

# NEWSLETTER



Prostate  
Cancer  
Research  
pccr.org.uk

Transforming research. Transforming lives.



## Our new generation of scientists

Hear about Dr Floor Christie-de Jong's progress in the research update, page 8 [>](#)

SUMMER 2023

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# Welcome



It's always nice to be asked to write these introductions as we have so much to tell you all about. As a research organisation many of the things we work on take years to have an impact on patients' lives, but this month I can tell you about two things that will have results now. For the last few months, we've been working on a campaign to try to get personalised medicines approved. We're delighted that NICE and AstraZeneca came together to agree that Lynparza or olaparib will now be available for men with prostate cancer with a genetic mutation called BRCA1 or 2.

The case study on Lucida medical also shows the impact of some of the work we are funding in very-early-stage biotechs. Many of us have benefited from MRI machines, but their use is constricted by the lack of radiologists. By being able to use software to effectively outperform radiologists for accuracy, we should be able to relieve the NHS a little and save some lives too.

Secondly, we're delighted to tell you that we have launched the infopool. For years the team have been speaking to patients with 'treatment regret' or people who find navigating jargon-filled websites disheartening. We decided to try to make the research that we and others develop far more accessible to everyone and so have developed theinfopool.co.uk. We've had some great feedback so far and will carry on trying to improve it so that everyone can get access to reliable prostate cancer information, clinical trial tools and side-effect impacts that can be understood without a couple of PhDs.

Finally, I was thrilled to be able to attend our recent Meet the Scientists event. Not only does the science seem to get more exciting every year, but so does the engagement of the patient community with it. It's such a morale-boosting event for researchers beavering away in their labs who rarely get to meet patients.

I hope you find all of the work interesting and, as always, I thank you for all your support in making it happen.

**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



@PCR\_News



/prostatecancerresearchnews



/prostate-cancer-research

< Cover: Dr Floor Christie-de Jong's research is working in partnership with the local community in order to tackle the barriers Black men face to early diagnosis. Read more on page 8.





## David's story

# It's imperative to have a prostate cancer buddy

Hi. I am David. I'm 61 years old. I am a chartered accountant in practice, and a family man with three children.

I was diagnosed in October 2016 and, fortunately for me, I was diagnosed at the very early stages. I had hormone treatment from October 2012 to January 2016; then in May until June 2017 I had 20 sessions of radiotherapy.

For me, the hormone treatments were the worst part of it. Due to their side effects, they can take you to horrible, dark places and can make you feel terrible. At times I felt the treatment was worse than prostate cancer itself.

I had ups and downs with the mood swings, but over time you just learn to manage them more effectively and this was something I have been able to do with support from my family and other outlets.

Radiotherapy is like a thief in the night. It's the tiredness creeping up on you slowly, and I learned this the hard way during the treatment. I suppose that, to me, it was just the latent drowsiness that you get during the treatment – it's imperative not to underestimate that. And even after the treatment ends, don't think if you end on a Friday, you're back to normality the next day or thereafter. You do need to have some lead time – at least a fortnight before you try to become He-Man or Superman all over again.

Make sure you have support around you when you're going through the actual radiotherapy sessions – on the days you're going in to have the treatment and afterwards, too – because it can seem like a lonely walk to the gallows. Having someone around you is great for keeping your spirits up.

For me, I chose to go with radiotherapy, mainly because it was a less intrusive option compared to, say, a prostatectomy. However, there is a lot to consider, and every individual situation is different. It's just making sure you're ready for it. Try to get your mind prepared for it as well as preparing in terms of work,

physical health, etc. I do think for the most part it's mind over matter when it comes to stuff like this.

Overall, though, radiotherapy was not at all painful and nor were the hormone treatments; the treatments haven't led to any material change or damage to me greatly as such. I'm still the same, day to day. There are some minor changes, but hey, it's life and I'm still here.

I think it's imperative that others receiving any form of treatment don't feel they have to go through this alone. If needs be, speak to somebody, or have what I call a 'prostate cancer buddy', because there are lots of us around and this helps with not internalising the negative side effects of treatment.

Make sure to do your research and be aware of what's in store for you before you start any treatment. Ask questions and don't be afraid to challenge those in the know.



