East Lancashire Prostate Cancer Support Group Newsletter

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What's Inside

Guest Speaker Paula Hewitt from Prostate Cancer UK

Don't forget Next Meeting 5th June 2014

Hope to see you there!

Blood type influences prostate cancer relapse, study shows

Prostate cancer less likely to reoccur in group O than group A, says Tokyo Medical University

8:15AM BST 14 Apr 2014 By Telegraph Staff

A man's blood group has been shown to significantly influence the chance that prostate cancer will return after successful surgery.

Men with group O blood are far less likely to suffer a recurrence of the disease following surgical intervention.

By contrast, men with blood group A were shown by new research to be 35% more likely to fall victim to the disease again, even after surgery.

Prostate cancer is the most common form of cancer in European men and 40,000 cases are diagnosed in Britain annually.

Study author Dr Yoshio Ohno, of Tokyo Medical University, said: "This is the first "As yet, we don't know why the risks vary with blood group, but this work may guide us towards new avenues of molecular research on prostate cancer progression.

"Should we be counselling people with certain blood groups that they have a greater or lesser chance of recurrence, and should these risk factors be built into decisions on treatment?"

The new research, presented at the European Association of Urology's (EAU) annual congress in Stockholm this week, tracked 555 patients with prostate cancer between 2004 and 2010.

An individual's blood group is determined by the presence of different antigens and antibodies. Antigens and antibodies serve as the blood's defences against foreign substances.

Group O blood is the most common in the UK with 44% of the population estimated to have the type. Roughly 42% of Britons have group A blood.

Previously, different blood groups have been associated with different risk levels for developing certain cancers, such as gastric and pancreatic cancers.

EAU general secretary Professor Per-Anders Abrahamsson said: "This is an interesting first finding. There is great geographical variation in the incidence of prostate cancer, so there are obviously strong genetic factors at play.

"Blood groups have already been shown to be associated with prostate cancer incidence, now it looks like they might be associated with treatment outcomes as well."

The Telegraph

New biopsy method shows prostate cancers considered 'low risk' may be anything but.

UCLA Newsroom Kim Irwin May 20 2014

More and more men who have low-risk prostate cancers are forgoing treatment and opting for active surveillance, in which their tumors are closely monitored with PSA tests, digital rectal exams and ultrasounds at regular intervals.

Nearly 400 men are now enrolled in the UCLA active surveillance program, the largest in Southern California.

However, according to a new UCLA study, the selection of men for active surveillance should be based not on the widely used conventional biopsy method but on a new image-guided, targeted prostate biopsy. The new method, pioneered by a multidisciplinary team on the Westwood campus, is now a routine part of the UCLA's surveillance program.

The researchers found that conventional "blind" biopsy failed to reveal the true extent of presumed low-risk prostate cancers; when the targeted biopsy was used, more than a third of the men in the study were found to have more aggressive cancers than they thought. Their aggressive cancers were not detected by conventional blind biopsy using ultrasound alone, and the men were referred to UCLA's active surveillance program thinking they were at no immediate risk.

The study appears in the May 19 issue of the peer-reviewed Journal of Urology.

The targeted biopsy method, known as a fusion biopsy, has been under study at UCLA since 2009. It combines MRI with real-time ultrasound in a device known as the Artemis. Previous work from UCLA demonstrated the value of the new procedure in finding cancers in men with rising prostate-specific antigen levels who had negative conventional biopsies. This study is the first to show the value of using it early in the selection process for men interested in active surveillance.

"These findings are important, as active surveillance is a growing trend in this country," said the study's senior author, Dr. Leonard Marks, a professor of urology and director of the UCLA active surveillance program. "It's an excellent option for many men thought to have slow-growing cancers. But we show here that some men thought to be candidates for active surveillance based on conventional biopsies really are not good candidates."

