have yielded prostate cancer in around 35 % of patients who have had previous negative biopsies for cancer. We have also used targeted biopsies to determine more significant tumour load in patients who were previously on follow up for low volume cancer. Conversely, we have been able to provide reassurance to many patients who have turned out to have a negative targeted biopsy.

With the coming of pre-biopsy MRI in the future, we are confident that we have the skills required to accurately detect cancer based on MRI findings thanks to the early adoption of the above technology.

Virtual PSA follow up clinics:

We are aware that many of our patients have to travel long distances in order to attend follow up and that many prostate cancer patients need to do this just to be updated about their current PSA levels. Since 2014, Mr Saw and I have run a postal "virtual" follow up for PSA follow up patients. These are well subscribed and we now have over 60 patients a month who utilise this service. Suitability includes those prostate cancer patients post radical therapy, those on active surveillance or watchful waiting with stable PSA, and patients on androgen deprivation therapy with stable disease. Patients are sent correspondence 2-3 weeks prior to their allocated appointment with a blood form to have their PSA done at their local hospital or GP practice, as well as a simple one page questionnaire to fill in and return. The returned forms, PSA and clinical notes are reviewed by a consultant who will then write to each patient in turn and organise for further follow up. If you feel that you would benefit from the above service, then please mention it to your specialist on your next review.

Advances in telemedicine are likely to lead to the introduction of app based smart phone follow up and patient management of PSA in the near future and the Welsh NHS are actively looking to roll this out in Wales

following successful trials in Southampton of this technology.

Greenlight Laser vaporisation for BPH

Continuing generous charitable donations over the past couple of years have enabled us to acquire a 180W Greenlight XPS laser. Many older men suffer from Benign Prostate Hyperplasia (BPH) and this can cause significant loss of quality of life and morbidity including increased urinary frequency, including night time (nocturia), urgency, infections, bladder stones and even kidney impairment. This technology allows us to vaporise the benign enlarged prostate tissue and is associated with shorter hospital stays, decreased bleeding, and improved patient safety compared with conventional TURP. The technology is approved by NICE and has been used successfully for many years. We are happy to be one of the first sites in Wales to offer this service to NHS patients. We carried out our first cases in July 2018 mentored by Mr Gordon Muir who came over from Kings College London and have lots of patients booked in the near future!"

Mr Yeung Ng Consultant Urologist.

Hywel Dda University Health Board.

Thank you Mr Ng. We are very pleased to hear about these developments, some of which are new to us and thank you also for agreeing to keep us updated in the future. (DG)

Parking!

The Virtual PSA follow up clinics reported above may be of help (by avoiding the need to travel) to some of our members. However, with the advent of free hospital parking, the availability of spaces, at Glangwili particularly, has made it more difficult for people to be sure to be on time for their appointment. Please check out the hospital website to see the options of the Park and Ride Service and Local Transport Schemes.

Fundraising - Future collection date:

November 30th 2018 ASDA Llanelli.

David Parmar-Phillips would appreciate offers

of help from anyone who feels able to "man" our stand or with ideas for the future. Please see the Contacts list at the end of this newsletter.

Donation received for & on behalf of Prostate Cancer UK.

Ken Jones received a cheque on behalf of PCUK for £1,500 from Peter Ward, Captain, Cardigan Golf Club. The funds were raised during the tenure of two previous Club Captains; Owen Jones and Lyndsay Morgan MBE.



Ken Jones receiving the £1,500 cheque from Peter Ward accompanied by Lyndsay and Owen at Cardigan Golf Club.

WWPCaSG Donations received with our thanks:

At our last pub lunch on the 3rd September Ken (via Brian Slate) was presented with a cheque for £500 from the Lammas Street Centre, Carmarthen.

Phil Stephenson (Chair of the Centre project) wrote:-

"At our Annual General Meeting your Charity was nominated by one of our volunteers as a recipient of our Charitable Givings for 2018 and it is with great pleasure that I enclose a cheque for £500 towards your very worthy Charity.

