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## Related Documents

- Infographic: What does the future hold for melanoma and urological cancers??

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## Related articles

**What does the future hold for large granular lymphocytic leukaemia?** <sup>[6]</sup>

**What does the future hold for prostate cancer?** <sup>[7]</sup>

**What does the future hold for gastrointestinal cancers?** <sup>[8]</sup>

# What does the future hold for melanoma and urological cancers?

Over 100 people attended our recent public engagement event, including patients, relatives, students and healthcare professionals.

We brought together leading researchers and clinicians from [The Royal Marsden NHS Foundation Trust](#) <sup>[9]</sup> and [The Institute of Cancer Research, London](#) <sup>[10]</sup> to find out more about melanoma and urological cancers, the latest developments in treatments and technology and what this means for patients and their care.



8

presentations



10

charity and  
information stalls



90%

rated event either  
excellent or very good



100%

attendees found the event  
helpful and interesting

## Progress in treatments for melanoma & kidney cancers

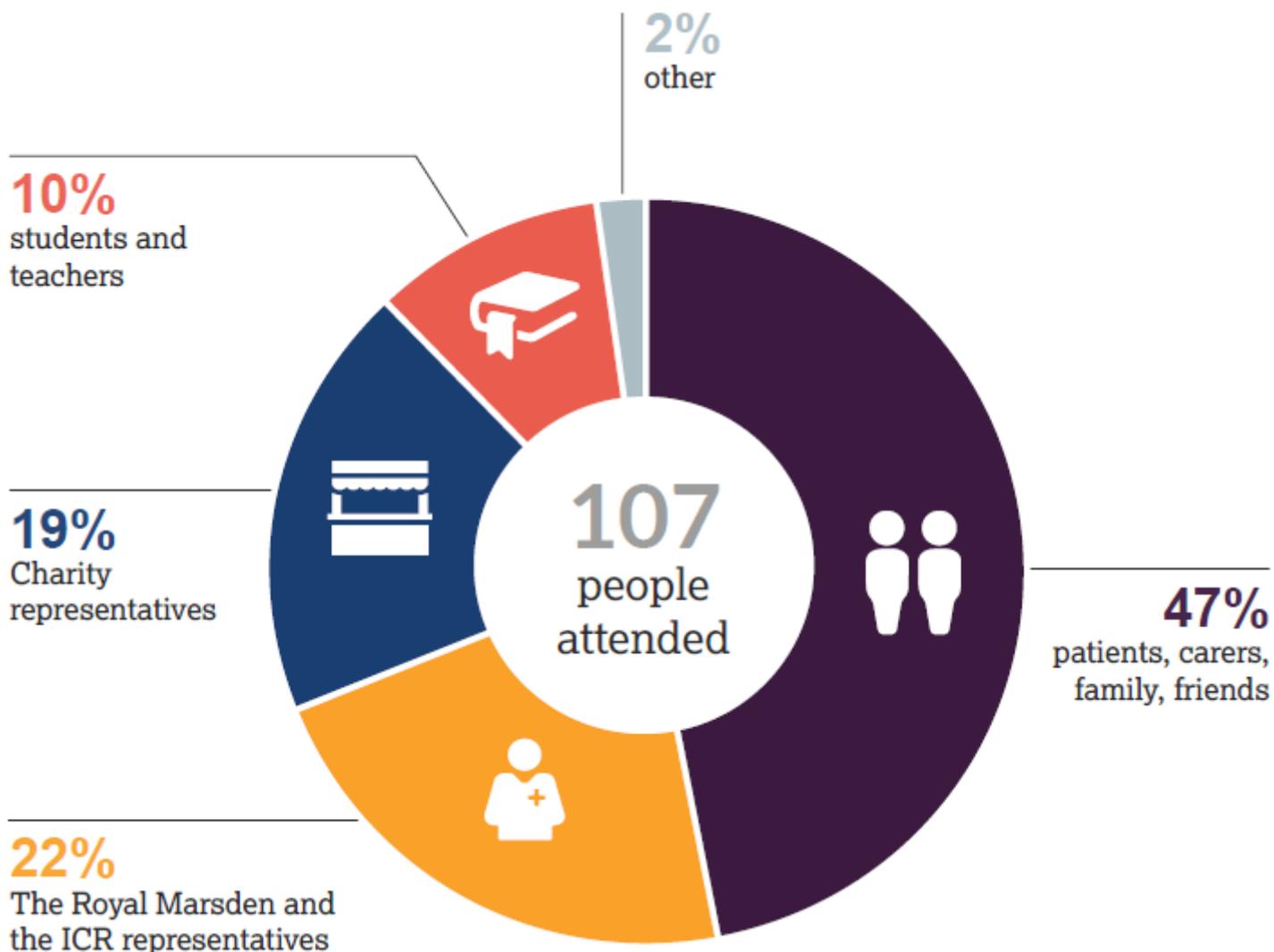
Melanoma and kidney cancers are becoming increasingly common in the UK population, however Professor James Larkin <sup>[11]</sup>, described how treatment options, particularly for melanoma, have increased significantly.

