

Hot topics / In the News



Metastatic Prostate Cancer Quality of Life focus group

Tue 11 Feb 18:00-19:30, or Thu 13 Feb 11:30-13:00

One of the STAMPEDE trial arms run by the MRC Clinical Trials Group was to [evaluate the use of Metformin in metastatic prostate cancer](#). Metformin is usually used for diabetes, but in this trial, it was given to non-diabetic men on hormone therapy. The research team want to discuss aspects of quality of life with metastatic prostate cancer patients to help the researchers understand which changes are particularly relevant to patients and which are not. You do not need to have been on the Metformin trial to take part, but you will need to be metastatic.

The discussion will consider:

- Most important Quality of Life questions
- Weighing burdens versus benefits
- What difference in Quality of Life score would have a noticeable impact for an individual?



MRC
Clinical
Trials Unit



The focus groups will be online and you can select which of the two events is most convenient for you. To register your interest, email k.sturgeon@ucl.ac.uk and h.rush@ucl.ac.uk

12th March 1pm-2pm NIHR Webinar

Presentations will be followed by Q&A
Presenters:

- Archana Gopalakrishnan, Clinical Research Fellow (Urology), Imperial College London
- Richard Bryant, Associate Professor and Consultant Urologist, University of Oxford
- Krishna Narahari, Professor and Consultant Urologist, University Hospital of Wales, Cardiff

https://gmglcggroup.zoom.us/webinar/register/5217379728807/WN_HNqyhR0sTBGCGMyv716gEw#/registration



National Institute for Health and Care Research ✓
@NIHRresearch



Prostate cancer is the most common cancer in men, with over 55,000 new cases each year in the UK. Join us to explore ongoing NIHR trials shaping the future of treatment for localised prostate cancer 💡



Register here: [gmglcggroup.zoom.us/webinar/register...](https://gmglcggroup.zoom.us/webinar/register/5217379728807/WN_HNqyhR0sTBGCGMyv716gEw#/registration)

@ProstateUK @PCFnews @PCR_News

NIHR | National Institute for Health and Care Research

WEBINAR

What's next for prostate cancer research?

12 March
1pm - 2pm

ALT

Prostate cancer becomes most common cancer diagnosis in England

There were 55,033 diagnoses of prostate cancer in England in 2023 compared with 47,526 diagnoses of breast cancer



📷 Awareness campaigns have been credited with causing more men to get tested in recent years.
Photograph: Terry Waller/Alamy



China's cheap AI chatbot wipes billions off Silicon Valley shares

Mark Sedman
Technology Correspondent
Emma Taggart

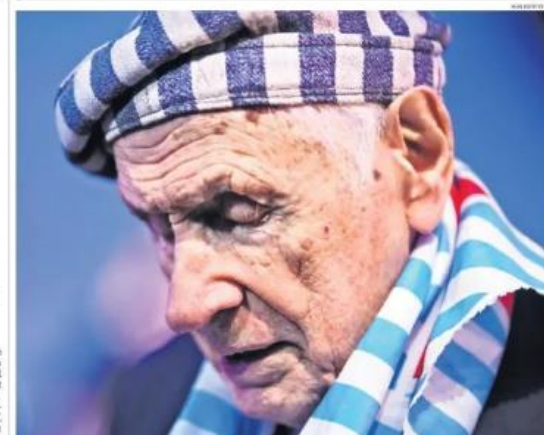
China has mounted its most serious challenge to American dominance in AI after one of its start-ups created a powerful new program at a fraction of the cost of US rivals. DeepSeek sent shockwaves through the markets with its R1 large language model, developed in two months despite US controls on chip exports. After R1 reached the top of US app charts, investors sold shares in American tech companies that have committed to spending billions of dollars on AI infrastructure. More than \$700 billion was wiped from their value, with the chip-maker Nvidia losing \$50 billion and its crown as the world's most valuable public company. R1 appeared to rival the most capable AI chatbot developed by OpenAI, which created ChatGPT. DeepSeek claims it spent just under \$6 million developing it, compared with a range of \$100 million to £1 billion given by US companies. While some experts questioned DeepSeek's figure, most agreed that the company had created novel techniques to run AI more efficiently. President Trump unveiled a \$500-billion data centre project for OpenAI called StarGate last week, with Microsoft committing \$60 billion and Meta \$65 billion to AI expenditure this year. DeepSeek also raised questions over whether Washington's strategy of limiting exports of advanced chips to China had backfired. Marc Andreessen, a Silicon Valley venture capitalist who advises Trump, called DeepSeek's model a " Sputnik moment" for the US. Others cautioned against over-reaction, especially given that R1 reduces answers on topics sensitive to China such as Taiwan and Tiananmen Square. China's AI career, page 8. Billions wiped off tech stocks, page 29.

Alert over 'dizzying' range of extremism

Home Office review urges sweeping changes

Matt Oatman

Claims of two-tier policing are an extreme right-wing narrative, according to an internal Home Office review that has recommended sweeping changes to how extremism is countered. The paper said that right-wing extremists "frequently exploit" the grooming gangs scandal to promote anti-Muslim sentiment. It said that tackling extremism should stop focusing on specific ideologies such as Islamism and the far-right and look instead at "behaviours and activity of concern" because of the "dizzying range of beliefs and ideologies we see". After details were leaked, Dan Jarvis, the security minister, said that he and Yvette Cooper, the home secretary, had rejected the recommendations despite having commissioned the review. The report, seen by The Times, contained 38 recommendations, including more police recording of non-criminal hate incidents, it proposed overhauling a code of conduct introduced by the previous government that told police to record non-criminal hate incidents only if there was a serious risk of harm. Other recommendations included forcing social media companies to proactively remove content that encouraged rioting or violent disorder, and asking more aggressive retailers to have hate crime lines to ensure that those convicted get longer sentences. The conclusions and recommendations were in a Home Office review ordered by Cooper in August after public concern following the Southampton attack in July. The report gave examples of behaviour that should be termed "extremist", including spreading misinformation and conspiracy theories, an interest in "goat or extreme misogyny", and "online subcultures" and the "manosphere", and obsession with school massacres, efforts to end environmental protest, and cases of alleged group-based abuse to promote anti-Muslim sentiment as well as related anti-political correctness. The report said the "extremist" was a "fragmented collection of groups, subcultures and ideologies" that pushed "violence rather than equality". It added: "In taking a more harm-based approach to extremism, it is important to note that extremist ideologies do not always result in violence or harm. Not Continued on page 2



Never forgotten Stanislaw Zaleski, a Holocaust survivor, at the ceremony to mark the 80th anniversary of the liberation of Auschwitz yesterday. The King took part, becoming the first British monarch to visit the former death camp. Peps 12-13

Prostate now the most common cancer

Eleanor Hayward Health Editor

Prostate cancer is now the most common type of cancer in England, with cases having risen by 25 per cent in the past five years, NHS data has revealed. It has overtaken breast cancer, after a recent 55,000 men were diagnosed in 2023, up from 44,000 in 2019, analysis by Prostate Cancer UK shows. The figures have added to pressure on ministers to overhaul "outdated" testing guidelines and implement the first national screening programme to save thousands of lives. Experts said the "huge rise" in diagnoses was largely due to increased awareness, including Ste-

phen Fry, Bill Turnbull and Sir Chris Hoy have revealed their diagnoses. More men are living into their seventies and eighties, when the risk is highest, and diagnoses also soared after the pandemic because thousands of men missed out on tests during Covid lockdown. Data from the NHS cancer registry shows that, since 2012, annual cases of prostate cancer have surpassed breast cancer, which was previously the most common cancer in England. In 2023, 55,033 men received a prostate cancer diagnosis in England while there were 47,526 breast cancer cases. This accelerated a trend from 2022, when 50,751 men were told they had prostate cancer while there were 48,531 breast cancer diagnoses. Despite it being the country's most common type of cancer, there is no routine screening programme for prostate cancer, unlike for breast, bowel and cervical cancer. Under NHS guidelines, men over the age of 50 — or 45 if they are black — Continued on page 2