The Cellar Cafe operates from within the Lammas Street Centre which is part of the English Baptist Church in Carmarthen. The Cellar Cafe is open every Wednesday morning from 10.00am until 2.00pm.

All proceeds from the Cellar Cafe are donated

to various charities and for your information this year 18 charities have benefitted. If you are in Carmarthen on a Wednesday and have time to call in for a coffee or a bite to eat, we would be delighted to see you."

At the same lunch Brian Slate also presented Ken with another cheque for £60 from himself and his wife Janet.



Ken receiving the 2 cheques from Brian Slate at the Tafarn Tanerdy lunch.

As reported in last September's newsletter the grand total collected by Ray Howe at the charity night that he had organised in the Penrhiwllan Inn, New Quay on 30 June 2017 amounted to £3627.87. Well, now Ray has sent us a photo of the big cheque:



Ray and Christine Howe with the BIG cheque!!!

Thanks again Ray.

We thank all of these people and groups for their generosity.

Members' "Journeys":

One of our newer members Jeff Thomas will be sharing his story with us over the coming editions. By way of introduction, Jeff has written:

Initial diagnosis Feb 2017, Advanced Prostate Cancer-PSA 1,547, Gleason 8, T3.

Extensive Mets to spine, ribs and skull.

I started this journey in February 2017 and I've already had two different hormone treatments, two different steroid treatments, 6 infusions of Docetaxel chemotherapy, 7 infusions of Cabazitaxel chemotherapy, and have just started on a course of 6 x Radium 223 treatments. I'd like to share my story with the group.

The one thing I must mention in this brief introduction is the fantastic treatment and support I've received in the Chemo Day Unit, at Glangwili, (in which I've had the bulk of my treatment to-date). Furthermore, although I've only been there twice so far, the same seems to be the case with the Bristol Royal Infirmary, the Oncology Unit staff there couldn't have made me more welcome for my current Radium 223 treatments.....

Thank you Jeff for being prepared to share your story and we look forward to future instalments. (We featured the Radium 223 treatment in our December 2016 and June 2017 editions)

We are always interested in hearing from any member willing to share their experience and thereby, perhaps, help our readers. (DG)

Tenovus ACTivate Your Life - Affected by Cancer course (information from their website)

"Living well, with and beyond cancer.

We all have emotional issues. But dealing with everyday life when you've been affected by cancer can be even more difficult. We know that a cancer diagnosis not only affects someone physically, but emotionally too.

But you can take control.

Our four-week ACTivate Your Life - Affected by Cancer course will take you through the steps to take control of your mind. The course, designed by Professor Neil Frude, will take you through the steps on how to control your mind by understanding mindfulness and unlocking your core values to allow you to live well with and beyond cancer.

The course is free and is designed for anyone affected by cancer so bring a friend or family member for support; they might learn something too! Come along, listen and learn skills to help you understand how to respond to negative thoughts and feelings, how to practice mindfulness and how to take more power over your actions."

If you want to know more about attending your nearest ACTivate Your Life course, please check out the Tenovus website

<https://tenovuscancercare.org.uk/how-we-can-help-you/activate-your-life-affected-by-cancer/activate-your-life-affected-by-cancer/>

Recent news items:

1) Using high energy ultrasound beams to destroy prostate cancer tumours may be as effective as surgery or radiotherapy, but with fewer side effects. (From Imperial College London website)

A new study, carried out at six hospitals across the UK, tracked 625 men with prostate cancer who received a type of treatment called High-Intensity Focused Ultrasound (HIFU).

The research, published in the journal European Urology, is the largest ever study of HIFU treatment used to target prostate tumours. The findings, from a number of institutions, found that after five years the cancer survival rate from HIFU was 100 per cent. Approximately 1 in 10 men needed further treatment. The cancer survival rate from surgery and radiotherapy is also 100 per cent at five years.

In the new HIFU study, conducted on men with an average age of 65 and whose cancer hadn't spread, the risk of urine incontinence (defined as requiring pad use) at five years after the treatment was 2 per cent, and the risk of erectile dysfunction 15 per cent. The team say the results include patients with medium to high risk cancer.

