

Norfolk & Waveney Prostate Cancer Support Group NEWSLETTER

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PCA3 Test – What are We Waiting For?

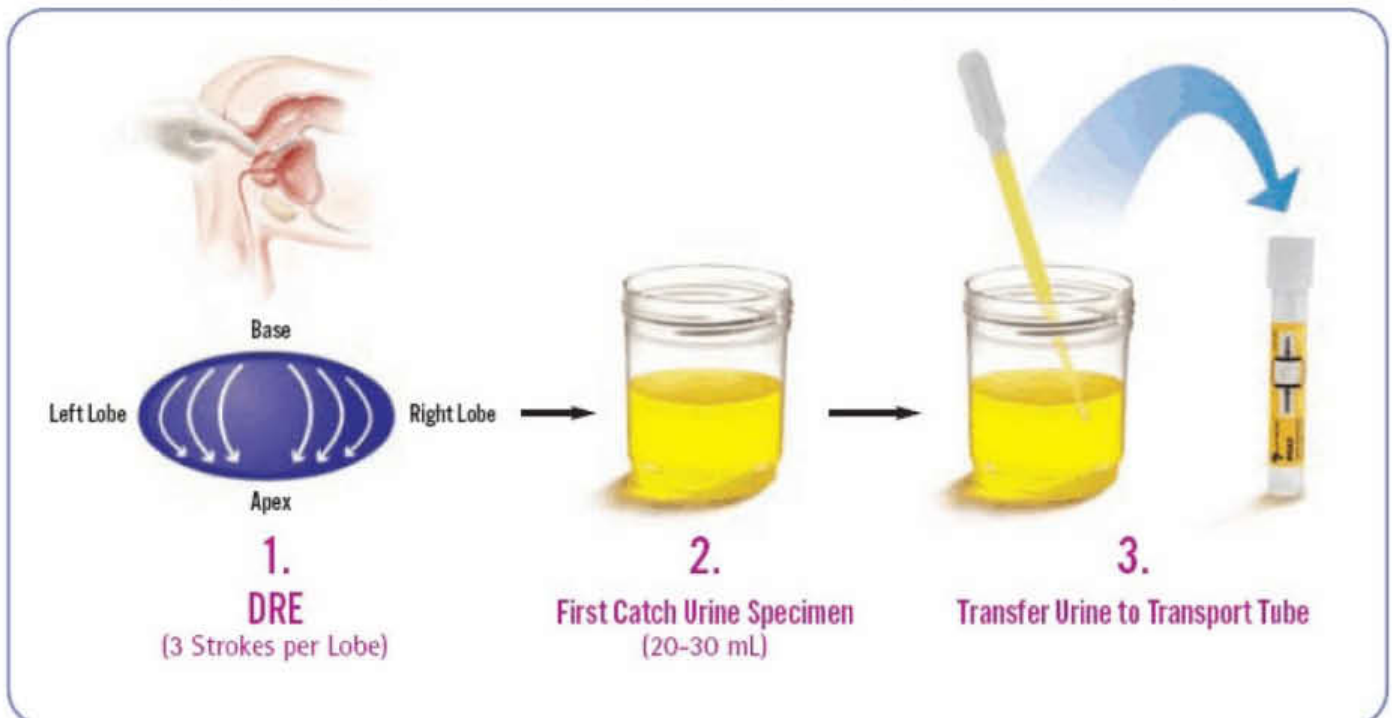
First Genetic Test – a new and essential tool for catching prostate cancer in time

Hats off to Professor Jack Schalken and Dr Marion Bussemakers, from the University of Nijmegen in the Netherlands, and Dr William Isaacs of Johns Hopkins University in Baltimore, USA – the geniuses who discovered the PCA3 gene that is produced by prostate cancer cells. It is a discovery that may well revolutionise the diagnosis and treatment of the disease. If the test for the presence of the PCA3 gene is positive, this is an almost certain sign that a significant tumour is present in the patient's prostate and needs urgent treatment.

Unlike the PSA blood test, the patient's urine is tested for PCA3. It is more complicated than a simple urine test, because the urine has to be produced immediately after a Digital Rectal Examination (DRE) involving "stroking" of the prostate. However, this DRE could certainly be done by the nurse at your local surgery, and the urine analysed at the World Class NNUH Pathology Laboratory.

What does the PCA3 Test involve?

1. Perform DRE (3 strokes per lobe) in order to have a sufficient number of prostate cells in the urine.
2. After the DRE, collect 20-30 mL first-catch urine from the patient.
3. Transfer urine within 15 minutes to the transport tube, fill until the fluid level is between the black fill lines.
4. Follow the sample storage guidelines on the transport tubes provided by the testing laboratory.



