

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

Issue 141: September/October 2024

Website: www.rpcsg.org.uk

THE SEPTEMBER 2024 MEETING

I am very grateful to Beverley for writing the following summary of the talk by Dr. Ed Morgan, on the subject of 'Development in Prostate Cancer Management'.

Ed Morgan is a new Oncology Consultant at the Royal Berkshire Hospital. He started his talk by letting us know that he had been born in Berkshire and had trained in Leicester. Over his training he had worked at the Royal Berkshire Hospital a couple of times before being appointed as an Oncology Consultant in May 24.

He talked about the developments in Prostate cancer Management looking specifically at medical castration tablets, the PACE-B trial, triplet therapy, Abiraterone licensing, Lutetium-223 DOTATATE, bone protection with androgen deprivation and an ASCO update.

Relugolix is a once-a-day new tablet that was approved by NICE in July 2024 based on the HERO trial. It is an oral alternative to the LHRH injections (eg Zolodex) reducing testosterone levels in the body. It has been proved to have the same efficacy as an LHRH but at the moment it is twice the price. Its advantages are that it can be stopped and the patient becomes uncastrated within 4 days. This is helpful for anyone suffering from side effects. It also has a reduced cardio-vascular side effect so for patients with known cardiac issues it can be better tolerated than the standard LHRH. There was a question about converting from LHRH to Relugolix if a patient develops cardiac issues. Ed recommends no change if a patient has been on an LHRH before developing cardiac issues as the body is used to it but if a new patient has significant cardiac history he would consider starting on the new Relugolix.

The PACE-B Trial was published from the Royal Marsden in October 2022. Ed suggested that this trial will lead to the biggest change in radiotherapy practice in many years. It looked at SABR v conventional fractionated schedules for low-risk prostate cancer patients. It looked at giving the required doses in 5 days rather than the current 20 days. Reducing the number of fractions to 5 days will dramatically increase the number of patients that can be treated each week as around 45% of radiotherapy treatments are prostate cancer patients. The trial proved that there was no increase in side effects. The oncology team are going for a training day at the end of the month to learn how to give this treatment effectively as it has less toxicity but if not done correctly the target can be missed leading to increased damage to surrounding areas. Ed reiterated this is a practice changing trial.

Triple therapy for metastatic prostate cancer (stage 4 Cancer) was his next topic. Patients will firstly be given hormone treatment. Darolutamide + hormones + docetaxel chemotherapy is a treatment that is now NICE approved (June 2023). This is given to patients with extensive metastatic disease but the patient has to be fit enough to tolerate the treatment and its side effects.

6 cycles of Docetaxel or Darolutamide given until progression have more dubious evidence for approval. These are not suitable for low volume metastatic prostate cancer and are given with the Oncologist's decision depending on disease grade, PSA, patient ability to tolerate the treatment so difficult to give direct rationale for treatments. They are all given on a case by case basis.

He then moved onto Abiraterone in high risk, non metastatic prostate cancer. The STAMPEDE trial proved its efficacy and Scotland approved its use. England and Wales however have not approved its use. Ed hopes they will change their mind at some stage.

Ed then looked at other treatments that have been approved or rejected recently. Lutetium-177 in treatments of PSMA positive relapsed metastatic cancer has been rejected 3 times due to its expense v overall extra survival time (approx. 4 months)

HIFU is carried out by the urologists from the PARTS trial. It has been approved but is not widely available.

A question about SABR led to Ed suggesting that in his view this may overtake Brachytherapy in the future. Brachytherapy is more suitable for larger volume disease.

As younger men are being diagnosed with prostate cancer the treatment options are discussed as the risk of further cancer from radiotherapy need to be considered.

He commented that biodegradable SpaceOar insertion has been approved to protect the bowel from radiotherapy. It still needs some research and is not widely available and does have to be inserted by a qualified clinician. If it not in the right place it will provide no protection at all. Abiraterone for treating newly diagnosed high risk, hormone sensitive metastatic prostate cancer has been approved for use as has Darolutamide for patients with a rising PSA.