The scientists also tracked the number of patients who needed further treatment following HIFU, (such as surgery or radiotherapy), to treat any cancer cells that had returned. They found 10 per cent of patients needed further treatment by five years, which is comparable to the number of patients needing further treatment after surgery or radiotherapy (5-15 per cent).

The team add that prostate cancer patients should talk through all possible treatments with their healthcare team, so they can consider their options fully.

Further follow-up trials are needed to track progress of the patients after ten years, as well as trials that directly compare HIFU with surgery and radiotherapy.

Dr Caroline Moore, Reader in Urology from the UCL Faculty of Medical Sciences said: *"The registry based data from over 600 men is very encouraging. We started the HIFU programme at UCLH in 2003, and now principally use it as a focal treatment, where we treat the cancer but not the entire prostate."*

This means that men are much more likely to preserve urinary and sexual function, compared to traditional surgery or radiotherapy. Focal treatment is particularly suitable for men who have prostate cancer visible on MRI, which is contained to one area of the prostate."

I have been very interested to read the findings because I was one of the participants in the Bristol trial in 2012 (6+ years ago). Hopefully, this treatment will no longer be called "experimental" and become accepted. (DG).

2) Simple £10 saliva test to identify the men with 50% chance of developing prostate cancer (reported in the Daily Mirror)

For years medics have hoped for an accurate way of predicting if a patient is likely to get prostate cancer - and experts think they have found the answer. The simple £10 saliva test could save thousands of lives.

It can identify the one in 100 men with a 50% chance of getting the disease, and the one in 10 with a 25% risk. The DNA discovery could mean most men not having to undergo invasive prostate examinations.

Professor Ros Eeles, of the Institute of Cancer Research, which led the research, said *"it could save the NHS millions"*.

She added: *"We now finally have a genetic profiling test we can try on the general population. If it does pull out these men at higher risk, which we think it will, it will mean only 10% of men need prostate cancer screening tests and the rest we can leave alone."*

The researchers have identified 63 new genetic variations in DNA that predict the onset of prostate cancer. It is the first time enough genetic mutations have been found to develop a test fit for clinical use.

Doctors are trialling it in London. If successful, it could be offered on the NHS in a few years to men over 40. Those identified at increased risk in the pilot scheme will undergo MRI scans, a blood test and a biopsy. The London-based ICR said it is a big leap forward in the attempts to prevent the disease.

Public Health England called it *"a very welcome development in the urgent need for a better, more accurate test for prostate cancer"*.

3) Revolutionary new blood test could spare men with prostate cancer from months of gruelling chemotherapy (Daily Mail 11th August)

A revolutionary new blood test promises to

spare men with prostate cancer from months of gruelling chemotherapy. Scientists at the Institute of Cancer Research in London have used the new test to analyse tumours in greater detail than ever before by filtering cancer cells from the blood. The test enables them to spot when prostate cancer is beginning to evolve to become resistant to chemotherapy. This allows them to quickly switch to other treatments such as hormone drugs or immunotherapy.

At the moment most chemotherapy is only stopped when cancer symptoms start to get worse - a sign that the tumour has evolved and is starting to spread again. But this means men can undergo months of debilitating treatment which is not actually working. The new test is one of the first 'liquid biopsies' experts think will revolutionise the treatment of cancer.

Study leader Professor Johann de Bono said: *'Using the new blood test before, during and after treatment will allow us to keep a close eye on the way a person's cancer evolves in response to drugs. [It] could allow us to detect treatment failure at an earlier stage, so we can switch people with advanced prostate cancer to treatments more likely to work.'*

Eventually this technology could enable doctors to accurately target cancers according to their genetic make-up, to closely monitor tumours as they evolve, and to switch drugs if cancer becomes resistant to certain treatment. Experts believe patients will be able to skip unnecessary chemotherapy, the NHS will save hundreds of millions of pounds, and thousands of lives will be saved as drugs become more accurate.

