

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

Issue 28: September 2013

EDITOR'S FOREWORD.

The Summer Social event took place on the 22nd August. I was sorry that I could not be there, due to being away on a holiday that had been booked some time ago.

The Summer Social was attended by more than 40 people, starting around 7:30 with drinks in the bar of the Moat House Hotel, the group then moved to the dining area for a good buffet meal. Our Chairman Dr Steve gave a few short words of welcome (very short under orders from his lovely wife Sylvia). There was then plenty of time to mingle and chat with other members, finishing around 9:30. The evening was thoroughly enjoyed by everyone and we look forward to the Christmas Social in December.

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TRAVEL INSURANCE.

I took out multi-trip European travel insurance in September 2012 just before being diagnosed. The cost was £70.03 for two people, through Employee Advantage. I have just received a renewal quote including cover for my prostate cancer treatment, of £107.83. This is an increase of about 50% but I was expecting a bigger increase than that. It does however include an additional item on my health record, in that about three months ago my GP has advised me to take statins. However I think that the bulk of the increase was due to the prostate cancer treatment and the fact that my diagnosis was less than 12 months ago (only just, but you cannot explain that to a computer!). This is somewhat cheaper than a bundled (including travel insurance) bank account costing around £12 per month, and this cost is subject to medical history. It is worth looking at taking individual trip

insurance, which may be cheaper if you do not do very many trips per year. I would like to remind members that in the archive there is a previous document on travel insurance via a bundled bank account, written by a member in May 2010. If you would like to see this document, please email me for a copy.

My thanks go to the people that responded with information about their travel insurance in respect of prostate cancer. Here is a summary of their inputs:

Member #1 uses a bundled Lloyds bank account for travel insurance. Prostate cancer cover is provided, and the cover is world-wide. The account costs £12.95 per month, but he has never made a claim to test the response!

Member #2 before surgery had annual insurance with American Express, but on renewal after surgeries including a prostatectomy, they said that they would not cover the conditions that had arisen since the previous renewal. The member declined this renewal. The member has travelled to Europe and the Far East/Australasia since surgery, and used single trip insurance by Saga on both occasions – they would not offer multi-trip. Saga is not cheap but would cover all the medical conditions. Some other companies that he tried were:
AllClear would offer insurance but was considerably more expensive than Saga.
Insure Blue would offer cover for all conditions and were slightly cheaper than Saga.
Insure & Go would exclude all cancerous conditions.

Member #3 uses travel insurance provided with a bundled Co-op account (underwriters are AXA) at a cost of £9 per month. This member last year wanted cover for a long

trip of 91 days. Saga would only offer cover for 90 days and was very expensive. The member took insurance with Explorer who had no surcharge for a cancer patient.

Member #4 had a bank account known as Barclays Additions Active. The travel insurance excluded the prostate cancer condition.

Member #5 has used LV with cancer covered but rather expensive. A colleague of his with some health problems more severe than prostate cancer, used Staysure with all conditions covered, and seemed to be less expensive than LV.

Another member has sent to me a newspaper article about insurance for ill or older travellers. It concerns a comparison website 'Medicaltravelcompared' which was recently launched. Customers answer a simple set of questions and are then matched to a list of insurers, many of whom have no upper age limit on single trip cover. The Association of British Insurers has agreed with the Government a 'sign-posting' service whereby an insurer who cannot offer cover must refer customers to other firms that can, or to a service such as BIBA's (The British Insurance Brokers' Association). The article mentions the firms Saga and AllClear, and suggests that for more options, one can visit biba.org.uk or call 0870 950 1790.

In summary, the members' stories above can provide some indications but one has to obtain quotes, and check the regions covered (Europe, world-wide etc.), the term (single trip or multi-trip) and what is and is not covered.

THE SEPTEMBER MEETING (6th September 2013).

We were introduced to Betty Kimbinyr, an operating theatre nurse at the RBH, who is particularly interested in increasing the awareness of prostate cancer within the Afro-Caribbean male population – a group with which she obviously has close connections. This group seems to be at a higher risk of prostate cancer than other groups, and there seems to be a reluctance in this community for males to come forward with any water works problems. The

Chairman said that this has been borne out at our awareness sessions, where it is more likely that Afro-Caribbean women are eager to seek information about prostate issues, than are the men folk.

A talk was then given by Junior Doctor Kate Hobbs. She gave a very interesting account of her training, and reasons for her being involved in urology.