For more information about prostate cancer and its treatment, please request a free copy of our patient booklet [pccr.org.uk](http://pccr.org.uk)



Living with side effects

# Managing changes to your memory or concentration



For more advice and to hear from others who are managing cognitive changes as a result of prostate cancer treatment, visit [theinfopool.co.uk/living-side-effects](https://theinfopool.co.uk/living-side-effects)

## What are cognitive changes?

Cognition is the name for the mental processes involved in thinking, perceiving, memory and reasoning. 'Cognitive changes' means changes to your memory, your ability to concentrate and your ability to think clearly.

Cancer-related cognitive changes are changes that occur as a result of cancer – either from the cancer itself or its treatments. At the moment, we don't know how many people are affected by this, as different studies have reported a range of numbers. It will affect different people in different ways, but you may:

- Feel very tired
- Have trouble concentrating
- Find multi-tasking more difficult
- Feel more forgetful
- Become confused more easily
- Have a low mood

You may also hear cancer-related cognitive changes being called 'chemo brain'; this is because these changes were first seen in patients having chemotherapy. However, changes in memory, concentration and thinking can affect anyone with cancer, whether they have had chemotherapy or not.

## What causes cancer-related cognitive changes?

Researchers still don't know for sure what causes cancer-related cognitive changes but it is likely a combination of lots of different factors. If you are older or have experienced problems with memory or concentration before, you may be more likely to be affected by cancer-related cognitive changes.

## Factors contributing to cancer-related cognitive changes include:

### The cancer

The cancer itself can cause changes to your memory and concentration.

### Treatment

Certain treatments for prostate cancer (such as chemotherapy, hormone therapy and radiotherapy) can lead to cognitive changes. Having more intensive treatments (such as high-dose chemotherapy and radiotherapy) is also a factor.

### Side effects from treatment

Treatments for prostate cancer have side effects that can contribute to problems with your memory, concentration and ability to think clearly. These may include fatigue (extreme tiredness) and anaemia (low levels of red blood cells).

### Emotional impacts

Being diagnosed with prostate cancer and undergoing treatment can cause emotional impacts, such as anxiety, stress and low mood, which could affect your cognition.

## How can I manage cognitive changes?

### Talk to your doctor or nurse

Speak to your doctor or nurse if you are experiencing cancer-related cognitive changes. They may be able to offer ways to manage and cope with the changes, or refer you to a specialist for further support.

### Exercise and eating well

Regular exercise and eating a healthy, balanced diet can increase your energy levels, help you to sleep and help you to maintain a healthy weight. This can reduce fatigue, which contributes to changes to memory and concentration.

Cancer and its treatments can impact your ability to exercise, but even light physical activity such as walking around your home will help.

Your doctor may be able to refer you to a dietician for information and support with your diet.

Dehydration can impact your cognition so it's also important to ensure that you are drinking enough water. The current recommendation is six-to-eight glasses per day.

### Sleep and rest

Making sure that you get a good night's sleep and rest when you feel tired is very important. Feeling tired and not sleeping well can negatively affect cognitive changes.

### Reduce stress

Feeling stressed or anxious can impact your memory, concentration and ability to think clearly. As a result, reducing stress as much as possible can help to improve cognition. It can be helpful to avoid trying to do too many things at once and ask for support if you need it. Also, try to make time for things that help you to relax such as reading, listening to music, watching TV or going for a walk.

### Use memory aids

You might find it helpful to write things down to help you to remember them. For example, you might want to

keep a calendar to remember events, make lists or write down questions you want to ask before you attend appointments.

### Keep a diary

You may find it helpful to keep track of your memory and concentration in a diary. This could help you to identify why you are feeling most affected and it also means that you can set aside time for certain tasks.

### Keep your brain active

Keeping your brain active by doing activities such as crosswords or sudoku, or by learning new skills and taking up new hobbies, may help with your memory and concentration. Doing these regularly may help you to improve your cognition.

### Support

Living with changes to your memory and concentration may make some tasks more difficult. Your family and friends may be able to help with this, but there are also organisations that can assist. The Macmillan Support Line, on 0808 808 0000, offers confidential help to people living with cancer. Maggie's also offers support free to anyone with cancer and their families, for anything from treatment side effects to financial concerns.

