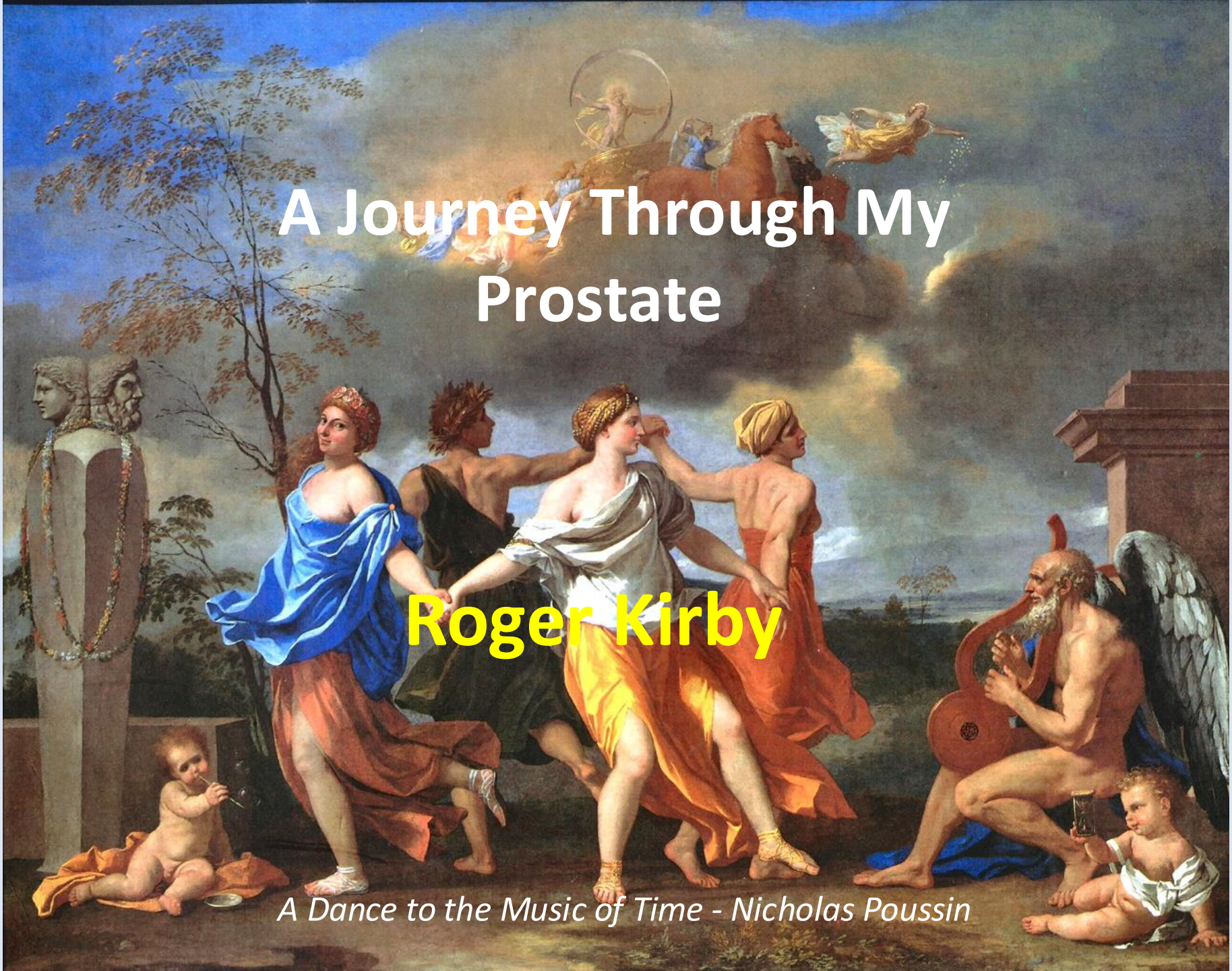
A Journey Through My Prostate

Roger Kirby

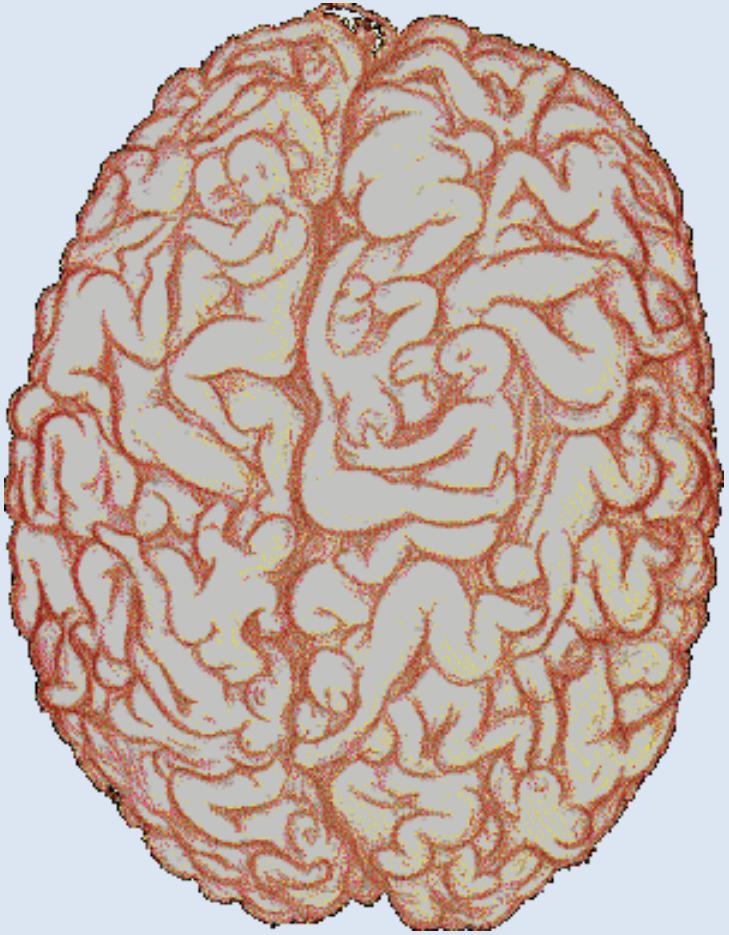


A Dance to the Music of Time - Nicholas Poussin


INSOMNIA:
IS THERE
A CURE?

DOCTORS ATTENDING LECTURES

- 3% LISTENING
- 7% BLANK
- 33% MUSING OVER A DOMESTIC INCIDENT
- 57% FANTASISING ABOUT SEX



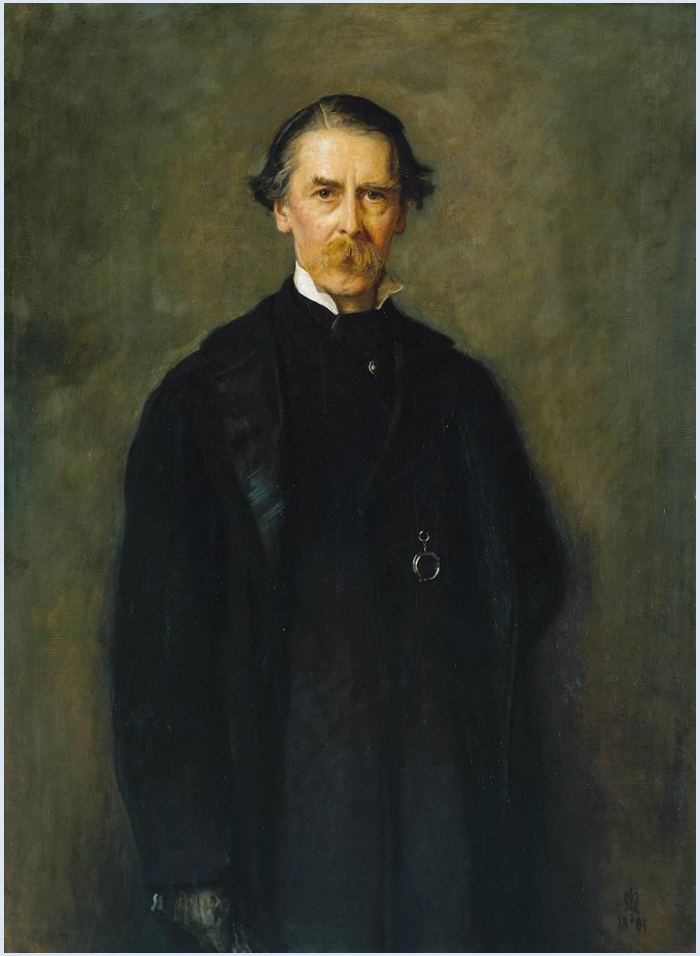
Seven Heroes of Urology

- Sir Henry Thompson
- Sir Terence Millin
- Professor John Blandy
- Richard Turner Warwick
- Geoff Chisholm CBE
- Patrick Walsh
- Mani Menon

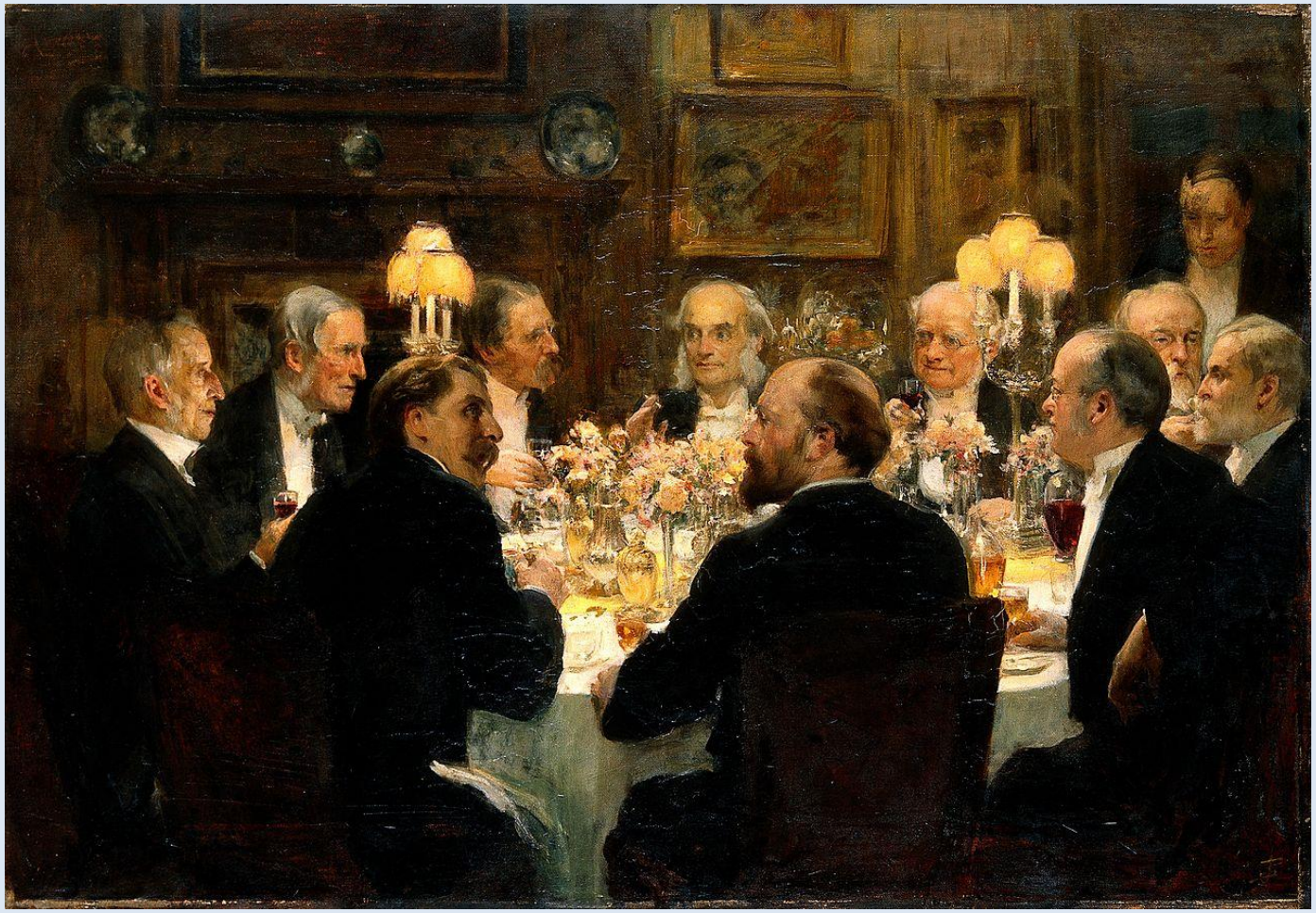
Standing on the Shoulders of Giants

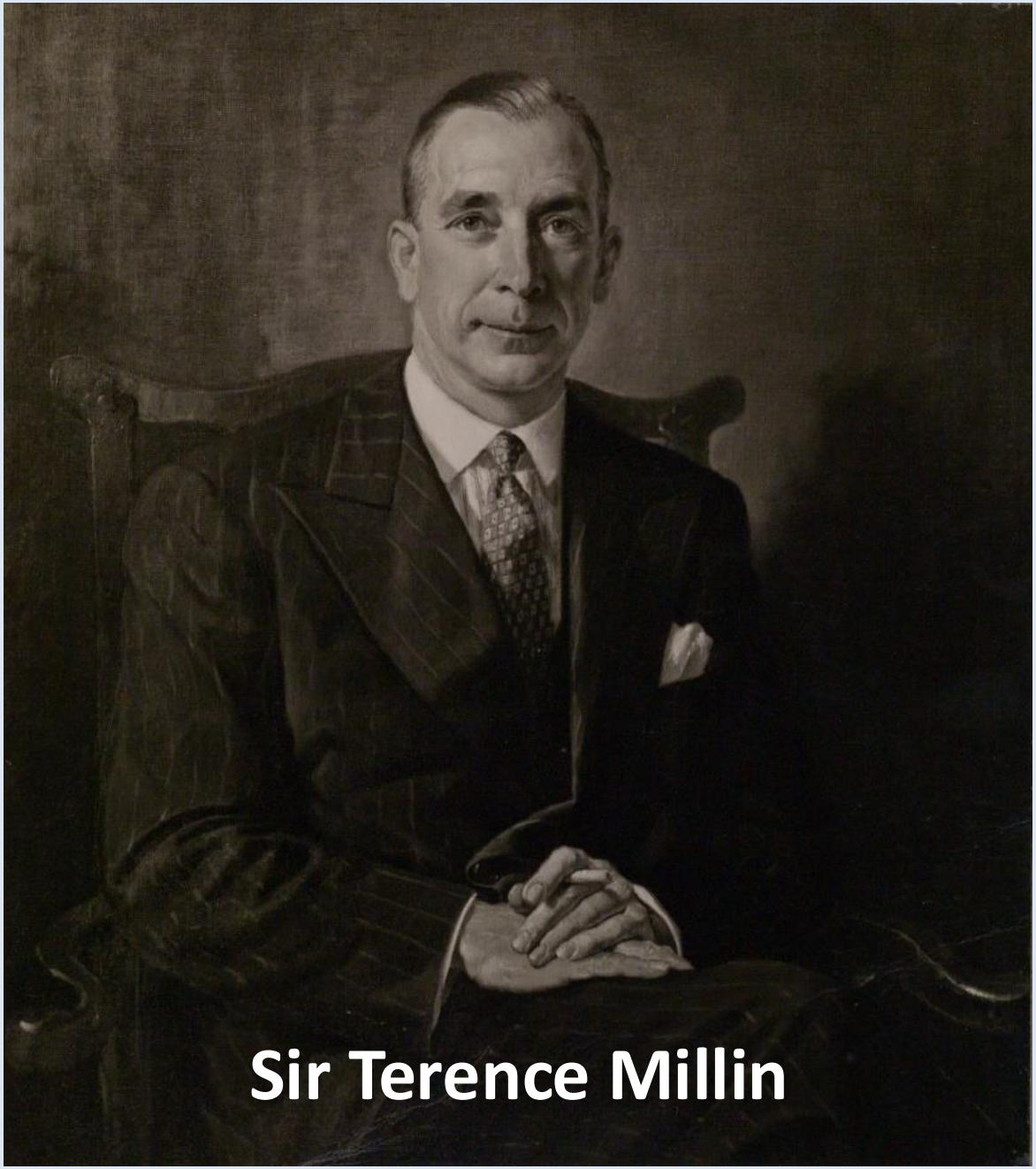
- Sir Henry Thompson: first UK urologist
- Sir Terence Millin: retropubic prostatectomy
- Professor John Blandy: TURP
- Richard Turner Warwick: urethroplasty
- Professor Geoffrey Chisholm: Gleason scoring
- Patrick Walsh: anatomic radical prostatectomy
- Mani Menon: robotic prostatectomy

