

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

Issue 92: July 2019

Website: www.rpcsg.org.uk

THE JULY MEETING

The July meeting was the Summer Social that was very well attended by 56 people. It was held in St Andrews church hall and as an added attraction some magicians were invited to demonstrate their skills. They confounded the guests with some amazing magical tricks throughout the evening. Many thanks to all involved in the organisation of the evening particularly to Graham Cook for hosting the quiz and raffle, the latter raising almost £200 for the RPCSG funds.



The quiz winners, with magician (standing)

NEXT GROUP MEETING 2nd AUGUST 2019

The August meeting of the RPCSG will be on Friday 2nd August at 6:30 p.m. in St Andrews church hall. The guest speaker will be Vickie Randall of 'Involve' that provides Community Services and has an association with the Wokingham Cancer Support Network.

NEXT AWARENESS EVENT

11th August 2019

We will hold an awareness stand at the Classic Car Show to be held at Newbury Racecourse. The time slots will be 10 a.m. - 12 p.m, 12 p.m. - 2 p.m. and 2 p.m. - 4 p.m. and again we will appreciate any volunteers to operate the stand. As a bonus, volunteers will be able to view the car show at no cost when they are not helping at our stand. Please contact Steve Allen on drstephenallen@btinternet.com if you can help at this event.

RPCSG WALKS

The August walk will start in Aston near Henley on the **6th August 2019**. We did this walk in September 2018 and as it was so popular that we will do this one again.

The walk will start at the Flower Pot Inn at 10:30 a.m. You can park either in the car park of the Inn, or on nearby lanes. The walk will go into Deer Park, then we will return to the Flower Pot for lunch or refreshments. Then a walk to a local lock on the Thames and a return to the Flower Pot. The total distance walked will be about four miles. Everyone including wives and partners is welcome to join this walk, just arrive at the start point before 10:30 a.m.

The postcode for the Flower Pot is RG9 3DG. Take the road from Wargrave to Henley and at the T junction near to the Henley Bridge, turn right onto the A4130. After about 1 mile turn left into Aston Lane and the Flower Pot is about 1 mile further on.

If you study a map you will see a possible short cut about 1.2 miles after Wargrave, by turning right into Kenton's Lane, left into Culham Lane, left onto the A4130 and after 300 yards turn right into Aston Lane.

PREVIOUS WALK.

The July walk was attended by eight people and was very enjoyable. Starting at the Waterside Park we walked West to Caversham and then visited the Forbury, Reading Abbey ruins, and Blake's Lock Museum. A welcome lunch stop was at the Fisherman's Cottage before returning alongside the Kennet.

Photographs taken during the walk:



Lunch at the Fisherman's Cottage

TACKLE - AGM AND CONFERENCE

TACKLE is a charity that supports local support groups with advice and literature. They held their AGM and Conference in Birmingham on the 13th June 2019 having invited representatives from many Prostate Cancer support groups to attend, including the RPCSG. All attendees found the conference to be very interesting.

You can see the set of slides that were presented at the conference at this web address:
<https://www.tackleprostate.org/past-conferences.php#conference2019>

In that page you will also find a link to Tackle's newsletter 'Prostate Matters' (currently issue 33).

Two of our members attended the conference, one of them being Andrew who has kindly written the following account of the conference speeches:

"PCUK is pleased with its campaign to require Multi-Parametric MRI (mpMRI) before biopsy (the takeaway from the PROMIS trial, leading to much more reliable PCa diagnosis). The compliance level with MRI before biopsy is now over 80%. However, these are not yet all mpMRI, mainly due to lack of suitably trained specialist radiologists. The 80% figure has not been reached entirely to improve the selection for biopsy and targeting of the samples which was the aim of PROMIS – often it's implemented as part of a parallel diagnostic process to meet the cancer diagnosis window targets.

PCUK is pushing to replace TRUS (Transrectal Ultrasound) biopsies with transperineal biopsies. TRUS has approximately a 3% risk of infection (some of which are serious, e.g. sepsis, resulting in some deaths), and this risk is rising due to antibiotic resistance. It is an inevitable risk of piercing the bowel (which can't be sterilised) with a needle, whereas the perineum can be sterilised. TRUS biopsies cannot access the anterior of the prostate, and access to the apex is difficult. One recent advance that has made transperineal biopsies possible is the ability to do transperineal with just a local anaesthetic now, which avoids the costs and waiting list for theatre time. A portable trolley has been developed with everything required that can be wheeled into a consulting room to perform a transperineal biopsy, much like TRUS is done today. Leicester, Bristol, Oxford, and UCLH are now doing this. Cambridge have also separately developed a similar procedure. Also, Barts and Newham have also switched to transperineal biopsies only. Note that this is not a template biopsy with 30-60 samples usually under general anaesthetic – it's fewer samples (similar to TRUS), all taken via just two needle incisions in the perineum, and directed at areas identified on a prior mpMRI scan.

