Notes of Haywards Heath and District
Prostate Cancer Support Group Meeting
held on Thursday 23 November 2017

Peter Barton, Chairman, welcomed everyone to the meeting, particularly noting there were some newcomers. He said that through the meetings he hoped members would feel supported as well as gaining useful information from the speakers. Peter outlined his personal experience of prostatectomy with the Da Vinci robotic system. He also explained our second speaker from Macmillan Horizon Centre could not attend due to illness.

Andrew Hart, Uro-Oncology Clinical Nurse Specialist, based at Worthing, gave his Presentation on New and Emerging Treatmentsfor Prostate Cancer

Andrew pointed out that prostate cancer (PC), is the most common cancer among men with statistics showing around 40,000 a year, and rising each year. However, with a large area of research and development into PC, things are changing all the time.

Treatment Options for PC

The doctor will look at test results to get an overall idea of how far (if any) the cancer has spread and how quickly it might be growing.

Andrew explained the Gleason scoring 1-10

- For man with low grade PC and Gleason score 1 - 6 this would usually be watched
- if Gleason score is 7-10 - higher risk and treatment options would be discussed

He explained Treatment Options are as follows:-

- Watchful Waiting - For man with low grade PC
- Active Surveillance - monitoring slow-growing PC rather than treating it straight away
- Surgery (prostatectomy)
- Radiotherapy
  - External Beam
  - Seed brachytherapy
  - HDR brachytherapy
- Hormone Therapy - is usually combined with other therapy ie Radio or Chemo
- Chemotherapy
- HiFU - Focused Ultrasound - salvage treatment
- Cryotherapy (freezing) - salvage or second line treatment

Radiotherapy explained more clearly:

EBRT - External Beam Radiotherapy, usually combined with hormone therapy

IMRT (Intensity-modulated Radiotherapy) an advanced mode of high precision radiotherapy using computer controlled linear accelerators to deliver precise radiation doses to malignant tumour or specific areas within tumour. IMRT allows for the radiation dose to conform more precisely to the three-dimensional (3-D) shape of the tumour by modulating, or controlling, the intensity of the radiation beam in multiple small volumes. IMRT also allows higher radiation doses to be focused to regions within the tumour while minimising the dose to surrounding tissue.

IGRT (Image Guided Radiotherapy) **Tomotherapy** (as delivered at Preston Park)
CT scanner used - very high precision radiotherapy.

Cyberknife - Radiosurgery uses robotic system - no shake or wobble as computer compensates. Private treatment available in Harley Street and selected NHS centres ie, Vernon in Middlesex and Royal Marsdsen - useful for very small tumour.

The nationwide CHHIP trial on men with localised PC gives higher daily doses over 4 weeks and the result showed just as effective. Most men now have 4 weeks of higher dose.

Proton Beam Radiotherapy - Not available in UK, but proposed sites at Christie and UCH. Uses proton beams instead of photons (ex-rays) to deliver radiotherapy.

Brachytherapy - Implantation of radioactive seeds or pellets into the prostate Gland. This is a one-off procedure and does not usually require course of hormone therapy. Used for localised tumours.

High Dose Rate (HDR) Brachytherapy - Implantation of radiative source into prostate gland using hollow rods. Usually combined with External Beam Radiotherapy and requires a period of hormone therapy beforehand.

HiFU - High Intensity Focused Ultrasound
Often used as salvage treatment after radiotherapy but is being used as primary therapy in trials in specialist centres. Rectal probe passes powerful ultrasonic waves into prostate under anaesthetic.

Cryotherapy - Freezing of prostate, usually as salvage treatment after radiotherapy or brachytherapy, although it can be a primary treatment but only in specialist centres. Hollow needles are inserted into the prostate under anaesthetic and freezing gas passes through the needles.

Hormone Therapy - traditionally Zoladex, Prostap, but new treatment is Degarelix - also known as Firmagon. These hormones stop the production of testosterone. No need for pre-treatment, and there is no risk of tumour 'flare'. Monthly treatment only - no longer-lasting treatment is yet available.

Hormone Therapy for Advanced or Metastatic PC - second line hormonal treatment
Aberaterone (Zytiga) 1000mg daily, taken with steroid (2 tabs). Stops testosterone production.
Enzalutamide (Xtandi) 160mg daily. Blocks action of testosterone at cell level (binds to androgen receptors)

Both these drugs are very effective treatments. Andrew explained we can give Aberaterone upfront when a men is first diagnosed. This is being discussed by NICE (Monthly cost £3k). Enzalutamide still going through Stampede Trial. No conclusion as yet. Andrew confirmed Aberaterone is available on NHS for cancer **that has spread**. Cannot yet give it upfront even though the trial proved it beneficial.

It was confirmed that Aberaterone is a hospital only prescription, not from GP. Andrew also stated that Aberaterone can sometimes raise blood pressure.

The Stampede trial study also showed chemotherapy upfront is beneficial. This is now done - Docetaxel, 6 cycles 3 weekly.

Newer treatment is Cabazitaxel Chemo - Second line treatment after Docetaxel. 6 cycles 3 weekly.

Another treatment available in Brighton is Radium 223 (Alpharadin, Xofigo) - very effective bone targeting treatment, 6 injections given once every 4 - 6 months. Men will feel tired and it can

affect blood count.

Future Treatment Options may include:-
Immunotherapy - reprogramming immune system to kill cancer cells. These drugs help identify cancer cells which try to evade the treatment.
Olaparib - This is a drug which counteracts the effects of a BRCA gene mutation. Will only work for men with this mutation.

General Points

Re side effects of hormone therapy - Suggested treatments for Hot Flushes: Evening Primrose, Black Cohosh, Red Clover, Sage Leaf tablets. Hypnotherapy and acupuncture have also proved helpful. Prescription medicines are avoided because of possible side effects but men can be prescribed Progesterone.

POMI-T was recommended by members, available through Amazon. Contents - Extracts of Broccoli, Pomegranite, Green Tea and Turmeric. Rich in polyphenols. Found to be beneficial for PC patients.

Andrew stressed the importance of exercise, 12 weeks of moderate aerobic exercise has proved to be very beneficial.

Andrew confirmed that, sadly, none of the above treatments works for everyone.

There was a question and answer session.

Finally, Andrew advised he would be happy to return to the group on another occasion to talk about long-term treatment, coping, and support. (This will be arranged for a meeting in 2018).
=======

Peter thanked Andrew for his very informative and interesting presentation, and confirmed that we would welcome his return to the group next year.

PC Trials
For those who may be interested in PCUK trials, I give the web link below:
https://prostatecanceruk.org/search-results?q=Trials

Next Support Group Meeting
The next support group meeting will be 15 March 2018.

JL

27.11.17