

East Lancashire Prostate Cancer Support Group Newsletter



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Surgery vs Radiation May Lower Risk of Death From High-Risk Prostate Cancer

Natasha Persaud October 4, 2021

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Don't Forget the 4th November 10th Anniversary Afternoon Tea.



In a study of men with high-risk prostate cancer as defined by National Comprehensive Cancer Network criteria, radical prostatectomy was significantly associated with a 32% reduced risk for prostate cancer mortality compared with external beam radiation therapy. Radical prostatectomy (RP) is associated with improved cancer-specific survival compared with external beam radiation therapy (EBRT) among men with high-risk prostate cancer, a new study

finds. Investigators led by Francesco Chierigo, MD, of Policlinico San Martino Hospital, University of Genova in Genova, Italy, first studied cancer-specific mortality (CSM) rates among 24,407 patients at high risk according to National Comprehensive Cancer Network criteria using the 2010-2016 Surveillance, Epidemiology, and End Results database. Second, they studied the same patients stratified by Johns Hopkins University criteria for high-risk (cT3a or Gleason Grade Group 4-5 or PSA exceeding 20

ng/mL) and very high risk (cT3b-cT4 or primary Gleason pattern 5 or Gleason Grade Group 4-5 in 5 or more biopsy cores) prostate cancer. To minimize confounding, patients were propensity score matched by age, PSA, biopsy Gleason score, and clinical T and N stages. The investigators also adjusted for mortality from other causes as a proxy for comorbidity burden, in the entire NCCN high-risk cohort, 40% underwent RP and 60% underwent EBRT. At 5 years, CSM rates were lower among

patients treated with surgery instead of radiation: 2.3% RP vs 4.1% EBRT. RP was significantly associated with a 32% reduced risk for CSM, Dr Chierigo and colleagues reported in *The Journal of Urology*.

Using Johns Hopkins criteria, 5-year CSM rates among very high-risk patients were 3.5% for RP compared with 6.0% for EBRT. RP was significantly associated with a 42% reduced risk for CSM, the investigators reported. No significant difference in CSM rates was found between RP vs EBRT in the Johns Hopkins high-risk group. It is possible that the small sample lacked statistical power to detect a difference, according to the investigators.

The data suggest that RP holds a CSM advantage over EBRT in the combined NCCN high-risk cohort, and in its subgroup of Johns Hopkins very high-risk patients, according to Dr Chierigo's team.

Reference

Chierigo F, Wenzel M, Würnschimmel C, et al. Survival after radical prostatectomy vs. radiation therapy in high-risk and very high-risk prostate cancer. *J Urol*. doi:10.1097/JU.0000000000002250

New Tests for Prostate, Colon Cancer Show Promise

By Dennis Thompson

HealthDay Reporter

WEDNESDAY, Sept. 29, 2021 (HealthDay News)

A pair of experimental tests could help doctors detect colon or prostate cancer with just a sample of blood or saliva.

One test examines a person's blood for four biomarkers linked to inflammation. In a small study, it outperformed the fecal blood test now used in colon cancer screening, said lead researcher Dr. Mona Eldeeb, of Alexandria University Medical Research Institute in Egypt.

"These combined blood base markers could detect early cancer [of the] colon, especially if applied in a screening program," she said.

The other test uses a man's saliva to look for genetic material linked to prostate tumor growth, according to the Iranian researchers who developed it.

If approved in the United States, the tests could make screening and diagnosis

for these cancers easier on patients, without the need for needle [biopsy](#) or colonoscopy, experts said.

"The exciting part of this study is that the [prostate cancer] test truly is noninvasive, requiring no need for needles as it relies on saliva that can be easily and repeatedly obtained," said Dr. Corey Speers, a radiation oncologist at the University of Michigan's Rogel Cancer Center in Ann Arbor.

The colon cancer test uses microscopic, color-coded beads to capture four inflammatory proteins from a blood sample. Laser technology then provides a count of the beads.

Eldeeb and her team tried the test with 35 patients with colon cancer and 52 people who were cancer-free.

They found that the proteins were at higher levels in the cancer patients, indicating that they could be used to screen for colon cancer without resorting to colonoscopy, Eldeeb said.

"This new test showed higher accurate results than the routinely used stool-based noninvasive test, and if used in combination with the fecal occult blood test gives very strong and accurate sensitivity with less need for colonoscopy," she said.

The [prostate cancer test](#) searches saliva for eight RNA samples that indicate whether a man has developed prostate cancer or is simply suffering from age-related [enlarged prostate](#). The research was led by Jamal Amri and Mona Alaei, from Tehran University of Medical Sciences in Iran.

The researchers tried the test on 180 men between the ages of 45 and 50, including 60 diagnosed with prostate cancer and 60 with enlarged prostate.

The study found that the saliva panel accurately sorted the men with prostate cancer from those with an enlarged prostate -- something that up to now has required a needle biopsy.

"Of course, with all such preliminary studies questions still remain as to the accuracy and reliability of the test when you expand to a larger group of patients, and it isn't yet ready for general adoption, but this represents an exciting first step," said Speers, a spokesman for the American Society for Clinical Oncology.

