

East Lancashire Prostate Cancer Support Group Newsletter



Volume3

Issue9

Date September 2014



What's Inside

Hypofraction- P1 P2 P3
ated radia-
tion therapy

Guess who the P3
future Urolo-
gist will be?

Cockroach P4
Analogy

Prostate can- P5
cer awareness
day: Nelson

Absent Members

Sadly on the 15th
August 2014

Bill Banfield died.

Our thoughts are with
his wife Terasa at
this sad time

*Prostate cancer patients
who receive
hypofractionated radiation
therapy report consistent
quality of life before and
after treatment*

San Francisco, Sep-
tember 15, 2014

Prostate cancer pa-
tients who received
hypofractionated
(HPFX) radiation
therapy (RT) re-
ported that their
quality of life, as
well as bladder and
bowel function were
at similar levels be-
fore and after RT,
according to re-
search presented
today at the Ameri-
can Society for Ra-
diation Oncology's
(ASTRO's) 56th An-
nual Meeting. Addi-
tionally, results in-
dicate that parallel
quality of life out-
comes occurred be-
tween groups of pa-

tients who receive
different regimens of
HPFX RT.

The phase I/II trial
enrolled 343 patients
with low-to-
intermediate risk
prostate cancer at
five institutions from
2002 to 2010 to
study the effective-
ness of HPFX RT, as
well as the patients'
ability to tolerate the

treatment. HPFX RT
is radiation therapy
in which the total
dose of radiation is
divided into large
doses and adminis-
tered over a shorter
period of time (fewer
days or weeks) than
standard RT.

All of the patients
received intensity-
modulated radiation
therapy (IMRT) to



the prostate and base of the seminal vesicles. IMRT is an advanced high-precision RT that uses guided imaging techniques to deliver well-defined radiation doses to a tumor or specific areas within the tumor. IMRT allows for the radiation dose to conform more precisely to the three-dimensional shape of a tumor while minimizing radiation to surrounding tissues.

Patients were divided into three groups based on dose-per-fraction schedules (the amount of radiation administered during each RT session). Researchers calculated and designed the three different HPFX regimens in hopes that each might achieve similar disease control and consistently minimal side effects for patients. Group One's HPFX levels were 64.7 Gy total, with 22 fractions (doses) of 2.94 Gy each. Group Two's HPFX levels were 58.08 Gy total, with 16 fractions (doses) of 3.63 Gy each. Group Three's HPFX levels were 51.6 Gy total with 12 fractions (doses) of 4.3 Gy each.

Researchers evaluated the impact each treatment regimen had on the quality of life of patients, and all patients completed three quality-of-life (QOL) questionnaires at baseline and annually for up to three years post-treatment. Patient assessments measured bladder, bowel and sexual function, and included the Fox Chase Bowel/Bladder Toxicity questionnaire, the Spitzer Quality of Life Index (SQLI) questionnaire and the International Index of Erectile Function (IIEF) questionnaire.

Analysis of patient-scored QOL bowel data at three years post-treatment revealed no significant difference in average pre- to post-treatment score changes. Additionally, there was little difference in composite QOL outcomes across the three groups. Out of a maximum score of 100, the scores were 86.3 for Group One; 87.7 for Group Two; and, and 85.4 for Group Three ($p=0.469$). Similarly, QOL data regarding bladder function at three years follow-up was comparable across the three groups. Out of a maximum score of 100, the scores were 79.5 for Group One; 82.5 for Group Two and 81.1 for Group Three ($p=0.343$).

The SQLI data, which has a range of 0-10, revealed excellent, similar three-year mean scores of 9.5 for Group One; 9.8 for Group Two and 9.5 for Group Three ($p=0.188$). IIEF data on sexual function also revealed no significant difference across HPFX levels at three years post-treatment when assessing erectile function ($p=0.07$), orgasmic function ($p=0.078$), sexual desire ($p=0.231$), intercourse satisfaction ($p=0.354$) and overall satisfaction ($p=0.191$). All measures except intercourse satisfaction were significantly worse at three years when compared to baseline for all three treatment groups.

"These results will significantly contribute to the continued understanding of hypofractionation in the setting of prostate cancer," said lead author Jeffrey V. Brower MD, PhD, a radiation oncology resident at the University of Wisconsin Hospital and Clinics. "We were pleased by the overall minimal changes from baseline noted in the study participants following hypofractionated radiation. The findings of non-statistically significant differences noted when comparing hypofractionation regimens was as anticipated, as much work was done to calculate 'equivalent' doses and to predict late toxicities. Specifically, with regard to patient-reported quality of life outcomes, our research can assist in a continued paradigm shift concerning the role of hypofractionation in the treatment of prostate cancer, resulting in shorter treatment times and improved quality of life for our patients."

The abstract, "Quality of Life Outcomes from a Phase I/II Multi-institutional, Dose-per-Fraction Escalation Trial for Prostate Cancer," will be presented in detail during a scientific session at ASTRO's 56th Annual Meeting at 4:15 p.m. Pacific time on Monday, September 15, 2014. To speak with Dr. Brower, please call Michelle Kirkwood on September 14 – 17, 2014, in the ASTRO Press Office at the Moscone Center in San Francisco Center at 415-978-3503 or 415-978-3504, or email [Michelle Kirkwood](mailto:Michelle.Kirkwood@astro.org).