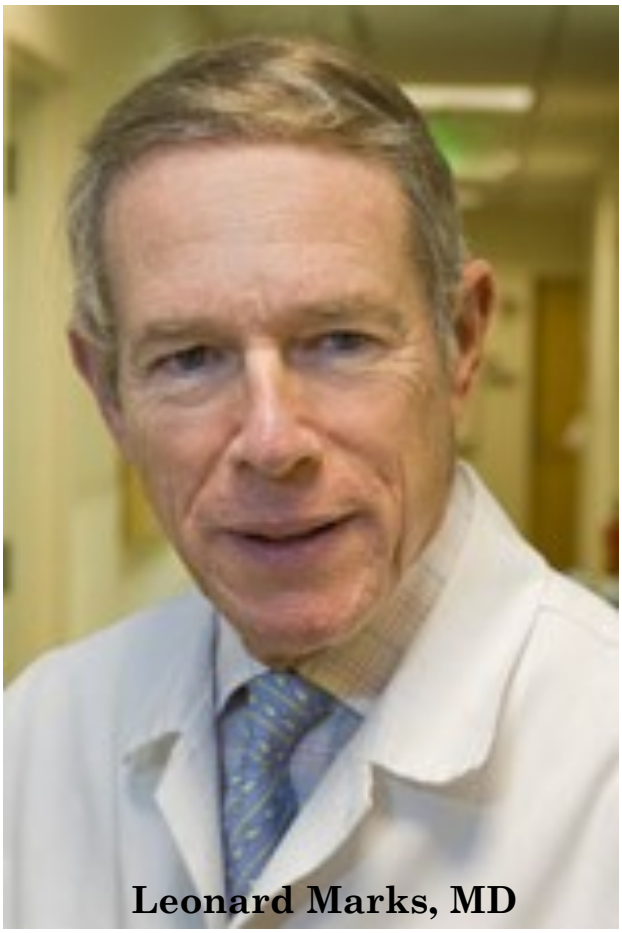
Marks and his team identified 113 men enrolled in the UCLA active surveillance program who met the criteria for having low-risk cancers based on conventional biopsies. Study volunteers underwent an MRI to visualize the prostate and any lesions. That information was then fed into the Artemis device, which fused the MRI pictures with real-time, three-dimensional ultrasound, allowing the urologist to visualize and target lesions during the biopsy.

"Prostate cancer is difficult to image because of the limited contrast between normal and ma-

lignant tissues within the prostate," Marks said. "With the Artemis, we have a virtual map of the suspicious areas placed directly onto the ultrasound image during the biopsy. When you can see a lesion, you've got a major advantage of knowing what's really going on in the prostate."

Of the 113 volunteers enrolled in the study, 41 men (36 percent) were found to have more aggressive cancer than initially suspected, meaning they were not good candidates for active surveillance. The findings should result in a reevaluation of the criteria for active surveillance, Marks said.

"We are hesitant now to enroll men in active surveillance until they undergo targeted biopsy," he said. "Fusion biopsy will tell us with much greater accuracy than conventional biopsy whether or not they have aggressive disease."



Leonard Marks, MD

Michael Lewis, 70, of Channel Islands Harbor, California, had a slightly elevated PSA, but was told after a conventional biopsy that he had no cancer. Six months later, his PSA had jumped 50 percent and he was given another biopsy, which again found no malignancy. A third biopsy showed a tiny amount of cancer, which qualified him for active surveillance at UCLA.

However, six months later, as part of this study, a targeted biopsy revealed more cancer in Lewis' prostate than originally suspected. Despite what he thought at first, he had an aggressive tumor.

"It was a shock. No one wants to hear they have cancer," said Lewis, who recently finished stereotactic body radiation therapy at UCLA. "With the targeted biopsy system, we were able to find my cancer early. It might have been missed otherwise — it actually was missed. Before I came to UCLA, I was told I didn't even have cancer. I could have been dead, simple as that. Frankly, I owe my life to UCLA."

Lewis' prognosis is good, Marks said, because the cancer was detected early. Had he continued to receive conventional biopsies, the cancer may have spread before it was detected.

Prostate cancer is the most frequently diagnosed cancer in men aside from skin cancer. An estimated 233,000 men in the United States will be diagnosed with new cases of prostate cancer in 2014. Of those, nearly 30,000 will die.