The PCA3 urine specimen collection procedure

DRE instruction: apply pressure on the prostate, enough to depress the surface approximately 1 cm, from the base to the apex and from the lateral to the median line for each lobe and repeat this 3 times

Continued on Page 2...

PCA3 Test – continued

The PSA test is the standard, easy and comparatively cheap blood test with which we are all familiar. But unfortunately, the PSA test gives rise to a large number of apparently false positive readings – resulting in more prostate biopsies being carried out than would be necessary if a more specific test than the PSA was available, so the PCA3 may be an answer. The biopsy may also give a false result as the cancerous cells may be missed. Conversely some of the most malignant cancers don't cause an abnormal level of PSA, although close examination of serial results will usually show that the PSA, while not unusually high, is increasing at an unacceptable rate.

Even though the PSA, the biopsy or the ultrasound cannot give a definitive result these tests are, and will remain, essential diagnostic tools.

The PCA3 gene is isolated from prostatic cells in a sample of urine passed after a digital rectal examination. This dreaded, but in fact no more than uncomfortable, procedure releases prostatic cells into the urine and the resulting assessment of the PCA3 score gives a remarkably accurate guide to the presence of a cancer, and its likely significance.

The PCA3 doesn't replace the PSA but is indicated when the PSA results and other diagnostic methods are inconclusive. It will be of particular value if a patient has had one or more negative biopsies despite a raised PSA. The PCA3 will reduce the need for recurrent biopsies in those with an apparently falsely positive elevated serum PSA.

It is also useful for a patient with a strong family history of the disease, suspicious findings on digital

rectal examination or a rapidly rising but still normal PSA and for patients assigned to an active surveillance treatment regime.

Prostate is now the most common major cancer in males in the United Kingdom. The death rate from it will fall only if early detection of aggressive tumours is improved. The PCA3 offers this hope but the PSA will remain an excellent means of detecting those patients who need further investigation, and is and will remain the best method of detecting any return of the cancer and of monitoring its later progress.

Professor Schalken said recently that he still hears the nonsense that it is impossible to distinguish the aggressive prostate cancer, the tiger, from the relatively benign condition, the pussycat. He said that a good urologist given the data – PSA, Gleason score (this measures the cancer's malignancy), tumour size, and now the PCA3 result – will immediately recognise the difference. He added that it would take him less than three minutes to decide the correct treatment, and who would live and who would die without it once he had these statistics.

Another big hitter, Roger Kirby, Professor of Urology at St George's Hospital, London, said in September: "Although the PSA test gives us an indication of there being something wrong with the prostate, it does not always tell us if it is malignant. This new test, in combination with an examination of the prostate . . . tells us whether we should advise a biopsy."

With thanks to Dr Thomas Stuttaford, on whose recent article in The Times most of this was based.

PCA3 Test in Brief

Advantages

- Highly specific to PCa, unlike PSA which may be elevated due to a number of benign conditions.
- Non-invasive and gives insight into prostate cell composition, unlike biopsy which is invasive and subject to missing malignant cells through sampling error.
- Improves diagnosis of PCa, helping reduce the number of unnecessary biopsies.

Disadvantages

- Cost now: c £200 vs £10 for PSA Test.
- Nurse Time: c 15 minutes vs 5 for PSA.
- Specialist, private, Pathology Lab.

The Way Forward – Short Term

- Start using PCA3 immediately, even @ £200 per test – good value because of significantly reduced biopsies @ £500 each.

The Way Forward – Medium Term

- NNUH already has a World Class Pathology Lab, which processes large numbers of samples from outside Norfolk – making useful profits for the hospital.
- NNUH could become the first UK NHS hospital to specialise in the PCA3 test. Cost per test would then be drastically reduced, and NNUH could process large numbers of PCA3 samples from outside Norfolk – making even more useful profits.

News of Martin Bell

Our Patron, Martin Bell (Distinguished War Correspondent, Broadcaster, Author and Former MP) has been given the UNICEF 60th Anniversary Award for his role as UK Ambassador for Humanitarian Relief.



Martin Bell visiting a school in Basra, Iraq

During the past year, Martin has been active in Iraq, Afghanistan and Darfur. In presenting the award, Lord Richard Attenborough said:

"Martin Bell is admired for his commitment, experience and professionalism, and is a powerful advocate and friend to UNICEF and the children of the world".

Martin is also Patron of the Far East Prisoners of War Association, and served as a young Infantry Officer in Malaya. He recently made a TV documentary on the plight of our servicemen wounded in Iraq.