Kate spent seven years in medical school, and then graduated after doing posts for three months at a time, in different roles at the hospital and gaining more responsibility. During this time she worked within six specialist areas, including surgery, medicine, general practice and psychiatry.

The career path for progression through any Speciality is to spend between two and four years as a Senior House Officer, and after passing examinations, become a Local Registrar, which involves seeing patients in clinic, and performing surgeries. One usually remains a Registrar for about five to eight years before final 'accreditation' is achieved with the Royal College of Surgeons. That done, then the person concerned can start looking for a Consultant post.

Kate enjoys working in Urology, which is a broad subject, with operations ranging from the very small operations, such as circumcision, up to removing major organs such as kidneys. Major surgery for cancer of the bladder and prostate is becoming an increasing workload in the Urology unit. Many of these patients will also require reconstructive surgery such as fashioning a new bladder from a length of intestine. Most of the surgery is elective – the very nature of Urology means that there are few emergencies. The Urology unit in Reading now works a six-day week for performing elective surgery.

There were then many questions from the audience. The first was why she chose urology. The reasons are that the work is logical, working out the cause of problems. Every patient is different, and the work covers many aspects, including incontinence, pelvic floor, the reproductive organs, and artificial sphincters. This area of the management of incontinence was one in which she hoped to specialise.

Other questions are responses included:
Do consultants retire? – Yes, and many then move on to working with local commissioning groups or governance. Consultants near to retirement would not be trained in new methods (e.g. robotics) as they would not have a lengthy time to practise them.

Accountability – Junior doctors are accountable to a consultant. Statistics on individual performance will begin to be published next year.

Capabilities – Doctors have a list of competencies that they have achieved. Surgical training has to be supervised and requires a log book to be kept. Certain performance levels have to be achieved in order to attain accreditation with the Royal College and thus become a Consultant.

Initiative – Standard procedures are in place for all operations, but there is always room for individual initiative in the treatments to be applied. During training, doctors will come across different approaches by the consultants to solving the same problem. Once fully qualified, they will use this pooled knowledge to adopt what for them is the most appropriate form of treatment in each individual patient.

Done oncology? – No, this is a specialist area although there is some overlap between the areas.

Discrimination? Kate has not experienced any discrimination issues. There are 30 females in the urology department.

Major advances in next 20 years? Kate thinks that some advance will be made in the treatment of the formations of stones in glands. Prostates need some research and new treatments will certainly evolve.

Kate finished by saying that the Urology unit at the Royal Berkshire Hospital is the best unit that she has worked in – a view with which the majority of us in the Group would concur.

Our thanks were given to Kate for her very interesting and informative talk, and a gift of appreciation was presented to Kate.

FUTURE MEETINGS

The next meeting will be held on the 4th October. The guest speaker will be Helen O'Donnell, a specialist in Chemotherapy and Radiotherapy.

The November meeting will be on the 1st November when the guest speaker will be Dr. Steve Foley, an incontinence expert.

On Friday 6th December we will be hosting our annual Christmas Supper and Social at St Andrew's Hall. An event not to be missed!!

FUTURE EVENTS

None planned

NEW MEMBERS.

There were no new members at the September meeting.

All members are welcome to get in touch with any of the support contacts below should they want to discuss any matter relating to prostate cancer.

SUPPORT CONTACTS

For any member who would like some help or support from the Group, or simply would like to chat with someone – perhaps another member who is or has been in a similar situation – any of the members below can be contacted:

Steve Allen	01189 266 747
Ian Forrester	01189 789 857
Keith Jackson	01189 842 999
Paul Sefcick	01635 34778
Graham Cook	01189 691 668
Steve Parkinson	01189 785 268

RPCSG WEB SITE

A small review of the web site has been held, which will lead to an update of the draft web site contents.

INTERESTING ARTICLES

There are two articles about trials of drugs for the treatment of advanced prostate cancer, on the Prostate Cancer UK website. These concern the drugs Zibotentan and Docetaxel. The first article concerns the drug Zibotentan, that is being tried for the treatment of prostate cancer that has returned after hormone treatment.

Information can be read at this web address: <http://www.cancerresearchuk.org/cancer-help/trials/a-trial-looking-at-zd4054-for-prostate-cancer-that-has-come-back-after-hormone-treatment>

Unfortunately the trial was stopped early, when early results suggested that the drug was very unlikely to prolong life.