Screening programs – that was the main topic of this year's conference. There are no wholesale screening programs anywhere in the world currently, with the big issue being no good/reliable test for PCa. Screening trials 5 years ago based on PSA tests had resulted in both over treatment and cancers being missed, but no improvement in survival rates. This has improved since. The main objection raised is that of overtreatment, and it is thought this has been reducing as we get better at diagnosis and understanding the results, and was estimated at around 4% in 2017 (most recent year for which figures are available). Secondly was the problem with relatively high infection rate from TRUS biopsies mentioned above, which was difficult to justify when 3 out of 4 people undergoing a TRUS biopsy came out negative. Selection for biopsy is getting better too – in 2008, 3 out of 4 had negative biopsies, but by 2018, this had fallen to 1 in 3 had negative biopsies due to better understanding of PSA test results, combined with mpMRI scan results and considering other risk factors. So the arguments for not running a screening program are significantly reducing, but any such program will need to be more sophisticated than just using PSA levels.

The internal NHS hospital lab cost for a PSA test is £2. There are additional costs in the requesting department (e.g. urology), such as the nurse/phlebotomist, syringe, needle, sterile wipe, etc. The costs for the Graham Fulford Charitable Trust to do the charity tests for a reasonable number of people is around £15 each, including hiring the phlebotomists.

Across Europe:

PCa is the most common cancer in males.

417,000/year diagnosed, 1 in 7 develop PCa before age 85, more than 2M living with PCa, 92,200/year deaths.

Annual cost of €9B.

In UK:

47,000/year diagnosed, 400,000 men living with/after PCa, 11,000/year deaths.

Bill Turnbull and Stephen Fry generate significant extra requests for tests.

PSA, although a poor test of PCa, is a useful biomarker for PSA risk stratification. For example, men with PSA < 1 at age 60 are extremely unlikely to die of PCa, and don't merit any further testing. That accounts for 35% of men. Don't test men with limited life expectancy – they aren't going to die of prostate cancer even if they have it.

Age 50-59			Age 60-75		
PSA (ng/ml)	Action	% of men	PSA (ng/ml)	Action	% of men
< 1.0	Postpone retesting at least 5 years	50%	< 1.0	Stop further testing	30%
1.0-3.0	Test with 2 to 4 year interval	40%	1.0-3.0	Test with 2 to 4 year interval	45%
>= 3.0	Perform further risk stratification	10%	>= 3.0	Perform further risk stratification	25%

Using multiple risk stratifications, the NNI (number needed to invite) to multiple PSA tests to avoid one death is around 1428, which is quite achievable. Without risk stratification, the number will be too high to be manageable. The answer to all critics of PCa screening is not to stop the use of the PSA test, but to stop the misuse of the PSA test.

PCUK is investing in research to make screening a reality.

Area of research	SOME of what PCUK are funding
New diagnostic tests	<ul style="list-style-type: none"> • Developing a test with new markers for GPs • Assessing the targeted use of the PSA test in Black men and men with a family history
Genetics (hereditary& blood based)	<ul style="list-style-type: none"> • Develop a new test to use alongside the PSA test to accurately determine which men have aggressive prostate cancer • Using imaging, blood and urinary biomarkers to improve the diagnosis of aggressive prostate cancer • Creating a test to identify the genetic mutations that lead to aggressive prostate cancer
Imaging	<ul style="list-style-type: none"> • Testing if enhanced Ultrasound Imaging can detect clinically significant disease • Investigating whether MRI can play a role in screening

Interesting talk by Professor Tim Oliver suggesting some PCa may have its roots in what happens to the prostate during puberty. Two factors thought to increase the chance are reduced sunlight exposure to generate vitamin D during puberty (correlated from a lack of playing outdoors), and having acne (anaerobic acne bacteria are found in some PCa). There's also been the suggestion that people with dark skin in countries without equatorial sun levels during puberty will hit the lack of vitamin D issue, but currently this has been seen as too sensitive an issue for further research along these lines, and research is concentrating more on looking for a genetic difference to explain why black men are twice as likely to get PCa.

Prostate Cancer Research Centre is a charity whose role includes the funding of research into PCa including advanced PCa, for which specialist treatments are needed.

DAMION CHESTERS FUND RAISING

Member Damion Chesters is very enthusiastic about raising funds for the benefit of Prostate Cancer UK. 2019 will be the fourth consecutive year that he has joined in a fund raising marathon that has been very successful in the past.

The event is organised by Jeff Stelling who is a Sky Sports presenter. In September, Jeff will walk four marathons in four days across the Home Nations, as part of March for Men. Anyone is invited to join Jeff along part (or all!) of his marathons for either 2, 5 or 10 kilometers during his effort to raise more than £1 million for prostate cancer research.

Damion will be very grateful if you would sponsor him in participating in these marathons. Damion has set up a 'Just Giving' page through which you can easily make a donation of any amount. Apart from a small payment processing fee all of the money donated goes to the PCUK cause.

This link is to Damion's Just Giving page and he will be most grateful for any donation that you are able to make:

<https://www.justgiving.com/fundraising/damion-chesters2>

CONGRATULATIONS TO PETER AND JUNE GILES

Many of our members know Peter Giles who has recently celebrated his Golden Wedding Anniversary of 50 years with his wife June. Many congratulations to Peter and June on this achievement. Their golden anniversary was recently reported in the Henley Standard. Peter was one of the founding members of the RPCSG back in 2007 which with his help, has grown ever since and to date more than 250 different men have visited the group, benefitting from the help, support and information that we can provide.

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DATES FOR YOUR DIARY.

2nd AUGUST 2019

Group meeting with guest speaker
Vickie Randall of 'Involve'.

6th AUGUST 2019

The group walk from Aston.

11th AUGUST 2019

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