

East Lancashire Prostate Cancer Support Group Newsletter



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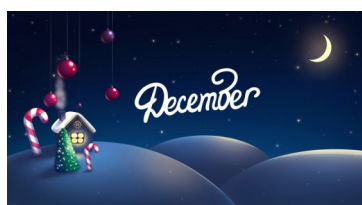
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Hope Everybody Pulled a Cracker At Christmas, & A Happy New Year To All.

The Crew @ ELPCSG



Does Radical Prostatectomy Trump Watchful Waiting?

Randomized trial data point to benefit with surgery after 29 years, but much has changed over that time

by Zeena Nackerdien, CME Writer, MedPage Today December 14, 2018

Target Audience and Goal Statement:

Urologists and oncologists

The goal is to explore the survival benefit and association of histopathology with long-term prognosis of patients with localized prostate cancer enrolled in The Scandinavian Prostate Cancer Group Study Number 4 (SPCG-4).

Background

Prostate cancer – usually a slow-growing disease -- is the [most common](#)

[non-cutaneous tumor](#) in American men. While it trails lung and colon cancer as the third-leading cause of death, the prognosis for many cancer survivors is excellent. These individuals are more likely to die from non-prostate-cancer-related causes. Due to widespread screening, most patients present with local or locoregional disease. Quality of life issues, including sexual dysfunction, are important to all patients, including prostate cancer survivors.

[Active surveillance](#) as currently defined includes a doctor visit with a prostate-specific antigen (PSA) blood test and digital rectal exam (DRE) about every 6 months plus repeat biopsies at selected time intervals; it is now considered an option for appropriate patients with low-risk prostate cancer confined to the gland. On the other hand, watchful waiting in current parlance is a less intensive type of follow-up that may mean fewer tests and relying more on changes in a man's symptoms

to decide if treatment is needed. Radical prostatectomy (RP) can also be a treatment option for select men with a life expectancy of at least 10 years.

An earlier Prostate Cancer Intervention vs Observation Trial (PIVOT) Study, conducted during the initial years of PSA screening, showed that RP vs active surveillance did not significantly reduce prostate cancer-specific or overall mortality after 12 years; however, a randomized trial of RP vs watchful waiting in men with localized prostate cancer initiated in the days before PSA screening (SPCG-4) showed a survival benefit for RP vs observation at 15 years of follow-up. An implied goal of the latter study was to maximize the possibilities for survival without overtreatment and data have been published approximately [every three years](#) since 2002.

Because of the good prognosis for patients with prostate cancer and morbidities associated with the surgery (side effects are less with newer treatment options such as [prostate cancer ultrasound](#)), the optimal role for RP in treatment is unclear. Continued outcomes through 2017, including the association of histopathology with long-term prognosis, have therefore been evaluated in the SPCG-4 study.

Synopsis and Perspective

Between 1989 and 1999, [695 men](#) younger than age 75 with newly diagnosed prostate cancer in International Union against Cancer clinical stage T1b, T1c, or T2 were randomly assigned to RP (n=347) or to what the investigators characterized as watchful waiting (n=348) according to the protocol established at the study's outset. In both groups, patients were examined every 6 months following initial assignment, including treatment in the RP group for the first 2 years, then annually thereafter. The primary outcome was death due to prostate cancer, and secondary outcomes were overall mortality, metastasis-free survival, and local progression.

The minimum follow-up time was 20 days and the maximum observed follow-up time was 28.0 years, with a calculated median follow-up time of 23.6 years. The current follow-up study was conducted 29 years after the start date, at which point 80% of the study participants had died, to see if a survival benefit from RP persisted.

Patients who underwent RP added a mean of 2.9 years to their life expectancy after 23 years, according to Anna Bill-Axelson, MD, PhD, Uppsala University in Sweden, and colleagues. Distant metastases were diagnosed in 92 men in the radical prostatectomy group and 150 men in the watchful waiting group. At 23 years, the cumulative incidence of metastases was 26.6% in the RP group and 43.3% in the watchful waiting group (difference 16.7 percentage points; 95% CI 9.6-23.7).

The cumulative incidence of death from all causes at 23 years was 71.9% in the radical prostatectomy group and 83.8% in the watchful waiting group (difference 12.0 percentage points; 95% CI 5.5-18.4). A total of 71 deaths in the RP group and 110 in the watchful waiting group were due to prostate cancer (relative risk 0.55; 95% CI 0.41-0.74). In the RP group, a Gleason score of more than 7 -- about 40% of both treatment groups had scores in that range -- was associated with a death risk that was 10 times as high as in patients with scores of 6 or lower. Compared to men without extracapsular extension in the RP group, the risk of death was 5 times as high in patients with extracapsular extension who had undergone the surgical procedure.