Ed then looked at bone health in men with prostate cancer especially those on long term hormone treatment. He believes that bone fractures can be eradicated and should be avoidable. He is trying to introduce the FRAX questionnaire which looks at fracture risks and giving patients on long term hormones at least Calcium +Vit D + /- Alendronic Acid to protect the bones. The Northern Cancer Alliance have a chart with recommendations for treatments he would like to bring into the Royal Berkshire.

Ed looked at the ASCO (American Society of Clinical Oncology) suggestions for the future. The Contact 2 Trial looks at whether Calazantinib +Atezolizumab improves outcomes compared to standard treatment. This is a very 'wacky' trial that may or may not show any improvements. The GETUG-AGU 18 confirmed high dose radiotherapy + long term ADT improves outcomes in high risk patients. This may change radiotherapy doses in the future.

The ACE study is a quality of life study on patients receiving Enzalutamide. It showed patients had a decline in quality of life with increased depression and fatigue than those receiving Abiraterone.

Questions from the floor were asked about Apalutamide / Darolutamide and Apilutamide all of which are given at the RBH for different stages of prostate cancer. The clinicians look at a variety of markers before deciding which treatment is the most suitable.

When asked, Ed explained that the inevitability of anyone's prostate cancer spreading depends on the type of cancer, age at diagnosis and other co-morbidities. He recognised that if we all lived forever everyone's cancer would spread but as we all have a limited life span the spread of cancer is mostly due to the aggressiveness of the cancer at diagnosis.

He reminded everyone that his job is like walking a tightrope trying to work how to best cure / block a cancer from growing, whilst leaving the patient able to continue life to the full. All consultants look at a wide variety of markers and life issues before advising on treatment options.

Ed was thanked for his very informative presentation

THE OCTOBER 2024 MEETING

The October meeting was an open meeting that followed a brief ExtraOrdinary General Meeting concerning the intention of the RPCSG to apply to become a charity (Charitable Incorporated Organisation).

The open meeting was well attended and was a great opportunity for members to talk among themselves about any subject. The open meetings are popular and we intend to hold more of them.

CHRISTMAS SOCIAL

Christmas is approaching and so is our annual RPCSG Christmas Social. We are now open for you to reserve your places at this event. The following message is from our Social Secretary Alex:

The next Group Social will be our Christmas event on Friday 6 December. Our caterers are booked, and there will be the usual Christmas decorations, quiz, and Bev's and Nigel's raffle. Tickets will be priced the same as last year at £30 per person. I've already opened the attendance list, so if you want to get your name in early to avoid disappointment, you can do so by sending me an email (alexbmiles@aol.com). No need to pay until November! Please remember that numbers are limited – last year we had to turn down requests for places from those who had left it too late.

I look forward to seeing you at our Group meetings – and, of course, at the Christmas Social.

Alex Miles
Social Secretary.

AWARENESS EVENT

On Tuesday 15th October we held an awareness event at St Paul's church, Wokingham. The church hosted a U3A meeting at which a U3A presenter gave a talk to the audience that consisted of about 50 U3A members. Following the talk we spoke to several members about prostate cancer and our support group. Most of the audience were females, but several members showed an interest and got into conversation with us, and we distributed several of our information leaflets. The U3A made a generous donation to the RPCSG for which we are very grateful.



Our stand at St Paul's

AWARENESS DAY AT TESCO

On the 14th September we held a very successful awareness stand in the entrance to Tesco, Wokingham, from 10:00 a.m. until 4:00 p.m. We made contact with more than 300 people and handed out even more of our awareness leaflets. Interestingly, about 25% of the men that we spoke to, had had a PSA test already.

RPCSG WALKS AND COFFEE MORNINGS

A very pleasant walk was held in October, walking around the lakes at Dinton Pastures. After a few early showers the weather improved and made for a very enjoyable walk around the lakes, with a refreshment stop at the Dinton café.

Photographs during the Dinton walk:



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