

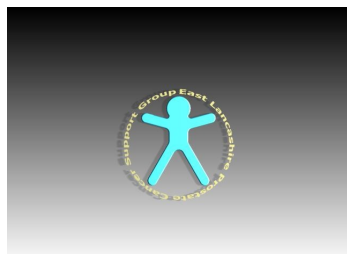
# East Lancashire Prostate Cancer Support Group Newsletter



Volume5

Issue7

Date July 2016



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## *Conventional versus hypofractionated high-dose intensity-modulated radiotherapy for prostate cancer: 5-year outcomes of the randomised, non-inferiority, phase 3 CHHiP trial* *Prof David Dearnaley*

### Summary

#### **Background**

Prostate cancer might have high radiation-fraction sensitivity that would give a therapeutic advantage to hypofractionated treatment. We present a pre-planned analysis of the efficacy and side-effects of a randomised trial comparing conventional and hypofractionated radiotherapy after 5 years follow-up.

#### Methods

CHHiP is a randomised, phase 3, non-inferiority trial that recruited men with localised prostate cancer (pT1b–T3aN0M0). Patients were randomly assigned (1:1:1) to

conventional (74 Gy delivered in 37 fractions over 7.4 weeks) or one of two hypofractionated schedules (60 Gy in 20 fractions over 4 weeks or 57 Gy in 19 fractions over 3.8 weeks) all delivered with intensity-modulated techniques. Most patients were given radiotherapy with 3–6 months of neoadjuvant and concurrent androgen suppression. Randomisation was by computer-generated random permuted blocks, stratified by National Comprehensive Cancer Network (NCCN) risk group and radiotherapy treatment centre, and treatment allocation was not masked. The primary endpoint was

time to biochemical or clinical failure; the critical hazard ratio (HR) for non-inferiority was 1.208. Analysis was by intention to treat. Long-term follow-up continues. The CHHiP trial is registered as an International Standard Randomised Controlled Trial, number ISRCTN97182923.

#### **Findings**

Between Oct 18, 2002, and June 17, 2011, 3216 men were enrolled from 71 centres and randomly assigned (74 Gy group, 1065 patients; 60 Gy group, 1074 patients; 57 Gy group, 1077 patients). Median follow-up was 62.4 months (IQR 53.9–77.0). The proportion



of patients who were biochemical or clinical failure free at 5 years was 88·3% (95% CI 86·0–90·2) in the 74 Gy group, 90·6% (88·5–92·3) in the 60 Gy group, and 85·9% (83·4–88·0) in the 57 Gy group. 60 Gy was non-inferior to 74 Gy (HR 0·84 [90% CI 0·68–1·03], pNI=0·0018) but non-inferiority could not be claimed for 57 Gy compared with 74 Gy (HR 1·20 [0·99–1·46], pNI=0·48). Long-term side-effects were similar in the hypofractionated groups compared with the conventional group. There were no significant differences in either the proportion or cumulative incidence of side-effects 5 years after treatment using three clinician-reported as well as patient-reported outcome measures. The estimated cumulative 5 year incidence of Radiation Therapy Oncology Group (RTOG) grade 2 or worse bowel and bladder adverse events was 13·7% (111 events) and 9·1% (66 events) in the 74 Gy group, 11·9% (105 events) and 11·7% (88 events) in the 60 Gy group, 11·3% (95 events) and 6·6% (57 events) in the 57 Gy group, respectively. No treatment-related deaths were reported.

#### Interpretation

Hypofractionated radiotherapy using 60 Gy in 20 fractions is non-inferior to conventional fractionation using 74 Gy in 37 fractions and is recommended as a new standard of care for external-beam radiotherapy of localised prostate cancer.

### **Funding**

Cancer Research UK, Department of Health, and the National Institute for Health Research Cancer Research Network.

Hypofractionation for prostate cancer: tested and proven

DOI: [http://dx.doi.org/10.1016/S1470-2045\(16\)30150-4](http://dx.doi.org/10.1016/S1470-2045(16)30150-4)

Open Access

### **Editorial**

Pancreatic cancer: cause for optimism?

