

East Lancashire Prostate Cancer Support Group Newsletter



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Next Meeting 6th June 2019
2pm—4pm



BBC News Cancer campaigner Keith Cass who sold own funeral tickets dies

19 April 2019

**A cancer cam-
paigner who sold
tickets to his own fu-
neral in order to
raise more money
for charity has died.**

Keith Cass, 72, from Cardiff, who was diagnosed with prostate cancer in 2006, organised his "best and most different funeral" to raise £500,000.

Mr Cass died on Thursday night after the cancer spread to his bones.

His family posted a statement on the Facebook page of Mr Cass's charity the Red Sock Campaign saying "his valiant fight has sadly come to an end".

**Man sells tickets to
his own funeral**

They added: "We

would like to thank all of you who have reached out to Dad during these past difficult weeks; each and every message of support was a source of strength and reassurance to him.

"His tireless efforts to raise awareness and support others through the Red Sock Campaign will forever be remembered, and

the important work on this will continue as part of his legacy."P

Mr Cass's plans for his funeral involved 500 tickets to his funeral of different prices, with catering varying from lobster and champagne to beer and crisps.

Speaking in December when he released the tickets, the retired businessman said: "I remember when I was diagnosed and I thought that my time was up. I thought my life had gone.

"My thoughts were that I would never see another birthday and never see another Christmas. My three-year-old grandson will not remember me.

"But really it was just beginning."

Mr Cass was also awarded an MBE by Prince Charles for his work with the Red Sock Foundation, which he set up in 2007.



Prostate cancer could be treated with single dose of targeted Radiotherapy

<https://www.timesnownews.com/>

April 29th 2019

Researchers said this technique could offer an effective treatment that is convenient for patients and brings potential time and cost savings for hospitals

Washington DC: A new technique, in which a single high dose of radiation can be delivered directly to the tumour within a few minutes, is safe and effective for treating men with low-risk prostate cancer, recent findings suggested. The study was presented at the ESTRO 38 conference.

Radiotherapy traditionally involves a series of lower dose treatments that take place over several days or week. The new treatment is called high dose-rate brachytherapy and it delivers radiation via a set of tiny tubes.

Researchers said this technique could offer an effective treatment that is convenient for patients and brings potential time and cost savings for hospitals. The research was presented by Dr Hannah Tharmalingam "Brachytherapy, where we use temporary catheters to directly treat tumours, has already proved to be a good treatment for prostate cancer, both in terms of killing the cancer cells and minimising side effects. This usually means patients make four to six visits to the hospital for a series of lower dose treatments. We wanted to see whether we could get similar results but with just one high dose treatment, saving time for the patient and the hospital," said Dr Tharmalingam, one of the researchers.

The research included 441 men with prostate cancer who were treated at one of the seven United Kingdom hospitals between 2013 and 2018. Their cancers were classified depending on how likely they were to spread, as low risk (total of 44 men), medium risk (285 men) or high risk (112 men).

All were treated with a single high dose (19 Gy) of radiation; 166 men also received hormone therapy but none had any surgery or chemotherapy.

Researchers monitored the men's progress for an average of 26 months. They measured the levels of prostate-specific antigen (PSA) in the men's blood two years after the treatment and

again three years after the treatment.

PSA is considered to be a good indicator of how well prostate cancer treatment has worked. If levels increase, this can indicate cancer has returned. Overall, after two years, 94 per cent of men showed no sign of the cancer returning, according to their PSA levels.

For men with low-risk cancer this figure was 100 per cent, in men with the medium risk it was 95 per cent and in men, with high-risk cancer, it was 92 per cent. After three years, the overall figure was 88 per cent, and in men with low, medium and high-risk cancers, the figures were 100 per cent, 86 per cent and 75 per cent respectively.

Of the 27 men with raised PSA levels, researchers were able to identify where cancer had returned in 25. In 15, cancer had returned in the prostate. In the rest, it had spread to other parts of the body.

At the time of the treatment, there were no serious side effects. Later on, two men developed urethral strictures that required surgery and two developed rectal fistulae that required a colostomy.

Dr Tharmalingam said: "These results indicate that high dose-rate brachytherapy is a safe and effective treatment for men with low-risk prostate cancer but further research is needed in medium and high-risk patients to see if the results can be improved with a higher dose".

"This type of treatment offers an attractive alternative to surgery or other forms of radiotherapy as it has a comparatively low risk of side effects. It is also a patient-friendly option because the treatment can be given quickly at a single hospital visit," Dr Tharmalingam added.

Dr Tharmalingam and her colleagues hope to continue studying the impact of using this type of radiotherapy, especially in patients with higher risk prostate cancer who are more likely to suffer a recurrence. She believes it would be possible, given the low risk of side effects, to modify the treatment or increase the dose even further in higher risk cases.