In 2002, researchers discovered that over half of melanoma patients have faults in a gene called BRAF, which drives tumour growth: this paved the way for the development of targeted drugs, such as vemurafenib, which specifically attack cancer cells with BRAF mutations. The past decade has also seen the development of immunotherapy drugs, including nivolumab, which use the body's own immune system to attack a tumour and are effective in both melanoma and kidney cancer patients.

## Progress in treatments for testicular and bladder cancers

Professor Robert Huddart <sup>[12]</sup> introduced bladder and testicular cancer, highlighting the challenges of treating both and the progress being made.

The incidence of testicular cancer is rising in the UK, however survival rates are rapidly improving. Researchers are aiming to improve the quality of life for patients predicted to have good outcomes by understanding the relationship between genetics and toxicity of treatment, reducing exposure to chemotherapy drugs and improving the management of side effects. Research will also focus on improving outcomes for patients deemed 'high-risk', including intensifying first-line treatments and improving our understanding of relapsed disease.



## Improving accuracy in radiotherapy

Advances in technology are also leading to improvements in treatment, notably in radiotherapy, which around half of all cancer patients receive. Dr Shaista Hafeez <sup>[13]</sup> described the challenges of radiotherapy as 'trying to hit a moving target with an invisible beam?', however new technologies, such as the MR Linac <sup>[14]</sup>, are being designed to improve the accuracy of treatment and minimise damage to surrounding tissues and organs.

## **Cancer evolution**

Dr Samra Turajlic <sup>[15]</sup> described how a single tumour can be made up of many different, genetically-distinct cancer cells which interact in a cancer 'ecosystem'. Over time, the different cancer cells evolve, leading to the development of drug resistance and the spread of a tumour.

To achieve better outcomes for patients, we need to understand and predict how the cancer cells will change, and if the changes that lead to spread and resistance can be prevented.

## **Pioneering surgery**

Professor David Nicol, Consultant Urologist and Chief of Surgery at The Royal Marsden <sup>[16]</sup>, discussed how surgery for urological cancers has become more advanced and the different options now available. The introduction of robotic surgery has had a transformative effect, making procedures less invasive and enabling patients to recover from more quickly.

Professor Nicol, also discussed the different options available for kidney cancer patients, including cryotherapy, which destroys early stage tumours by freezing them, and radiofrequency ablation, which uses radio waves to kill cancer cells.

## **Assessing quality of life of cancer patients**

The measure of success for new treatments and protocols has typically been based on factors such as survival rate and complications, however healthcare professionals and researchers are becoming increasingly aware of the need to consider the patients' perspective when assessing the risks and benefits of cancer treatment.

Dr Olga Husson described the importance of patient reported outcomes on health-related quality of life in order to determine the value of new therapies, predict those at a high risk of poor outcomes and to better understand and manage physical and psychosocial care needs.

## **Next generation nursing**

Kim Edmonds, the Lead Research Nurse from The Royal Marsden's Renal and Melanoma Unit, discussed the key role that research nurses play in delivering research, from providing high quality patient care to collecting data from clinical

trials.

*"The best part of my job is seeing the drugs used in clinical trials become standard treatments for patients"*

## Patient perspective

We also heard from Trish, a patient at The Royal Marsden, who received new immunotherapy drug nivolumab as part of a clinical trial, following the discovery of secondary tumours on her liver, 23 years after an initial diagnosis of kidney cancer.

*"Research saved my life and enabled me to live a normal life"*

Nivolumab stimulates the immune system to attack tumour cells, and following treatment, Trish's liver tumours disappeared.

**If you are interested in finding out more or getting involved in shaping research, please contact [patientsinresearch@rmh.nhs](mailto:patientsinresearch@rmh.nhs)** <sup>[17]</sup>

## Our research: Uncommon Cancers

<sup>[18]</sup>

Find out more about how we're supporting research to improve the diagnosis, treatment and outcomes of patients with uncommon cancers including cancers of childhood and adolescence

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**Source URL:** [https://www.cancerbrc.org/melanoma\\_and\\_urological\\_cancers\\_event](https://www.cancerbrc.org/melanoma_and_urological_cancers_event)

### Links

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[6] <https://www.cancerbrc.org/news-events/news/what-does-future-hold-large-granular-lymphocytic-leukaemia>

[7] <https://www.cancerbrc.org/news-events/news/what-does-future-hold-prostate-cancer>

[8] <https://www.cancerbrc.org/public-patient-involvement/public-and-patient-engagement/public-event-what-does-future-hold>

[9] <https://www.royalmarsden.nhs.uk/>

[10] <https://www.icr.ac.uk/>

[11] <https://www.royalmarsden.nhs.uk/our-consultants-units-and-wards/consultant-directory/professor-james-larkin>

[12] <https://www.icr.ac.uk/our-research/researchers-and-teams/professor-robert-huddart>

[13] <https://www.royalmarsden.nhs.uk/our-consultants-units-and-wards/consultant-directory/dr-shaista-hafeez>

[14] <https://www.icr.ac.uk/news-features/mr-linac>

[15] <https://www.royalmarsden.nhs.uk/our-consultants-units-and-wards/consultant-directory/dr-samra-turajlic>

[16] <https://www.royalmarsden.nhs.uk/our-consultants-units-and-wards/consultant-directory/professor-david-nicol>

[17] <mailto:patientsinresearch@rmh.nhs>

[18] <https://www.cancerbrc.org/our-research/uncommon-cancers>