ASTRO's 56th Annual Meeting, to be held at the Moscone Center in San Francisco, September 14-17, 2014, is the nation's premier scientific meeting in radiation oncology. The 2014

Annual Meeting is expected to attract more than 11,000 attendees including oncologists from all disciplines, medical physicists, dosimetrists, radiation therapists, radiation oncology nurses and nurse practitioners, biologists, physician assistants, practice administrators, industry representatives and other health care professionals from around the world. Led by ASTRO President Bruce G. Haffty, MD, FASTRO, a radiation oncologist specializing in breast cancer, the theme of the 2014 Meeting is “Targeting Cancer: Technology and Biology,” and the Presidential Symposium, “Local-regional Management of Breast Cancer: A Changing Paradigm,” will feature Jay R. Harris, MD, FASTRO, and Thomas A. Buchholz, MD, FASTRO, to highlight recent practice-changing, landmark studies and current developments in the local-regional management of breast cancer. ASTRO’s four-day scientific meeting includes presentation of up to four plenary papers, 360 oral presentations, 1,862 posters and 144 digital posters in more than 50 educational sessions and scientific panels for 20 disease-site tracks. Three keynote speakers will address a range of topics including oncologic imaging, biology and targeting in oncology, and human error and safety concerns: Hedvig Hricak, MD, PhD, Chair of the Department of Radiology and the Carroll and Milton Petrie Chair at Memorial Sloan Kettering Cancer Center; Frank McCormick, PhD, FRS, DSc (hon), Professor Emeritus and the David A. Wood Distinguished Professor of Tumor Biology and Cancer Research of the University of California at San Francisco Helen Diller Family Comprehensive Cancer Center; and Sidney Dekker, PhD, MA, MSc, Professor and Director of the Safety Science Innovation Lab at Griffith University, Brisbane, Australia.

About ASTRO

ASTRO is the premier radiation oncology society in the world, with more than 10,000 members who are physicians, nurses, biologists, physicists, radiation therapists, dosimetrists and other health care professionals that specialize in treating patients with radiation therapies. As the leading organization in radiation oncology, the Society is dedicated to improving patient care through professional education and training, support for clinical practice and health policy standards, advancement of science and research, and advocacy. ASTRO publishes two medical journals, International Journal of Radiation Oncology • Biology • Physics (www.redjournal.org) and Practical Radiation Oncology (www.practicalradonc.org); developed and maintains an extensive patient website, www.rtanswers.org; and created the Radiation Oncology Institute (www.roinstitute.org), a non-profit foundation to support research and education efforts around the world that enhance and confirm the critical role of radiation therapy in improving cancer treatment. To learn more about ASTRO, visit www.astro.org.

Media Contacts

Michelle Kirkwood

703-286-1600



*Which of these Kids
is likely to land up
as a urologist?*

Cockroach Analogy

Prostate cancer is similar to finding a cockroach in the middle of your kitchen table. You panic, knowing that where there is one there are probably more and they do multiply. You call several exterminators.

The surgeon recommends removal. He'll use a chain saw and remove the kitchen from the rest of the house and repair the plumbing as best he can with what remains.

The external beam radiation exterminator wants to stand outside the kitchen and blast away with a twelve gauge shot gun hoping he will miss the plumbing.

The seed implant exterminator is really slick. He just wants to drill holes in the wall and toss in grenades.

The cryosurgery exterminator wants to drill holes in the walls and pump in liquid nitrogen, hoping he doesn't freeze the plumbing.

The hormone guys.. well they just want to pump in sleeping gas. Knowing all too well that in a couple of years the cockroaches will wake up pissed off and hungry.

Chemotherapy boys will offer to poison everything in the kitchen and will promise you that if you eat the poison they will give you an antidote which may or may not work.

The alternative medicine people will give you a bit of eye of newt and toe of frog plus a couple of other exotic ingredients and hope to hell that chases the cockroaches away.

And then there are the watchful waiting folks, some of whom are not real sure that there was a cockroach and some of whom think it may have been just an old bachelor 'roach with no kids that they saw.

The active surveillance men are a little different - they set up their equipment color dopplers, infra-red cameras - ready to pounce on those pesky cockroaches if they ever show themselves again.



Now if there is only the one cockroach the odds are good - you can get rid of the infestation. However if the little bugger laid eggs elsewhere or more of his buddies are lurking about in other places... well you get the picture. In any case, life in the kitchen will never be the same. One of these days an exterminator will come along who just swats the cockroach and puts out poison bait for the others!! You'll never know he was there. Until then good luck on your choice of exterminators, and low or non-existent PSA's to you all.

And remember - Don't take life too seriously.

You won't get out of it alive



Contact Information

Tel: 07548 033930
E Mail leondwright4@gmail.com

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.

Prostate cancer awareness day: Nelson Football Club

Hi Guys,

I have started supporting Nelson FC as my second team (and only when Burnley are playing away!) and they have asked me if I would organise an awareness day at their match on the 27th September (3.00pm kick off)

It's being backed by Prostate Cancer UK who in addition to supporting football league clubs are for the first time supporting non league clubs.

Last season Nelson were promoted into the premier division of the North West Counties League.

The match on the 27th is being billed as a Community Day and Prostate Cancer Awareness Day and the club are waiving their usual £6 entry fee...so its free to everyone and hopefully they will get a bigger than usual crowd.

I have agreed that we can have an information stand with leaflets/booklets etc and we can also do a bucket collection for PCUK.

There will be a feature in the match programme which I have provided and announcements on the clubs PA system.

PCUK and the club will also do a lot of pre match tweeting to promote the event.

I am writing to ask if any of you would like to come down on the day and support me....and can I use the gazebo and the support groups banners etc?

Also, can his event get a mention in the news letter?

John Heyworth (j17hey@live.com

ps Nelson, aka 'the admirals' were the first English team to beat Real Madrid!