Sir Henry Thompson



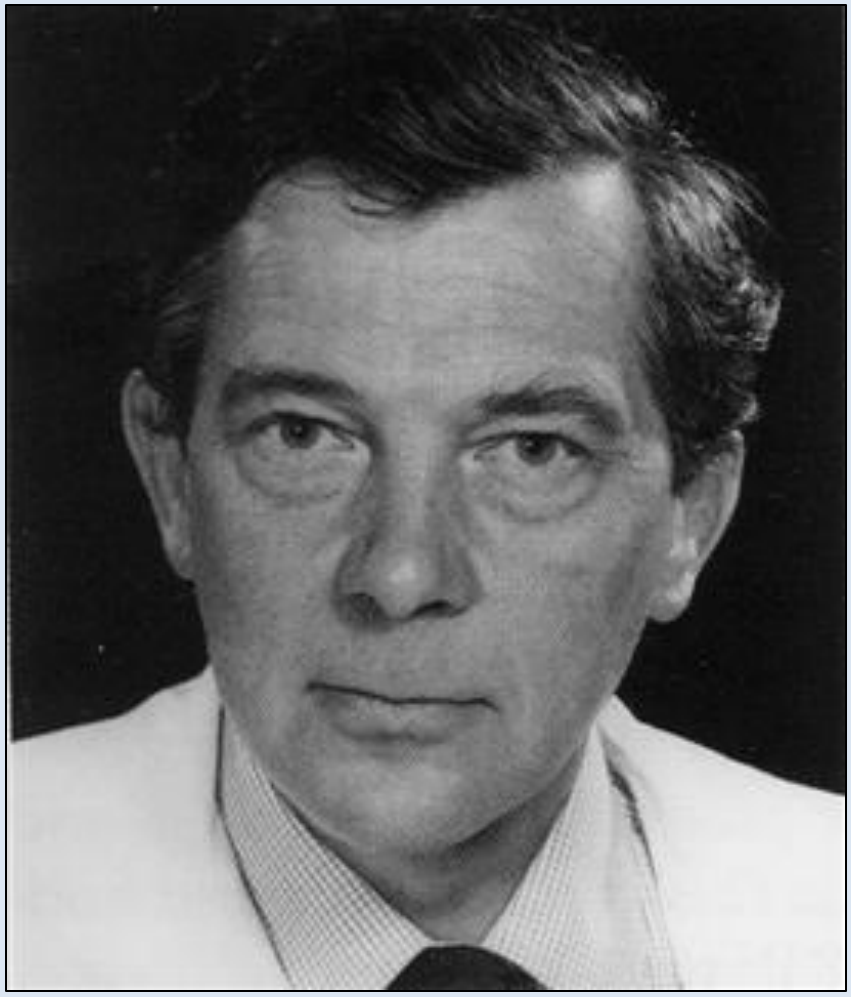
Octave Dinners in Wimpole Street

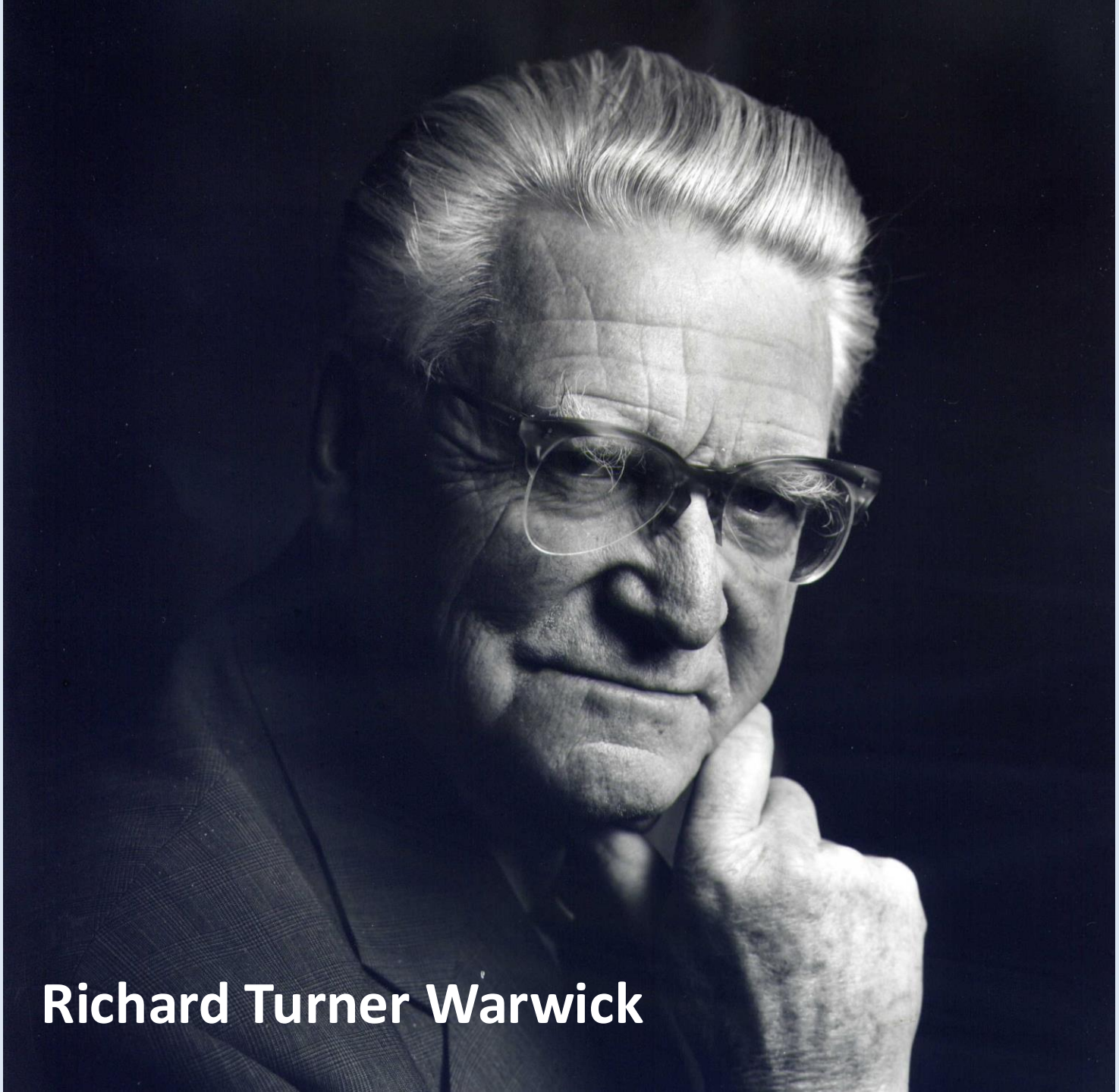


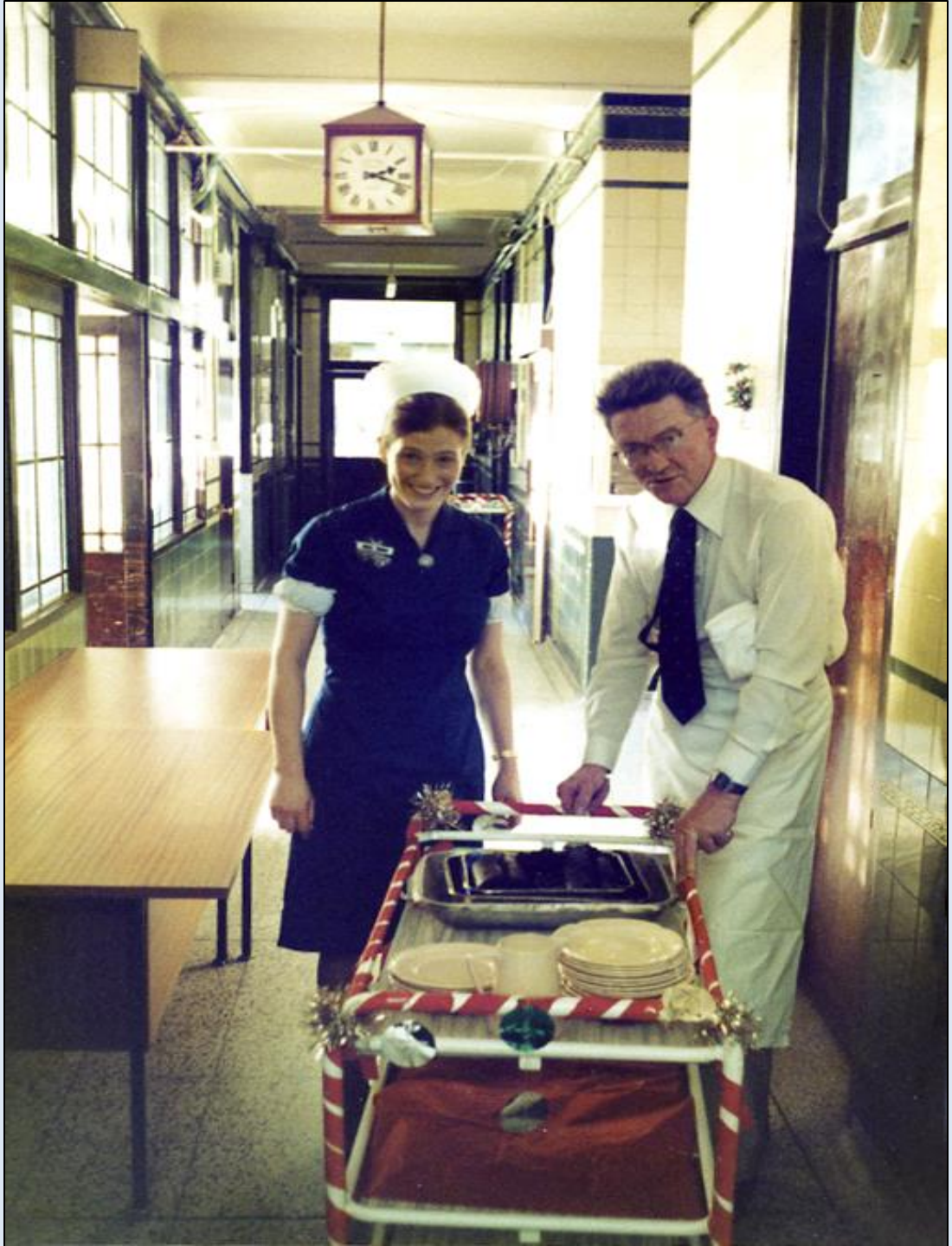


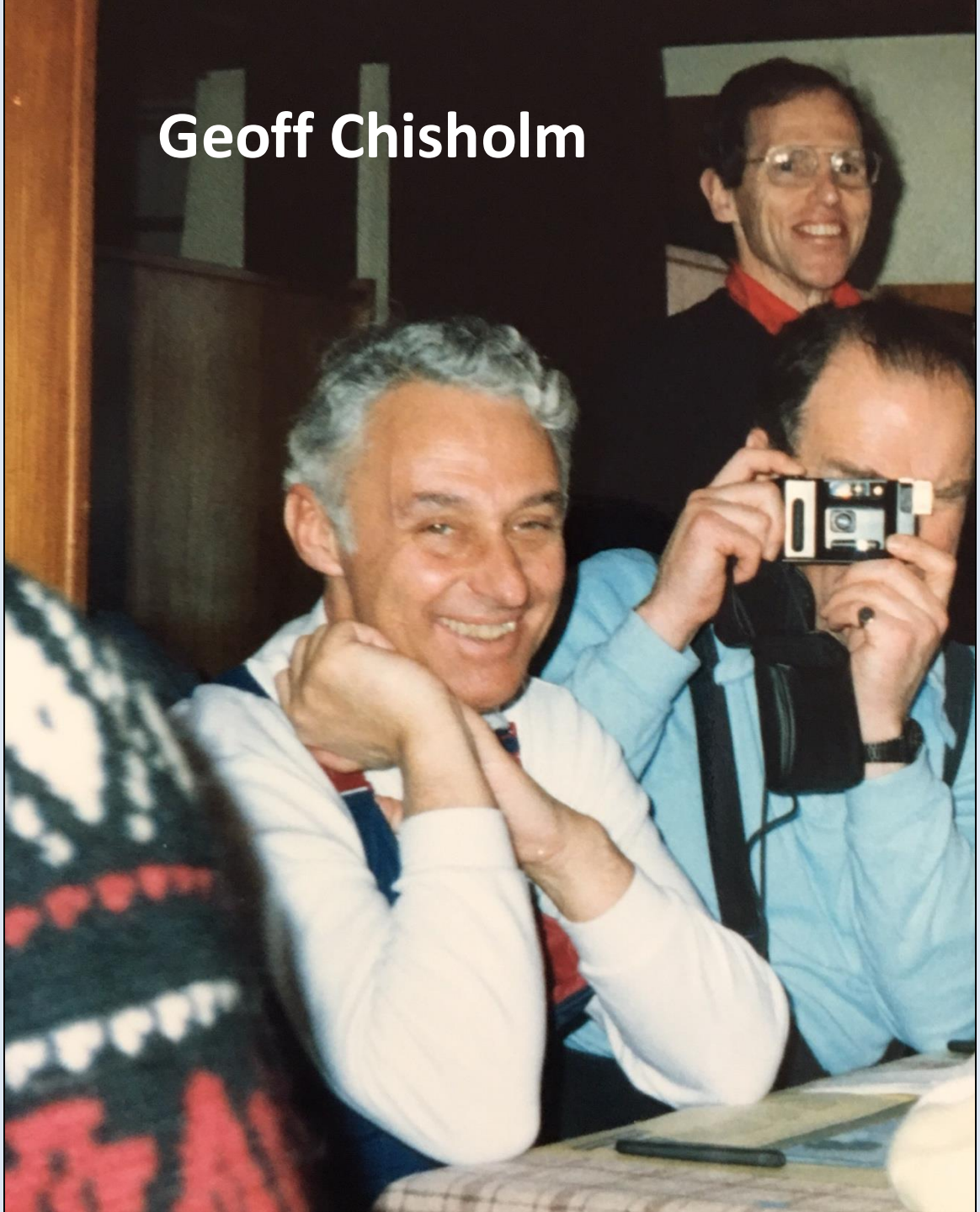
Sir Terence Millin

Prof John Blandy




Richard Turner Warwick




Geoff Chisholm

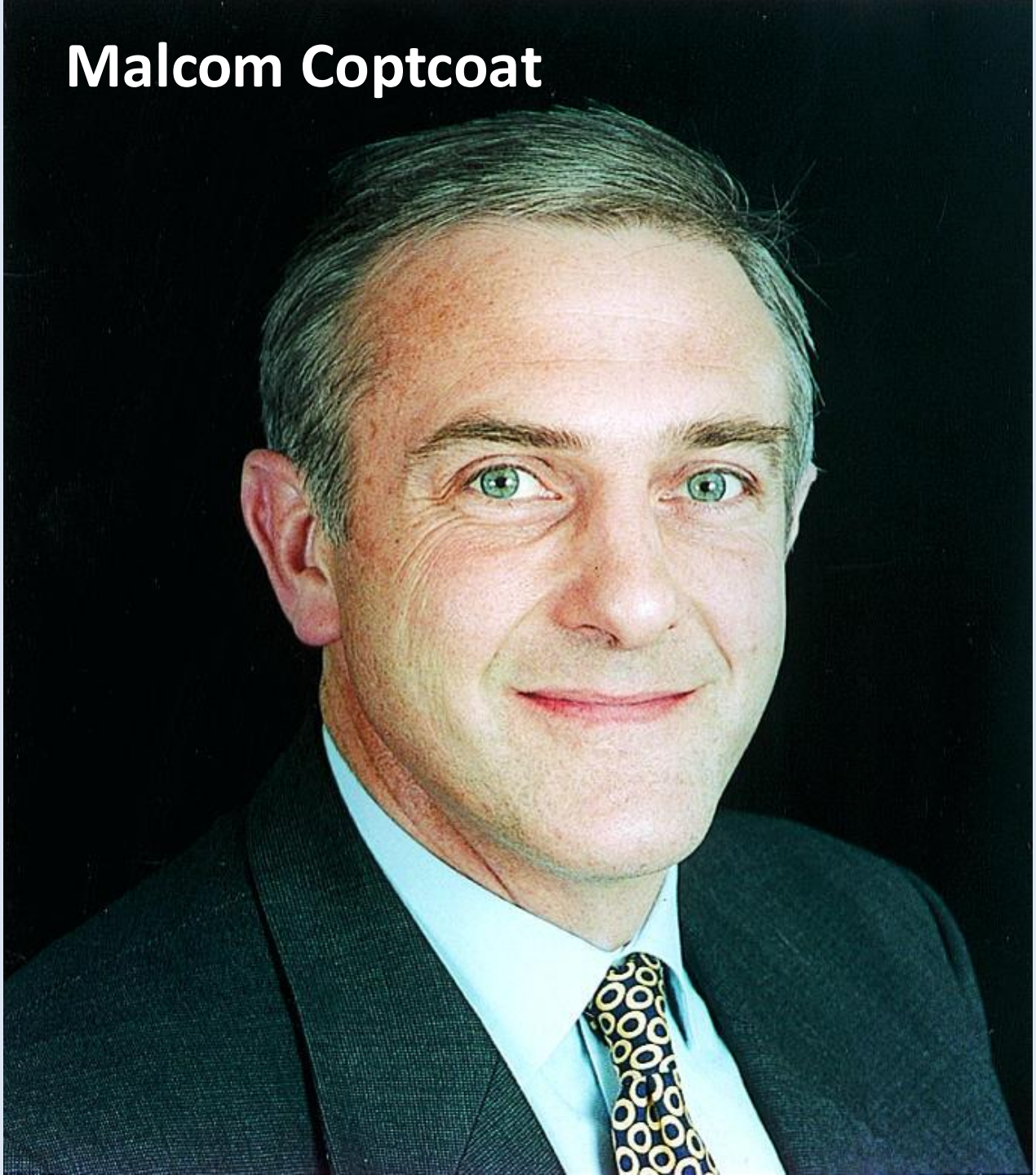

Patrick Walsh


SURGICAL
Dr. Ashutosh Tewari
Weill Cornell Medical Center, USA
medanta
THE MEDICITY
dedicated to life
Mani Menon
Manipal Hospitals
LIFE'S ON
ASIAN
HEART INSTITUTE
Eagle Medical Systems Pvt. Ltd.
SGRH
Sir Ganga Ram Hospital, New Delhi
VATTIKUTI
FOUNDATION

Seven Sadly Missed Colleagues

- Malcolm Coptcoat
- Tim Christmas
- John Anderson
- Bill Hendry
- John Fitzpatrick
- John Wickham
- Tom Stuttaford

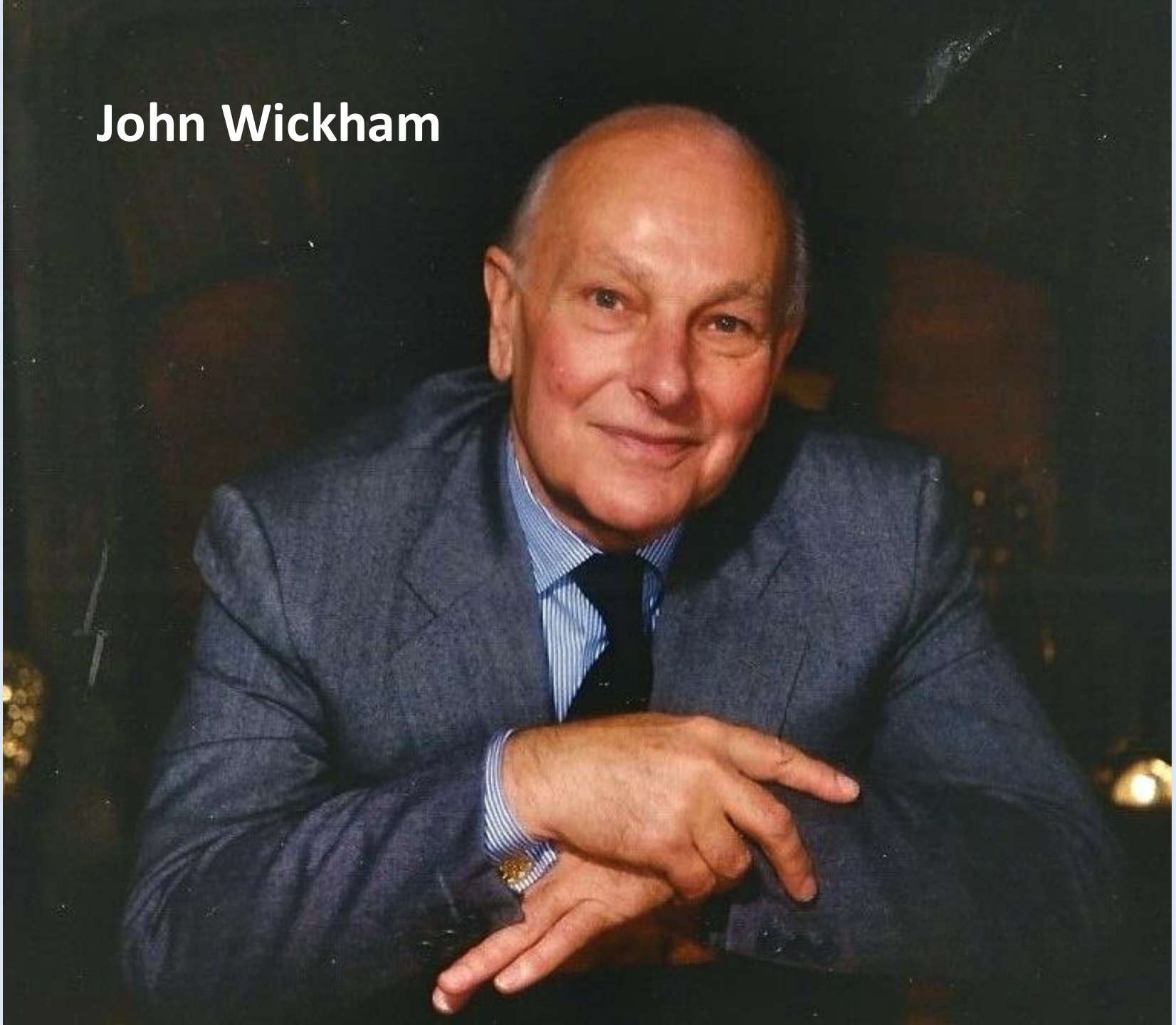
Malcom Coptcoat



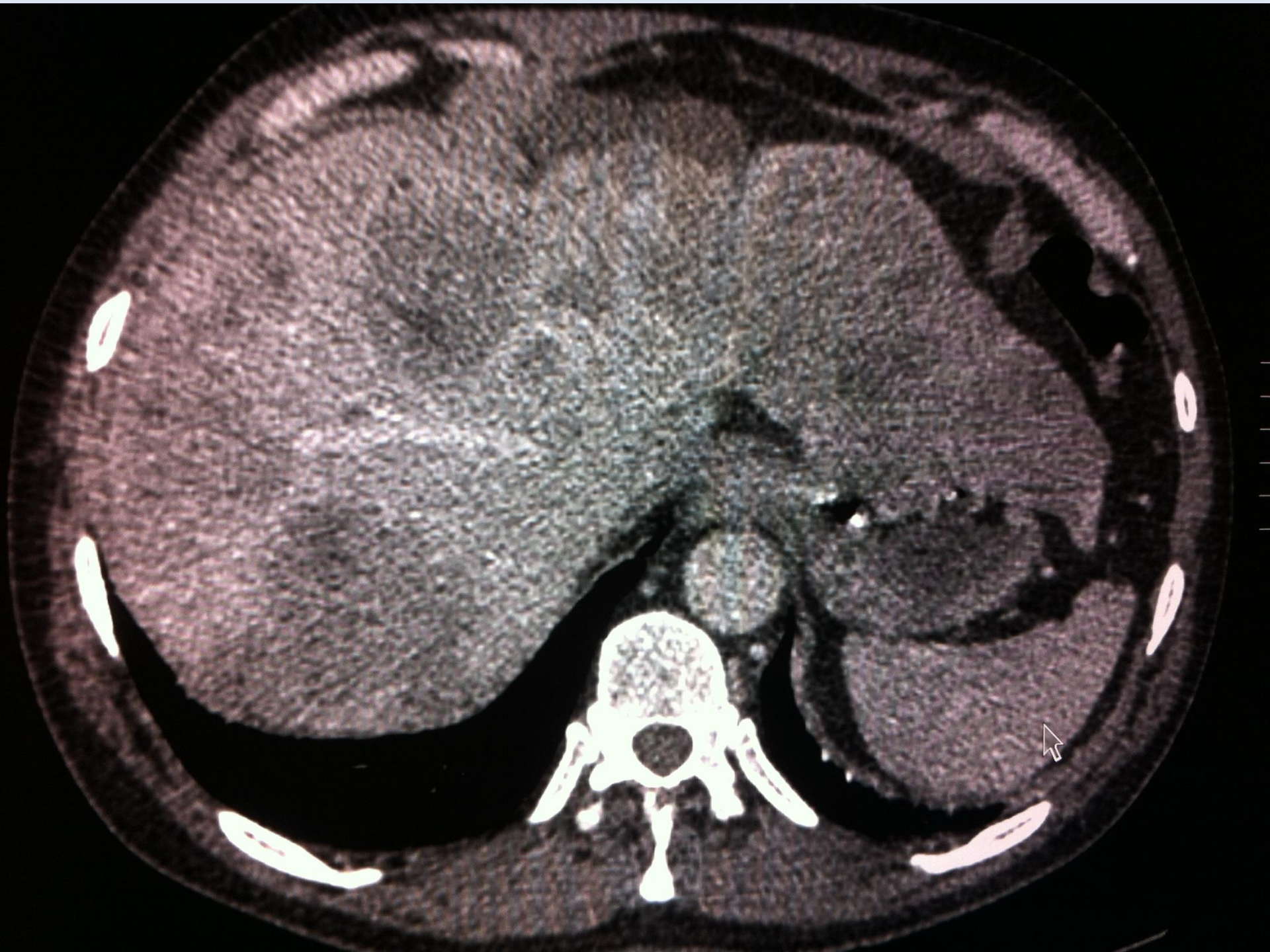

Tim Christmas

Tim Christmas
and
Bill Hendry

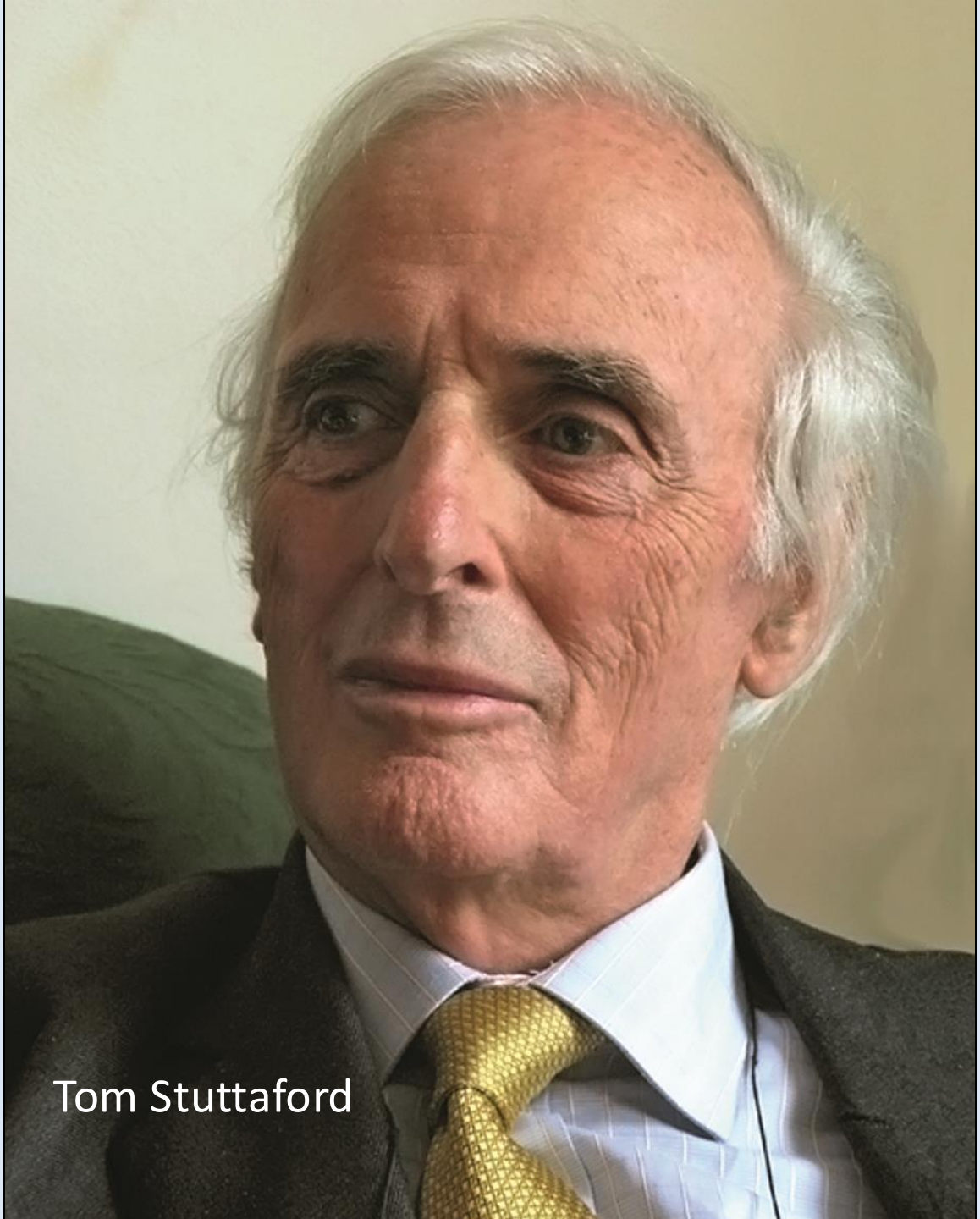

Bill Hendry


John Wickham

John Anderson

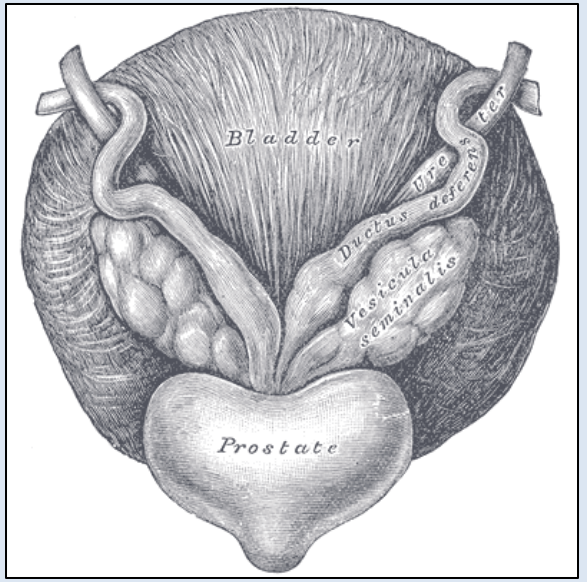



John Fitzpatrick


Tom Stuttaford

Seven Themes

- Changing times
- Prostate disease
- My operation
- Error avoidance
- Men's health
- Resilience and emotional intelligence
- The Urology Foundation