A new method to select the right treatment for advanced prostate cancer

by [Karolinska Institutet](#) MAY 3, 2019

Researchers at Karolinska Institutet in Sweden have identified blood-based biomarkers that may determine which patients will benefit from continued hormonal therapy for advanced prostate cancer. The results are published in the journal *JAMA Oncology*. The researchers envision that this discovery may eventually result in a test that contributes to a more personalised treatment of the disease.

Prostate cancer is the most common male cancer in Sweden. Approximately one in four will be diagnosed with or progress to metastatic prostate cancer. Initial systemic hormonal treatment works well for most patients with metastatic prostate cancer. But over time, the tumour develops resistance, resulting in metastatic castration-resistant prostate cancer (mCRPC).

A continued hormonal treatment for the mCRPC condition with drugs such as Zytiga (a bicalutamide acetate) and Xtandi (enzalutamide) provides additional [clinical benefit](#), however not all patients respond to these treatments. Thus, in order to avoid unnecessary side effects and pharmaceutical expenses, it is necessary to identify those men who will benefit from the medicines before treatment is started.

This problem is now closer to being resolved through new results by researchers at Karolinska Institutet.

Analysis of prognostic biomarkers

"Our method can identify patients who are likely to have a poor outcome to these treatments and therefore should be offered other alternatives, if available," says lead author Bram De Laere, postdoc at the Department of Medical Epidemiology and Biostatistics.

The researchers' methodology is based on an analysis of prognostic biomarkers, with known associations with therapy resistance, in the blood of patients with mCRPC.

In [prostate cancer](#), treatment resistance can be caused by changes in genes such as the androgen receptor (AR) and a gene called TP53. Most often, these resistance markers have been studied on a one by one basis, which has led to conflicting results between independent scientific

publications.

Several biomarkers studied simultaneously

Instead, the researchers at Karolinska Institutet have developed a method for investigating all known resistance markers in AR and TP53 simultaneously. This was first done in a larger patient cohort, in a study published last year, where the researchers were able to show that individual markers in AR were not independently associated with outcome, when correcting for clinical characteristics, circulating tumour burden estimates and mutations in TP53.

They now show that in the subset of the patients without TP53 mutations, the number of AR resistance markers can indeed provide independent prognostic information.

"We see that the prognosis is poorest for men with three or more resistance markers in AR," says Johan Lindberg, researcher at the Department of Medical Epidemiology and Biostatistics at Karolinska Institutet, and senior author of the study. "This suggests that patients with a normal TP53 gene, without or with a small number of AR resistance markers would benefit more from continued hormonal treatment with medicines such as Zytiga and Xtandi."

Consequently, the research group is introducing a new concept, the AR-burden – a measure of the number of treatment relevant changes in the AR gene.

New clinical study initiated

The researchers are now working on improving their method of measurement and validating it retrospectively in patients recruited during the recently initiated ProBio clinical trial (NCT03903835).

"Our goal is to create a test that can be used routinely in clinical practice, so that patients can receive more personalised treatment," says Johan Lindberg.

More information: Bram De Laere et al. Androgen Receptor Burden and Poor Response to Abiraterone or Enzalutamide in TP53 Wild-Type Metastatic Castration-Resistant Prostate Cancer, *JAMA Oncology* (2019). [DOI: 10.1001/jamaoncol.2019.0869](https://doi.org/10.1001/jamaoncol.2019.0869)

Journal information: [JAMA Oncology](#)

Provided by [Karolinska Institutet](#)



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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.

Rochdale AFC on the PSA Testing Day January 2019 Information & Links to Their website

<https://www.daletrust.co.uk/2018/11/prostate-cancer-the-facts-how-to-detect-it-early-the-information-stay-alive-stay-well/>

<https://www.daletrust.co.uk/what-is-the-psa-test-for-prostate-cancer/>



Dear Dave

As you will have seen from Tackle Talk recently, we are applying for funding from the National Lottery to allow us to help set up new prostate cancer support groups where they are needed and to better support the network of existing groups across the country.

If we are successful, the funding will enable us to employ a dedicated National Support and Development Manager to assist Tackle in developing vital new resources for the network of support groups, increase awareness of prostate cancer amongst men and better campaign for the improvement of treatment for prostate cancer.

It would greatly help our fundraising application if you could ask your members to complete this [short, online survey](#) to let us know what is important about being part of a support group. The survey will take about 10 minutes to complete. We would be very grateful if you could complete it by 21st May.

Thank you very much for your support.

Best regards

Roger Wotton

Chairman

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