[maggies.org/cancer-support](http://maggies.org/cancer-support)

## 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.





## Campaign update

# #GiveMenMoreTime



At the start of 2023, two ground-breaking, life-saving medicines were available – but only to patients who could pay for them privately. We believe that the best treatments should be available to everyone – **we made it a priority to get this to happen.**

1/8

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

12K

Approximately 12,000 men die from prostate cancer each year in the UK

**Pluvicto** is a form of targeted, highly specific radiotherapy that can hunt down prostate cancer cells, even after they spread around the body. We know from talking to patients, as well as from the data, that it brings huge improvements on quality of life – especially for men whose only other treatment would be chemotherapy or palliative care – as well as extending life by five months in terminal cases. In January 2023, Pluvicto was blocked for use on the NHS.

**Olaparib** became the world's first genetically targeted cancer drug in 2014 when it was approved for breast cancer, and we now know it can be used in some prostate cancers too. It works in people who have BRCA1 or BRCA2 gene mutations, which is around 8% of men with prostate cancer. In a clinical trial, patients taking olaparib lived without their cancer getting any bigger for an average of 7.4 months, in comparison to 3.6 months for those taking existing treatments (in this case, either abiraterone or enzalutamide – both hormone therapies). Patients with advanced

prostate cancer in Scotland could access this treatment on the NHS, but it wasn't available to patients in England, Wales and Northern Ireland.

We built partnerships and worked together with other cancer charities to push for these drugs to be made available to all those who need them. At the same time we engaged with government bodies, such as the National Institute for Health and Care Excellence (NICE), by providing both scientific evidence and championing the patient perspective. We also supported our patient community who wished to write letters to their MPs and share their stories on social media.



**We are delighted that olaparib was approved on the NHS for England, Wales and Northern Ireland in April 2023, and that NICE, having initially blocked Pluvicto on the NHS in January, have reopened their consultation and are taking another look. We are continuing to engage with them. In Scotland, the Scottish Medicines Council is currently considering whether to make Pluvicto available on the NHS there.**

We want to say a huge thank you to all the patients, politicians and media partners who supported our campaign. We also want to thank NICE and the companies that manufacture these drugs for their willingness to listen and work together to find solutions.



Your stories and contributions on social media made a large difference to this campaign. Please join us to achieve more together in future.

 /prostatecancerresearchnews

 @PCR\_News

 @prostatecancerresearch

 /prostate-cancer-research



Meet the Scientists 2023

# Bringing scientists and patients together



April 2023 marked the return of our incredible Meet the Scientists event. People affected by prostate cancer, scientists and PCR staff came together in Manchester to have important conversations, learn from each other and make valuable connections. The scientists may be the experts in the lab, but those with prostate cancer are the experts on their own lived experiences of cancer and its treatments. Bringing these experts together is key to building a world in which people are free from the impact of prostate cancer.

“ Thank you for inviting us to the event. It has been worthwhile and inspiring. Meeting academics and other patients is so mutually beneficial. ”

**Patient representative**

“ Discussing our work with patients was wonderful and humbling. Thank you. The best conference I've ever attended. ”

**PCR researcher**



“ The round-table format is brilliant. The opportunity to ask questions of the scientists in an informal atmosphere is beneficial to all. ”

**Patient representative**



“ The most valuable part of the day was talking to the patients about their personal experience going through treatment to better guide the research we do. ”

**PCR researcher**





# Science news

## Awareness of family history linked to better survival

**Men with a strong family history of prostate cancer who have been diagnosed with prostate cancer have better survival rates than men who have no family history of the disease. This is according to an observational study conducted by researchers at the Institute of Cancer Research, London, and the Royal Marsden NHS Foundation Trust. The scientists looked at data from 16,340 men diagnosed with prostate cancer.**

We know that a family history of prostate cancer (such as having a father or brother who has had it) increases a man's risk of developing the disease. Having a relative diagnosed with breast cancer can also increase the risk. The study took this a step further and looked at what impact having a family history of cancer had on a person's outcomes and survival.

The researchers found that those men with two or more relatives who had been diagnosed with prostate cancer were 20% less likely to die than those with no family history of cancer. Men with just one relative with the disease were still 15% less likely to die than those with no family history. They believe that this is down to something called the 'awareness effect'. This means that men with a family history of the disease are more likely to get checked and have their cancer diagnosed at an earlier stage.

Professor Kristian Helin, Chief Executive of the Institute of Cancer Research, London, said: 'These findings suggest that being aware of your personal risk of prostate cancer can lead to earlier diagnosis and treatment, and that this translates into improved survival. The research highlights the importance of awareness and screening programmes for men with prostate cancer, and is an endorsement of the work we are doing to identify those at the highest inherited risk.'

