

# PHAROS

*A beacon of hope in the darkness*

*Newsletter of the Reading Prostate Cancer Support Group (RPCSG)*

*Issue 131: April 2023*

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## THE APRIL 2023 MEETING

The April meeting featured a superb talk by Dr Anant Sachdev. He is a GP at the Ringmead Medical Centre and a member of the Thames Valley Cancer Alliance and CRUK Clinical Lead. He illustrated his talk with a useful set of slides and said that he would talk about many aspects of prostate cancer including the myths, pathology, symptoms, diagnosis, treatments and protection and prevention factors.

Anant first dispelled some myths about prostate cancer. There are:

- Prostate cancer is an old man's disease
- Prostate cancer is contagious
- Without symptoms you cannot have prostate cancer
- If your urine flow is not strong then you have prostate cancer
- I am not more likely to have prostate cancer if my dad had it

Anant gave some facts about prostate cancer:

- It is the most common cancer in men- 50,000 in 2018
- Prostate cancer is on the increase – three quarters of cases in men are over age 65 but can occur as early as age 40.

A reason for the increase is that men are living longer so more likely to develop the disease. Also more men are being tested and found to have prostate cancer.

However the good news is that over the past 20 years survival rates have gone up from 67% to 97%.

The symptoms of prostate cancer include

- The need to pee often, or small amounts
- Difficulty in starting to pee, and poor flow
- Straining to pee or taking a long time to finish
- Pain when peeing or during sex.

Early detection is a key to a successful outcome.

There are some factors that we need to be aware of to try to reduce the risk of developing prostate cancer, which are stop smoking, take exercise, obesity, reduce inflammatory foods but increase leafy brightly-coloured vegetables, reduce alcohol. Also selenium can help, as do Brazil nuts, sunflower seeds, shellfish, meat, poultry, eggs, mushrooms and pomegranate juice. Also lycopenes such as guava, watermelon, tomatoes, papaya and pink grapefruit.

Anant talked about the risks of prostate cancer and spoke about PSA screening. If a father or brother had prostate cancer when they were younger than 65 then screening should start at age 45. If a close relative had prostate cancer at an age less than 65 then screening should start at age 40. He recommended a baseline PSA to establish the normal PSA and then regular tests afterwards. He said that if no relative has suffered prostate cancer then the regular tests should be about every 4 to 5 years, otherwise the regular tests should be about every 2 to 3 years.

Anant then described each treatment in detail, of which a summary follows:

**Active Surveillance.**

Regular measurements of PSA level, and prostate examinations. MRI scans about once per year

**Watchful waiting.**

Your GP will arrange for regular PSA tests, if they indicate a rise in PSA or the occurrence of new symptoms then you will be referred to the RBH. Hormone treatment may be recommended.

**Radical prostatectomy.**

This surgery removes the entire prostate gland and is possible if the cancer is localised. Surgery is now carried out by robotic machines.

**Radiotherapy.**

There are two types: external and internal, the latter being known as brachytherapy. External beam radiotherapy is the application of radiotherapy beams directed into the body from outside, thus is not invasive. Brachytherapy places a number of radioactive pellets permanently into the prostate to kill the cancer cells.

**Hormone Therapy.**

This therapy reduces or blocks testosterone from reaching the cancer cells and prevents them from growing. Hormone therapy can be used in conjunction with other therapies.

**Hifu.**

This is high intensity focused ultrasound.

Some side effects of treatments are bladder and erectile problems, and hormone treatment can cause hot flushes, insomnia, tiredness, weight and muscle changes, diabetes and memory and thinking issues.

Anant then described the help available in the choosing of a therapy. There is a Multi-Disciplinary Team (MDT) consisting of professionals from different areas of specialism that reviews the scans and tests for each case and makes recommendations. There is also a tool called Predict Prostate which cannot tell you exactly what will happen in the future but may give you some input to your decision.

Anant was thanked for his very informative talk and presented with a gift of appreciation.

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## **NEXT MEETING**

The May meeting has already taken place, it was a successful open meeting that was an opportunity to talk to other members about anything. The June meeting includes a talk on Brachytherapy by Clinical Scientist Andrew Daggart, the Medical Physicist in Radiotherapy at RBH.

## **SUMMER SOCIAL**

Our annual summer social will be held in St Andrews church hall on Friday 7<sup>th</sup> July. This is a very popular and enjoyable occasion that will feature a buffet meal, quiz and raffle.

You will have received an email from Andrew with some detail of the event, and I have copied below the message from Alex, in which you will see that he would be pleased if you would let him know whether you would like to attend, as soon as possible please. At the moment this is just to see the possible number of people attending, to help us in the planning of the occasion.

**Dear Member,**

**Our usual Summer Social will take place on Friday 7th July. As usual, we will hold a raffle and quiz, as well as a superb meal, with welcome drinks on arrival and plenty of convivial company.**

**Following the sad closure of our long-term caterer, Mange Bien, we have appointed a new company, Food for Thought (FfT), to look after our catering needs, and we look forward to sampling their fare at this Social. They were top-rated Wokingham caterers in 2016, 17, 18, 19, 20, 21 and 22 - check them out at [www.foodforthoughtcaterers.co.uk](http://www.foodforthoughtcaterers.co.uk).**

**Although FfT are slightly more expensive than Mange Bien, Committee has decided to keep the price for the Summer Social as low as possible, at £25/head.**

**It would be helpful if I could get an idea for the number of Members planning to attend this Social event. Would Members planning to attend please let me know, ideally by email, and as soon as possible ([alexbmiles@aol.com](mailto:alexbmiles@aol.com)) to help us with the event planning. No money is required at this stage - just numbers of Members and their guests.**

**I do hope you will be able to attend this Social, and look forward to seeing you there.**

**Alex Miles  
Social Secretary**



## PUMPS AND TADALAFIL

We know that locally it's now difficult to obtain a pump or Tadalafil prescriptions, although this wasn't always the case and members treated a while back could get these on the NHS, and they are available in most other areas. We are working with an RBH urology/andrology consultant to assemble some testimony on the effectiveness of these two treatments. If you have had either a pump or Tadalafil and would be happy to provide some testimony about the effectiveness, please contact [andrew.gabriel@rpcsg.org.uk](mailto:andrew.gabriel@rpcsg.org.uk). Any testimony will be used anonymously.

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## RPCSG WALKS AND COFFEE MORNINGS

The walk in April started at Pangbourne with a lunch stop at a café in Goring and then a short railway journey back to Pangbourne. Eight members participated in this enjoyable occasion.

The next walk and coffee morning will be on 16<sup>th</sup> May and starts at the Waterside Centre and will visit the Mill at Sonning for coffee and lunch. Members who do not want to do the walk are invited to join the walkers at The Mill, details are in the email.

*Some of the walkers approaching Goring:*

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### **DISCLAIMER**

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