

Prostate cancer

Insights

Issue 11 | Winter/Spring 2018

Perfect pitch

The black men using
golf to save lives



Prostate
cancer
and me

**MICHAEL
HOLDING**



**PROSTATE
CANCER UK**

Our biggest ever research programme

The million-pound plan
to kickstart a precision
medicine revolution

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Editor's note

When I ask people what they know about Prostate Cancer UK, often the first thing they say is that we're an awareness charity. And while that's partly true, our huge role in scientific research is often missed.

Perhaps that's because it's only now we're seeing the major progress we've helped fund in understanding and treating prostate cancer. Take Dr Val Macaulay, who talks to us on p10 about how our support over 16 years has helped her turn a microscopic observation in the lab into a potential clinical trial of a new drug today.

And it's only thanks to this gathering momentum of prostate cancer research we've helped to create that we're now able to launch our biggest ever research programme to mainstream precision medicine (see p6).

But the biggest thanks must go to you for all your generous donations that help make this work possible. Please tell others what we're doing so everyone knows we're as committed to scientific research as we are to raising awareness.



Editorial team

Dr Sophie Lutter
Gary Haines
Philippa Bell
Sarita Lowton
Dominic Bates (Editor)



INBOX

Tell us what you think about the magazine and our stories online at prostatecanceruk.org/news. We want to hear what you've got to say.



Dear Insights

I am getting very annoyed with the negative comments, both in the last magazine and on Facebook, regarding the lack of progress made in certain areas of treatment – instead of welcoming the good progress in many other areas.

I was diagnosed with prostate cancer after four years of monitoring my high PSA levels, fluctuating between about 10.8 and 15, and then a second biopsy last year revealed traces of cancer. The treatment I have received since has been first class. My prostate was removed last February and I am making good progress.

Detection techniques need to be evaluated before they become readily available to everyone. But until the magic bullet is found, current techniques seem to work in the majority of cases. Prostate Cancer UK is doing a great job and deserves credit for the advances made.

Let's be a bit more positive.

Jeff Palmer, via email



Dear Insights

GPs are unaware of many aspects of prostate cancer. My GP thinks my PSA level should be about five because I am 78 years old, even though he knows I underwent a radical prostatectomy 12 years ago and so it should be below 0.2 (it's currently undetectable). Many men have died due to GP incompetence!

Ivan Arnold, via email



Dear Insights


I recently had my prostate removed at Royal United Hospitals Bath and have never looked back, thanks to our wonderful NHS and unbelievable help from Prostate Cancer UK.

So it's now payback time and so far I'm one-third towards my target to cycle 5,000km and raise £5,000 by the end of my 70th year in 2018. The climax will be reaching the finishing line of the Grand Depart Classic – 195km cycling in one day, together with 80+ other cyclists, in an attempt to raise £180,000+ for Prostate Cancer UK.

Gordon Friend, via email



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 Email the Insights team: editor@prostatecanceruk.org



Very well done you football managers and players [supporting our awareness drive]. Young men look to you as role models: you are an inspiration!
Geoff Ludden



CORRECTION

In the last issue, we mistakenly said John Brown raised more than £6,000 at his retirement party, when it was actually from a talk he arranged by former Monte Carlo Rally winner Paddy Hopkirk at an Isle of Man hotel. Our apologies to John.

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Insights magazine
Prostate Cancer UK
Fourth Floor,
The Counting House
53 Tooley Street
London SE1 2QN

PROSTATE CANCER NEWS

Discovery of 'metastatic signature' raises hopes of early identification of lethal prostate cancer

Deciding whether to treat localised prostate cancer or not is one of the biggest dilemmas for men and their doctors. Now new research could help identify which cancers are likely to spread and which are harmless.

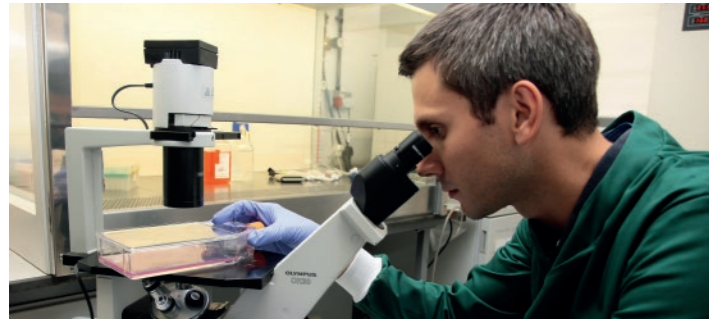
Researchers at the Belfast-Manchester Movember Centre of Excellence – funded by the Movember Foundation – have discovered a 'metastatic signature' in the genetic code of some prostate cancer cells, which could identify aggressive tumours.

A cluster of 70 genes expressed in metastatic tumours were also found in some prostate cancer samples. The researchers then cross-referenced this genetic code against a huge, publicly-available collection of prostate biopsies and found it correctly predicted which prostate cancers would go on to spread beyond the prostate.

Currently, doctors can't be 100 per cent certain about whether a prostate cancer requires treatment or not when diagnosing

a patient. It means they risk not treating a cancer that later progresses and could be fatal, or treating a cancer that would never cause any harm and risk potentially serious and life-altering side effects.

It's hoped that testing for these 'metastatic signature' genes could help doctors identify which men wouldn't be safe on active surveillance, as well as men who are at risk of cancer recurrence after prostate surgery and so should be offered more radical treatment.



BEHIND THE HEADLINES: Is a new type of radiotherapy a miracle cure for men with advanced prostate cancer?

What is it? A type of radiotherapy called intensity-modulated radiation therapy (IMRT) that shapes radiation beams to tumours.

Why is it different from regular radiotherapy?

The big benefit is that it can be highly targeted to the tumour, sparing non-cancerous tissues nearby. This should mean higher doses of radiation can be given without dramatically increasing side effects, say in the bladder and bowel.

Does it work?

Newspapers reported on 'game-changing' results from trials of IMRT by

The Institute of Cancer Research (ICR) last year. Men were given IMRT to the lymph nodes of the pelvis to help stop their prostate cancer spreading further. Giving standard radiotherapy in this area is usually considered too risky to give in high enough doses to be effective. But the trial found this was safe using IMRT and that 87 per cent of the men were still alive five years after treatment, with side effects that were considered manageable.

So the journalists were right to call it 'a miracle cure' then? Unfortunately they missed out some

important details. The survival rates on the trial are in fact about the same as what you'd expect with current treatments for advanced prostate cancer. Also, the results are only taken from non-randomised phase one and two trials. That means researchers have looked primarily at the safety of IMRT, and a bit at the side effects and how well it works.

When will we know conclusively whether IMRT is any good? In around two years' time, when it has been proven to perform well in several different clinical trials.

