

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.

Cheap blood pressure drugs taken by thousands of people could increase survival chances for men with prostate cancer

The Daily Mail – 19 March 2019

Fresh from the EAU conference in Barcelona, the *Daily Mail* reported on this Finnish study back in March. As you might guess, 80% of men with prostate cancer take blood pressure medication and this prospective study from The University of Tampere in Finland, examined the role of angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) in 8253 men. The *Daily Mail* reports that ARBs taken prior to a diagnosis of prostate cancer appear to confer a 30% lower risk of death. ACE inhibitors are associated with an 18% lower risk. So, are ACE inhibitors the next big thing in prostate cancer?

The authors have previously used the 78,000 patient Finnish study cohort to examine the potential relationship between various common medications and prostate cancer and have previously examined whether pre-prostatectomy atorvastatin may be

of benefit to patients.

In the *Scandinavian Journal of Urology*, in January of this year, the authors reported that the use of anti-hypertensive drugs appeared to be associated with a higher risk of being diagnosed with prostate cancer. The risk increase was most marked for metastatic prostate cancer. Beta-blockers, diuretics and ACE inhibitors are all associated with excess risk.

This multi-drug association indicates that all of the above are likely not direct medication effects. The more 'infirm' the patient, the more likely they are to be on anti-hypertensives and the more likely they are to have prostate cancer. Likewise, the more infirm the patient, the more likely they are to benefit from anti-hypertensives.

The real message here is that many of our patients have multiple co-morbidities and will benefit from a true multidisciplinary care plan.

Prostate cancer is 'less deadly than thought'

The Times – 18 March 2019

There isn't too much to report on this, but it is definitely worth highlighting to readers who did not make it to the EAU. I reported last year on work by Vincent Gnanpragasam and David Thurtell at Addenbrooke's on their online prostate cancer risk prediction tool. They reported at the EAU in March that in a study of 190 urology professionals, the risk of death from prostate cancer was generally overestimated by around 50%. This perfectly highlights the need to be able to provide accurate, validated information to patients about their new diagnosis. I wanted to highlight that the PREDICT tool is available online – <https://prostate.predict.nhs.uk> – you can start using it in your next clinic.

Penis-cleaning spray can be picked up for £12 on Amazon – and men say it leaves their willies feeling 'magical'

The Sun – 20 March 2019

Proving the old adage that, 'a fool and his money are soon parted', you can now buy a bottle of over-priced liquid soap with 'penis' printed on the label. The story in *The Sun* about this new product includes comments dredged from Twitter that have been posted by satisfied users of this new product. Apparently, it leaves the male anatomy looking "magical" and smelling "like rainbows".

If you think that I've included this just because it's ridiculous and vaguely amusing, well, you would be correct. However, in the outpatient clinic I am regularly reminded that a small but significant proportion of the male population are not aware of the need for good personal hygiene and given that poor hygiene is a risk factor for penile cancer, anything that helps to serve as a reminder to wash certain parts can only be a good thing.

'Devastating' loophole means bladder cancer patients face FIVE-MONTH wait for life-saving NHS treatment – despite 62 day time limit

Mail Online – 6 March 2019

This somewhat alarmist story is not without a valid point and does provide important and accurate information, but must make for worrying reading for a patient recently diagnosed with bladder cancer. The article reports that bladder cancer patients "are being made to wait up to five months for treatment" because of a loophole. The 'loophole' in question is that a transurethral resection of a bladder tumour (TURBT) is counted as treatment and effectively 'stops the clock' on the treatment pathway. The charity 'Fight Bladder Cancer' points out that this procedure is "often only used to take a small part of the tumour".

There's a couple of concerns here. Firstly, it is worrying to hear that some patients have waited five months for radical treatment, but I wonder what

extenuating circumstances were at play in these cases? Secondly, this highlights that treatment targets and 'one-size-fits-all' targets are not really fit for purpose.

I very much welcome this story though. True, it may be overly concerning for a patient with low-risk non-muscle-invasive bladder cancer (NMIBC), but it does highlight that a TURBT is, to a large degree, a diagnostic procedure. This is especially true, as mentioned, when an invasive tumour is not resectable and can only be biopsied. This is sometimes a hard message to put across to patients at the time of consent. All of this also highlights that surgeons need to work hard, inside of an imperfect system, to ensure that patients with muscle-invasive disease are rapidly moved towards receiving definitive, radical treatment.

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