Read all about it... It can be awkward when a patient asks you about a report in their favourite tabloid detailing an amazing research breakthrough or a 'cutting-edge' new treatment / test and you don't know what they are talking about! So this section fills you in on the facts.

A little-known DIY therapy for treating cystitis could end painful misery for THOUSANDS of women

The Mail Online – 12 March 2018

The Mail Online ran this story in early March. This news article reads suspiciously like an advertisement for a product called 'Gepan Instill'. Personally, this is not a product I have ever seen on a hospital formulary, but this is a chondroitin sulphate instillation for the treatment of chronic cystitis and conditions such as bladder pain syndrome. The preparation has been around for more than a decade according to the studies listed on PubMed, but, as the title suggests, it is less well known than some of its rival products.

Bladder pain syndrome (BPS) is poorly understood and is diagnosed based on symptoms rather than histological findings. Nevertheless, it has been identified that many patients with BPS have a deficient glycosaminoglycan (GAG) layer. Although, it should be noted that around a third do not. The main constituents of the GAG layer are hyaluronic acid and chondroitin sulphate. The purpose of the GAG layer appears to be to trap water molecules over the bladder urothelium and protect the delicate bladder urothelium from the toxic urinary solutes and bacteria. It is believed that unprotected exposure to these solutes causes bladder pain and ulceration of the urothelium. Therefore, it stands to reason that instillation of chondroitin sulphate into the bladder may go some way to repairing the GAG layer. Indeed, in a 2008 analysis of 286 chronic cystitis patients treated with this product eight times over three months, levels of urgency and nocturia improved by roughly 50% and there was a modest increase in functional bladder capacity.

The news story is suggesting the use of this product in a 'DIY' manner. The product is packaged in such a way that patients can instil it themselves now. This is an interesting prospect, there is much to be said for engaging patients in the management of their condition and usually treatment with chondroitin sulphate includes not only the cost of the product, but also the cost of the nurse and clinic to administer it. I am inclined to think that self-administration for selected patients is something that any centre using chondroitin should be considering in the future.

TEST TRAUMA – Screening for prostate cancer 'does more harm than good – missing deadly tumours'

The Sun – 13 March 2018

There was a lot of talk in early March about prostate cancer awareness. Between Stephen Fry and Bill Turnbull both disclosing their condition, there were a great many discussions in the media about prostate specific antigen (PSA) screening and prostate cancer testing. I personally saw part of a daytime TV show and listened to two talk radio shows advocating that "men should go and get themselves tested". It was interesting then that just a few days later, the results of the CAP trial (carried out in Bristol and Oxford) were published in the *Journal of the American Medical Association*. This of course showed that, in over 400,000 men over a 10-year period, PSA screening for prostate cancer leads to more low-grade cancers being discovered, but no improvement in mortality.

Clearly, the CAP trial is important news for urologists, but, as *The Sun* headline suggests, the nuances of the findings are perhaps not well understood by the general public and are somewhat at odds with the advice of well-meaning media pundits advocating screening for all. I think this is probably the biggest challenge with prostate cancer at the moment; for all of the advances in multiparametric MRI and continence preserving surgical techniques, we struggle to put out a simple and coherent message about testing to patients. I don't have an answer, I don't think there is one – but I guess news stories like this are a start, as gradually raising the collective public awareness about the concept of risk and pros and cons of testing is the best way forward.

REVOLUTIONARY breakthrough in prostate cancer research could save THOUSANDS from surgery

The Daily Express – 10 March 2018

The final story follows on nicely and came just ahead of the EAU meeting in Copenhagen in March. The story concerns the work carried out by my colleagues Vincent Gnanapragasam and David Thurtle and their researchers. They presented their work on a new model for calculating prostate cancer specific mortality based on the data of 10,089 men diagnosed with prostate cancer between 2000 and 2010. With a median follow-up of 9.8 years for the men and using data on PSA, Gleason grade, stage and patient age – their model predicts prostate cancer specific mortality for 'no treatment' or 'radical treatment' and contextualises that prediction with a predicted 'all cause' mortality. They validated their model using data from a Singaporean cohort of 2546 men with prostate cancer and found <1% difference between actual and predicted mortality.

Excitingly, work is now underway to turn this model into a website-based calculator that you will be able to use in the outpatient clinic to help inform your discussions with patients about the merits of treatment. This website is likely to be available in a few months.

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