The new test captures tumour cells in the blood - offering a detailed insight into their genetic make-up. Until now that degree of insight has only been possible by taking biopsy samples - a painful procedure. As they are invasive, biopsies cannot be done often, meaning if the cancer mutates, it can take

months to be noticed.

The new blood test, in comparison, takes 90 minutes, meaning doctors can repeat it every few days, and can instantly tell what the cancer is doing. Doctors struggled to do this before as solid tumours, such as prostate cancer, are relatively stable so do not shed many cells into the blood stream.

The team today publish the results of the first use of the test on 14 men with advanced prostate cancer at the Royal Marsden NHS cancer hospital. The findings, in the *Clinical Cancer Research* medical journal, showed some 12,500 cancer cells were extracted per sample, compared with 167 by usual methods.

The team found they could even use these cells to start growing 'mini-tumours' - allowing them to carry out tests to see which drugs work. Professor de Bono is now embarking on a bigger trial on 1,000 men. He said: *'This could stop chemotherapy probably two courses earlier.'*

4) Immunotherapy could offer hope for some men with aggressive prostate cancers. (The Institute of Cancer Research (ICR) website)

A group of men with especially aggressive prostate cancer may respond unusually well to immunotherapy, a major new study reports. The research offers the possibility of effective treatment for men with prostate cancer who currently die from their disease much more rapidly than other patients - with clinical trials already starting.

An international team led by scientists at ICR, London, and the Dana-Farber Cancer Institute in the US showed why some men with advanced prostate cancer have much worse survival than others. Their research found that men with prostate cancer who have specific faults in their tumours that make their DNA error-prone and unstable survive only half as long as other men with advanced disease.

And the findings have exciting implications for treatment - with the researchers showing that

these unstable tumours are more likely to stimulate an immune response than other cancers. That should make patients with these aggressive prostate cancers particularly good candidates for immunotherapy.

The new study, published (4/9) in the Journal of Clinical Investigation, looked at 127 tumour biopsies from 124 patients and genomic information from a further 254 patients acquired by the Prostate Cancer Foundation/Stand Up to Cancer International Prostate Cancer Dream Team.

The team found that 8.1 per cent of men with advanced prostate cancer had evidence of mismatch repair mutations in their tumours. Cancers with 'mismatch repair' gene mutations can't correct single-letter mistakes in their DNA code properly and so are genetically unstable. They acquire more and more mutations as they grow and rapidly evolve drug resistance - which is why new treatment approaches are so badly needed.

But the researchers suspected these ultra-mutant cancer cells might be particularly easy for the immune system to recognise, since they will look different from healthy cells. They looked at the levels of a protein called PD-L1 on the surface of cancer cells as a way of indicating the likely response to checkpoint inhibitor immunotherapy.

Targeting PDL-1 activity with an immune checkpoint inhibitor takes the 'brakes' off the immune system, setting it free to attack cancer cells. The researchers found that half of tumours with mismatch repair mutations had high levels of PD-L1, compared with only 9.8 per cent without these mutations - making men with these tumours much more likely to benefit from a checkpoint inhibitor drug.

They also found that over half of tumours with mismatch repair mutations had been invaded by T cells from the patient's immune system - another indicator that immunotherapy may well be effective. The researchers are now developing tests to identify men with

mismatch repair mutations in their tumours.

Based on these results, new clinical trials led by ICR and The Royal Marsden are testing the effectiveness of checkpoint inhibitor immunotherapies in this group of patients.

Study leader Professor Johann de Bono, Regius Professor of Cancer Research at ICR, London, and Consultant Oncologist at The Royal Marsden NHS Foundation Trust, said:

"Our study found that some men with advanced prostate cancers have genomic mutations in their tumours that make the disease unstable, aggressive and resistant to standard therapies.

These men with 'mismatch' repair mutations only live about half as long as others who also have advanced prostate cancer but whose tumours don't carry such mutations.

We made an exciting step forward in working out how to treat men with such aggressive, unstable tumours. We discovered that tumours with mismatch repair mutations have key hallmarks which make them particularly likely to respond to checkpoint inhibitor immunotherapy.

