

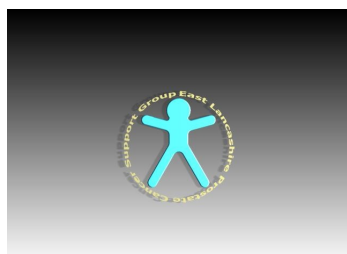
East Lancashire Prostate Cancer Support Group Newsletter



Volume5

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Resume in Oct



Long-term study shows active surveillance offers same 10-year survival rate as radiotherapy or surgery

Men who choose active surveillance have the same survival rate over 10 years as those choosing radiotherapy or surgery, according to new results from a trial that followed 1,500 men diagnosed with localised prostate cancer.

[The £39million trial by the University of Oxford](#), funded by the National Institute for Health Re-

search, began in June 2001 and randomly allocated men to one of three groups: active surveillance, radiotherapy or surgery. Over the next ten years, only half of the men who were on active surveillance went on to receive either radiotherapy or surgery. Across all groups, 99 per cent of the men survived over ten years regardless of their ini-

tial treatment decision.

Good news for men with localised prostate cancer

“These results bring good news for men diagnosed with prostate cancer before it has spread outside the prostate,” says Dr Matthew Hobbs, Deputy Director of Research at Prostate Cancer UK.

“At the moment, many men decide against active surveillance because of the uncertainty about the impact of that choice and the anxiety it causes. It is extremely reassuring to hear that, when it is performed to a high standard, men choosing active surveillance have the same chance of survival at ten years as men who choose surgery or radiotherapy.

“It is important that these results are explained to men with localised prostate cancer, so they can weigh up the positives and negatives of each option, including side effects and risk of cancer progression, and be confident that they have made the best choice for them.”

[Active surveillance](#) involves regular monitoring of men with PSA tests and MRI scans to look for signs that the cancer might be progressing before having radiotherapy or surgery. This allows men to avoid or delay experiencing the side effects of these more radical treatments, which include erectile dysfunction, urinary incontinence and bowel problems.

Active surveillance can be offered to men with stage I or II cancer – known as localised cancer, where it has not spread beyond the prostate – who account for just over half of men diagnosed. Many of these cancers may not develop further and spread to other parts of the body and so do not need to be treated. But we currently can't tell which man's cancer will progress to this deadly stage, and finding a way to do this is a great challenge for our [researchers](#).

This means that many men receive unnecessary treatment, experiencing the ensuing side effects, for a cancer that may never have affected them. By monitoring the cancer over time and only treating it when there are signs of progression, active surveillance can reduce unnecessary treatment. However, some men, and their doctors, fear that by waiting they might be at greater risk of death.

Huge discrepancy in survival for men diagnosed later

While the results of this trial will help to inform treatment decisions for men with localised cancer, Dr Matthew Hobbs cautioned that “only about half of the 47,000 men diagnosed with prostate cancer each year in the UK are caught at this early stage.

“While they have a 99 per cent chance of surviving for 10 years,” he says, “the latest figures show that only 22 per cent of men diagnosed at the latest stage live this long. This discrepancy demonstrates why we must do all we can to find more cancers at an early stage by raising awareness of the disease and funding research that will deliver better diagnosis.”

BBC

newsbeat

Hollywood actor Ben Stiller reveals he had prostate cancer but is now cancer-free

Hollywood actor Ben Stiller has revealed he was diagnosed with prostate cancer but is now cancer-free.

The star of *Zoolander* was diagnosed with a tumour in 2014.

He says he now wants to share his story to lend his support for a controversial test which saved his life.

In an article on Medium, Stiller described the moment of his diagnosis as "a classic Walter White moment, except I was me, and no-one was filming anything at all".

He wrote: "I got diagnosed with prostate cancer Friday, June 13 2014. On September 17 of that year I got a test back telling me I was cancer free.

"The three months in between were a crazy roller coaster ride with which about 180,000 men a year in America can identify."

Image caption Ben Stiller handed over a petition backing refugees to the UN Secretary-General in New York last month

He said that after he was diagnosed, he researched high-profile men who'd survived and died from the disease.

Prostate cancer: The facts

In the UK, about one in eight men will get prostate cancer. Older men, black men and men with a family history of the disease are more at risk.

The PSA is a test measuring the amount of a protein called prostate specific antigen in your blood.

Raised levels can be a sign of prostate cancer, but not necessarily: They can also indicate an enlarged prostate, or an infection.

Because it can throw up results which can cause unnecessary worry, and lead to further painful

procedures to test for cancer, doctors are careful about who they decide should take the test. You have the right to have a PSA test if you are over 50 and have talked it through with your GP or practice nurse.

If you are over 45 but have a higher risk of prostate cancer, you might want to talk to your GP about having a PSA test.

Your GP may not recommend the PSA test if you have other serious health problems which might cause more problems than prostate cancer.

"As I learned more about my disease (one of the key learnings is not to Google 'people who died of prostate cancer' immediately after being diagnosed with prostate cancer), I was able to wrap my head around the fact that I was incredibly fortunate.

"Fortunate because my cancer was detected early enough to treat. And also because my internist [doctor of internal medicine] gave me a test he didn't have to.

"Taking the [PSA test](#) (prostate-specific antigen test) saved my life. Literally. That's why I am writing this now."

The NHS says the PSA test is controversial because it's "unreliable" and "can suggest prostate cancer when no cancer exists (a false-positive result)".

It also says that while it can find aggressive prostate cancer that needs treatment, it can also find slow-growing cancer that may never cause symptoms or shorten life.

Ben Stiller says he isn't offering a scientific point of view on the test but says without it he wouldn't have been diagnosed as quickly as he was.

"The bottom line for me: I was lucky enough to have a doctor who gave me what they call a 'baseline' PSA test when I was about 46," he wrote.

"I have no history of prostate cancer in my family and I am not in the high-risk group, being neither - to the best of my knowledge - of African or Scandinavian ancestry. I had no symptoms.

"What I had - and I'm healthy today because of it - was a thoughtful internist who felt like I was around the age to start checking my PSA level, and discussed it with me.

"If he had waited, as the American Cancer Society recommends, until I was 50, I would not have known I had a growing tumour until two years after I got treated.

"If he had followed the US Preventive Services Task Force guidelines, I would have never gotten tested at all, and not have known I had cancer until it was way too late to treat successfully."

The actor says the test is criticised because it can lead to unnecessary "over-treatment" but says men should at least be given the option so they stand a chance of early detection.



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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.

Next Meeting 6th October 2016
2pm - 4pm
Mackenzie Centre
Burnley General Hospital

Sponsors