But because IMRT is proven to be safe, it is already being used to treat pelvic lymph nodes at some UK cancer centres.

What's the expert's verdict? Dr Matthew Hobbs, Prostate Cancer UK's Deputy Director of Research, says: "It's hugely important that researchers continue to look for new techniques that drive up the benefit from radiotherapy while minimising side effects. But this trial's findings need testing in larger, randomised trials before men can know definitively if this new technique is right for them."

National Prostate Cancer Audit reveals fewer men being undertreated but many still diagnosed too late

A recent report by the Royal College of Surgeons shows more men are getting an appropriate level of treatment when it comes to prostate cancer. But issues with late diagnosis persist and the use of more advanced multi-parametric MRI (mpMRI) scans for diagnosis is still not standard practice.

The National Prostate Cancer Audit is a 'state of the nation' report on prostate cancer care in England and Wales, based on data collected from the point men are diagnosed right through to the

outcome of their treatment. It shows fewer men with advanced prostate cancer were undertreated in 2015/16 compared to the year before, and fewer men with low-risk disease were treated unnecessarily – which is probably due to more men being offered active surveillance.

But worryingly, the audit also shows large numbers of men still being diagnosed at an advanced stage of the disease, when they have less chance of survival. And the use of mpMRI scans before a first biopsy, which can improve the accuracy of diagnosis,

looks to be patchy across England and Wales.

Welsh Health Boards are lagging behind the NHS in England when it comes to ensuring this ground-breaking technique becomes a routine part of the diagnostic pathway. But since the audit data was collected, areas like Newport and Cwm Taf have made great strides towards implementing mpMRI in their hospitals.

NHS England has also recently announced funding for a pilot project at three NHS Trusts, testing a new model of

care that uses mpMRI scans to reduce average prostate cancer diagnosis time to just eight days and referral-to-treatment time to 20 days.

Funded by the National Cancer Transformation Programme, the new process sees patients receiving an mpMRI scan and report, a clinical review and – if necessary – a targeted biopsy all on the same day.



FROM THE LAB Creating the UK's first screening programme

A year ago, we awarded a grant to a consortium of researchers across the UK, Netherlands, the US and Canada to develop a prostate cancer risk prediction tool. It would be designed to be used in GP surgeries in the UK and would hopefully become the first step in a screening programme for prostate cancer.

The tool needs to give a clear idea of whether or not a man should be referred for further testing. This would reduce the number of men who do not have cancer being referred for an unnecessary biopsy, without missing those men with aggressive disease who need urgent treatment. The tool will also be combined with a life expectancy calculation, which will take into account other, more serious health problems in cases where prostate cancer tests or treatments could do more harm than good.

So far, the research team has analysed data collected from a large-scale European prostate cancer screening trial and come up with three possible risk prediction models – all based on a man's PSA test plus other risk-based characteristics. The first model was the

most basic, but the easiest to perform well during a standard GP appointment. The other two included more detailed tests that may give a more accurate risk prediction, but might be more difficult for doctors to do.

When combined with their life expectancy calculations, the researchers found that even their most basic risk assessment model would have allowed a large number of men on the trial to avoid having an unnecessary biopsy. And just as importantly, this didn't reduce the number of aggressive cancers detected. The next step is to turn these models into a practical tool, and then refine and test them with a group of GPs. We'll then need to test the final model in a large-scale clinical trial based within the UK primary care setting to see how well it performs in a 'real world' NHS-based health system.



If you'd like to comment on this or other news stories, go to prostatecanceruk.org/news and join the conversation

Our precision plan of attack

Finding targeted treatments that can tackle a man's individual prostate cancer at a molecular level is a key part of our mission to stop the disease from being a killer. That's why we recently announced our biggest and most ambitious research programme, which could finally make precision medicine a reality and propel prostate cancer treatment into the modern era. Dr Sophie Lutter explains how it will work and meets a family with a very personal reason for backing its success.

'Without minute neatness of execution, the sublime cannot exist! Grandeur of ideas is founded on precision of ideas.' When William Blake wrote this nearly 200 years ago, the visionary author almost certainly wasn't talking about prostate cancer research. And yet his words are not only timeless, but completely relevant to our work today.

Towards the end of last year, we announced the launch of the Prostate Cancer UK Precision Medicine Programme, which is supported by the Movember Foundation and the Distinguished Gentlemen's Ride. This million-pound-plus research programme truly embodies Blake's sentiment: to achieve our grand idea of drastically reducing the number of men dying from prostate cancer, we need to get precise in our ideas about how to treat it.

This means understanding – at a molecular level – what drives each man's disease, and matching that to treatments that will stop their cancer in its tracks. This is exactly what our precision programme aims to achieve.

Using targeted treatments before hormone-resistance

This isn't the first time that such an approach has been taken in prostate cancer. You've probably heard before about the successful trial of the ovarian cancer drug, olaparib, to treat men whose prostate cancer is resistant to hormone therapy. This work, led by Professor Johann de Bono at the Institute of Cancer Research, demonstrated that doctors could select men who have a mutation in one of the genes responsible for repairing damaged DNA and then specifically target their genetically different cancer using drugs known as PARP inhibitors, such as olaparib. As a result, the men on the trial lived significantly longer with what is otherwise a lethal disease.

You'll also have heard us talk about the importance of giving treatments at the right time. The success of early abiraterone and early docetaxel on the STAMPEDE trial highlighted time and again what a difference it can

make to give a more intense treatment early on, before the disease becomes resistant to hormone therapy.

That's why we're so excited about the potential of the first wave of research in our precision medicine programme. It combines both these two approaches: giving targeted treatments, but before hormone resistance sets in. And it will finally bring prostate cancer treatment in line with other cancers like breast cancer (which already uses a precision medicine approach to treatment), and lung and colon cancer (where similar trials have been running for several years already).

Cyclical research that will grow and change NHS practice

What's special about this research, though, is that it's more than just a regular clinical trial. It's clinical and laboratory research teams working side-by-side so that the benefits of their work get to men in the shortest possible time. So the researchers will take learnings from the lab straight into clinical trials, and results from the clinical trials will go straight back into the lab for further investigation. And then the whole cycle starts again.

To kick off the process, one team of researchers will examine prostate cancer samples they've collected to identify potential, new genetic drivers of the disease and the drugs that might combat them. Then a different research team will design preclinical studies to test how effective these combinations of genetic biomarkers and treatments actually are in the lab. If these discoveries are confirmed, they'll then be taken out of the lab and tested in clinical trials as a new arm of the research – so it's constantly growing and evolving with each positive new discovery.

