

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.

Prostate cancer patients to be offered life-saving operations on NHS for the first time

The Evening Standard – 11 December 2017

Following on from similar reports run by the BBC and local radio in Oxford, the *Evening Standard* reports on the TRoMbone trial. This is a feasibility randomised trial Testing Radical prostatectomy in men with prostate cancer and oligometastases to the bone. The trial aims to recruit 50 patients and is open to referrals from all over the country. The trial is being run at 3 sites; at UCLH by Prasanna Sooriakumaran, at Oxford by Freddie Hamdy and at Guildford by Chris Eden.

The notion that metastases in prostate cancer means that management is simply 'hormones +/- chemotherapy' has been challenged in recent years. Indeed, the STAMPEDE trial is similarly investigating the potential role of radical radiotherapy in men with prostate cancer and bone metastases (early survival data is expected in late 2018). The science behind this is pretty interesting - Kaplan et al (2005) demonstrated that tumour-specific growth factors secreted by a primary prostate cancer stimulate Vascular Endothelial Growth Factor Receptors in bone marrow progenitor cells and effectively recruit these cells to 'prepare' the bone to receive metastatic spread from the primary. A separate study by Weckermann et al (2009) showed the presence of Ca Prostate micro-

metastases in the bone prior to prostatectomy conferred a 5 times higher risk of developing clinical bone metastasis, whereas, presence of micro-metastases in the bone following prostatectomy conferred no such risk. So, why the difference? Presumably, this is down to removing the source of the tumour-specific growth factors that were coming from the cancer in the prostate gland. This is the theory behind the trial of the feasibility of (what is essentially 'cytoreductive') prostatectomy in the presence of oligometastasis to the bone – taking out the source of these growth factors.

The trial is continuing to recruit and patients are randomized to either 'standard of care' or 'standard of care plus radical prostatectomy and extended pelvic lymphadenectomy'. The trial is open to men under the age of 75 with 1-3 skeletal metastases. The surgery is being undertaken at all 3 sites. If you have a patient who is interested in joining the trial – you can start androgen deprivation and 'stop the clock' and then discuss with any of the surgeons involved. Useful email contacts are: Prasanna Sooriakumaran (aka 'PS', aka The Chief Investigator) – Prasanna.sooriakumaran@nds.ox.ac.uk and Jo Cooke (Study Co-ordinator) – trombone@nds.ox.ac.uk.

Amazon removes circumcision training kits from sale

The Guardian – 20 December 2017

This story ran in pretty much every major tabloid just before Christmas. The online shopping giant Amazon was found to be offering £350 infant circumcision training kits from a third party seller and people were concerned. As we all know, infant circumcision is only undertaken by the NHS for significant medical needs. Quite rightly, given the fact that in the United States (where infant circumcision is far more common) over 100 children die a year from complications of circumcision. The fear was that people might buy these training kits (complete with rubber model and instruments) and train themselves to be able to perform a circumcision, unsafely, outside of hospital in order to circumvent the NHS's 'medical grounds only' circumcision policy for infants. In response to media pressure, Amazon UK pulled the item from their website.

Personally, I applaud this move by Amazon. Any action which sends the message that circumcision is a surgical procedure that should only be carried out by trained medical professionals in a controlled environment is highly welcome. It was quite ridiculous that Amazon was selling these kits on a website alongside homewares and electronics.

Fighting a wee problem...with a simple spray! Doctors discover breakthrough vaccine which could spell the end to painful UTIs

The Mail on Sunday – 30 December 2017

This story will clearly be of great interest to a number of women and highly likely to be brought up in the outpatient clinic. The story concerns a product – 'Uromune' (currently unlicensed). Contrary to the suggestion in the headline, this product has been on the radar of the National Institute for Health & Care Excellence (NICE) since 2014 as a potential alternative to antibiotics in the management of recurrent urinary tract infection (UTI). The product is a suspension of inactivated strains of E Coli, Klebsiella, Proteus and Enterococcus and is delivered as a sub-lingual spray for a period of three months. In the initial 2013 retrospective audit of the medical records of the patients using the product, it appeared more effective than trimethoprim /

sulfamethoxazole in preventing UTI episodes.

Last year, findings of a prospective audit of limited UK experience of using the product were published in *BJU International*; in a trial involving 77 women, the treatment was safe and effective. As mentioned in *The Mail on Sunday* a placebo-controlled, randomised trial is currently being run by Steve Foley at The Royal Berkshire Hospital.

Looking into the previous research into similar 'vaccines', the main issue with these products is that they have not appeared to provide any significant lasting benefit past the end of the administration period. Clearly though, there is huge need to find smarter ways of managing recurrent infections, so it will be very interesting to follow this one.

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