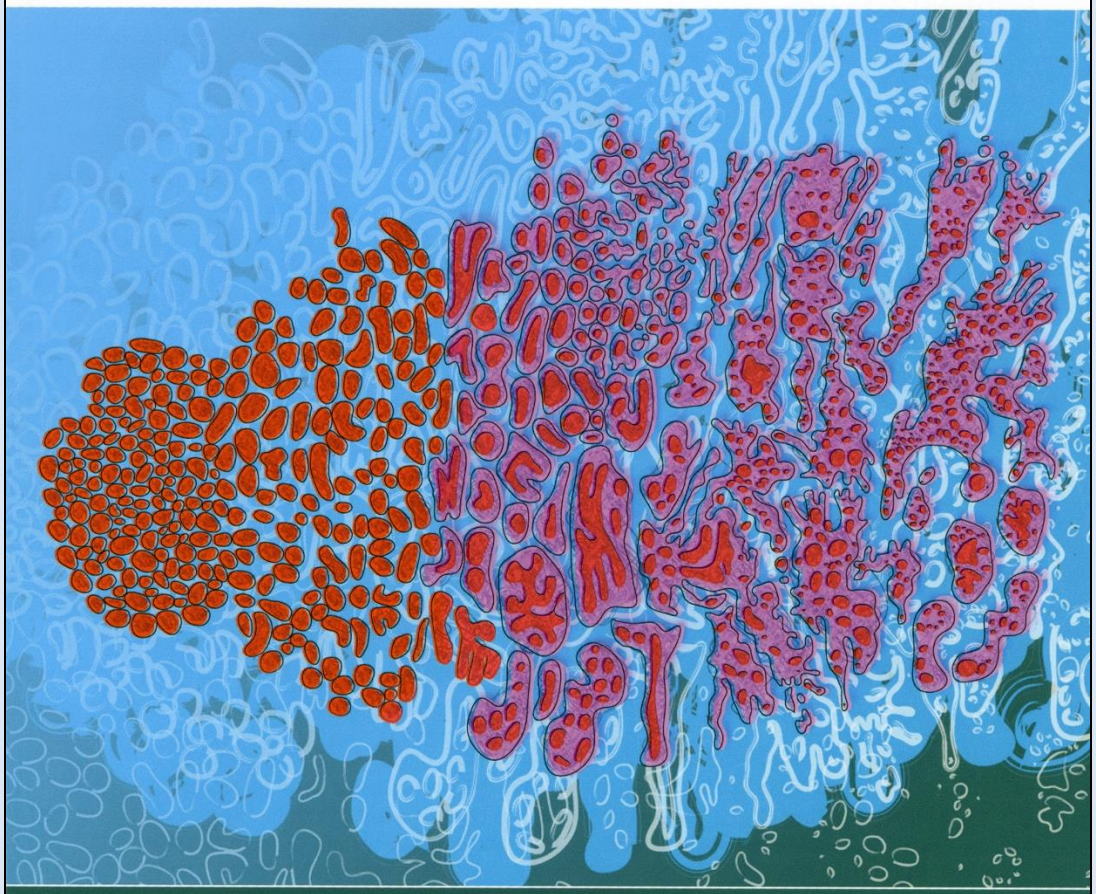


Prostate Cancer

and Prostatic Diseases

Volume 19 Number 2

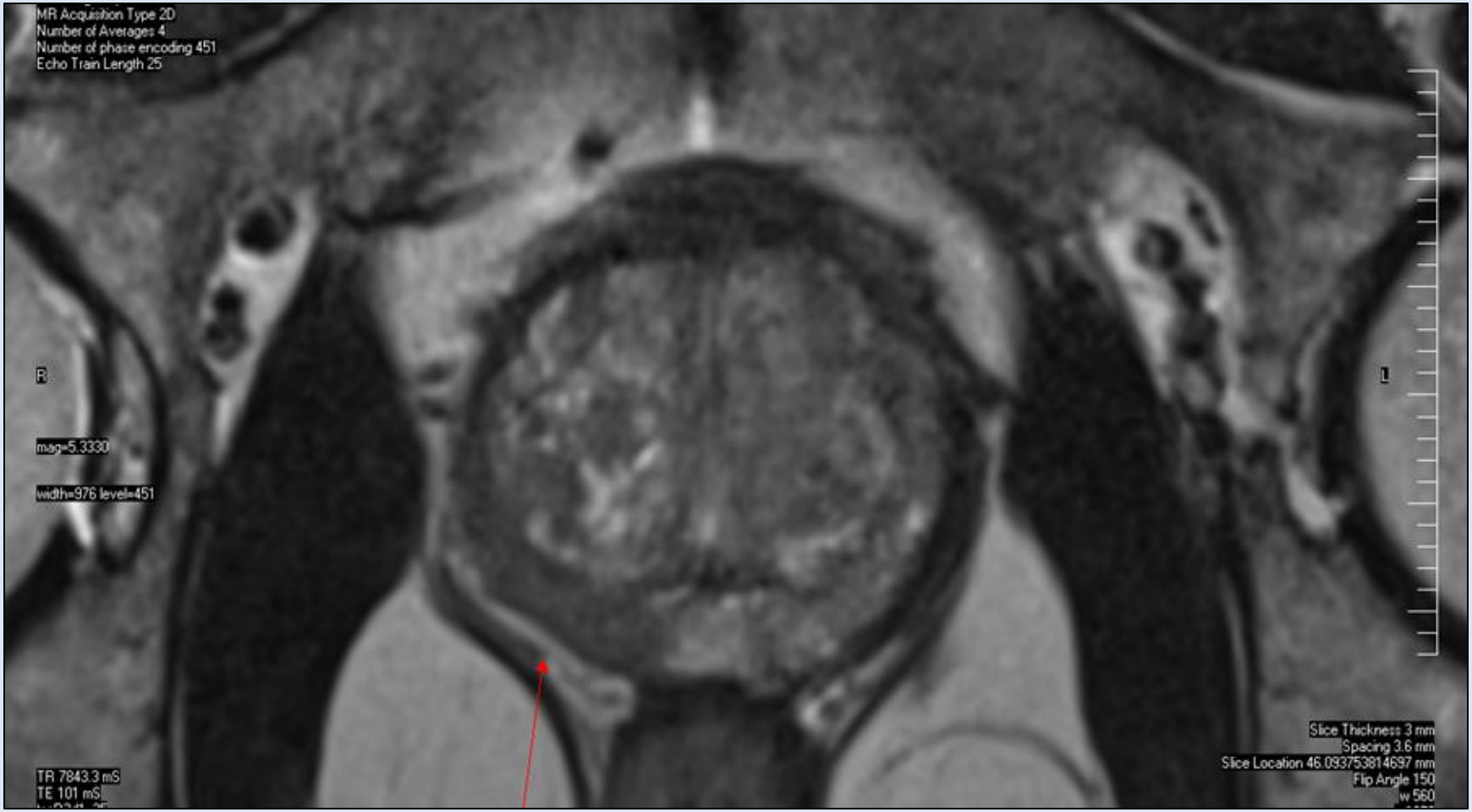
www.nature.com/pcan



nature publishing group npg


DAILY HAHA
YOUR DAILY
DOSE OF LAUGHS!

3T MRI of prostate showing tumour



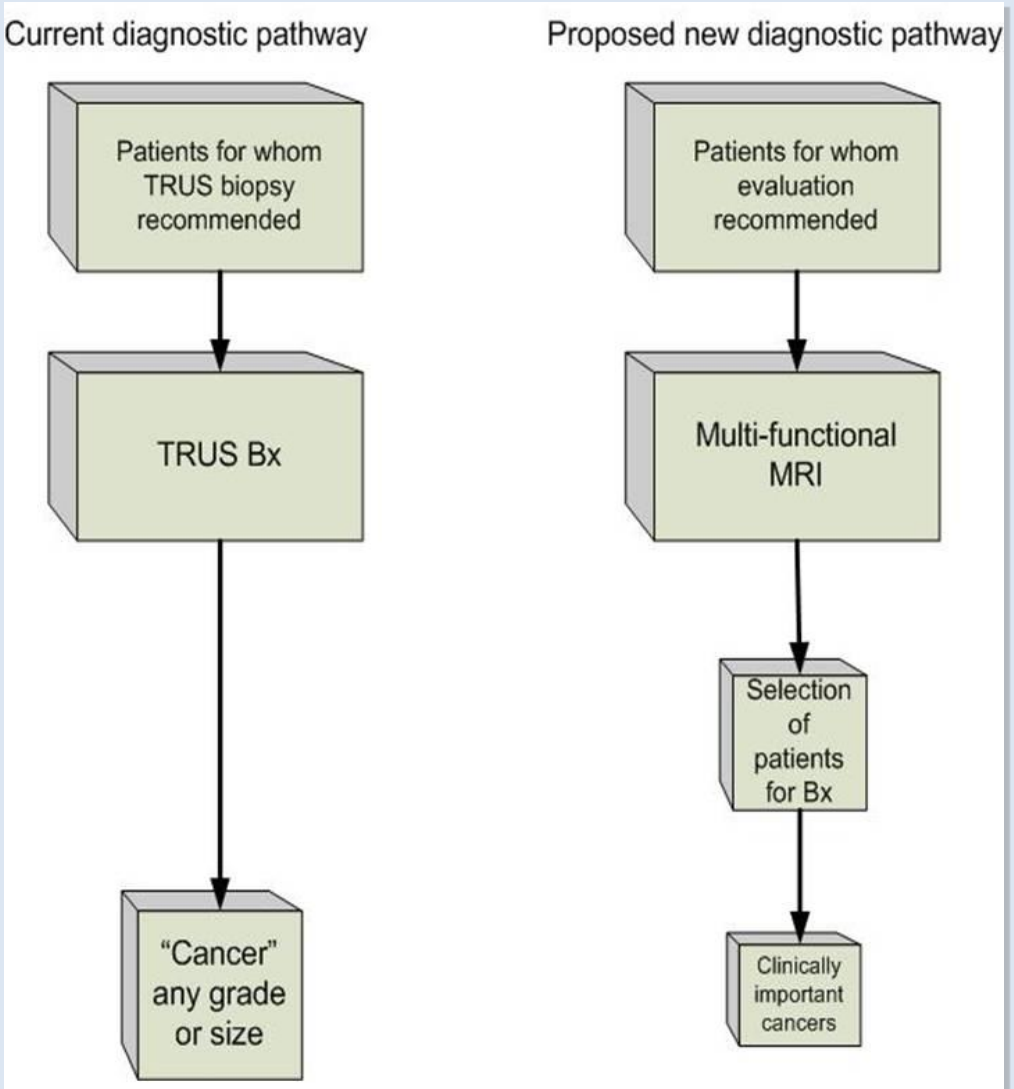
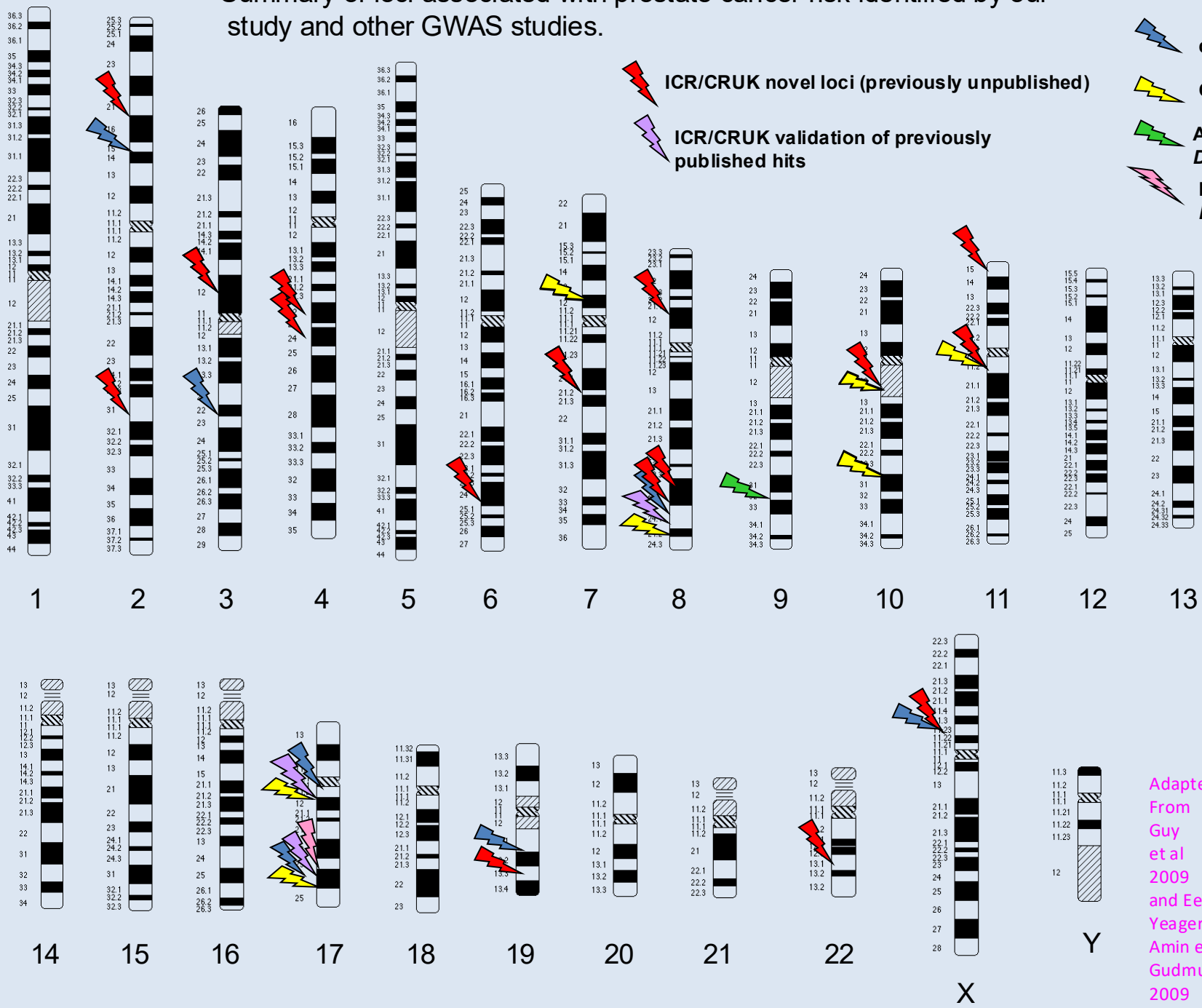


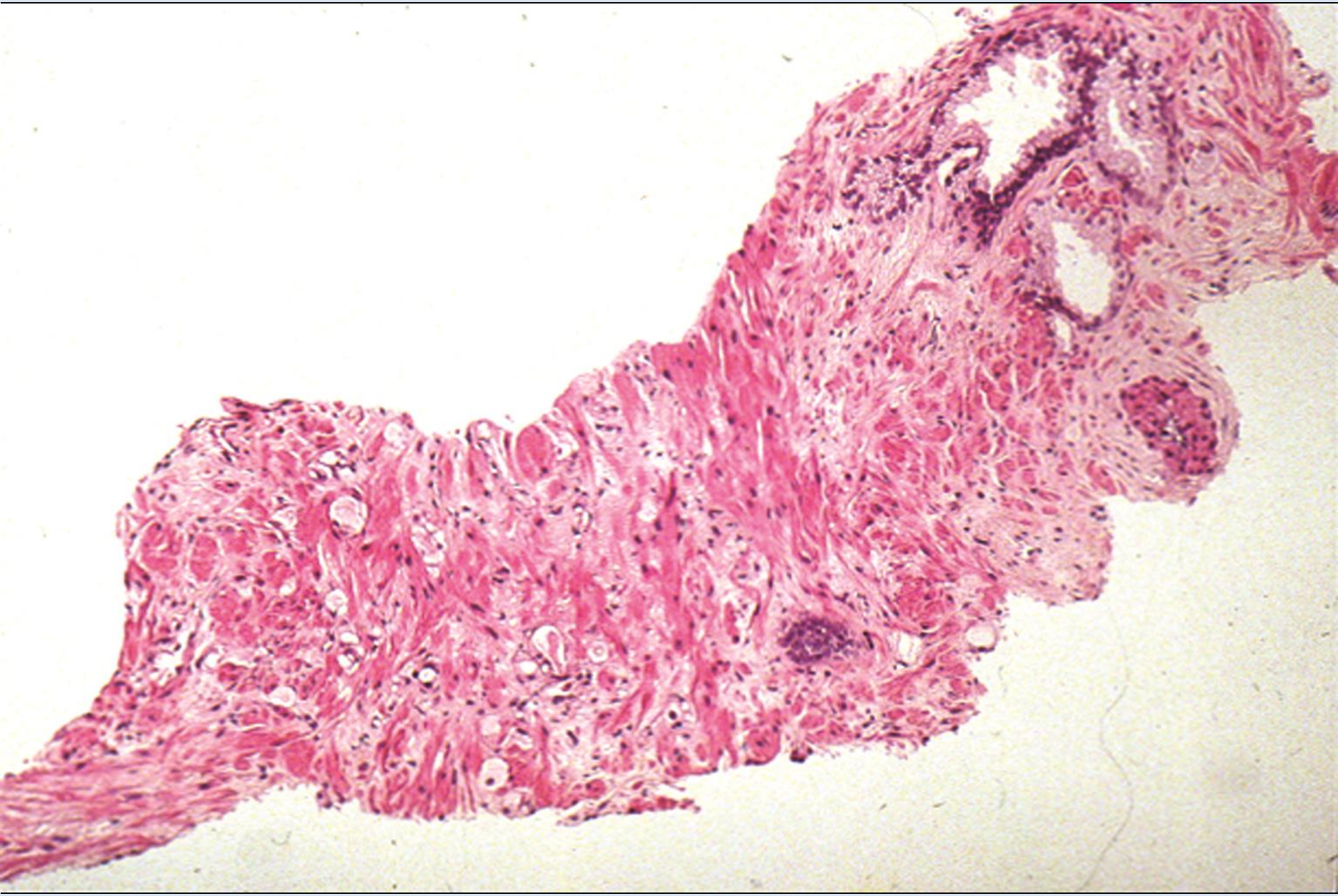
Figure 1: Representation of the current and proposed diagnostic pathway for prostate cancer

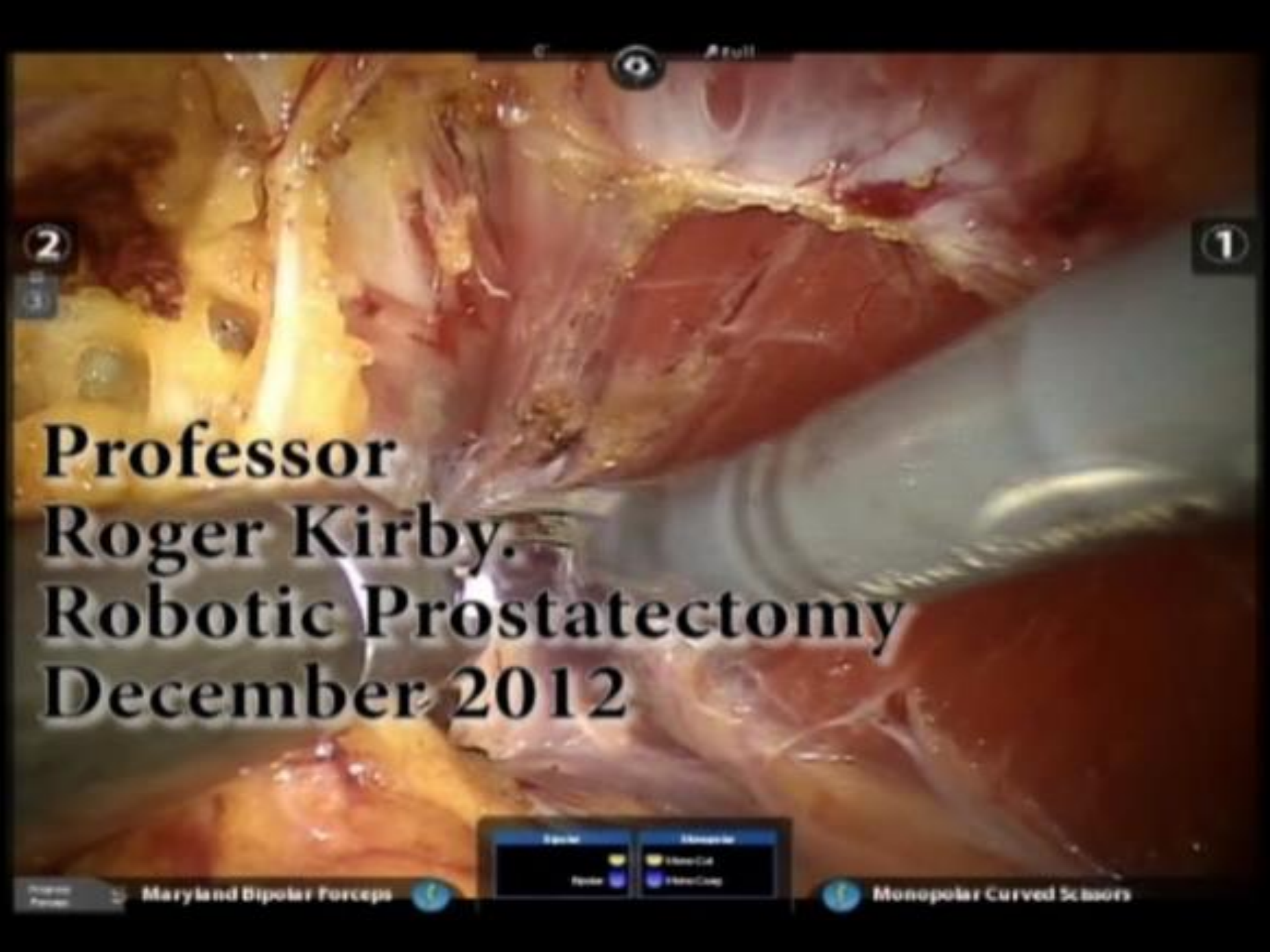
Distinguishing Pussy Cats from Dangerous Cats

