East Lancashire Prostate Cancer Support Group Newsletter

Volume 7 **Issue 7** **Date July 2018**

What's Inside

PSA Testing Day @ Burnley FC

By Den Bray The Bay Support Group 23/06/2018

Hi all of you it was good to catch up with you and see how its done had a good chat with a few familiar faces along with some of your "victims "

East Lancs Prostate support group held their fourth PSA testing event today ten till one que's outside from 0830 doors had to be opened as soon as the medical & admin teams had set up I left Turf Moor at 1130 by which time the scores on the doors were plus 350 with hour & a half to go ... I did wonder at the volume of people attending I thought that with the number of testing events already held in the town all with high attendance numbers but talking to the people waiting some were returning to the test for the second or third occasion as a reassurance that all was still okay down below Its a good job the weather was being kind to the lines of blokes, there was little evidence of the Burnley ladies they who must be obeyed pushing

the blokes to attend so it seems that recent publicity highlighting big name celebs who have been diagnosed has triggered the usually "Olly the Ostrich " Males to wake up and smell the coffee

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Welcome tea & coffee was served to the lines of blokes not all of whom knew just what the test involved so there was a fair bit of joshing and leg pulling with some relief showing when they found out it was just a simple quick blood test and did not involve any rubber gloves ..... With the volume of people attending the five professional phlebotomists were stretched to the maximum .... Well done to the east lancs team led by Dave Riley who had a gang of volunteers helping with form filling checking details and in general smoothing the path ... I couldn't help but be very impressed at the organisation ... the result of weeks of preparation I Met up with a few familiar

faces from other support groups and the chairman of leighton hospital charity group Had an interesting chat with Barry Kilby .
The Barry Kilby Prostate Cancer Appeal has saved an estimated 100 lives

Early diagnosis improves survival rates from prostate cancer with a simple blood test detecting an individual's PSA (prostate specific antigen) level.

So far around 2,000 men have been tested, with Mr Kilby focusing the testing days around football clubs in an effort to encourage men to attend. watch this space

PS I noticed a gang of lads in Lycra Men of a certain age who really should know better But nevertheless they had showed up for PSA testing ... Just wondering if their results showed any abnormalities having cycled to the ground ?

Den thanks for the welcome

Results

Approximately 415 men Tested

27 Red (Needing Urgent Attention)

19 Amber

East Lancs Prostate Support Group

The new data industry standards and recent communication re storage of member information

Dear Group Member

Recently the ELPSG wrote to or emailed out to each group member regarding authorisation, saving and storage of member information and the new data industry standards.

Due to the new data industry standards and personal involvement required to save and store personal member detailed information along with the low percentage of authorised returns it has been decided that the East Lancs Prostate Support Group will no longer hold/save/ store member personal details.

As from today all held/ saved/stored member information will be deleted from the group's data base.

For the future if you require any information, newsletters, notices or group meeting minutes you will need to the visit the ELPSG website.

This is accessible via

elpcsg.com

Group meetings will continue as usual and take place at

The Mackenzie Suite Burnley General Hospital

on the first Thursday of the month

To both past and present group members, I would like to take this opportunity to say thank you to all for

the commitment and involvement you have had / have with the group and importantly for your on-going support..

This is the last email that will be sent to you from the above group.

Yours sincerely

Dave Riley

Chairman (ELPSG).

Early supper associated with lower risk of breast and prostate cancer

Date:
July 17, 2018
Source:
Barcelona Institute for Global Health (ISGlobal)

Having an early supper or leaving an interval of at least two hours before going to bed are both associated with a lower risk of breast and prostate cancer. Specifically, people who take their evening meal before 9 pm or wait at least two hours before going to sleep have an approximate 20% lower risk of those types of cancer compared to people who have supper after 10pm or those who eat and go to bed very close afterwards, respectively. These were the main conclusions of a new study by the Barcelona Institute for Global Health (ISGlobal), a centre supported by the "la Caixa" Banking Foundation. The study is the first to analyse the association between cancer risk and the timing of meals and sleep.

Previous studies of the link between food and cancer have focused on dietary patterns -- for example, the effects of eating red meat, fruit and vegetables and the associations between food intake and obesity. However, little attention has been paid to other factors surrounding the everyday act of eating: the timing of food intake and the activities people do before and after meals. Recent experimental studies have shown the importance of meal timing and demonstrated the health effects of eating late at night.

