

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

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THE MARCH MEETING

Chairman Ted Goodhew introduced the evening, welcoming all to the meeting, especially two new members. The meeting consisted of the AGM, followed by a 'Questions and Answers' session that was managed by Beverley Skelton who is the founder of the RPCSG, and Tessa Martin. Both of them are Specialist Urology Nurses.

The minutes of the AGM can be found in our web site under the tab marked 'Newsletter and AGM'.

At the AGM Chris Addison was welcomed as the new Chairman, taking over from Ted who had completed three years as Chairman. Chris introduced Beverley and Tessa who provided a session to respond to questions that had been submitted by members before the meeting.

Beverley and Tessa said that they had received several questions prior to the meeting, and had gathered them together by topic for responses. Beverley showed a set of slides with details of the topics, in a way that provided background information for members who may not be fully familiar with the topic, and also provided answers to the questions.

Beverley first dealt with the subject of PSA measurements and presented the table as shown on the right, giving the normal values for men at various ages. PSA levels can be temporarily raised by a variety of things such as infections, exercise in particular cycling, ejaculation, catheters and biopsies. Hence it is wise to avoid any of these for a few days before any PSA test.

Normal PSA levels by age	
40-49	less than 2.5
50-59	less than 3.5
60-69	less than 4.5
70-79	less than 6.5
Over 80	below 20

The PSA measurement is not a reliable test for the presence of prostate cancer, as both false positives and false negatives are possible. However it is the best possible test available at present and is a good marker to measure the progress of prostate cancer after treatment.

PSA levels after treatment can vary, dependent upon the treatment. PSA measurement is now possible with high sensitivity and can give measurements down to very low levels. Generally, if PSA rises after radical treatment then further treatments are considered when PSA reaches a value of 2. Other factors such as age, any other ailments and the PSA doubling time would be taken into account.

The super-sensitive PSA measurements now possible may cause some anxiety in patients.

Metastasis is unlikely with a PSA of less than 15.

After radiotherapy some increase in PSA is possible as some normal prostate cells will remain. A rise is possible followed by a settling to a stable level.

After prostatectomy PSA level should be less than 0.006.

In reply to a question about a PSA level of 2 following some treatments, Beverley said that with a PSA below 2 it is quite difficult to see cancerous cells by scans. Lumps of cells are easier to see but they have to have a PSA of about 2 to be detectable. Scans are improving and there is

now a PMSA test possible, so that in the future we should be able to detect smaller lumps than is possible at present.

Recent developments in PET scans have enabled tumours to be detected at PSA levels of below 2 but very small tumours remain difficult to detect. Other factors taken into account before treatment are the prostate volume, PSA doubling time and Gleason grade.

Beverley then described the Gleason scale and presented a slide showing the typical appearance of cancer cells of the different Gleason grades. The Gleason grade is assigned to biopsy samples dependent upon the appearance of cancer cells seen under a microscope. The Gleason grade comprises two numbers dependent upon the grade of cancer cells seen. The first number is that associated with the most predominant type of cells seen, with the second number being the grade of the any less predominantly cells seen. For example, if all of the cells are grade 3 (the least aggressive) then the Gleason score is 3+3. If the sample contains predominantly grade 3 cells but with a lower amount of grade 4 cells, then the score is 3+4=7. Conversely if the sample has predominantly grade 4 cells but with a lower amount of grade 3 cells, then the score is 4+3=7. Grades less than 3 are not used hence the Gleason score ranges from 3+3=6 to 5+5=10. Grade 3 cells are the least aggressive and grade 5 are the most aggressive.

The talk continued with strictures, which is a narrowing of a part of the urethra and is caused by scar tissue. Strictures can be caused by damage to the urethra by a catheter, surgery, radiotherapy either external or internal (brachytherapy), and usually occur within six to twelve months of surgery or radiotherapy.

Treatment options for strictures are:

- Dilation (stretching) by rods or inflatable balloons.
- Urethrotomy which is a treatment that opens the stricture by cutting the stricture along its length and is usually followed by Intermittent Self Catheterisation (ISC) to discourage the stricture from reforming, probably for life.
- Urethroplasty is an option that for short strictures, removes the affected length of the stricture and joins the ends of the urethra together. For longer strictures the affected length of the urethra is excised and replaced by a graft of tissue from elsewhere, usually the inside of the cheek.

