Maidstone & Tonbridge Wells Support Group

Meeting 29th June 2026

Ray Monk

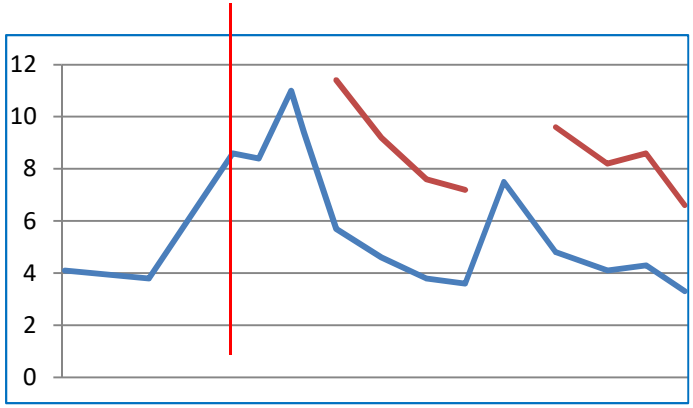
Overview for today

- Introduction
- Being a PCa patient
- Why I got involved with a PCa Support Group
    - I am not alone
    - Becoming more informed about PCa
- Local engagement
- Man Van - encouraging PSA testing locally
- PCUK - getting involved
    - Improved decision making
    - Giving something back
- Institutions & studies
    - Typical research updates providing hope
    - Keeping PCa Support Group members up to date

MSP CSG
midsussexprostate.uk

Being a patient

- My family history and awareness of the disease
  - Family & friends/colleagues diagnosed with PCa
  - Father died at 58 – Cancer but could not determine primary -1988
  - Grandfather died from PCa
  - First GP initiated PSA test after std health check by company - 2007
  - GP very accommodating – significant number who are not
  - Royal Marsden Genetics study – GP sponsored - 2019
    - Results – 1 in 10 chance of having PCa



- My diagnosis – Sept 2020
  - My initial thoughts – OK, so now what?
  - Offered Brachytherapy, Prostatectomy or AS?
  - Fear of making wrong choice of treatment
  - What are the Pros & Cons? Side effects?
  - Wait and then take a more informed decision
  - Research ALL options available – IF in doubt, wait
  - Talking to others with PCa – their experiences – does it help?

Why I got involved with a PCa Support Group

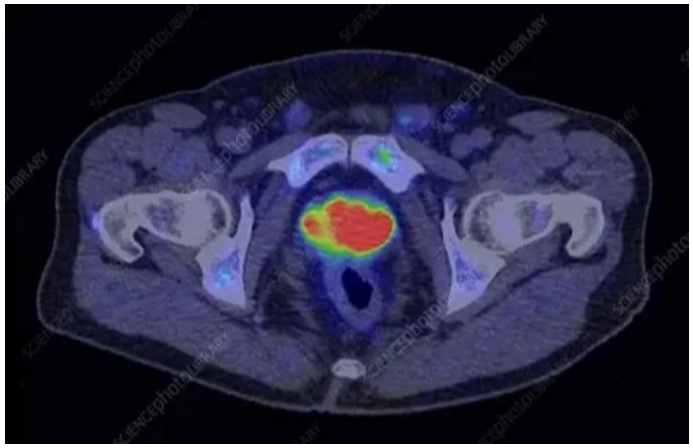
- I am not alone
  - A close friend who I have known for years is secretary to the MSPCSG
  - She invited me to go along to have a chat & meet others

- Becoming more informed about PCa
  - Talking to others with PCa – learning from their experiences
  - How to deal with side effects & how long do they last
  - A sense of positivity & hope
  - Helps to deal with my own choices – more positivity!

- Greater awareness of the disease
  - Organisations who can help - PCUK, CRUK, TACKLE, Macmillan ……

- Presentations and talks from clinicians
  - Hospitals
  - Macmillan – diet & exercise, help centre

- I became Chair of MSPCSG in October 2022



PET/CT scan of Prostate
Courtesy CRUK

Local engagement

- Creating awareness locally
  - GP surgeries
    - Posters & Newsletters
    - Coffee evenings
    - Use of facilities
  - Local cancer support nurses
  - Local magazine's
  - Golf courses
  - Hospice

- Working with businesses/charities
  - Support from Clinisupplies
  - Lions Club, Rotary Club may assist.
  - Freemasons
  - Charity shops

- Group visits
  - Equipment manufacturers
  - Universities & research bodies

Elekta RT (SABR) machine

Courtesy Elekta

Man Van - Encouraging PSA testing locally

Free PSA testing or with a donation to help with costs
CQC certified operation
Qualified phlebotomists to take blood on the day OR home test kits
Private PSA testing around £90 – 140

Creating awareness

PCUK - getting involved

GE Healthcare
Signa Magnus MRI

- A member of PCUK PRN network
  - Keeping PCa Support Group members up to date
    - New and ongoing research
    - Offering hope to patients
  - Improved decision making
    - Invited to get involved with PCUK
    - Networking – annual meeting at PCUK HQ
    - Invitations to join new studies
    - Valued input – PPI involvement is now the new norm
    - More informed – helps navigate the options available & when
    - Fulfilment
  - Giving something back
    - Happy to help whenever I am able to do so
    - Studies and on an individual basis
    - Not to give medical advice but to “think outside the box” & listen
    - Providing comfort & support to those who need it

Institutions & studies

Working with research bodies

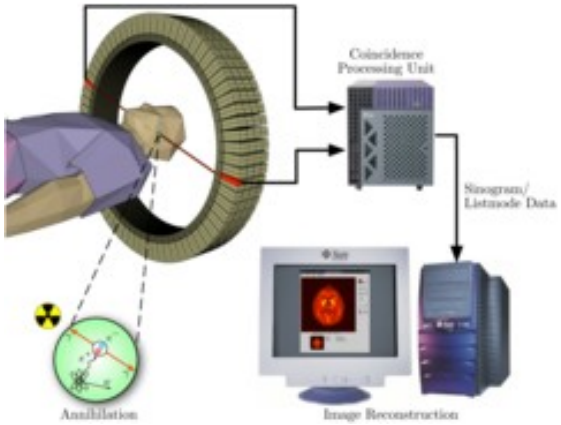
- Co-signatory on research studies & committee member
- Working with research bodies – ICL, UCL, KCL, Keele, Derby & Buckinghamshire, …….

