

NEWSLETTER



Prostate
Cancer
Research

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Transforming research. Transforming lives.



Discovering how prostate cancer starts

Read how Professor Daniel Brewer is getting to the roots of cancer, page 10 [>](#)

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Welcome



In this issue, we are delighted to be celebrating the anniversary of the start of two of our research projects. The first is led by Dr Claire Fletcher at Imperial College London, who is investigating the link between fat and prostate cancer. The other project, led by Dr Jennifer Munkley at Newcastle University, is looking at targeting sugars to stop prostate cancer from spreading. It is brilliant to watch as all the projects we fund progress and make strides towards a better future for everyone impacted by prostate cancer. I look forward to sharing more of their results in future newsletters.

Over a year ago we asked you all what you would think about PCR investing in some early stage biotechs. These often small organisations are developing treatments and diagnostics that are closer to being used in patients. I was delighted that you overwhelmingly felt we should be supporting these small companies and we've not only started to fund them but also offered them access to expert advice, support and patient insight.

We are also trying to help them access the data that should help them develop products that better meet patient need. It's not an easy task to find new diagnostics and treatments for cancer, so everything that we can do to support them on this journey helps. We thank you for helping to make this happen and for helping us to bring in important government, NHS and private-sector partners.

Finally, this Christmas we're excited to be taking part in this year's Big Give Christmas Challenge to support the infopool, our digital platform to empower people living with prostate cancer to make more informed decisions. For a newly diagnosed prostate cancer patient, decisions about treatment can be overwhelming and one in three people diagnosed with cancer are not given information that is easy to understand. We're here to change this and believe the infopool is critical for bridging this gap.

I know times are hard but we will continue to be here for you as a supportive and effective team.

Oliver Kemp
CEO

Prostate cancer accounts for 26% of male cancer diagnoses and is now **the most commonly diagnosed cancer in the UK.**

While prostate cancer is treatable when localised within the prostate, it becomes life-limiting and potentially terminal when cancerous cells spread around the body. We are committed to funding innovative research that fills gaps in current understanding. It is only through research that we can make progress.

Connect with us to stay up-to-date with our latest news and tell us your stories:

 [@prostatecancerresearch](https://www.instagram.com/prostatecancerresearch)

 [@PCR_News](https://twitter.com/PCR_News)

 [/prostatecancerresearchnews](https://www.facebook.com/prostatecancerresearchnews)

 [/prostate-cancer-research](https://www.linkedin.com/company/prostate-cancer-research)

< Cover: Professor Daniel Brewer and his team recently made an important discovery about how prostate cancer may start to develop. Read more on page 10.

Mike's story

Prostate cancer is a difficult beast

I am a street performer and make my living performing in the street, at festivals and events all over the world. I have performed in 38 countries, even spending a year in Japan. I was diagnosed with prostate cancer in June 2018. I had gone to the GP for a routine appointment and was told that I needed to have a DRE. Following the DRE, I was sent for a CT scan and a biopsy. When the results came back that I had aggressive, advanced prostate cancer, I was remarkably philosophical about it but, understandably, my wife was not and she went into a fury of research!



Above: Mike in various character roles. Right: Mike as Big Rory with his wife Rach as Ochie the Dog

I was put on bicalutamide and we began to look at the other treatment options available. Although I was concerned about the risk of being incontinent, we eventually decided on surgery. Everything went well, but my surgeon was not able to spare my nerves.

I hadn't realised how much the operation would shorten my penis but as I found a pump really painful and Viagra gave me a pounding headache, it didn't really matter. My wife and I have a truly joyful relationship and we have settled into a cuddly, sexless life.

This experience has been a bit like having your first child – until it happens, you have no idea what it's going to be like! Sadly, not only was I totally incontinent but also, as I had a stricture, I was told that I had to self-catheterise every day for the rest of my life and that I could not have the operation to reverse it. Despite this, I am glad that I opted for surgery. Prostate cancer is a difficult beast and I realise that until you get in there you don't know what the problems are going to be.

