

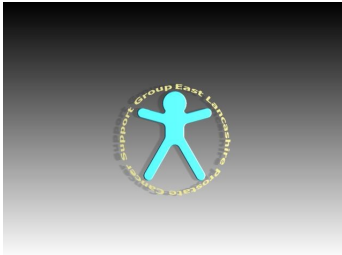
East Lancashire Prostate Cancer Support Group Newsletter



Volume5

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“ Sex linked to prostate cancer risk study ”

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The more sexual partners a man's had the greater his risk of developing prostate cancer.

A study by Cancer Council NSW published in the International Journal of Cancer has found sexual activity is among the risk factors that at least doubles the risk of the disease.

"Our study points towards men who engage in higher levels of sexual activity and start being sexually active earlier as being at a higher risk of prostate cancer," said Visalini Nair-Shalliker, a research fellow at Cancer Council NSW.

The following factors at least double the risk of prostate

cancer in men: having a father with a history of prostate cancer, a previous diagnosis of prostatitis or benign prostatic hyperplasia, the number of sexual partners in a lifetime, with the risk being highest in the group that reported the most sexual partners.

READ MORE:

[* Survivors encourage men to get checked for prostate cancer](#)

[* Ben Stiller credits prostate cancer test for saving his life](#)

[* Nelson man opens up about living with prostate cancer](#)

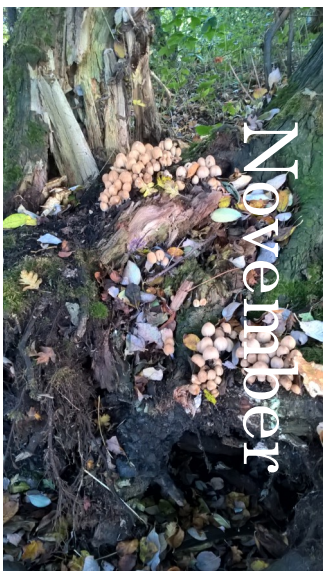
Previous research had pointed to greater sexual activity in early adulthood as reducing later risk.

"The role of sexual

activity is just not straightforward, due to its multifaceted nature. It's an area that needs further exploration," Nair-Shalliker added.

It's believed this increased risk associated with sexual activity could be due to hormonal changes.

"More research into the exact mechanisms is needed, but what we do know is that a number of risk factors we looked at - for example, obesity and sexual activity - are associated with hormonal activity. Hormonal changes have been linked to prostate cancer initiation, so that's the common potential underlying cause that we can see at this stage," said Nair-Shalliker.



Being overweight or obese was associated with increased risk, but to a lesser extent.

"The impact of obesity on the risk of developing prostate cancer is a concern, with 70 per cent of Australian men being overweight or obese," Nair-Shalliker concluded.

There was no association found between prostate cancer risk and circumcision, vasectomy or erectile function.

Common prostate cancer treatment linked to later dementia, researcher says

Stanford University Medical Center

October 13, 2016

A new retrospective study of patient medical records suggests that men with prostate cancer who are treated with testosterone-lowering drugs are twice as likely to develop dementia within five years as prostate cancer patients whose testosterone levels are not tampered with.

The study, by researchers at the Stanford University School of Medicine and the University of Pennsylvania Perelman School of Medicine, also demonstrates emerging techniques for extracting biomedical data from ordinary patient medical records.

The paper describing the research will be published online Oct. 13 in JAMA Oncology. Kevin Nead, MD, DPhil, a resident at the University of Pennsylvania who got his medical degree at Stanford, is the lead author. Nigam Shah, MBBS, PhD, associate professor of biomedical informatics research at Stanford, is the senior author.

Testosterone can promote the growth of prostate tumors, and so clinicians have used androgen deprivation therapy to lower testosterone and other androgens in prostate cancer patients since the 1940s. In the United States, about a half-million men currently receive ADT as a treatment for prostate cancer.

