

Early chemo could be 'game-changer'

The world's largest prostate cancer clinical trial has shown that giving men chemotherapy at a much earlier stage can result in a significant increase in life expectancy.

The procedure is likely to be introduced at the Norfolk and Norwich University Hospital as soon as the logistics of coping with a sudden influx of "new" patients whose chemotherapy treatment has been brought forward have been resolved.

The STAMPEDE trial involved nearly 3000 men who were assigned to one of four groups receiving different permutations of treatment. They were men with locally advanced cancer or with metastatic disease where the cancer had spread to other parts of the body.

The results for men who were given chemotherapy (Docetaxel) alongside hormone therapy as soon as it was found that the cancer was spreading were striking. Those with metastatic disease who were given Docetaxel at the same time as hormone therapy lived for an average of 22 months longer than those given hormone therapy alone.

Prostate Cancer UK said that if these results were confirmed when the full results of the trial were released it would be clear that men should have the option of choosing Docetaxel chemotherapy alongside hormone therapy when they were first diagnosed with metastatic prostate cancer. Having access to chemotherapy earlier in the treatment pathway might also mean that men were stronger

and better able to cope with the side-effects of treatment.

Dr Iain Frame, PCUK's director of research, said: "The findings of this trial are potentially game-changing. We can't wait to see the full results. Chemotherapy is currently one of the last resort treatments for advanced prostate cancer. If it is shown to have a much greater impact on survival when prescribed earlier and alongside hormone therapy, that's incredibly exciting, and we would want to see this brought into the clinic so it can benefit men without delay."

Professor Peter Johnson, Cancer Research UK's chief clinician, said the study's results were important. "Chemotherapy isn't suitable for everyone but all men who are well enough and who have prostate cancer which has spread should be offered this combination of treatments."

Professor Malcolm Mason, of Cardiff University, one of the senior investigators, said he hoped the findings would lead to swift changes in clinical practice, with men offered chemotherapy as soon as the disease was found to have spread.

The lead study author, Professor Nicholas James, director of the Cancer Research Unit at the University of Warwick, said: "We hope our findings will encourage doctors to offer Docetaxel to men newly diagnosed with metastatic prostate cancer if they are healthy enough for chemotherapy. Men with locally advanced cancer should also be offered the treatment because it is clear that it delays relapse."

Search for 'Achilles heel'

An international team of scientists who have been investigating the root cause of prostate cancer by reading all the DNA in tumour samples from ten men have been able to map a "family tree" of the changes which happen at a genetic level as the disease spreads, forms new tumours and becomes resistant to treatment.

Dr Daniel Brewer, from the Norwich Medical School at UEA and the Genome Analysis Centre, said that prostate cancer became lethal once it spread from the prostate and the study had given them a unique insight into the way this happened.

The results of the study - described as finding the "potential Achilles heel" of prostate cancer - showed that most cells in a tumour stay there but a small number have the ability to travel through the body, creating new tumours as they go. In future doctors may be able to find these key cells and tailor the treatment to the genetic flaw, killing the new tumours and preventing more from forming, greatly increasing the odds of survival.

Professor David Neal of Cambridge University said that some suitable drugs already existed and new ones were being developed all the time. But he warned that it would be three to five years before the latest knowledge could be routinely put to use in the NHS.



What were these Three Wise Monkeys – See no evil, Speak no evil, Hear no evil – doing in the Benjamin Gooch Theatre at the Norfolk and Norwich University Hospital on June 2? Turn to page 3 to find out.

Scientists show value of healthy diet

Eat healthily after you have been diagnosed with prostate cancer and you stand a good chance of living longer, a study of eating a "Western diet" has found.

Those most wedded to eating a lot of red and processed meat, fat, and refined grains were two-and-a-half-times more likely to die from prostate cancer-related causes than those who don't eat such foods.

Western diet consumers also had a 67% increased risk of dying from any cause, while overall death rates of men choosing a "prudent" diet rich in vegetables, fruit, fish, and beans were reduced by 36%.

Researchers analysed health and diet data on 926 men diagnosed with prostate cancer who were all participating in a US investigation called the Physicians' Health Study.