## New blood test for prostate cancer

**Recent headlines have celebrated an 'impressive new blood test for prostate cancer that is 94% accurate'. These headlines were based on research from scientists at Imperial College, the University of East Anglia (UEA) and Oxford BioDynamics, who have developed a chromosomal test that can pick up prostate cancer signals in the blood. The test, called PSE, can be combined with the current PSA test to better detect prostate cancer.**

A total of 147 men, 50 of whom had been diagnosed with prostate cancer, took part in the pilot study to look at how well the PSE test detects prostate cancer. The test was found to be 94% accurate at detecting the disease and the researchers hope that in the future it could be used to screen for prostate cancer and significantly improve diagnosis. The research is still in the early stages, however, with the next step being to test it in larger trials and in men who have unknown cancer status.

Professor Dmitry Pshezhetskiy, from the University of East Anglia, said: 'When tested in the context of screening a population at risk, the PSE test yields a rapid and minimally invasive prostate cancer diagnosis with impressive performance. This suggests a real benefit for both diagnostic and screening purposes.'

Professor Pshezhetskiy is also funded by PCR for a different research project, which is searching for signatures of prostate cancer in blood from Black men.



Prostate cancer research is only the 5th largest spend on cancer specific site



**Average annual PC deaths in the UK, 2017-19:**

12,039

**Average projected annual PC deaths in the UK, 2038-40:**

17,545

(32% increase)





If you would like to support prostate cancer research by donating or fundraising for our research grants, please visit [pccr.org.uk](http://pccr.org.uk)

## Can a healthy diet prevent prostate cancer?

**An unhealthy diet could increase your risk of developing aggressive prostate cancer. Researchers in Spain looked at the diets of 15,296 men recruited in Spain between 1992 and 1996. Of these men, 609 developed prostate cancer over an average of 17 years.**

The researchers categorised the men's diets as 'Prudent', 'Mediterranean' or 'Western'. The Prudent diet was high in low-fat dairy, vegetables, fruit, whole grains and juices. The Mediterranean diet was high in fish, vegetables, fruit and vegetable oil. Finally, the Western diet was high in high-fat dairy, processed meat, refined grains and convenience food, and low in low-fat dairy and whole grains.

They found that following a Prudent diet or a Mediterranean diet did not lead to a lower risk of prostate cancer. However, following a Western diet was found to be harmful. The men with Western diets had a higher risk of developing aggressive prostate cancer.

'Our results indicate that avoiding unhealthy dietary habits could be the best nutritional strategy to prevent aggressive prostate cancer,' explained lead author Dr Adela Castelló-Pastor from the Carlos III Institute of Health and CIBERESP.

## Combination treatment for prostate cancer

**Combining olaparib, which stops cancer cells from being able to repair faulty DNA, with abiraterone, a form of hormone therapy, enables men with advanced prostate cancer to live longer. This is according to results from a phase-three clinical trial called PROpel.**

A total of 796 patients with advanced prostate cancer took part in the trial, with 399 patients receiving abiraterone and olaparib and 397 receiving abiraterone and a placebo.

Those patients who received abiraterone and olaparib lived an average of 7.4 months longer than those who received abiraterone and a placebo. Previous analysis from the trial showed that olaparib in combination with abiraterone reduced the risk of the cancer progressing or death by 34% compared to abiraterone alone.

Professor Noel Clarke, senior investigator on the PROpel trial, said: 'The results of PROpel are important for patients and the oncology community alike, providing support for this combination as a potential and critically needed new treatment option in metastatic castration-resistant prostate cancer.'

**Olaparib was recently approved by NICE for the treatment of advanced prostate cancer on the NHS. Read more about our campaign that helped make this happen on page 4.**

# Research updates



**Dr Toby Pheesse and Dr Helen Pearson**

Blocking prostate cancer signals

CARDIFF UNIVERSITY

In January 2023, the Research and Comms team kicked off the new year with a visit to Toby Pheesse and Helen Pearson's lab in Cardiff. They were shown around the lab and saw some of their incredible equipment and facilities. The tour concluded with a mouse prostate dissection from Helen, and meeting some of their bright undergraduates doing histology slide staining, ready to look at them under the microscope. Toby, Helen, Valerie and Giusy also gave presentations to the PCR team about how their project has been progressing so far, including some exciting results, and outlined future plans.



