

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

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Website: www.rpcsg.org.uk

THE OCTOBER MEETING

The October meeting was very well attended by 43 people, including three new members. The guest speaker was Ann Innes of Prostate Cancer UK.

Ann introduced herself as a Support group Development Manager, based in Glasgow. One of her roles is to understand how the support groups develop.

We do not know how to prevent prostate cancer from occurring, and prevention is being investigated. It is thought that some things can reduce the risk, for example having a healthy diet, and not smoking.

PCUK allocates sums of money for research, and a major task is to identify areas for research. Panels decide on the areas for research, and the panels include people who are affected by cancer. The grants are known as Research Innovation Awards.

Ann said that PCUK spends an average of £7.5m per year in prostate cancer research. The objectives are better diagnosis, better treatment, better prevention, and better support. A further objective is to 'tame' prostate cancer within 10 years.

For diagnosis, PCUK is developing a Risk Assessment tool, to assist GPs when they are faced by a patient with possible prostate cancer symptoms. The tool identifies markers that can alert the GP, and is intended to be available within the next few years. The tool will be updated as new markers are found.

For treatment, there are currently 8 awards totalling £2.6m. Ann described these areas, and below is a summary of the researches and amount of award received::

- Side stepping resistance to hormone therapy (£182,871).

- Using stem cells to smuggle cancer-killing protein into tumours. A protein known as TRAIL is introduced using stem cells and binds to cancer cells and makes them kill themselves. However at present TRAIL is unstable, and research is ongoing into making TRAIL more stable. (£255,817).
- Targeting hardy cells that survive radiotherapy (£279,632).
- Tackling common mutations that reduce the effectiveness of hormone therapy (£819,634).
- Personalising treatment to the differing responses of cancer cells (£536,625).
- Exploring whether bacterial infections could cause aggressive prostate cancer (£208,208)
- New drugs to block instructions from a cancer-promoting gene (£136,690).
- Build an atlas of radiotherapy doses to understand which men need stronger treatment (£224,739).

Ann then described some work in the area of gene therapy. Some cancers produce cells that block other cells that are able to fight the cancer cells. Cancer cells respond in different ways, so work is ongoing to tailor gene therapy to each individual patient, by assessing the likely sensitivity to different treatments. An important aspect is to achieve the right level of treatment, to avoid under treatment that may not cure the cancer, and over treatment that could cause damage to healthy cells.

Ann advised us all to read the website for the current research information. There is much collaboration with other countries, and the UK is behind progress in Europe. Results are being shared, and experts are being brought together.

Ann said that risk of a man developing prostate cancer is 1 in 8, and for black men

the risk is 1 in 2. The reason for the latter is not known.

Ann was thanked for her informative talk, and presented with a bouquet of flowers.



A photograph of Ann, taken during her talk to the RPCSG.

OPEN OR ROBOTIC : FOLLOW-UP

In the August newsletter I gave an account of a surgeon who has reverted to open surgery rather than robotic, on account of his conclusion of reductions in the common side effects of incontinence and erectile dysfunction. I am pleased that one of our members has pursued this opinion with Action Bladder Cancer UK, and a research Fellow at Birmingham University. The conclusion seems to be that there have been no controlled trials of the consequences of open or robotic surgery on incontinence and ED, and hence no substantiated evidence. More research is needed into the side effects of incontinence and erectile dysfunction from open as opposed to robotic surgery, before any benefits of open surgery over robotic surgery benefits in these side effects can be conclusively proven. In the meantime there seems to be some support for the theory that open surgery has better outcomes.

A growing number of surgeons now train only with the robotic system, so skills of open surgery may be gradually lost. There seems to be no doubt as to some benefits of robotic assisted surgery, namely the lower blood loss, quicker recovery time, and less scarring. The disadvantages are a longer operative time, and cost; the robotic machines are expensive to buy and maintain, and the disposable items in an operation cost several thousands of pounds.

The following web page is an extensive analysis of the differences between the open surgery and robotic assisted. The article reaches no validated conclusion on the advantages of either system, however in the text it states that the open surgery is superior for the preservation of continence, and reports that the open method produces a lower rate of patient dissatisfaction than the robotic method.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2859140/>

SUPPORT FOR PATIENTS AND CARERS

Many of our members have been helped by two web sites that provide help and information to patients. These are Prostate cancer UK, and the Macmillan Trust. The telephones of PCUK are manned extensively, and they are very good at listening to anyone calling in. They can offer a variety of services, including help and technical information about any aspect of prostate cancer.

The Macmillan Trust is also a very good source of help and information, and they will also listen and advise anyone who is a carer for someone suffering from prostate cancer.

You can find links in our web site to these organisations, and the following two links will take you to their home pages:

<http://prostatecanceruk.org/>

<https://www.macmillan.org.uk/>

DATES FOR YOUR DIARY

4th NOVEMBER 2016

This group meeting will have a talk by Martin Christlieb of the Medical Research Centre, concerning the treatments for prostate cancer.

2nd DECEMBER 2016

This will be the annual Christmas Social buffet meal, to be held in the St Andrews Church Hall. Details will be available later.

6th JANUARY 2017

As with all January meetings, there will be no guest speaker, as the attendance is usually reduced, on account of the Christmas festivities and recovery from them! The meeting will be a chance to have informal chats with other members. One of the committee members will give a short information talk about the help available to patients and carers, and the PCUK Community site.

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