Experts encouraged by new prostate cancer test



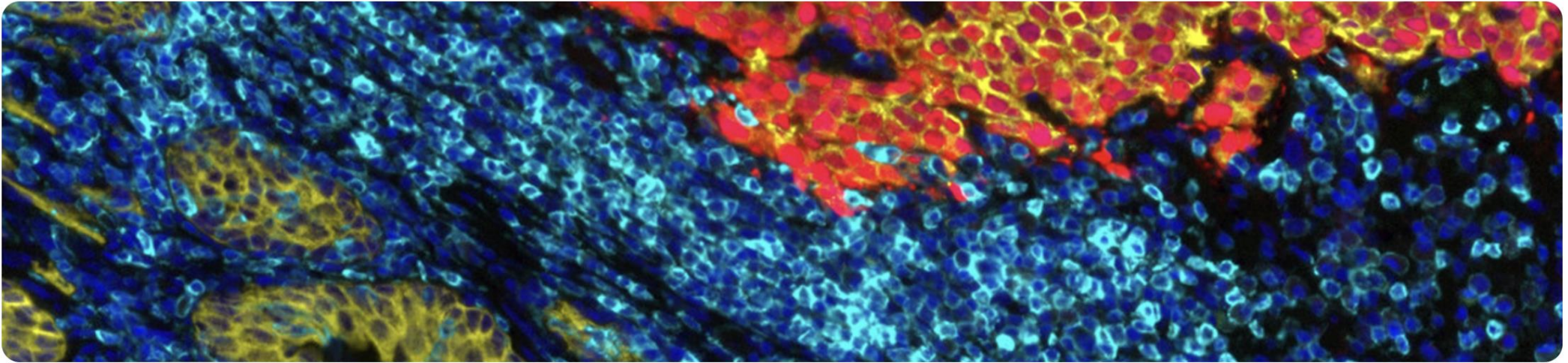
Prof Alan McNeill, a consultant urological surgeon at the Western General Hospital, was encouraged by results



| Gary Tait was treated five years ago for prostate cancer and supports the new test

Gary Tait, 61, from Edinburgh was treated for prostate cancer five years ago after his wife, a practice nurse, encouraged him to see his GP.

He now chairs the Edinburgh and Lothian prostate cancer support group - which fully supports the development of the new technology.



New drug hope for prostate cancer patients

[Home](#) > [About us](#) > ICR news

10/01/25

<https://www.icr.ac.uk/about-us/icr-news/detail/new-drug-hope-for-prostate-cancer-patients>

Okay, here's a detailed briefing document summarizing the key themes and information from the provided source about the new drug, NXP800, and its potential use in treating prostate cancer:

Briefing Document: NXP800 for Treatment-Resistant Prostate Cancer

Date: October 26, 2024

Subject: Potential of NXP800 in Overcoming Hormone Therapy Resistance in Prostate Cancer

Source: Institute of Cancer Research (ICR) article "New drug hope for prostate cancer patients," published on January 10, 2025.

1. Executive Summary:

This document reviews research indicating that the experimental drug NXP800, initially studied for ovarian and bile duct cancers, shows promise in treating advanced prostate cancer, particularly in cases where hormone therapies like enzalutamide have become ineffective due to drug resistance. The drug works by targeting a specific cellular stress pathway, offering a novel approach to treatment and potentially improving survival outcomes for patients.

2. Background: Hormone Therapy Resistance in Prostate Cancer

- Hormone therapies such as enzalutamide and abiraterone are effective in treating advanced prostate cancer but most patients develop resistance over time, rendering these treatments less effective.

- This resistance is a major obstacle in prostate cancer treatment, necessitating research into new approaches. The article emphasizes: "While hormone therapies have extended the lives of lots of men with advanced prostate cancer, drug resistance is inevitable. We need to tackle the problem from a new angle."

3. The Novel Approach: Targeting the Heat Shock Response Pathway

- Heat Shock Factor 1 (HSF1) Pathway:** The study focuses on the HSF1 pathway, described as a "master switch" that cancers hijack. This pathway controls the production of heat shock proteins.

- Heat Shock Proteins:** These proteins help cancer cells survive stressful conditions during tumor development and growth. Higher levels of these proteins are associated with increased androgen receptor signaling (which drives prostate cancer growth) and poorer patient outcomes. The research found: "an association between higher levels of heat shock proteins and more androgen receptor signalling... [and] an association between patients who had higher levels of these proteins and poorer overall survival."

- NXP800's Mechanism:** The drug, discovered at the ICR, targets the HSF1 pathway, inhibiting the production of these protective heat shock proteins, thus undermining the cancer cells' ability to withstand stress and continue growing. The article notes, "The researchers attempted to block these heat shock proteins using the drug NXP800... In the lab, the researchers found that NXP800 slowed the growth of prostate cancer cells – even for cells which were resistant to the hormone therapy enzalutamide."

4. Key Research Findings:

- Correlation with Outcomes:** The study of 439 advanced prostate cancer samples showed that patients with higher levels of heat shock proteins had significantly poorer overall survival (22.0 months) compared to those with lower levels (33.5 months).

- Effectiveness of NXP800:** In lab tests, NXP800 significantly slowed the growth of prostate cancer cells, including those resistant to enzalutamide. Importantly, the research demonstrated: "In biopsies of patients with advanced prostate cancer grown as mini tumours in the laboratory, the new drug slowed the growth of the tumours, whereas enzalutamide only had a small effect at very high concentrations."

- Animal Model Results:** In mice with hormone therapy-resistant prostate cancer, NXP800 slowed tumor growth significantly. The article explains: "Without the drug, 100 per cent of tumours had doubled in size by 38 days – when treated with the drug, only 37.5 per cent of tumours had reached that size in that time."

- Mechanism of Action:** Researchers confirmed that NXP800 blocks HSF1 activity, reduces heat shock protein levels, and modulates the unfolded protein response, a stress response pathway. They also found it impacts proteins that control gene activity in prostate cancer.

5. Clinical Translation and Regulatory Status:

- Current Status:** NXP800 is currently in clinical trials for ARID1a-deficient ovarian, fallopian tube, and peritoneal cancers, and bile duct cancer. It has been granted Fast-Track and Orphan Drug Designation by the FDA for these conditions.

- Potential for Prostate Cancer Trials:** The findings suggest the need for clinical trials of NXP800 in advanced prostate cancer patients who have become resistant to hormone therapy. As noted in the article: "The researchers from the ICR... hope these findings will lead to trials of NXP800 for advanced prostate cancer, to provide patients with alternative treatments when hormone therapies have stopped working."

- Next Steps** The next step will be to identify which patient populations might respond most effectively to NXP800

6. Key Stakeholder Perspectives:

- Dr. Adam Sharp (Study Co-leader):** "With this research, we've shown that targeting the heat shock response pathway... is a potential new avenue for treating advanced prostate cancer... Excitingly, we've shown that targeting this pathway can slow the growth of prostate cancer tumours – even for tumours that are resistant to hormone therapy."

- Professor Johann de Bono (Study Co-leader):** "We have shown that people with prostate cancers with higher levels of heat shock proteins have significantly worse outcomes. If targeting these proteins proves effective in clinical trials, patients with advanced prostate cancer will be able to look forward to longer and better-quality lives."

- Professor Kristian Helin (Chief Executive, ICR):** "Drug resistance is one of the biggest problems we face in treating cancer. Finding drugs that can slow down cancer's growth when all other treatments have stopped working is critical... NXP800 is one of the 13 ICR-discovered drugs we've taken into clinical trials for cancer patients since 2005. That track record is unrivalled in the academic world."

- Professor Paul Workman (Harrap Professor of Pharmacology and Therapeutics, ICR):** "The NXP800 drug is an example of the incredible drug discovery and development that is possible through partnerships between academics, clinicians and private enterprise... NXP800 works through a highly innovative mechanism and I very much hope to eventually see the drug... progress into additional trials including for advanced prostate cancer."

