

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

Issue 87: February 2019

Website: www.rpcsg.org.uk

THE FEBRUARY MEETING

In spite of a lot of snow and slush and some problems on motorways, the February meeting was very well attended by 30 people including a new member. The speaker was Dr Stephen Allen, who is a retired consultant anaesthetist and a former RPCSG chairman. The topic of his talk was the improvements in treatments that have taken place since his treatment 11 years ago, and a look forward to the developments that could result from current research. It was a very interesting and informative talk and included a fascinating set of slides, some with music.

Steve is now a volunteer speaker for Prostate Cancer UK, in the Education Group. He is also involved with Tackle, a group that provides support for Support Groups such as the RPCSG. He said that Support Groups are vital, both helping members to cope, and spreading awareness of the disease. Providing support is as important as receiving support.

Steve had an open prostatectomy in 2008 and described the position of treatments at the time. The treatments choices then were surgery in cases of Gleason grades of 3+3 or 3+4, Watch & Wait, and external Beam Radiotherapy. Brachytherapy was not then an option as his prostate was too big. MRI scans produced rather fuzzy scan pictures, and biopsies were quite poor, and often hit and miss as to their outcome. Very little was known about the outcomes and side effects. Steve suffered from severe incontinence and erectile dysfunction, and considered that by the standards of today, he was over-treated.

The treatments today are much more refined and successful. Treatments are now more often delayed than in the past, to recognise that in some cases, particularly when the cancer is contained and slow growing, prostate cancer may never need treatment in the patient's lifetime and the patient is then spared the problems that can be caused as side effects.

Steve believes that both education and awareness are vital so that diagnosis may be made at an earlier stage leading to more successful treatment.

The PSA measurement is still the basis of diagnosis. This test is not ideal as it can produce both false positives and false negatives. The sensitivity of measurements had improved greatly and it is now possible to measure levels to three decimal places and at very low levels. PSA can be produced by normal prostate cells as well as cancerous cells and it has been found that:

65% of men with raised PSA will not have prostate cancer
15% of men with normal PSA will have prostate cancer.

Steve believes that the test is not at fault, but interpretation of the test is. The rate of change of PSA is more important than the value.

MRI scans that look inside the body have improved significantly, and even more so with the development of mpMRI (Multi parametric MRI). MRI scans are now routine before biopsies, as they could prevent unnecessary biopsies, and indeed about 40% of biopsies are now avoided by the prior use of MRI. MRI can identify the location of tumours and so can enable biopsies to be targeted at the tumour sites.

A recent development has been the recognition of prostate volume and PSA. An enlarged normal prostate will give rise to an increased PSA measurement, and to take account of this

a new measurement known as prostate density is now being used. The MRI scan is able to measure the volume of the prostate, and prostate density is the PSA value divided by the prostate volume. Thus a healthy but enlarged prostate will have a raised PSA but a normal prostate density, thus helping to reduce the incidence of false positive diagnoses.

PET (Positron Emission Tomography) scans are available in Oxford. This is a dynamic scan that identifies areas of sugar consumption which is a feature of cancer cells. PET scans are better than MRI scans at detecting small secondaries. A further development is the PMSA (Prostate-specific membrane antigen) PET scan that has a greater ability to detect secondary cancers than an MRI scan.

Steve then debated the open prostatectomy as opposed to robotic assisted prostatectomy. Opinions are that robotic surgery is better than open surgeries, that are no longer carried out. The advantages of robotic are that a gas is introduced during surgery that minimises bleeding from veins, has quicker recovery times and is said to reduce the side effects of incontinence and erectile dysfunction, although results are still being analysed. A new technique known as Retzius sparing is now routinely used during prostatectomy, that avoids damaging the Retzius space behind the pubic bone and is believed to have fewer side effects, although evaluation of this is ongoing. Further, it is now possible to take a sample of prostate tissue during surgery and have it pathologically analysed during the surgery, giving the surgeon more information before continuing with the procedure.

