Notes of Haywards Heath and District Prostate Cancer Support Group Meeting
Held on Thursday 26 November 2015

Peter Barton (Chairman) introduced himself and welcomed everyone to the meeting, including Jenny and Phil Stanger (founders of the group) who were visiting the area.

The group were advised that Burgess Hill Lions had held a charity event and raised over £400 for our group, for which we are truly grateful and which would go towards running expenses.

PRESENTATION
By Andrew Hart, Uro-Oncology nurse specialist at Worthing Hospital, who presented details of the latest treatments for Prostate Cancer, as follows, and answered Questions from members:

Summary of Prostate Cancer Treatment Options
- Watchful waiting
- Active surveillance
- Surgery (prostatectomy)
- Radiotherapy
    - External beam
    - Seed brachytherapy
    - HDR brachytherapy
- Hormone Therapy
- Chemotherapy
- HiFU (ultrasound probe)
- Cryotherapy (freezing)

Surgery

Robot-assisted laparoscopic radical prostatectomy (RALRP) - cutting edge treatment undertaken in Eastbourne and Guildford. The period in hospital following treatment is shorter also recovery time. Sometimes more than one surgeon participates in the operation.

Radiotherapy Options

- External Beam Radiotherapy (EBRT)

Usually combined with hormone therapy

- IMRT (intensity-modulated RT)

Intensity-modulated radiation therapy (IMRT) is an advanced mode of high-precision radiotherapy that uses computer-controlled linear accelerators to deliver precise radiation doses to a malignant tumour or specific areas within the 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 RT)

Image-guided radiation therapy is the process of frequent two and three-dimensional imaging, during a course of radiation treatment, used to direct radiation therapy utilising the imaging coordinates of the actual radiation treatment plan.

- SBRT - Stereotactic Body RT (“Cyberknife”)

Radiosurgery. Private treatment clinic in Harley Street and selected centres in NHS, e.g. Mount Vernon in Middlesex, Royal Marsden. Typically only requires about 5 treatments.

- Proton beam RT

Not available in UK yet but proposed sites at Christie and UCH. Proton beams are used instead of photons (x-rays) to deliver RT.

- Seed brachytherapy

Implantation of radioactive seeds or pellets into the prostate gland. One-off procedure, does not usually require a course of hormone therapy. Not usually used on very enlarged prostates or when there is advanced disease.

- High Dose Rate (HDR) brachytherapy - carried out under general anaesthetic

Implantation of radioactive source into the prostate gland using hollow rods.
Usually combined with EBRT, requires a period of hormone therapy beforehand. No long term data as yet but this shows good outcomes so far. Carried out in Brighton and Guildford.

Other Therapies

- Cryotherapy – "freezing" of prostate, usually as a salvage treatment after prior therapy (radiotherapy or brachytherapy), although it can be a primary treatment but only in trials in specialist centres.

Hollow needles are inserted into prostate under anaesthetic and freezing gas is passed through needles.

- High Intensity Focused Ultrasound **(HIFU)** – also often used as salvage treatment after radiotherapy but this is being used as primary therapy in trials in specialist centres.

Rectal probe passes powerful ultrasonic waves into prostate under anaesthetic.

Hormone Therapy

- Traditionally LHRH agonist (Zoladex, Prostap) to stop production of testosterone
- Newer treatment with LHRH antagonist (Degarelix, also known as Firmagon)

No need for pre-treatment with anti-androgen since there is no risk of tumour "flare".
Monthly treatment only (no longer-lasting preparation yet available). So far has proved very effective.

If you have high PSA but want to get the treatment working a fast as possible this injection can be given to bring down the PSA very quickly.

Advanced or metastatic prostate cancer: second line hormonal treatments

- Abiraterone (Zytiga)

1000mg (4 tablets) once daily. Taken with a steroid (usually prednisolone twice a day).
Stops testosterone production.

- Enzalutamide (Xtandi)

160mg (4 tablets) once daily
Blocks action of testosterone at cell level (binds to androgen receptors)

Flushes and fatigue can often be experienced. Abiraterone sometimes causes rise in blood pressure, but has proved very effective. Currently, if a patient is taking Abiraterone it is believed there is not much benefit in having Enzalutamide because it probably won't be very effective. However, there is no long term data to prove this. Consensus is that treatment should be tailored to the individual patient and not in which order drugs are given to a patient.

Chemotherapy

Advanced or metastatic prostate cancer

- Chemotherapy (Docetaxel) Now upfront treatment after result of STAMPEDE trial.

Usually 6 cycles, 3-weekly

- Chemotherapy (Cabazitaxel)

Second line treatment after docetaxel therapy - Usually 6 cycles, 3-weekly

Microtubule inhibitors
- to prevent cell division

Radium

Treatment with radioactive radium 223 (Alpharadin, Xofigo), six injections given once every four weeks for six months. Injection into the bone. Radium gets taken up into the bones killing off cancer cells and alleviating pain.

Targeted bone therapy

Future treatment options may include: -

Immunotherapy (e.g. Sipuleucel T)

Targeted therapies (e.g. Olaparib) - Showing a lot of promise. Research currently being undertaken.

Drug therapies will increasingly target specific genetic abnormalities rather than disease sites as a whole, for example will not simply treat “prostate cancer” but will target p53 mutation.

To conclude, Andrew advised we have a lot of very good treatment in England with new developments coming up all the time. He also advised that NICE does revisit decisions on use of drugs from time to time, and research is of course ongoing.

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MEMBER’S EXPERIENCE ON TRIAL

One of our members very kindly gave his experience of a recent drug trial on which he was accepted after fulfilling the necessary criteria. He took tablets daily at very specific times. The outcome of the treatment, which took almost six months, was a reduction in his PSA from almost 50 down to 3. There were 30-40 people on the trial and the drug didn't suit everyone. The drug was **Olaparib.**

NEXT MEETING

Our next support group meeting will be on Thursday 17 March 2016, 3-5pm. Same venue. Details of speaker and meeting will be circulated by email nearer the time.

JLea
30.11.15