

# East Lancashire Prostate Cancer Support Group Newsletter



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Hope you are all well & Bearing Up in these Turbulent Times Keep Safe & Stay at Home.



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# *Home urine test for prostate cancer could revolutionise diagnosis*

*University of East Anglia*

A simple urine test under development for prostate cancer detection can now use urine samples collected at home - according to new research from University of East Anglia and the Norfolk and Norwich University Hospital.

Scientists pioneered the test which diagnoses aggressive prostate cancer and predicts whether patients will require treatment up to five years earlier than standard clinical methods.

Their latest study shows how the

'PUR' test (Prostate Urine Risk) could be performed on samples collected at home, so men don't have to come into the clinic to provide a urine sample - or have to undergo an uncomfortable rectal examination.

This is an important step forward, because the first urination of the day provides biomarker levels from the prostate that are much higher and more consistent. And the research team hope that the introduction of the 'At-Home Collection Kit' could revolutionise

diagnosis of the disease.

Lead researcher Dr Jeremy Clark, from UEA's Norwich Medical School, said: "Prostate cancer is the most common cancer in men in the UK. It usually develops slowly and the majority of cancers will not require treatment in a man's lifetime. However, doctors struggle to predict which tumours will become aggressive, making it hard to decide on treatment for many men.

"The most commonly used tests for prostate cancer include

blood tests, a physical examination known as a digital rectal examination (DRE), an MRI scan or a biopsy.

“We developed the PUR test, which looks at gene expression in urine samples and provides vital information about whether a cancer is aggressive or ‘low risk’.

“Because the prostate is constantly secreting, the collection of urine from men’s first urination of the day means that the biomarker levels from the prostate are much higher and more consistent, so this is a great improvement.

“Being able to simply provide a urine sample at home and post a sample off for analysis could really revolutionise diagnosis.

“It means that men would not have to undergo a digital rectal examination, so it would be much less stressful and should result in a lot more patients being tested.”

The research team provided 14 participants with an At Home Collection Kit, and instructions. They then compared the results of their home urine samples, taken first thing in the morning, with samples collected after a digital rectal examination.

“We found that the urine samples taken at home showed the biomarkers for prostate cancer much more clearly than after a rectal examination. And feedback from the participants showed that the at home test was preferable.

“Using our At Home test could in future revolutionise how those on ‘active surveillance’ are monitored for disease progression, with men only having to visit the clinic for a positive urine result. This is in contrast to the current situation where men are recalled to the clinic every six to 12 months for painful and expensive biopsies.

“Because the PUR test accurately predicts aggressive prostate cancer, and predicts whether patients will require treatment up to five years earlier than standard clinical methods – it means that a negative test could enable men to only be retested every two to three years, relieving stress to the patient and reducing hospital workload.”

The Norfolk and Norwich University Hospital receives more than 800 referrals a year to investigate and treat potential prostate cancers. Prostate cancer usually develops slowly and the majority of cancers will not require treatment in a man’s lifetime.

Robert Mills, Consultant Surgeon in Urology at the Norfolk and Norwich University Hospital, said: “This is a very exciting development as this test gives us the possibility of differentiating those who do from those who do not have prostate cancer so avoiding putting a lot of men through unnecessary investigations.

“When we do diagnose prostate cancer, the urine test has the potential to differentiate those who need to have treatment from those who do not need treatment, which would be invaluable. These patients go on to an active surveillance programme following the diagnosis which may involve repeat biopsies and MRI scans which is quite intrusive. This urine test has the potential to tell us whether we needed to intervene with these patients.”

The research team say that their findings could also help pioneer the development of home-collection tests for bladder or kidney cancer.

[‘Methodology for the At-Home Collection of Urine Samples for Prostate Cancer Detection’](#) is published in the journal *BioTechniques* on Friday, November 29, 2019.

The research was funded by the Movember Foundation, the Masonic Charitable Foundation, the Bob Champion Cancer Trust, the King family, the Andy Ripley Memorial Fund and the Stephen Hargrave Trust.

# *Coronavirus ( Covid19 ) & Prostate Cancer*

*Prostate Cancer UK 20th March 2020*

27 March 2020

Below is some information about coronavirus ( COVID-19 ) for people who have, or have had, prostate cancer.

This information aims to answer some of the questions you may have at this time. We will update this page in line with any official advice changes and to make sure it answers common questions. You can also contact our [Specialist Nurses](#) for further information and support. As always, it 's important to follow the advice of your doctor, nurse or other people in your medical team.

We have also worked with other UK cancer charities as part of ' One Cancer Voice ' and with NHS England to develop information on coronavirus for people who have, or have had, cancer and their loved ones, and for people who are worried they may have cancer. Both the '[One Cancer Voice ' information](#) and the information on this page will be kept up to date if official advice changes.

For the latest information about coronavirus for the general public, including symptoms to look out for, what to do if you think you have coronavirus, and ways to reduce your risk of catching or spreading coronavirus, [visit the NHS website](#).