Steve then said that previously, brachytherapy was not possible for patients with an enlarged prostate as there was a possibility of the catheter becoming stuck in the prostate. It is now possible to give such a patient a TURP (Transurethral Resection of the Prostate) before a brachytherapy. Steve then described two localised treatments - those that treat the cancer only and preserve the healthy part of the prostate, although the long term effectiveness of these is being evaluated:

HIFU (High Intensity Focused Ultrasound) is focused on cancer cells and heats and destroys them. This treatment is available in Basingstoke, but is normally possible only if the prostate is less than a certain size and the cancer is only on one side of the prostate.

Cryotherapy uses a probe to freeze and destroy the cancer cells; this can be applied to the cancer cells only, or to the whole prostate.

Vascular Targeted Photodynamic Therapy introduces an agent throughout the body that is benign until activated by a laser light delivered by a probe to the cancer cells.

External Beam radiotherapy has seen some improvements over the years. It is now possible to inject a gel between the prostate and rectum to separate these two organs by a few millimetres and so reduce incidental damage to the rectum by overspill radiation. Also there is conformal radiation whereby the beam is shaped as it moves around the body to conform to the shape of the prostate. Radiotherapy treatment now uses a CT scan before the radiotherapy dose to determine the position of the prostate and enable better targeting of the radiotherapy beam.

Proton Beam therapy is a new treatment that is becoming established and has been widely used in a treatment centre in Prague. The advantage of proton beams is that their penetration can be made to stop at the prostate and not continue beyond the prostate as conventional radiotherapy would - hence there is no exit dose and damage to tissue beyond the prostate is eliminated.

Hormone treatment can now be given before treatment, to reduce the size of the prostate and make for easier treatment.

Intermittent hormone treatment can be effective and reduces some side effects.

The use of Abiraterone and Enzalutamide is now possible in conjunction with other treatments. The former stops the production of testosterone whilst the latter blocks the effects of testosterone and can improve the outcome of treatments.

Other improvements are:

- The availability of radium 223 treatment.
- Due to the accurate monitoring by mpMRI, Active Surveillance is becoming a more favoured option in the case of confined and slow growing prostate cancer. It is believed that the over-treatment rate has reduced to about 8%.
- Whole body Diffusion-weighted MRI scans can better detect cancer that has metastasised.
- Hyperbaric oxygen can reduce some side effects.
- A new drug Padeliporfin is available.
- The use of PDE5 inhibitors (e.g. Viagra, Cialis) can encourage a return of sexual function, and some consultants advocate a low daily dose of 5mg of Cialis during recovery.
- Pelvic floor exercises can help in recovery of normal functions.
- A 'breathalyser' has recently been trialled that could detect cancer based on a sample of breath.
- Medical detection dogs have a success rate of over 95% in detecting prostate cancer by sniffing at urine samples.

Some areas that deserve more attention in the future are:

- Better screening tests are needed.
- Algorithms and better tests (e.g. the Stockholm 3 test) are being developed including test results, genetics and proteins to better manage prostate cancer.
- Better differentiation of aggressive and non-aggressive cancer is needed. PCUK is currently funding about £25 million of research into this over 5 years.

Finally Steve said that there is no proven dietary means of preventing prostate cancer. A balanced healthy diet is recommended, with everything taken in moderation. There are four things that are said to possibly prevent the recurrence of prostate cancer after primary treatment:

Turmeric.

Pomegranate juice, but a quantity of about 2 litres per day is probably needed.

Broccoli.

Green tea.

In the case of pomegranate juice one would need to take about 2 litres per day. A member said that he takes tablets known as Pomi-T that is a balanced mix of the above four items.



Steve during his talk

Steve was thanked for his very informative and entertaining presentation.

Editor's notes:

You can find more information on PET scans at this web page:

https://www.scr.com.au/page/About_Us/News/NEW_PSMA_PET_tracer_aids_detection_of_prostate_cancer_recurrence/

For further info on MR Linac see the newsletter of October 2018.