He said future studies would seek to confirm these initial findings in a larger and more diverse set of men. They will also seek to determine appropriate cutoffs for levels of RNA in the saliva samples.

"We look forward to these confirmatory studies being completed," Speers said.

Both reports were presented this week at the American Association for Clinical Chemistry (AACC) annual meeting, in Atlanta. Findings presented at medical meetings are considered preliminary until published in a peer-reviewed journal.

"These reports are very interesting early observations, and it will be exciting to see how they perform in follow-up studies," AACC President Dr. Stephen Master said in a statement. "Of course, it's important to note that both of these studies are preliminary, and both tests will need to be validated in larger studies before we can really know if they can be used in clinical practice or not."

More information

The U.S. National Cancer Institute has more about [cancer screening](#).

SOURCES: Mona Eldeeb, MD, Alexandria University Medical Research Institute, Egypt; Corey Speers, MD, PhD, radiation oncologist, University of Michigan Rogel Cancer Center, Ann Arbor; Sept. 28, 2021, statement, Stephen Master, president, American Association of Clinical Chemistry, American Association for Clinical Chemistry, annual meeting, Atlanta, Sept. 28-29, 2021

Yoga May Promote Antitumor Immune Responses and Boost Quality of Life in Prostate Cancer

September 25, 2021
Colleen Moretti

Conference | **American Urological Association's Annual Meeting (AUA)**

Yoga not only yields improvements in physical, mental, and sexual wellbeing, but it may also result in reduced inflammation and antitumor responses in men with prostate cancer.

Male patients with prostate cancer undergoing prostatectomy who do yoga may experience an improvement in quality of life, including a reduction in inflammation and potentially improved anti-tumor immune response, according to findings from a phase 2 study presented at the 2021 AUA Annual Meeting.

Yoga has a direct effect on the vagus nerve, which can shape how a person thinks, remembers, and feels. Patients with prostate cancer have a 20% to 30% incidence and prevalence of depression and anxiety.

In previous studies, yoga has demonstrated an improved quality of life for patients with cancer,

as well as lower inflammation. Additionally, newer, emerging data has demonstrated that mindfulness exercises, such as yoga, can cause the frontal and limbic parts of the brain to structurally change.

“However, if you look at hierarchy of evidence, most data on immune benefits of yoga is from small series and case reports, no such data exists for prostate cancer. Given these findings of improvement in quality of life with yoga, we started looking at [the] role of yoga in prostate cancer,” said Dharam Kaushik, MD, associate professor in the department of urology at the University of Texas Health, San Antonio, during the presentation of the data.

The primary outcomes of this clinical trial [NCT02620033] was self-reported outcomes of quality of life at baseline, and 6 weeks. Secondary outcomes included immune cell status and cytokine levels, also at baseline and 6 weeks.

“We wanted to evaluate the quality of life from multiple vantage points, therefore we utilized 4 different quality of life questionnaires,” Kaushik mentioned. Self-reported outcomes were assessed by the Expanded Prostate Index Composite (EPIC), Functional Assessment of Cancer Therapy-Prostate (FACT-P), Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F) and Five Facets of Mindfulness Questionnaire (FFMQ).

The study consisted of 30 men who were newly diagnosed with localized prostate cancer and scheduled for a radical prostatectomy. Patients were randomized to either yoga ($n = 15$) or standard of care ($n = 15$). And patients in the yoga group, performed the activity for 60 minutes twice a week for 6 weeks before their prostatectomy and 3 to 6 weeks after.

Yoga “meaningfully” improved EPIC-sexual scores, FACIT-F, FACT general and FACT-P. In stratification, there were improvements in sexual, physical, and social well-being in the yoga group.

Additionally, participants in the yoga group demonstrated increased numbers of CD4+ ($P = .007$) and CD8+ ($P = .004$) T-cells.

There was also an increase in the natural killer cells IFN γ ($P = .026$) and CD16 ($P = .041$), “indicating a robust immune response,” Kaushik added.

Yoga also had an enhanced effect on antitumor activity, decreasing the numbers of regulator T-cells and myeloid-derived suppressor cells: CD11b+CD33+ ($P = .002$), CD15-CD14+CD33 ($P = .047$) and Perforin+CD8+ ($P = .01$).

There was also a decrease in cytokine cells including, G-CSF ($P = .032$), which had shown to activate production endothelial cell and cytokines. Additionally, there was a decrease in MCP-1 ($P = .044$), which are associated with protection against dementia, and FLT-3L ($P = .053$) which has been linked to reducing chronic inflammation, Kaushik mentioned.

The benefits demonstrated in this study require further investigation, the authors concluded in the abstract.

Reference

Kaushik D, Shah P, Mukherjee N, et al. A phase 2 randomized clinical trial of yoga in men with prostate cancer. Presented at: 2021 American Urological Association Annual Meeting; September 10-13, 2021; virtual. Abstract LBA02-03.