## *Help us to support you at this time*

We want to know from you how we can best support people affected by prostate cancer during the coronavirus outbreak. Please [complete our short survey](#) to let us know what support and information would help.

## *I 'm having treatment for prostate cancer – am I at increased risk if I get coronavirus?*

The effects of coronavirus infection could be particularly severe for certain people with prostate

In Scotland, call your GP surgery ( or 111 if your GP surgery is closed ).

Make sure you tell them about your prostate cancer diagnosis and any cancer treatments you are having.

### ***Someone I live with has symptoms – what should we do?***

If you 're having one of the [treatments mentioned above](#) or you 're over 70, and someone you live with has a new and continuous cough or a high temperature ( fever ), it may be sensible to stay somewhere else for 14 days, if possible. If this isn 't an option and you have to stay at home together, try to keep away from them as much as possible.

### ***Will I have my prostate cancer treatment as planned?***

The NHS is continuing to provide cancer treatments and has taken steps to make sure necessary drugs are still available. But some men and their doctors will have to decide whether to delay or change their prostate cancer treatment. This could be for the following reasons.

Some prostate cancer treatments increase your risk of getting infections, which could put you at risk of catching coronavirus. In this case, other treatments may be safer for you at this time.

Some prostate cancer treatments involve regular hospital appointments or time on a hospital ward, which could put you at risk of catching coronavirus. In this case, other treatments that don 't involve spending time at the hospital may be safer for you until the risk has reduced.

Prostate cancer often grows slowly, so for many men a delay or change to their treatment shouldn 't affect how well their treatment works in the long term. If tests show your cancer is more likely to grow quickly or spread, your doctor should make your treatment a priority so that you get the treatment you need without unnecessary delays.

If your doctor does need to delay or change your treatment at all, they will talk to you first to make sure you understand your options and why this is happening. Speak to your doctor if you have any concerns.

Your appointments and check-ups may happen over the phone so that you don 't have to go into the hospital or GP surgery. If you 're not sure whether to go to any planned appointments, contact your doctor or nurse to check.

Please note that calls from your GP surgery or hospital may come up on your phone as a withheld number, or you may not recognise the number that appears. It may be worth answering any calls from withheld numbers, or from numbers you don't recognise, at this time in case your doctor or nurse is trying to contact you.

cancer. These include:

men having [chemotherapy](#)

men having clinical trial drugs that affect the immune system, such as olaparib (Lynparza®) or pembrolizumab (Keytruda®).

If you're having one of these treatments, it's very important to follow the [government's guidance](#) and stay at home for the next 12 weeks. You may hear this called 'shielding'. It aims to protect those people who are at greatest risk of becoming very ill if they catch coronavirus.

It's very likely that your doctor or nurse will limit the amount of time you need to spend at the hospital or GP surgery. For example, you will probably have phone appointments, wherever possible, instead of visiting the hospital or GP surgery. It might also be possible to have blood tests done at home. Speak to your doctor or nurse if you're concerned about your appointments.

If you've had one of the treatments listed above in the last three months, but are no longer having it, speak to your hospital doctor about your level of risk from coronavirus. They can help you decide whether or not to follow the [government's guidance on shielding](#).

### ***For other men with prostate cancer***

Even if you aren't having one of the treatments listed above, it's very important to follow the [expert advice on social distancing](#). This means avoiding contact with other people, including friends and family, to reduce your risk of catching coronavirus.

If the advice for people having cancer treatment changes at any time, health professionals and charities will take steps to make sure patients have the latest information.

### ***I'm worried that I may have coronavirus – what should I do?***

If you've been in contact with someone with coronavirus, or if you have a new and continuous cough or a high temperature (fever), stay at home and contact your medical team at the hospital straight away.

If you're having [chemotherapy](#), you should already have the number of someone to call at the hospital if you have any signs of an infection. Call this number if you're worried you may have coronavirus.

If you can't get hold of your medical team, contact the following:

In England, Wales or Northern Ireland, call 111 for advice

### ***Will I be offered surgery?***

[Surgery \(radical prostatectomy\)](#) is commonly used to treat [localised prostate cancer](#) (cancer that hasn't spread outside the prostate). It is also an option for some men with [locally advanced prostate cancer](#).

Having prostate surgery involves staying in hospital, which could put you at risk of catching coronavirus. This means it may be safer for you to have [hormone therapy](#) to control your cancer until this risk has reduced and you can safely have surgery. All [types of radical prostatectomy](#) (including robot-assisted keyhole surgery, keyhole surgery by hand, and open surgery) are still possible after being on hormone therapy.

Your doctor will talk to you to make sure you understand your options and help you decide what to do next. Most localised prostate cancer grows slowly. For many men with localised prostate cancer, having hormone therapy for a while first won't affect how well the surgery works in the long term. If tests show your cancer is more likely to grow quickly, your doctor should make your treatment a priority so that you get the treatment you need without unnecessary delays. Speak to your doctor if you have any concerns.

### ***Will I be offered radiotherapy?***

[External beam radiotherapy](#) is commonly used to treat prostate cancer, as well as to relieve symptoms in men with [advanced prostate cancer](#).