The researchers hope that the initial discovery phase will allow them to genetically map the prostate cancer of all the men recruited for any trials, so the vast majority can then be selected for a targeted treatment based on their cancer's molecular makeup. They anticipate that the improvement in men's survival with these targeted



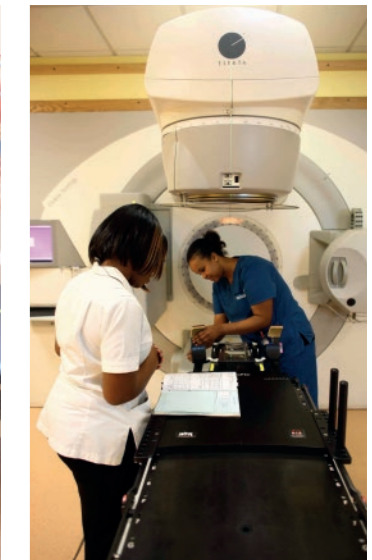
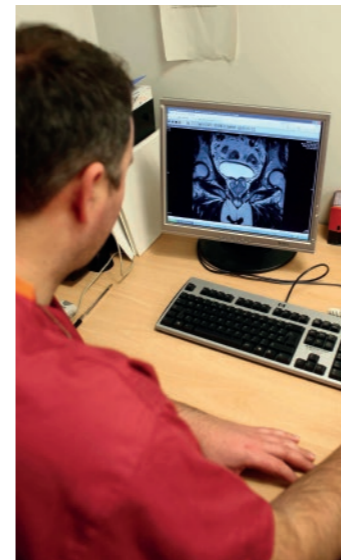
We're over the moon to be able to fund this research and are confident that the results will fundamentally change the way that advanced prostate cancer is treated in the UK.

Dr Iain Frame, Prostate Cancer UK


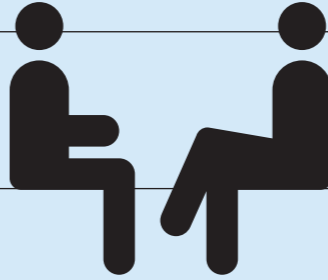


treatments will be so marked that it will prompt a swift change in hospitals' clinical practice as each trial arm reports. So eventually, thousands of men across the UK being regularly treated for prostate cancer on the NHS could well benefit directly from this research.

"We're over the moon to be able to fund this research and are confident that the results will fundamentally change the way that advanced prostate cancer is treated in the UK," says Prostate Cancer UK's director of research, Dr Iain Frame. "This consortium of researchers – whose expertise ranges from molecular analysis to clinical statistics – have come up with a superbly elegant, but complex research proposal that brings laboratory science and clinical research together within the framework of an existing clinical trial."

The scientists involved are based all over the UK and will be doing several different avenues of investigation at the same time. Within three years, all three project strands will be set up and running, and they'll continue to deliver for many years after that. As additional discoveries are made, validated and tested further down the line, results that have a big impact on the lives of men with prostate cancer will continue to be released and the goal of precision medicine brought that bit closer.



How our Precision Medicine Programme projects work together...

	1 PROJECT 1: Identifying disease drivers and possible targeted treatments	2 PROJECT 2: PARP inhibitors trial	3 PROJECT 3: Immunotherapy trial
October 2017	Start examining existing cancer samples to identify disease drivers for targeted treatment.		
December 2017		Begin finding ways to identify men with DNA damage-repair mutations. These men can then be treated with drugs called PARP inhibitors, which only kill cancer cells that have these mutations.	
March 2018		The first patient who has hormone-sensitive advanced prostate cancer driven by a DNA-damage repair mutation will join the PARP inhibitors trial.	
June 2018	First data released on genetic changes driving disease in men with hormone-sensitive prostate cancer, and how these affect the outcome of the disease. The researchers can now look for treatments – that either already exist for other diseases or are totally new – to target these mutations.	“We’re committed to achieving long-term disease control for the majority of men and – for an increasing proportion – complete cure from their disease. Dr Gerhard Attard, Project 1 researcher	The first patient joins a new trial arm to test a type of cancer immunotherapy in men with hormone-sensitive prostate cancer. At this stage, men are not selected based on a molecular profile. The researchers will start to examine the cancer DNA of the patients enrolled on the immunotherapy trial, to look for genetic changes that predict who the treatment will work best for.
June 2020		A provisional analysis will confirm how well selecting patients for PARP inhibitor treatment based on the presence of a DNA damage-repair mutation predicts that the treatment will work.	
December 2020			Researchers complete the first part of the immunotherapy trial, then they can identify the disease drivers that predict how well immunotherapy treatment will work.
March 2023		All patients will have been recruited to the PARP inhibitor trial.	
Beyond March 2023 <small>(subject to additional funding)</small>	Preclinical studies begin to test targeted treatment of newly identified disease drivers. Clinical trials start examining disease driver-and-treatment pairs that have been proven to work for men with hormone-resistant prostate cancer, and for men whose cancer is still sensitive to hormone therapy.	Results of the PARP inhibitor trial will be reported. This is likely to result in a swift change in how hospitals treat prostate cancer. 	Precision trial starts, testing immunotherapy for men who have hormone-sensitive advanced prostate cancer and whose molecular profile predicts they’ll benefit.

Giving hope to families like Hayley’s

It’s this kind of personalised approach to treatment that Hayley Yarnley wishes had been in place when her late dad, Bernie, was diagnosed with terminal prostate cancer at 59.

“Every man’s different, and every cancer’s different,” she says. “My dad used to sit next to a man of the same age in the hospital. He was the same build and had the same type of cancer, but they’d react completely differently to the treatments. Despite this, they both had to follow the same pathway.”

The retired police chief inspector underwent chemotherapy and survived long enough to see Hayley’s two children born, before dying six years later, in December 2016.

“My dad would be over the moon about the new research that Prostate Cancer UK are funding,” says Hayley. “He’d have loved to be part of the trials and to have that opportunity. But he’d be relieved, I think, for the men out there who are sons, dads, grandads. To know that there’s an opportunity – a chance. And that’s what you need when you’re going up against prostate cancer. You need hope.

“As for me, I’m grateful to the researchers and everyone who donates to Prostate Cancer UK. It means so much for daughters like me, who’ve been with their dads through this journey. It’s a hard, old path. But to know that there are thousands of men – and thousands of families – who’ll be directly affected by this research is an incredible feeling.”

Read more about Hayley’s dad on p19.



The trials and rewards of a stubborn scientist



Over the last 16 years, and thanks in large part to your donations, Dr Valentine Macaulay has been on a fascinating journey of discovery. What started in 2002 as an interest in how proteins – called insulin-like growth factors (IGFs) – make cancer grow and spread should soon become a full-blown clinical trial of a new prostate cancer treatment, funded by one of our recent Research Innovation Awards.