**Dr Claire Fletcher and Professor Charlotte Bevan**

How fat fuels prostate cancer

IMPERIAL COLLEGE LONDON

The second visit of the year was to Dr Claire Fletcher's lab at Imperial College. PCR were welcomed by Claire, Charlotte, Jiani and Nil. The PCR team enjoyed the look around their lab and talks from the team about how their project has been progressing and further steps for the coming months.



**Dr Floor Christie-de Jong**

Tackling barriers to early diagnosis

UNIVERSITY OF SUNDERLAND

In Sunderland, Dr Floor Christie-de Jong's project has been up and running since September 2022 and has been progressing well. Floor has put together a great team including community links to reach out to participants. They are currently working on exploring barriers to early diagnosis of prostate cancer among Black men in Scotland and the north-east of England through focus groups and have uncovered some important experiences and perceptions. The PCR team plan to visit them for an in-person catch-up sometime in 2023 and have already met some of the team at the scientists awayday and the Meet the Scientists event.



You can read more about our research grants on our website [pcr.org.uk/our-research](https://pcr.org.uk/our-research)



**Dr Luke Gaughan**

Hormone therapy: stopping resistance in its tracks

NEWCASTLE UNIVERSITY

In Newcastle, Dr Luke Gaughan's project has been progressing well. The project passed its three-year milestone in January 2023 and has shown exciting results so far. Together, Luke, Ryan and Laura have validated their experimental approaches and applied them to advanced prostate cancer models. They have also successfully identified several proteins within the androgen receptor gene, and these are potential targets for future drugs to act on in order to stop the growth of prostate cancer. The PCR team are looking forward to visiting the Newcastle team later this year to see how the project is progressing.



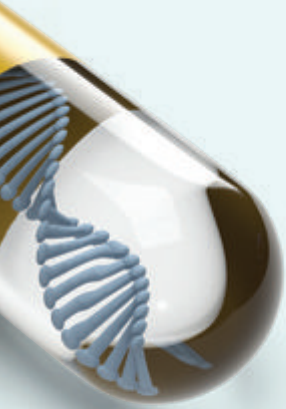
**Dr Hari Iyer and Professor Timothy Rebbeck**

Reducing barriers to screening in Black men with prostate cancer

DANA-FARBER CANCER INSTITUTE, HARVARD

Hari Iyer and Timothy Rebbeck's project started with us in October 2022. They recruited an excellent team of a research coordinator with a clinical background, a postdoctoral fellow with a background in environmental epidemiology, and a data analyst. The team have been working hard on their research already. They aim to discover and validate neighbourhood-level factors that identify men with increased risk of dying from prostate cancer and to estimate prostate cancer mortality reductions arising from eliminate barriers to PSA screening.





## USA grants

# New research to tackle health inequalities

8

Current grants focused on health inequalities for Black men

1/4

Around one in four non-Hispanic Black men will get prostate cancer at some point in their life – twice as many as White men

Everyone facing a cancer diagnosis should have access to the same quality of treatment and care. But a combination of biology, societal factors and a lack of targeted research and action means that Black men have a greater risk of prostate cancer than other ethnicities and their needs are not being met.

We knew that something had to be done to make sure that new treatments and developments can benefit everyone with prostate cancer. We also knew that this cannot be achieved without more research.

We're delighted to be funding three new projects, based in the USA, aimed at tackling this disparity. Funding research in the USA means that we can tap into an even wider range of expertise and skilled scientists to ensure that we can build a world where people are free from the impact of prostate cancer.



**Dr Xin Li**

**Tackling therapeutic resistance**

CLARK ATLANTA UNIVERSITY

**Duration:** 12 months

Dr Xin Li and her team are investigating the mechanisms behind resistance to treatment in Black men. They hope to find new treatments to prevent and stop prostate cancer cells developing resistance.



**Dr Panagiotis Katsonis**

**Discovering genetic drivers of prostate cancer in Black men**

BAYLOR COLLEGE OF MEDICINE

**Duration:** 12 months

Dr Panagiotis Katsonis and his team will use genetic data from the largest dataset featuring Black men from the All of Us research programme. They hope to identify the genetic elements that may lead to higher risk factors to inform prevention treatment and tailored therapies.