- Simon Grieverson (Assistant Director of Research, Prostate Cancer UK):** "We're thrilled to have funded this research... which could make a marked impact on the lives of men with hormone resistant prostate cancer and who have very few treatment options remaining... Clinical trials are now needed..."

- Howard R. Soule (PhD, Executive Vice President and Chief Science Officer of the Prostate Cancer Foundation):** "These findings fill a therapeutic gap for patients with advanced prostate cancer. We applaud the discovery and clinical translational expertise of the ICR..."

7. Implications and Conclusion:

- Novel Treatment Approach:** NXP800 provides a novel approach to tackling prostate cancer, focusing on a pathway not typically targeted by existing treatments.

- Overcoming Resistance:** This could overcome the significant challenge of hormone therapy resistance, potentially extending the lives of men with advanced prostate cancer.

- Clinical Trial Imperative:** The research strongly supports the need for clinical trials of NXP800 for this patient population.

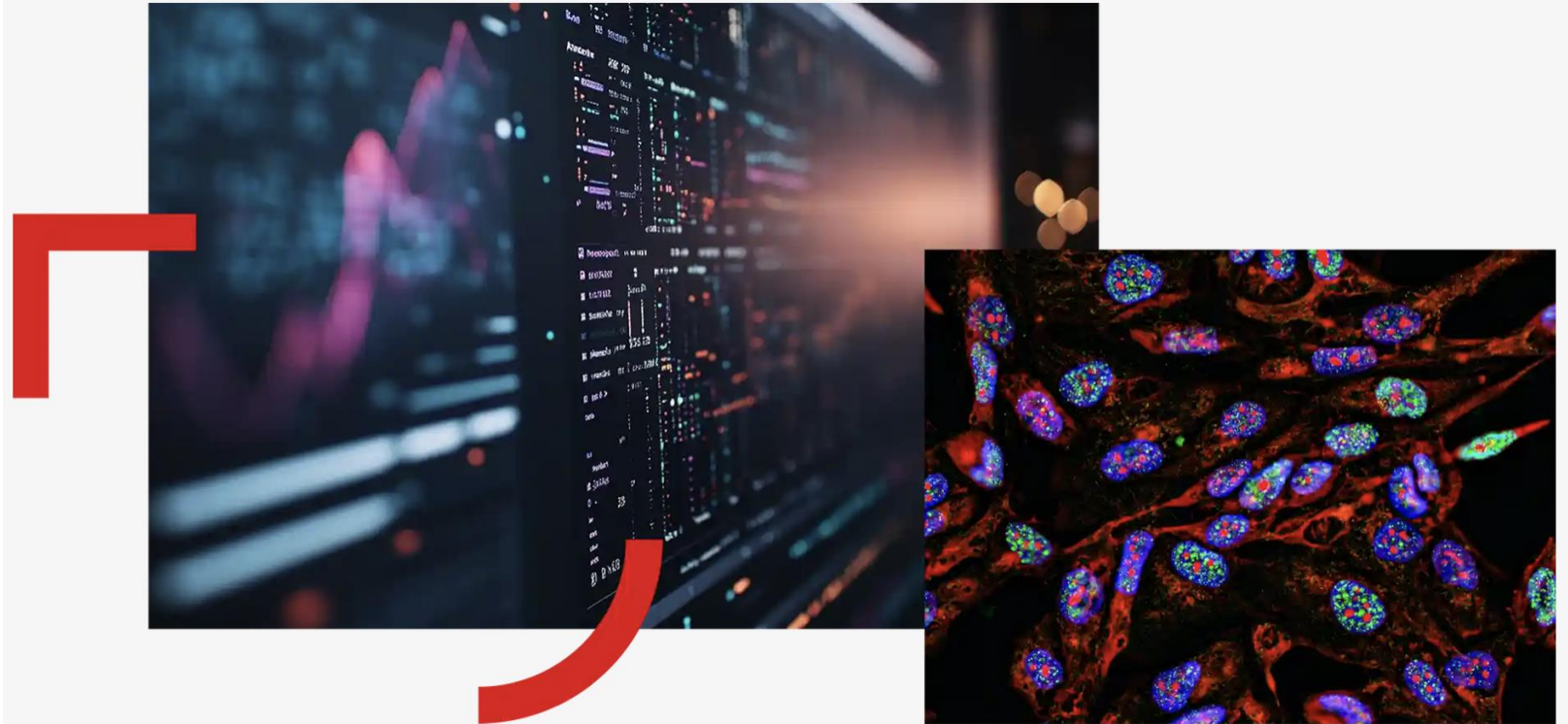
- Positive Future Outlook:** The research offers hope for improved treatment outcomes, as articulated by Professor de Bono.

8. Call to Action:

- The article concludes by soliciting donations to help further cancer research.

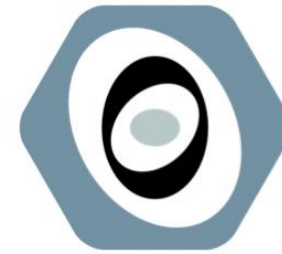
This briefing document provides a comprehensive overview of the potential impact of NXP800 on the treatment of advanced prostate cancer. Further updates will be provided as the research progresses and clinical trials are initiated.

Prostate cancer and AI: the exciting advances that could transform treatment



📷 Scientists are using AI to analyse digital pathology images, looking for patterns showing which cancers respond better to therapy. Composite: Handout/Getty Images

<https://www.theguardian.com/research-to-reality/2025/jan/24/prostate-cancer-and-ai-the-exciting-advances-that-could-transform-treatment>



NPCA Patient Summary 2024

NPCA State of the Nation Report Patient Summary 2024

NPCA State of the Nation Report Patient Summary Glossary 2024

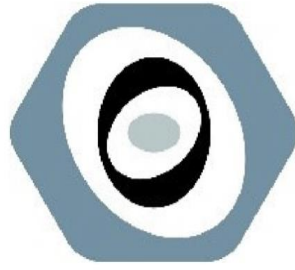
The National Prostate Cancer Audit (NPCA) State of the Nation Report Patient Summary 2024 presents the results for men diagnosed from 1 January 2019 to 31 December 2023 in England and Wales.

A glossary of terms has been developed to accompany the patient summary which you can view by clicking on button above.

The full report can be downloaded here:

NPCA State of the Nation Report 2024

Last updated: 7 January 2025, 2:45pm



Diagnosis

For men diagnosed between January - December 2023 in England and between January - December 2022 in Wales*