  - Vital for giving feedback from patients
    - Study design, ethics ctte, guidance during study, patient docs., reviews
  - Learning about treatments and technologies
    - Improvements to HiFu, SABR, Immunotherapy, Imaging & diagnostics
  - Typical research updates
    - New drugs & treatments being developed & trialled
    - New tools to help patients & Clinicians

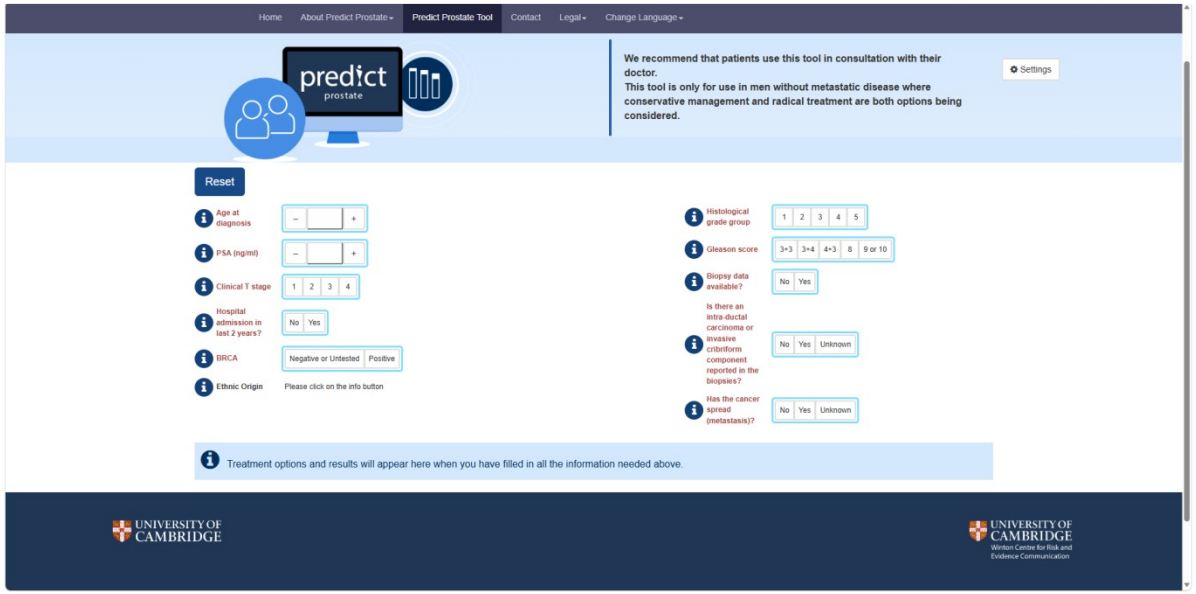
Contemporary Clinical Trials

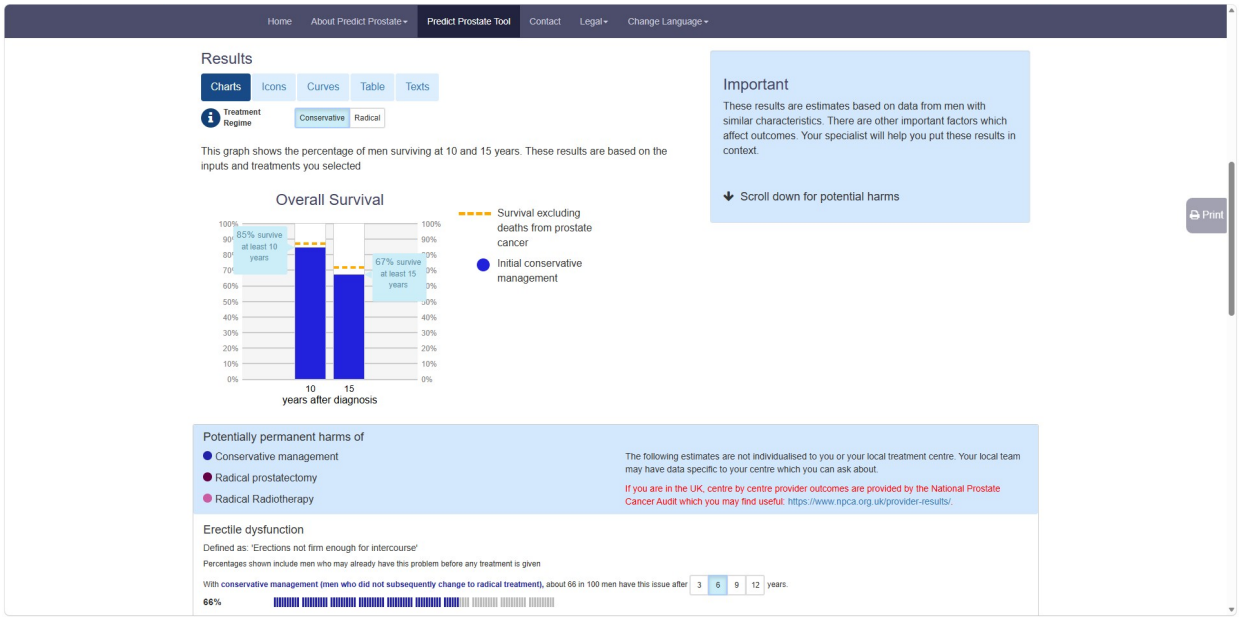
The Imperial Prostate 9 - Approaches To Long-term Active Surveillance: Regular MRI scans versus standard of care (IP9-ATLAS) randomised controlled trial