After diagnosis, the men were followed for an average of 14 years and placed in one of four groups according to the extent to which they embraced a typical Western diet

Researcher Dr Jorge Chavarro, from the Harvard TH Chan School of Public Health in Boston, US, said: "There is currently very little evidence to counsel men living with prostate cancer on how they can modify their lifestyle to improve survival.

"Our results suggest that a heart-healthy diet may benefit these men by specifically reducing their chances of dying of prostate cancer." Examples of healthy foods include soya products, pulses such as kidney beans, chickpeas and lentils, broccoli, kale and other cruciferous vegetables, cooked and processed tomatoes, green tea and pomegranate juice.

Good food sources of the mineral selenium, but not supplements, are also said to be beneficial. They include Brazil nuts, liver, kidney, fish, seafood and poultry.

■ Obesity will overtake smoking as the biggest cancer killer within the next decade, warn another team of researchers at Harvard. They say the condition is already to blame for up to 32,000 deaths from a range of cancers in the UK each year. Diet and exercise regimes should become "standard" treatment for cancer alongside chemotherapy and surgery.

A recipe for living longer

One of our members, Peter Farley, died in February after surviving the dreaded disease for 11 years. His wife Gil believes that the regime of diet and exercise he adopted and stuck to rigorously played a major part in keeping him alive for so long. She feels that it might well help other members who are facing the situation where the treatment options are running out.

She says that Peter had a very high PSA when he was first diagnosed but reacted well to hormone treatment for about nine years. He then had radiotherapy to his back which meant he was able to walk again. However, other treatments did not reduce his PSA.

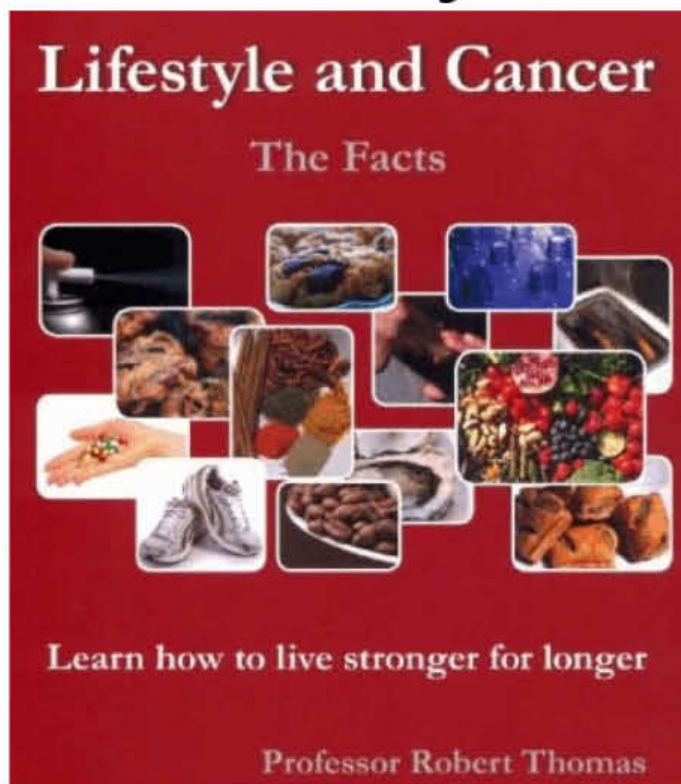
"But he continued to have a dairy-free diet, no red meat and lots of fruit and veg," writes Gil. "He became a very good soup maker, as well as cooking other meals. It was good that we both liked fish, too. There are lots of recipe books available. No dairy is hard if you like cheese but you can get nice soya products such as fruit yogurts. "We were convinced that, because Peter kept to this diet and walked every day when he could, it helped to prolong his life. So I hope this might encourage other members of the group."

Is this the 'Rosetta Stone' of prostate cancer?

Almost ninety per cent of men with advanced prostate cancer carry genetic mutations in their tumours that could be targeted by either existing or new cancer drugs, scientists in the UK and the USA have discovered. They have created a comprehensive map of the genetic mutations within lethal prostate cancers that have spread around the body, in a paper being hailed as the "Rosetta Stone" of the disease. Researchers say that doctors could now start testing for these "clinically actionable" mutations and give patients with advanced prostate cancer existing drugs or drug combinations targeted at these specific genomic aberrations in their cancers.