55,241

men were diagnosed with prostate cancer in England in 2023

2,521

men were diagnosed with prostate cancer in Wales in 2022



9%

increase compared with 50,592 men in 2022

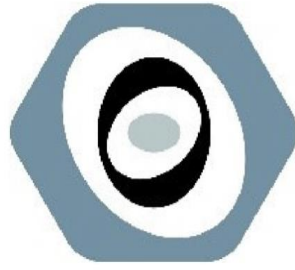


26%

increase compared with 1,996 men in 2021

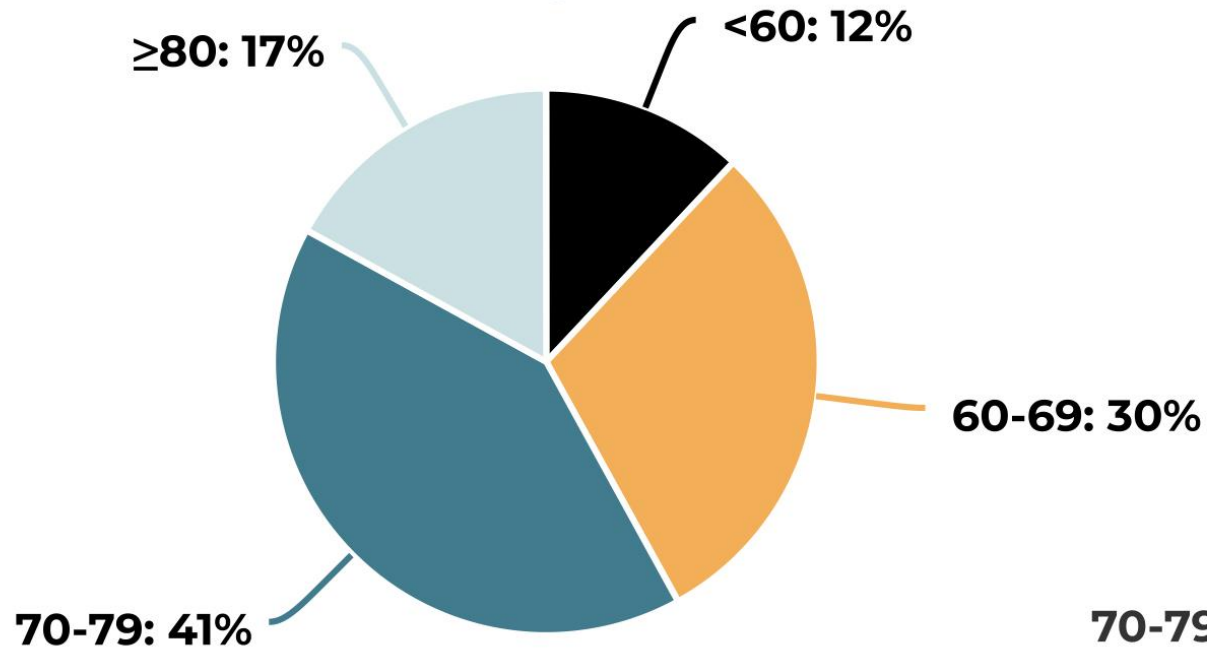
This may be explained by the reporting being in the Covid-19 recovery period for Wales

** The reporting periods are different due to data availability*

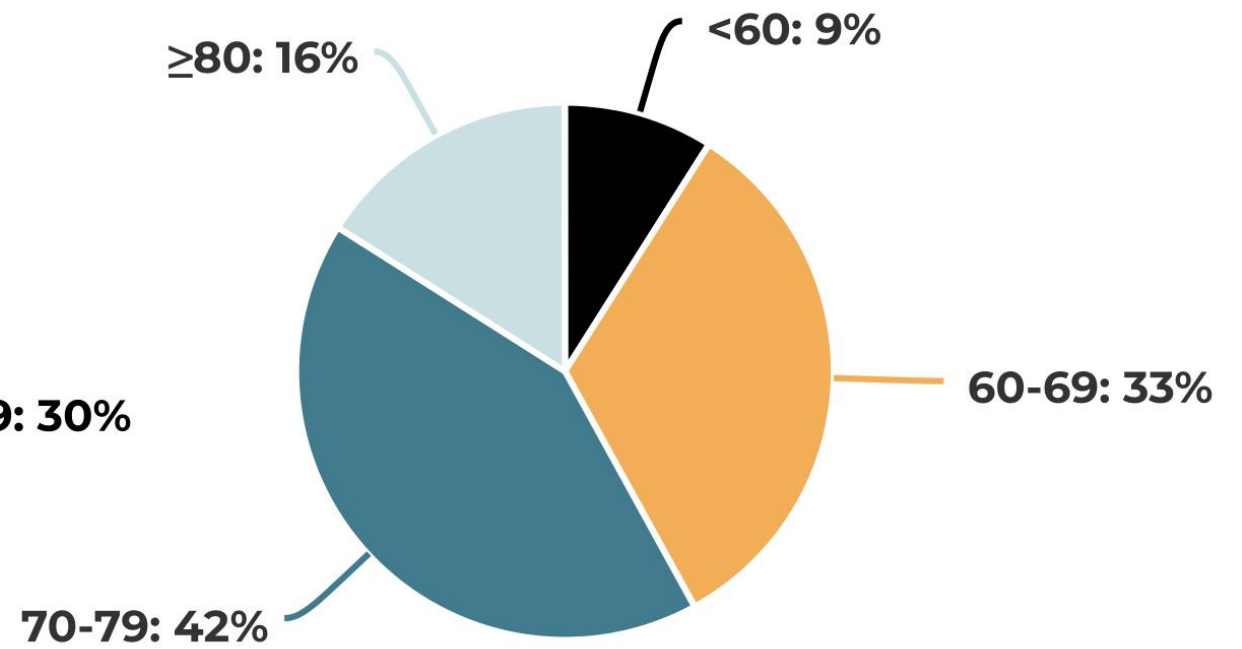


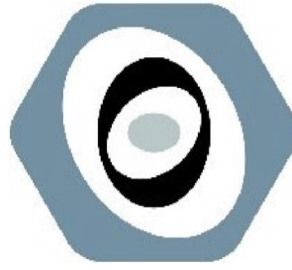
Age of patients diagnosed

For men diagnosed between January -
December 2021 in England



For men diagnosed between April 2022 -
March 2023 in Wales





Disease presentation

For men diagnosed between January - December 2021 in England and between April 2022 - March 2023 in Wales

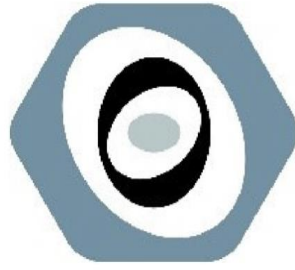


17% of men presented with **metastatic** disease
in **England**

19% the previous year in **England**

19% of men presented with **metastatic** disease
in **Wales**

19% the previous year in **Wales**



Number of men who underwent prostate cancer treatment

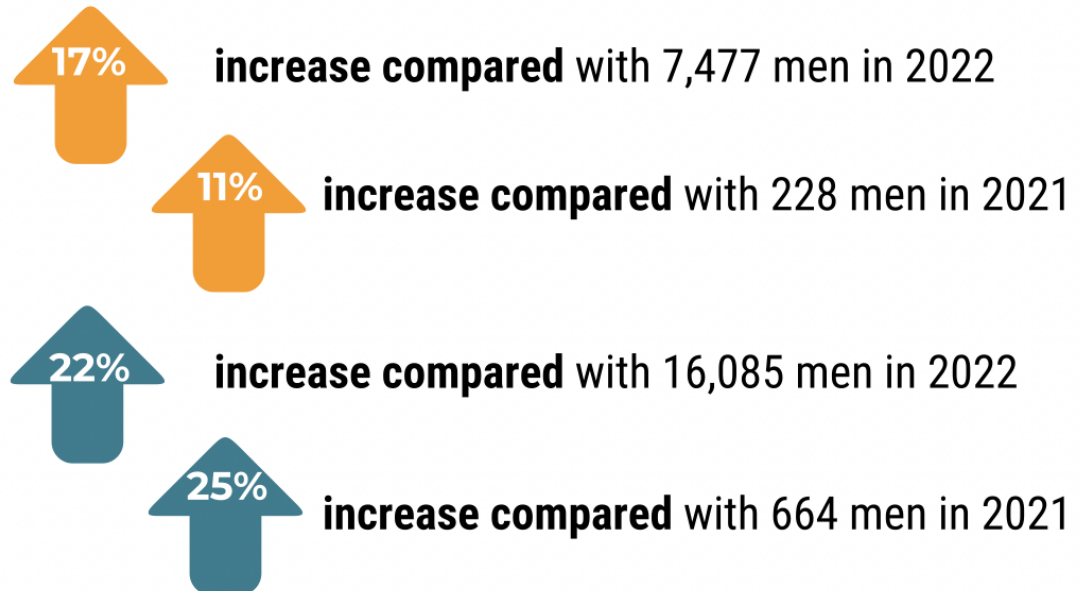
For men diagnosed between January - December 2023 in England and between January - December 2022 in Wales

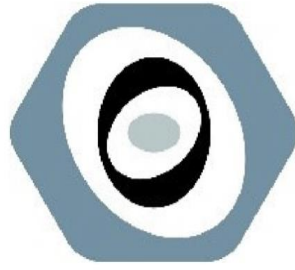
8,760 men underwent a **radical prostatectomy** in England in 2023