Simple PET schematic
Courtesy Wikipedia

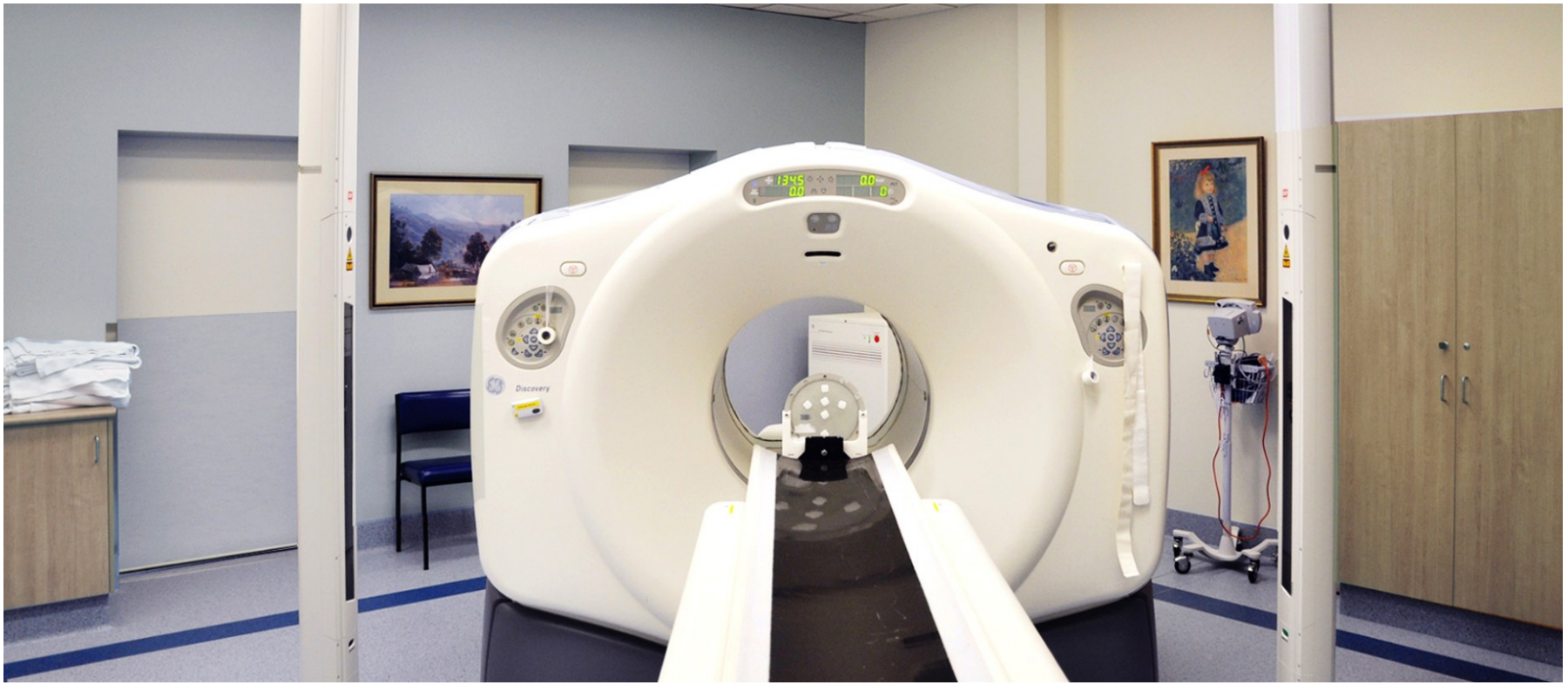


HTTPS://prostate.predict.cam/tool





Study news – typical feedback to members



Whole-body scintigraphy PET/CT scanner Discovery™ MI DR – Petermac, Sydney
Courtesy – www.atelierwagner.com.au/project/petermac-pet-ct/
Global first announced Nov 2025

New ultrasound imaging technique reliably spots prostate cancer

- Developed by researchers at **Heriot-Watt University** has shown 'extremely encouraging' results in early-stage clinical trials on prostate cancer at the Western General Hospital in Edinburgh.
- The ongoing clinical trial demonstrated an initial 94% sensitivity rate in tumour detection.
- The new test is delivered in ≤20 minutes and relies on existing clinical ultrasound equipment.
- The cost of an US scanner is a fraction of an MRI scanner (~10%), new approach provides clinicians with a valuable new tool to help better guide prostate biopsies and focal therapy (HIFU).
- Less Grey Imaging is a spin-out from H-Watt University. The technology offers clinicians up to a **20-fold increase** in resolution compared to **mpMRI**, which provides a grey and difficult-to-read image.
- The new imaging test begins by injecting a commonly used contrast agent into a vein that contains millions of tiny and harmless micro-bubbles that travel through the patient's bloodstream to the prostate. The team uses a technique known as super resolution ultrasound imaging (SRUI) to track these micro-bubbles as they flow inside the prostate. Due to the altered blood flow in cancerous tissue, the image highlights previously unseen tumours, enabling an earlier diagnosis

Coated micro-bubbles enhance colour doppler targeted biopsy shows significant improvement over grey imaging

Professor Vassilis Sboros, Heriot-Watt University
Less grey Imaging, https://lessgreyimaging.com/