For info on Vascular Targeted Photo-Dynamic Therapy see the newsletter of December 2016.

NEXT GROUP MEETING 1st MARCH 2019

The meeting on the 1st March will be our Annual General Meeting that will be brief and will be followed by a Question and Answer session. The answers will be provided by Oncology Nurse Beverley Skelton, and possibly Tessa Martin also. This will be a great opportunity to obtain the answers to any queries that you may have concerning prostate cancer or side effects, without a GP or hospital appointment. If you have any questions or a need for any information will you please email them to me before the March meeting. I will pass these on to Beverley so that she may do any necessary research in advance of the meeting. The questions and answers will be anonymous so that no member's name will be mentioned.

PAST EVENT - RPCSG FEBRUARY WALK

The February walk started at the Waterside Country Park on the Thames Valley Drive. The walk was muddy in places following the recent snow, and a little light rain that was not a problem. The walk was alongside the Thames towards Sonning, and there was an enjoyable refreshment stop at the Mill At Sonning. The walk went round the Oracle Nature Lakes. 13 people and Fingal the dog took part.

Photographs during the walk:



The walk included St Andrews Church in Sonning



Exploring the pods at the Coppa Club

NEXT RPCSG WALK - 5th March 2019

The walk on the 5th March will start at the Wokingham Waterside Centre at the top of the A329. The walk will be to Caversham with a refreshment stop at the Crown. The return will be through the Forbury Gardens and alongside the Kennet. There will be a further optional stop at the Fisherman's Cottage. Total walk will be about 5 miles.

The walk will start at 10:45. Directions are to travel towards Reading on the A329/A3290 and continue to the very end of the road, where there is a roundabout at which you turn right, and the Wokingham Waterside Centre car park is a few yards on the left. Parking here is free. If the car park is full, you can continue past the Waterside car park and can park on the road free between 10:30 a.m. and 4:30 p.m. (We will return well before 4:30 p.m.).

AWARENESS EVENT - 23rd March 2019

On Saturday 23rd March 2019 we will hold an awareness stand in the Broad Street Mall in Reading. We have again secured our favourite spot at the foot of escalators. This is an indoor location and we will use our gazebo and have much information and booklets on display. The intention is to answer any questions when approached by the public, and also to hand out information leaflets to any man, particularly those of the over 50 age range.

We will have the stand assembled by 10:00 a.m. and will operate in three shifts: 10 til 12 noon, 12 til 2 p.m. and 2 til 4 p.m. We would like to have as many people as possible at each shift and if you would be willing to help out at one of these shifts please send an email to me and let me know which shift you will be available for. Many thanks in advance to anyone who is willing to help and to make this event successful.

EXERCISE SESSIONS

At the June meeting in 2018 the guest speakers were Shirley Jackson and Tessa Higgins of the Macmillan Trust, at which the importance of exercise was stressed. Tessa runs exercise sessions that everyone is welcome to attend, at this venue:

Rivermead Leisure Complex
Richfield Avenue
Reading
RG1 8EQ

No need to book, just turn up.

Meet every Wednesday at 1.45pm for a 1 hour session. Attendance and car parking are free. Remember to register your car with Reception on arrival otherwise you may be charged for parking.

Some of our members have been to these sessions and found them to be very beneficial. They are enjoyable sessions for a friendly time with like minded people. Advice on activities to suit your needs is freely given. If you have any queries you can call our member Richard Brown on 07973 662935.

You can find more information on physical activities in the newsletter of June 2018.

Steve Parkinson
Newsletter Editor.
NewsEditorRPCSG@yahoo.com

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.

1st MARCH 2019

The AGM followed by 'Questions and Answers' hosted by Beverley.

5th MARCH 2019

RPCSG walk.

23rd MARCH 2019

The Awareness stand at the Broad St Mall in Reading.