I had 36 sessions of radiotherapy in September 2019, then in early 2020 my PSA began to rise so I stopped taking the bicalutamide. Initially, I was taking zoladex but my PSA continued to go up. My oncologist recommended chemotherapy, but it would have affected my quality of life too much. My work is very physical, and I wouldn't have been able to carry on while undergoing chemotherapy. I started to take enzalutamide instead and my PSA is now undetectable.

My wife, Rach, has been so important in researching the options available, listening to me, and coming to all my meetings. When I come out from

seeing my oncologist, Rach has heard and digested so much more than me. She also suggests options (such as enzalutamide) that the doctor had not mentioned and that I would never have researched for myself.

I am not frightened of dying, but I am hugely sad about leaving my wife. I am a creative and happy man and earn my living making others laugh. I would like to continue this for as long as I possibly can. My first granddaughter will also be born in a couple of weeks and I long to create a real relationship with her.



Living with side effects

Managing tiredness



Maintaining a healthy balanced diet will help you get the energy you need



Establishing a sleep routine can improve your ability to get enough sleep



For more information about prostate cancer, please request a free copy of our patient booklet pccr.org.uk

What is fatigue?

Fatigue means feeling very tired, or weak, most or all of the time. The feeling doesn't improve or go away, even after rest or sleep. Cancer-related fatigue is tiredness that occurs as a result of cancer, either from the cancer itself or its treatments. Research has shown that nine out of 10 people with cancer will experience fatigue. It affects different people in different ways, but you may:

- Have very little energy in your usual day-to-day activities
- Find it difficult to concentrate or make decisions
- Feel more emotional
- Have difficulty sleeping
- Feel dizzy and lightheaded

Fatigue can have a huge effect on your life, from work to relationships, but there are ways to manage it. You will be able to speak to your doctor to decide which approach is the most suitable.

What causes cancer-related fatigue?

There are a number of reasons why you may experience cancer-related fatigue. If you are older or having multiple treatments, you are more likely to feel tired as a result of prostate cancer.

The cancer

The cancer itself can cause you to experience fatigue. Prostate cancer can change your hormone levels and feeling tired is a side effect of this. Some cancers release cytokines, a type of protein that plays an important role in our immune system, and it is thought that these lead to fatigue.

Treatment

Fatigue is a common side effect of many of the main treatments for prostate cancer, including surgery, radiotherapy, chemotherapy and hormone therapy. In most cases, people find that fatigue improves a few months after they finish treatment. Attending scans and having tests can also be very tiring.

Low appetite and problems with eating

Cancer and its treatments may affect your appetite and cause issues with eating. This can mean that your body is not getting the energy it needs, leaving you more tired than usual.

Anaemia

Anaemia means you have low levels of red blood cells, which are important for carrying oxygen around the body. This can make you feel tired and weak. Anaemia is caused by the cancer or by treatments such as chemotherapy.

Side effects and pain

Cancer and its treatments may cause you to feel pain or discomfort. Dealing with this and other side effects can lead to fatigue.

Emotional impacts

Living with prostate cancer is likely to affect your emotional wellbeing as well as your physical health. This is completely normal, but it can be very tiring.





How can I manage my fatigue?

Exercise and eating well

Regular exercise can increase your energy levels, help you to sleep and help you to maintain a healthy weight, all of which can reduce fatigue. Cancer and its treatments can impact your ability to exercise, but even light physical activity such as walking around your home will help.

Eating a healthy, balanced diet will help you get the energy you need and help you to feel less tired. It's also important to ensure that you are drinking enough water (the current recommendation is six-to-eight glasses per day). Your doctor may be able to refer you to a dietitian for information and support with your diet.

Sleep and relaxation

A good night's sleep can improve fatigue but cancer and its treatments can make this more difficult. Some things can help with this, such as establishing a routine, going to bed and waking up at the same time each day, and avoiding alcohol and caffeine in the hours before bed. It's also important to try to reduce stress and take time to relax.

Keep a fatigue diary

You may find it helpful to keep track of your fatigue in a diary. This could help you to identify why you are feeling tired and help you to plan your schedule. Understanding when you are most likely to feel fatigued means that you can set aside time when you will need to rest and avoid strenuous activity. The diary is also something that you can show to your medical team.