We talked to the University of Oxford scientist and oncologist about what it takes to commit to research over so many years, and when she thinks a drug that blocks IGFs might become a routine treatment for men with prostate cancer.

After all these years of studying the actions of just one protein, what's motivated you to keep going?

You do need quite a deeply ingrained sense of determination to be a scientist – and be quite stubborn too! There have definitely been times when I would deliberately try not to get important results on a Friday afternoon, in case it was bad news and the feeling of failure would last all weekend. But if I saved the results until Monday, I'd already have come up with a plan B and be ready to work on it straight away if necessary!

I'm very lucky in that I just love my job. It's a huge privilege to look after patients [as an oncologist]. I don't do it full time, but I feel fortunate to have the opportunity to get to meet my patients and their families – and to witness the love and support that gets them through such difficult times. But I also find the biology fascinating, so being able to spend time both in the lab and with my patients means that I've maintained my fascination and enthusiasm for both aspects of my work. I especially enjoy sparking enthusiasm in the young researchers joining my lab as they start to settle in, and they suddenly get that light of discovery in their eye. It's a wonderful feeling!

What excites you most about your new Research Innovation Award?

I've been trying to conduct an investigator-led clinical trial based on my research for the last five or six years

now, and this funding has given me the opportunity to do that. Finally, all the pieces are in place: the research question and the resources needed to run the trial. I can't express strongly enough my gratitude for the funding I've had from Prostate Cancer UK over the years, and I'm really grateful to all your fundraisers and donors for making it possible.

How long do you think it will be before an IGF-blocking drug is a routine treatment option for men with prostate cancer?

As with all new cancer drugs, it's standard practice to test them first in patients with metastatic disease. And we're already helping to test IGF blocker drugs in men with metastatic prostate cancer. The results will determine whether there are further trials, which could involve testing the IGF blocker with a hormone treatment, and will take three-to-four years to complete.

My Research Innovation Award may provide evidence to justify a larger clinical trial, but because it concentrates on localised disease, a trial like that would take much longer to see results through to clear clinical outcome. There may also be potential for this treatment to be tested either before or after surgery or radiotherapy for high-risk men, to try to prevent cancer recurrence.

What's your biggest ambition now?

My main ambition is for my research to make some difference to men with prostate cancer, and I just hope I can deliver that. It's quite nerve-wracking really: I've been wanting to do a trial based on my research for a long time, and now I really do hope it will make a difference.



My main ambition is for my research to make some difference to men with prostate cancer.

To find out more about Dr Macaulay's research and the recipients of our other Research Innovation Awards, go to prostatecanceruk.org/research

The black golfers saving men's lives



PROSTATE CANCER UK UPDATE

For the last six years, the African Caribbean Golf Association has been challenging taboos and raising awareness of a disease that hits one-in-four black men. We meet four of its members and find out how it all began.

It's fair to say that before Tiger Woods burst onto the scene in the late 1990s, black men weren't prominent in golf. And those who were playing were often ignored by the media.

"I think the only black player you had was Calvin Peete," says Franklyn Skinner of the US golfer who played in the 1980s. "But you would never see them play, even though they might be doing well in the tournament. That's how things were at the time."

It was during this period that the African Caribbean Golf Association (ACGA) came about, with four black friends – including Franklyn and Tony Johnson – playing four-ball at a Middlesex golf club.

"It was the funniest thing ever," says Tony of the hush that descended as they stood at the first tee by the clubhouse. "You could see five or six people at the windows,

trying to work out if we could actually hit this ball or not. And we all hit shots that we would probably never replicate ever again! They went straight down the middle. We walked past and gave a wave to the twitching curtains."

The ACGA's membership has waxed and waned from a peak of 90 since it was officially founded in 1992, and at one time they counted eight professionals among them. They've played other golf societies all over the UK and Ireland, touring some of the finest courses.

Six years ago, the ACGA's then-captain, Jacqui Harbour, decided to make Prostate Cancer UK their charity of the year.

In African and Caribbean societies, men don't really talk about prostate cancer.

Franklyn Skinner



Tyrone Carter and Jacqui Harbour.

The decision lifted the lid on a disease that turned out to have affected many of their members and prompted Jacqui's own partner and fellow member, Tyrone Carter, to get tested.

"I discovered I had prostate cancer in August 2015," says Tyrone. "I started my treatment six months later and finished hormone therapy in October. Hopefully now I'll only have to go for six monthly check-ups."

The association continues to hand out our prostate information to all their

members and has come up with some great ways to raise money for us as they play.

"We have something called the 'blobometer', created and run by our member, Steve Garner," says Roger Goddard, current captain of ACGA, whose father and uncle have died from prostate cancer. "Every time we scratch a hole or don't score a point, we contribute a pound towards the blob count and that money goes directly to Prostate Cancer UK."

"We've also introduced a betting sweep where a proportion goes to the charity."

It all helps to raise awareness among black men, who are often reluctant to discuss their health yet are twice as likely as other men to get prostate cancer, with one-in-four getting the disease.

"In African and Caribbean societies, men don't really talk about it," says Franklyn, who is being monitored for an enlarged prostate and whose father died from prostate cancer. "You hear the old thing, 'no one is sticking a finger up my backside', and all that. But it's a blood test you get."

Tony is even more forthright with his advice: "Forget the stigma of what goes on for the testing

Forget the stigma of what goes on for the testing and forget being macho. If you want to live, go and get tested and keep getting yourself tested.

Tony Johnson

and forget being macho. If you want to live, go and get tested and keep getting yourself tested."

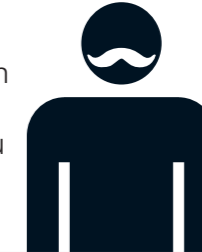


The African Caribbean Golf Association.

For ideas about how you can raise money and awareness through golf, go to prostatecanceruk.org/golf

10 years of mo' heroics

Movember's annual month of facial hair and fundraising saw thousands of people taking part across the UK last November. It was our tenth year of working with the Movember Foundation, which invests in our research initiatives and services for men. This time, our network of MoBros and MoSistas managed to raise more than £10k – thank you all of you!