But a U.S. prostate cancer specialist told MedPage Today that the very length of the study complicates the interpretation, since current diagnosis and treatment is markedly different

than when the trial began.

"It would be very difficult for a newly diagnosed patient to determine where he fits in this study," said James Mohler, MD, of Roswell Park Comprehensive Cancer Center in Buffalo, New York.

The researchers also did not report mortality for the two treatment groups stratified by baseline Gleason score. Adverse events such as incontinence and sexual dysfunction were not addressed in the current report; a 2011 publication from SPCG-4 indicated similar rates of erectile dysfunction in the two groups, but a nearly fourfold higher prevalence of urinary leakage in the patients who underwent RP.

Source Reference: [New England Journal of Medicine](#), Dec. 13, 2018, DOI: 10.1056/NEJMoa1807801

Study Highlights: Explanation of Findings

"A mean of 2.9 years of life were gained with radical prostatectomy," observed the authors. "The mean number of years gained is a crude measure, since any given man who is randomly assigned to undergo the procedure either might not benefit at all or might have a much greater benefit than the mean number for the whole group indicates. However, the measure puts in perspective what is risked by delaying intervention."

"This remains the best randomized study of radical prostatectomy versus observation ever done," Mohler told MedPage Today. "Its follow-up is long, it did not have PSA early detection bias, and even with the problems with Gleason grading and the determination of clinical pathologic stage, the group of patients seems to be largely devoid of who we would place on active surveillance today."

But Mohler, who was not involved in the study, said that because of the way that prostate cancer diagnosis and management has changed since 1989, it's unclear what the findings mean for current patients.

"The authors raise the concern that diagnosing cancer earlier – like it is done today – might fail to show this gain in life benefit because of contamination of modern-day patients with lots of patients that don't really need to be treated," he said. "And that's a very legitimate concern, so it would be wrong for patients and urologists to say that this study proves that more men should have radical prostatectomy... That's why this study is so hard to interpret in 2018."

However, Mohler noted that if a patient does have an aggressive prostate cancer, the study shows that a patient "is better off having RP than observation, in terms of preventing the development of metastasis, dying of prostate cancer, and overall survival."

Mike Bassett wrote the original story for MedPage Today.

Reviewed by [Henry A. Solomon, MD, FACP, FACC](#) Clinical Associate Professor, Weill Cornell Medical College and Dorothy Caputo, MA, BSN, RN, Nurse Planner

Primary Source

New England Journal of Medicine

Source Reference: [Bill-Axelsson A, et al "Radical Prostatectomy or Watchful Waiting in Prostate Cancer -- 29-Year Follow-up" N Engl J Med 2018; DOI: 10.1056/NEJMoa1807801.](#)

**Minutes of meeting No.94 Dec. 2018/Jacobs Join - Thurs. 6th
Dec. 2018 Mackenzie Centre B.G.H. 2 – 4pm**

Present: 25 people with more arriving all the time, including 3 new members, 2 ladies from Barry Kilby's Charity, bearing a Magnum of Prosecco and 3 visiting members from the Walnut Group at Preston, bearing Wine! Apologies from David & Carmen

Dave, Chairman, reported on the 2 days and an evening when the group's Awareness Stand was manned in shifts by several volunteers from our group, at Saffron Nacelles, Burnley. This was a very successful morning, afternoon and evening shift and £296 will be donated to the Group's funds.

A TV costing £250 has been presented to Blackburn Royal Hospital's refurbished Oncology waiting room - recognised by a small plaque denoting the donation by the East Lancs Prostate Cancer Support Group.



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www.elpcsg.com

There's to be a PSA Testing day on 19th January 2019 at 11.00 am on match day at Rochdale Football Club with volunteers from the ELPCSG organising the event with the Barry Kilby Charity, who will be subsidising it. The volunteers will get tickets for the Rochdale Match that day. There is also a bucket collection for Barry Kilby's Charity on Boxing Day at Rochdale Football Club where volunteers are required to help. Free tickets for the match will also be given to volunteers on that day.

The Group has been contacted by the Freemasons Hall at Farnworth, Bolton to hold a PSA Testing event in the New Year – perhaps March. The Masons will pay for everything on the chosen day and give a donation to our Group. Other Freemason Lodges could also be interested in blood testing events.

