

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group Issue 18, September 2012

Editorial Comment

To ensure the Newsletter continues to be relevant, feedback is welcome from Members. You may do this by email to the Editor at ken.davik@yahoo.co.uk or, alternatively, write to the Chairman at his home address.

In the last year the nature of the newsletter has changed and it now includes more things of a pseudo-medical nature, from many sources. It now seems appropriate to state the obvious; so readers are advised to read the disclaimer at the end. (Those who were on our Yahoo Group site will recognise it, but with spelling corrections)

Some readers will note a little duplication with two emails I sent on the 22nd August with the items here, this is firstly to ensure Pharos is complete and secondly for the benefit of Members not on the internet, but who may have elected receive a hard copy of Pharos.

Activities in the last month

Saturday the 4th August saw quite a few Members support Ivan Peacock, who had organised our Awareness Stand at the Earley Green Fair.

The feedback from Ivan is that it went very well, Ivan is a regular at our Broad Street Mall stand, so he was surprised it went quite so well.

Ivan was "on duty" all day, but I am sure we would all wish to thank Monica and John Woodard, Jan and Ian Forrester, Brian Hackett, Sheila and Keith Jackson who all did a one hour stint; we must not forget Chairman Steve who was there at the beginning and end to help Ivan set-up and dismantle.

A total of 84 contacts were made and an analysis of their distribution over the day shows that we need to have more Members manning the stand, particularly in the hour before and after lunch.

An anonymous Member did come mid-morning both to help and to learn the ropes for future Awareness events, unfortunately Ivan was so busy he forgot to note his name; please let the editor know so the Committee can add you to the volunteers list for the next Awareness initiative.

Apart from some sustenance and toilet issues, which will be solved for next time, a highly successful initiative in terms of contacts made.

Thursday the 16th August was the Group's Summer Social, held in the evening at the Sonning Golf Club, just south of the A4.

Attendance was higher than last year comprising Bev. and Tessa from the RBH, four visitors, fourteen Committee Members including their wives and thirty-four Members also including their wives/partners; the latter representing nearly 30% of the active membership (excluding the Committee, of course). If we carry on like this we will need to hire a marquee in a few years time.

It is fair to say that everyone really enjoyed themselves and below are the three feedback comments.

Just a quick "Thank You" to all who arranged the social last night – it was excellent. There was time to talk with those you only sit next to at the meetings.

Good food and good company – Excellent !

Hi Guys many thanks for a brill Party we both mixed and matched with as many folks as pos, hope you all enjoyed the evening as much as we did.

The September Group Meeting took place on the 7th, when our speaker was Helen O'Donnell a Consultant Oncologist at the Berkshire Cancer Centre, whose talk was concerned with Radiotherapy, Past, Present and Future. For our Group it was essentially focussed on the non-surgical treatment of Prostate Cancer.

Helen explained that Radiotherapy is used to treat more than half of all cancers, with the treatment aim being to cure the disease or relieve symptoms, such as pain. With techniques including External Beams from linear accelerators to Brachytherapy where a radio isotope(s) is inserted directly into the cancerous tissue.

It all began in 1895, when Wilhelm Roentgen discovered X-rays with a major subsequent milestone being the Nobel Prize to Marie Curie for Physics, the first woman to receive a Nobel prize in 1903.

In principle, radiation works by damaging the DNA of cells, and since Cancer cells have less ability to repair damage than normal cells, the DNA damage accumulates and so cancer cells die or at least accumulate more slowly.

Helen explained that the goals of radiotherapy teams are "the effective destruction of cancer tissue whilst minimising the dose of radiation to adjacent healthy tissues; and also to make treatment easier and shorter both for the patient to sustain and healthcare

professionals to perform.”

The early machines used a radioactive material such as cobalt to produce radiation but eventually linear accelerators were used to create intensely powerful beams of electrons, these were first introduced into England in 1952.

