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Cancer Services Bulletin: January 2014

Prostate Cancer: Diagnosis and Treatment

[NICE Clinical Guideline](#)

The National Institute for Health and Care Excellence has updated its guidance on how best to diagnose and treat prostate cancer.

It is hoped the updated guidance will help doctors to ensure that men are given information about the treatment options available and help in choosing the best option to suit them.

Since the original recommendations were published in 2008, a number of new treatments have been licensed for the management of hormone-relapsed metastatic prostate cancer. There is also more information now available on the best way to diagnose and identify the different stages of the disease in a hospital setting, as well as how best to manage the side effects of radical treatment.

This clinical guideline updates and replaces Prostate cancer (NICE clinical guideline 58). It offers evidence-based advice on the care of men referred to secondary care with suspected or diagnosed prostate cancer, including follow-up in primary care for men with diagnosed prostate cancer.

According to the [updated guidelines](#), men with less aggressive forms of prostate cancer should be offered regular checks rather than treatment in a bid to avoid unnecessary surgery or radiotherapy,

"Depending on how a man's prostate cancer is affecting him and how likely it is to return or spread there can be different treatment choices and it's good to see them all reflected in these new treatment guidelines." - *Martin Ledwick, Cancer Research UK*

Doctors treating men with "intermediate" or "low" risk prostate cancer should consider offering "[active surveillance](#)" instead of standard treatment options.

Prostate cancer can be slow growing and many men will not be harmed by the cancer over the course of their lifetime.

And standard treatment options, including surgery and radiotherapy, can have serious side effects such as erectile dysfunction, fertility problems and continence issues.



Cancer Services Bulletin: January 2014

The guidelines outline a standard plan of action for men who opt for surveillance over treatment – including regular blood tests, biopsies and physical examinations to monitor whether the cancer is developing.

Scottish Intercollegiate Guidelines Network: Management of lung cancer A national clinical guideline

The [guideline](#) covers all aspects of the management of patients with small cell lung cancer (SCLC) and non-small cell lung cancer (NSCLC), and provides information for discussion with patients and carers. This guideline updates SIGN 80.

NHS England has released an update to the national Cancer Drugs Fund list

NHS England has released an update to the [national Cancer Drugs Fund list](#), further increasing access for patients to an additional three new cancer drugs.

The additions to the list have been made following a review of trial data from the drugs by the Chemotherapy Clinical Reference Group (CRG), one of 74 such groups which provide clinical advice to NHS England regarding a range of specialised services.

The additions, which are all targeted drugs for specific cancers, are:

- [Trastuzumab Emtansine](#): for patients with breast cancer
- [Radium-223 Dichloride](#): for patients with prostate cancer
- [Dabrafenib](#): for patients with unresectable or metastatic melanoma

No drugs were removed from the list.



Cancer Services Bulletin: January 2014

Standardised Packaging of Tobacco: Submission to the Chantler Review

[Public Health England](#) has made a submission to the independent review into standardised packaging of tobacco products being led by Sir Cyril Chantler. PHE believes there is substantial and compelling evidence to support the introduction of standardised packaging as an effective measure to tackle the serious public health problem of smoking.

Read more : [Standard cigarette packaging one step closer after Lords approval](#)

European Cancer Patient's Bill of Rights unveiled

A bill of rights has been unveiled that aims to address the differences in care received by cancer patients across Europe. The [European Cancer Patient's Bill of Rights](#) was produced through a collaboration of over a 1,000 medical organisations and cancer patient groups from 17 European countries to ensure patients get access to the services and information they need.

Read more at [Cancer Research UK](#).

Simple test detects most bowel cancers

A simple test performed at home and sent away for analysis could help detect more cases of bowel cancer than the current [UK screening programme](#), according to a [US study](#).

Faecal immunochemical tests or FITs detected around four out of five bowel cancers and were also able to spot if people don't have the disease in over nine out of 10 cases.

Click [here](#) for further details.

Chopping kidney cancers down at their trunk could lead to new treatments

A new study has discovered the genetic faults at the core of [kidney cancers](#) which could be targeted with new treatments, published in [Nature Genetics](#).