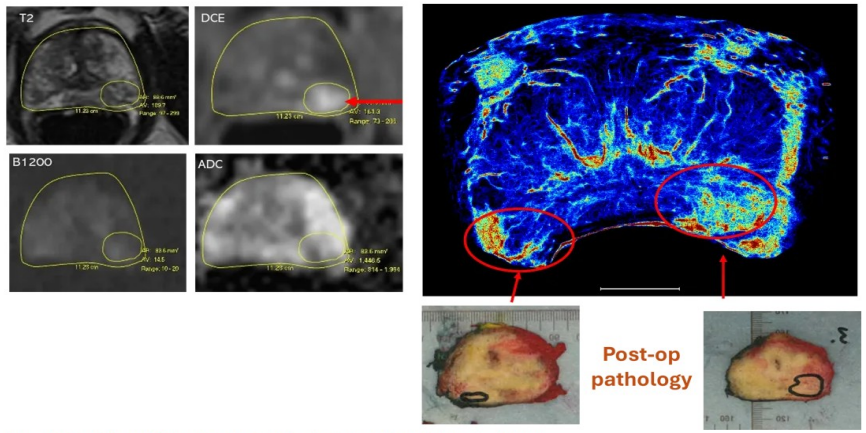


Image showing MRI images (left) and new super-resolution imaging (right) demonstrating missed tumour.

www.hw.ac.uk/news/2025/new-ultrasound-imaging-technique-reliably-spots-prostate-cancer-initial-patient-trial-reveals

New AI tool could improve prostate cancer treatment

3 November 2025

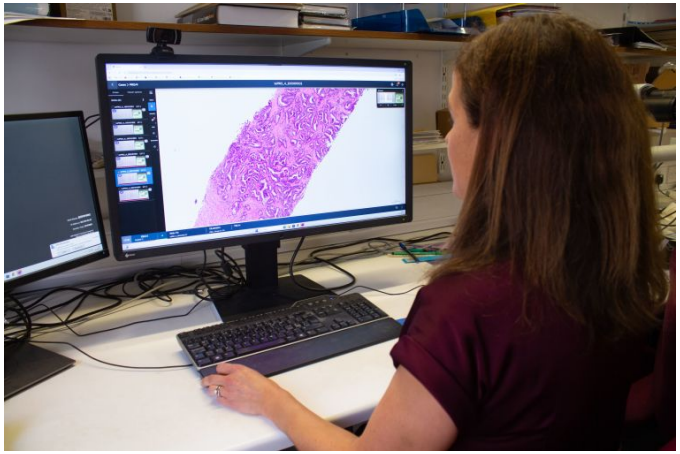
A ground-breaking new study will test how artificial intelligence (AI) can make prostate cancer diagnosis more accurate. The study by the University of Oxford is funded by a £1.9m grant from Prostate Cancer UK.

By using AI to provide clear and detailed information about a man's cancer, the project, which uses a cutting-edge AI tool from precision medicine company **Artera**.

Tailoring the decision to each man's specific needs – reduces potential for both over-treatment and under-treatment. This can also have an effect on treatment decisions.

Now researchers at NHS hospitals and universities in Oxford, Bristol and Glasgow will investigate how the ArteraAI Prostate Biopsy Assay tool could give patients and doctors clearer, more precise information to guide treatment choices.

The "VANGUARD PATH" study is being led by Principal Investigator **Professor Clare Verrill** with co-leads **Professor Richard Bryant** and **Dr Srinivasa Rao**, all from the University of Oxford's Nuffield Department of Surgical Sciences, and Professor Jonathan Aning from North Bristol NHS Trust.



The AI leverages "Computer Vision" to analyse a digitised image of the patient's biopsy samples in ways that humans cannot.

The Multi – Modal AI model then generates a personalised risk score that can advise doctors on best treatment for that particular patient.

This AI model was trained on thousands of patient samples and has been validated in multiple studies to accurately predict cancer aggressiveness. One big appeal of this type of AI technology is the potential to produce personalised risk scores for prostate cancer patients quickly and cost-efficiently.

An unsupervised AI model best suited to Digital Pathology

Source; www.nds.ox.ac.uk/news/new-ai-tool-could-improve-prostate-cancer-treatment

Incurable prostate cancer patients offered lifeline in NHS U-turn

A life-extending drug combination has been approved by the National Institute of Health and Care (NICE)

A Phase III clinical trial led by Neeraj Agarwal, MD, FASCO, senior director of clinical research at Huntsman Cancer Institute and professor of internal medicine at the University of Utah, researching the same combination of drugs

The decision means around 2,400 men a year with incurable disease who cannot undergo chemotherapy will be offered life-extending treatment.

Talazoparib, sold under the brand name **Talzenna**, is used for the treatment of both breast cancer & prostate cancer. It is an orally available poly ADP ribose polymerase (PARP) inhibitor marketed by Pfizer for the treatment of advanced breast cancer with germline BRUC mutations.

Trials have found that Talazoparib together with Enzalutamide can cut the risk of deaths by up to 40 per cent among men with specific genes. The daily pill can be taken at home, which also offers greater convenience and flexibility for patients while reducing pressure on NHS services.

NICE stated "*clinical trials found that people taking Talazoparib with Enzalutamide lived significantly longer and had more time before their cancer worsened*".
Overall survival was 45.8 months compared with 37 months for those on Enzalutamide alone – an increase of nearly nine months. The time people live without their cancer getting worse also increased: 33.1 months compared with 19.5 months, an increase of more than a year.

Talazoparib blocks an enzyme that repairs damaged DNA in certain cancer cells. Without this repair mechanism, the cancer cells die. The combination, which is used for men with untreated hormone relapsed PCa, which has spread, was found to cut the risk of death by 20 per cent across the group.