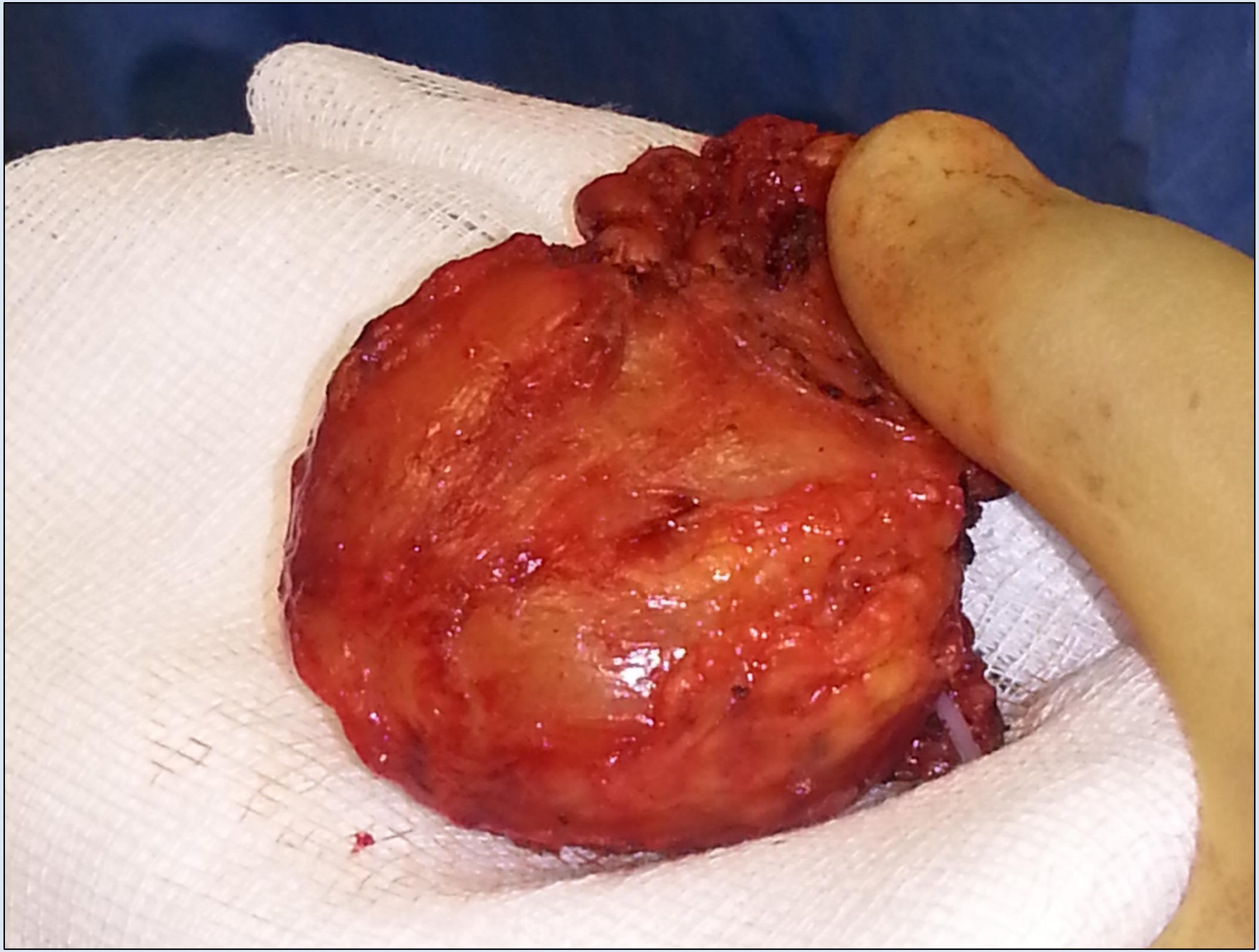
Summary of loci associated with prostate cancer risk identified by our study and other GWAS studies.

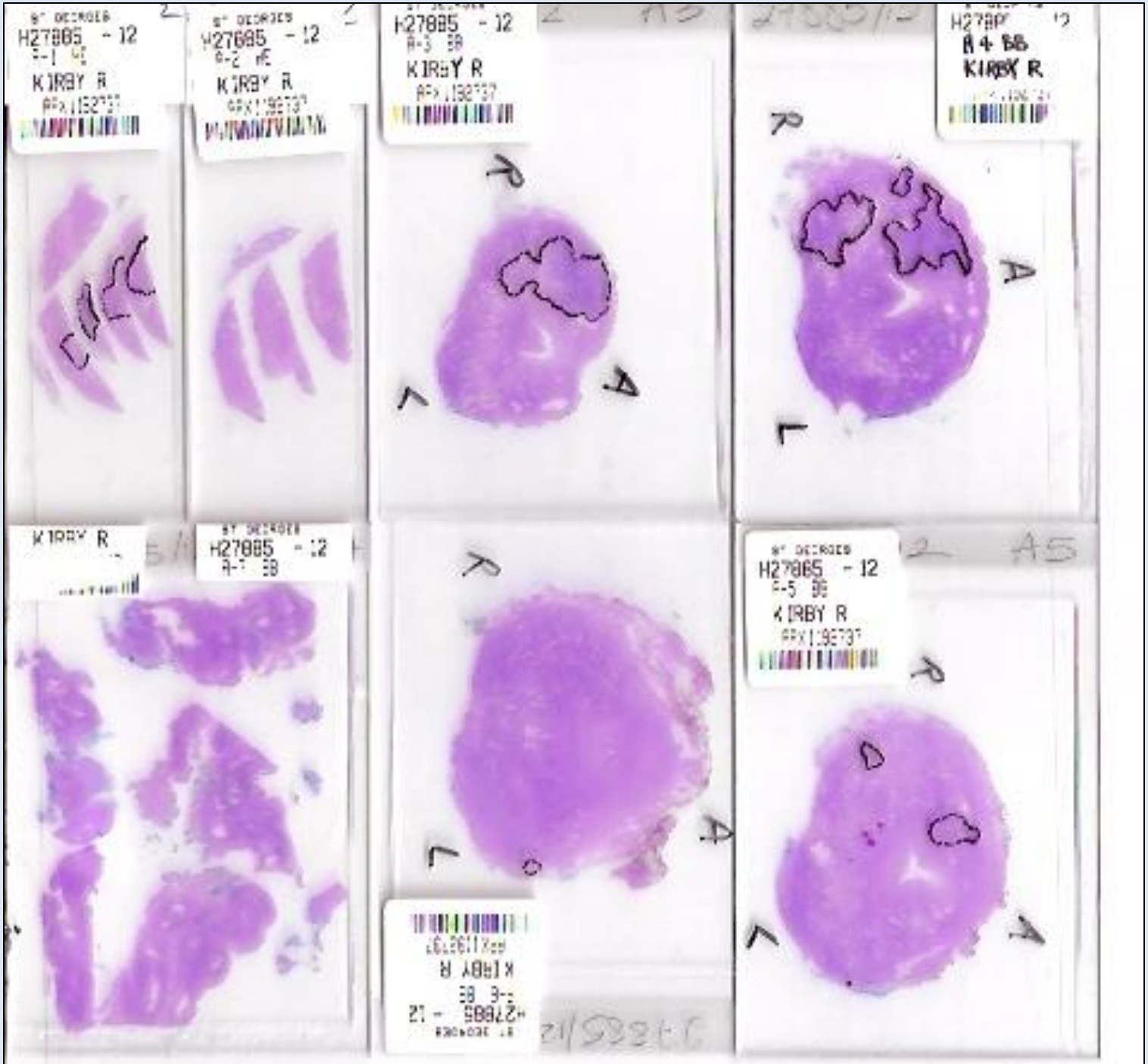


Adapted From Guy et al 2009 and Eeles et al 2009 Yeager et al 2009 Amin et al 2009 Gudmundsson et al 2009




Professor
Roger Kirby.
Robotic Prostatectomy
December 2012
Maryland Bipolar Forceps
Monopolar Curved Scissors




H27885 - 12
KIRBY R
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A DELICATE OPERATION

WHEN IT COMES TO FIGHTING PROSTATE CANCER, NOBODY IN BRITAIN HAS DONE MORE THAN PROFESSOR ROGER KIRBY. SO WHAT HAPPENED WHEN HE GOT IT HIMSELF? **SIMON GARFIELD** REPORTS FROM THE OPERATING THEATRE

A Tale of Four Prostates

A tale of four prostates

ROGER KIRBY, DAMIAN HANBURY, JOHN ANDERSON AND SEAN G. VESEY

Four urologists relate their personal experiences of prostate cancer and highlight some important learning points.

During the past two years, rather ironically, all four authors of this article, each a busy urologist in practice with an interest in prostate cancer, have themselves been diagnosed and treated for prostate cancer. Rather than hush it up, as if it were a dark secret, we decided that there would be some merit in terms of education, debate and awareness, if we were to make public the presentation and treatment of each of our four individual cases.

CASE 1: ROGER KIRBY

Roger Kirby, aged 62, an otherwise fit, asymptomatic individual who had measured his prostate-specific antigen (PSA) for more than a decade, noticed a gradual rise in PSA to 4.3ng/ml. 3-Tesla magnetic resonance imaging (MRI; Figure 1) revealed a suspicious focus in the right peripheral zone adjacent to but not penetrating the capsule. Transrectal ultrasound (TRUS)-guided biopsy confirmed Gleason 3+4=7 adenocarcinoma in three out of 12 cores. A bone scan was negative. A robotically assisted radical prostatectomy was performed, by Professor Prokar Dasgupta, without complications. Pathology confirmed complete excision of a Gleason 4+3=7 1.3cc tumour with invasion of the capsule but negative surgical margins. Recovery has been uneventful.

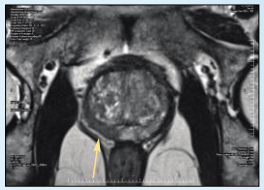


Figure 1. 3-Tesla magnetic resonance image of the prostate showing a suspicious focus in the right peripheral zone adjacent to but not penetrating the capsule

LEARNING POINTS

There are more than 1000 urologists presently practising in the UK. As there is a one in nine lifetime chance of being diagnosed with prostate cancer, the fact that there are at least four working urologists currently afflicted by the disease is probably not surprising. The four cases summarised here illustrate several important aspects of the management of prostate cancer, an area of medicine that is currently changing very rapidly.[1]

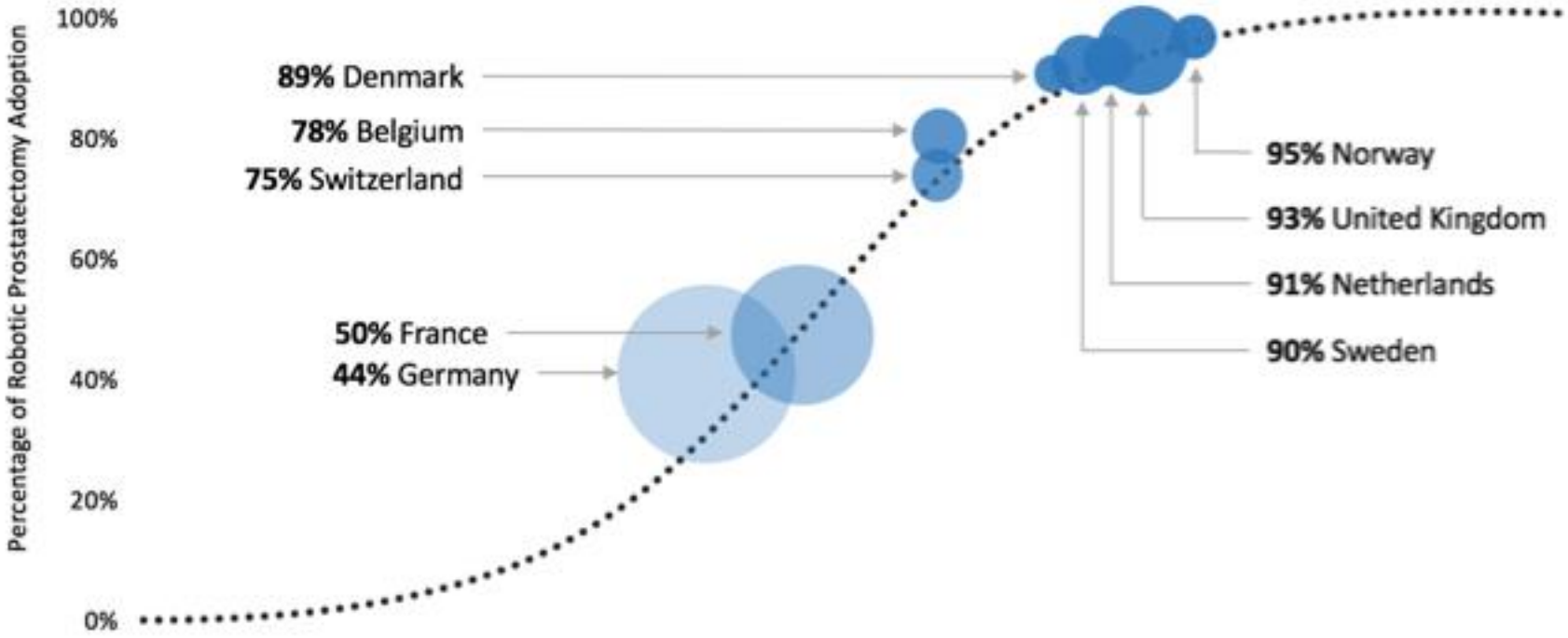
The first case (RK) illustrates the value of early detection using serial PSA testing in terms of diagnosing prostate cancer, while it is still confined within the capsule of the gland, and therefore potentially still curable. The results of the European Randomized Study of Screening for Prostate Cancer (ERSPC)[2] confirm that mortality from prostate cancer can be reduced by early detection, but the authors worry that the lives saved will be counterbalanced by those low-risk cases identified who are at risk of 'overtreatment'. In fact, thanks to the work of Parker[3] and Klotz,[4] and the publication of the NICE guidelines[5] on prostate cancer, the majority of patients with low-risk, Gleason pattern 3+3=6 prostate cancer are now managed by active surveillance rather than by surgery or radiotherapy.[6]

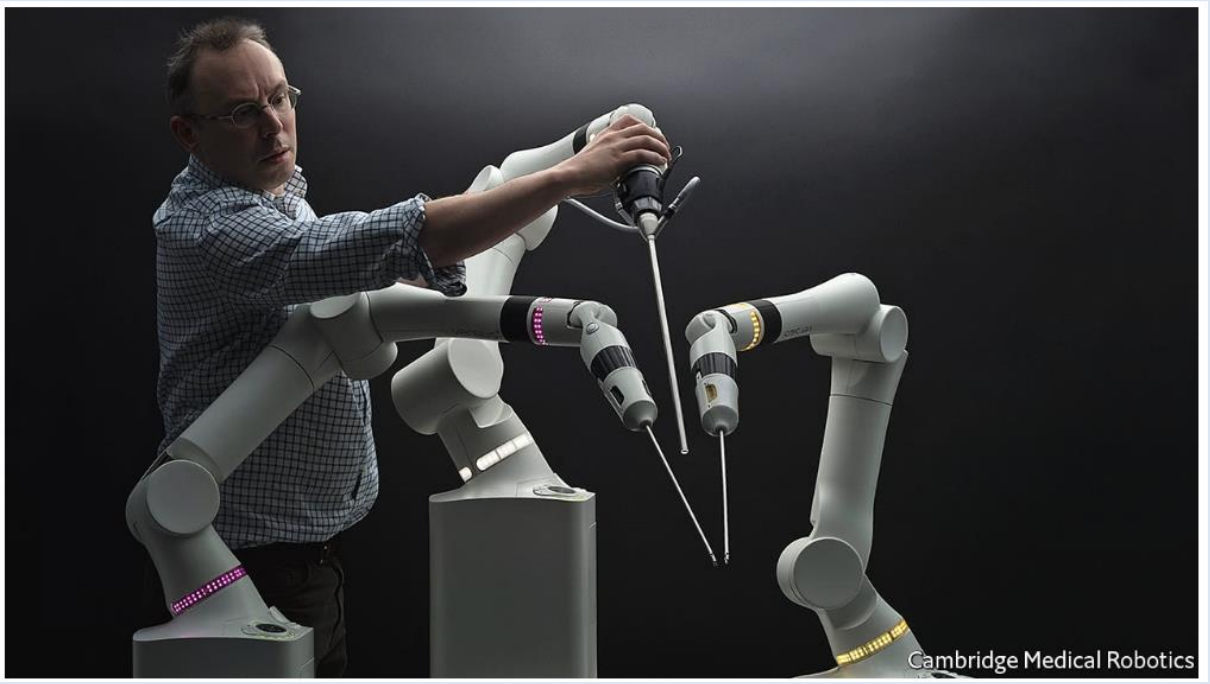
A second learning point from this case is the value of high-resolution 3-Tesla MRI scanning, with gadolinium enhancement, in identifying suspect areas within the gland that can be targeted by either transrectal or transperineal ultrasound-guided biopsy (see Figure 1). Comparison of the preoperative MRI scan with the prostate itself after robotic surgery confirms the accuracy of this technology in localising the tumour. This in turn aids the surgeon in achieving negative surgical margins.

Go to the *Trends* website to view a video discussion on this subject with the authors: www.trendsinurology.com/videos

Roger Kirby, *MA, MD, FRCS(Urol), FEBU, Director, The Prostate Centre, London;*
Damian Hanbury, *MS, FRCS(Urol), Consultant Urologist, The Lister Hospital, Stevenage, Herts;* ***John Anderson,*** *MB ChB, ChM, FRCS, Consultant Urologist, Royal Hallamshire Hospital, Sheffield;*
Sean G. Vesey, *FRCS, FEBU, Retired Consultant Urologist, Southport and Ormskirk Hospital NHS Trust, Merseyside*