Support

Living with fatigue may make everyday tasks such as cooking or going to the shops more difficult. Your family and friends may be able to help with this, but there are also organisations who can assist. The Macmillan Support Line, on 0808 808 00 00, offers confidential help to people living with cancer.

Complementary therapies

Research shows that complementary therapies such as acupuncture may ease fatigue. Acupuncture involves inserting thin needles into specific places on the body. Other therapies, such as relaxation, massage or deep breathing, may also improve fatigue. Speak to your GP before trying complementary therapies, as some of them may impact on your cancer treatment. They may also be available through the NHS, in which case your doctor may be able to help you to access them.



Emotional wellbeing

It can be difficult to talk about how you feel, but it may help. You can talk to people who you know and trust, such as friends and family. Some people find it easier to talk to someone they don't know, and your doctor or nurse may be able to refer you to a counsellor who can help you deal with the emotional impact of side effects from your treatment.

Support groups also offer valuable help and information. They provide a safe space to ask questions, share experiences and listen to others in a similar situation. This can help you to understand your own emotions and realise that you are not alone.

The Big Give Christmas Challenge

Double your donation

We're very excited that we've been selected to participate in this year's Big Give Christmas Challenge, the UK's largest match funding campaign. The campaign will fund our patient information service, the infopool.

One donation has twice the impact: all online Big Give donations received between 29th November and 6th December will be matched pound-for-pound by the Hospital Saturday Fund to support the infopool.



A diagnosis of prostate cancer is life-changing and bewildering.

Prostate cancer is complex, and treatment options vary depending on disease stage at diagnosis and likelihood of progression. The information available can be overwhelming and isolating. It is particularly difficult for those with low health literacy and the information is often not culturally appropriate for people from Black backgrounds. It is critical to support these groups as they often have the worst health outcomes and are most likely to feel disempowered throughout their cancer journey.

We are building a community of informed and empowered prostate cancer patients to enable a better quality of life for patients and their families.

We will provide people living with prostate cancer with clear and simple information, empower them to have two-way conversations with their healthcare professionals, and connect them to a wider community to ensure their voices are heard and considered by those researching new drug developments and methods of care.



Meet Andy

Andy is 58 and lives in Hertfordshire, he was 57 when he was diagnosed with 'significant' prostate cancer that had spread to his lymph nodes and given a Gleason score of 10. Andy found it very difficult to process the information given to him, he didn't know what questions to ask and both he and his wife found it an overwhelming and emotional time.

The infopool would have been helpful for Andy in many ways. He would have been able to go home and view the information in his own time when he was ready and in the right frame of mind. He would have also been able to get a wealth of information from people who have had similar experiences to him.



This would have been massively helpful and therapeutic for me as it would have helped me understand the terminology, how to manage my symptoms and side effects and hear positive stories from people as well as explaining what they went through. While the care I received from my healthcare team was excellent, it would have been invaluable at the time.



The infopool is partly funded by the National Lottery Community Fund



You can help men like Andy and Alfred by supporting our Big Give Christmas Challenge



“ Meet Alfred

Members of the Black community have been an integral part of the co-development of the infopool. This provides real life stories from Black men with prostate cancer. Having inclusive and culturally relevant information, the infopool will be an incredible asset in the future to Black men diagnosed with prostate cancer.



Watch Alfred's story

Give via the Big Give

29 November–6 December only

Double your donation by giving online at the Big Give. The Hospital Saturday Fund will match all gifts received for our campaign. Google 'The Big Give Christmas Challenge' and search for Prostate Cancer Research in the 'Find a Charity' section. Or, use this direct link:

<https://bit.ly/3TdipZx>

Make a donation, at any time

Every single pound helps towards our funding target for the infopool.

