

Patient Story: Lloyd Pinder: Prostate Cancer

Briefing Notes for Governing Body Members

In the UK, prostate cancer is the most common cancer in men. Across the country, there are more than 333,500 men living with and beyond the disease. Many are dealing with serious side effects from treatment.

Movember is an annual event involving the growing of moustaches during the month of November to raise awareness of men's health issues, such as prostate cancer, testicular cancer, and men's suicide. The Movember Foundation runs the Movember charity event, housed at Movember.com. The CCG actively promotes Movember throughout November!

For prostate cancer this means Movember is about helping men, and their families and friends to know the signs, symptoms and risk factors to ensure early diagnosis, treatment and better outcomes, as well as prevention.

In this video, having been diagnosed with advanced prostate cancer, Lloyd Pinder records his determination to outlive his prognosis for the sake of his young daughters and to help other men avoid his fate.

Key statistics

- Around 363,000 new cancer cases in the UK every year, that's more than 990 every day (2014-2016).
- Every two minutes someone in the UK is diagnosed with cancer.
- Breast, prostate, lung and bowel cancers together accounted for over half (53%) of all new cancer cases in the UK in 2016.
- In males in the UK, prostate cancer is the 2nd most common cause of cancer death.
- Incidence rates for all cancers combined in the UK are highest in people aged 85 to 89 (2014-2016).
- Over the last decade, prostate cancer incidence rates have increased by around a twentieth (4%) in males in the UK
- Around 4 in 10 prostate cancer cases are diagnosed at a late stage in England (2014)
- Prostate cancer in England is less common in males living in the most deprived areas
- Prostate cancer is most common in Black males, then White males and least common in Asian males
- An estimated 280,500 men who had previously been diagnosed with prostate cancer were alive in the UK at the end of 2010

Diagnosis and Treatment

- 'Two-week wait' is the most common route to diagnosing prostate cancer
- GP referral is the route with the highest proportion of cases diagnosed at an early stage, for prostate cancer
- Prostate cancer: diagnosis and management: NICE guideline [NG131]: May 2019
- Rapid diagnostic and assessment pathways – Implementing a timed prostate cancer diagnostic pathway (A handbook for local health and care systems: April 2018: NHSE)

- L & SC Cancer Alliance Prostate Pathway: guiding principles (Draft as of October 2019)
- Urology NSSG adopting a unified Urgent Referral template for Suspected Urology Cancer (preferred proforma)

New developments at ELHT, in Pennine Lancashire

- One-stop clinic for prostate patients incorporating OP/MRI/TRUSS Biopsy to reduce time to diagnosis and treatment
- Clinically agreed protocols for Supported Self-Management Follow-up (SSMFU) for management of stable prostate cancer patients (Draft/Urology NSSG)
- Implementation of new procedure – Precision Biopsy, work in progress to identify clinic space and to train clinicians, move from theatre procedure to OPD

Current service provision at ELHT, in Pennine Lancashire

- ELHT have introduced Clinical Nurse Specialist (CNS) follow up for patients as a precursor to Prostate SSMFU: CNS led clinics for;
 - after radical Prostatectomy
 - watchful waiting patients
 - hormone treatment
 - following radical radiotherapy
- E-Books in draft stage to support patients undergoing Robotic Prostatectomy and Radiotherapy for Prostate Cancer

Challenges for commissioners and clinicians:

- Assessing a man's risk of developing prostate cancer during his lifetime
- Understanding whether or not a man is at high risk of the disease
- Whether a man should have a test for prostate cancer? (PSA test is not very accurate)
- Differential diagnosis and prognosis of aggressive versus non-aggressive cancer.
- Should prostate cancer be treated? What treatment should a man have?
- The main clinical conundrum for prostate cancer is the pros and cons of PSA testing. Certainly if men have lower urinary tract symptoms a GP should check the PSA and examine the prostate. The challenge comes if a man asks for a test without symptoms. Often this is based on a friend or family members experience and the patient is actually trying to take responsibility for their own health. The medical evidence however is that testing PSA for asymptomatic patients does not save lives. It may pick up more cancers but also subjects men to unwarranted treatments and side effects.

Publicity

An article was published in the Lancs Telegraph around early detection for prostate cancer.

<https://www.lancashiretelegraph.co.uk/news/18014577.early-detection-key-surviving-prostate-cancer-doctors-warn/?ref=twtrenc>