"For men initially diagnosed with low-risk prostate cancer, MRI–ultrasound confirmatory biopsy, including targeting of suspicious lesions seen on MRI, results in frequent detection of tumors," the study states. "These data suggest that for men enrolling in active surveillance, the criteria need be re-evaluated to account for the risk inflation seen with targeted prostate biopsy."

On the other hand, Marks said, for men with a negative targeted biopsy, a degree of reassurance is provided that is much greater than that offered by the older, blind biopsy method.

The study was funded by the National Cancer Institute (RO1CA158627), the Beckman Coul-

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.

Men with prostate cancer 'falsely' told it is not aggressive

Men with prostate cancer being given 'false hope' by tests that underestimate severity of disease

By Laura Donnelly, and agencies
12:01AM BST 11 Apr 2014
Up to half of men diagnosed with prostate cancer are being given "false hope" by tests that are underestimating the severity of their disease, according to the authors of a new study.
The research by Cambridge University found that 50 per cent of men who were reassured that their disease was slow-growing and confined to the prostate in fact turned out to have more dangerous tumours.
In addition, in one third of cases, the biopsies used to establish the severity of disease did not even detect that it had spread beyond the prostate, the major study found.
Prostate cancer is the most common form of cancer among men, with more than 40,000 diagnoses a year in the UK, and 10,000 deaths.
When disease is found, doctors undertake biopsies to see whether it is slow-growing - and in some cases could simply be monitored - or whether it is the aggressive form requiring the most urgent treatment.

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The Cambridge scientists compared the staging and grading of more than 800 patients with cancer, before and after they had surgery to remove their prostate. They found that of 415 patients

whose cancer had been classified as slow-growing and confined to the prostate, 209 were found to have a more aggressive disease than originally thought when assessed after surgery.

In almost one third of cases, the cancers which had been thought to be local had in fact spread beyond the prostate gland.

The new findings, published in the British Journal Of Cancer, call into question the ability of experts to grade and stage prostate cancers on the basis of biopsy samples.

They also cast doubt on the "active surveillance" strategy of simply monitoring men with slow-growing prostate cancer, who often receive no treatment until tests show that their condition has worsened.

Urological surgeon Greg Shaw, from the Cancer Research UK Cambridge Institute, said: "Our results show that the severity of up to half of men's prostate cancers may be underestimated when relying on tests before they have surgery.

"This highlights the urgent need for better tests to define how aggressive a prostate cancer is from the outset, building on diagnostic tests like MRI (magnetic resonance imaging) scans, and new biopsy techniques which help to more accurately define the extent of the prostate cancer."

"Whilst active surveillance would seem to be a safe approach for some men, nearly a third will end up needing surgery or radiotherapy within five years," he warned.

Slow-growing prostate cancers, known as "pussycats", are very different from the more aggressive and dangerous "tiger" variety.

In some cases, especially among older men, patients can live a normal life span before a "pussycat" cancer becomes a threat.

An aggressive "tiger" may quickly spread if it is not surgically removed or destroyed using radiotherapy or hormone treatment.

All men over the age of 50 are entitled to NHS screening which can indicate an inceased risk of prostate cancer,

However, there has long been debate over the value of Prostate Specific Antigen (PSA) blood marker tests, because high and low PSA readings do not necessarily indicate whether or not cancer is present.

Dr Iain Frame, Director of Research at Prostate Cancer UK said: "Accurate prostate cancer diagnosis continues to be one of the biggest challenges facing the disease today. The results of this study highlight yet again that existing tests cannot provide a precise picture of the aggressiveness of a man's cancer, often leaving men and their doctors to make difficult decisions about treatment without all the facts."

He said that until there were better tests, it was important that patients had an opportunity to discuss the pros and cons of every treatment option available with their doctor.

Professor Malcolm Mason, Cancer Research UK's prostate cancer specialist, said: "At the moment the biopsy, MRI and PSA tests that we use to assess the severity of prostate cancers are the best methods we have but, as this study shows, they don't always get it right.

"Despite the limitations that this study shows, all evidence so far points to active surveillance being safe provided men are carefully selected. But we need better methods of assigning a grade and stage so that no man has to unnecessarily undergo treatment, while at the same time making sure we detect and treat the cancers that really need it."

The Telegraph