Online

Go to our website to give at any time – pcr.org.uk

By bank transfer

Bank Barclays
Account name Prostate Cancer Research
Sort code 208057
Account 80372056
Payment reference your surname + 'Big Give'

By post

Use the donation form included with this newsletter. Post to:
Prostate Cancer Research, Suite 2,
22–23 Great James Street, London WC1N 3ES

By phone

Call 0203 735 5444 (leave us a message and we'll call you back to take payment)

Science news

MRI TECHNIQUE REDUCES THE NEED FOR UNNECESSARY BIOPSIES

Following a raised PSA level, an MRI can be used to see if someone is likely to have prostate cancer. However, the only way to confirm if it is cancer is via a prostate biopsy, in which a needle is inserted into the prostate to take tissue samples. This can be uncomfortable, and the procedure carries the risk of infection. Up to 50% of men who are shown to be high-risk on mpMRI are then found to have no clinically significant prostate cancer after a biopsy.

Researchers at University College London have shown that a new type of MRI scan called VERDICT MRI can be used to diagnose prostate cancer more accurately. The research was part of the INNOVATE trial, which found that using this new technique alongside standard imaging techniques reduced the number of unnecessary biopsies by 90%.

'This new technique requires no new equipment – it can be done on MRI scanners already in use and should eventually be possible on all standard 3T scanners, so would be relatively easy to roll out into clinical practice across the UK,' explained Professor Shonit Punwani, the lead investigator on the INNOVATE trial. 'Our next step is to use VERDICT MRI in an even bigger clinical across multiple hospital sites. If successful, the trial should provide the evidence needed to change practice in the NHS in the near future.'

NICE REJECTS USE OF PROSTATE CANCER DRUG, OLAPARIB (LYNPARZA)

In September 2022, the National Institute for Health and Clinical Excellence (NICE) confirmed their decision to reject the use of Olaparib for NHS patients with advanced prostate cancer.

Olaparib significantly delays progression in patients with advanced prostate cancer who have specific genetic changes in their cancer cells. Research shows that patients who received Olaparib after their prostate cancer spread and became resistant to hormone therapy, lived without their cancer getting bigger for an average of 7.4 months, compared to 3.6 months for those taking existing treatments. Olaparib has already been approved for use by the Scottish Medicines Consortium (SMC) and is available in Scotland.

NICE judged Olaparib to be too expensive, owing to the genomic tests used to determine whether the

STATINS TO TREAT PROSTATE CANCER

Recent headlines have claimed that statins 'could treat prostate cancer'. These headlines were based on results from the SPECTRE trial, which looked at the effect of statins combined with hormone therapy on prostate cancer that had stopped responding to hormone therapy.

The trial, conducted by researchers from the Beatson West of Scotland Cancer Centre in Glasgow, showed that the combination of statins and hormone therapy can slow down tumour growth. It was a small study with just 12 participants, however, so we need more and much larger studies to understand whether this would work as a treatment.

Statins are a group of medicines used to lower levels of cholesterol in the blood. They are already approved for medical use, which means that if shown to be successful in treating prostate cancer they could be rolled out quickly to patients.

Professor Hing Leung, who led the study, said 'Castration-resistant prostate cancer, when cancer becomes resistant to hormone therapy, is currently very difficult to treat. If further trials are successful, we could use these already approved medicines very quickly to offer patients better options for treatment.'

Professor Leung is a member of the team working on our PCR-funded project 'MCL-1: A new therapy for prostate cancer?'

drugs are suitable for a patient. These tests, which check for BRCA1 and BRCA2 genes, are already part of the NHS genomic testing directory and should be available for patients diagnosed with prostate cancer. Including them in the decision means the costs of the tests have been double-counted.

We are extremely disappointed with this decision. On behalf of prostate cancer patients, we are urging all parties to work together to ensure there is access to this life-extending treatment.

NEW BLOOD TEST TO SPOT MULTIPLE CANCER TYPES

In the future, cancer could be diagnosed in patients with no clear symptoms using a simple blood test.

This is according to results from the US Pathfinder study reported at the European Society for Medical Oncology (ESMO) conference in September 2022.

As part of the study, 6,621 people aged 50 and over were offered the Galleri blood test, which spots abnormal DNA in the blood. The test indicated the possibility of cancer in 92 of the participants and further testing confirmed that 35 of those people did have a solid tumour or blood cancer. The blood test can also tell doctors where the cancer is in the body, which means they can conduct the follow-up tests needed to diagnose the cancer quickly. These results are particularly important for those cancers that are often detected at a later stage when they are more difficult to treat.