A testing event was held for 40 drivers at Greggs Bakery, Manchester. 6 volunteers and a phlebotomist worked hard on the day and 40 men were tested with an outcome of 2 red, 1 amber and 37 green.

Stuart and Dave attended the Celebration of 100,000 blood testing events by Graham Fulford's Charitable Trust and Stuart had the opportunity to speak to David Baxter Smith, a retired Urologist, who is 100% behind PSA blood testings until we get anything better! David analyses the results for the Graham Fulford Trust. Stuart asked him if he could give a talk in the New Year - with our group perhaps funding his expenses – It appears that he would be willing to do so. More information later!

Colin S. told us about the **I Chroma** machines that are coming onto the market for blood testing. He told us that the Federation has purchased two, so they must think that they are a worthwhile investment. Colin told us that further details can be found on the **I Chroma Website** www.bodytech.co.kr The company is **I Chroma – Boditech Med Inc.** Stuart said that he would download the information and anyone interested could read this at the next support group meeting.

The Raffle made £78 (two raffles) – one of the prizes was a Christmas Cake donated by John Laycock and his wife. This showed the Logo of the “Man of Men” and was made by Mrs Laycock's friend. A picture of this can be seen on our Website. It was won; very appropriately, by Barry Kilby's fund raising Manager, Janine. There was an auction for the Magnum of Prosecco – which made £15.

The Jacobs Join was opened with loads of scrumptious food & drink donated by our members with a delicious Christmas Cake hand-made by Pat – and greedily devoured by all with not a crumb left. After eating our fill we were royally entertained once more by Dusty Young, comedian. He was procured for us by

*The Christmas Cake Mentioned in
the December Minutes*





Contact Information

Tel: 07548 033930
E Mail leondwright4@gmail.com

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

PSA Testing Day at Rochdale Football Club

Saturday 19 January 2019

11am - 2pm

Study Centre at Crown Oil Arena
Rochdale Football Club
Willbutts Lane
Rochdale
OL11 5DS

Details:

Rochdale Football Club are pleased to announce that – in conjunction with the Barry Kilby Prostate Cancer Appeal (BKPCA) – we will be hosting a PSA testing day in January.

We are the first club in the Greater Manchester area to hold such an event.

Taking place before our home game against Fleetwood Town on Saturday 19th January, all men aged 50 and over, or 45 and over with a family history of cancer, are welcome to attend. Testing will be done between 11am and 2pm in the Study Centre, located on Willbutts Lane.

In 2015, following his own diagnosis, Burnley's vice-chairman Barry Kilby launched the appeal to provide opportunities for men to be tested for prostate cancer – a disease which affects one in eight men in the UK.

Initially launched at the Premier League club, other clubs from the Premier League and the

Sponsors



EFL, including Charlton Athletic and Portsmouth, have arranged a testing day at their club. Keen for Dale fans to benefit from this potentially life-saving initiative, we are the latest to add our support to it.

Barry Kilby said: "I'm delighted that Rochdale Football Club have got involved.

"One of the problems with prostate cancer, as it was with me, is that it becomes advanced before you see any symptoms.

"This blood test will show if there is something wrong and act as the warning in the early stages. We've saved well over 100 lives doing it like this.

"When we first launched this at Burnley, we ran out of needles! We thought we'd get around 200 – we actually got to 400 and odd.

"It's gaining now and it has been really successful way of getting men tested, using the football link.

"I hope as many people as possible get themselves tested on the day – I can't stress enough how important it is to do so."

The test measures the amount of prostate-specific antigen (PSA) in your blood, and around 2,000 men have been tested to date and least 100 lives have been saved by this approach.

Those being tested will be asked for a minimum £5 donation, with the Barry Kilby Prostate Cancer Appeal funding the remainder of the test's costs.

Manager Keith Hill will be amongst those tested on the day.

Joe Thompson and Ollie Rathbone recently attended Rochdale Infirmary to officially launch the promotion of the event, handing out leaflets to outpatients with the help of our Community Trust team.

In addition, thanks to our friends at the Pennine Acute Trust, leaflets will be distributed to over 500 homes across the Borough in the next few weeks.

We would like to thank former Associate Director John Smallwood, whose hard work ensured this PSA Testing Day at the Crown Oil Arena became a possibility.

Entry fee: Minimum £5 donation, with the Barry Kilby Prostate Cancer Appeal funding the remainder of the test's

0844 826 1907

<http://www.rochdaleafc.co.uk>