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"UNIQUE AND UNPARALLELED"

Our groundbreaking screening trial poised to save tens of thousands of men every year.



PROSTATE CANCER UK

ALSO IN THIS ISSUE...

Steve Rider and Nick Owen on sharing their prostate cancer stories

Meet three men talking openly about incontinence

Get help on hormone therapy



MEET THREE MEN TACKLING THE TABOO AROUND INCONTINENCE

In our new film, Carey, Samuel and Michael, who all had prostate cancer surgery, talk openly about the challenges of male incontinence to encourage others to do the same and seek support. Almost 60 per cent of men face urinary incontinence after prostate cancer treatment, yet many men feel they need to keep quiet about it. We've been campaigning with you and our long-term partner TENA Men to break the taboo and raise awareness.

Michael: "You get this uncomfortable feeling, you know, thinking, is it visible?"

Samuel: "You're always looking down!"

Carey: "I know!"

Michael: "Yeah, you're staring at your crotch the whole time."

Carey "I started using a sheath but it slipped off all the time! So they said, 'just go for pads'. I was using about 20 pads a day. I couldn't believe how much was coming out. Now I have a new artificial sphincter and that's working. I still leak but it helps."

² TESCO Sainsbury's ASDA Morrisons

Michael: "It was the moment the catheter came out and it was unstoppable. I was wearing full on TENA pants. Nothing seemed to work other than the wearables. I got really disheartened. Nothing changed for a good six weeks. Now I'm 95 per cent [dry] or thereabouts. I leak at certain stressful times or if I'm yawning."

Samuel: "After the operation the worst part for me was blood clots. It doesn't happen to every person, but I had to go back in, catheter again. After that, pads for a few weeks and then I stopped wearing pads. There is still some incontinence. I could be sitting down and suddenly it will just come. But fortunately, it's not that much."

Michael: "It's a strange one to talk about. Two years ago, I wouldn't have been sitting in front of two guys talking about that."

Samuel: "But I think it needs to be talked about and I think the reason we can talk about it is because we've experienced it. Speaking freely has helped me, personally."



Scan the code or go online to watch the full film: prostatecanceruk.org/in-letstalk

£4.50



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Valid until

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SIMPLE CHANGES CAN **VASTLY INCREASE MRI QUALITY, GIVING MEN A FASTER, MORE ACCURATE DIAGNOSIS**

While working to speed up MRI scans for prostate cancer, researchers at University College London (UCL), funded by our supporters, have found simple ways to significantly increase the quality of the scans, which could help men worldwide.

Better quality MRI scans make it easier for doctors to make treatment decisions, to pinpoint the most suspicious areas to run further tests, or to rule out the disease without needing a biopsy.

Of 355 MRI scans from 41 medical centres across different countries, the researchers found just 32 per cent were of the best quality. But after giving feedback on simple ways to improve MRI scans, the team found 97 per cent of scans were good enough quality for doctors to either identify or rule out prostate cancer an important step towards making fast, accurate MRIs available to all men who need them

Dr Hayley Luxton, Senior Research Impact Manager at **Prostate Cancer UK, said:**



This is all thanks to the knowledge and support shared by the world-leading team at UCL and we're proud that our funding has helped bring this about. It means huge numbers of men worldwide will be getting a more accurate diagnosis.



Your support makes research happen. Please donate to help create a world where no man dies from prostate cancer: prostatecanceruk.org/in-donate

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Editorial Team: Karen Schiliuk, Catherine Steele, Conor McKeever, Sonia Barbate Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company number 02653887.

ARE YOU ON, OR DUE TO START, HORMONE THERAPY?



If so, you could benefit from joining one of the free classes our Specialist Nurses are running in partnership with the European Association of Urology.

Hormone therapy, or androgen deprivation therapy (ADT), works by either stopping your body from making testosterone or stopping testosterone from reaching cancer cells. It's a very effective way to control prostate cancer but does have side effects. You and your loved ones can join these 'Life on ADT' classes online to:

- Learn about managing your side effects
- Ask the experts questions
- Meet others in the same boat as you.

The sessions last 90 minutes and you'll receive a free, award-winning book about life on hormone therapy afterwards. People who've been to the classes have said. "It was helpful seeing other people with similar issues and reassuring to find out there are strategies that may help me." And: "The more info we have as patients or loved ones, the better."

To find out more and sign up go to: prostatecanceruk.org/in-adt

TS HERE! TRANSFORM

THE TRAILBLAZING TRIAL THAT CAN MAKE **PROSTATE CANCER SCREENING A REALITY AT LAST**



Dr Matthew Hobbs Director of Research

WHAT IMPACT COULD **TRANSFORM HAVE** FOR MEN?

