

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

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THE JANUARY 2023 MEETING

Our January meetings are traditionally an 'Open Meeting' with no speaker or Zoom connection but are an opportunity to chat amongst ourselves about anything, whether concerning prostate cancer or not. The meeting was very successful with 29 people present. There was much appreciation of this event, such that the committee decided to hold more of them during the next 12 months.

THE FEBRUARY MEETING

The February meeting was held as a hybrid meeting and was very well attended in person and 18 participants online via Zoom. The speaker was Mr Shafi Wardak who is a consultant urological surgeon and andrologist at the Royal Berkshire Hospital. He gave a talk on 'Prostate Cancer and Erectile Dysfunction', a subject in which he specialises. He has been at the RBH for one year and works alongside Adam Jones and Philip Charlesworth. He is concerned with the dysfunctional consequences of prostate cancer treatment.

Shafi gave an excellent talk on ED (erectile dysfunction) that was most informative and illustrated by a display of slides. The main points of his talk were:

ED is the main post-operative concern. There is also the possibility of a reduction in penile length. ED after surgery affects between 25% and 75% of men. ED affects about 70% of men at 12 months after radical prostatectomy. It has been shown that even Active Surveillance can be detrimental to ED.

In a PROTECT trial a baseline figure of 67% of men of men reported a sufficiently firm erection, whilst at 6 months following surgery this figure dropped to 52%, and at 1 year and 2 years the figures are 22% and 12% respectively.

Factors affecting ED are age, baseline erectile function, the experience of the surgeon, and the quality of nerve sparing.

Post-operative therapy should commence as soon as possible after surgery, and within 3 or 4 months. An information pack is given to patients that includes information on injection therapy and tablets.

There are a few brands of oral tablets including Sildenafil (Viagra) and Cialis and are usually used initially to restore blood flow to the penis. It is recommended to start the use of tablets at around 6 weeks after surgery and for a period of a further 6 weeks. If there is then no erectile response then a different brand should be tried. It has been found that the chances of a

response to the tablets are 35% to 75% following nerve sparing surgery, but with non-nerve sparing the chance is 0% to 15%. Tablets should be tried and in the event of no response then a vacuum device should be considered.

The drug Alprostadil relaxes the penile cell muscles and has a high response rate in causing erections. It can be administered either by injection into the side of the penis, or by a urethral method known as MUSE whereby a small pellet of the drug is introduced a little way into the opening of the urethra using a short dispensing tool.

Some other ED therapies are:

- Low intensity shock waves, however there is little evidence of its success.
- Vacuum devices (commonly known as pumps) can be up to 90% satisfactory for intercourse. They are not available via the NHS.
- Penile prostheses. These causes rigidity but not an erection. There are two types: Malleable and inflatable. Malleable ones can be manipulated until the penis is rigid, whereas inflatable consist of two cylinders that can be inflated by a small pump inside the scrotum that pumps fluid from a small reservoir into the cylinders. Either of these can be fitted in about a year following treatment. They have a typical life of about 10 years then can be replaced, in the event of a mechanical failure, infection or erosion.

ED may improve in 6 to 12 months after radiotherapy. Brachytherapy and radiotherapy cause less erectile damage than surgery.

Two other treatments are Cryotherapy (destruction of cancer cells by freezing) and Hifu (High Intensity Focused Ultrasound). These are possible treatments for small lesions contained within the prostate, but there is little data at present on the effectiveness of these treatments.

In response to questions from the audience he following facts arose:

Diabetes is a negative factor.

Creams are available that can be rubbed externally onto the penis to cause an erection. There is unlikely to be any effect of the cream on a partner.

Currently there is a supply issue for injection therapy. The RBH is trying to improve the supply to the hospital's pharmacy.

If tablets such as Viagra do not work then the position is unlikely to improve over time. However if tablets do cause a response then they should continue to be taken. A small daily dose is sometimes recommended.

Viagra can cause a drop in blood pressure and care should be taken if taking blood pressure control tablets.

Shafi was thanked for his presentation and said that he would be willing to return to give a further talk.



NEXT MEETING

The March meeting on the 3rd March will be a hybrid meeting starting at 6:45 p.m. There will first be a short AGM for which an agenda and relevant documents have been sent to members. The AGM should take only a few minutes after which there will be a talk and demonstration by Tessa Higgins who specialises in the importance of physical exercise for both recovery from treatment and long-term health.

RPCSG WALKS AND COFFEE MORNINGS

Enjoyable walks were held in January and February. The January walk combined a walk and coffee morning, with the walk from the Waterside Centre to the Mill At Sonning. Non-walkers were invited to join for coffee at The Mill.

The February meeting combined a walk with a coffee morning, the walk being at Dinton Pastures. This was a most enjoyable occasion with 12 members taking part.

Further walks and coffee mornings will be arranged and details will be sent to members nearer to the date of events.



Walking at Dinton Pastures



Inside the cafe

THE RPCSG COMMITTEE

The committee welcomes any member who would like to join the committee. The committee consists of 10 members who meet once a month and work towards providing an enjoyable and useful programme of events for the group members. Membership is without any obligation and if you are at all interested please contact the chairman at chairman@rpcsg.org.uk

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The walking group at Dinton Pastures