DOI: [http://dx.doi.org/10.1016/S1470-2045\(16\)30234-0](http://dx.doi.org/10.1016/S1470-2045(16)30234-0)

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Erlotinib versus standard chemotherapy as first-line treatment for European patients with advanced EGFR mutation-positive non-small-cell lung cancer (EURTAC): A multicentre, open-label, randomised phase 3 trial

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Introducing The Lancet Public Health, a new online-only, open access title dedicated to advancing public health practice and policy

## The PROMIS of MRI scans before biopsy revealed at US cancer conference

Preliminary results from the PROMIS trial announced in Chicago today show using mpMRI before a biopsy could reduce the number of men having unnecessary invasive tests for prostate cancer.



6 Jun 2016

In - [Treatment MRI Research](#)

[Comments \(2\)](#)

Exciting results from the long-anticipated PROMIS trial were announced for the first time today at the American Society of Clinical Oncology conference in Chicago – one of the world’s biggest cancer conferences. The trial looked at whether giving men who are referred to a urologist for suspected prostate cancer a multiparametric magnetic resonance imaging (mpMRI) scan before doing a first biopsy could help rule out the disease without the need for the invasive procedure.

The results still need to be confirmed in a peer-reviewed publication before we can be sure, but this first glimpse certainly looks exciting. The research team, led by Professor Mark Emberton and Hashim Ahmed from UCL, found that using mpMRI before a first biopsy would allow a big group of the men who are currently referred for biopsy to avoid it. The mpMRI was sufficient to safely rule out the possibility of clinically-significant prostate cancer in these men without having to take a tissue sample.

## **Finding a way to safely rule men out of this unpleasant procedure when they don’t have significant prostate can-**

This could be great news for men and an important leap forward in our mission to improve prostate cancer diagnosis. Not only are prostate biopsies often painful, they can also lead to serious infections. Finding a way to safely rule men out of this unpleasant procedure when they don’t have significant prostate cancer would be a big step forward. It's also likely to help reduce the number of men being treated for cancers that would never harm them, as these men would be less likely to be diagnosed in the first place.

The PROMIS trial also showed that having an mpMRI scan before a standard, random TRUS biopsy didn’t improve the number of aggressive prostate cancers detected by itself. However, if urologists could use the results of the MRI scan to help them accurately target where in the prostate to aim the biopsy needles, this might result in more aggressive cancers being diagnosed straight away. Whether or not MRI-guided biopsy will be possible in a standard clinical setting though is not yet clear, and we need a bit more information to be able to say whether visually guiding the biopsy needles based on the knowledge gained from an mpMRI scan is accurate enough.

## **We’ve been working with clinical experts and professional bodies to make sure that everything is in place for nation-**

So what do these results mean for men with suspected prostate cancer? We want men to benefit from these results by being spared unnecessary biopsies as soon as possible after they’re published in a peer-reviewed journal. But we know that unless hospitals have everything set up to do this right, then there’s a chance that it could actually do more harm than good. That’s why we need to balance getting it implemented as quickly as possible with making sure that everything is in place to do that.

To do that, we’ve been working with a number of different clinical experts and professional bodies for some time to make sure that everything that needs to be in place before nationwide roll-out is done as speedily as possible. You can read more about the work we’ve been doing already on our mpMRI web-page, or read our blog for more discussion of our plans.

**We’d like to know your views on how far you’d be prepared to travel for an mpMRI scan. Please tell us by filling in our survey.**



From Left to Right Hazel Goulding (Treasurer) Leon D Wright (IT Admin) Stuart Marshall (Secretary) Steve Laird (Vice Chairman) Dave Riley (Chairman)

## Contact Information

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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.