RARP Adoption Curve by Country 2016

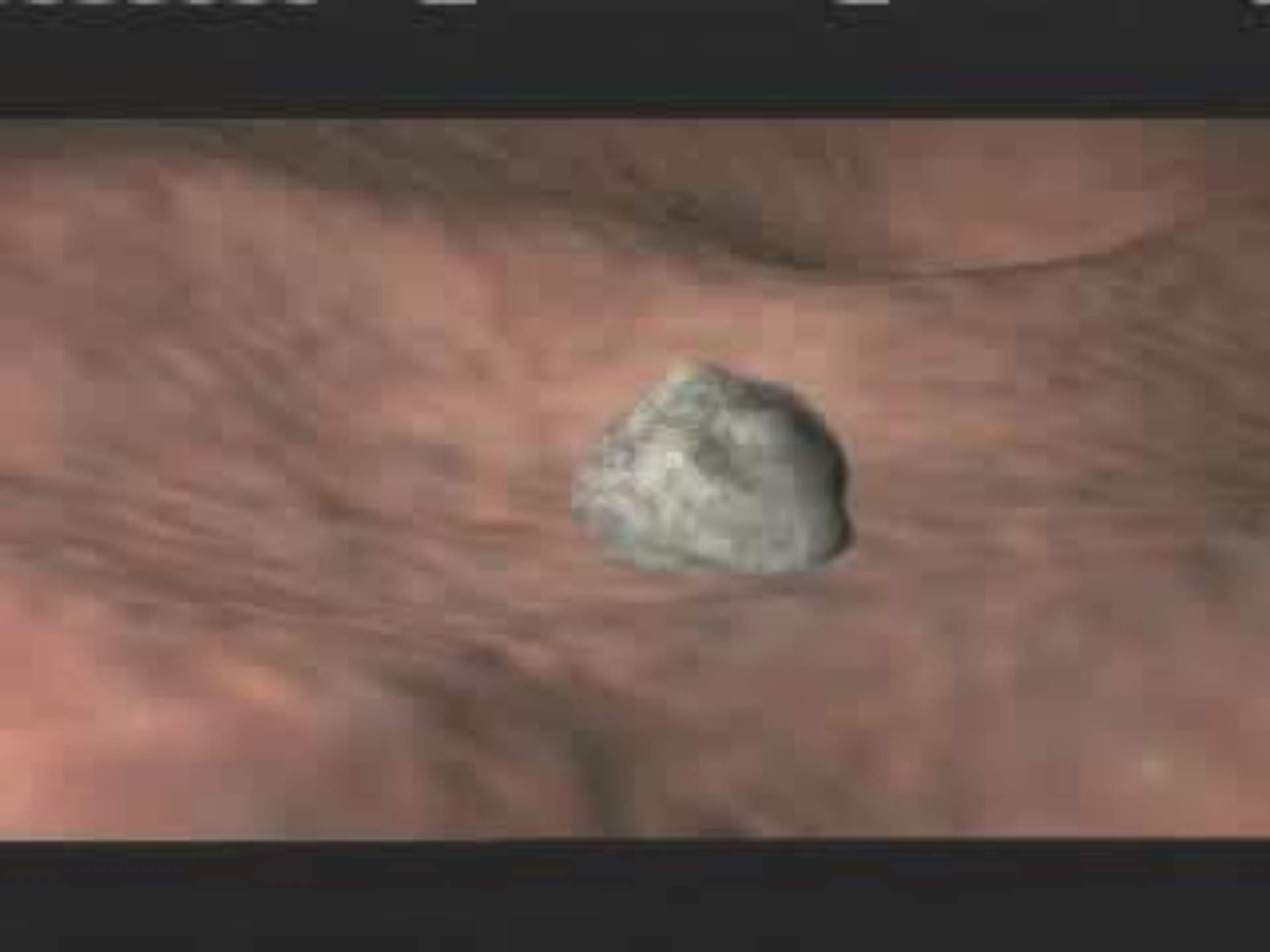


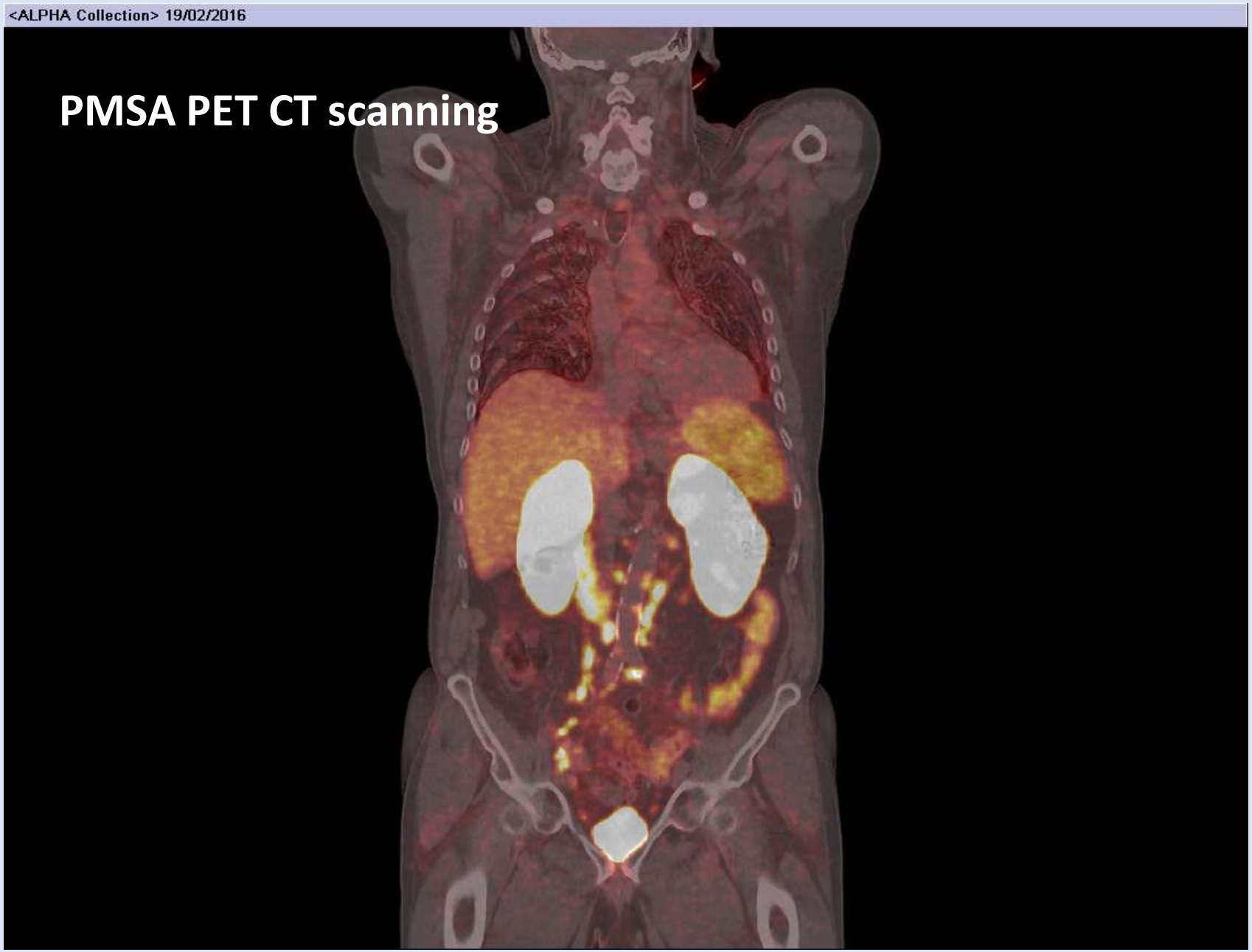

Cambridge Medical Robotics


Medtronic
hansen
MEDICAL


Medrobotics
Expanding the reach of surgery®
FLEX
Medrobotics
Medrobotics


SenhanceSurgery

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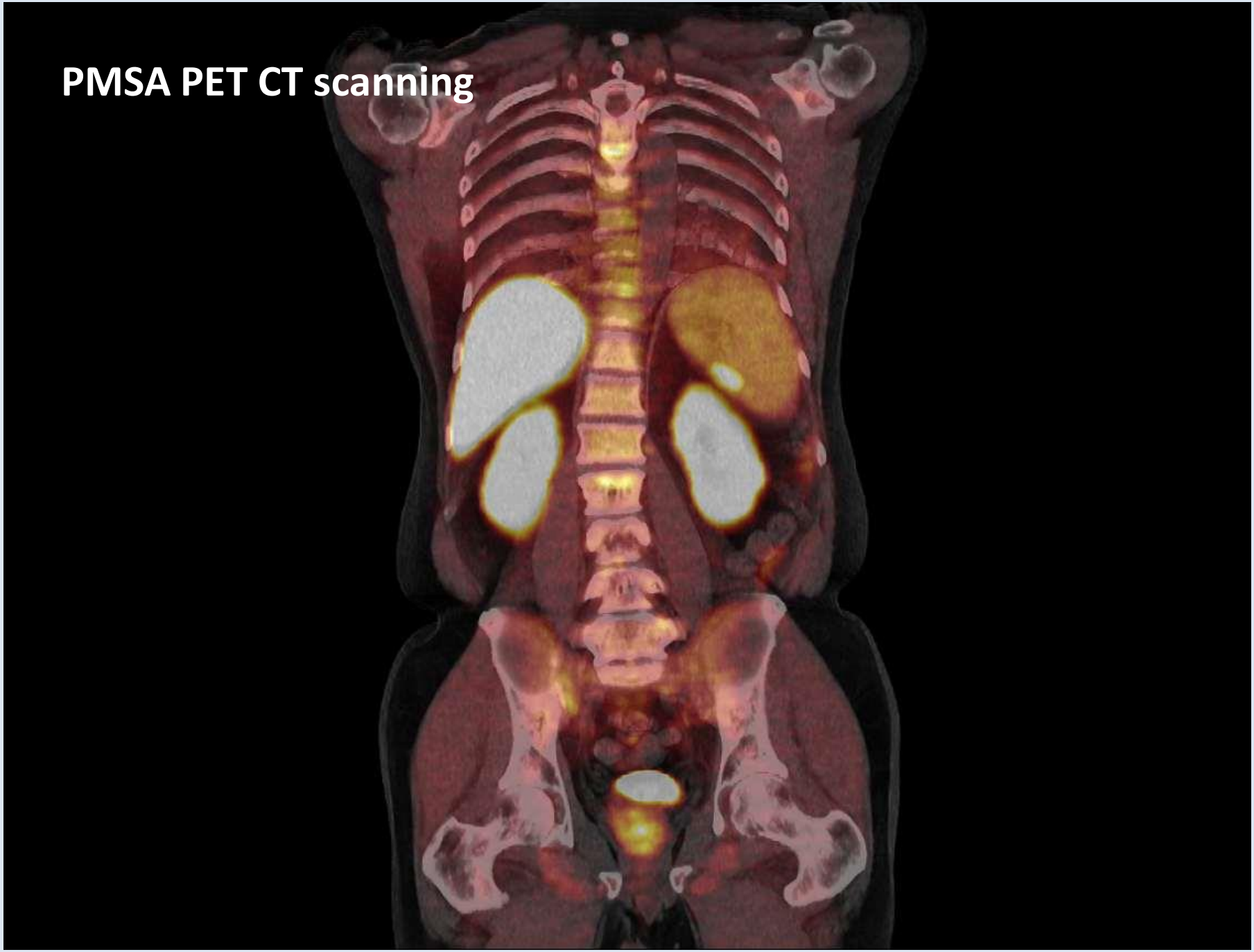
PMSA PET CT scanning

PMSA PET CT scanning



Prostate specific membrane antigen (PSMA)

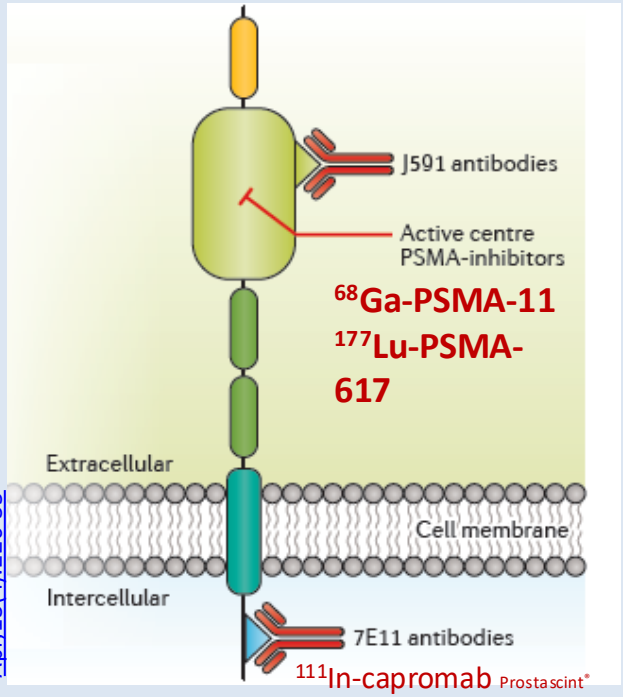
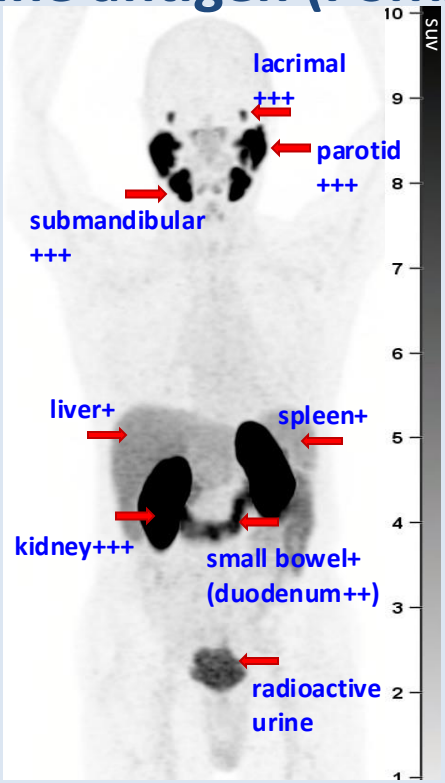


Image from Maurer T et al. Nat Rev Urol. 2016 Apr;13(4):226-35



- Type II transmembrane glycoprotein (FOLH1)
- Highly over-expressed in prostate cancer
- ↑↑ castrate-resistant metastatic disease

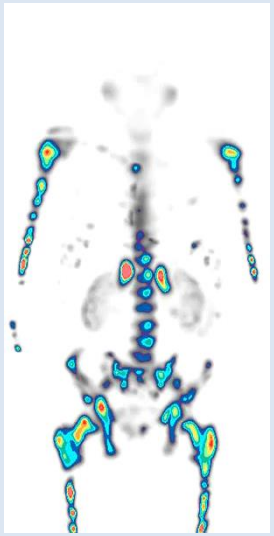
PSMA PET
normal biodistribution

MADRID 2017 ESMO congress

Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

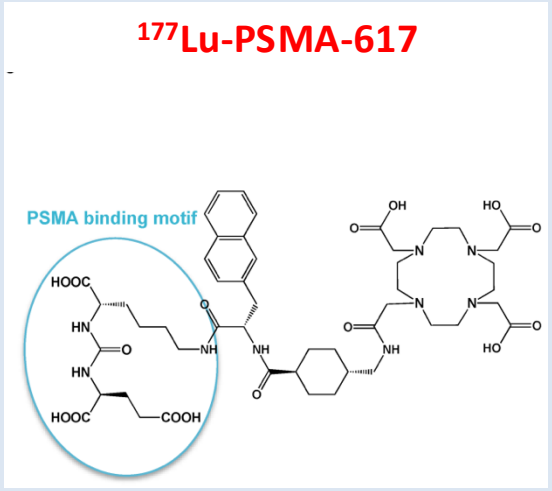
THERANOSTICS

TARGETED THERAPEUTIC + DIAGNOSTIC COMPANION

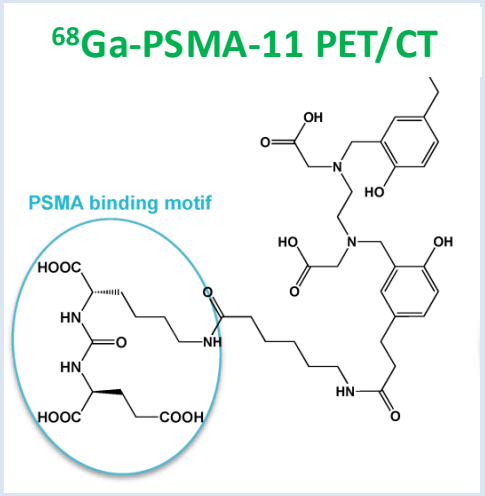


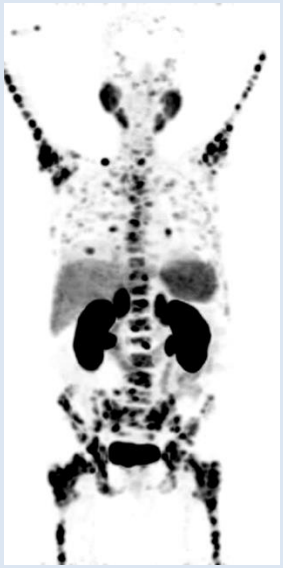
Post-therapy SPECT/CT

^{177}Lu-PSMA-617



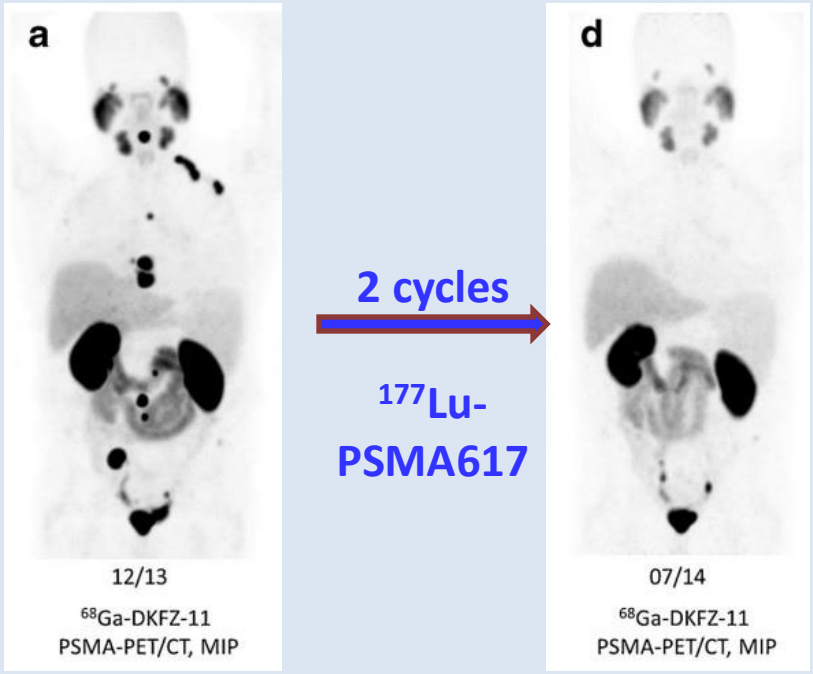
^{68}Ga-PSMA-11 PET/CT





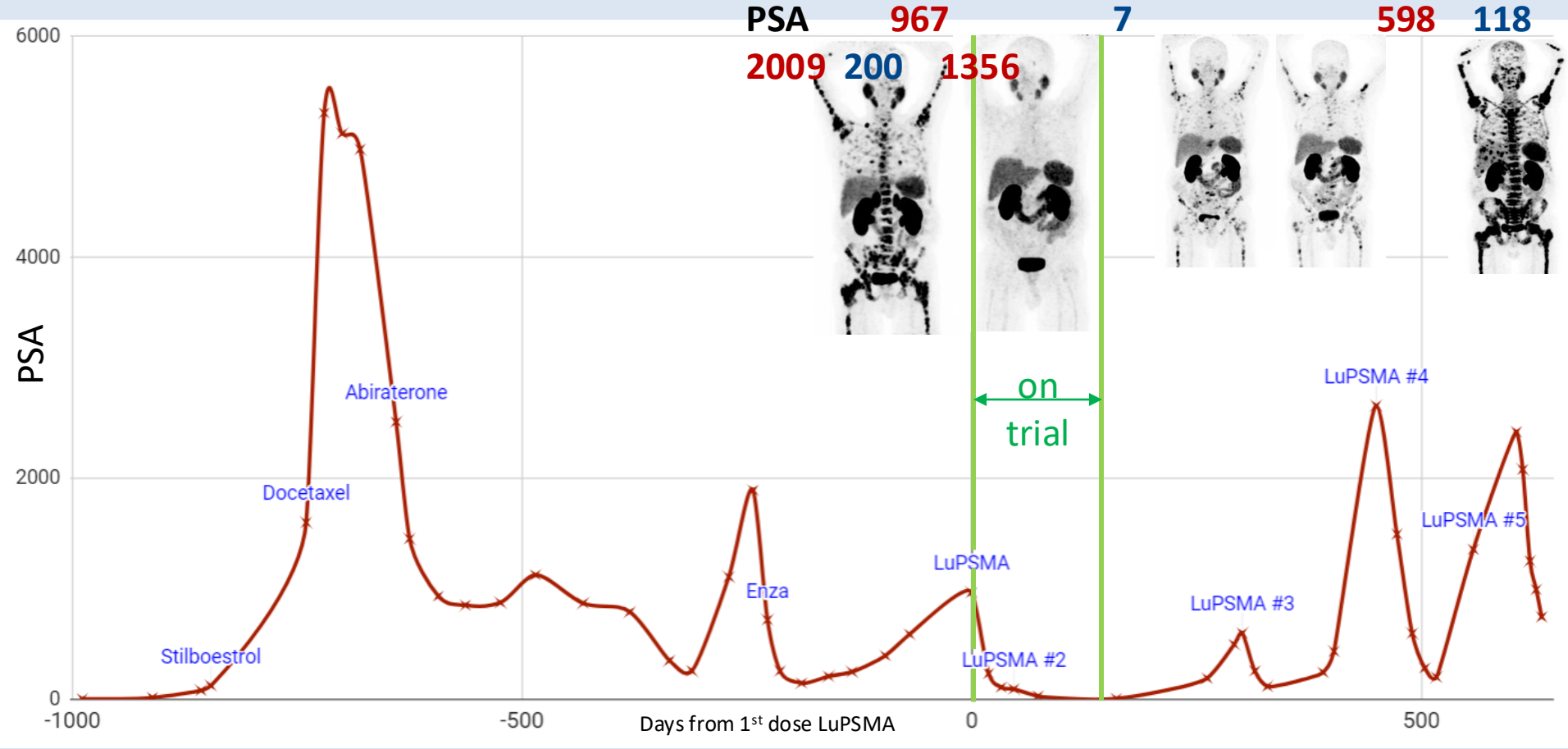
Pre-therapy PET/CT

First report of ^{177}Lu-PSMA617



Cratochwil et al, *Eur J Nucl Med Mol Imaging* 2015. DOI 10.1007/s00259-014-2978-1

Follow-Up Case: Intermittent Further Rx



STRENGTHS

- Important need
- First prospective data of LuPSMA
- Theranostics: see what you treat
- Encouraging activity: PSA>50% in 57%
- Highly targeted: limited toxicity

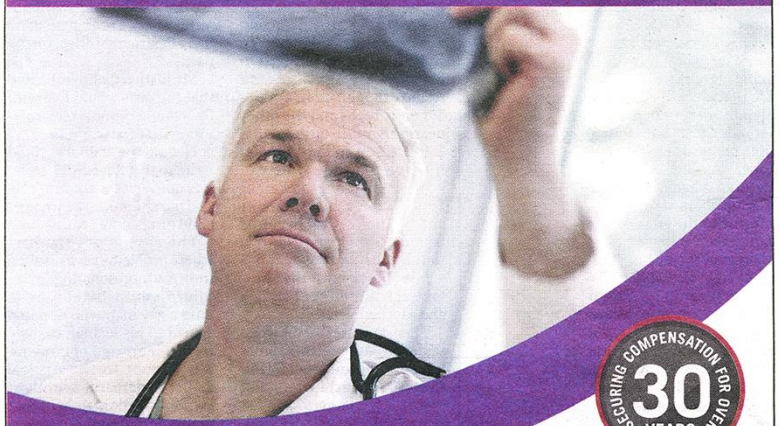
LIMITATIONS

- Single-centre study
  >10 years experience in ^{177}Lu therapy (DOTATATE in NET)
  radiopharmacy expertise
- Longer follow-up to identify any delayed toxicities
- No comparator arm: limits interpretation of PFS / OS and toxicity data

NHS Litigation “timebomb”

- Almost £1 billion paid out annually
- 15,137 new claims annually
- A recent rise of 82.5 %
- Current claims valued at £60 billion

Has your medical treatment gone wrong?