This is the first time the Galleri blood test has been used to detect cancer in people who have not been diagnosed. Previous studies have only looked at the test in patients already known to have cancer.

There is still a long way to go before this test will be available more widely for patients and implemented into clinical practice, but these results show promise. In the UK, the Galleri blood test is part of a clinical trial being run by the NHS and the company GRAIL, which manufactures the test. The results of this study are expected in 2023.

SMOKING AND PHYSICAL INACTIVITY LEAD TO WORSE OUTCOMES FOR CANCER PATIENTS WITH DIABETES

Type 2 diabetes and cancer share many of the same risk factors, such as being overweight or being older. Previous research has also shown that people with type 2 diabetes may have a slightly increased chance of developing some types of cancer.

Researchers in Sweden looked at the factors that affect outcomes in people with type 2 diabetes who have been diagnosed with breast, lung, prostate or colorectal cancer. They found that smoking and low levels of physical activity were the factors most strongly associated with worse outcomes and death.

Dr Tinne Laurberg, who led the study, explained: 'Smoking and low physical activity are habits that people probably have had throughout their lives and so may therefore have contributed both to the occurrence of diabetes and of cancer. Our results suggest that these factors not only contribute to the occurrence of these two diseases but may also increase the risk of an early death after diabetes and/or cancer occur.'

Studies like this are important because people living with prostate cancer may be living with other non-cancer-related health conditions, referred to as comorbidities. Comorbidities are often linked with poorer outcomes, a higher risk of death and complications from treatment, so investigating them is crucial to improving outcomes for people diagnosed with cancer.

1/8

Around one in eight men will get prostate cancer at some point in their life

Building bridges from research to the clinic

Prostate Cancer Research is working to provide a future in which prostate cancer patients receive the right therapies at the right time, tailored to the type of prostate cancer they have. Our academic research is providing important insights to develop new thinking into how and why normal cells become cancerous and how we can treat them in future.

The barriers to getting research all the way through to safe treatments

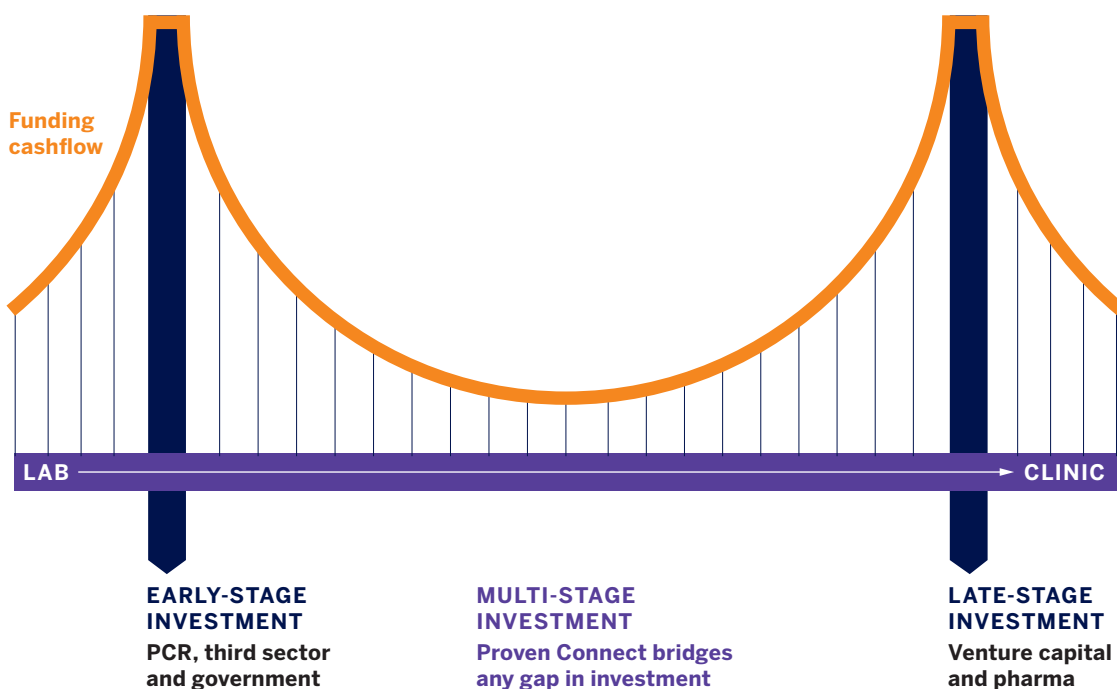
Since March 2020, PCR has been exploring ways in which we can better support promising academic research to transition to the clinic.