## Poets Corner

### The Penis Poem

My nookie days are over  
My pilot light is out  
What used to be my sex appeal  
Is now my water spout  
Time was when, on its own  
From my trousers it would spring  
But now its a full time job  
To find the f\*\*\*ing thing!  
It used to be embarrassing  
The way it would behave  
For every single morning  
It would stand and watch me shave  
Now as old age approaches  
It sure gives me the blues  
To see it hang its little head  
And watch me tie my shoes

# *Salvage radiotherapy with or without short-term hormone therapy for rising prostate-specific antigen concentration after radical prostatectomy (GETUG-AFU 16): a randomised, multicentre, open-label phase 3 trial.*

[Carrie C1](#), [Hasbini A2](#), [de Laroche G3](#), [Richaud P4](#), [Guerif S5](#), [Latorzeff I6](#), [Supiot S7](#), [Bosset M8](#), [Lagrange JL9](#), [Beckendorf V10](#), [Lesaunier F11](#), [Dubray B12](#), [Wagner JP13](#), [N'Guyen TD14](#), [Suchaud JP15](#), [Créhanche G16](#), [Barbier N17](#), [Habibian M18](#), [Ferlay C19](#), [Fournernet P20](#), [Ruffion A21](#), [Dussart S19](#).

## **BACKGROUND:**

How best to treat rising prostate-specific antigen (PSA) concentration after radical prostatectomy is an urgent clinical question. Salvage radiotherapy delays the need for more aggressive treatment such as long-term androgen suppression, but fewer than half of patients benefit from it. We aimed to establish the effect of adding short-term androgen suppression at the time of salvage radiotherapy on biochemical outcome and overall survival in men with rising PSA following radical prostatectomy.

## **METHODS:**

This open-label, multicentre, phase 3, randomised controlled trial, was done in 43 French study centres. We enrolled men (aged  $\geq 18$  years) who had received previous treatment for a histologically confirmed adenocarcinoma of the prostate (but no previous androgen deprivation therapy or pelvic radiotherapy), and who had stage pT2, pT3, or pT4a (bladder neck involvement only) in patients who had rising PSA of 0.2 to less than 2.0  $\mu\text{g/L}$  following radical prostatectomy, without evidence of clinical disease. Patients were randomly assigned (1:1) centrally via an interactive web response system to standard salvage radiotherapy (three-dimensional [3D] conformal radiotherapy or intensity modulated radiotherapy, of 66 Gy in 33 fractions 5 days a week for 7 weeks) or radiotherapy plus short-term androgen suppression using 10.8 mg goserelin by subcutaneous injection on the first day of irradiation and 3 months later. Randomisation was stratified using a permuted block method according to investigational site, radiotherapy modality, and prognosis. The primary endpoint was progression-free survival, analysed in the intention-to-treat population. This trial is registered with ClinicalTrials.gov, number [NCT00423475](#).

## **FINDINGS:**

Between Oct 19, 2006, and March 30, 2010, 743 patients were randomly assigned, 374 to radiotherapy alone and 369 to radiotherapy plus goserelin. Patients assigned to radiotherapy plus goserelin were significantly more likely than patients in the radiotherapy alone group to be free of biochemical progression or clinical progression at 5 years (80% [95% CI 75-84] vs 62% [57-67]; hazard ratio [HR] 0.50, 95% CI 0.38-0.66;  $p < 0.0001$ ). No additional late adverse events occurred in patients receiving short-term androgen suppression compared with those

who received radiotherapy alone. The most frequently occurring acute adverse events related to goserelin were hot flushes, sweating, or both (30 [8%] of 366 patients had a grade 2 or worse event; 30 patients [8%] had hot flushes and five patients [1%] had sweating in the radiotherapy plus goserelin group vs none of 372 patients in the radiotherapy alone group). Three (8%) of 366 patients had grade 3 or worse hot flushes and one patient had grade 3 or worse sweating in the radiotherapy plus goserelin group versus none of 372 patients in the radiotherapy alone group. The most common late adverse events of grade 3 or worse were genitourinary events (29 [8%] in the radiotherapy alone group vs 26 [7%] in the radiotherapy plus goserelin group) and sexual disorders (20 [5%] vs 30 [8%]). No treatment-related deaths occurred.

### ***INTERPRETATION:***

Adding short-term androgen suppression to salvage radiotherapy benefits men who have had radical prostatectomy and whose PSA rises after a postsurgical period when it is undetectable. Radiotherapy combined with short-term androgen suppression could be considered as a reasonable option in this population.

