

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

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THE OCTOBER MEETING

Graham Cook, our Social Secretary, introduced the meeting and welcomed five new members. The meeting was very well attended by 63 members in total.

The guest speaker was Dr Fawaz Musa who is a histopathologist consultant at the Royal Berkshire Hospital. Fawaz said that he is one of eight consultants and has 15 years experience in the role. After describing the prostate gland, Fawaz said that prostate cancer is the most common cancer in men, with more than 47,000 men diagnosed with the disease every year. It is rarely found in men under the age of 50 but is increasingly common with age. The causes of the disease are unclear, but there is a higher risk for someone having a father or brother with the disease, and for men of African-Caribbean or African-American descent.

Fawaz described the symptoms of prostate cancer, which mainly concern changes in urinary habits. However the symptoms are similar to those produced when the patient has BPH (Benign Prostatic Hyperplasia) that is not cancerous. Also prostate infections and cycling can cause temporary PSA increases.

The methods used for diagnosis include digital rectal examination, PSA blood tests, multi parametric MRI scans, biopsy and CT or bone scans.

A biopsy is the only way to confirm the presence of prostate cancer. Fawaz described the method of analysing biopsy samples. Usually 10 prostate tissue samples are taken and then these are processed in the histopathology laboratory, where they are treated overnight using chemicals and dyes, mounted in a wax block and then sliced onto slides that are examined under a microscope. Fawaz showed many slides illustrating views of different grades of cancer cells. It became obvious to the audience that a very experienced eye is needed for this job, as the difference between cancer and non-cancer cells was in some cases not immediately obvious. A slide was shown of cancer cells after the patient had received hormone treatment. The cells appear completely random and assessing a Gleason grade is no longer possible. The cells remaining this state even after hormone treatment has finished.

Fawaz then described the methods by which the cancer is Staged and Graded.

Staging is the process of assessing the size of a cancer and whether it has spread beyond the prostate. This helps to determine the appropriate treatment and is called TNM staging. Each of these letters is followed by a number.



A photograph of Fawaz during his talk

The stage of prostate cancer is a measure of how extensive the cancer is. The letter T followed by a number denotes the stage. Stage T1 is for cancer that is very small and undetectable by digital examination. T2 is when the cancer is confined within the prostate gland, and can be subdivided as T2a, T2b or T2c dependent upon the extent. Stage T2 tumours can usually be felt by digital examination. When cancer cells have broken through the prostate capsule but have

not affected surrounding tissue, the stage is T3, and subdivisions are T3a if the seminal vesicles have not been invaded, or T3b if they have. Stage T4 means that cancer cells have spread to other organs.

The N and M are indications of the extent of the cancer. N0 means that the cancer has not spread to the lymph nodes, N1 means that it has. M0 means that the cancer has not metastasised (spread to other parts of the body) whereas M1 means that it has spread.

Grading is done using the Gleason scale that allocates a grade to cancer dependent upon the aggressiveness of the cells based on their appearance under the microscope. The scale runs from 1 to 5 but grades 1 and 2 are no longer used. The Gleason grade states two numbers e.g. 3+4, which is a score of 7. Based on the appearance of the cancer cells, grade 3 is assigned if the cancer cells are mildly aggressive, grade 4 is for moderately aggressive cells and grade 5 for the most aggressive. The score is allocated with respect to the extent of the grades. For example. if all of the cancer cells are grade 3 then the Gleason score is 3+3. If there is more than one grade present, then the first number is that of the most predominant grade whilst the second number is that of the lesser dominant grade. So if the cancer consists of mostly grade 3 cells with a lesser amount of grade 4, then the score is 3+4. This total of 7 is the same as a sample in which grade 4 is predominant and the less populous grade is 3, in which case the score would be 4+3, which is also 7. A new grading has been developed to take account of this, called the ISUP grade, and the mapping of Gleason to ISUP is shown in the table on the right.

2005 Modified Gleason Grading	2015 ISUP Grade
3+3, 3+2, 2+3, 2+2	1
3+4	2
4+3	3
4+4, 3+5, 5+3	4
4+5, 5+4, 5+5	5

Fawaz then described the various treatments available for prostate cancer, including cryotherapy that is a focal treatment using a liquid gas to freeze and kill cancer cells. This treatment is not possible for T3 tumours.

There then followed many questions from the audience, following which Fawaz was thanked for his very informative talk and was presented with gifts of appreciation.