254 men underwent a **radical prostatectomy** in Wales in 2022

19,749 men underwent **radical prostate radiotherapy** in England in 2023

830 men underwent **radical prostate radiotherapy** in Wales in 2022

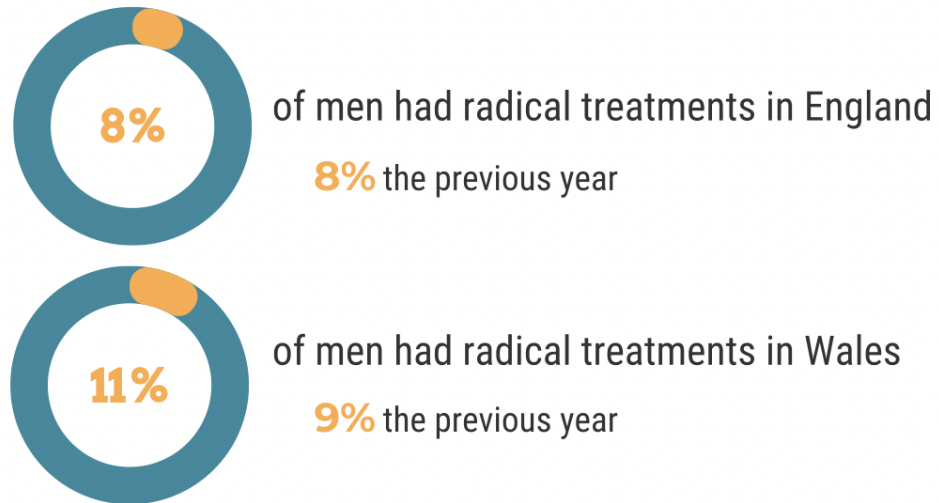




Treatment allocation

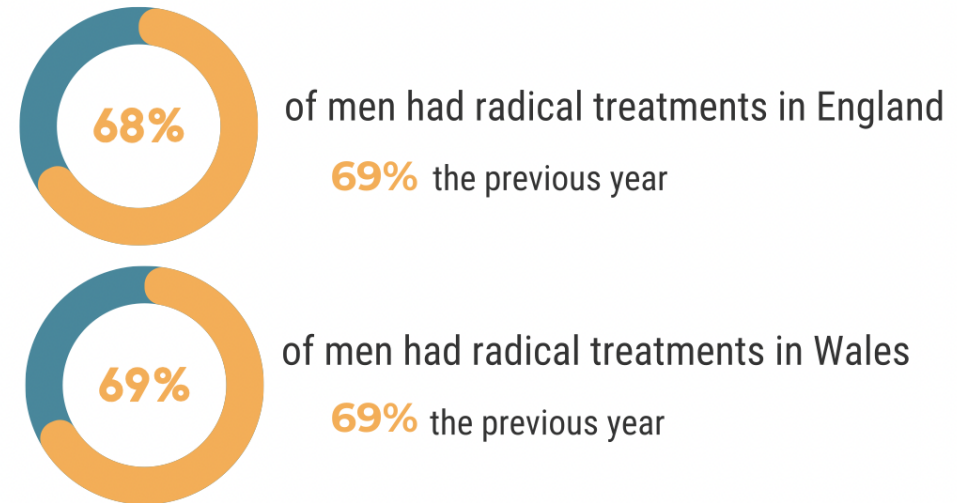
For men diagnosed between January - December 2021 in England and between April 2022 - March 2023 in Wales

Low-risk, localised disease*

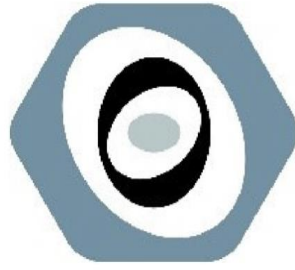


*T stage 1/2, Gleason ≤ 6 , M/N 0 or missing

High-risk/locally advanced disease*



*T stage 3/4, Gleason ≥ 8 , N1



Treatment outcomes (i.e genitourinary or gastrointestinal complications)

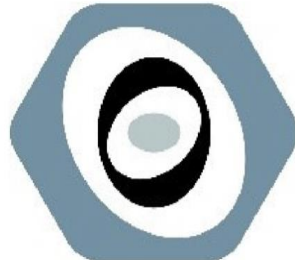
For men undergoing surgery between April 2022 - March 2023 in England and Wales



12% of men were **readmitted** within 3 months **following surgery** in England
13% the previous year

17% of men were **readmitted** within 3 months **following surgery** in Wales
9% the previous year





Treatment outcomes (i.e genitourinary or gastrointestinal complications)

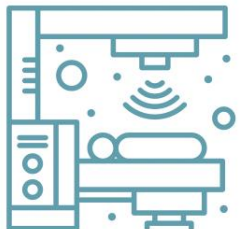
For men undergoing radical treatment between September 2020 - August 2021 in England and Wales



In England, **6%**

In Wales, **8%**

of men experienced at least one **genitourinary** complication requiring a procedural/surgical intervention within two years after **radical prostatectomy**

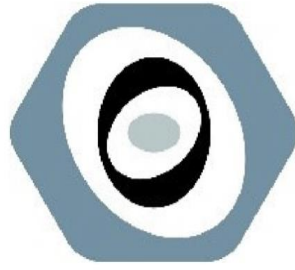


In England, **10%**

In Wales, **8%**

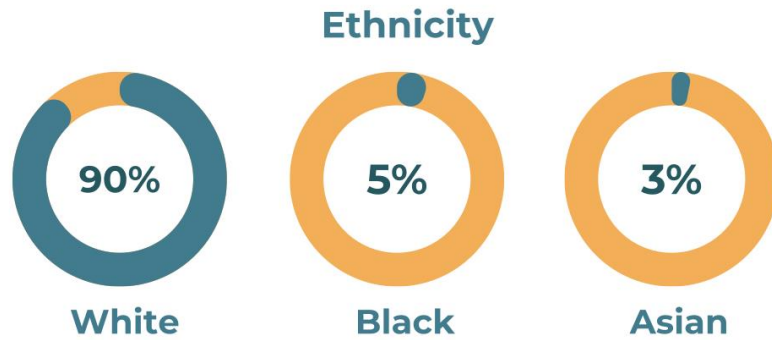
of men experienced at least one **gastrointestinal** complication requiring a procedural/surgical intervention within two years after **radical radiotherapy**





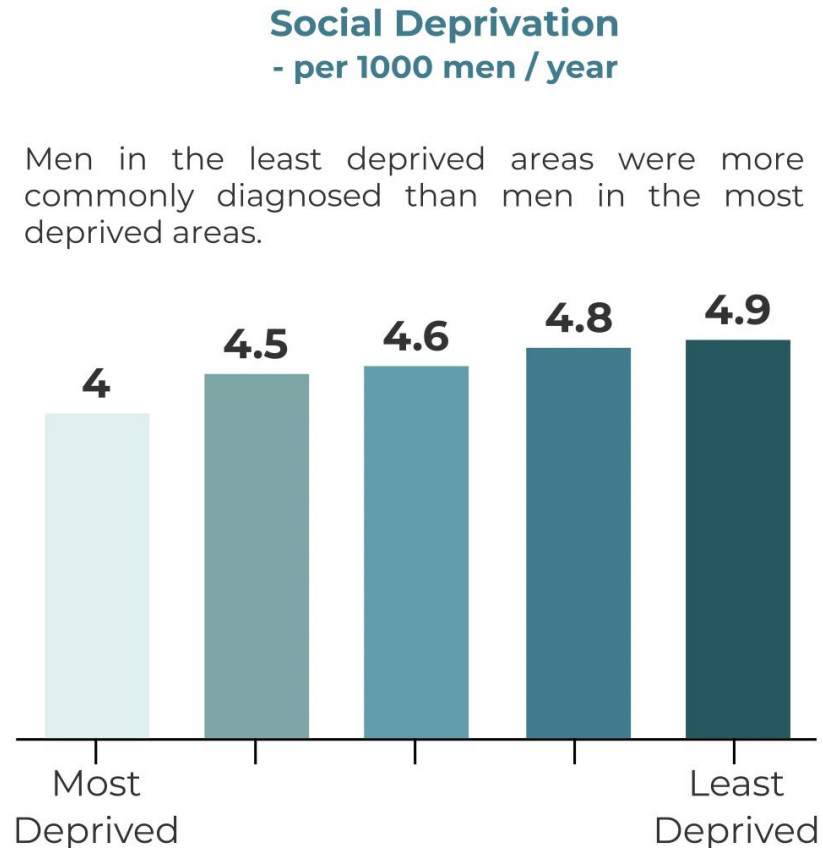
Diagnosis by ethnicity and social deprivation