Funding the Future legacy events

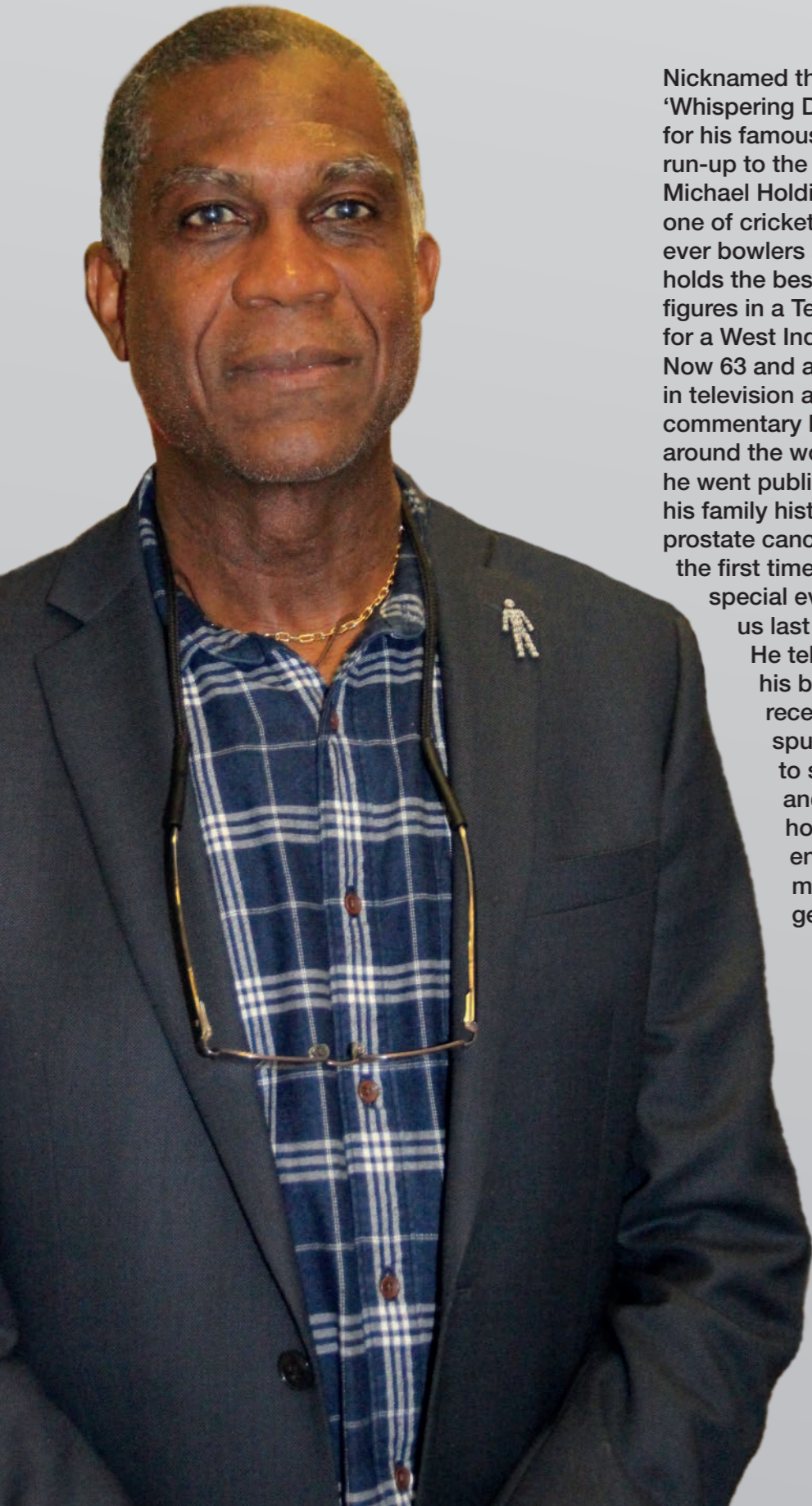
We held Funding the Future events for our supporters in York, Nottingham, Norwich and London last year, with our researchers sharing first-hand the incredible work they do with your money. It's a great opportunity to find out more about leaving a legacy to us and we're planning to hold more events this year. If you're interested in knowing more, please email legacy@prostatecanceruk.org

Fellowship awards target new prostate cancer drugs

Thanks to your donations, we're delighted to announce more than £600k in Travelling Prize Fellowship awards to two ambitious researchers, Dr Susan Heavey and Dr Chris Armstrong (pictured right). They're investigating exciting new drug treatments for prostate cancer and will travel to US laboratories as part of their studies. For more about their work, go to prostatecanceruk.org/fellowships



Michael Holding



Nicknamed the ‘Whispering Death’ for his famously silent run-up to the crease, Michael Holding was one of cricket’s fastest ever bowlers and still holds the best bowling figures in a Test match for a West Indian player. Now 63 and a fixture in television and radio commentary boxes around the world, he went public with his family history of prostate cancer for the first time at a special event for us last year.

He tells us how his brother’s recent death spurred him to speak out and why he hopes it will encourage more men to get tested.

How did you come to talk publicly about your connection with prostate cancer?

I was contacted by Gladstone Small about an event for Prostate Cancer UK, which he asked me to come and support, and I said yes, definitely. I have a lot of history with prostate cancer among my friends and family, so I thought it was a good thing to come and support.

Gladstone’s father died from prostate cancer. Did you know about each other’s family histories of the disease beforehand?

No, we never discussed it. The first I heard about his father was that evening. My dad was treated for it in the later stages of his life. And I lost my older brother, Ralph, to prostate cancer in January 2016 – just 18 months after his diagnosis. He was only 68 years old.

That must have been a tough time for you and your family.

Yes. We’ve always been a very close family. To be honest, I didn’t think the disease would take Ralph because as soon as he was diagnosed, I got in touch with a very good

doctor in the US. At that point, he said he could be treated. But things didn’t go well with how it all went. Such is life.

How much did you know about the disease before then?

Prostate cancer was something that was always spoken about in my family because of my dad’s diagnosis. And a lot of my friends, including my business partner in Jamaica, have had prostate cancer over the years. They are thankfully well again after having treatment – mostly in Miami, where I live now. So it’s always been a topic that’s been discussed among my family and friends for perhaps two or three decades.



Michael in action for the West Indies in 1980.



Men can be lax about their health and believe nothing will happen to them. It’s a macho thing.

When you hear that one-in-four black men will get the disease, how does it make you feel?

It’s staggering. And to be honest, it’s something I’ve only heard about recently. I knew prostate cancer was prevalent in black men but I didn’t know the true statistic.

Are you conscious of your increased risk?

If your father and brother get prostate cancer, I’m aware there is a greater risk that I might get it too. So I get tested every November, before I go to South Africa, where I commentate on the cricket during their summer.



(Left to right) Michael, our ambassador Errol McKellar, cricketer Gladstone Small and boxing commentator Ronald McIntosh at our special event.

Did you talk about prostate cancer in the dressing room when you were a player?

No, we didn’t. But I try to tell my friends and people I come across on a regular basis now how important it is to get to a doctor and get themselves checked.

Why do you think so many men ignore their risk?