We hope to welcome him to our Christmas Event.



CHRISTMAS LUNCH
Our Group's Christmas Lunch this year will be on Friday 14th December, 12.00 for 12.30pm, at the Glen Lodge Restaurant at Bawburgh Golf Club.

Costs will be £16.00 (2 courses) or £19.50 (3 courses).

There will be a choice of four meat dishes (roast turkey, beef, lamb or gammon), with a vegetarian option of a nut roast, followed by a choice of traditional desserts, coffee and mince pies.

Please let one of the Committee members know if you would like to join us – at the October 1st Open Meeting or by telephone.

We have invited our Patron, Martin Bell to join us, subject to his availability.

THIS YEAR BIG C GAVE ALMOST £50,000 TO SUPPORT PROSTATE CANCER RESEARCH

Saturday October 13th Sprowston Manor Hotel

After the success of last year's 'Hat and Hair' Big C Ball, we have once again secured the elegant Norfolk Suite at the Sprowston Manor Hotel, to enable us to celebrate a year in which the Big C has grown from strength to strength in expanding its provision of research, support and care for families in Norfolk and Waveney affected by cancer.

Join us for a magical, mystical evening of celebration, as Big C invites guests and sponsors alike to enter into the enchanted, spell binding theme of the Sorcerers Ball. Think witches and wizards with wands, hats and capes but don't let your imagination stop there... magicians and conjurers, fairies, mythological beings, ghosts; don't forget a certain film and book released this summer which captured the imagination of the country - Harry Potter could be a great source of inspiration for an entrancing outfit!

Enjoy a bewitching evening of splendour and fun at our drinks reception and three-course dinner, followed by dancing to live music, a live auction and other amusements which will ensure you are wined, dined and thoroughly enchanted. Tickets are priced at just £60 each (or £600 for a table of ten) and we suggest that you book quickly as we predict the tables will be in demand!

We intend, (which we can only do with your help, of course!), to at least match the marvellous figure of £20,000 raised at last year's ball, so that we can continue to help fund complete cancer care for those in Norfolk and Waveney. We look forward to seeing you there!

If you would like to book tickets or a table please call Les or Rachel on 01603 619900.

Big C Sorcerers' Ball is organised with the support of Evesheds, the Norfolk Branch of the Institute of Directors, The Breakfast Club, Event Management Services and Felicities with design and print supplied by Farrowe and PS Digital Origination and Print.

John Rayner

Sadly, John died on 29th August, in his 74th year.

He was a long term member and keen supporter of our Group.

Our condolences to Dorothy, his widow, and to his daughters, Susan and Linda.

A Big Thank You

We continue to receive donations, and thank all those concerned for their support. Acknowledgements are extended to:

	£
Mr T & Mrs J Whittaker	1,000.00
B&Q, Company matching funds raised by staff	485.00
In Memory of Mr B Smith from Rackham Funeral Home	65.00
Mr G Lees	50.00
Mr G Colman	10.00
Mr I Newell	10.00
Anonymous via Mike Smith	2.50
August Meeting Donations	44.00

In spite of receiving only three Gift Aid forms, the reclaimable total has grown by £296.80.

Dates for your Diary

Wednesday 3 October &
7 November 6.30-7.30pm

**Radiotherapy Department
Open Evening
Colney Centre, NNUH**

Saturday 13 October

**Big C Sorcerers' Ball
Sprowston Manor Hotel**

Monday 5 November 7-9pm
**Support Group Committee
Meeting, NNUH**

Monday 3 December 7-9pm
**Open Meeting, East Atrium,
NNUH – Details TBA**

Friday 14 December 12 noon
**Christmas Lunch
Bawburgh Golf Club**

RAY & VERA ALLEN WILL BE HOLDING... **YET ANOTHER CAR BOOT SALE**

Dates: Saturday 20th October **and** Sunday 21st October

Where: K.W. Eaglen's Yard, Seamere Road, Hingham, NR9 4LW

Time: 8am - 2pm (Set up from 7am, and please take all rubbish away).

Pitch Fee: £5 per pitch

If you have any unwanted items and would like to donate to the cause, we would be very grateful.

Please phone 01953 850863 for any information.

REFRESHMENTS STALL ... RAFFLE

Proceeds to the Norfolk & Waveney Prostate Cancer Support Group.

How to Contact Us

■ Write to:

Norfolk & Waveney Prostate Cancer Support Group,
c/o Urology Department,
Norfolk and Norwich University Hospital,
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■ Telephone the Specialist Nurses:

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James Paget Hospital
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