We are now developing tests that could pick out patients with these mutations, and we're running new clinical trials to see if immunotherapy can offer new hope for these men."

Professor Paul Workman, Chief Executive of ICR, London, said:

"We are seeing a revolution in cancer treatment as immunotherapy becomes an important option for many types of the disease. Immunotherapy is an unusual treatment in working best in cancers that have a lot of mutations. Prostate cancers normally tend to have fewer mutations than other cancer types, which may be why immunotherapy has so far only been successful in a small minority of patients.

This new study is exciting in providing a way to pick out those men with prostate cancer who have the most aggressive, unstable disease and the worst survival - but who conversely might

be the best responders to immunotherapy. It will be fascinating to see whether we can translate the theory into practice in the new clinical trials to test out immunotherapy in men with genetically unstable tumours."

5) Surgeon takes prostate cancer screening to the community

(Report from pharmafield.co.uk 14/8/18 and fightingprostatecancer.co.uk)

Surgeon Jyoti Shah won't let men die of embarrassment. Instead of waiting for patients to come to her, she goes out and gets them. Miss Jyoti Shah, consultant urological surgeon at Burton Hospitals Foundation Trust, created an award-winning project that goes to football grounds and town halls to offer men the chance to be tested.

What's the Inspire Health campaign about?

Prostate cancer is the most common cancer in men but awareness is poor. Men are also reluctant to seek medical attention - because of fear or embarrassment, or they say they were too busy to go to the GP. I was doing talks to raise awareness but it wasn't enough. I spoke to my colleague Sarah Minns, a Macmillan Urology advanced nurse practitioner, and said let's set up a community clinic. We didn't wait for permission, we went under the radar and just made it happen in our spare time.

Burton Albion football club is at the heart of our West Midlands community. I approached the chairman to see if we could do screening at the ground. In March 2016 we ran 10 days of awareness, with coverage in the local paper, profiling treatments such as radiotherapy, surgery, chemotherapy, showing people that you can treat prostate cancer - there's a life beyond diagnosis. It all led up to the clinic at the Pirelli Stadium, where we saw 113 men and found eight cancers.

How does it work?

Volunteers help us to run the sessions. There are usually 100 men over two days. Sarah takes bloods for prostate specific antigen (PSA) testing, I take a full medical history, then carry out an examination. Derbyshire Blood Bikes collect our samples for the lab. I get home, have a quick shower, then I'll call back

anyone whose examination was abnormal and ask them to come and see me in hospital for further tests including a biopsy, usually within a week. I also call in everyone whose PSA test is abnormal.

I write to every patient, and their GP, explaining the results and my recommendations. Two-thirds of the men diagnosed with cancer were picked up on examination, not PSA testing.

How many men have you seen?

Nearly a thousand. We've held screening sessions anywhere from town halls to masonic lodges. The freemasons were all dressed in their regalia and we were led in by procession. Women are usually not allowed in so it's a great privilege.

How do you cover the costs?

Sarah and I don't charge for our time or travel and the venues are free. I've dropped two of the sessions I work a week, taking a pay cut. I also need time to follow up and analyse results. I make this up to the trust by doing extra sessions. Consumables such as blood bottles, syringes, cotton wool cost about £4.50 a head. I don't fundraise, but people donate. One of my patients raised £700 from his fishing club, someone else held a raffle and gave £400.

We are booked up every month until July next year.

That's quite a commitment.

I've found something that I truly believe in, and if I do something, I have to do it properly. I've had criticism - because there's no national screening programme I'm seen as doing something that's not recommended.

But I've raised awareness on a massive scale. I gave a talk at the Jalaram (Hindu) Temple in London to 500 people in June. As an Indian woman, going into the Asian community was crossing a barrier - prostate cancer is a taboo subject - but they welcomed me with open arms.

We won the regional stage of the NHS 70 Parliamentary awards and we were shortlisted for the national finals. It's very humbling, but most of all the Inspire Health campaign means 950 men are reassured and we have saved 47 lives by spotting their prostate cancer. You

can't buy that.