There are many stages between the lab and the clinic. Too many promising new diagnostics and treatments fail to make the leap, and this in turn means that patients lose out.

Taking a product through clinical trials to test safety and effectiveness is extremely expensive. It is at this early stage that investment is often so difficult to come by that progress is severely affected or halted. If funding can be found, early-stage clinical studies can be undertaken. These studies focus on safety, and generate insights into how well the treatment works. If the early studies generate positive results, funding can begin to flow more easily – for example, from large investors. And pharmaceutical companies may step in to develop products through to clinical use.

Alongside funding, commercial, business and entrepreneurial skills are needed. Academic researchers are likely to have little or no knowledge or experience of developing innovations beyond the laboratory. Support, advice and access to networks and expertise is every bit as important at these early stages as access to funding.

FUNDING TIMELINE FOR RESEARCH CULMINATING IN TREATMENT IN CLINIC



Proven Connect: Connecting finance with innovation and connecting healthcare entrepreneurs with the resources and expertise they need to succeed.



Find out more
about Proven
Connect on
our website
provenconnect.com

Earlier this year, PCR launched **Proven Connect**. Helping to prove the impact that new ventures in prostate cancer could have on patients and connecting companies to the advice and resources that can help them to succeed.

Introducing Nanovery



Jurek Kozyra
NANOVERY
FOUNDER AND RESEARCHER
NEWCASTLE UNIVERSITY

Proven Connect is supporting Nanovery, a young company developing a rapid blood test that could be used to detect prostate cancer earlier. In addition, this test will help clinicians to identify the best options for tailoring treatment and also track how the cancer is responding or progressing. Nanovery's founder is Jurek Kozyra, a researcher at Newcastle University.

If successful, Nanovery's test will help to ensure that men can be treated faster as well as more effectively reducing side effects and saving lives.

'As a biotech developing a prostate cancer product it is extremely valuable to have the support, expertise and patient insights that Proven Connect are able to provide.' Jurek Kozyra

How Proven Connect support Nanovery

- Early-stage funding that includes our investment partnership with the UKRI Innovate programme
- Ongoing advice from our Translational Research Director & Translational Scientific Advisory Committee
- AstraZeneca's mentorship scheme

How you can support Proven Connect



Give us your feedback

Understanding patients' needs and their personal experiences with prostate cancer provides vital insight for researchers. Patient feedback enables companies to ensure their product is helping to improve on what currently exists. This can be as simple as understanding if patients would prefer to take their medicines daily or weekly, through to understanding which side effects cause the most discomfort and distress.

Take part in patient trials

In the later stages of a new product's development, companies test their product for safety and efficacy through clinical trials. Patients input on the design of the trial, and volunteering to take part can mean the difference between a company's success or failure.

Invest in research

Lastly, continued support of PCR helps to make our translational work possible. As we support more early-stage companies we are looking for philanthropic investors who would like to partner with us on this journey.

For information about how you could offer support or to find out more, please contact Sonja at SLawrence@provenconnect.com.

Research updates



Two of our research projects just celebrated their first birthdays, and have got off to flying starts.



Professor Daniel Brewer
COMPUTING SOLUTIONS FOR PROSTATE CANCER
UNIVERSITY OF EAST ANGLIA

Professor Daniel Brewer at the University of East Anglia, alongside his team and collaborators, recently made an important discovery about how prostate cancer may start to develop. The findings, published in the journal *Molecular Oncology*, revealed that the prostate as a whole – and even cells that appear normal – is different in men with prostate cancer. This means that it may be better to treat the whole prostate rather than only the areas in the prostate that have cancer. The team hope their work could help scientists better understand the causes of prostate cancer, and even prevent it altogether.