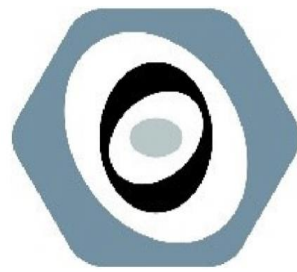
Newly diagnosed men in England between January 2021 - December 2023



Ethnicity
- per 1000 men

In **Black** populations, the number of prostate cancer diagnoses **per 1000 men** is **greater** than in White populations



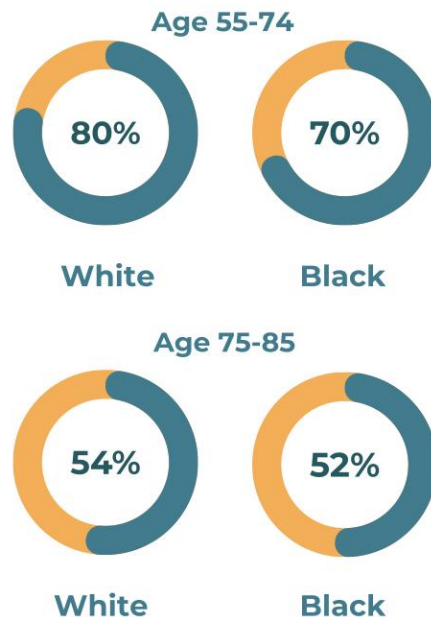


Radical treatment by ethnicity and social deprivation

Men with high-risk/locally advanced cancer who received radical treatment in England between January 2020 - December 2021

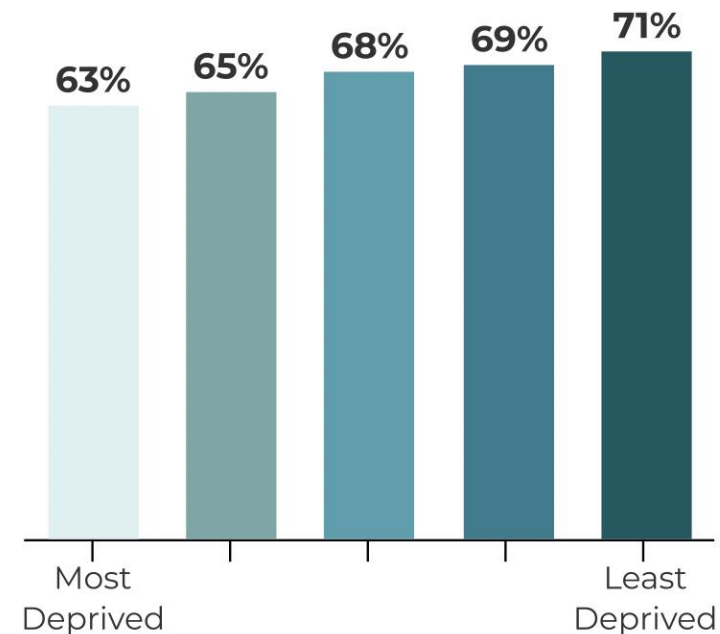
Ethnicity

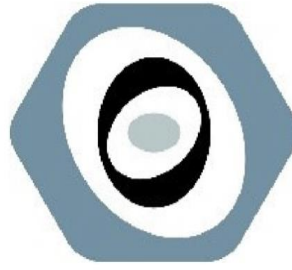
White men are more likely to receive appropriate radical treatment up to the age of 75 compared to Black men.



Social Deprivation

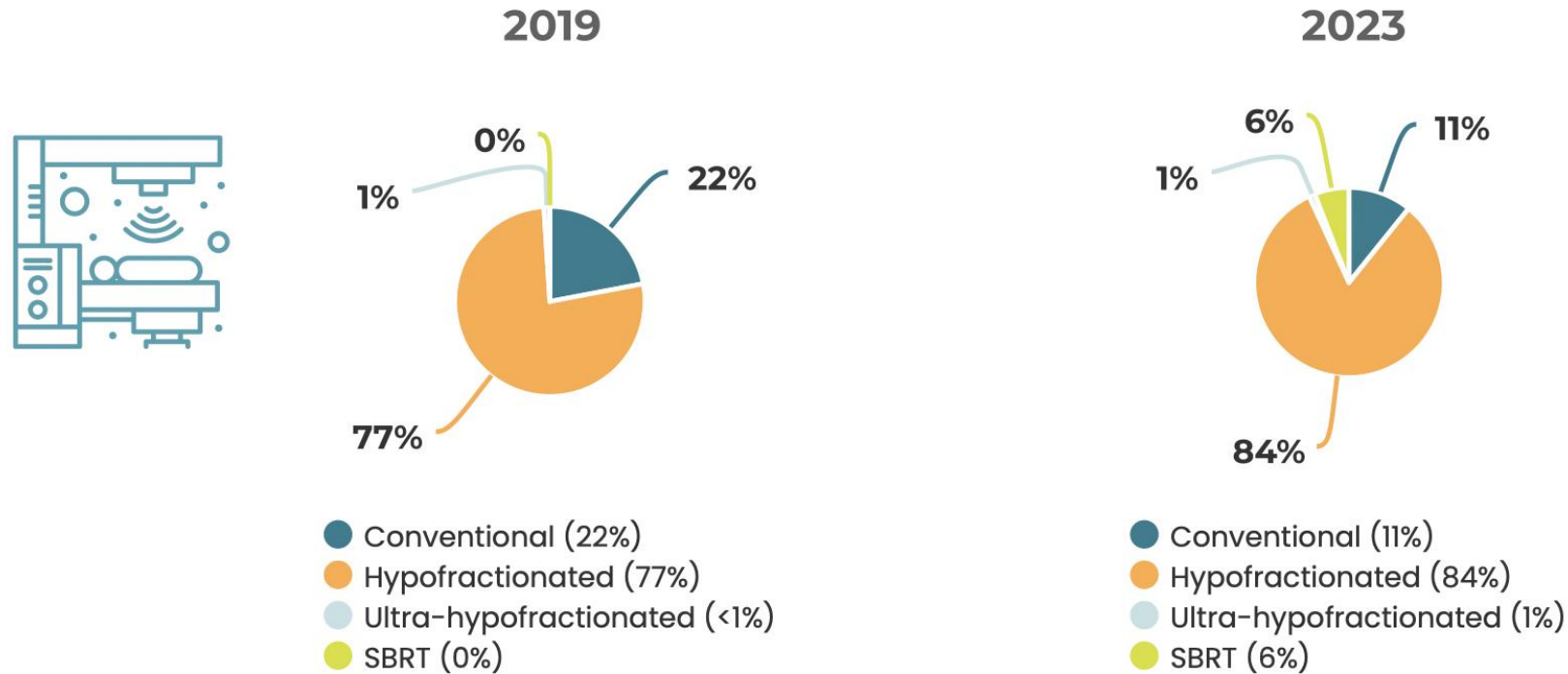
Men in the least deprived areas were more likely to receive appropriate radical treatment compared to men in the most deprived areas.





Change in radiotherapy regimen administered

Men starting different types of radiotherapy in England and Wales in 2019 vs 2023



Key:

Conventional = 35 radiotherapy treatments over 7-8 weeks.