Having radiotherapy involves regular hospital appointments, which could put you at risk of catching coronavirus. This means that other treatments that don't involve spending time at the hospital may be safer for you until this risk has reduced.

If you're having radiotherapy to treat [localised](#) or [locally advanced prostate cancer](#), it's normal to have [hormone therapy](#) for up to six months first. This helps to shrink the prostate and the cancer inside it, making the cancer easier to treat. Your hormone therapy should still be able to go ahead as usual.

If your doctor does need to delay or change your radiotherapy, they will talk to you about other treatments to help control your cancer – or relieve symptoms – until it's safe for you to have radiotherapy. Speak to your doctor if you have any concerns.

If you are already having radiotherapy, talk to your radiographer or your hospital doctor about whether you should continue having radiotherapy as planned or change to a different treatment.

### ***Will I be offered chemotherapy?***

Many men with advanced prostate cancer are offered [chemotherapy](#) at some point – either as a first treatment for their cancer, or later on if the cancer is no longer responding to hormone therapy.

One of the side effects of chemotherapy is that it increases your risk of catching infections. This means that having chemotherapy could put you at increased risk of catching coronavirus. Chemotherapy also involves regular hospital appointments, which could also put you at risk of catching coronavirus during those hospital visits.

Because of the increased risk of catching coronavirus, other treatments that don't affect your immune system or involve regular hospital visits may be safer for you until the risk has reduced. Your doctor will talk to you about other treatments to help control your cancer until it's safe for you to start chemotherapy.

If you are already having chemotherapy, talk to your doctor about whether you should continue having chemotherapy or change to a different treatment.

### ***I've had prostate surgery – am I at increased risk of coronavirus?***

If you've had [prostate surgery](#) in the last 6 weeks and are still recovering from the operation, follow the [expert advice on social distancing](#). This means avoiding contact with other people as much as possible, to reduce your risk of catching coronavirus.

If you've had surgery to treat prostate cancer in the past and have recovered from the operation, this won't increase your risk of catching coronavirus. It also won't increase your risk of more severe symptoms if you do catch coronavirus.

Your risk should be the same as other people in general. All people need to be careful, and particularly if:

you are 70 or over

you have a long-term health problem, for example with your lungs or heart, or a weak immune system

you're having a treatment that puts you at increased risk of infections.

Some men have lymph nodes near the prostate removed during surgery – this is known as a pelvic lymph node dissection. Lymph nodes are part of your immune system. However, as coronavirus affects your respiratory system, having the lymph nodes near your prostate removed shouldn't affect your risk of getting coronavirus.

I've had – or am having – radiotherapy. Am I at increased risk of coronavirus?

[External beam radiotherapy](#) to the prostate shouldn't affect your immune system. So if you've had – or are currently having – radiotherapy to treat cancer inside your prostate, this won't affect your risk of catching coronavirus. It also won't increase your risk of more severe symptoms if you do catch coronavirus.

However, if you're going into hospital to have radiotherapy at the moment, there's a chance you might catch coronavirus from other people there. Hospitals are taking extra measures to lower the risk of staff or patients catching coronavirus, but talk to your doctor, radiographer or nurse if you're worried.

Some men have radiotherapy to a wider area, including the nearby lymph nodes. Lymph nodes are part of your immune system. However, as coronavirus affects your respiratory system, having radiotherapy to the lymph nodes near your prostate shouldn't affect your risk of getting coronavirus.

Some men with [advanced prostate cancer](#) have [radiotherapy to relieve bone pain](#) in parts of the body where the cancer has spread. Depending on the bone that is being treated and the dose of radiotherapy, this might affect the bone marrow, which can cause a temporary drop in the number of blood cells that help fight infection. If this happens, it might mean you're more likely to get infections. Speak to your doctor, radiographer or nurse if you're having radiotherapy to treat symptoms of advanced prostate cancer and are worried that you might be at increased risk.

If you're having [radium-223 \(Xofigo®\)](#) to treat bone pain caused by advanced prostate cancer, this can occasionally affect the bone marrow and increase your risk of getting infections. Speak to your doctor or nurse if you're worried.

### ***Does being on hormone therapy increase my risk of coronavirus?***

LHRH agonists, GnRH antagonists and anti-androgens

Standard hormone therapy treatments, including [LHRH agonists](#), [GnRH antagonists](#) and [anti-androgen tablets](#), don't affect your immune system. This means that being on standard hormone therapy won't increase your risk of catching coronavirus, or of having more severe symptoms if you do catch coronavirus. However, remember to think about any other treatments you might be taking, and whether those might increase your risk.

Abiraterone

If you're taking [abiraterone \(Zytiga®\)](#) tablets, you will also be taking a steroid called prednisolone or prednisone. Steroids cause some people to have a slightly higher risk of getting infec-





## Contact Information

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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.

### How to give suppository using good social distancing method



Head-nurse Kratchit demonstrates the latest technique in touchless suppository administration.