Cancer Research UK scientists looked at the complex genetic makeup of tumours from 10 kidney cancer patients and found there were just two core genetic faults in all the different samples taken across the tumour.

Crucially, it was these faults that were triggering the very first stages of kidney cancer development.

Much like a tree, beyond these mutations that form the 'trunk', numerous branches spread out – all with different genetic faults, in different parts of the tumour. Almost three-quarters of the many other genetic faults found are unique to each of the branches.

But this huge variation in the genetic makeup within the tumour is not detected when single biopsies are taken – meaning doctors do not get a true picture of each patient's disease.

And this explains why certain targeted treatments are not as effective as predicted, as they only prune one branch, allowing the remaining branches to grow into the space left.

This new study found that both between and within patients there are similarities in the evolutionary paths the different tumour branches can take. And importantly, the researchers believe that this knowledge could be used to predict the genetic routes that growing tumours will follow – potentially leading to new approaches that will limit their growth.

New treatment hope for one of the deadliest childhood cancers

Cancer Research UK doctors have launched a new [trial](#) which offers a new type of [molecular radiotherapy](#) - never before tested in children - for one of the deadliest childhood cancers.

"We have real hope that this method of radiotherapy may be particularly effective and offer a new treatment option for these children." - Dr Mark Gaze, lead researcher.

The new treatment for [neuroblastoma](#) uses radiotherapy which piggy-backs on a drug that naturally attaches itself to neuroblastoma cells. Neuroblastoma is usually diagnosed in children aged five and under, and the aggressive form of the disease remains very difficult to treat successfully.



Around 24 patients between 18 months and 18 years old will be treated in the LuDO neuroblastoma trial, at University College Hospital, London. The treatment will be delivered directly to the tumour in up to four courses once every eight weeks.

This treatment is effective in adults with other cancer types, but this is the first time it has been tried in children with neuroblastoma.

[Read more](#)

Simple test could help predict survival for head and neck cancers

Testing for a protein found in [head and neck cancers](#) could prove more useful in predicting survival than current methods, according to a [study](#) funded by Cancer Research UK.

The researchers believe the test could allow doctors to choose treatment tailored to patients.

Publishing their findings in the journal [Clinical Oncology](#), the team found that the presence of a protein called p16 in tumours was strongly linked to better survival irrespective of how advanced the cancer was.

Increasing numbers of head and neck cancers, such as those affecting the tongue and tonsils, are linked to the human papillomaviruses (HPV). These are typically found in younger people and have a better outlook than cases linked to tobacco and alcohol intake.

One way of testing for HPV-associated oral cancer involves looking for HPV DNA in a tumour sample, but these tests are not always accurate.

Because the p16 molecule usually disappears in tumours not linked with HPV, the University of Manchester team - part of the Manchester Cancer Research Centre – tested whether the presence of p16 could be used as an indicator of HPV status.

The study of 217 head and neck cancer patients looked at differences in clinical characteristics, treatment and survival between p16-positive and p16-negative tumours.

[Read more](#)

Cancer Services Bulletin: January 2014

Screening helps prevent cervical cancer in older women

Women who do not have [cervical screening](#) over the age of 50 are six times more likely to be diagnosed with [cervical cancer](#) in later life, compared to women who had normal screening results during this time, according to new research.

The study, led by [Cancer Research UK](#) scientists, underlines the importance of screening women over 50 for cervical cancer to prevent the disease. It provides evidence that women with adequate screening history and normal (negative) screening results between age 50 and 64 have a lower risk of cervical cancer at least into their eighties.

Researchers examined data taken from 1,341 65-83 year-old women who were diagnosed with cervical cancer between 2007 and 2012, and 2,646 women without the disease.

In women who weren't screened between the ages of 50 and 64, 49 cervical cancers were diagnosed per 10,000 women aged 65-83. This compared to eight cervical cancers per 10,000 adequately screened women with normal results.