The aim of the new study, published in the *International Journal of Cancer*, was to assess whether meal timing could be associated with risk of breast and prostate cancer, two of the most common cancers worldwide. Breast and prostate cancers are also among those most strongly associated with night-shift work, circadian disruption and alteration of biological rhythms. The study assessed each participant's lifestyle and chronotype (an individual attribute correlating with preference for morning or evening activity).

The study, which formed part of the MCC-Spain project, co-financed by the CIBER of Epidemiology and Public Health (CIBERESP), included data from 621 cases of prostate cancer and 1,205 cases of breast cancer, as well as 872 male and 1,321 female controls selected randomly from primary health centres. The participants, who represented various parts of Spain, were interviewed about their meal timing, sleep habits and chronotype and completed a questionnaire on their eating habits and adherence to cancer prevention recommendations.

"Our study concludes that adherence to diurnal eating patterns is associated with a lower risk of cancer," explained ISGlobal researcher Manolis Kogevinas, lead author of the study. The findings "highlight the importance of assessing circadian rhythms in studies on diet and cancer," he added.

If the findings are confirmed, Kogevinas noted, "they will have implications for cancer prevention recommendations, which currently do not take meal timing into account." He added: "The impact could be especially important in cultures such as those of southern Europe, where people have supper late."

ISGlobal researcher Dora Romaguera, the last author of the study, commented: "Further research in humans is needed in order to understand the reasons behind these findings, but every-

thing seems to indicate that the timing of sleep affects our capacity to metabolise food."
Animal experimental evidence has shown that the timing of food intake has "profound implications for food metabolism and health," commented Romaguera.

Story Source:

Materials provided by **Barcelona Institute for Global Health (ISGlobal)**. *Note: Content may be edited for style and length.*

Journal Reference:

Manolis Kogevinas, Ana Espinosa, Adela Castelló, Inés Gómez-Acebo, Marcela Guevara, Vicente Martin, Pilar Amiano, Juan Alguacil, Rosana Peiro, Victor Moreno, Laura Costas, Guillermo Fernández-Tardón, Jose Juan Jimenez, Rafael Marcos-Gragera, Beatriz Perez-Gomez, Javier Llorca, Conchi Moreno-Iribas, Tania Fernández-Villa, Madalen Oribe, Nuria Aragones, Kyriaki Papantoniou, Marina Pollán, Gemma Castano-Vinyals, Dora Romaguera. **Effect of mistimed eating patterns on breast and prostate cancer risk (MCC-Spain study)**. *Int J Cancer*, 2018

Virus therapy for melanoma – all it's cracked up to be?

Cancer Research UK

May 27 2015

Henry Scowcroft

If you've seen the news today, you've probably seen stories about a new 'virotherapy' for advanced melanoma.

On the face of it, this is exciting news. Researchers have created a genetically modified virus that can attack cancer cells directly, as well as marshal the body's own immune defences against the disease. And they've shown in a clinical trial that, for some patients, it can help them.

This is the first time a virus-based therapy has ever been shown to work in a large trial, so it's certainly a big step forward for cancer research.

But, as always with such things, we need to balance the cautious optimism of continued progress against premature promises and inflated expectation. Much of the coverage this morning has used overblown language, and talked about the treatment being available to patients 'within a year'.

Experts we've spoken to think this is going a bit too far, too soon.

So let's look at how the treatment works, how the trial was carried out, and what this means for patients.

How it works

In the news:

– New immunotherapy drugs show continued promise
1 June 2015

The new treatment is based on a virus called Herpes simplex virus, which normally causes minor ailments like cold sores.

It was developed originally by researchers at a small biotech company based near Oxford called BioVex, which was bought by US pharmaceutical company Amgen in 2011.

The researchers have genetically modified the virus's DNA in three crucial ways:

It can no longer make a molecule that helps it to multiply inside healthy cells. This means it can't cause cold sores. But, ingeniously, since cancer cells tend to produce a version of this protein themselves, the virus can only reproduce inside cancer cells.

It now lacks the built-in 'cloaking device' that normally allows virus-infected cells to hide from our immune system.

It now contains a gene that causes infected cells to produce a protein called GM-CSF, which boosts the body's immune system.

This is sophisticated, almost space-age stuff, the product of more than a decade of work. As Professor Richard Marais, director of our Cancer Research UK Manchester Institute, told the BBC, "it literally causes [cancer] cells to explode, releasing new virus which then infects the surrounding cells."

It also simultaneously switches on the cells of the the immune system, "and these spread out round your body and find other tumours in your body that weren't injected, and it hunts them down," said Marais.