The second trial compares the use of Docetaxel alone, with the combined effect of using both Docetaxel and Zibotentan, for the treatment of prostate cancer that has spread to the bones. The story of this can be found at this web address:

<http://www.cancerresearchuk.org/cancer-help/trials/a-trial-looking-at-docetaxel-and-zd4054-for-prostate-cancer-that-has-spread-to-the-bones>

This trial appears to be in progress and no results are yet available.

It is good to know that such trials are taking place for prostate cancer treatment.

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Last month we heard of a member's experiences of radiation proctitis (bleeding from the rectum) many months after a brachytherapy treatment. Since then I found an article on one of the Daily Mail's web pages – a fairly recent publication dated 21st May 2013. This says that treatment with a hyperbaric chamber can very effectively treat this condition. A hyperbaric chamber is one in which the pressure can be

increased and is often used to treat divers to prevent the bends (decompression sickness). The patient sits inside the chamber for a couple of hours at a time and breathes oxygen through a mask. The reason why it works is not fully understood, but it is thought that increased levels of oxygen trigger the release of stem cells that can then repair the damaged areas. This is indeed a breakthrough, and something that we should all be aware of. This is the article:

<http://www.dailymail.co.uk/health/article-2328113/How-diving-chamber-heals-damage-left-prostate-cancer-treatment.html>

Please scroll down to the bottom of the internet page as far as possible, where there is just one comment by a reader, but it is very relevant and interesting. It is by a lady whose husband was successfully treated by this method, and she questions the cost of £10,000 per patient as stated in the article, as her husband's bleeding was cured after 40 sessions at just £20 per session! In articles like this there always seems to be someone casting doubt on the subject, and in this case Professor Yarnold said that "more evidence needs to emerge to prove its effectiveness". However the lady respondent said that more evidence is not needed, as the process has already been proved effective. Elsewhere in the article a study found that more than 90% of patients had a good response. The treatment was carried out at a local Multiple Sclerosis clinic, where the chamber is also used to treat sufferers of MS.

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HYPERBARIC OXYGEN.

The following further information on hyperbaric oxygen was kindly provided by the Chairman:

Hyperbaric oxygen works by increasing the amount of oxygen available to the healing tissues. Areas with poor circulation may not always have as much oxygen as they should. There is a maximum amount of oxygen that can be carried in the blood – all dependent on the number of red cells available. Anaemic patients are at increased risk of poor healing. The increase pressure in the oxygen chambers forces more oxygen to

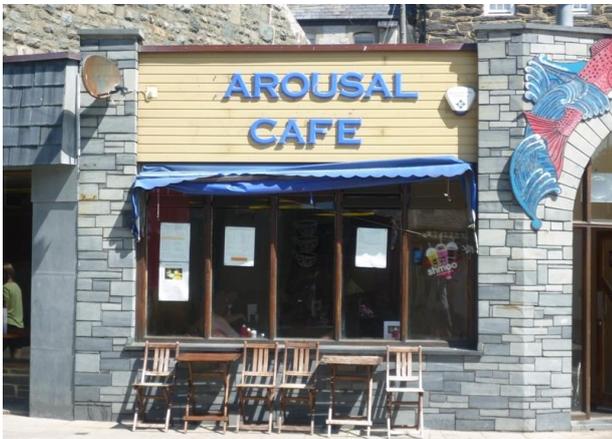
dissolve directly in the blood and therefore more oxygen is available to the healing tissues – but only for the period of time in the chamber. Hyperbaric oxygen has, indeed, been suggested as being beneficial in MS. Other patients with poor wound healing or the onset of gangrene can also be helped by this technique. Chambers can be quite small and some find the experience a little claustrophobic – although it didn't stop Michael Jackson from being a regular user!!



A hyperbaric chamber

AND FINALLY...

I took this photograph of a café in Barmouth, in North Wales:



I went inside in case they had found a cure for erectile dysfunction. Alas, they had not, but I did find that they had lost the first letter C from the name of the café.

The owners replaced the missing C at least nine times, but due to repetitive thefts of the C, they now leave the sign as it is. My dictionary defines a Carousal as a noisy or lively drinking-party!

You can read a little more about the cafe here:

<http://northwalestoday.com/barmouth.html>

Steve Parkinson
Newsletter editor.

NewsEditorRPCSG@yahoo.com

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