'The risk is real'

A 2015 study by the same authors found an association between ADT and Alzheimer's disease. In the new paper, the team expanded their work to include several other forms of dementia. "When we published our last paper, a letter to the editor pointed out that Alzheimer's is often confused with vascular dementia," said Shah. "So instead of looking for Alzheimer's and dementia separately, we decided to aggregate them into a higher-level category -- all dementias and cognitive decline." Such aggregation could minimize the question of misdiagnosis, Shah said, and increase the sample size to provide more statistical power.

The team looked at deidentified records from Stanford Medicine's clinical-research data warehouse for nearly 10,000 patients with prostate cancer. Of the 1,829 who received androgen deprivation therapy, 7.9 percent developed dementia within five years, compared with 3.5 percent of those not treated with ADT.

"The risk is real and, depending on the prior dementia history of the patient, we may want to consider alternative treatment, particularly in light of a recent prospective study from the U.K.," said Shah. That study, published in September in The New England Journal of Medi-

cine, revealed that prostate cancer patients randomized to either active monitoring, surgery or radiation therapy all had the same risk of death from the cancer after 10 years. Ninety-nine percent of men in the study survived regardless of initial treatment. These startling results suggest that active monitoring of prostate cancer patients may be as good as early radical treatment and may cause fewer side effects.

And because the actual number of patients possibly at risk for dementia from androgen deprivation therapy is small, it makes sense when weighing the value of prescribing ADT to try to identify which prostate cancer patients might be vulnerable to dementia, said Shah.

The new study adds to a growing body of evidence supporting Stanford Medicine's precision health approach, the goal of which is to anticipate and prevent disease in the healthy and precisely diagnose and treat disease in the ill.

Nead and Shah cautioned that prostate cancer patients who are receiving ADT shouldn't make changes to their medications without talking to their physicians.

"I was surprised at how ubiquitous the effects on all types of dementia were, but I would definitely not alter clinical care based on our results," Nead said. He added that he would like to see a prospective, randomized clinical trial to establish whether ADT can be more firmly linked to an increased risk of dementia and to help identify what kinds of patients might be vulnerable to that increased risk, he said. He anticipates that checking for dementia risk in people treated with ADT will be part of future randomized, clinical trials that have a larger focus.

Retrospective complements prospective

The new retrospective study of patient records took only a few weeks, said Shah. "We are working to make such studies as simple as a Google search," he said. "We were down to weeks in this one, and our current efforts, which are funded by the Dean's Office, have gotten us close to two to three days."

In contrast, a prospective, randomized clinical trial to study the same question would probably require thousands of patients, years to complete and many millions of dollars, said Kenneth Mahaffey, MD, a Stanford professor of medicine who was not involved in the study.

Studies of existing patient health records are far cheaper and faster than "gold standard" randomized, clinical prospective studies. And patient health record studies offer powerful ways to identify hypotheses about efficacy and safety that are worth further testing in clinical trials, said Mahaffey, who is vice chair of clinical research in Stanford's Department of Medicine.

But the lack of randomization in health record studies means the results can be misleading, cautioned Mahaffey. "This work is important," he said, "but there are a number of examples of such retrospective studies where the results have been completely wrong."

Shah said the approach his team used minimized the chance of being wrong. For example, the authors matched patients who received ADT and those who did not according to how sick they were. They also explicitly and empirically quantified the chance of being wrong by testing associations they knew were not true, calibrating their approach.

Retrospective studies of patient medical records aren't meant to replace randomized clinical trials, said Shah. "If we had infinite funding, we'd do a trial for everything. But we don't have that," he said. "These cheap, few-week studies can guide us where to point our clinical trial dollars."

Story Source:

Materials provided by Stanford University Medical Center. Original written by Jennie Dusheck. Note: Content may be edited for style and length.

Journal Reference:

Kevin T. Nead, Greg Gaskin, Cariad Chester, Samuel Swisher-McClure, Nicholas J. Leeper, Nigam H. Shah. Association Between Androgen Deprivation Therapy and Risk of Dementia. JAMA Oncology, 2016; DOI: [10.1001/jamaoncol.2016.3662](https://doi.org/10.1001/jamaoncol.2016.3662)

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Blood Testing Event at Preston North End FC was Held on the 12th November 2016

PRESTON F.C. RESULTS

269 MEN TESTED

245 MEN TESTED GREEN

5 MEN TESTED AMBER

19 MEN TESTED RED.

GARY STEELE M.B.E CHAIRMAN LEIGHTON HOSPITAL P.C.S.G.