## *Promotion Day at Burnley Classic Car Show “A Good Day Well Attended”*



## *Promotion Day at Great Harwood Show Ground “Wet Wet Wet”*



## Minutes of Meeting 66, Thursday 2nd June 2016, 2-4pm

### Venue: Burnley Gen Hospital, Mackenzie Centre

19 people present: We have no speaker today but John H. is showing a video in our 2nd half on Diet and Lifestyle. Apologies received from Debbie our specialist nurse and Colin S.

**Chairman's Report.** Dave opened the meeting by reading the minutes of the May meeting. He reported that 10 people have put their names down to see the Detector Dogs in Milton Keynes and that he has contacted taxi firms for a 16 seater mini-bus. He is now awaiting a price and then we will settle on a date.

Dave told the meeting about the forthcoming Conference and AGM of the National Federation of Prostate Cancer Support Groups (Tackle) to be held in London on Tuesday, 21st June. It is hoped that East Lancs Prostate Cancer Support Group will be represented and if so, it will be reported on at the next meeting in July. He mentioned that there is to be a Prostate Cancer Road show in Manchester on 17th June. There's a website to publicise this: It's all about updates on treatments. Dave has the website details if anyone is interested.

Dave informed the meeting of the Classic Car Rally which is to be held at Towneley Park on 26th June. We usually take our stand there for that and he asked for volunteers. He is hoping to order some tabards which could go over a suit if everybody is in agreement. This was unanimously agreed!

He also spoke of the epic walk to football clubs throughout the country by Jeff Stelling (Sky Sport & Premier League Football Reporter) who raised an amazing amount of over £600,000 for Prostate Cancer. He also reported on the fact that we have obtained a book for our library by Alan Lawrenson - ABC of Prostate Cancer and he is researching another book and has found out lots of additional information he would like to share with us. If we get more information we shall pass it on.

Dave then gave us an amusing insight into his trip to LA where he attended 2 Prostate Support Groups which are run by the LA police dept. He told us how they do things over there and it was a very thought provoking way.

**Secretary's Report** Stuart told the group that the next meeting on 7th July is to be held in a downstairs meeting room (bottom of the stairs). We could be struggling to make the brews, but we will cope as best we can.

Gary Steele has informed Stuart that he has had the donation from Barry Kilby for the April Blood Testing Event and this amounted to £3,829.00. At the February blood testing event a man was diagnosed with a high reading and has been fortunate enough to start early treatment. His daughter and niece held a fund raising event at the Yarn Spinners Health Centre in Nelson (attended by Stuart & John G. with our stand) and the girls managed to raise nearly £900 for Prostate Cancer -and its continuing. They have offered us any assistance we might need and inform us that they would be happy to help where they can. The niece of this gentleman spoke to us briefly at our April meeting and the family are hoping to attend the July meeting with an update. Stuart informed the meeting that in the 3 blood testing events which the Support Group arranged 120 men had been advised to see their G.P.

The North West British Telecom Union is putting our website on their safety website.

At the September meeting there is going to be a talk by a Consultant Urologist based at Blackburn called Shalom Srirangam. So this is one for your diary!

A video was then shown of our ex Chairman, Martin Wells, and his journey & feelings when he discovered he had Prostate Cancer. A general discussion then took place about Martin's video. Tim O was impressed with this video and thought it would be going forward if men wished to talk about their feelings at the meeting and could even be beneficial. A general discussion took place, with the women saying that they could leave the room if men wanted to discuss personal feelings. Dave spoke about how they "do" things in America and an informative discussion took place on how we can move forward and help our members at our meetings.

BREAK FOR BREW

THE Raffle made £26.00

In the 2nd half of the meeting a video was supplied by John H. on diet and lifestyle. This video was excellent and provoked a general discussion about healthy lifestyles. A general feeling was that you have to help yourself.

Dave closed the meeting with one of his famous Prostate Jokes and a reminder that the **next meeting on 7th July** will be held in a downstairs room.