NICE state "The treatment is recommended for people where chemotherapy is not suitable and who cannot tolerate or take Abiraterone + Prednisolone, one of the current standard treatments".

Bought privately, the drug (Talazoparib) costs around £1,655 per month, but a deal with the NHS means it will cost them less.

Source; www.telegraph.co.uk/news/2026/01/23/incurable-prostate-cancer-patients-offered-lifeline-nhs/
www. https://www.nice.org.uk/news/articles/nice-recommends-new-take-at-home-treatment-for-thousands-with-advanced-prostate-cancer

Immunotherapy treatment - VIR-5500

Research team, led by **Prof. Johann de Bono** at The Institute of Cancer Research (ICR), London, and the Royal Marsden NHS Foundation Trust.

VIR-5500 is a “T-cell engager” and works by binding to the body’s immune T-cells and to a protein found on the surface of prostate cancer cells. Suited to patients with advanced PCa.

Early signs are very encouraging: –

VIR-5500, employs a unique "cloaking device" that ensures it only becomes active upon reaching the tumour site, thereby significantly reducing the risk of adverse reactions. In addition, it allows the drug to stay in the blood stream for longer, meaning fewer doses may need to be given to patients.

Of the 17 evaluable patients treated with the highest dose of VIR-5500, 82 per cent (14 patients) saw their PSA levels halved, and 53 per cent (nine patients) saw their PSA levels drop by 90 per cent.
And almost half (45%) of 11 patients saw their tumour shrink.

88 per cent of all the patients, who were recruited from eight sites around the world, only experienced very mild side-effects.

Results from the trial, which was funded by ***VIR Biotechnology***, were presented at the American Society of clinical Oncology (ASCO) Genitourinary Symposium. Researchers described how the drugs was tested on 58 men with advanced PCa that had stopped responding to other treatments.

“Pending further clinical validation, available data are suggestive of a generally favourable safety profile, with evidence of meaningful anti-tumour activity,” according to the abstract presented at the conference.

Source; - www.icr.ac.uk/about-us/icr-news/detail/immunotherapy-uses-invisibility-cloak-to-deliver-direct-hit-to-prostate-cancer

Eligibility Criteria

Inclusion Criteria:

18 Years and older (Adult, Older Adult)

Applicable to Parts 1 and 2
Have metastatic disease, defined by ≥ 1 metastatic lesion that is present on baseline computed tomography (CT), magnetic resonance imaging (MRI), or bone scan imaging

Have documented progressive mCRPC based on ≥ 1 of the criteria (per PCWG3)
Have been treated with ≥ 1 second-generation androgen-signaling inhibitor, including Abiraterone, Apalutamide, Darolutamide, and/or Enzalutamide

Have been treated with ≥ 1 prior taxane regimens (e.g., Docetaxel, Cabazitaxel)
Are deemed unsuitable for standard of care

Applicable to Part 2 Cohort 1
Must have received standard-of-care radioligand-based therapies, including PSMA-targeted radiopharmaceutical therapy, such as 177Lu-PSMA-617

Applicable to Part 3a and Part 4a
Have metastatic CRPC, defined by ≥ 1 metastatic lesion that is present on baseline CT, MRI, or bone scan imaging that has documented progressive disease (PD) based on ≥ 1 of the following criteria (per PCWG3)

Interested:

Have metastatic HSPC, defined by at least 1 and no more than 5 metastatic lesions with no visceral involvement that are present on baseline CT, MRI, or bone scan imaging

Speak to your Consultant about this trial so that you may be considered for a referral

Have biochemical recurrent prostate cancer

Royal Marden Hospital

Exclusion Criteria:

Presence of dominant histopathological features representative of sarcomatoid, spindle cell, or neuroendocrine small cell components

Has acute or chronic infections

Has a concomitant medical or inflammatory condition that may increase the risk of toxicity to VIR-5500, per the Investigator

Has lesions in proximity of vital organs

Has known active CNS metastases and/or carcinomatous meningitis The above information is not intended to contain all considerations relevant to a patient's potential participation in a clinical trial.

Arms and Interventions

Participant Group/Arm	Intervention/Treatment
Experimental: Part 1: VIR-5500 Monotherapy Dose Escalation VIR-5500 will be administered as a monotherapy in patients with mCRPC over a 21-day cycle	Drug: VIR-5500 • Pharmaceutical form: Solution for infusion Route of administration: Intravenous (IV) infusion Concluded
Experimental: Part 2: VIR-5500 Monotherapy Dose Expansion VIR-5500 will be administered as a monotherapy in patients with mCRPC over a 21-day cycle	Drug: VIR-5500 • Pharmaceutical form: Solution for infusion Route of administration: Intravenous (IV) infusion Currently recruiting
Experimental: Part 3a: VIR-5500 in combination with an ARSI for Dose Escalation	Combination Product: Enzalutamide • Oral administration Combination Product: Darolutamide • Oral administration
Experimental: Part 4a: VIR-5500 in combination with an ARSI for Dose Expansion	Combination Product: Enzalutamide • Oral administration Combination Product: Darolutamide • Oral administration Study will last ~ 48 months

VIR-5500-V101 First in Human Phase 1 Study

VIR-5500 (PSMA)