Hypofractionated = 20 radiotherapy treatments over 4 weeks.

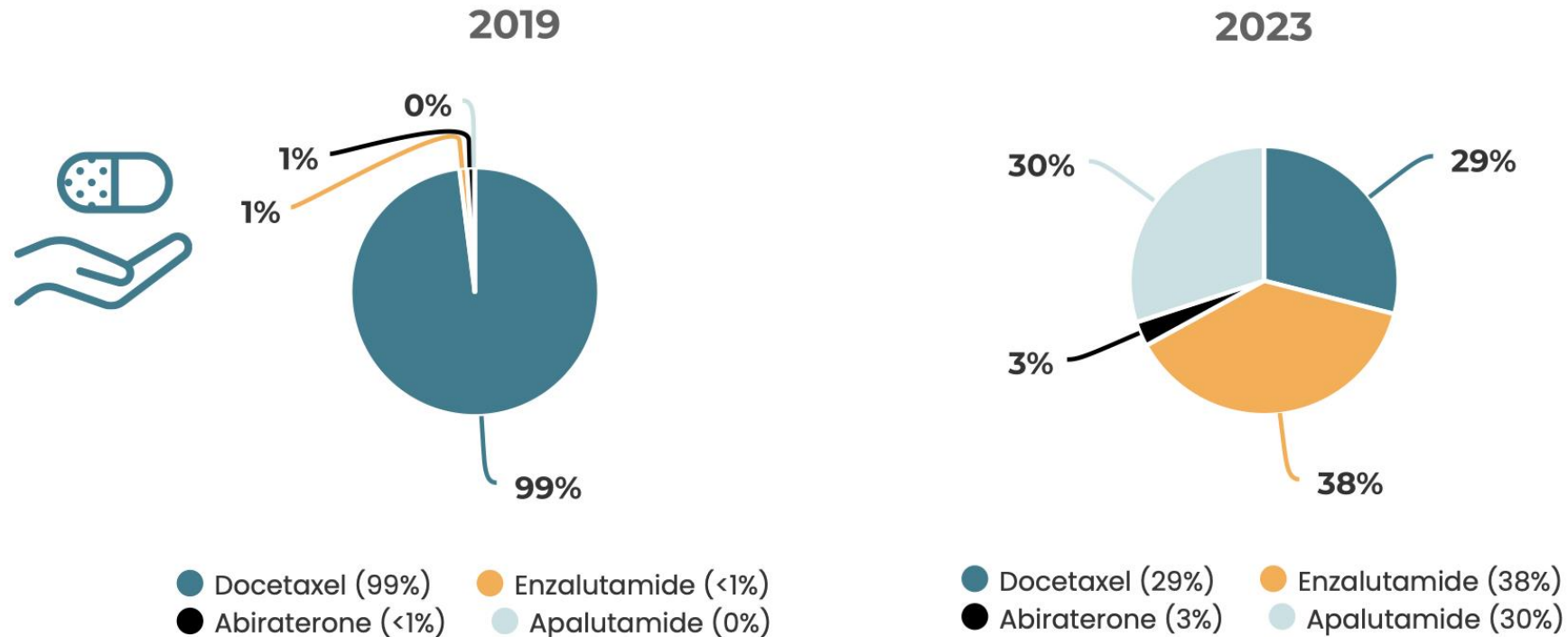
Ultra-hypofractionated = 6 radiotherapy treatments over 6 weeks.

Stereotactic Body Radiation Therapy (SBRT) = 5 radiotherapy treatments over 1-2 weeks.



Change in type of systemic therapy administered

Men starting different types of systemic therapy in England in 2019 vs 2023



Note: Data were available for 2022 up until 30th Sep 2022.

Key:
Docetaxel is a type of chemotherapy whereas enzalutamide, abiraterone and apalutamide are novel hormone therapies.

University Hospitals Birmingham NHS Foundation Trust

Showing results for Annual Report 2024 

View Provider Services	+
Data Quality	+
Disease Presentation	+
Management	+
Outcome	+

Compare provider outcomes

PDF report can be
downloaded for your local
provider

<https://www.npca.org.uk/provider-results/>

University Hospitals Birmingham NHS Foundation Trust

Specialist MDT: University Hospitals Birmingham NHS Foundation Trust

Data Quality

For Wales, this data completeness relates to patients diagnosed between April 2022 and March 2023.

For England, this data completeness relates to patients diagnosed in 2021. This is the data completeness of the National Cancer Registration Dataset (NCRD). For data completeness of the Rapid Cancer Registration Dataset (RCRD), please refer to the NPCA quarterly reports.

	Diagnosing Trust	Specialist MDT
No. of Cancer Registry records	525	1044
Performance Status recorded	18%	36%
PSA completed	16%	39%
Gleason Score completed	86%	82%
TNM completed	63%	63%

Disease Presentation

For Wales, these results relate to patients diagnosed between April 2022 and March 2023.

For England, these results relate to patients diagnosed between January and December 2021.

	Specialist MDT	National
No. of men with disease status determined	876	39897
Percentage of men diagnosed with metastatic disease	20%	17%

Management

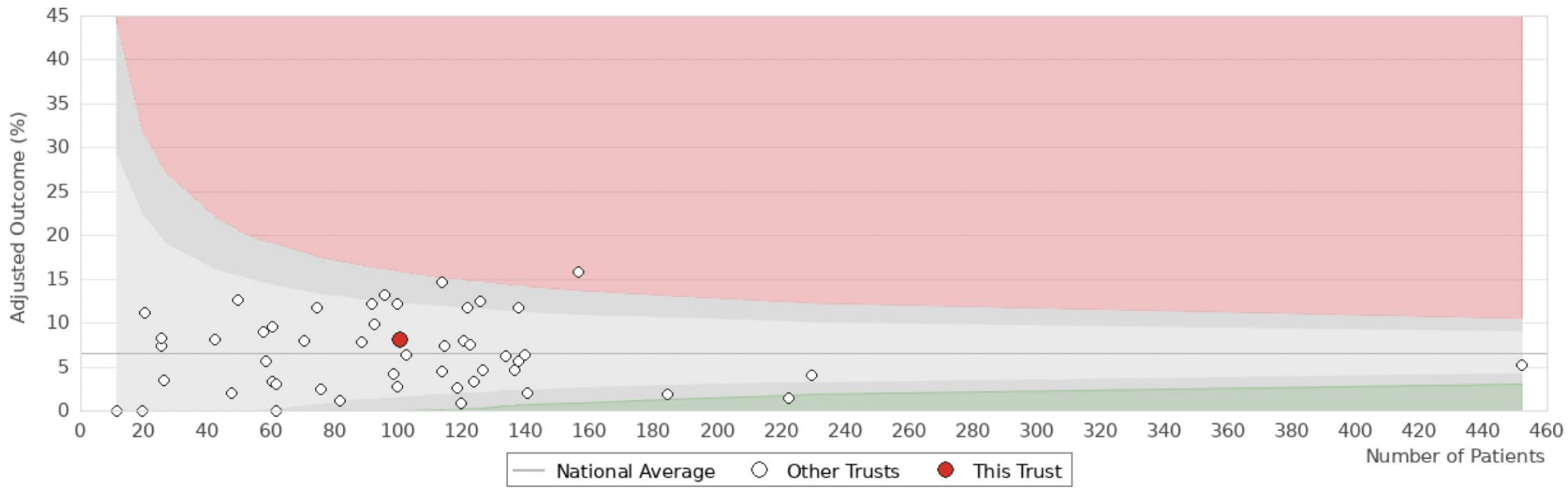
For Wales, these results relate to patients diagnosed between April 2022 and March 2023.
For England, these results relate to patients diagnosed between January and December 2021.