Women who had been screened regularly but had an abnormal (positive) screening result between 50 and 64 had the highest risk of all - 86 cervical cancers per 10,000 women at age 65-83

The results suggest that cervical screening in women aged 50-64 has a substantial impact on cervical cancer rates not only at this age, but for many years after. The level of protection provided by having normal screening results declines over time, but even women in their eighties with adequate screening history and normal results had a lower risk of cervical cancer compared to those who were not screened.

[Read more](#)

Advanced radiotherapy 'improves survival' for head and neck cancer patients

An advanced type of radiotherapy could improve survival for [head and neck cancer](#) patients compared to conventional radiotherapy treatment, [US research](#) suggests.

Conventional radiotherapy for head and neck cancer can cause side effects such as a dry mouth, difficulty swallowing and weakened bones.



Cancer Services Bulletin: January 2014

Intensity-modulated radiation therapy ([IMRT](#)) is an advanced technique designed to precisely target tumours while sparing normal tissue.

A previous Cancer Research UK [study](#) showed that IMRT causes fewer cases of dry mouth than standard treatment, but it was not known whether IMRT impacts patient survival rates.

The latest study, published in the journal *Cancer*, shows that IMRT may also improve survival for patients with head and neck cancer.

[Read more](#)

Ethnic differences in breast cancer rates linked to lifestyle

Differences in lifestyle and reproductive factors are the main reasons behind lower breast cancer rates in South Asian and black women, according to research published in the [British Journal of Cancer](#).

In this study of largely postmenopausal women in England, we see that the lower risk of breast cancer in South Asian and black women is largely explained by differences in lifestyle and reproductive patterns - Dr Toral Gathani, lead author

Breast cancer incidence rates in England are lower in black and South Asian women compared with white women, but the reasons for these differences have not been fully understood – until now.

Data from the Million Women Study showed that South Asian women had an 18 per cent lower rate of breast cancer compared with white women, and black women had a 15 per cent lower rate of breast cancer compared with white women.

South Asian and black women drink less alcohol and have more children than white women – and both these factors influence the risk of developing breast cancer. But when these, and other lifestyle and reproductive factors were excluded from the analysis, the risk of developing breast cancer was found to be similar for women of all ethnic groups.

Many of the black and South Asian women in the study were first-generation immigrants. And it is likely that as second and subsequent generations of women of ethnic minority origin change their lifestyles, their risk of breast cancer will increase.

Lifestyle and reproductive factors are the main reasons for the difference in breast cancer rates between ethnicities.

[Read more](#)



Cancer Services Bulletin: January 2014

1 in 3 breast cancers are in women over 70: New national Be Clear on Cancer campaign targets older women to increase early diagnoses of breast cancer.

One in 3 women diagnosed with breast cancer in England each year are aged 70 or over. This age group also accounts for more than half of all breast cancer deaths annually, latest figures show. This age group also accounts for more than half of all breast cancer deaths annually, latest figures show.

This comes as [Public Health England](#) launches a new national Be Clear on Cancer campaign to remind older women 'don't assume you're past it', and to visit their doctor if they spot any changes in their breasts.

Key Journals

British Journal of Cancer: <http://www.nature.com/bjc/index.html>

Journal of Clinical Oncology: <http://ico.ascopubs.org/>

The Cancer Journal: <http://journals.lww.com/journalppo/pages/default.aspx>

The Lancet Oncology: <http://www.thelancet.com/journals/lanonc/issue/current>

Cancer: <http://onlinelibrary.wiley.com/doi/10.1002/cncr.v120.4/issuetoc>

BMC Cancer: <http://www.biomedcentral.com/bmccancer/>

Breast Cancer Research and Treatment:

<http://link.springer.com/journal/volumesAndIssues/10549>

Breast Cancer Research: <http://breast-cancer-research.com/>

Cancer Nursing Practice: <http://rcnpublishing.com/journal/cnp>

European Journal of Cancer: <http://www.ejcancer.com/>

Journal of Cancer Research and Clinical Oncology:

<http://www.springer.com/medicine/oncology/journal/432>