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THE Sun

WIN this Jag today

SEE PAGE 16

Man in coma after blunder

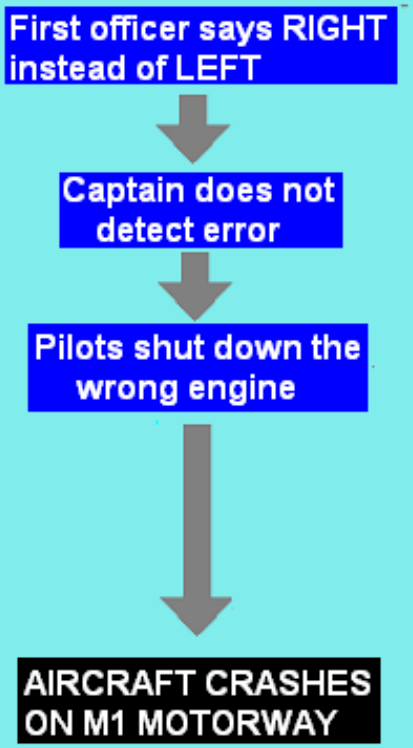
DOCS REMOVE THE WRONG KIDNEY

THE Sun

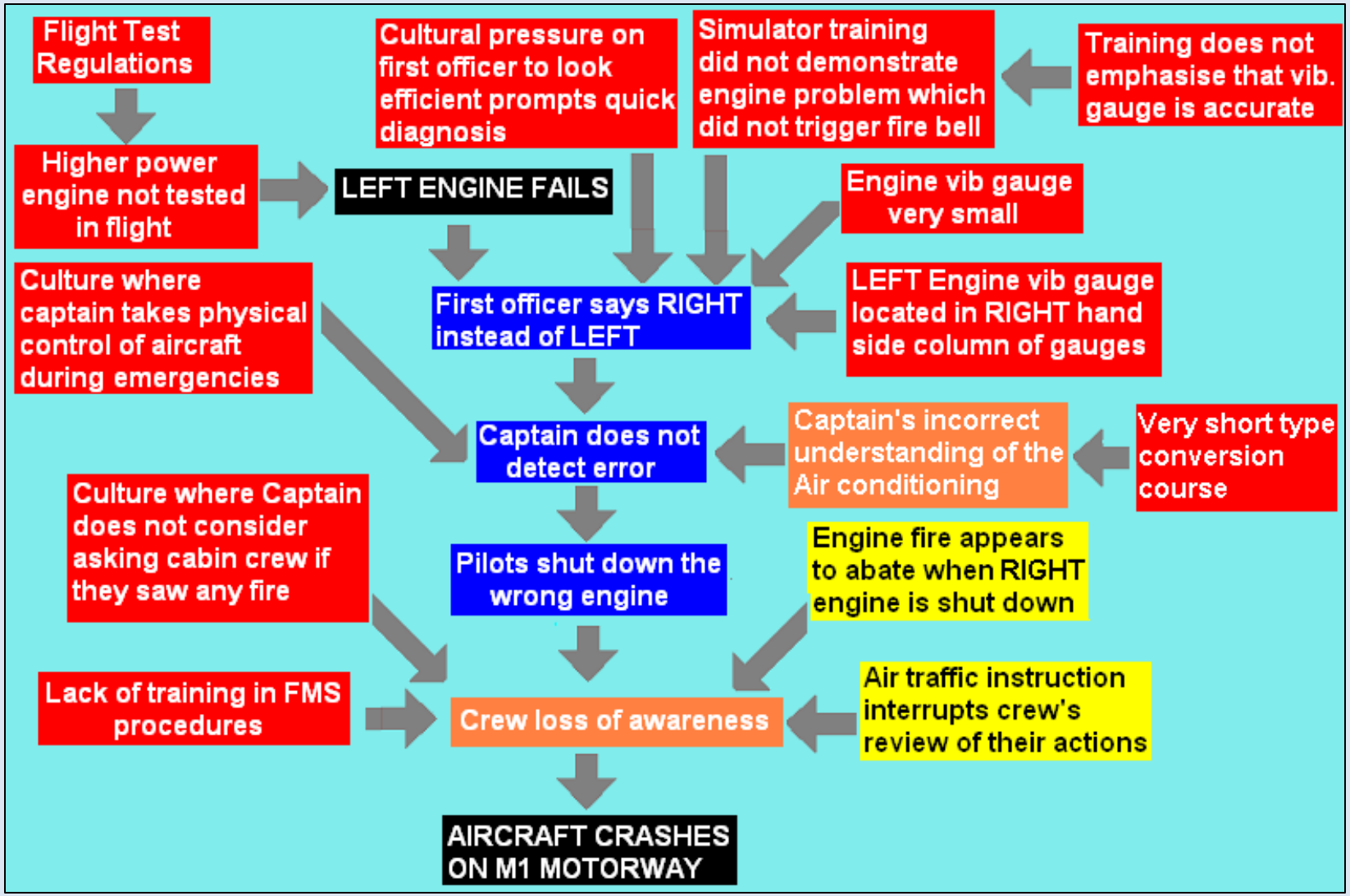
PILOTS SHUT DOWN THE WRONG ENGINE

Get your new Sun BINGO CARD

Human error

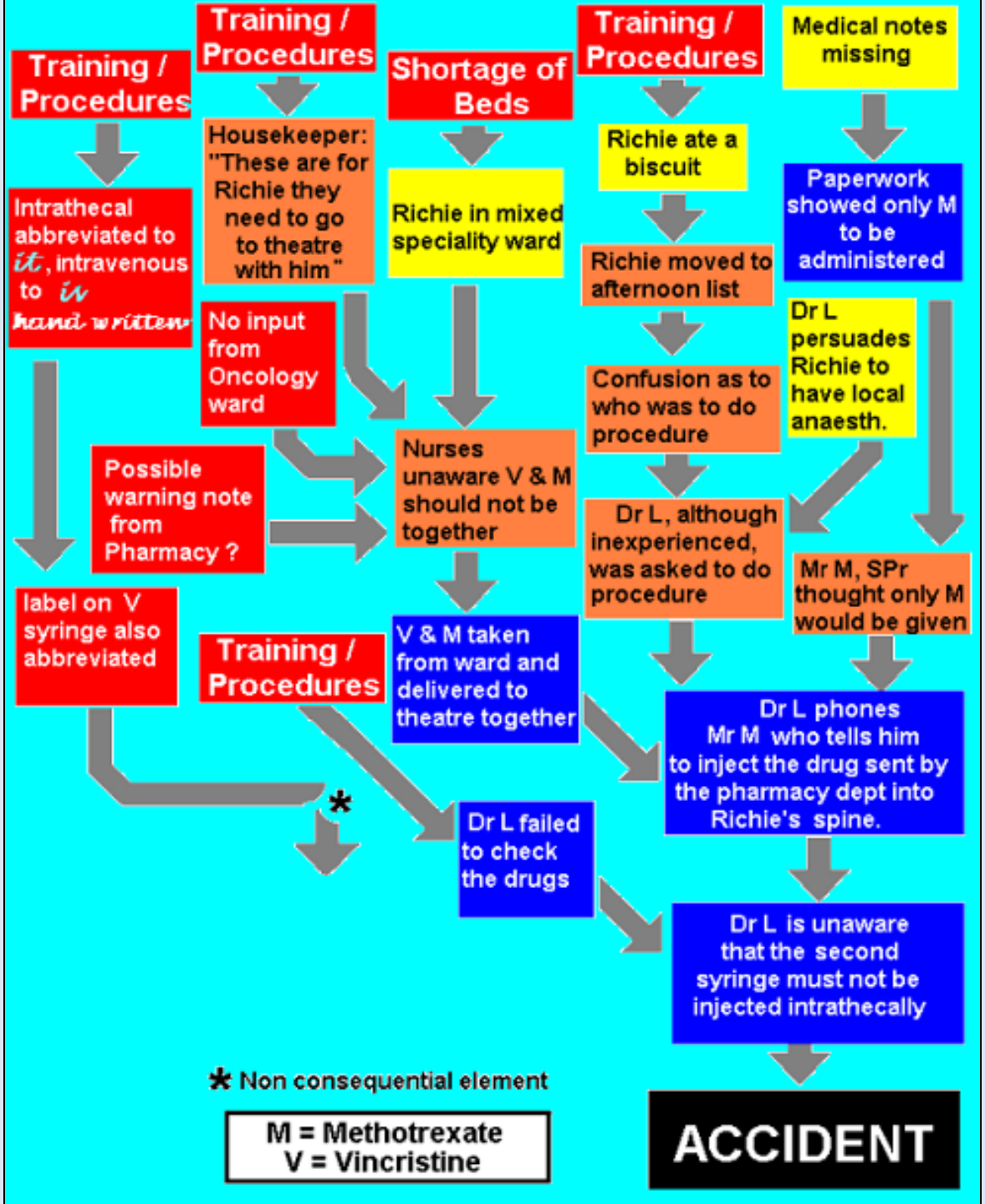

First officer says RIGHT instead of LEFT
Captain does not detect error
Pilots shut down the wrong engine
AIRCRAFT CRASHES ON M1 MOTORWAY

System failures / Human error / Bad luck



Case Study:Richie William

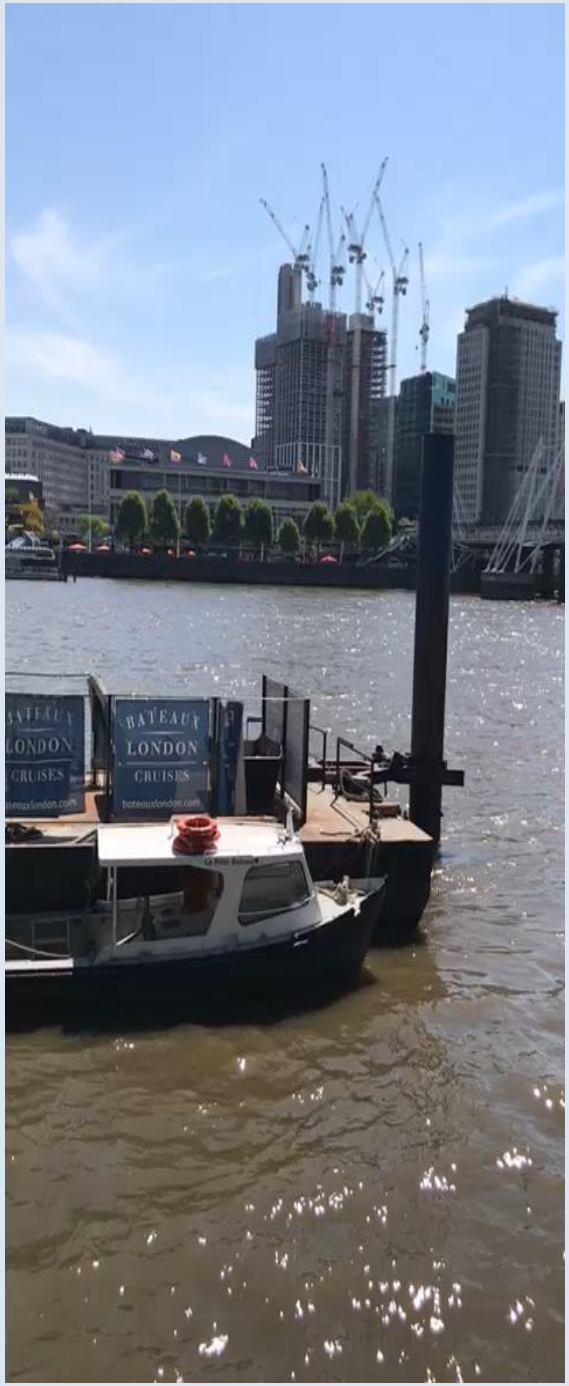
- T cell non-Hodgkin’s lymphoma
- Due to receive intravenous vincristine and intrathecal methotrexate

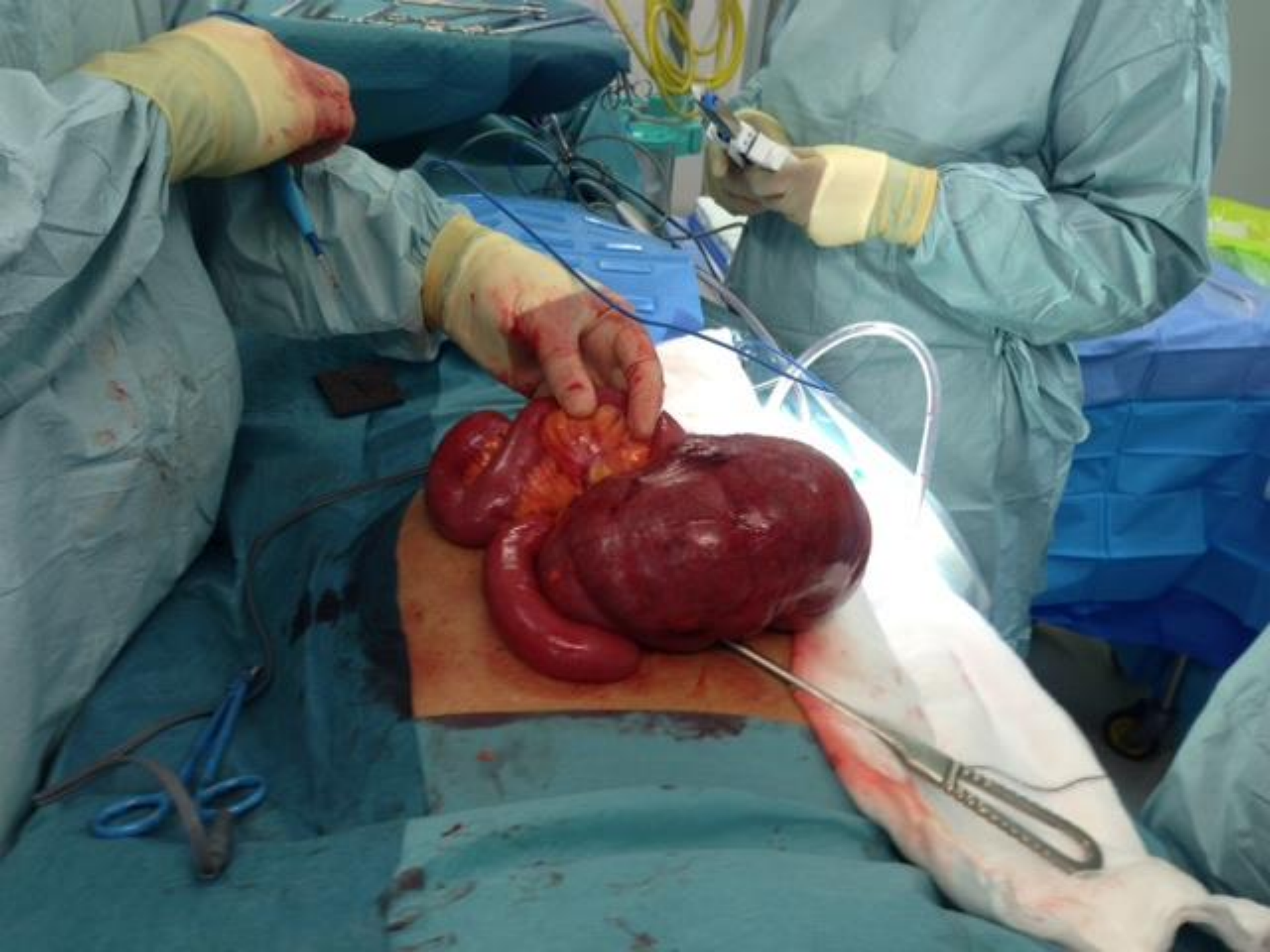

Training / Procedures
Training / Procedures
Shortage of Beds
Training / Procedures
Medical notes missing
Housekeeper: "These are for Richie they need to go to theatre with him"
Richie ate a biscuit
Paperwork showed only M to be administered
Intrathecal abbreviated to it, intravenous to iv hand-written
Richie in mixed speciality ward
Richie moved to afternoon list
No input from Oncology ward
Dr L persuades Richie to have local anaesth.
Confusion as to who was to do procedure
Possible warning note from Pharmacy ?
Nurses unaware V & M should not be together
Dr L, although inexperienced, was asked to do procedure
Mr M, SPr thought only M would be given
label on V syringe also abbreviated
Training / Procedures
V & M taken from ward and delivered to theatre together
Dr L phones Mr M who tells him to inject the drug sent by the pharmacy dept into Richie's spine.
*
Dr L failed to check the drugs
Dr L is unaware that the second syringe must not be injected intrathecally
* Non consequential element
M = Methotrexate
V = Vincristine
ACCIDENT

Richie William

- “The real errors were to allow a situation to exist where you had the two drugs together in theatre with an untrained doctor with the expectation that he would administer them.”
- **- Professor Alan Aitkenhead**


BUILDING
A COUNTRY
THAT WORKS
OR EVERYONE
BUILDING A COUNTRY
THAT WORKS
FOR EVERYONE

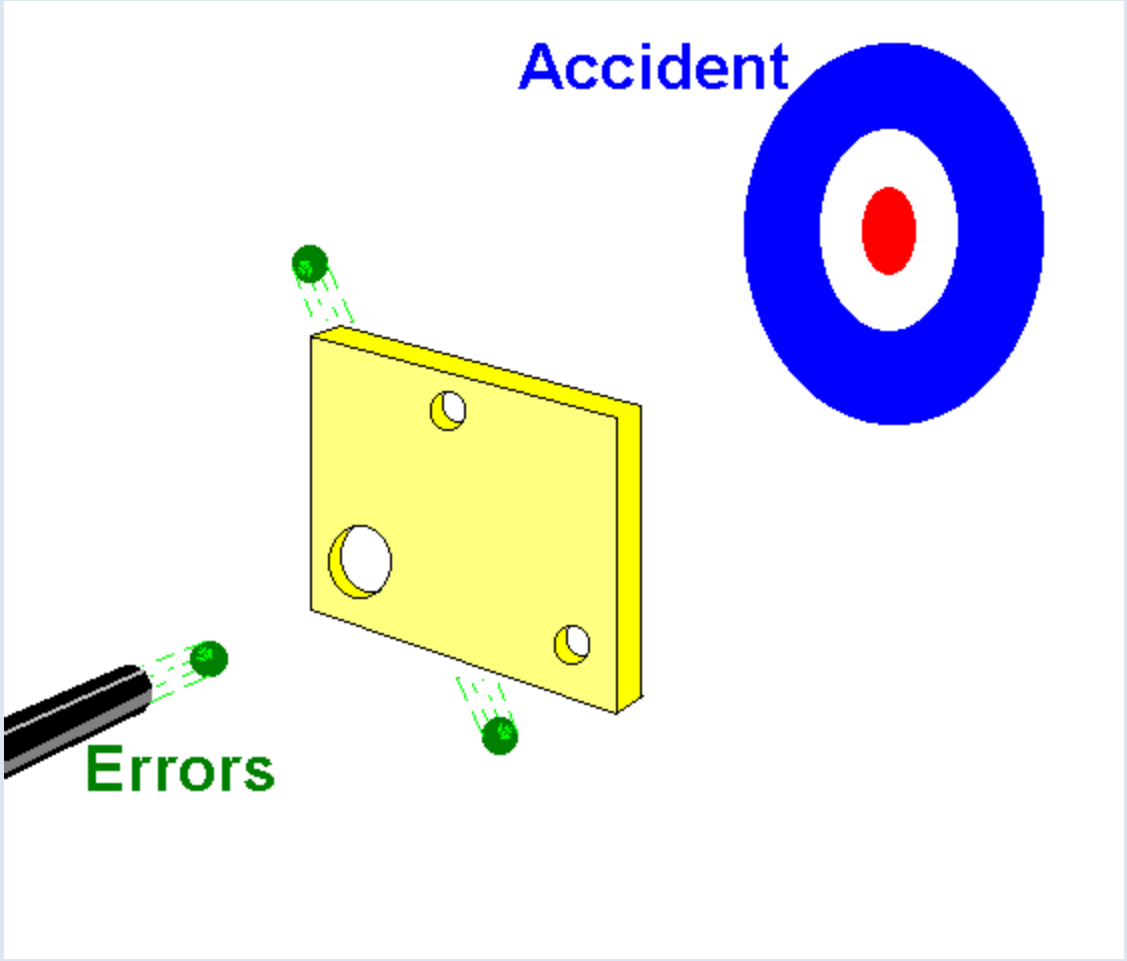

BATEAUX
LONDON
CRUISES
BATEAUX
LONDON
CRUISES



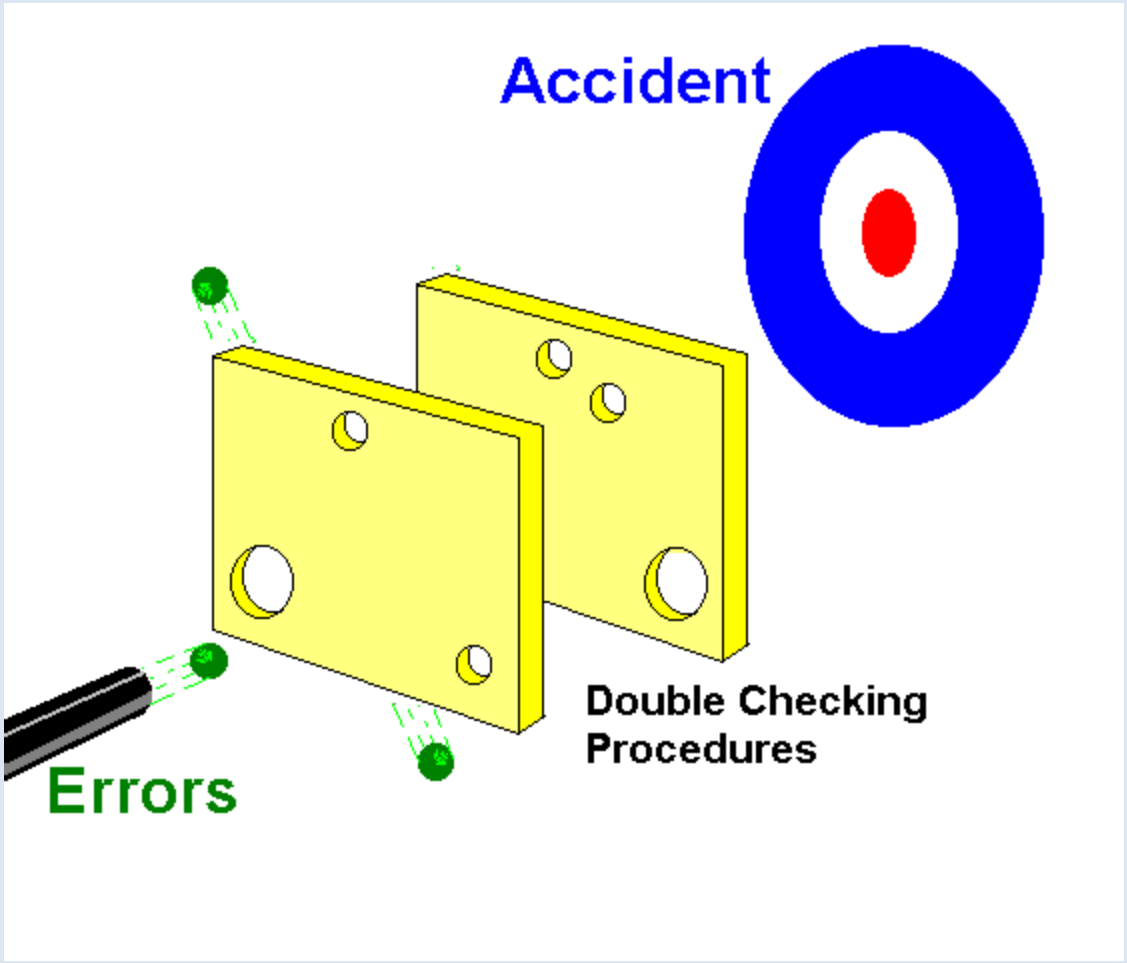
Dealing with Mistakes and Complications

- Freely admit and face up to the problem
- Request help if appropriate
- Rectify the situation
- Apologise for the error to patient and family ("Duty of Candour")
- Write scrupulous notes
- Keep a steady nerve!

