

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

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THE OCTOBER AND NOVEMBER MEETINGS

The October meeting was another of our popular Open Meetings, these are meetings at which there is no guest speaker and offer an opportunity for chat with other members about almost anything. We welcomed three new members at the meeting and hope that they found the meeting useful and will attend further meetings in the future. There was a very good attendance of 45 members in person and a further 18 by Zoom.

At the start of the November meeting Peter Dawe welcomed all members to the meeting with a particular welcome to three new members.

Richard Joyes mentioned a coffee rota that is a plan for members to help at the refreshment counter at our monthly meetings. He invited anyone who can help at one or more meetings in 2024 to add their name to the rota.

Alex Miles mentioned the Christmas Social that will take place on the 1st December. This is a buffet meal provided by a caterer and is a very popular occasion. It will feature a raffle and a quiz and a complimentary drink will be given on arrival. The guest list is now fixed and guests are reminded that this is a 'Bring Your Own' event for which you should bring your own drinks for your own consumption, whether alcoholic or not.

The November meeting was a welcome return of Dr Stephen Allen who gave a most interesting talk about developments and in particular some detail about the treatment possibilities on the recurrence of prostate cancer.

(Editor's note: The set of slides that Steve presented can be seen in the RPCSG web site under the 'Presentation' tab. Readers should view these for detail and the following is a summary of Steve's talk).

Steve said that he has been a member of the group for 14 years and had an open prostatectomy, and stressed the importance of not ignoring symptoms. He said that there have been tremendous developments since his treatment, a major one being the introduction of mpMRI (multi parametric magnetic resonance imaging) that is a non-invasive scan. The resolution of this scan has improved over the years and helps to identify prostate cancer at an earlier stage, in turn enabling the use of focal rather than radical procedures. Early diagnosis enables easier and cheaper treatments than later diagnosis.

Steve described the treatments available, which depend upon the extent of the tumour. The stages of prostate cancer can be:

- Localised – contained within the capsule
- Localised spread – breaching or extending the capsule but not invading nearby tissue
- Advanced/distant spread – known as metastasis.

Increasingly, hormone treatments are given before other primary treatments, this can reduce the size of the tumour and help to improve the outcome of the primary treatments.

Steve described 'hormone resistance' which is the term used when the growth of prostate cancer is no longer controlled by conventional hormone treatment. The time for onset of this condition is unpredictable. In these cases a treatment by NHAs is possible (Novel Hormone Agents). These either block the production of testosterone or block the action of testosterone on cancer cells. Examples of these NHAs are Enzalutamide, Abiraterone, Darolutamide and Apalutamide, then Steve described these drugs and their side effects.

The treatment options for hormone resistance were then listed. Chemotherapy is usually the first treatment considered as it is cheap and effective. The drugs Abiraterone or Enzalutamide can be an alternative that is as effective as chemotherapy but at present are available by the NHS only if there is evidence of metastasis. Radiotherapy is also a treatment following hormone resistance.

Steve described the treatments for hormone resistance:

- Chemotherapy is often offered first. It is cheap and effective but has significant side effects for many patients.
- Abiraterone or Enzalutamide: Can be as effective as chemotherapy and are used continuously until they cease to work.
- Radiotherapy: Can be used after radical surgery, cannot be used in areas that have already been treated with radiotherapy.

A trial known as Stampede has been in progress since 2005 and is one of the largest ongoing UK clinical trials into treating advanced prostate cancer. It has resulted in the use of a drug called Abiraterone that has made a huge difference when used before or in conjunction with other treatments. The effects of Abiraterone after radiotherapy are being investigated.

If PSA begins to rise there are now sensitive scans to determine the location of the cancer cells. These are the PET-CT scan and the more sensitive PSMA-PET-CT scan. The latter PSMA (prostate specific membrane antigen) uses a radioactive dye to locate cancer cells.

A recent treatment uses radium 223 has been found to be very effective, treatment costing about £25,000 per year. Lutetium is a similar treatment with few side effects but is not available from the NHS.



Steve pictured during his talk

Olaparib has been approved for use after other proven treatments, for patients who have the BRCA gene.

Steve had some thoughts on the future developments:

- Formalised genetic screening
- Targeted gene therapies
- Immunotherapy
- Developments in imaging techniques
- Further improvements in localised treatments

Steve described some types of local therapies.

A treatment trend is now to use multiple treatments at the same time, and this has found to be more effective than using one at a time. The combined treatment is usually two or three

drugs together, and can include chemotherapy with Docetaxel, Enzalutamide, Abiraterone, Darolutamide or Apalutamide.

Steve believes that future treatments will be more localised than radical. One such treatment is Hifu, using ultrasound waves.

The importance of exercise and diet to aid treatment was discussed.

Steve was thanked for his very informative talk.

NEXT MEETING – 1st DECEMBER

The December meeting will be the Christmas Social. Members who have obtained places can arrive around 7:00 p.m. and the meal will begin to be served at 7:30 p.m. This is a 'Bring Your Own' to which you should bring your own drinks for your own consumption.

RPCSG WALKS AND COFFEE MORNINGS

There was a very pleasant walk in October, from Pangbourne to Goring where after refreshments at a café there was a return journey by train to Pangbourne station. Eleven members took part in the walk. Another walk was held in November at Dinton Pastures.

Some photographs taken during the walk:



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