The virus treatment goes by the name Talimogene laherparepvec. But it's also known as T-VEC (and previously as OncoVEX).

The trial

The news today marks the publication of a late-stage (phase 3) trial in the Journal of Clinical Oncology, which was run by an international team of researchers including some at the Institute of Cancer Research at the Royal Marsden Hospital in London.

It involved more than 400 patients, who had advanced melanoma – either stage 3b or c, or stage 4, which is when the disease has begun to spread to other parts of the body.

About half the patients had previously been treated with other drugs. For the other half, the trial was their first treatment. Their average age was 63.

Two-thirds of the patients received regular injections of the T-VEC virus, directly into their tumours, over a period of 18 months. The other third received injections of GM-CSF (the protein the virus produces) as a comparison ('control') group. On its own, GM-CSF is not a standard treatment for UK melanoma patients, but trials have shown it can have some benefits.

Overall, 26 out of every 100 patients (i.e. about a quarter) given the virus treatment responded to the drug, 16 of whom gained long-term benefit (what the researchers called a 'durable' response).

This compared against six out of a hundred responding to the 'control' drug, two of whom had a long lasting response.

But certain groups of patients did better. The drug was much more likely to work in patients who had earlier stage cancers, and who had not previously been treated.

On average, patients survived longer if they were given T-VEC virus therapy rather than the GM-CSF injections. The average survival time for virus-treated patients was 23 months, compared with 18 in the control group.

But these averages hide better news: some of the patients given the virus therapy remain cancer-free.

But the drug wasn't without side effects, which – for a small minority – were serious enough for them to want to discontinue taking the treatment.

Inevitable caveats

So where does this leave us?

On the one hand, this is tremendously promising. It's the first time a virus-based cancer treatment has been proven to benefit patients in a phase 3 trial – a landmark in cancer research, and something of which all involved should be incredibly proud.

"It's certainly an exciting announcement," agrees Professor Alan Melcher, a Leeds-based cancer research whom we're funding to develop similar virus-based treatments.

"It's the largest randomised study of virus treatment to date, and the field is now moving very quickly," he told us.

On the other hand, there are – as always – some caveats.

First, the 'control' group – as we alluded to above – were not given a 'standard' treatment, which makes it very difficult to compare the benefits of the virus against other newer melanoma treatments.

"This trial started years ago, before the arrival of several new melanoma treatments that have completely changed the field. It will be interesting to compare this virus against newer treatments, but a much more exciting question to answer will be seeing how it works in combination with them," Melcher says.

This is now set to be put to the test in trials. A particularly exciting combination, says Melcher, would be to combine it with a new 'checkpoint inhibitor' drug called pembrolizumab. Trials in combination with another similar drug, ipilimumab, are underway in the US.

Second, T-VEC needs to be injected directly into a patient's tumour. "This limits who it's going to be suitable for – obviously it works with melanoma, but it's difficult to see how it will work with other cancer types deeper inside the body or near vital organs," he says.

Melcher's team – along with others around the world – are developing virus therapies that are designed to be given intravenously and get to the tumour via the bloodstream, which could have much wider use.

And third, the idea that the virus will be ready for patients 'within a year' is overly optimistic. "That's probably a reasonable time-frame for it to get a license in the US, but that will be for a very niche use – patients with tumours that are accessible to injection, for example," says Melcher. "And when you factor in things like NICE approval in the UK, we're looking a bit further off in this country," he adds.

"The key thing that needs to happen now is we need to work out why T-VEC works so well in some people and not others," he says, referring to an unfortunate general trend emerging from trials of immunotherapies at the moment. "The response rates seen here – only about a quarter of patients responding – are similar to those of other immune-targeting drugs. Nobody knows who will respond, or why."

“If we can work out how to safely combine immunotherapies, we can hopefully boost the response rates and help many more patients,” Melcher says.

It’s an exciting time for immunotherapy research, with decades of painstaking and intricate laboratory research finally translating into new approaches to help patients.

But exciting though it is, the field is still in its infancy and there’s a way to go before researchers work out exactly how best to use these new drugs – and how to make sure as many patients as possibly can benefit.

– Henry

Reference

Andtbacka R et al: Talimogene Laherparepvec Improves Durable Response Rate in Patients With Advanced Melanoma. Journal of Clinical Onocology (2015)
DOI: 10.1200/JCO.2014.58.3377

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

Humour

"It's all in how you say it! Whoop's "