Professor Paul Workman, chief executive and president of the Institute of Cancer Research, said: "Cancer becomes lethal at the stage when it spreads round the body and stops responding to treatment but until now it has been incredibly difficult to find out exactly what is going on genetically at that critical point.

"This major new study opens up the black box of metastatic cancer, and has found inside a wealth of genetic information that I believe will change the way we think about and treat advanced disease. The study found that almost ninety per cent of metastatic tumours had actionable mutations, which means that these findings could make a real difference to large numbers of patients."



"To help you adopt a healthier diet, we have copies of this book, Lifestyle and Cancer: The Facts, by Professor Robert Thomas, to give away to members. If you would like a copy, get in touch with our chairman, Noel Warner, by telephone on 01508 488088 or by email at noel.windfall5@btinternet.com.

A trio of survival stories

It was an inspired idea and, if the reaction of members is anything to go by, it was a big success: a trio of the group's officers talking and answering questions about their greatly varied cancer journeys.

And the timescale varied greatly too: seven years in the case of our treasurer, Dave Kirkham; 13 years in the case of Chuck Lyons, committee member, speaker finder and "production editor" of this newsletter; and a remarkable 19 years in the case of David Paull, editor of the newsletter.

Each speaker chatted informally for about ten minutes, then responded to questions, the range of which in itself illustrated the value of the exercise.

First on was Chuck, the only one of the three who had had a radical prostatectomy. He described how his condition had developed since and hammered home the message that, if you feel that perhaps you ought to see your doctor, don't hesitate. Any delay could make your condition harder to treat successfully. He did put off seeing his doctor and has wondered ever since whether, if he had had the operation sooner, he might be having fewer problems now.

Dave brought the house down with his hilarious description of the salvage brachytherapy he wrote about in the last issue of the newsletter. But amid the laughter he reinforced the message in that article: don't let yourself be written off. Do your homework and research what other new or even experimental treatments might be available to you.

David told how he had dramatic confirmation that he had a problem when his waterworks seized up and he was whisked into hospital – the old N&N! – as an emergency. Hormone treatment and radiotherapy kept his cancer in check for many years, then, about three years ago, it "went walk about" – metastasis. Since then he has had more radiotherapy, monthly bisphosphonate infusions, the "wonder drug" Abiraterone, and more recently chemotherapy.

His message: "I don't want to put anyone off chemotherapy but we



Unmasked, the trio are, from left, David Paull, Chuck Lyons and Dave Kirkham

have to accept that, in the interests of staying alive, we are going to suffer side-effects, a factor we need to consider when we decide whether or not to go ahead with the treatment."

The meeting was ably compered by David Capp, one half of our welfare team.

Chairman Noel Warner said afterwards: "Without doubt it was one of the best open meetings we have held. Because all three speakers talked openly and frankly, members felt able to ask some very personal questions and received some practical, down-to-earth advice. Several members told me and the speakers that they felt it had been a very useful meeting. We'll certainly consider repeating the exercise, perhaps next year with a different trio of members describing their different cancer journeys."

Drugs: Yes to some ...

There is, as usual, good news and bad news about the availability of what doctors believe are effective treatments for advanced prostate cancer – and, as usual, it all comes down to cost.

Cabazitaxel (trade name Jevtana), a type of chemotherapy that is highly regarded by oncologists as a treatment for some men with hormone-resistant prostate cancer who have already been treated with Docetaxel chemotherapy, was struck off the Cancer Drugs Fund list earlier this year.

It can't cure advanced cancer but may prolong life and help to control symptoms. But NHS England decided that the manufacturers, Sanofi, had not demonstrated the cost-effectiveness of the drug. However, Sanofi have asked NICE for a reappraisal in the light of new evidence and a confidential price negotiation.

The appraisal will take place later this year and in the meantime the drug will be available through the Cancer Drugs Fund.