Do you think the NHS should create a national screening programme?

With PSA screening alone, the numbers needed to test to save one life are massive. And I'm not sure how feasible it would be to replicate what we are doing around the country. It's expensive to have urologists or surgeons and all the kit in the community. But we are building the evidence; we presented a poster on our work at the annual scientific meeting of the British Association of Urological Surgeons (BAUS) in June.

Did you always want to be a surgeon?

I was discouraged from pursuing a career in medicine by my school in west London - no-one from there had ever gone on to study medicine - by my father and by my community. They said why not do a pharmacy degree and open a shop? But I've always had self-belief. This is not a job, it's a vocation, it's my life.

Very inspirational person and interesting concept (DG)

6) Prostate breakthrough with simple blood test could spare thousands of men from surgery and radiotherapy (Daily Mail 29/8)

Scientists have discovered a gene that determines whether a prostate tumour is aggressive or relatively harmless - potentially paving the way for a blood test that will accurately forecast whether it could become deadly. This would help doctors decide the best course of action for treatment, while ensuring rapid attention for those whose lives are most at risk.

Scientists found men with prostate cancer who had an active version of a gene called ANO7 were 18 times as likely to die from their disease. The new findings, published in the International Journal of Cancer, mean in future genetic testing could fulfil the as-yet 'unmet need' of diagnosing aggressive forms early on.

The researchers studied DNA from more than 1,700 prostate cancer patients and a comparable number of healthy men to look for genetic mutations associated with the disease.

Study leader Dr Johanna Schleutker, from the University of Turku in Finland, said: 'We found that small genetic changes to the ANO7 gene increase a patient's risk of aggressive prostate cancer. Genetic testing for ANO7 could help identify these patients sooner and may bring new opportunities for precision oncology in prostate cancer.'

The function of ANO7 is not fully understood, but further research could also lead to new ways to treat the disease.

Dr Helen Rippon, chief executive of the Worldwide Cancer Research charity, which helped fund the study, said: 'Those with the more aggressive forms of prostate cancer have the bleakest outcome, but if we can devise tests to diagnose them early on, we can do more to ensure they receive the best possible treatment.'

The breakthrough could lead to one of the first in a series of 'liquid biopsies' that experts hope will revolutionise the treatment of cancer.

News in brief:

1) Artificial intelligence (AI) stopped prostate cancer spreading by continually assessing a patient's response to drugs and then readjusting the doses (Daily Mail 31/8)

- An unnamed patient was given an experimental drug and approved medication
- AI continuously assessed how well the patient responded to the drug
- The medications' doses were adjusted according to the AI's findings
- Dose changes caused cancer markers in his blood to reach their lowest ever
- CT scans also revealed the patient's tumours had not spread any further

2) A new advanced ultrasound imaging technique is being combined with AI to improve the detection of prostate cancer. (The Engineer 10/9)

- Operating at 29 MHz, ExactVu is an

imaging tool from Toronto-based Exact Imaging that harnesses ultrasound at a microscopic level.

- It provides a 300 per cent resolution improvement on conventional ultrasound, allowing urologists to better target biopsies for prostate cancer treatment.
- Exact Imaging has now teamed up with the Cambridge Consultants, with the UK technology firm developing an AI to assist with identifying suspicious areas where cancer may be present.

BPH information

Steam treatment for big prostates approved on NHS (reported on BBC News, etc.)

The NHS can start offering a new steam treatment for benign prostate enlargement, says the regulator, the National Institute for Health and Care Excellence (NICE).

It is the latest of several minimally invasive procedures for the treatment of benign prostatic hyperplasia (BPH) and can be done under local anaesthetic without an overnight hospital stay. It involves passing a small probe up the urethra to inject a puff of steam into the troublesome area. The steam kills off some of the enlarged tissue to ease symptoms. The dead cells are reabsorbed by the body.

The steam treatment, called Rezum, is an alternative to invasive surgery and is said to have fewer side-effects, such as impotence and incontinence.