‘This work has improved our knowledge of how prostate cancer first starts to develop, and might one day give us clues as to how to prevent or treat it.’ Professor Daniel Brewer.



Dr Claire Fletcher
HOW FAT FUELS PROSTATE CANCER
IMPERIAL COLLEGE LONDON



At Imperial College London, Dr Claire Fletcher has recruited a group of talented scientists to her team, and they have collected small pieces of prostate cancer and fat from 50 patients of different weights. With the patients' consent, they take some of what's removed during the individual's surgery, so that person does not need to undergo further procedures. So far, it looks as though the fat around the tumour is more likely to be pro-cancer in overweight and obese men than in thin men. With more knowledge on how cancer 'talks' to the fat surrounding it, we can develop better treatments for men of all body sizes.



Dr Jennifer Munkley
CLIPPING PROSTATE CANCER'S WINGS
NEWCASTLE UNIVERSITY



In Newcastle, Dr Jennifer Munkley and her team have already managed to show that two types of sugar found on the surface of prostate cancer cells (known as sialic acid and core fucose) help prostate cancer spread to and start growing in bones. We don't know enough about why and how this happens, so the discovery brings us closer to being able to treat and prevent prostate cancer spreading to bone. *This research is supported by a co-sponsored award from Prostate Cancer Research and The Mark Foundation for Cancer Research.*



Dr Naomi Elster
DIRECTOR OF RESEARCH AND COMMUNICATIONS

Finally, our own team has been busy recently. Dr Naomi Elster, our Director of Research and Communications, spoke at the opening session of the first ever Black in Cancer conference, where she spoke about how medicine doesn't work as well for everyone and the actions that we are taking at PCR to make sure that the advances made by science have a more universal impact.



You can read more about our research grants on our website pccr.org.uk/our-research

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Current research projects funded in the UK with a 20th in the USA.



Transforming research. Transforming lives.

Cancer is complex, and we will always need a menu of different options to treat it, so that individuals can choose the right option for them. In order to achieve this, we take a wide variety of approaches, with patient focus at the centre of everything we do:









- Filling the gaps in the prostate cancer ecosystem
- Improving current therapies
- Developing new treatments
- Making new discoveries about the biology of cancer
- Improving access to treatment
- Helping patients make better choices

Our research

We're now funding 19 research projects across the UK, and we recently launched our first project in the USA! Each project is taking a different approach to find solutions to a broad range of themes, including:

-  Tackling health inequities faced by Black men with prostate cancer
-  Keeping hormone therapy working for longer
-  Decoding the genetics of prostate cancer
-  Exploring how cancer evolves and mutates
-  Making radiotherapy work better and for more people
-  Finding new ways to treat and prevent spread to bone
-  Computing solutions for cancer with AI
-  Investigating how prostate cancer interacts with other health conditions

How do we decide which projects to fund?

-  **Application stage 1**
Scientists submit a short initial application.
-  **Internal review**
These applications are reviewed by the charity to ensure they fit with the funding opportunity and our aims.
-  **Shortlist by SAC**
The Scientific Advisory Committee (SAC) then review the applications and select those that will be invited to the next round based on scientific quality.
-  **Application stage 2**
Researchers through to the next round are invited to submit longer and more detailed applications.
-  **Review and queries**
Applications are reviewed by independent experts in the researcher's field called peer reviewers, as well as by patient panels. The researchers are then able to reply to comments from both the reviewers and patient panels. This means they can clarify anything that isn't clear or explain gaps in their work.
-  **Final review by SAC**
The SAC will then review the applications alongside the comments from peer reviewers and patient panels and the researchers' replies to decide who they think should be funded.
-  **Final checks**
The research team will then do final checks on the researchers.
-  **Grant decision**
Successful applicants are informed and project planning starts. Unsuccessful applicants receive feedback.