	Specialist MDT	National
No. of men diagnosed with low-risk localised disease	73	4684
Percentage of men with low-risk localised disease receiving radical treatment	13%	8%
No. of men diagnosed with locally advanced disease	301	15410
Percentage of men diagnosed with locally advanced disease receiving radical treatment	69%	68%

Outcome

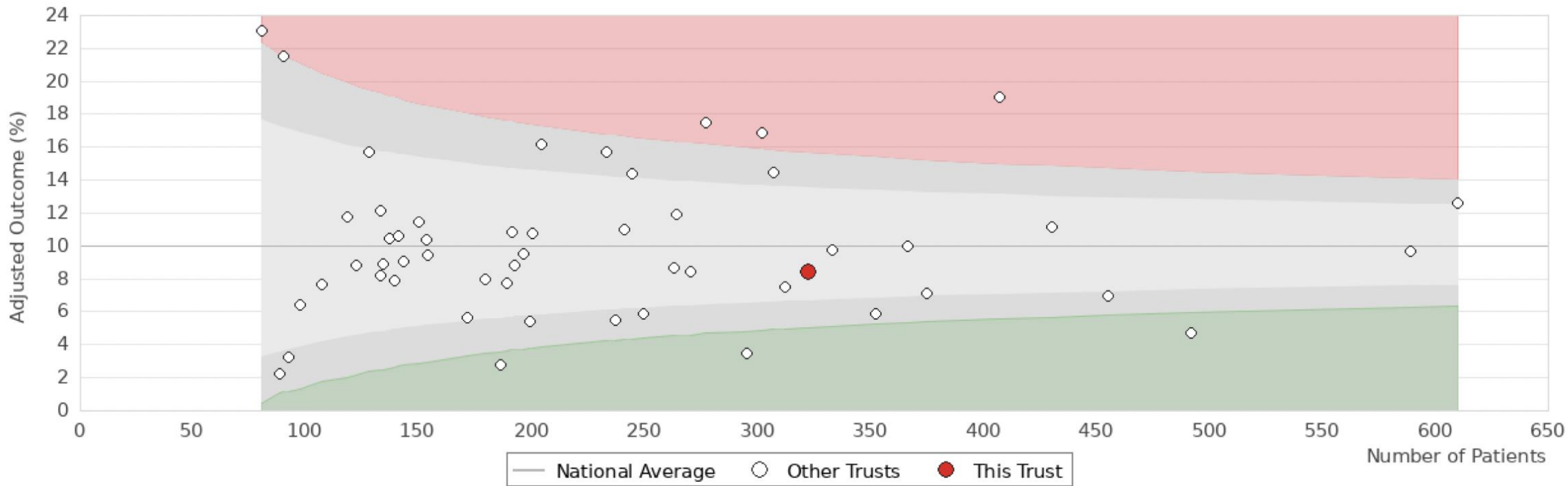
	Treatment Centre
No. of men who received radical prostatectomy (April 2022- March 2023)	207
Adjusted percentage of men who had an emergency readmission within 90 days of radical prostatectomy (%)	18%
No. of men who received radical prostatectomy (September 2020 - August 2021)	100
Adjusted percentage of men experiencing at least one GU complication (%)	8%
No. of men who received radical radiotherapy (September 2020 - August 2021)	322
Adjusted percentage of men experiencing at least one GI complication (%)	8%

Adjusted funnel plot for the proportion of patients experiencing at least one genitourinary complication requiring a procedural/surgical intervention within 2 years of radical prostatectomy by surgical centre in England and Wales.



Trust	Number	Adjusted
University Hospitals Birmingham NHS Foundation Trust	100	8.06 %

Adjusted funnel plot for the proportion of patients receiving a procedure of the large bowel and a diagnosis indicating radiation toxicity (gastrointestinal complication) within 2 years of radical radiotherapy by radiotherapy centre in England and Wales.



Trust	Number	Adjusted
University Hospitals Birmingham NHS Foundation Trust	322	8.44%

Black men in England more likely to be diagnosed with late-stage prostate cancer, analysis shows

The diagnosis rate for black men was found to be 1.5 times higher and they were also 14% less likely to receive life-saving treatments

<https://www.theguardian.com/society/2025/jan/09/black-men-in-england-more-likely-to-be-diagnosed-with-late-stage-prostate-cancer-analysis-shows>



📷 A mobile NHS prostate cancer test van, helping to screen black men, who are 2.5 times more likely to die from the disease compared with white men. Photograph: Terry Waller/Alamy



Peer Coach Training Train the Trainer Completed!

“Great two
days, well
spent.”



“Brilliant”

“This was a
brilliant course
that really
helped”

“What a
delightful
group of
people”

“Very good
course, well
presented”

National PC Partner Support Group,

on Zoom. (Partners only, not patients.)

Supporting partners of those diagnosed with Prostate Cancer. Partners should email Janet Daykin and Caroline if they wish to attend.

janetldaykin@gmail.com carolineopcs@gmail.com



Monday 17th March

Tuesday 29th April

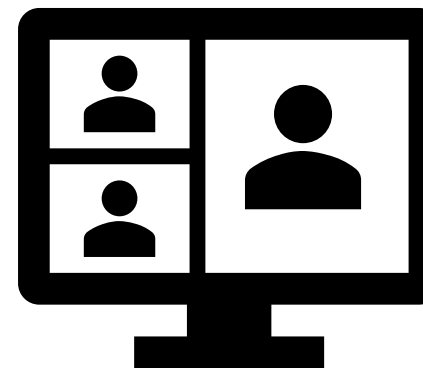
Monday 16th June

Tuesday 22nd July

Monday 15th September

Tuesday 28th October

Monday 15th December



6.30pm start with room
opening at 6.10pm

Living Well with Advanced Prostate Cancer Virtual Support Group

For those diagnosed with Advanced Prostate Cancer.
Please email aidan.adkins@tackleprostate.org if you
wish to attend.




Monday 24th February

Monday 24th March (4th Monday)

Monday 28th April

6.00pm start



**Living Well
with
Advanced
Prostate
Cancer**
Virtual Support Group

Monthly Zoom Meeting

Last Monday of every month
6-7.30pm


Contact for more details:
aidan.adkins@tackleprostate.org
www.tackleprostate.org

- Diagnosed with Advanced Prostate Cancer?
- Has your Prostate Cancer returned?
- You are not alone. Join others who are in the same boat


#TogetherWeTackle

tackle
prostate cancer

Now on the Cancer Care Map


Cancer Care Map

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Living Well with Advanced Prostate Cancer – Online Group

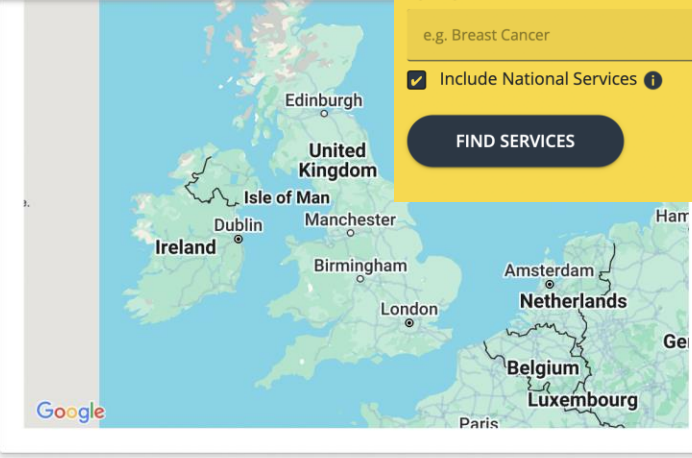
Tackle Prostate Cancer

What
Support group for people living with advanced prostate cancer. Meeting online on the last Monday of every month, 6pm to 7.30pm, it offers the chance to meet others with shared experiences and get support and information. Contact Aidan for more information.

Where
Online via Zoom

Who
People living with advanced prostate cancer




Last updated 13/01/2025 by Cancer Care Map




Website
tackleprostate.org

Contact Name
Aidan Adkins

Email
aidan.adkins@tackleprostate.org

Social media





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By postcode, city or region:

By keyword:

☒ Include National Services i

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