PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

Issue 41: October 2014

Website: www.rpcsg.org.uk

THE OCTOBER MEETING

The October meeting had 44 people attending including two new members. There was a return presentation by Dr. Fawaz Musa who gave a very interesting talk about the role of the pathology unit.

Dr. Musa said he is one of a team of histopathologists whose job is to examine and analyse biopsies and other tissue samples, to determine whether any cancer is present, and if so to assign a grade and stage to the sample. He spends about 80-90% of his time in the examination of samples. The unit receives tissue samples from all of the body, not just the prostate. Dr. Musa told us of the causes, risk factors, symptoms and diagnosis of prostate cancer, then described the process of carrying out the analysis and assigning categories to samples.

Dr. Musa said that about 1 in 8 men will suffer prostate cancer at some time in their lives, but that it is fatal in only 1 in 25 patients, as most people with this disease usually die from other causes. It accounts for about one quarter of the cancers in males. The risk of the disease is about 2½ times greater if a Father or Brother has the disease, and for Afro-Caribbean men the risk is about 1 in 4.

Dr. Musa then showed some slides of samples as seen under the microscope. Samples are stained to make detection easier. It was quite obvious that the detection of cancerous cells is a very specialised skill. Samples are evaluated against two scales - grade and stage.

The grade is done against a scale known as Gleason. The scale is from 1 to 5, but levels 1 and 2 are for small tumours and are not used now, the only grades used are 3,4 and 5. The appearance of the cells indicates how aggressive the cancer is. Grade 3 is the least aggressive cancer, whilst 5 is the most aggressive. A histopathologist firstly looks at the most populous type of abnormal cells, and assigns one of the numbers 3, 4 and 5. Then the second most populous type of abnormal cells is evaluated and scored, and the two numbers added together. For example if the most populous cancerous cells are grade 3 and no grade 4 is found, then the score is 3+3 (or Gleason 6, the least aggressive). If the most populous cells are grade 3 and there is also some grade 4, the Gleason score would be 3+4 =7. The score for the most aggressive cancer is 5+5 = Gleason 10.

This grading process cannot be used after hormone or radiotherapy treatment, as these treatments disrupt the cell profiles. It can still be determined whether cancer is present in a tissue sample, but a grade cannot be determined.

The staging process assigns a ' T ' number dependent upon the extent of the cancer. A T1 tumour is very small and cannot be detected by a rectal examination but may be detectable by scans. T2 is contained within the prostate capsule, and T3 and T4 are for cancer that has spread into surrounding tissue.

The grade and stage are helpful in deciding the most suitable treatment for each patient.

In reply to some questions, Dr Musa said that the processing of the samples takes about four days and so it is not possible to feed back any information to the surgeon during an operation. In the cases of cancer extending outside the prostate capsule, the surgeon could be aware of this from pre-operative scans, and during the operation

extra-prostatic extension can be seen by the way that the cancerous cells adhere to surrounding tissue. A slight disadvantage of robotic surgery in this case is that the surgeon receives no 'feel' sensation.

It is not known why Afro-Caribbean men have a higher risk, and investigations are on-going into this ethnic element.

The treatment that a patient receives is the patient's decision in conjunction with the consultant and taking factors into account including the patient's age, risks, tumour grade and stage, and life expectancy.

Dr. Musa was thanked for his interesting talk, and presented with a gift of appreciation.

SABR - A NEW RADIOTHERAPY

Last month I mentioned the Secretary of State's recommitment to raising the standards of cancer treatments, and in particular he mentioned the £6m fund would include some trials of a new radiotherapy treatment, which is known as SABR (Stereotactic Ablative Radiotherapy). I had not heard of this, and found a very good explanation of this on the Macmillan web site. SABR uses conventional x-rays, but the beams are much thinner than standard x-ray machines and the beam is rotated and carefully aligned so that only the prostate receives a full radiation dose, and the surrounding areas receive a much lower and so less harmful amount of radiation. The website explains that one of the names that this is known by is 'Cyberknife'. This is not an unknown treatment and I gave some information on this treatment in the newsletter for December 2013 that you can read in the 'Library' tab of our web site.

You can read the Macmillan information at this web page:
http://www.macmillan.org.uk/Cancerinformation/Cancertreatment/Treatmenttypes/Radiotherapy/Externalradiotherapy/SABR.aspx

If you would like this information as a pdf document that is convenient to save, you can find it here:
http://www.nhs.uk/ipgmedia/National/Macmillan%20Cancer%20Support/assets/StereotacticablativeradiotherapySABRMCS5pages.pdf

FUTURE MEETINGS

The 7th November meeting will feature a talk by Dr. Helen O'Donnell, a leading oncologist at RBH. She will talk about prostate cancer and the treatment options.

The meeting on 5th December is planned to be the Christmas Supper and Social. This was a very popular event last year, and we hope will be similarly well attended this year. The venue is the same St. Andrews church hall. There will be a buffet meal and a quiz, and the committee members will again decorate the hall in the festive spirit.

oooOooo

Please visit the RPCSG web site shortly before each meeting, as there you will find the most up-to-date information on future meetings.

Steve Parkinson
Newsletter editor.
NewsEditorRPCSG@yahoo.com

If any member without internet access would like a printed copy of any article referenced in this newsletter, please contact me – by telephone or by asking a friend or relative to email me.

DISCLAIMER

The newsletter does not offer medical advice. Nothing contained in 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