TYPICAL TIMELINE: 7 MONTHS

Update on progress

Our prostate cancer registry



Stephen Fry
PCR registry supporter,
writer, actor and presenter

A huge thank you to all of you who have signed our pledge of support for a prostate cancer registry. We have received over 2,700 pledges, and we are getting ever closer to our revised target of 3,000. If you haven't pledged already, go to pccr.org.uk/pledge.

Why are we doing this?

We believe that this first-of-its-kind prostate cancer registry will revolutionise prostate cancer diagnosis, treatment and care by putting real people at the centre of research. It will bring together personal experience with clinical records in a safe and secure way, with the potential to transform future research and connect patients with personalised medicines of the future.

What progress have we made?

Over the last eight months we have been consulting academic and commercial researchers, industry partners, government officials,

healthcare professionals and people affected by prostate cancer, trying to find out what data is needed to improve lives and what data they would be happy to share. The answers include a desire to understand more about treatment history, better insights into the impact of treatment on people's lives and why some people respond differently to different treatments.

What's next?

We have published our findings in a State of the Nation report. We hope that by the end of 2022 we will have secured the necessary funding to start building this registry.

Join us!

We are hosting an online (Zoom) webinar from 6–7pm on Thursday, 8th December, exploring our State of the Nation report, how a future registry will work and answering your questions. To register for this, visit pccr.org.uk/registry-update.



Join our webinar on Thurs 8 Dec to hear more at pccr.org.uk/registry-update

Questions and answers

Treating prostate cancer



For more information about prostate cancer, please request a free copy of our patient booklet pccr.org.uk

If you need information on prostate cancer and its treatments, we provide a free booklet. It offers details on symptoms and risk factors all the way through to the different types of treatment and their side effects.

You can order your copy from our website prostate-cancer-research.org.uk/support-us/shop It's also available via Vinehealth, an award-winning free health app that helps those living with cancer to track, manage and understand their cancer treatment, at vinehealth.ai.

'My clinical nurse specialist gave me the *Treating Prostate Cancer* booklet when I was diagnosed. This is a brilliant booklet because it talks to people like me in terms that we can understand and if it does have to use medical jargon, it explains what it is. For example, it explains what the Gleason score is and it explains the difference between aggressive and non-aggressive cancer. I still have the booklet today and often refer back to it when I need more information.' **Robin Giles**, prostate cancer patient.



Francesco's story

The best part of fundraising is the reaction

My name is Francesco Tagliamonti and I organised a charity football match in August 2022 to raise funds for Prostate Cancer Research.

I have fundraised for male cancer charities in the past, including the charity Orchid, and my brother ran and fundraised by doing a virtual marathon for Prostate Cancer UK. I was particularly interested in PCR because of the fact that they were looking into treatment and research for advanced stages of prostate cancer, which my father had been through until he sadly passed.

My fundraising efforts really revolve around him. Growing up, he always used to come to watch me play football – even when his treatment options were becoming limited. He really had a legacy in my club and

among my friends. My old football team's manager heard about his diagnosis, got in touch and explained that they had fundraised for him – Dad decided he wanted to donate the money.

I have a lot of mates who struggle to see each other, so these charity football matches are a perfect way to get everybody together while doing something we love, raising funds and paying tribute to Dad.

I'm quite a shy person and struggle to put myself out there, which can be a bit of a challenge when you're organising events like these. Fortunately, I've got a really supportive group of friends and family and my brother-in-law (the more outgoing of the two of us) is confident handling things like social media, local newspapers, contacting the local football club and asking if we can use the pitch for the day.

I think the best part of the day was the reaction and feedback from everyone. I understand you can get a bit nervous

about putting things like this on and putting yourself out there, but I had such a positive reaction, people were so willing to get involved and it was great seeing my football team, friends and family gathered and having such a great time.

The event itself went really well and I'm hoping to get some more young people involved next time. I'm 40 years old and I'm not sure how many more of these matches I have left in me. I'm ready to pass the baton on. We're hoping to make these an annual event at which we can raise for PCR.

For anyone who's considering putting on an event, just go for it! If you think you can't do it all on your own, enlist the help of your friends and family. You'll find that people are supportive, proactive and willing to support such a great cause.

Francesco Tagliamonti

Above: Francesco celebrates with the full footie team (holding corner of banner on left).



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