Several pictures illustrated the change from quite agricultural looking hardware at that time, to machines going beyond where Star-Trek could boldly go or not. These modern machines and the techniques used to shape the beam are resulting in the goal of the Radiotherapy community being met more and more.

In addition, apart from the lovely person in white who says “now lie quite still” there are hoards of back office people ranging from physicists to IT specialists and Software engineers who we patients rarely see.

With high performance computers and software, the tumour is registered with X-ray or CT scan, then other scanning techniques (CT, MRI and PET) are used to create a 3-D planning model to accurately guide the treatment; then there is a network of computers to calculate dosages and to track treatment sessions.

Advancement is remorseless and there is now Intensity Modulated Radiation Therapy (IMRT) which involves varying the beam intensity through the use of a multi-leaf collimators and advanced software giving a “dose” more focussed on the tumour.

The future seems bright, particularly with advances in physics and computing power and associated techniques

Yet again, an excellent talk from a member of the RBH team

Awareness

See Earley Green Fair above

Fund-raising/Finances

There is a good rumour from Keith that we may receive a boost to our funds from John Lewis and Partners, watch this space next month.

Forthcoming Events

5th October – We are unable to have our “Imaging and PCa” speaker as anticipated for this month, however, at short notice we now have Alison Hunt from the RBH coming to talk to us. Alison is an Oncology Research Nurse and will be able to build on what Karen Wilmot told us about research work a few months ago, in particular the “Patch Trial”. (Imaging speaker early next year, hopefully)

2nd November - Erectile Dysfunction and Mechanical Aids!

7th December – Most probably the Christmas Social.

Support

As you should be aware from issues of Pharos, there is a set of ‘phone numbers on a credit card size laminated card, available for Members to take at the monthly meetings. These are for Members’ use for seeking support.

For those who do not have the card, the names and numbers are: -

Steve Allen	0118 9266 747
Bill Forfar	0118 9619 655
Ian Forrester	0118 9789 857
Keith Jackson	0118 9842 999
Paul Sefcick	01635 34778
Graham Cook	0118 9691668

Something different

Not a poem this time, but is it about gardening?

New tricks with an old hosepipe

Our garden hosepipe has an adjustable nozzle, allowing the output to be varied from (A), a wide spray, through (B), a fairly directional flow, to (C) a fast fine jet. This makes it useful not only for watering the garden of course, but also in helping me describe here a minor difficulty I suffered after my radical prostate removal.

Both before and after the operation, I always passed water in mode B, this being the natural setting of the ‘nozzle’. Any slight adjustment of the latter invariably caused a switch to mode A, so I never explored the possibilities further. The main symptom of the encroaching PCa was a reduction in my (mode B) flow rate. The big change after the operation was that the flow was magically restored.

The fact that a prostate-sized length of ‘hose’ had been removed from inside, and the gap closed up, seemed to cause only one problem: just occasionally a composite mode A-B would kick in. Even more annoyingly I only noticed it afterwards, each time, from the wet trousers. This A-B mode must have been a consequence of the hose-shortening, because it never happened at all before the operation.

Obviously I did my best to control it, but it kept catching me out. Then just recently I thought of trying to readjust the nozzle first for mode C (by pulling the skin back out of the way, since you ask). Success! Though I found that there were certain things I had to do: start carefully, aim low, keep the mains pressure constant, and at the end slowly close the stopcock (located close to the kitchen – I mean the pelvic – floor).

These tricks took a little mastering, but now that

I am watering safely in mode C, I'm surprised that I always assumed it was a setting that could only be applied with impunity to the garden hosepipe.

Anon

Disclaimer

This newsletter does not offer medical advice.

Nothing contained on the newsletter is intended to constitute professional advice for medical diagnosis or treatment or to advocate or recommend the purchase of any product or use of any service or guarantee the credentials or appropriateness of any health care provider. Members are strongly advised to consult with an appropriate professional for specific advice, tailored to their situation.