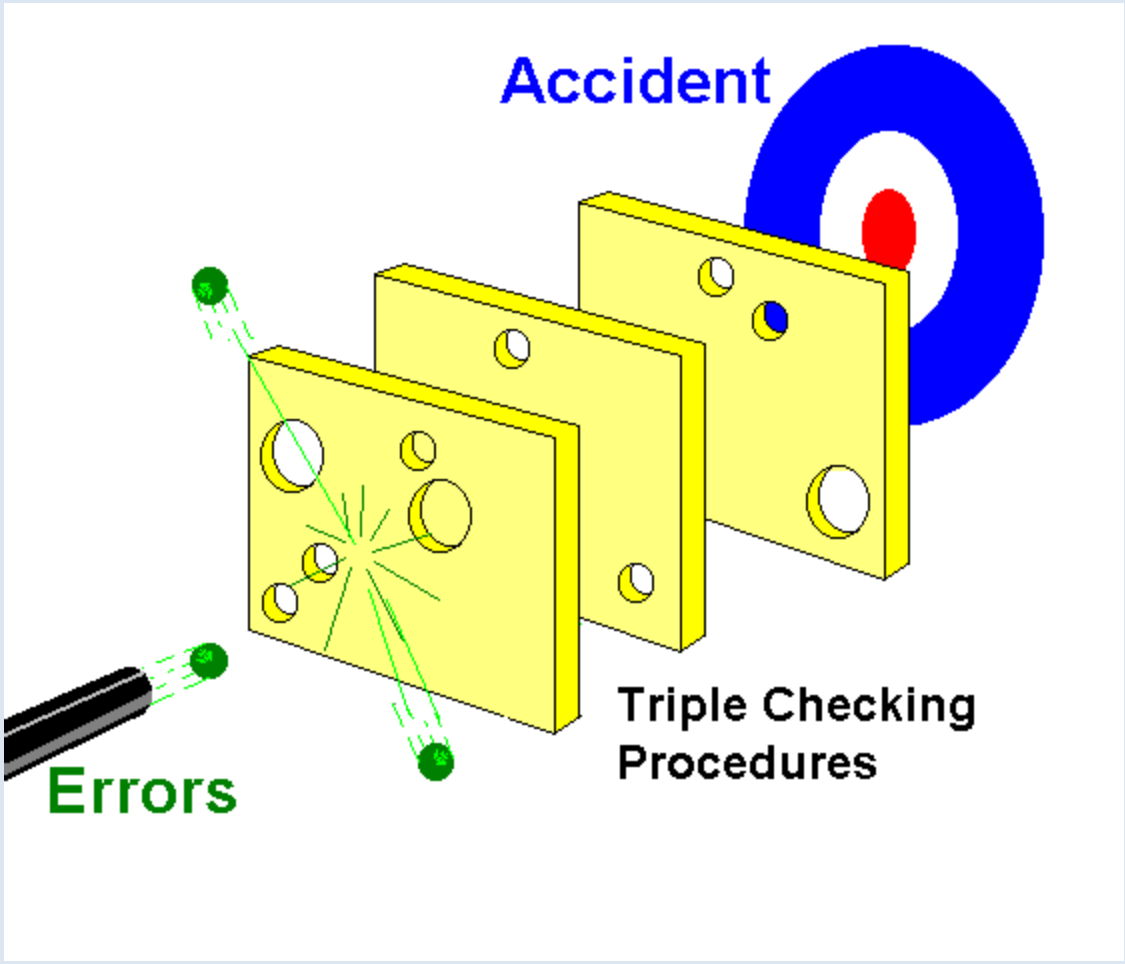
Swiss Cheese Model



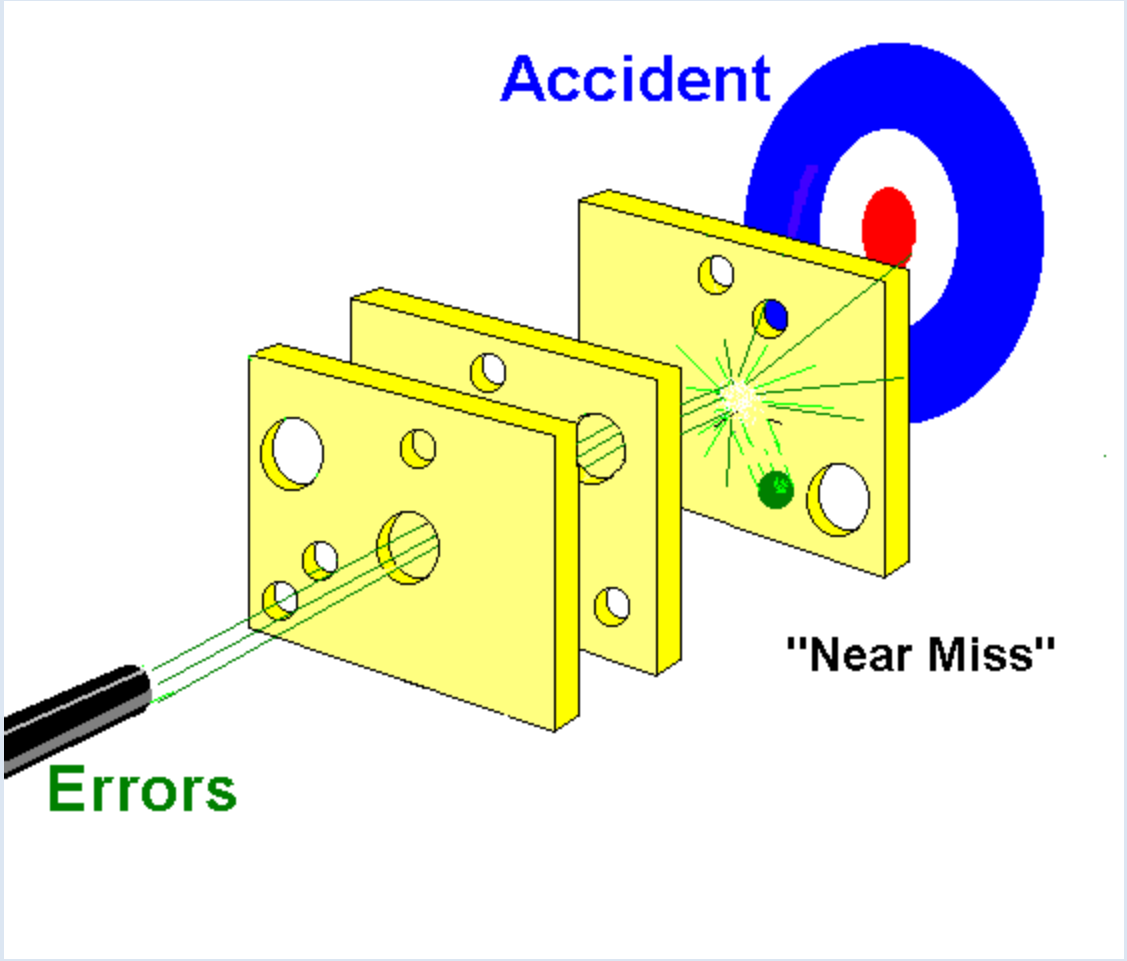
Swiss Cheese Model



Swiss Cheese Model



Swiss Cheese Model

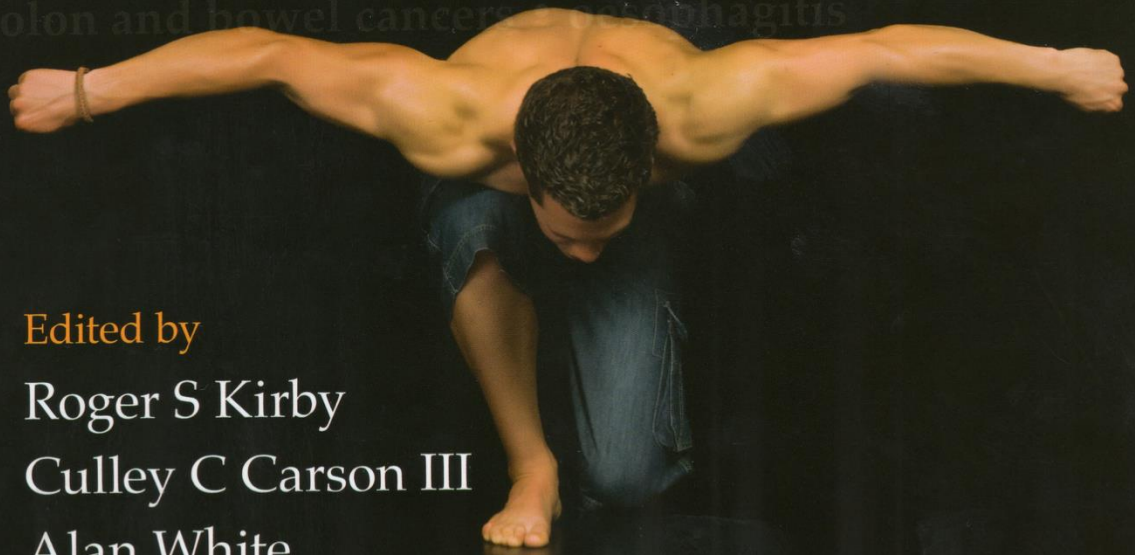


Seven Deadly Sins of Surgery

- Wrong side/site surgery
- Inadequate/altered documentation
- Poor communication
- Hubris/arrogance/anger
- Poor time management
- Lack of probity/candour
- Breach of confidentiality

men's health

Third Edition



Edited by
Roger S Kirby
Culley C Carson III
Alan White
Michael G Kirby

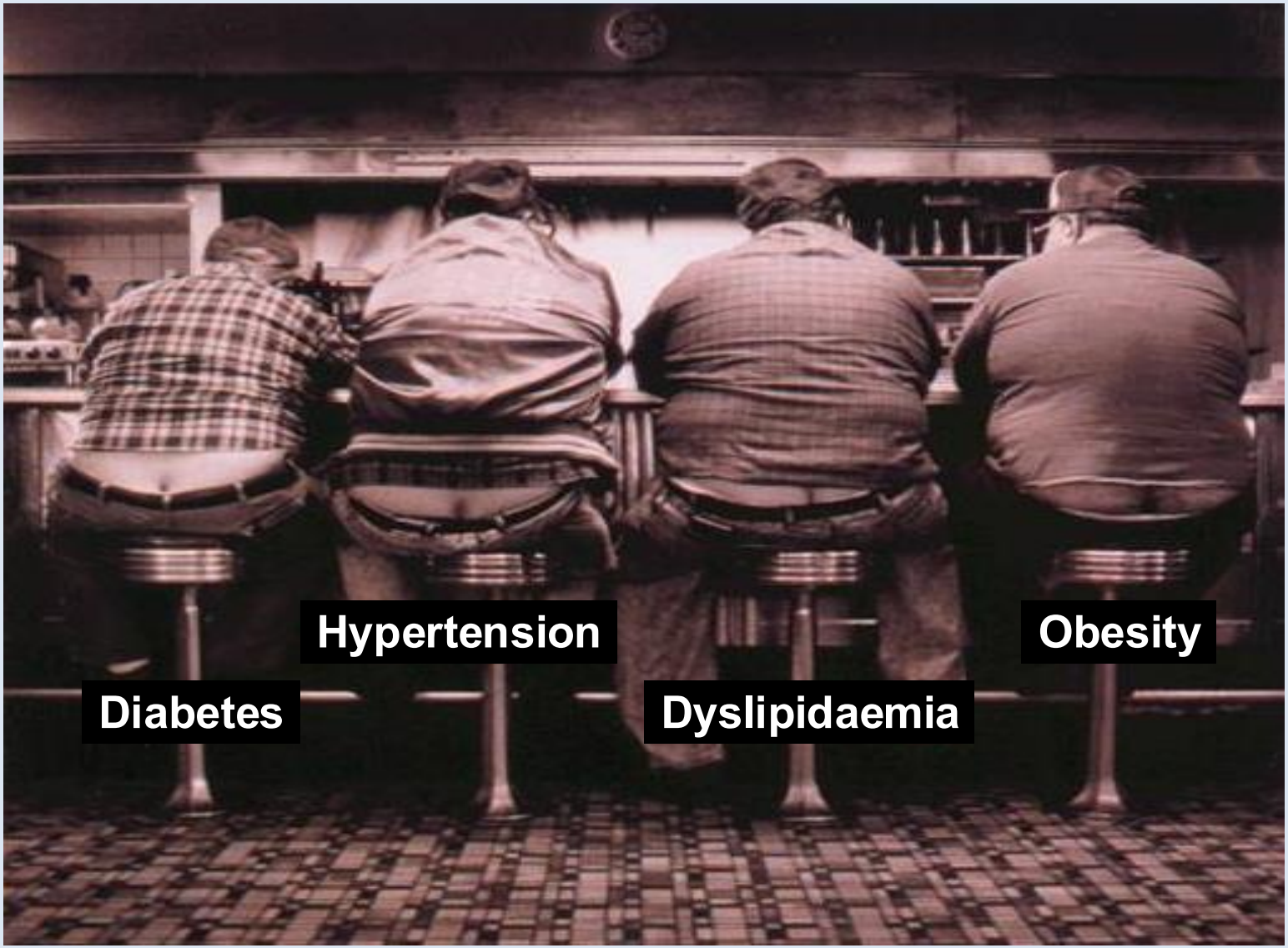
informa
healthcare

Seven Unhealthy Habits of Men

- Risk taking – HIV etc
- Reluctance to visit the doctor
- Smoking
- Alcohol/Drugs
- Stress/Anger/Aggression
- Central Obesity
- Diet/Lack of Exercise

Is More Better?

The metabolic syndrome



Getting to a better **PLACE**

- **P**ortion control
- **L**ose the booze
- **A**xe the snacks
- **C**ut the carbs
- **E**xercise every day

Getting to a better PLACE

Obesity is currently reaching epidemic proportions and is a significant risk factor for heart disease and diabetes. Following these five simple rules can help you shed unwanted weight.

Portion control

The quantities of food served and eaten are generally too generous, resulting in more calories being taken in than are required. Just cutting down on the portions on your plate can make a huge difference – as can refusing second helpings.

Lose the booze

Alcohol intake continues to rise and many people have managed to convince themselves that wine drinking, especially red wine, is healthy. In fact, most alcoholic drinks are highly calorific, and beer drinking especially is associated with unsightly and unhealthy central obesity. You don't need to cut it out altogether – moderation is the key!

Avoid snacking

Cutting out food in between meals is a good way of achieving calorie control. Most snacks are loaded with either calories or salt or both. Always sit down to eat – 'never eat on two feet' is a good maxim.

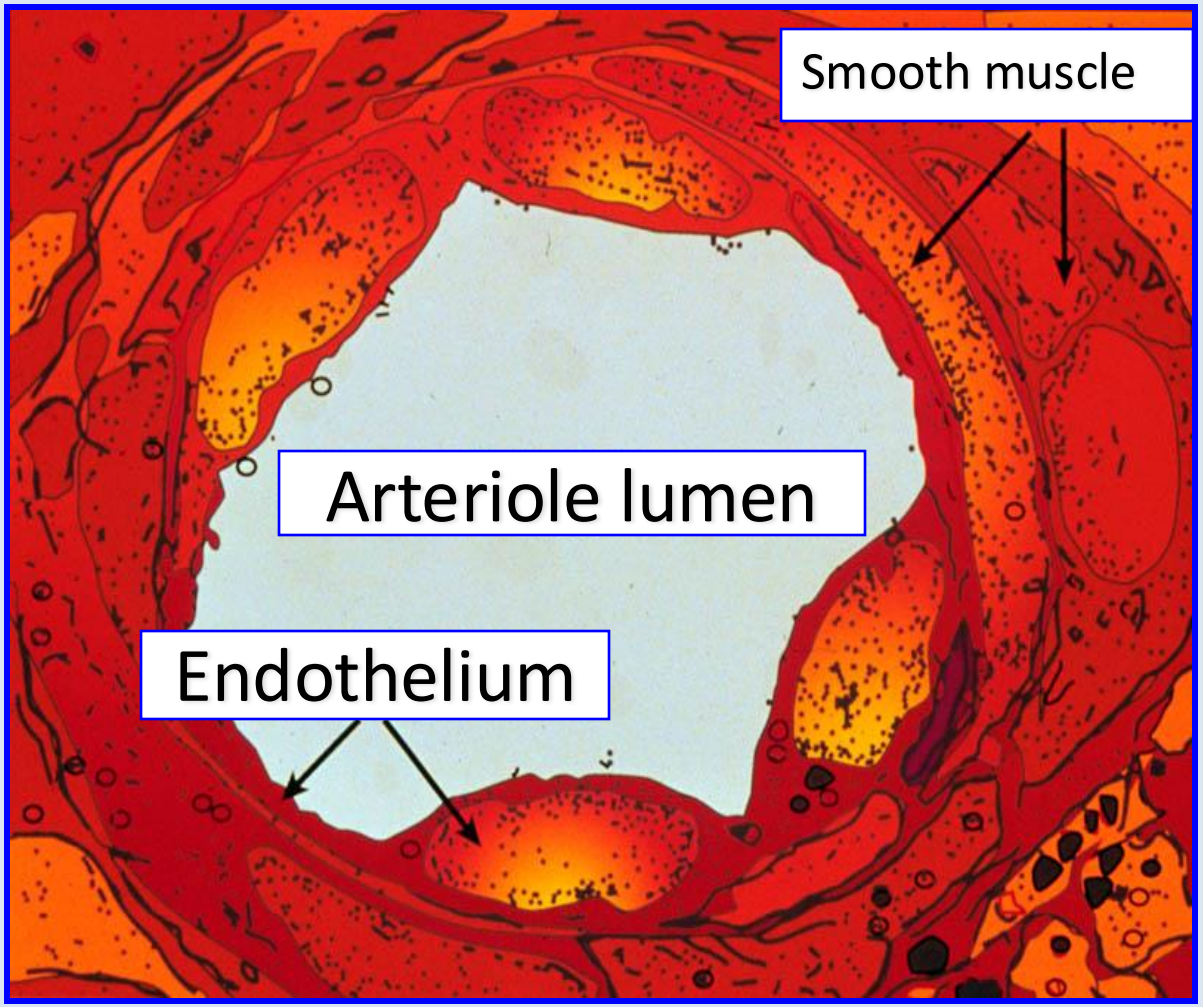
Cut the carbs

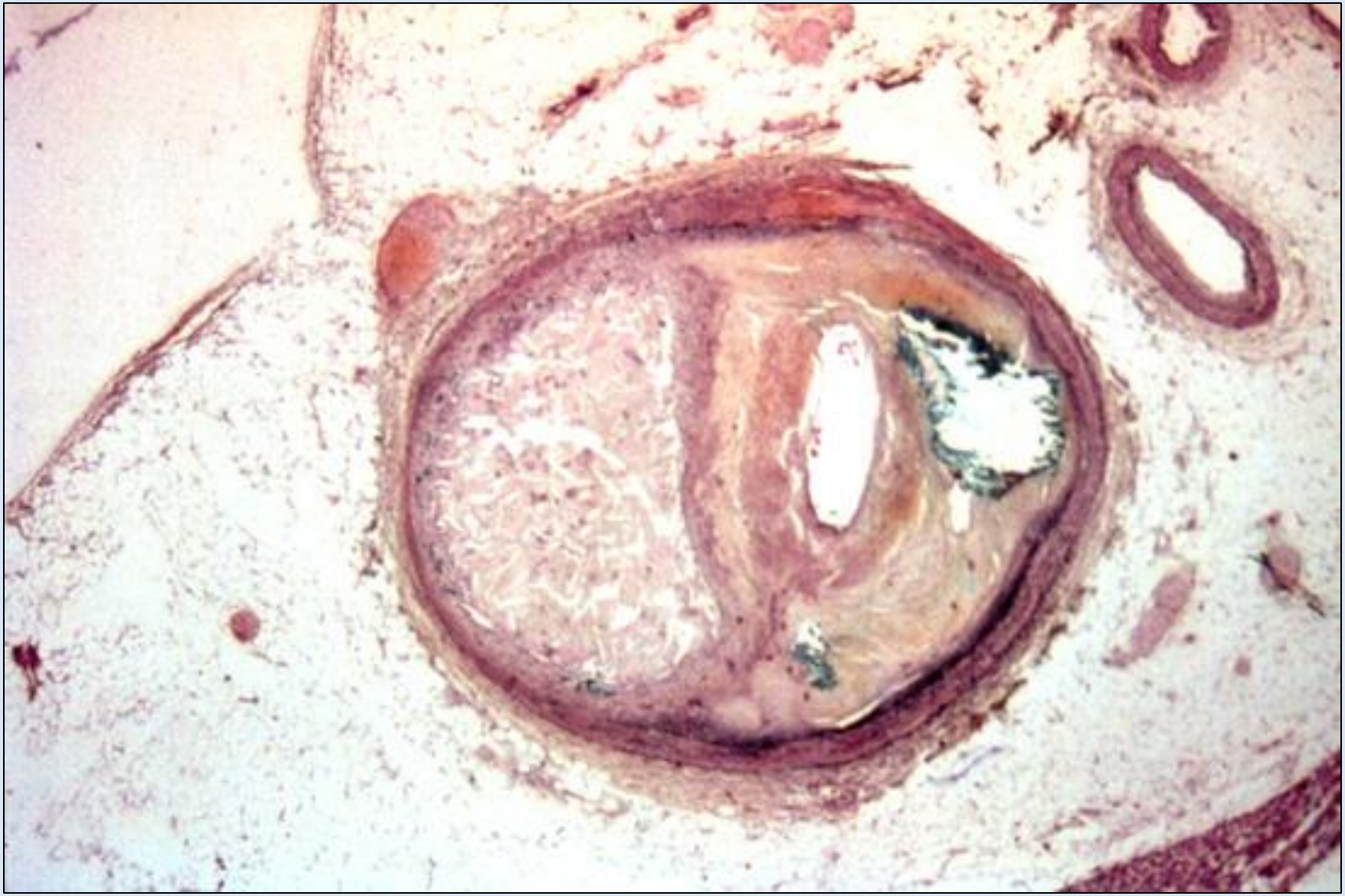
Carbohydrates are not only a major energy source in their own right, but also promote insulin release, which drives the glucose into the cells; this in turn results in a hunger response within a few hours of eating. For example, sandwiches at lunchtime induce hunger by teatime and thereby encourage mid-afternoon grazing, increasing the risk of obesity. Sugary drinks and chocolates are just as bad. Try eating more fruit and vegetables and proteins without too much fat.

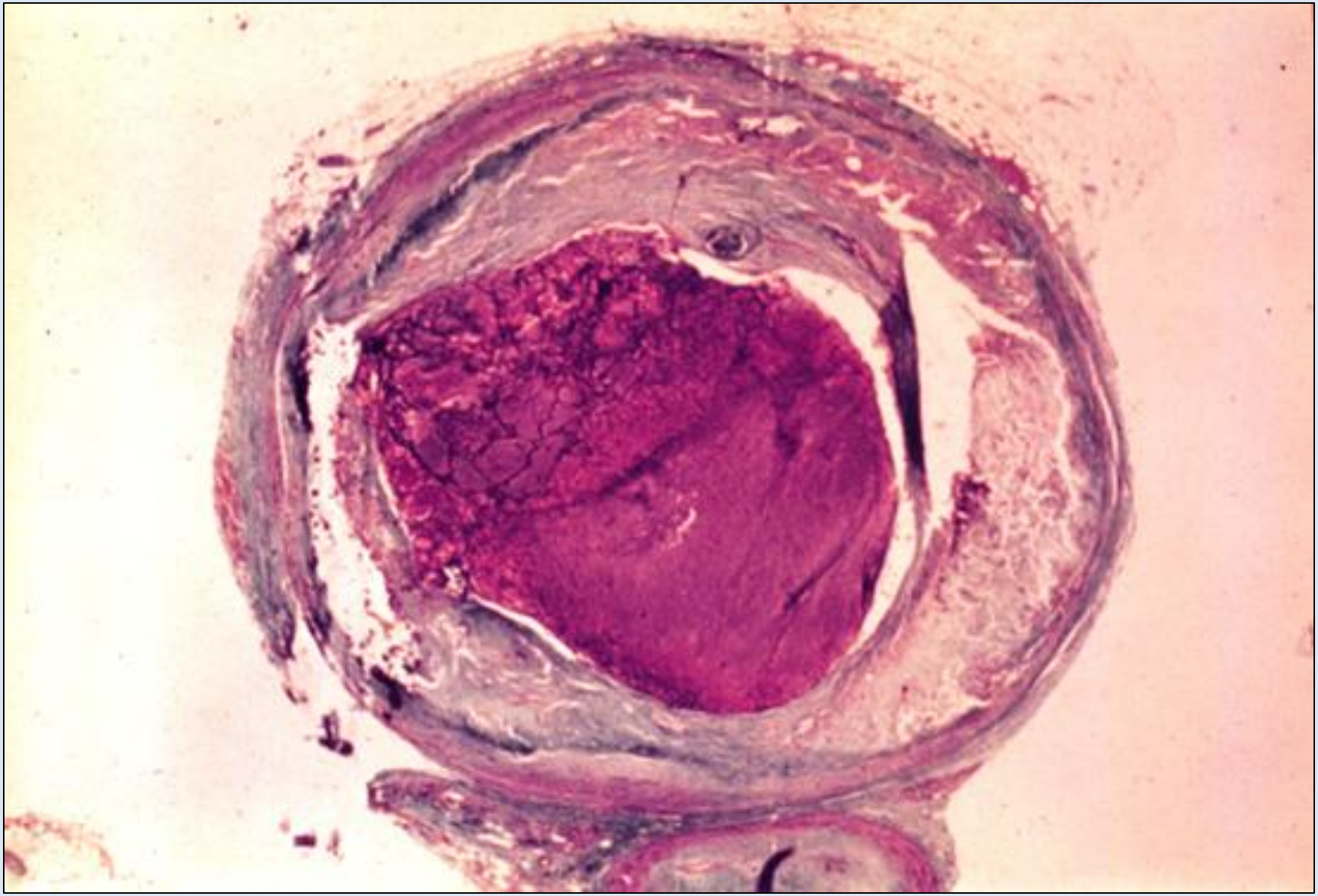
Exercise every day

21st-century life seems to conspire against taking regular exercise. A heavy work schedule, combined with using lifts and escalators rather than the stairs, and taxis and buses rather than walking, all reduce the amount of exercise taken during day-to-day activities. A regular exercise regimen has been shown to reduce weight and cardiovascular risk and reverse pre-diabetes. Most people enjoy taking exercise; it is usually a question of getting organised to do so, against a backdrop of a busy and demanding working and family life.