Men can be lax about their health and believe nothing will happen to them. It’s a macho thing, for sure. Although a lot of men don’t like going to the doctor either. Some don’t like the [digital rectal] examination – they have a phobia about it. But it’s simple and can save your life.

You’re joining many other top sports personalities by wearing our ‘Man of Men’ pin-badge. How important is it that sport helps drive awareness of the disease?

Sport has a lot of fans, whether it’s football, cricket, tennis or golf. And a lot of people follow sport live, on television and on social media. So if sports people get involved, with all their fans and Twitter followers, that will spread the word and ultimately save lives.

For more information about your risk of prostate cancer, go to prostatecanceruk.org/risk

THE MANUAL

Your questions answered about
what's next after hormone therapy



Hormone therapy is a standard treatment for men diagnosed with prostate cancer that's spread outside of the prostate.

It controls rather than cures, so we're often asked what's next if it stops working so well. Our Specialist Nurse, Patricia, looks at the options.

Q Why isn't hormone therapy working as well for me as it was?

A The treatment works in two ways: either by stopping your body from making the hormone testosterone, or by stopping testosterone from reaching the prostate cancer cells. Prostate cancer cells usually need testosterone to grow, so taking away or blocking it usually causes the cancer to shrink wherever it is in the body. Hormone therapy won't cure your prostate cancer but it can keep it under control – often for several years – before more treatment is needed.

However, over time, the behaviour of your cancer cells may change and your cancer could start to grow again. At this point, your doctor or nurse may refer to your cancer as hormone refractory, hormone resistant, androgen independent or castrate resistant. This can happen even though the hormone therapy is still lowering your testosterone levels.

Q I'm worried my cancer will start to grow and I won't know it's happening. How will my doctor check?

A We often get asked this question by men worried the cancer will 'run away' before they can have treatment. But while you're having hormone therapy, you should have regular PSA (prostate specific antigen) blood tests to check how well the hormone therapy is working. A continuous rise in your PSA level may be the first sign that the hormone therapy is no longer working so well.

And your doctor or nurse may also ask you about any new symptoms you may have developed, such as urinary problems or bone pain. At this point you may also have scans, such as a magnetic resonance imaging (MRI) scan, a computerised tomography (CT) scan or a bone scan to see how the cancer is growing and which treatments might help.

Q Are there any treatment options after my first hormone therapy?

A Yes, quite a few, including anti-androgens, enzalutamide, abiraterone, chemotherapy, steroids and radium-223 – as well as treatments to help manage symptoms (palliative treatments). And even though your prostate cancer isn't responding to one type of hormone therapy, it may respond well to other types or a combination of treatments.

The treatments you can have will depend on lots of things, and you (with your doctor) will need to consider things like where your cancer has spread to, if you have any symptoms and your general health. Your doctor will also talk to you about the possible side effects of each treatment, how you feel about them, and how treatments will fit in with your daily life. You'll probably continue with your first type of hormone therapy, too, because it will still help to keep the amount of testosterone in your body low and some cancer cells may keep responding to this.

What do we mean by your 'first' hormone therapy?



The first hormone therapy you have is sometimes called 'first-line' hormone therapy. It could be:

- **Injections or implants** to stop your body making testosterone, such as goserelin (Zoladex or Novgos), leuporelin acetate (Prostap or Lutrate), triptorelin (Decapeptyl or Gonapeptyl Depot) and buserelin acetate (Suprefact) or degarelix (Firmagon).
- **Tablets** to block testosterone from getting to the cancer cells such as bicalutamide (Casodex).
- **Surgery** to remove the testicles or the parts of the testicles that make testosterone. This is called an orchidectomy.

Q What is the best order to have treatments in?

A Although it's something lots of men want to know, there's currently no best treatment or best order to have them in. And you might have another hormone therapy drug, like abiraterone or enzalutamide, either before or after trying chemotherapy. However, if you've already had enzalutamide, abiraterone probably won't be an option for you. And if you've already had abiraterone, enzalutamide probably won't either. This is because early research suggests that each drug may only have a small effect in men who have already had the other. However, if you get severe side effects from either abiraterone or enzalutamide, you may be able to try the other one.

Q How will I know if my treatment is working?

A During and after your treatment, your doctor or nurse will check how well your treatment is working – usually through regular PSA tests or other tests such as MRI or CT scans – along with how you're feeling. One aim of your treatment is to help manage any symptoms from your cancer, so that your daily life is as good as possible. But treatments can cause side effects, so let your doctor or nurse know about any changes.

Q Can I get involved in a clinical trial to try a new treatment?

A Yes, you might be able to go on a clinical trial, which aims to find new and improved ways of treating and managing illnesses. There are clinical trials looking at new treatments and ones looking at new ways of using existing treatments, and the best order to have treatments in. If you decide to take part in a clinical trial, you may be able to have a newer treatment that isn't yet widely available. To find out about taking part in a clinical trial, ask your doctor or nurse, or speak to our Specialist Nurses.

Here's what two of our supporters have told us about their experiences:



Clinical trials gave us hope and my dad felt that he was doing some good too.



I keep a record of questions and answers for each appointment, so I can review how I've been progressing and work out what to ask next.



Find more help for living with prostate cancer at prostatecanceruk.org/living

MARCHING FOR MEN WHERE YOU LIVE

Inspiration and tips on organising your own March for Men



Belfast resident Jackie Dickson was so incensed that her husband had to travel all the way to Cambridge for his prostate cancer removal operation, she decided to organise a March for Men in her home city to highlight the issue.

With only three months of preparation, Jackie and husband Billy (pictured right) led more than 160 people on a 4km walk around Stormont Estate last September. It was covered by newspapers and radio across Northern Ireland and raised over £5,000. Several politicians also came along to learn more about the issues facing men with the disease.

"It was a very emotional day – not just for myself and my family, but also for those who have lost loved ones," says Jackie, who was so inspired by people's support that

she's already committed to doing the event again next year. "We have raised an astounding amount of money, which will mean so much to the charity and their much-needed research."

So how can you make your March for Men as successful as Jackie's?

1. Use JustGiving.com

This is the best way to get donations and encourage others on the march to get online sponsorship too. It's really easy to share on social media and you can set up a team page to see how well you're all doing.

2. Ask your friends for help

Everyone has contacts and networking can be so useful when organising an event. Could someone share your event at their office, volunteer on the day or help you create

the march route? And don't forget to tell us as well – we can help too!

3. Use our Poster Maker

Make your own personalised March for Men posters and then share them online and in your local community. You can either ask people for sponsorship or to join you raising money on the march.



Top tip: posters work best on the back of toilet doors (but always ask permission first!).

4. Get on social media

Create an event on Facebook and invite your friends to it, then share photos and details of your plans, tagging people in so it pops up in their notifications. Make sure you post regularly with updates and details about the event.

