

# PHAROS

*A beacon of hope in the darkness*

*Newsletter of the Reading Prostate Cancer Support Group (RPCSG)*

*Issue 110: February 2021*

*Website: [www.rpcsg.org.uk](http://www.rpcsg.org.uk)*

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## THE FEBRUARY MEETING.

The February 2021 meeting was held by Zoom and was attended by 37 members and 12 people from other support groups from as far apart as Harrogate, Cardiff, Cornwall, Basingstoke and North Hants.

The talk was an excellent presentation by Jessica Finch who is a cancer research nurse. Jessica is engaged in research into immunotherapy and in particular trials of the drug Pembrolizumab (pronounced Pem-brol-is-a-mab).

Jessica introduced herself as working at the Mount Vernon Cancer Centre in the urology research team where she has worked as a cancer nurse since qualifying and has been in research since 2004 and involved in urology and prostate cancer trials for 16 years.

Drugs are trialled in three phases:

Phase 1 assesses the safety and tolerability of the drug.

Phase 2 explores the anti-cancer capability.

Phase 3 if the drug has been found to safe, tests look for improvements over existing treatments.

Phase 3 controlled tests are carried out using patient groups that receive the new drug and a similar number of patients are in a control group who are given a placebo. Neither patients nor staff are aware of which group a patient is part of, to remove any possibility of bias or different treatment between the groups.

If all phases are satisfactory then the drug is recommended for adoption by the NHS.

Mount Vernon has done much successful work with immunotherapy drugs for melanoma, lung cancer and head and neck cancers and they are now investigating immunotherapy drugs being applied to prostate cancer.

Jessica described how cancer develops. When cells reproduce there are occasionally rogue cells that are imperfect and which are usually destroyed by the immune system. However some rogue cells are missed by the immune system as though they had become invisible and they are able to further reproduce and develop into a tumour. The technical term for the invisibility is PDL1 which is a protein that stops the immune system from attacking the rogue cells.

Pembrolizumab inhibits cancer cell use of PDL1 and so the cancer cells are revealed to the immune system. It has been used successfully in other cancers and from 2015 its use in prostate cancer has been investigated.

Phase 2 trials with Pembrolizumab found that a small minority of men had a good response but it was not sufficient on its own. Phase 3 trials were started from the beginning of 2020 using Pembrolizumab in combination with other drugs used for hormone treatments, chemotherapy and PARP Inhibitors.

## TRIAL 1

This trial investigated the use of Pembrolizumab along with chemotherapy treatment being given to men with metastatic cancer that had progressed despite having had hormone treatment and either Abiraterone or Enzalutamide. One half of the group was given Pembrolizumab along with the chemotherapy treatment whilst the other half was given a placebo. Neither staff nor patients knew which patients received the Pembrolizumab nor their PSA levels.

Trial 2. This was conducted on patients with metastatic cancer currently receiving Enzalutamide and whose disease had progressed despite having had Abiraterone treatment. They had not had chemotherapy.

## Trial 3.

This trial used patients with metastatic cancer than had progressed despite Zoladex treatment and who have had chemotherapy and either Enzalutamide or Abiraterone. The men were divided into two groups. The first group was given either Enzalutamide or Abiraterone, whichever they had not previously had. The other group was treated with a combination of Pembrolizumab with Olaparib, the latter being part of the family known as PARP Inhibitors that block the way that cancer cells repair themselves hence causing the cancer cells to die. PARP inhibitors should only work in patients with BRCA mutation. The trials did not investigate whether any men had the BRCA mutation; there are other trials under way on this topic.

All of the three trials are currently recruiting at Mount Vernon. They are looking for 44 people in the UK for the Green trial (Pembrolizumab with chemotherapy) and have 16 patients at Mount Vernon which is encouraging. The recruiting will probably end in quarter 3 of 2021 then the treatment will take about 30 weeks including 10 cycles of chemotherapy over 30 weeks after which the chemotherapy will stop but the three weekly injections of Pembrolizumab and the placebo will continue until there is any indication to stop. Results are expected around the summer of 2022.

At every quarter-year information will be examined to see if the trial is likely to meet objectives. If information shows that the trial is proving inferior, the trial will stop.

Jessica then described the side effects of immunotherapy. The side effects are small but serious. Treatment can cause over-stimulation of the body's immune system such that it attacks the body's own healthy cells, possible outcomes include inflammation of lungs and the lining of the gut. If these occur they can be treated with steroids and the trial will continue.

There were then some questions from the audience during which some more information was given:

Hormones suppress 95% of testosterone but some cancer cells can learn to survive in very low levels of testosterone. Enzalutamide can be given in addition to treat the minority of cancer cells that survive.

CT scans deliver radiation but not in significant quantities. Larger quantities could cause cancers to develop many years later. A young person would not be given as many CT scans as would an elderly person as the latter would be unlikely to develop consequent tumours during their lifetime.

Anyone wanting to take part in a trial is advised to ask their oncologist or ask to be referred to another hospital for discussion. Other hospital may be doing different trials.

It was asked whether drugs should be changed in order to minimise side effects. It is better to treat the side effects as the drugs being used are for specific purposes around cancer control and changing medication would be adverse.

Jessica was thanked for her excellent presentation that was very comprehensible.

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If you are further interested in this drug you can find information in the internet. I found this web site by Cancer Research UK that describes a trial:

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-of-pembrolizumab-and-chemotherapy-for-prostate-cancer-that-has-spread-keynote-921#undefined>

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### **NEXT RPCSG ZOOM MEETING - 5th March 2021**

The March group meeting will be held by Zoom on the 5th March 2021 and will start a little earlier than usual as we will first have our AGM. I sent details and documents to all members by email on the 24th February 2021.

You can sign in from 6:00 p.m. and the AGM will start at 6:30 p.m. This should be a fairly short event to be followed by a talk by Sarah Beck of Tackle on the subject of "Working together to support people living with and beyond Prostate Cancer". The talk will start around 6:45 p.m.

Partners are very welcome to the meeting and will be able to cast their votes at the AGM.

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### **PROSTATE MATTERS**

The organisation 'Tackle' produces a regular newsletter, the most recent is issue 50 dated February 2021. This edition has lots of interesting information including articles by Steve Allen and Chairman Chris Addison. Steve gives a very useful summary of the progress on various drugs. There is also an article by Sarah Gray who will be the guest speaker at our meeting on the 5th March.

You can find the Tackle newsletter in the Tackle website by clicking this link:

<https://tackleprostate.org/prostate-matters.php>

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### **COFFEE MORNINGS AND WALKS**

Unfortunately due to the coronavirus restrictions the coffee mornings and walks cannot take place. The Government now has plans to relax the rules and it seems that we may be able to resume events around May of this year but of course it depends upon the response to the phased relaxation of some restrictions.

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**DATES FOR YOUR DIARY.**

**Friday 5th March 2021** will be an AGM followed by a talk by Sarah Gray of Tackle.

**Friday 9th April 2021** will be a talk by the Medical Dogs Association. This is on the second Friday of April as the first Friday in April is Good Friday. More detail next month!