

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.

Non-invasive treatment for prostate cancer prevents side-effects related to surgery and is described as the 'single biggest change in the last 20 years'

The Mail Online – 28 January 2021

This article revisits the prospect of focal therapies finding a permanent and regular place in the armamentarium of prostate cancer treatments. Somewhat misleadingly, the article opens by referring to the likes of high intensity focused ultrasound (HIFU) and cryotherapy as 'new' non-invasive treatments for prostate cancer.

However, as we know, HIFI and cryotherapy are not recommended by NICE for men with localised prostate cancer but can be carried out in the context of clinical trials, comparing their usage against established treatments. There has been, thus far, insufficient evidence regarding the longer term oncological outcomes after focal therapy and persistent concerns that focal therapy for a multi-focal disease may be unsuitable.

This article in *The Mail Online* comes off the back of research published in *Nature* in January. The research is a propensity score-matched comparison of focal therapies against radical prostatectomy surgery. Prospective multicentre databases of men with PSA <20, Gleason <7 and Stage T2c or under were 1:1 propensity-score matched

for treatment year, age, PSA, Gleason score, T-stage, core length and adjuvant treatments.

After matching, 246 radical prostatectomy patients and 246 focal therapy patients were compared. The results were impressive. The primary endpoint was failure free survival (FFS), defined by the need for salvage therapy or metastasis. For radical prostatectomy, five-year and eight-year FFS was 82% and 79%. For focal therapy, FFS at five and eight years was 86% and 83%.

These are surprisingly comparable results, albeit in relatively small numbers of patients. Unfortunately, whilst this adds to the conversation, there is still a wealth of research published in the last few years which shows less encouraging results. For example, persistence of cancer in focally treated zones of the prostate of up to 50% in some studies and in *The Journal of Urology* last year, a FFS of a little over 50% at five years following HIFU.

Clearly, much larger data pools are needed and this debate is likely to run for some time yet.

PILL BOOST Taking aspirin three times a week can slash the risk of dying from bladder and breast cancers, study finds

The Sun – 15 January 2021

I found this an interesting story to touch on, not because there is a brand new revelation here, but there is decent quality data on an idea that has been bouncing around for some time. This study, published this year in *JAMA*, followed 140,000 US citizens for 13 years and examined cancer incidences. They found increased survival in patients with bladder cancer taking aspirin at least three times per week (hazard ratio 0.67).

There has been evidence circulating for many years about the potential advantages of anti-inflammatories in bladder cancer. A 2009 paper in *BJU International* showed significantly improved recurrence-free survival in patients taking cardio-protective aspirin who had undergone BCG immunotherapy for high-risk NMIBC. A 2016 Japanese study indicated NSAID drugs may prevent metastasis of bladder cancer in laboratory studies, as was similarly shown in

a 2011 *American Journal of Epidemiology* study.

Given knowledge of the biochemical mechanisms at play in neoplasia and metastasis, it seems reasonable to assume that the above could well be evidence of a real effect. However, there is also ample evidence to the contrary. In a 2012 *Nature Reviews Urology* article, no such effect was demonstrated in aspirin-taking patients. The *International Journal of Cancer* published a very large, 10-year cohort study from Hong Kong in 2019 which again showed no impact on bladder cancer incidence.

There is no clear answer here, but this seems like a topic which would be ideal for a UK trial, especially since there is a pressing need to improve high-risk bladder cancer outcomes as far as is possible. Perhaps a trial in BCG treatment or muscle invasive disease undergoing radical treatment would provide some useful results.

Love hurts! Man reveals hackers demanded \$1,000 ransom to release his digitally locked chastity belt

The Daily Mail – 28 January 2021

To round out this issue's 'Read All About It' – something considerably more ridiculous! As urologists, we have all met patients who have presented for assistance following sexual 'mis-adventures', but it would appear that advancing technology means that biros in the urethra and titanium rings around the corpora are now outmoded and antiquated ways for men to land themselves in A&E.

This story details an American gentleman who seems overly happy to report how he and his partner clamped a Bluetooth-controlled chastity device to his member, only to have a group of hackers somehow block his ability to unlock it using the smartphone app. With no physical override or key for the device, he was forced to pay a \$1000 ransom to free his captive phallus. Trusting that an electronic transfer of Bitcoin would buy his freedom, the (mis) adventurous gentleman was likely a little riled to then have a further demand for more money thrust upon him.

It was at this stage he took matters into his own hands and bravely took a hammer to the device encasing his appendage. When this failed, he took a trip down to the local hardware store for some bolt cutters.

The sobering part of this is that I can absolutely guarantee that it will happen again. So, it is important to note that it would appear prying the cover panel off the device and short circuiting two of the wires can apparently unlock the device instantly. Useful if you ever find yourself dealing with this particular problem. You know what I mean.

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