Yearly prostate checks benefit some men aged 40 plus

By Michelle Roberts
Health editor, BBC News online

Some men should have annual prostate checks once they turn 40 to spot early, treatable cancers, UK experts say.

Targeted screening would save lives, the Institute of Cancer Research team says, even though the PSA blood test it relies on is not accurate enough to offer more widely.

It was trialled in men at high genetic risk for certain cancers.

PSA is a protein made only by the prostate gland and a raised level can be a sign of cancer.

Paul Cunningham, 67 and from Plymouth, is one of those who took part in the trials.

He is glad he did because the screening picked up a cancer that he will soon have removed.

Paul's risk of getting cancer is far above the national average because of a condition he has called Lynch syndrome (LS). He explained: "I have inherited genes that put me at higher risk."

He has already been treated for bowel cancer, and has had numerous skin cancers removed.

During the prostate screening trial, called IMPACT, his fifth annual check revealed he had an elevated PSA (prostate specific antigen) level in his blood. Paul went for further tests and his doctors found the tumour.

He said: "Thanks to the screening, they've managed to catch my cancer early. I hope these findings will go on to help others in my position."

Why aren't all men screened?

A PSA test can give confusing results, which is why routine prostate screening is not yet offered to men.

About 75% of men who get a positive PSA test result are not found to have cancer when they go for a follow-up invasive - and sometimes painful - biopsy.

A raised PSA can be a sign of other conditions that are not cancer, such as an enlarged prostate or a urinary tract infection.

And PSA misses the tumour in about 15% of men with prostate cancer. It also cannot show whether a cancer will probably go on to cause harm.

If you're a man aged 50 or over and decide to have your PSA levels tested after talking to your GP, they can arrange for it to be carried out free on the NHS.

Should I have a PSA test?

Targeted screening

The IMPACT study involves 828 men at 34 centres in eight different countries.

The results so far, published in The Lancet Oncology journal, suggest targeted PSA testing is worthwhile for men with Lynch syndrome, with the benefits outweighing the risks.

Lead investigator Prof Ros Eeles said: "Our new findings show that PSA testing in men with Lynch syndrome is much more likely to pick up life-threatening prostate cancer than in the general population.

"We think that men with the gene faults causing Lynch syndrome are likely to benefit from regular PSA testing from the age of 40."

It has the potential to spot 3,000 of these cancers a year in the UK, she estimates. These tumours are more likely to be aggressive than many of the 50,000 other new cases of prostate cancer diagnosed each year.

Prof Charles Swanton, from Cancer Research UK, said: "What's needed now is research to find out how early the test can diagnose prostate cancer in this group and - like any screening programme - the potential harms and survival benefits would need to be investigated before it could be rolled out.

"We don't currently recommend the PSA test for high-risk men who are asymptomatic, but if you're concerned about your cancer risk it's important you speak to your doctor."

Hayley Luxton, Research Impact Manager at Prostate Cancer UK, said: "Research like this to identify men at higher risk is vital, but we also need to find better tests which could be used to screen everyone."

Lynch syndrome

Affects 175,000 people in the UK - although only 5% of people with the condition know they have it. It is caused by an alteration in a gene called a mismatch repair gene LS doesn't cause any symptoms. Having LS does not mean you will develop cancer, but it increases your lifetime risk. If your family has a history of developing bowel, womb or prostate cancers when they are under 50, it is possible they have the altered gene that causes LS.

Knowing about the risk and having regular screening may help prevent some cancers. It may also help other cancers be found in the early stages.

Source: Macmillan Cancer Support and Bowel Cancer UK



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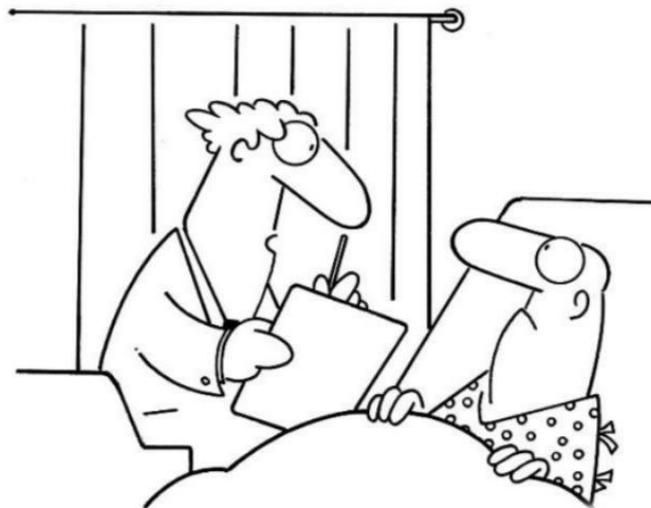
From Left to Right Hazel Goulding (Treasurer) Leon D Wright (IT Admin) Stuart Marshall (Secretary) Steve Laird (Vice Chairman) Dave Riley (Chairman)

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 embarrassing subject. We have lively, informative, interactive, sharing and above all supportive meetings.

RADIOTHERAPY WARD



"First we insert a balloon to open up your anus. Then we add helium and a string and bring you upstairs to cheer up the sick kids"

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