Prof Richard Hindley, Consultant Urologist at Hampshire Hospitals, has been providing the treatment to some of his patients, with "very good results".

"The treatment involves a tiny water droplet being heated to 103C and then injected via the urethra into the prostate," he said. "It can be performed quickly, with each procedure taking less than 20 minutes. The number of injections required is titrated according to the size of the gland."

Prof Kevin Harris from NICE, said: "Approving this procedure gives men the chance to talk to their clinician about which is right for them."

Follow-up to my HOLEP procedure:

My post-HOLEP PSA level has reduced from 3.2 to 0.9 and I queried this at my recent follow-up appointment in Wrexham. The Consultant explained that they had removed quite a bit of tissue to relieve the pressure on my urethra (which has certainly made things a lot easier). Unlike the steam treatment above, the tissue is sent off for analysis and in my case was benign. We are really pleased with that outcome. If anyone would like to ask about this please get in touch. (DG)

Diet protocol menus:

Following the article in the June 2017 newsletter here are two more suggestions from Gill.

LAZY LASAGNE

(Serves 4 people)

INGREDIENTS.

400g Lean Beef Mince.

2 Large Carrots, peeled and diced.

295g Can Condensed Tomato Soup.

150g No-Pre-Cook Lasagne Sheets (NOT Wholewheat Lasagne)

1 Tablespoon Worcestershire Sauce.

1 Teaspoon Mixed Dried Herbs.

Garlic Salt (Optional).

For the Sauce:

300ml Semi-Skimmed Milk.

3 Tablespoons Cornflour.

60g Grated Cheddar Cheese.

$\frac{1}{2}$ Teaspoon Mustard Powder.

METHOD.

Pre-heat oven to 170 degrees Fan/Gas Mark 5.

Heat a large non-stick frying pan and spray with low-cal aerosol cooking spray. Fry the mince until no longer pink and the grains are separated, add the diced carrot, the Worcestershire sauce, the diluted can of condensed tomato soup (use 125ml water OR red wine), the dried mixed herbs and garlic powder, if used. Simmer for a few minutes. Make the cheese sauce by warming all but 2 tablespoons of the milk, blend the cornflour with the remaining milk and stirring all the time cook gently until thickened. Season, and

add the cheese and mustard. Stir again.

Put a layer of mince mixture in an ovenproof dish, cover with a layer of lasagna sheets, then another layer of mince. Repeat until all mince and lasagna are used up. Pour over the cheese sauce and bake for 40mins until golden and tender. An extra sprinkling of grated Cheddar OR Parmesan cheese can be scattered on top approx. 10mins before the end of the cooking time.

CARROT AND ORANGE CAKE.

Cuts into 12 slices.

INGREDIENTS.

100g Soft Sunflower Margarine.

100g Golden Caster Sugar.

3 Eggs, beaten.

175g Carrots (peeled and finely grated) N.B.

Take these away from your daily allowance.)

225g Self-Raising Flour.

1 Teaspoon Baking Powder.

1 Teaspoon Mixed Spice.

2 Teaspoons finely grated Orange Rind.

Pinch Salt.

For The Topping;

175g Low Fat Soft Cheese.

1 Tablespoon Icing Sugar.

METHOD.

Pre-heat oven to 160 degrees Fan/ Gas Mark 4. Grease and line a 8" (20 cm) cake tin and line with greaseproof paper. Warm the margarine and sugar together over a low heat until the sugar has dissolved. Cool slightly. In a large bowl, combine the eggs, carrots, melted margarine and sugar. Sift in the flour, salt, baking powder and mixed spice. Add the orange zest and mix well. Transfer to the tin, level the surface and bake for about 70mins until firm and a skewer comes out clean. Cool for 10mins then turn out onto a wire rack to cool completely. Meanwhile beat the soft cheese and icing sugar together and spread over the top of the cake. Sprinkle with a little extra orange zest, if desired. Cake will keep in a refrigerator for 2-3 days.

(Thanks again Gill).

Best wishes on behalf of the Chair and Trustees of TWWPCaSG. *David.*

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