The nurses then dealt with the subject of incontinence. Most patients are incontinent after radical prostatectomy and recover over a period of time, usually three months or so, but possibly up to a year after surgery. Incontinence after radiotherapy is less common. Incontinence treatments include pelvic floor exercises and the male sling. A recent innovation is the adjustable sling that may help to reduce incontinence. Pads can be provided on prescription for patients with a heavier usage of them, about 2 to 3 per day, otherwise the patient has to purchase pads themselves.

Pelvic floor exercises can help to shorten the time to recover from incontinence.

Hot flushes are a side effect of hormone treatment. Beverley presented a list of ways to cope with hot flushes, and also acupuncture may help.

Time ran out later but before finishing Beverley briefly showed a slide on brachytherapy. She said that there were some more questions outstanding that she will retain and will respond to them at a later meeting at which we will again hold a 'Question and Answer' session, which have proved to be very popular.

Beverley and Tessa were thanked for their very informative answers to the questions and presented with gifts of appreciation.

NEXT GROUP MEETING 5th APRIL 2019

The meeting on the 5th April will have a guest speaker of Laura Geer of the Rutherford Cancer Centre. This centre is located in Shinfield to the South of the M4 and near to junction 11. The centre has been recently established as a cancer excellence facility providing treatments for cancer patients and later in 2019 will have its own proton beam equipment, one of only a few centres at present in the UK able to provide this treatment. They would like to spread information about themselves and have offered to hold guided visits for us to see their facilities.

Laura will be the guest speaker and will give us much information about the centre. Although the centre is a private facility it is almost certain to provide treatment via the NHS and so some of us may find ourselves having treatment by them in the future.

If you would like to read about them you can find some information at this web page:

<https://www.therutherford.com/centres/thames-valley/>

PAST EVENT - RPCSG WALK IN MARCH

The March walk started at the Waterside Country Park on the Thames Valley Drive. The walk took us to Caversham Bridge via Christchurch Park, then on to a visit to the Forbury and the Reading Abbey ruins, then to lunch at the Fisherman's Cottage alongside the Kennet. This was a very accommodating venue providing a welcome lunch. The return to the car park was then about a half mile further.



At a war tribute in the Forbury

Lunch at the Fisherman's Cottage

NEXT RPCSG WALK - 2nd April 2019

The walk on Tuesday the 2nd April will be a circular walk with a distance of about 6 miles. It will start at 10:30 a.m. at Simon's Wood car park, which is on Wellingtonia Avenue and is free. The walk will go South into the Moor Green Lakes Nature Reserve and alongside Colebrook Lake. We will then go West to the Greyhound pub where an area will be reserved for us for refreshments. The return will be via St James church and Heath Ride.

The turn into Simon's Wood car park is denoted by a road sign on the opposite side of the road that says 'Car Park' with the National Trust symbol, pointing into the car park. Using a sat-nav the postcode RG45 6AE will take you close to the car park entrance.

Directions to the starting point are:

Arriving from the West: Drive East on the B3348. The turn to the car park is on the left and is about 0.9 miles after the monumental cross at the intersection of the B3348 (Jubilee Road) with the East-West section of the B3348 (Wellingtonia Avenue).

Arriving from the East: At the junction of the B3348 Duke's Ride with the A321 Wokingham Road, take the B3348 Wellingtonia Avenue going West in the direction of Eversley. After about 700 yards the turn to Simon's Wood car park is on the right.

This is a very picturesque and quiet walk. I hope that you will be able to come along.

DONATIONS

The committee is very grateful to two members who have recently made very generous significant donations to the group. These help our finances immensely and help us to maintain our monthly meetings and guest speakers.

May I take this opportunity to remind members that generous donations for the refreshments at the monthly meetings are most welcome and any excess over costs will contribute to our funds and help us to keep a positive bank balance.

EXERCISE SESSIONS

This is a reminder of the exercise sessions that are held by Tessa Higgins of the Macmillan Trust. The sessions are open to all of our members, and exercise has been proved to be very valuable after treatment. The venue is:

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 662925.

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



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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.

5th APRIL 2019

Laura Geer of the Rutherford Cancer Centre will be the guest speaker.

3rd MAY 2019

The May meeting will have as a guest speaker Susan Drew of Prostate Cancer UK.

7th JUNE 2019

The guest speaker will be Jennifer from the Wokingham Continence Service.

5th JULY 2019

This is the Summer Social occasion.