**Dr Geou-Yarh (Stancy) Liou**

**Linking the immune system to prostate cancer disparities**

CLARK ATLANTA UNIVERSITY

**Duration:** 12 months

Research has found that Black men have more B cells, which help to fight germs and infections as part of our immune system, than White men. Dr Stancy Liou will investigate whether B cells play a role in the racial disparity seen in prostate cancer.



# A new information hub

# Introducing the infopool

The infopool is a new, interactive patient information, education and empowerment platform. It seeks to support people as they undergo diagnosis and testing, helping them make better informed decisions. It provides a library of stories and experiences from people affected by prostate cancer, which will help others understand this disease and the journey it may take people on.

## Key information about the infopool:

The infopool is aimed at people/patients with non-metastatic and metastatic prostate cancer.

The infopool has been designed to support everyone, with a particular emphasis on those with lower health literacy and the Black community.

## The five key needs for this service:

- The wealth of information out there is not suitable for everyone.
- Various treatment options have differing impacts and side effects, so how do you know what your options are and decide which ones are right for you?
- For certain populations, particularly the Black community, information rarely addresses their needs.
- Some patients feel pressured into choosing a specific treatment, and feel ill-prepared to be active partners in shared decision-making.
- Finding out information on clinical trials can be a 'luck of the draw' situation.



Discover more  
[theinfopool.co.uk](https://theinfopool.co.uk)



## The four key user journeys:

### 1 Understanding testing and diagnosis



Designed to help people learn about different tests they may experience, when they may have them and the potential outcomes of each one.

### 2 Understanding treatment choices



This tool has been developed based on NICE guidelines and best practice, using the expertise of our Clinical Advisory Board. It allows users to understand treatment choices based on their PSA (Prostate Specific Antigen), stage and cancer grade. Supporting men with newly diagnosed and metastatic prostate cancer, it offers the ability to compare treatment choices based on simple metrics, to learn in more detail about treatment options and to find out what may happen if treatment fails or if their cancer returns. Key to this is the integration of personal stories and experiences (both written and in video form). There is a focus on the potential impact of treatment on quality of life, with stories and experiences filterable based on treatment, age, ethnicity and sexual orientation.

### 3 Living with side effects



We have developed a library of tips and advice from people who have experienced treatment side effects and explained how they managed them.

### 4 Clinical trial finder



We've worked with Ancora.ai to develop an easy-to-use prostate cancer clinical trial finder. This has made it easier to find suitable trials within a specific geographical area.



*Want to know  
more about  
prostate cancer?*

## **The infopool**

A website all about  
testing, treatments,  
side effects, clinical  
trials and more

theinfopool.co.uk



The infopool  
is an initiative  
from PCR



The infopool  
is partly  
funded by the  
National Lottery  
Community Fund

A Proven Connect investment

# Using AI to detect prostate cancer

## Introducing Lucida Medical



Dr Antony Rix  
**LUCIDA MEDICAL**  
FOUNDER

Lucida Medical is a spin-out from the University of Cambridge, founded by Prof Evis Sala and Dr Antony Rix to help radiologists diagnose cancer accurately and efficiently. Lucida Medical has been supported by PCR's translational work Proven Connect. Dr Antony Rix tells us about the benefits their innovation will bring to patients and also about the support of PCR.

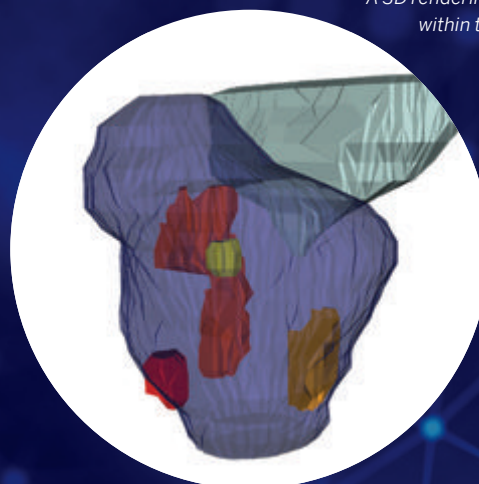
### What is your innovation?

Lucida Medical have developed a software tool called Pi™ – Prostate Intelligence™. It is the world's first AI software that can automatically analyse prostate MRI scans with expert level performance to:

- Find cancer more accurately, as early as possible
- Provide clear information to patients about the size and location of their tumour
- Ensure doctors can minimise investigations such as biopsies and associated side effects
- Address expertise and staffing shortages in hospitals to reduce waiting times and extend high-quality diagnosis to everyone.