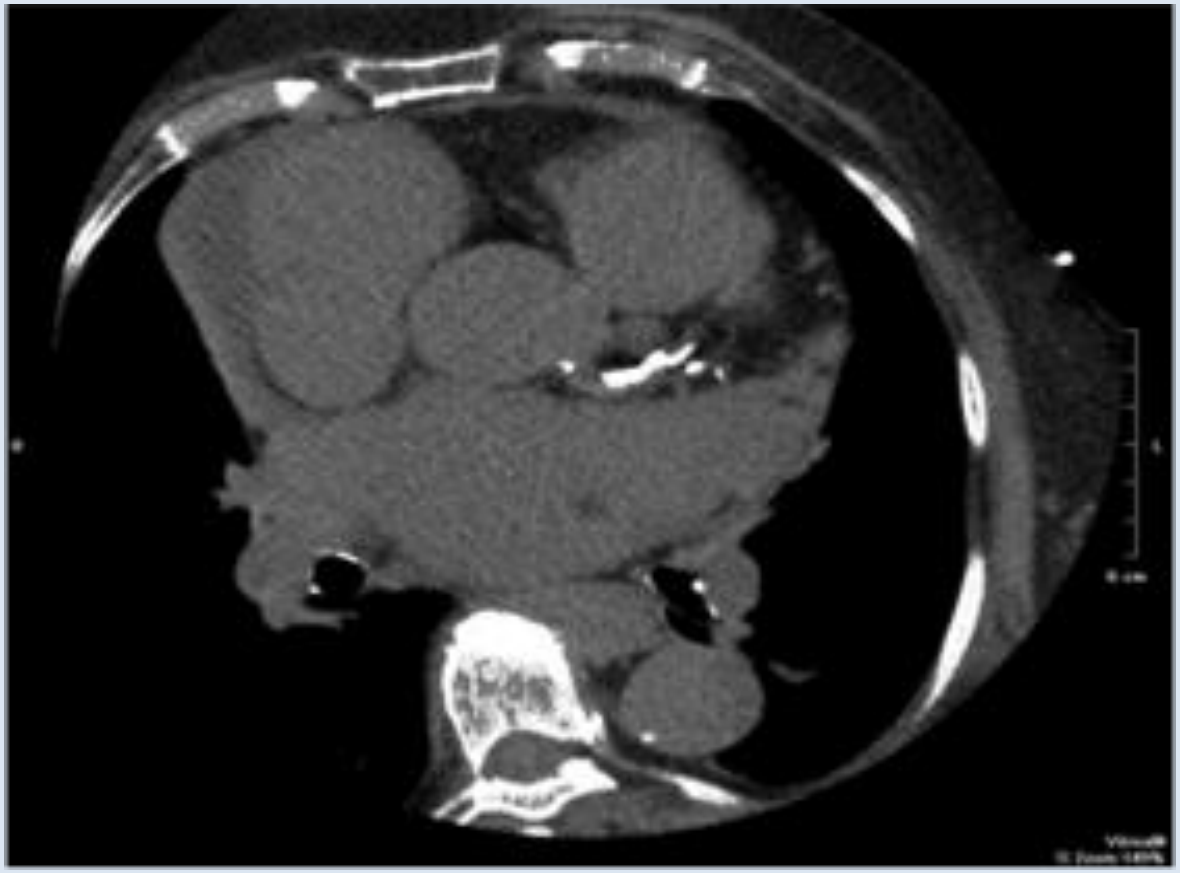
Cardiovascular disease







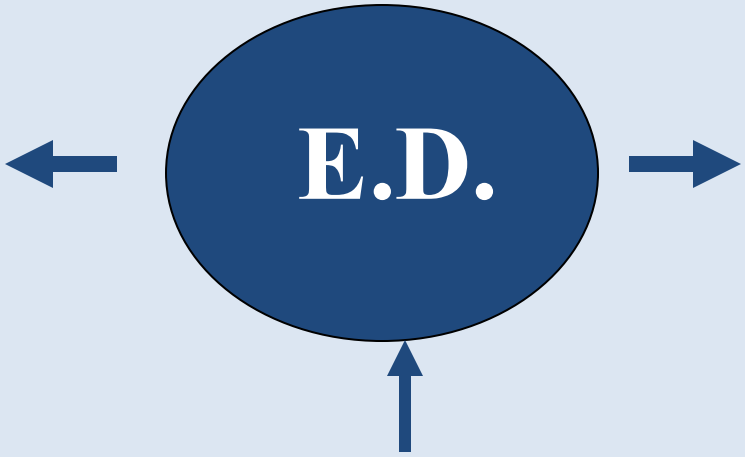
Coronary Artery Calcium Score



Risk Factors

Coronary Heart Disease

Smoking
Blood Pressure
Cholesterol
Diabetes



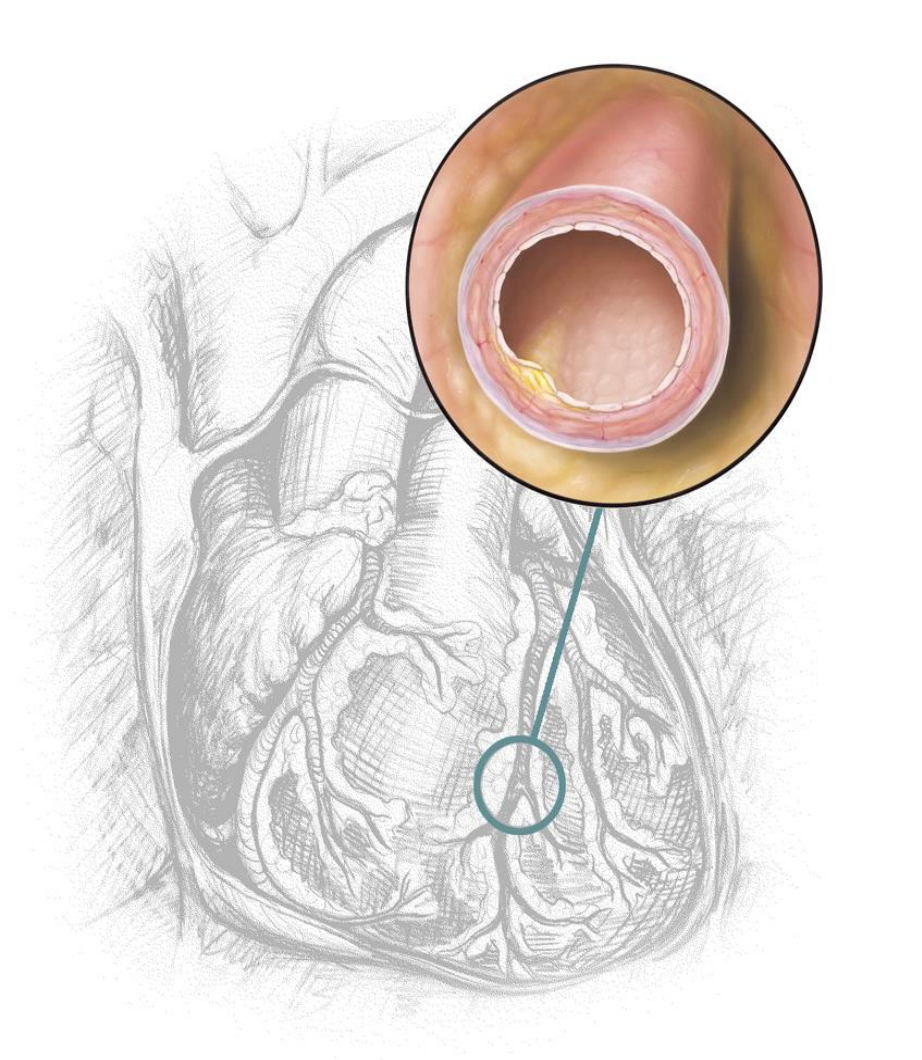
Erectile Dysfunction

Smoking
Blood Pressure
Cholesterol
Diabetes

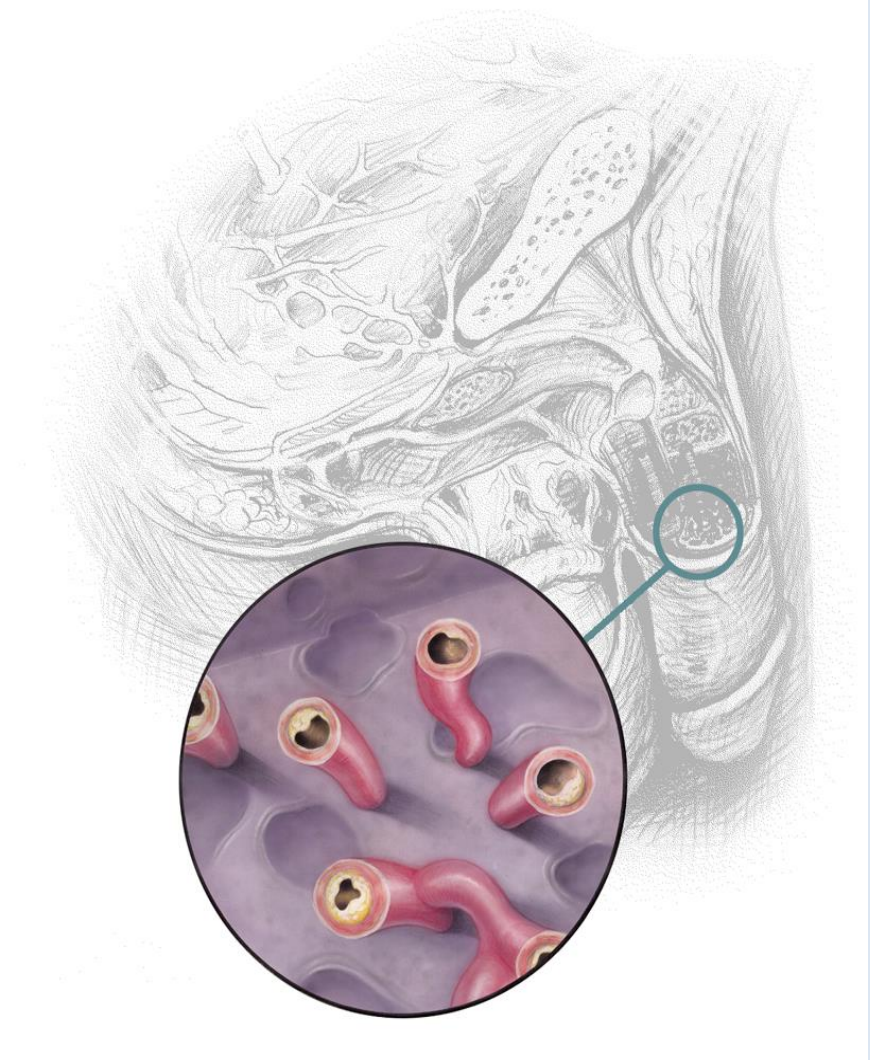
Endothelial Dysfunction -
the common denominator

H Solomon, J W Man, G Jackson
Heart 2003;89:251-254

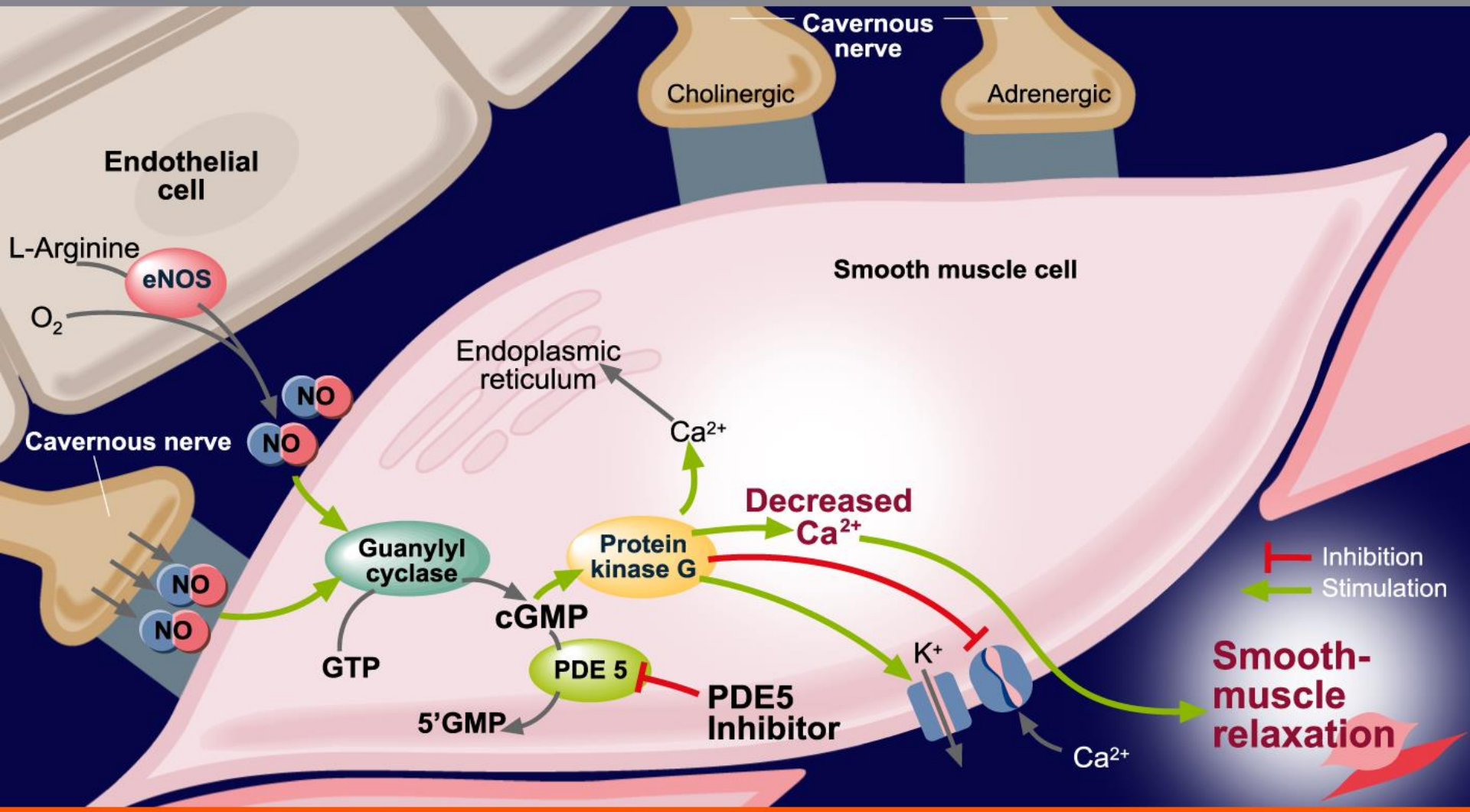
Atherosclerosis in Coronary Vessels



Atherosclerosis in Penile Arteries



PDE5 Inhibitors – Mechanism of Action



Urologists as Men's Health Doctors

- Check waist, weight and BMI
- Ask about sexual function/ED
- Enquire about smoking
- Pulse and BP
- Lipid profile
- HA1C and fasting blood glucose
- Testosterone
- Lifestyle: diet and exercise
- Don't forget colon and cardiac health


TRENDS
UROLOGY & MEN'S HEALTH
VOLUME 2 ISSUE 5
SEPTEMBER/OCTOBER 2011
IN THIS ISSUE...
Communicating with patients
Colorectal cancer screening
Wrong-side/site surgery
Management of nocturia
Schistosomiasis
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BJU INTERNATIONAL
VOLUME 2 ISSUE 4
JULY/AUGUST 2011
IN THIS ISSUE...
Mental health of boys
Management of gout
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Team Leader

- Respect, loyalty and trust
- Mentoring and coaching
- Leading by example: energetic, efficient and enthusiastic
- Emotional intelligence
- Charismatic champion of change
- Change without leadership is impossible, Leadership without change is irrelevant

Emotional Intelligence

- Self-awareness
- Self-regulation
- Empathy
- Motivation
- Social skills

Other Attributes

- Resilience
- Versatility
- Adaptability
- Intelligence
- Communication skills
- Keeping a steady nerve!

Some Memorable Challenges

- Kilimanjaro
- Mustang - Himalaya
- Sinai Desert
- Malawi/Madagascar/Cape of Sth Africa
- Patagonia
- Rajasthan
- Vietnam/Cambodia


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HIKE for HOPE
sinai desert challenge
14-22 March 2009
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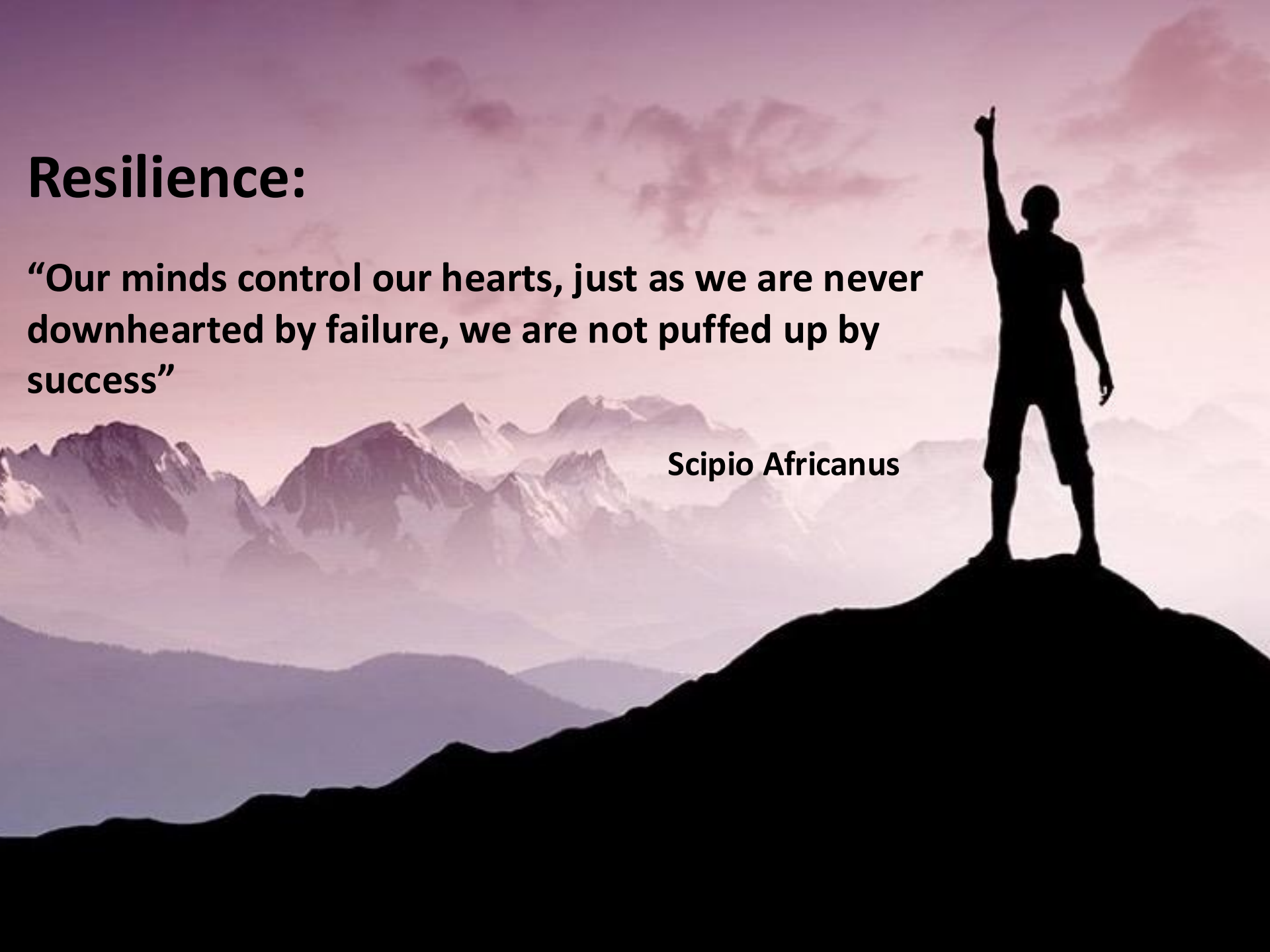
And finally ….


NETFLIX
The Crown


VIRGIN TV
BRITISH ACADEMY
TELEVISION AWARDS
Virgin TV


Likoma Island
Malawi


“Success is not final, failure is not fatal: it is the courage to continue that counts”.
Winston Churchill


Resilience:
“Our minds control our hearts, just as we are never downhearted by failure, we are not puffed up by success”
Scipio Africanus

Hike for Hope Ethiopia

Trek the Simien Mountains and help save lives

17-28 Nov 2018

Challenge yourself to climb the summit of Ras Dashen (4,533m) the highest mountain in Ethiopia

Join leading medical professionals and supporters for a unique trek in the Simien Mountains of Ethiopia and raise funds for two charities uniting to improve the health of men, women and babies.

THE UROLOGY FOUNDATION
Leading the fight against urology disease

WELLBEING OF WOMEN
Saving the lives of women and babies

For more information and to register online:
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Join a very special team of urologists, patients and supporters for an amazing 360km coast to coast cycle challenge across Costa Rica. Along the way you will experience breath-taking scenery, exotic Caribbean culture and abundant local wildlife.

THE UROLOGY FOUNDATION

Charity Reg No 1128683

For more information and to register online:

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Thank you all!
And don’t forget to support TUF …
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