"It could remove the uncertainty men have faced in diagnosis for a very long time and make clear the best way to get more men diagnosed sooner. We know earlier diagnosis saves lives. If TRANSFORM gets the results we expect, it could save thousands of men's lives every year in the UK alone. It's set to change diagnosis globally too, so then we're into tens of thousands of lives saved every year."

WHAT HAS IT TAKEN TO **GET US TO THIS POINT?**

"A lot of time and effort. In the ten years I've been here, we've worked to perfect how we fund research across all areas including in diagnosis. We learned that to really transform how men are diagnosed would require a level of funding and involvement from us, far above what is normal. That's driven how we designed this project in terms

Dr Matthew Hobbs, Director of Research, reveals details about the trial and the impact it could have for men across the UK and the world.

In November last year, we made a huge research announcement - one that we've been working towards together for a very long time. We announced the launch of TRANSFORM - a £42 million research trial aiming to finally find the best way to screen men for prostate cancer, so one day all men at risk are invited for regular tests to find aggressive cancers in time for a cure.

Involving hundreds of thousands of men, TRANSFORM will be the biggest trial in prostate cancer screening for 20 years. It has been developed in consultation and with the backing of, the NHS, the National Institute for Health and Care Research (NIHR) and the UK Government, who will contribute £16 million.

of the research, involving the right people and being able to fund it to the massive scale needed to get this right."

HOW DO YOU FEEL NOW THE TRIAL IS ABOUT TO BEGIN?

"I'm absolutely delighted

and very proud - it's the culmination of a monumental effort from many people. Of course, we have a long way to go, so this feels like both a finishing line and a starting line but I'm excited and optimistic. We're doing something no one else could do for men and there has never been such a strong team of researchers working together in diagnosis before. Their expertise as a group is unique and unparalleled."

WHAT WOULD YOU LIKE TO SAY TO THE PROSTATE CANCER UK COMMUNITY WHO HAVE ENABLED THIS?

"Thank you for raising awareness and keeping prostate cancer on the agenda. That helped us get support

from the government and secure the £16 million from the NIHR. Thank you for your support, donations and fundraising, especially during COVID, which meant we could keep progressing towards this. And thank you for being patient - it's taken time, but we've got to the right place. That wouldn't have happened if we'd rushed, and it wouldn't have happened without you. We're so grateful."

Together we're doing something no one else could do for men.

HOW WE'LL FIND THE BEST WAY TO SCREEN MEN

TRANSFORM will compare multiple screening options to each other and the current system, to find the safest, most accurate and most cost-effective way to screen men for prostate cancer. The massive scale of the trial will also enable us to collect a hugely important 'bio bank' of data and images to help drive new discoveries and validate next generation methods of diagnosis.

STAGE 1: COMPARE SCREENING OPTIONS INVOLVING AROUND 12,500 MEN

Researchers will compare four potential screening options, including fast MRI scans, genetic testing to identify men at high risk of prostate cancer, and PSA blood testing. A fast MRI is a 12-minute version of the full scan that uses magnetic resolution imaging (MRI) to produce a detailed picture of the prostate.

These approaches will also be compared to a control group, where men will follow the current NHS process - in other words, they won't be offered a PSA test, but can request one. A control group is vital to prove that any screening programme is more effective than the current process.

Read more about TRANSFORM on page 6

MEET THE WORLD-CLASS TEAM LEADING THE TRIAL



Professor Mark Emberton

Chair of Clinical Professor of Urology at Imperial Interventional College London. Oncology at A researcher and clinician who studies how biopsies, imaging techniques and treatments can be improved for men with prostate cancer.



Rhian Gabe

Professor of **Biostatistics** and Clinical Trials at Queen Mary University of London. A statistician with expertise in clinical trials as well as cancer screening, prevention and early detection.

University College London. Working to improve diagnosis and treatment for men using new imaging techniques and less invasive treatments.

STAGE 2: TEST THE BEST OPTION(S) INVOLVING UP TO 300.000 MEN

The researchers will test the most promising option, or options to see how well this screening method detects cancer as well as any harms it causes - for example, if men are more likely to be treated, and therefore experience side effects, for a cancer that won't affect them in their lifetimes.

Men will also be followed for at least a decade after to see how their prostate cancer affects them



Rosalind Eeles

Professor of Oncogenetics at the Institute of Cancer Research. A geneticist who has helped find more than 160 genetic differences that contribute to a man's risk of prostate cancer.



Chair of Urology at Imperial College London. A surgeon and researcher with a focus on urological cancers and expertise spanning stem cells and basic biology to robotic surgery and clinical trials.



NIHR Research Professor and Head of Urology at University College London. Specialising in using MRI scanning to detect and treat prostate cancer, and personalising men's journeys from screening to treatment.