### What are the main benefits that Pi™ offers for patients?

**Prioritising patients for review.** Pi™ is a software program that provides clinicians with a score based on an accurate predictor of abnormality calculated from the MRI scan. This score helps doctors quickly rule out and reassure patients who don't need further investigation, while accelerating and focusing resources to diagnose and treat patients with likely cancer.



A 3D rendering of cancer within the prostate

### Calculating the volume of a tumour and finding suspicious lesions.

The software computes the prostate segmentation and volume, saving valuable time, and pinpoints lesions that should be considered for biopsy to confirm whether or not there is cancer.

### Visualising the prostate for investigation and treatment.

The outputs can be edited and rendered in 3D to help with targeting lesions during the biopsy process, or, if a patient goes on to surgery, to plan how to remove the cancer while minimising the impact of the procedure.

### How has PCR's support helped?

PCR contributed to our seed investment, providing a welcome endorsement that in turn unlocked funds from many others.

### Who else has supported you?

Several wonderful radiologists and urologists have both invested in us and advised us to help us distil their expertise into algorithms that could help millions. Other investors include individuals who want to give patients the best possible care.

### What next for Lucida Medical?

We're now seeking further funds from eligible investors so that we can complete our regulatory approvals and get the software into large-scale clinical use. Lucida Medical's technology is currently being piloted in the UK, Italy and Germany. More information about how, when and where patients will be able to access the technology will be available soon.



Find out more about the work of Proven Connect on our website [provenconnect.com](http://provenconnect.com)





If you would like to fundraise for us, drop us a line on 0203 735 5448 or email us at [events@pcr.org.uk](mailto:events@pcr.org.uk)

## Jamie's story

# I take hope from the advances made by funding world-class researchers

'It would never happen to me' was an adage I applied to many things in life. So, when a routine blood test had an elevated Prostate-Specific Antigen (PSA) value, I was not overly concerned. I'd been in hospital for a back operation and had an infection, and my GP attributed the raised PSA to this.

My PSA went down following antibiotics (it was still above what would be expected). However, my GP mentioned there was a two-week screening initiative for prostate cancer and, given my dad was going through chemotherapy, he thought that I should get checked.

The consultant said the reducing PSA was encouraging but given my family history, I should have an MRI. The results showed a grading of PI-RADS 3 – usually this means no cancer or low risk. I was surprised when the consultant said he thought a biopsy was required owing to my family history.

When the results came back, the consultant told me I had cancer. I was knocked sideways.

I come from a family of doctors who explained how much research is still needed – particularly regarding genomes. I wanted to do something but didn't know where to start...

My favourite band is Genesis, who had their final tour on at the time. I reached out, explained I was a huge fan and asked if I could get VIP tickets. Their management wrote back and were

happy to send me some. I wondered how many of my heroes I could bother with emails and phone calls.

I wrote a list of my favourite authors, musicians, chefs, etc. I found their details or their management's details on Google or their publisher's details in a book and contacted them, and was pleasantly surprised to receive an amazing response. I've been in touch with Helen Mirren, the management for the band The Killers, and Nick Collins (son of Phil), who has been emailing me regularly and sending things.

I couldn't believe it. During the first Covid lockdowns, I collected signed items that were put up for auction in 2021 – a hugely successful endeavour raising £4,000.

Having collected a number of items – including signed photos of Kate Bush and Mark Rylance and signed guitars by Coldplay, Steve Hackett and members of Pink Floyd – it was time to organise another auction, with all proceeds going to Prostate Cancer Research.

People could bid on the website or donate to my JustGiving page if they did not want to bid for anything.

I hope this inspires anyone interested in fundraising who feels apprehensive. I believe because I was so honest with my story and shared that my mother died of bowel cancer and my father prostate cancer it resonated with the people I reached out

to. This really motivated me.

I've had the opportunity to meet some of my heroes and raise a phenomenal amount for a cause close to my heart. As a geochemist, I'm very interested in science and I take hope from the advances made in the last few years and what is possible by funding world-class researchers.

Any gents approaching 50 years old, please go and get a blood test. They're not perfect, and a raised PSA doesn't mean you definitely have cancer, but I caught mine early and hopefully that will give me plenty of time to start and complete my bucket list.

And if you're fundraising and face a few knock-backs, don't give up. Out of the 10 organisations you approach for help, only one may respond, but their support could be invaluable.







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