No Dose Limiting Toxicities; CRS Mainly Grade 1, Despite No Prophylaxis

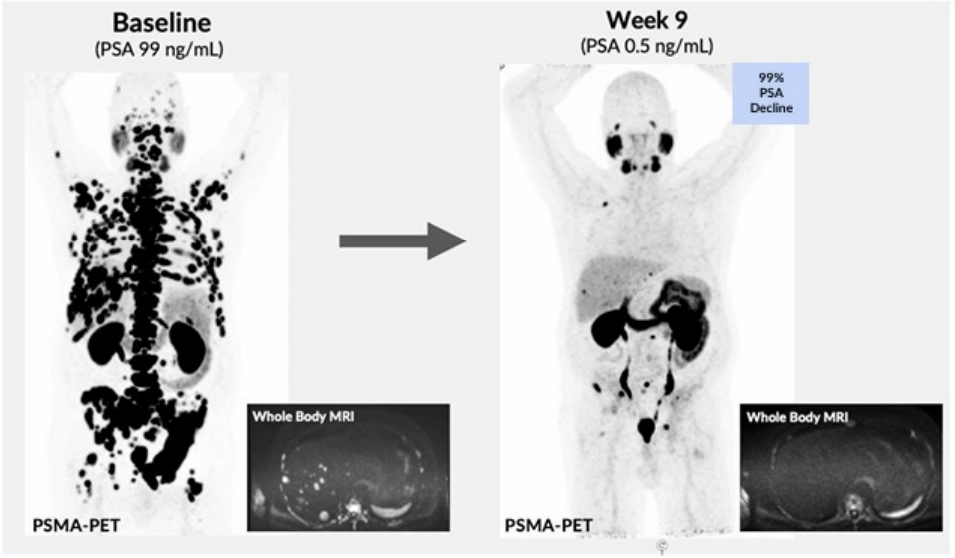
- 12% (7/58) Grade ≥ 3 TRAEs, Limited CRS 50% (29/58) primarily seen in the first cycle, Mostly Grade 1 (Fever Only),[1] and No DLTs[2]

Dose-dependent and Meaningful Anti-Tumor Activity

- Dose-response relationship with deeper PSA declines and confirmed PSA responses observed at higher doses

Doses ≥3,000 µg/kg Q3W	
PSA_{50}	82% (14/17)[3]
PSA_{90}	53% (9/17)[3]
PSA_{99}	29% (5/17)[3]
ORR (RECIST v1.1)	45% (5/11), 4 evaluable confirmed up to Week 27

Q3W Cohort 800/1500/3000 µg/kg



Early Signs of PSA and Radiographic Durability

- Emerging evidence of durable PSA_{50}, PSA_{90} and RECIST responses

[1]Prophylactic steroids explored in cycle 1 of 1000-2000-4000 ug/kg Q3W cohort (N=3)
[2]Two blurred vision events were reviewed and incorporated into dose-escalation considerations and ongoing study conduct
[3]Unconfirmed & Confirmed

RECIST-evaluable population is defined as having measurable disease documented at baseline according to RECIST v1.1 criteria and at least one follow-up tumor assessment after a full cycle of treatment
PSA evaluable population is defined as participants who received ≥1 cycle of VIR-5500 and must have at least one pre-treatment and at least one post-treatment PSA measurement.
CRS: cytokine release syndrome; DLT: dose limiting toxicities; G3+: Grade ≥ 3; ORR: objective response rate; PSA: prostate-specific antigen;Q3W: once every 3 weeks; RECIST: Response Evaluation Criteria in Solid Tumors; TRAE: treatment related adverse event
VIR-5500-V101 ClinicalTrials.gov Identifier: NCT05997615. Data as of: January 9, 2026