INSIGHTS Spring 2024

"I have three sons who will be at higher risk. It would be wonderful to know there was a process to check them regularly."

Samuel Nelson, 64, Essex



The TRANSFORM trial: your questions, answered

WHEN WILL TRANSFORM START AND HOW LONG WILL IT TAKE?

The researchers will start setting up the trial in May 2024, and should start recruiting men in the next twelve months. Stage one of the trial will last three years – finding the most successful test or tests for prostate cancer. Stage two will last five to six years – testing the most successful approaches in hundreds of thousands of men.

WHO WILL TAKE PART AND WHERE WILL THE TRIAL TAKE PLACE?

Men who've not been diagnosed with prostate cancer will be invited to take part at multiple sites across the UK. It's not possible to volunteer.

We've set targets to ensure men from rural, urban and coastal communities are involved and targets around age range, learning disabilities and ethnicity – ensuring enough Black men are invited to take part as Black men are twice as likely to develop prostate cancer, often at a younger age. "For me, getting a screening programme is so important. Black men are twice as likely to get prostate cancer. My dad died of prostate cancer, my uncle had it too and because it's in the family, me, my four brothers and my three sons all have an even higher risk.

"When I learned this, I started being regularly tested and that's how I was diagnosed. But I wouldn't have known – I had no symptoms. And so many men don't know about prostate cancer, so catching it in time for them to be cured is often down to luck. It would be wonderful to know there was a mandatory process to check my sons regularly and that they'd be reminded with an email or a message. I don't want them to have to depend on luck the way that I did."

DOES THIS MEAN YOU'LL BE FUNDING LESS RESEARCH IN OTHER AREAS?

No – we're still fully committed to funding other prostate cancer research that will deliver better diagnosis and better treatments for men with prostate cancer.

HOW CAN I HELP?

Please carry on fundraising, donating, leaving gifts in Wills and all the wonderful things you do. And please keep talking about prostate cancer and sharing the risk checker, because until we have a screening programme, this is our best way to get men diagnosed early. To share the risk checker, scan the code or use the link on page 7.

Prostate cancer is the most common cancer that doesn't have a national screening programme. **It's about time that changed.**

Laura Kerby Chief Executive, Prostate Cancer UK

"WE'RE BOTH HERE AS THE BEST SORT OF ADVERTISEMENT FOR GETTING THINGS SORTED."

Steve Rider and Nick Owen on speaking out about their prostate cancer.

The TRANSFORM trial has the potential to save countless men's lives but until that vision becomes a reality, talking about prostate cancer and sharing our 30-second online risk checker are great ways to help get more men diagnosed in time to be cured.

Two men who know this well are TV presenter Nick Owen and sports presenter Steve Rider. Earlier this year, as news of King Charles's treatment for an enlarged prostate was shared, the two met to talk together on BBC Breakfast.

Nick was diagnosed with prostate cancer in April 2023. "It has been quite tough to be honest," he told the BBC. "Last year was undoubtedly the worst year of my life. You get this slow build up to the realisation that you've got prostate cancer and it's serious and it's aggressive and you've got to do something quickly. It was very stressful. Very upsetting."

Steve revealed his diagnosis in October 2023 after being prompted to speak to his doctor by Nick's story and others like him. Steve said: "It really struck a chord when I heard about [Nick's] situation and I started to look at the possibility that I might have the same kind of condition.

"I consider myself extremely lucky and I'm a total convert to getting yourself checked and getting the diagnosis early. We're both here as the best sort of advertisement for getting things sorted."

As well as sharing their stories, they spoke about our 30-second risk checker, encouraging viewers to be proactive and find out more about prostate cancer and their risk.

It really struck a chord when I heard about Nick's situation. Both men have responded well to treatment and Nick is back presenting BBC Midlands Today. Nick and Steve, we wish you well and thank you for speaking publicly.

Like Stephen Fry and the late Bill Turnbull, you've driven more people to find out about prostate cancer, which will undoubtedly save lives. So far, the risk checker has been completed more than 2 million times.

Be like Nick and Steve – share our 30-second risk checker now and help get more men diagnosed in time to be cured.



Scan the QR code or go to: prostatecanceruk.org/in-risk



Friends of mine could have been saved if they'd been diagnosed earlier. I hope my gift will help achieve a screening programme.

Ron was diagnosed with prostate cancer. After successful treatment, he chose to leave a gift to Prostate Cancer UK in his Will.

Gifts in Wills fund around 1 in 4 of our research projects. With your gift, you could support research like TRANSFORM, that aims to make late diagnosis a thing of the past.

To download your Free Will Guide and find out more about leaving a gift to Prostate Cancer UK scan the code or visit: **prostatecanceruk.org/in-legacy**

