



# TEESSIDE PROSTATE CANCER SUPPORT GROUP

## NEWSLETTER

26<sup>th</sup> September 2017

### PSA SCREENING LOWERS MORTALITY

Analysis of Clinical Trials Concludes

<https://prostatecancernewstoday.com/2017/09/07/psa-screening-lowers-prostate-cancer-mortality-review-concludes/>

Prostate cancer screening using prostate-specific antigen (PSA) does reduce mortality in prostate cancer, according to a review that used a new approach to analyse data from large clinical trials.

The findings suggest that current recommendations, which advise against PSA-based screening, might need to be revised, researchers write in their report, which was published in the journal *Annals of Internal Medicine*.

Interestingly, the study, "Reconciling the Effects of Screening on Prostate Cancer Mortality in the ERSPC Trials," used the same source data that the U.S. Preventive Services Task Force (USPSTF) had employed to issue recommendations against screening.

The studies were the European Randomized Study of Screening for Prostate Cancer (ERSPC; ISRCTN49127736) reporting a 21 percent drop in prostate cancer mortality with screening.

### GETTING THE MESSAGE OUT



Terry Bytheway giving a presentation to a group of retired gentlemen in Redcar on 26<sup>th</sup> July aiming to get the message out for PSA testing and early diagnosis.



Raising awareness at M&S store in Hill Street, Middlesbrough on 21<sup>st</sup> July also conducted on two other Fridays. Many thanks to all the volunteers that provided cover for the three sessions.



### FUND RAISING

Funds raised for the Support Group over the last two months are as follows:

Liverpool Marathon – David Bytheway	£100
Ali Brownlee FunRun – Terry Bytheway	£50
Redcar PC Presentation – Terry Bytheway	£30
<u>Tees Pride Fun Run – Terry Bytheway</u>	<u>£20</u>
Total amount raised	£200

We need stories for the Newsletter if you have anything to add then please send your story to Terry Bytheway on [bythewayt@hotmail.co.uk](mailto:bythewayt@hotmail.co.uk) or call 01642 960934

## STUDY FINDS EARLY DOCETAXEL & ABIRATERONE EQUALLY EFFECTIVE

Prostate Cancer UK welcomes new data from the STAMPEDE trial that clarifies there is no difference in overall survival offered by both treatments for men newly diagnosed with advanced disease, but now PCUK want the option of earlier abiraterone made available to men who can't have chemotherapy.

New comparative data from the extensive STAMPEDE trial, which separately tested the earlier use of docetaxel and abiraterone for men with newly-diagnosed advanced prostate cancer and found that both treatments increase survival times, has proven both approaches to be equally beneficial.

Released today at the European Society of Medical Oncology congress (ESMO), the latest results showed that having docetaxel chemotherapy in combination with hormone therapy was similar to having abiraterone with hormone therapy, providing the possibility of additional months – and in some cases years – of survival, with a similar quality of life.

### Current issues mean some men miss out on early abiraterone

Docetaxel is the cheaper of the two options and is the current standard of care for most men diagnosed with advanced disease in the UK. Yet there are some men with advanced prostate cancer who are unsuitable for chemotherapy, so access to earlier abiraterone instead is crucial for them. At the moment, abiraterone is only available to men with advanced disease after their cancer has become resistant to hormone therapy.

Abiraterone is being relicensed for use in men with newly diagnosed advanced prostate cancer, while the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC) are also preparing to appraise it. Both processes, though, will only focus on men newly diagnosed with advanced prostate cancer with the most severe levels of the disease. This means that men newly diagnosed with advanced prostate cancer that is less severe, but who are not suitable for chemotherapy, will miss out.

### Licensing and appraisal 'critical' for men unsuitable for chemo

"Research into treatments for advanced prostate cancer has been making great strides in recent years, however there is still some uncertainty about which treatment sequences provide the maximum benefit," says Dr Matthew Hobbs, deputy director of research at Prostate Cancer UK.

"Today's new analysis is important because it indicates that the current practice of combining hormone therapy with docetaxel is as effective at extending life as combining hormone therapy with abiraterone. This suggests that, for most men diagnosed with advanced disease, docetaxel plus hormone therapy will remain the first-choice treatment as it is already available and the more affordable option.

"However, it is critical that those men with advanced prostate cancer who are not suitable for chemotherapy are also given the opportunity for life-extending treatment. We therefore want abiraterone in combination with hormone therapy to be licensed and appraised so that it can be made available to all men with newly diagnosed advanced prostate cancer – not just those with the most severe forms of the disease."

PCUK are currently funding research to understand more about which treatments provide the most benefit to which men, so that in the future treatment decisions can be more tailored to the individual. Every man's prostate cancer is different, which is why it is important to ensure the right treatments are available to the right men at the right time to get maximum benefit.

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## NEW PROSTATE CANCER DRUG XTANDI

(Reuters) - Pfizer Inc and Japan's Astellas Pharma Inc said on Thursday their blockbuster prostate cancer drug met the main goal of a key study that tested it for treating the disease in its early stages.

The positive data sets the stage for an earlier-than-expected approval of the drug, which is already cleared to treat metastatic castration-resistant prostate cancer (CRPC) - where the cancer has spread to other parts of the body.

Pfizer said the drug, Xtandi, in combination with an anti-hormone therapy, was statistically significant in improving survival in men with non-metastatic CRPC without their cancer spreading, compared with the standalone anti-hormone therapy.

There is no FDA-approved treatment for non-metastatic CRPC, according to Deutsche Bank analysts.