RPCSG WALKS

The walk that started in Aldermaston on the 2nd October was a very enjoyable occasion, with 12 members taking part. There were two refreshment stops, in Woolhampton and Thatcham, and then a return by train back to Aldermaston.

6th November 2018

The November walk will take place on Tuesday **6th November** and will start at 10:35 at the Wokingham Waterside Park car park. To get to the car park drive towards Reading on the A329M/A3290 and continue to the very end of the road which ends at a roundabout. Turn right at the roundabout onto Thames Valley Park drive and the entrance to the free car park is almost immediately on the left. If the car park is full you can continue past the car park entrance and park on the roadside free between 10:30 a.m. and 4:30 p.m. We will return well before 4:30 p.m.

The address of the car park is:
Wokingham Waterside Centre
Thames Valley Park Drive
Earley, RG6 1PQ

The walk will go along the Thames to Caversham and then towards Reading and visit the recently re-opened ruins of Reading Abbey. We will then return to the car park walking partly

alongside the river Kennet. There will be a refreshment stop along the way and the total walk distance will be about 6 miles.

All members are invited to this walk. Just arrive at the starting point before 10:35.

Photographs during the October walk:



Approaching Thatcham

THE CHRISTMAS SOCIAL

The Christmas Social will be held as the December meeting, on the **7th December 2018** in St Andrews church hall. Arrival is between 6:30 p.m. and 7:00 p.m with the hot and cold buffet meal being served from about 7:30 p.m. Don't forget that this is a 'Bring Your Own' occasion for which you should bring drinks whether alcoholic or not, for your own consumption.

The event has proved very popular in the past, with a buffet meal served by our usual caterer Mange Bien, also a quiz, raffle and a guessing game. The number of places is limited so please reserve your places early to avoid disappointment.

The cost of the social is £18 per person. To reserve places, please contact the Treasurer Roger Bennett either at the November meeting or by email to: saroban@btinternet.com

You can then make payment by cash at the November meeting, or cheque payable to 'Reading PCSG' and posted to Roger at this address:
52 Deanfield Road
Henley-on-Thames
RG9 1UU

If you would prefer to pay by direct bank transfer, please send an email to Roger for details of how to do this.

Please advise Roger if you have any dietary requirements.

MR Linac

Details of a new treatment for cancer were recently announced both in the press and on BBC television. It is known as MR Linac, standing for Magnetic Resonance Linear Accelerator. This revolutionary technique uses magnetic resonance scanning technology and radiotherapy beams together in a way that they do not interfere with each other. It offers the advantage of targeting radiotherapy with a very high degree of accuracy that will minimise damage to nearby healthy tissue.



*An MR Linac machine.
(Photograph from a web site)*

The MR part of the treatment uses magnetic resonance scanning to guide the radiotherapy beam onto the prostate gland, thus minimising unwanted irradiation of nearby healthy tissue. The location of the prostate gland and tumours can move between scanning and conventional radiotherapy treatment, and during treatment can move due to breathing, bladder filling or bowel changes. The MR Linac system constantly monitors the location of the prostate during the radiotherapy and adjusts the beam to keep it focused on the prostate.

You can find much information about this treatment on the internet and the following pages are interesting:

<https://www.royalmarsden.nhs.uk/news-and-events/news/new-era-cancer-treatment-begin-revolutionary-radiotherapy-machine-opened-mayor>

<http://www.irishnews.com/magazine/science/2018/09/25/news/first-uk-patient-receives-groundbreaking-tumour-radiotherapy-1442487/>

This BBC web page says that the second machine will be installed next year at the Christie hospital in Manchester:

<https://www.bbc.co.uk/news/health-45627165>

The recent successful treatment of a prostate cancer patient was carried out at the Royal Marsden hospital. Until there are many more machines, there is likely to be at least initially, a shortage of machines to meet the expected demand.

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DISCLAIMER

This 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.

This newsletter may refer to named providers and their products or services, and such reference expresses no inference upon any aspect of any provider's business, services or products, and expresses no recommendation or preference for any such products or services.

DATES FOR YOUR DIARY.

2nd NOVEMBER 2018

The guest speaker will be Charlotte Robinson, Consultant Radiologist at RBH.

6th NOVEMBER 2018

This is the RPCSG walk from Waterside Park to Caversham and Reading.

7th DECEMBER 2018

The Christmas Social

4th JANUARY 2019

This will be an informal meeting with no guest speaker. It will be a chance to chat socially with other members.