5. Use a local landmark for the start/finish

Choosing somewhere of local importance or a well-known beauty spot might encourage more people to join, and makes for great pictures on the march itself!

Order our March for Men pack with everything you need to organise a spectacular walk. Go to prostatecanceruk.org/walking

In the SPOTLIGHT

Nick Butter
from Bristol



Ultra-marathon runner Nick Butter is aiming to go further than any man has gone before, running a marathon in every country in the world – that's an astonishing 196 in total. The 28-year-old endurance athlete set off on his record-breaking, 550-day challenge over 5,000+ miles in January, hoping to raise £250,000 for Prostate Cancer UK.

His inspiration came after meeting our ambassador and father-of-three Kevin Webber last year. "We met during the Marathon des Sables – also known as

the toughest footrace on earth," says Nick. "When he told me he had been diagnosed with terminal prostate cancer, I knew I wanted to do something. He is a remarkable man with endless positivity, so this trip is for him and to hopefully stop future generations dying from prostate cancer."

Follow Nick's progress and donate at nickbutter.com



Hayley Yarnley's dad, Bernie, died from advanced prostate cancer in December 2016, just a few days shy of his 60th birthday. She describes how the birth of his grandchildren kept him going during his treatment.

"My dad was a force of nature! He loved adventure

and the outdoors. It was in his blood. He swam two miles a day until the cancer treatment made him too tired.

"When my son Rory was born, Dad was about to start chemotherapy. At the hospital, I handed him his first grandchild, knowing his time with us was limited, and it was a huge moment. Dad didn't cry, though. He had the biggest beaming smile under his moustache as he held Rory for the first time.

"Two years later, Lydia came along. By that point, it was obvious what direction Dad's prostate cancer was taking him, and she spent the first two years of her life on his lap, kissing and cuddling him, telling him off and giving him toys.

I really think Lydia helped him through those last years.

"Dad was heartbroken about his diagnosis but he never googled how long he might be around for. He did, though, check the Prostate Cancer UK website and read the papers, and he just knew that the breakthroughs were on the way.

"They're on to something now, Hayley! They're almost there!" he'd say. "There'll be a cure one day. It won't happen in my lifetime, but it's for Rory." That's what you need when you're going up against prostate cancer. Hope."



Read Hayley's full story at prostatecanceruk.org/hayley

THANK YOU

£2,500

To 76-year-old Enid Vincent, who braved a wingwalk for us at Chiltern Park Aerodrome, South Stoke.



212 miles

To Joseph Cassar and his team, for running all 212 miles of the Southern Upland Way across Scotland and raising an astonishing £4,809.

£1,770

To Warren Malcolm, who organised an angling tournament in Oban, raising £885, which was matched by his employer, Arnold Clark.



£540

To 13-year-old super-cyclist Erin Brady, who took on the Cambrian Coast Sportive for us in September.

£470

To Corinthian-Casuals FC for turning their club's bar into a Men United Arms on Non-League Day and raising this princely sum.



GET INVOLVED

Five ways to get your mates together and raise money for us as Men United

1 World's Biggest Pub Quiz 4-8 March

Be part of PubAid's World's Biggest Pub Quiz and help us stop prostate cancer being a killer. Hundreds of pubs and venues across the UK will be hosting quizzes to raise money for us and other great causes. You can find your nearest participating pub at pubaid.com/quiz

or find details of how to get your local on board or host your own quiz.



3 March for Men June-July

Almost 3,000 of you raised an incredible £1 million at last year's March for Men events. This year, there are seven local marches during June in London, Manchester, Nottingham, Leeds, Glasgow, Liverpool and Bristol. All will be in local parks and include a choice of distances to

suit everyone. For a bigger challenge, there's our new Football March for Men in July, with marathon-length walks from clubs across the South East converging on Wembley Stadium. Find out more and secure your place at marchformen.org

2 Stirling Scottish Marathon 29 April

Starting near the imposing Stirling Castle, you'll run through incredible scenery and past world-famous landmarks on a brand-new route, finishing in the historic city's streets. No loops, no underpasses and no shuttle buses to worry about this year! Whether you've got a

place already or not, run for us and we'll help you train, fundraise and provide a technical running top with iron-on letters to wear on the day. Book your place or find out more at prostatecanceruk.org/stirlingmarathon



4 Prostate Cancer UK Golf Championship Before 1 September

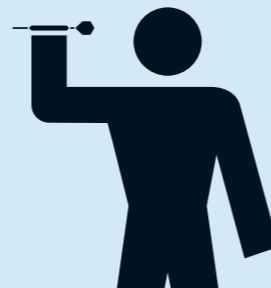
Do you have what it takes to be crowned the best player in the North, the South or Scotland? Host a golf day to raise funds for us and the winning player will earn a place at an area final at the world-class courses of Sandy Lodge,

Haggs Castle or Lymm. Former European Open Champion Andrew Murray will be offering a free golf clinic for every finalist on the day too. Find out more at prostatecanceruk.org/golf or call 020 3310 7235.

5 Darts All year round

Whether you throw at home or for your local team – or you're just an avid fan of the sport – we've got loads of fun, money-raising ideas to turn your passion for darts into vital funds for our research. From an all-day darts marathon to sponsored exhibition matches, organise an event

that hits the bullseye with your friends and family using our darts fundraising pack. Order yours at prostatecanceruk.org/darts



EVENING EVENTS

CALENDAR MARCH-JULY 2018

MARCH

4 Vitality Bath Half Marathon

Take on two laps of this traffic-free course through the World Heritage City. Fast and flat, it's perfect for first-timers and seasoned runners.

APRIL

15 Brighton Marathon

The seaside city's annual Marathon Weekend is a carnival of running, with a terrific atmosphere attracting thousands of people.

29 Kiltwalk Glasgow

Stride, stroll or wander along a choice of 6, 13 and 26-mile routes around Scotland's largest city, with all money raised matched by an additional 40 per cent by the organisers.

MAY

1 Yorkshire Three Peaks/ Classic Three Peaks

Summit the rooftops of Yorkshire, Scotland, Wales and England. Includes a leader, all travel and accommodation. Pick any weekend until 31 October and sign up solo or as a group.

26-27 Edinburgh Marathon Festival

Run for us in the 10k, half or full marathon, and we'll provide a running top, training advice and fundraising pack to get you on your way.

JUNE

1-3 Football to Amsterdam

Join hundreds of rival football fans uniting to cycle 145 miles over two days from the UK to Ajax's Amsterdam ArenA – and help us top the £600k raised last year.