It also appears that NICE is preparing to make radium-223 routinely available on the NHS for some men with advanced prostate cancer - those who have already had chemotherapy and whose cancer has spread to the bones. It can prevent symptoms of bone disease such as bone fractures and also reduce bone pain as well as extending life. The treatment is at present not available locally and patients need to make monthly trips to Addenbrooke's to receive it. Prostate Cancer UK says that the drug can also benefit men whose prostate cancer has spread to the bones but who have not had chemotherapy. They are urging NICE to make the treatment available to those men too.

The bad news is that NICE is on the point of ruling that Degarelix will not be available to anyone because it is considered too expensive. The drug is a first-line hormone therapy for men with advanced prostate cancer who have signs and symptoms of spinal cord compression, a serious but rare condition where cancer cells grow in or near to the spine and press on the spinal cord.

The makers, Ferring, are appealing against the decision and say it does not make sense because by the time men have signs and symptoms of spinal cord compression it is too late for them to receive the benefits of Degarelix.

In another draft decision, NICE says it will not sanction Enzalutamide for routine use because it does not work well enough to justify the cost of £2,734 a month. It has been approved for men for whom other treatments have not worked but not if they have already had chemotherapy and Abiraterone.



Ray Cossey gave his talk on Norwich in the Blitz to the Probus Club of Norwich – and the result was a surprise donation to our funds. Each year the retiring club president can nominate a charity to receive the proceeds of raffles at the club's monthly lunches and, after Ray's talk, Gerry Greenwood announced that the year's "profit" of £243 would be going to the group. Not only that but Gerry very generously topped it up to £500 with a personal donation. He is pictured (left) presenting the cheque to newsletter editor David Paull, a former president and secretary of the Probus Club.

Could statins check prostate cancer?

Statins are one of the cheapest – but also most controversial – drugs available to us. Should we all be taking them daily in the hope of warding off heart problems or should we steer clear of them because of the side-effects that some of us can't tolerate? The medical profession can't agree. But new research suggests there is another reason why men should consider taking them – their apparent beneficial effects on prostate cancer. Statins seem to help hormone therapies stay effective longer. So should they be a standard part of treatment?

US researchers looked at the clinical records of 926 men whose prostate cancer had either returned after treatment, or who had been diagnosed with prostate cancer that had already started to spread. Almost one third of those men were already taking some form of statin (for an unrelated condition) when they started on hormone therapy. The researchers found that it took longer for the cancer to become hormone resistant in the men who were taking statins at the same time as hormone therapy than in those who weren't. So should every man who is about to start hormone therapy ask for a prescription for statins too?

Prostate Cancer UK cautions: "While this research is really interesting, and suggests that statins could be a cheap and effective way to keep prostate cancer in check for longer, it only looked at men already on statins for an unrelated condition. We can't yet be sure if men with no such second condition should be taking statins. More studies are needed."

Dates for your Diary

Wed 1 July and 5 August. 5.30-7pm
Radiotherapy Department
 Open Evenings, Big C & Colney Centre,
 NNUH. Meet at Big C.
 Call 01603 288779 to book.

Sat 26 September. 11am-1pm
**"Meet & Chat" at Louise Hamilton
 Centre, James Paget Hospital,
 Gorleston-on-Sea, NR31 6LA**

An opportunity for newly diagnosed patients to chat with members who have already been through the same journey.

Is something lurking?

They might look normal but they might be hiding something nasty. Researchers at UEA led by Professor Colin Cooper have found that prostate cells that seem to be normal under the microscope could be concealing genetic mutations that could develop into cancer.

The research has demonstrated that, in some men who have prostate cancer, non-cancerous prostate cells can have lots of different genetic mutations.

"Prostate cancer is often made up of many small tumours with different genetic fingerprints," says Professor Cooper. "It is still unclear what causes these different tumours to develop in the prostate at the same time. But this new research provides a piece of the puzzle that could help solve the mystery."

The findings could lead to a rethink of treatment in which pre-cancerous cells are destroyed at the same time as tumour cells.

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■ Help or Advice – Our Welfare Team:

**We have over 30 members available to help.
 There is probably one near you.**

For more information please call our Welfare Team, David and Adrienne Capp, on 01603 712601

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