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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.



Sponsors





Don't Forget December Meeting is Party Time Lots of Food & Drink & Amazing Entertainment, If you Cannot Make it Then a Very Merry Christmas & A Happy New Year to All.

Cheers (The Crew @ ELPCSG)

Minutes of meeting No 70, 6th October 2016
Venue: Burnley Gen. Hospital Mackenzie Centre 2 – 4pm

Present: 26 people including 2 new members David J and Alan S. Apologies from John Heyworth.

Dave, Chairman, opened the meeting by welcoming the new members and explaining that there was no speaker for this meeting and asking if anyone had any ideas for speakers. He explained his quest to get a speaker for this meeting, but in this instance had been unsuccessful.

CHAIRMAN'S REPORT: Dave and Stuart attended the Walnut Group in Preston in September. He reported on the meeting. There were 26 people present and they had 3 new members who had recently been diagnosed. Almost all the meeting was taken up with as much information as could be gleaned for the new members.

The Walnut Group (Preston) are going ahead with the PSA testing event at Preston Football Club on **Saturday 12th November**. Barry Kilby has offered to donate £5,000 to help towards the cost. Following the success of the blood testing events in Burnley Stuart and Dave have been helping the group with information on how we organise our blood testing events and some people from our support group will be helping on the day of their event. Barry Kilby also has contacts with Yorkshire Cricket Club & a Rugby Club and is hopeful of holding blood testing events there. More information about this if and when we get it.

There is to be a PC 'road show' at Morecambe on the 27th October. To be organised by Cancer Research UK with the help of the Bay Support Group. It is from 1.30 – 5.00 p.m. and there will be speakers and should be plenty of time for networking.

There is to be a football collection coming up for Prostate Cancer UK at Accrington Stanley next March. John Heyworth will be looking for volunteers to help with this event.

Dave gave his report on the trip to see the Detector Dogs at Milton Keynes. This was very impressive and interesting and well worth observing. We had a speaker from this organisation a few months ago and we gave her a donation but this trip was free.

An interesting item was discussed about Ben Stiller, an American actor who is now 50 years of age. He had a prostate test when he was 48 and was found to have the disease. If he had lived in the UK he would have been under the radar. He credits the PSA test with saving his life and has started a petition for younger men to be tested for Prostate Cancer.

An item from Roger Wotton, Chairman of the Prostate Cancer Federation, has been forwarded to us. As the Federation is not getting funding from Prostate Cancer UK anymore he has asked that each support group donates to the Federation – any amount they can afford. Prostate Cancer UK has a lot of paid employees. The Federation has done a lot of very good work and it was felt that it was negative to Prostate Cancer Sufferers if they fail. It was put to the members about how much we should donate. More about this at the next meeting.

Two new members. Alan spoke about his cancer "journey" and was offered advice by Colin Stott. We then heard from David J who told the meeting about his cancer "journey" and

treatment.

BREAK FOR BREW

The Raffle was drawn and made £38.00.

In the absence of a speaker, for the second half of the meeting a radio recording was played about a man called Kevin Varley from Appley Bridge who had Prostate Cancer. He had been to his doctor and asked for a PSA test and was refused. Eventually he was tested positive for Prostate Cancer. After his death his widow was interviewed about his campaign to trial a new treatment and at the time of his death he was tirelessly working with the University of Central Lancashire on this more specific treatment. Dave had e-mailed the University – a Dr Carole Rolfe – to see if we could arrange a talk from her and perhaps make a donation – but to date he had not had a reply.

A general discussion took place about treatments for Prostate Cancer and Colin Stott gave lots of information about treatments and spoke about research which is on-going on a new test he has heard about which no one has put a name to yet.

Dave closed the meeting with one of his famous Prostate jokes and a reminder that the **Next meeting will be Thursday, 3rd November at 2 – 4pm** at the Mackenzie Medical Centre when the Christmas 'Jacob Join' will be discussed.