3 Kiltwalk Aberdeen

The Granite City's Kiltwalk also features the Mighty Stride, Big Stroll and Wee Wander 6, 13 and 26-mile routes, so everyone can join in and get 40 per cent match-funding on every penny they raise for us from the organisers.

16 Edinburgh Night Ride

Cycle past the Scottish capital's iconic landmarks lit up against the night sky, on this thrilling 50-mile ride with a nocturnal twist! Raise more than £200 and get a free cycling jersey.



Tough Mudder April-Sept

The ultimate obstacle course race over 10-12 miles (or a shorter route of five miles) that will test your stamina, resilience and teamworking abilities.

Get a team together and help beat prostate cancer, as well as the course, on a choice of weekend events in Henley-on-Thames, Grantham, Drumlanrig Castle, Hertfordshire and Skipton.



March for Men 10 Manchester and Liverpool

16 London
17 Bristol and Glasgow
23 Leeds
30 Nottingham

Sign up for your nearest March for Men event and join hundreds of friends and families showing their support. Entertainment and refreshments on the day.

22 Football March for Men

Join thousands of fans for one of four marathon-length walks from football clubs across the South East, finishing at the home of football: Wembley Stadium.

JULY

14 Walk the Night

Take a night-time hike around London's most famous landmarks in this new fundraiser for breast and prostate cancer. Choose from half and full-marathon distances and commit to raising £199.

29 Prudential Ride London-Surrey

Choose from 46 and 100-mile routes, retracing the famous 2012 Olympic Road Race from Stratford stadium to Box Hill and back to the finishing line along the Mall. Book your place before they're gone!



Check out full details and sign up to all these events – plus many more – at prostatecanceruk.org/events



Our services

Specialist Nurses 0800 074 8383

(Mon to Fri 9am-6pm, Wed 10am-8pm)
Our Specialist Nurses have the time to listen and answer your questions on anything to do with prostate cancer and prostate disease.

One-to-one telephone support 0800 074 8383

Talk things over with someone who's been there. We match callers with trained volunteers who've had a similar experience.

Online community

Join the community online and talk to others who know what you're going through. You can ask questions, post information and share your ups and downs.
community.prostatecanceruk.org

Fatigue support 0800 074 8383

If you have prostate cancer and you're struggling with fatigue, our Fatigue support service is designed to help you manage your tiredness so you can do the things you want to do.

Information on prostate cancer 0800 074 8383

We provide free information on prostate cancer and prostate disease. Order or download copies from the publications section of our website or call our Specialist Nurses for help choosing the publications you need.



The peace of mind I have as a result of the call is phenomenal. I feel like I have a future now.

Specialist Nurses caller

Regional services

To find out what local support and services are available in your area go to prostatecanceruk.org/find-local-support

Prostate cancer support groups

Meet and talk to other people affected by prostate cancer who understand what you're going through. There are more than 120 independent groups across the UK.

Live chat

Our Specialist Nurses are available online to answer your questions and help you find the information you need.

The blue men on this map represent the locations of support groups who have asked to be listed on our website. Find a group near you: prostatecanceruk.org/supportgroups

Please note that some groups run meetings in more locations than the one listed.



Other useful organisations

Bladder and Bowel Foundation

www.bladderandbowel.foundation.org
0800 031 5412

Information and support for all types of bladder and bowel problems.

British Association for Counselling & Psychotherapy

www.itsgoodtotalk.org.uk
01455 883 300
Provides information about counselling and details of therapists in your area.

Cancer Black Care

cancerblackcare.org.uk
020 8961 4151
Provides information and support to people from black and minority ethnic communities who are affected by cancer.

Cancer Research UK

cancerresearchuk.org
0808 800 4040
Provides information about living with cancer.

Complementary and Natural Healthcare Council

www.cnhc.org.uk
020 3668 0406
Details of complementary therapy practitioners who meet national standards of competence and practice.

Macmillan Cancer Support

www.macmillan.org.uk
0808 808 0000 (Mon-Fri, 9am-8pm)
Provides practical, financial and emotional support for people with cancer, their family and friends.

Maggie's Centres

www.maggiescentres.org
0300 123 1801
Provide information and support to anyone affected by cancer. Their website holds a list of centres across the UK and has an online support group.

NHS Choices

www.nhs.uk
Provides information to support you in making health decisions, including an A-Z of treatments and conditions, and information on NHS health services in your local area.

Penny Brohn UK

www.pennybrohn.org.uk
0303 3000 118
Offers support using complementary therapies and self-help techniques. Working hand-in-hand with medical treatment.

Relate

www.relate.org.uk
0300 100 1234
Relationship counselling and sex therapy for individuals and couples.

Sexual Advice Association

www.sda.uk.net
Website and app with advice and information about erectile dysfunction.

Tackle Prostate Cancer

www.tackleprostate.org
0800 035 5302
The National Federation of Prostate Cancer Support Groups, working closely with us to provide local support to patients and families.

Online support groups promise no man has to cope alone

Many men affected by prostate cancer tell us they benefit hugely from talking to others with similar experiences. There are independent groups across the UK where men can meet and support each other in person, as well as our own one-to-one telephone support service and online community (details of all of these are on the opposite page).

But what if there isn't a support group near you or you can't find men who share your particular experiences of prostate cancer? We've been looking at ways to solve this by trialling some online support groups, where men can join discussions with others via their webcam or audio device so they don't have to travel to a set location to take part.

Our first online group started in October for gay and bisexual men with prostate cancer, which met monthly. We worked in conjunction with Opening Doors London, who helped facilitate the discussions.



"I thought it was a great success," says Martin Wells (pictured left), one of the men who took part in the trial. "Everyone who participated got involved with the conversation and was happy to share their experiences of prostate cancer."

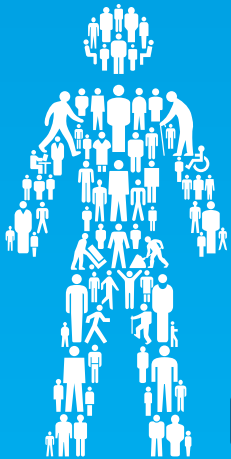
Martin had previously set up his own support group for gay men after he couldn't find the right services in his local area. "Talking to other men who could speak to me on my terms felt incredible," he says. "That's why Prostate Cancer UK's new online support group is such a great opportunity for other men who are gay, bisexual or MSM [men who have sex with men] to come together and discuss any topics on prostate cancer without judgement, wherever they live."

We'll be evaluating this trial shortly, but are also planning trials of online meetings for men on active surveillance and partners of men with prostate cancer.

Find out more about this and other support group options at prostatecanceruk.org/supportgroups



Ready, steady, SHOP!



**PROSTATE
CANCER UK**

Our online shop is now live:
shop.prostatecanceruk.org