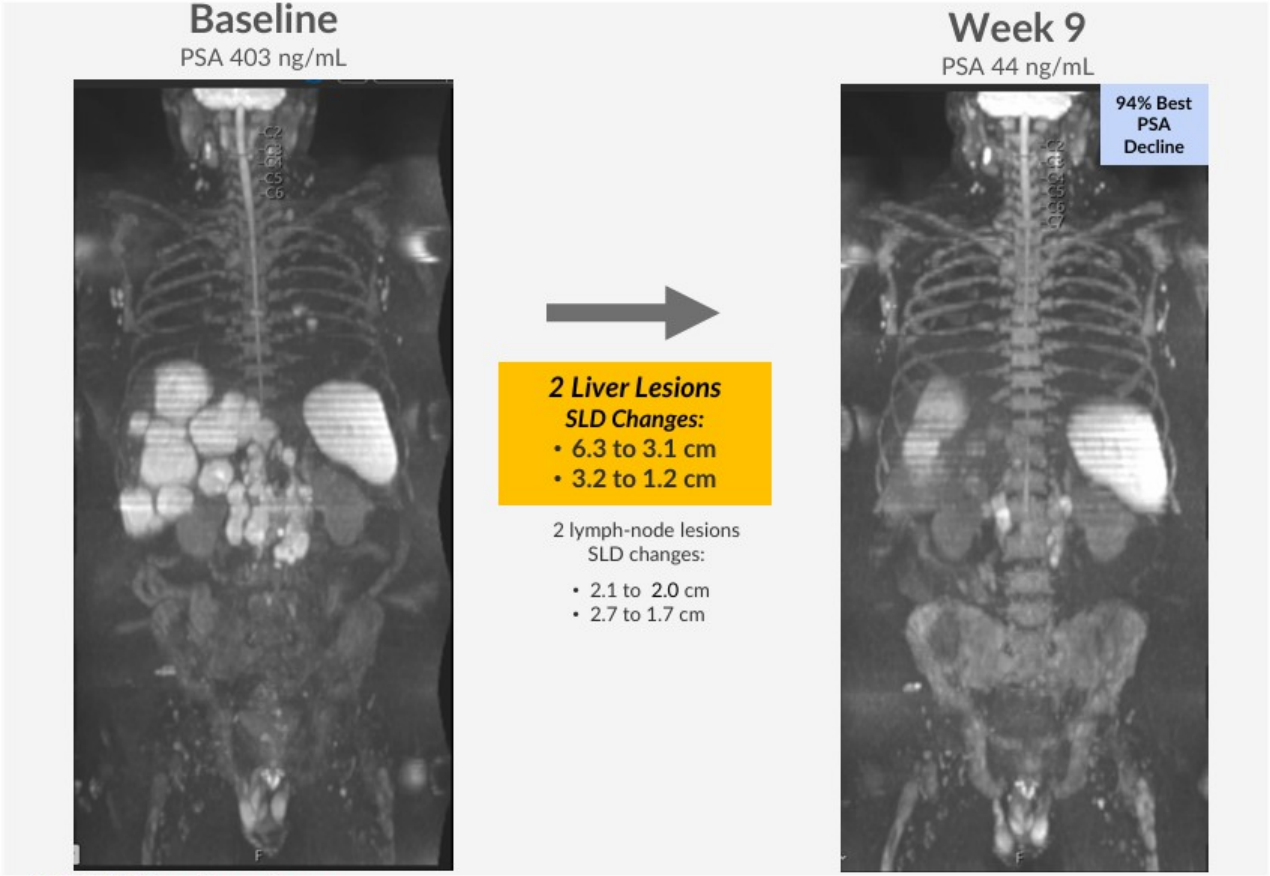
ASCO Genitourinary Cancers Symposium

TRAEs - Treatment-Related Adverse Events (appear in patients who receive inhibitors)
RECIST - Response Evaluation Criteria in Solid Tumors (a standardised mechanism for grading Tumor treatment)
CRS – Cytokine Release Syndrome (an inflammation which occurs when your immune system releases unusually large amounts of cytokines)

Significant RECIST Response in Large Liver Lesions with a PSA_{90} Response

Q3W cohort 800/2000/3500 µg/kg

VIR-5500
RECIST



Case Study Detail:

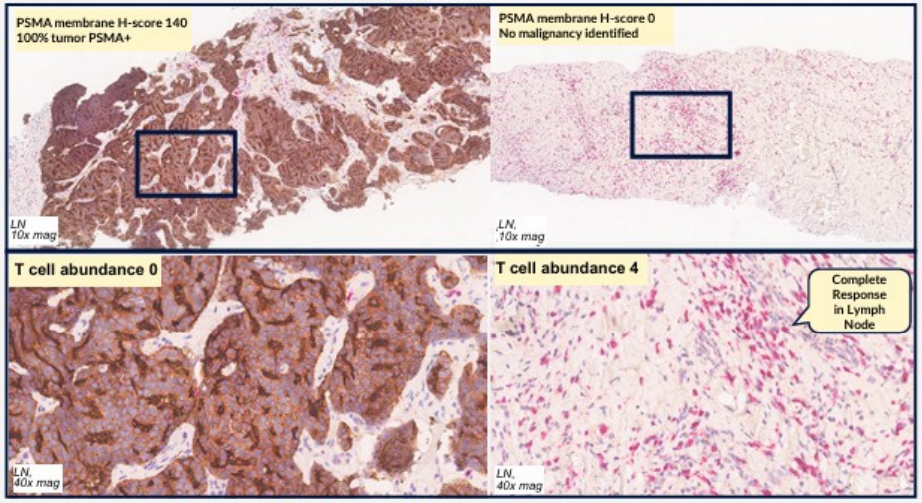
- 75-year-old male
- High-disease burden; liver and lymph-nodes (no bone lesions)
- 6 Prior Lines of Treatment
  - Enzalutamide, Docetaxel, Cabazitaxel, and NX-1607
- **Confirmed PR, 46% SLD decrease**
- Metabolic response of PSMA-avid hepatic lesions
- Continues on study (Cycle 10)

PR: partial response; PSA: prostate-specific antigen; PSMA: prostate-specific membrane antigen; Q3W: once every 3 weeks; RECIST: Response Evaluation Criteria in Solid Tumors; SLD: Sum of Longest Diameter
VIR-5500-V101 ClinicalTrials.gov Identifier: NCT05997615. Data as of: January 9, 2026

Complete Response in Diffuse Lesions with prior RLT, with a PSA_{99} Response

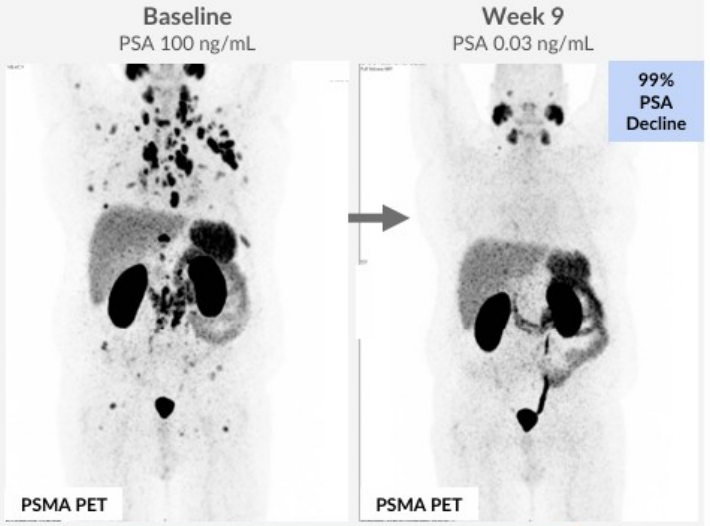
VIR-5500
RECIST

PSMA/CD3 Duplex IHC



Brown = PSMA+ tumor cells Pink = CD3 T cells

Q3W Cohort 1000/2000/4000 µg/kg with Prophylactic Steroids



Case Study Detail:

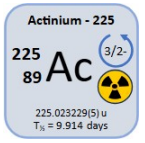
- 63-year-old male with lymph-node and bone lesions
- 5 prior lines of Treatment: Enzalutamide, Docetaxel, TAS AR antagonist, and RLT (^{225}Ac-pelgifatamab)
- **CR for target lesions** and non-CR/non-PD for non-target bone lesions; PSA_{99} at Cycle 2 Day 1 (Week 4)
- Excellent quality of life, with significant reduction in pain
- Patient withdrew from the study on Cycle 5, while in remission and deriving significant benefit

AR: androgen receptor; CD3: cluster of differentiation 3; CR: complete response; H-score: histo-score; IHC: immunohistochemistry; PD: progressive disease; PSA: prostate-specific antigen; PSMA: prostate-specific membrane antigen; Q3W: once every 3 weeks; RLT: radioligand therapy
VIR-5500-V101 ClinicalTrials.gov Identifier: NCT05997615. Data as of: January 9, 2026

2026 Vir Biotechnology, Inc.™

Targeted radiotherapy injection

Global PanTHa trial, led by Professor Johann de Bono



The treatment, known as 225Ac-PSMA-Trillium, uses a 'homing device' to seek out cancers all around the body by detecting the presence of prostate-specific membrane antigen (PSMA) on the surface of cancer cells. Once in contact, it delivers a radioactive payload to kill them. (225AC is Actinium – 225; half life ~10 days)

The treatment uses an alpha-emitter – a highly potent radioactive substance that releases large amounts of energy over very short distances that are less than that of beta-emitters. This gives it the ability to kill cancer cells while potentially minimising damage to surrounding healthy tissue.

The drug's target molecule, PSMA, is present at increased levels on the surface of cancer cells in some prostate cancer patients, and it is these men who can benefit from the treatment.

The clinical trial involved 50 participants with PSMA-positive advanced prostate cancer which has spread around the body, and who had previously received multiple treatments, including hormone therapies.
225Ac-PSMA-Trillium was given as an injection every six weeks, for up to four doses.

Of the 24 patients whose cancer could be measured on scans, almost half (46 per cent) saw their cancer shrink, and 83 per cent had their disease kept stable.

Prostate-specific antigen (PSA) is another marker of disease that can be elevated if someone has prostate cancer. After treatment with 225Ac-PSMA-Trillium, 83 per cent of patients saw their PSA level halved, and 58 per cent of patients saw their PSA level drop by 90 per cent.
The most common side effect experienced by patients was a dry mouth, but for most patients this was mild. The next stage will be to test 225Ac-PSMA-Trillium in larger clinical trials.

Source ; www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-looking-at-225ac-psma-trillium-for-prostate-cancer-that-has-spread-pantha

NB; Lutetium 177 has half life of 6.65 days. RM and UHS have trialed this approach. Good results – some nasty side effects.

Scan that makes prostate cancer glow reduces need for invasive tests

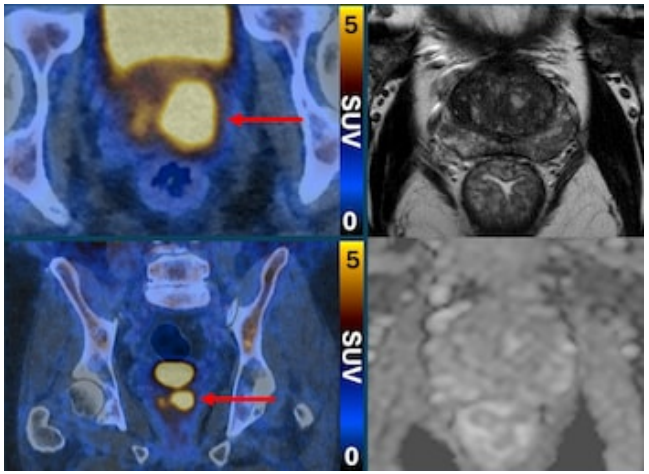
New imaging technique allows doctors to distinguish aggressive tumours from cancers unlikely to cause harm

A trial led by researchers from **Peter MacCallum Cancer Centre in Melbourne** and **St Vincent's Hospital in Sydney**. Although PSMA PET/CT scans are increasingly used in the NHS to stage aggressive or recurrent prostate cancer, they are rarely used for diagnosis of the disease. Primary2Trial – across centers in Australia.

- The imaging identified men who either did not have cancer or whose tumours were so low risk they were unlikely to cause harm. Those men avoided further invasive testing or biopsy.
- Men with a positive result went on to have the standard biopsy.
- Researchers found the approach reduced the number of biopsies without missing harmful cancers.
- For men who still required the procedure, the scan helped doctors target suspicious areas more precisely, which could improve accuracy of surgery and reduce the risk of complications.

Prof Louise Emmett, director of theranostics and nuclear medicine at St Vincent's Hospital, one of the study's co-leaders, said: "Getting told you have a risk of prostate cancer is a huge cause of anxiety and concern.
"Our findings show that PSMA PET/CT after MRI offers a 'belt and braces' approach that can determine which men have a clinically significant cancer, and which men are at low risk and don't need a biopsy or further testing."

- mpMRI followed by Gallium 68/PSMA PET/CT scan
- Petermac also has whole body PET/CT scanner – <4 min



Clinically significant prostate cancer shown on a PSMA PET/CT scan (left) despite a normal MRI scan (right)

New study, based upon the ICL ATLAS study, led by **Mr Martin Connor at ICL**, is also researching the inclusion of PSMA PET/CT scans within the diagnostic pathway.

Source; www.telegraph.co.uk/news/2026/03/13/scan-prostate-cancer-glow-could-half-biopsies/
www.petermac.org/about-us/news-and-events/news/details/15m-to-advance-precision-medicine-includes-cutting-edge-pet-ct

Thank you

Clinisupplies | Nightingale