PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

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REPORT ON THE MAY MEETING

The May meeting on the 2nd May was very well attended by 64 people (43 men, 21 ladies) including one new member and his wife.

The guest speaker was Mr. Philip Charlesworth, a consultant at the RBH (Royal Berkshire Hospital). He had intended to show a video of a robotic (Da Vinci) prostatectomy being carried out, but was unable to do so due to an incompatibility between the video file type and the laptop operating system version. Instead he gave a very interesting talk about the subject of prostate cancer, including his experiences, recent developments and different treatments. He was willing to take questions from the audience during this talk.

Mr. Charlesworth started by discussing prostatectomy surgery. Since 2009 all prostatectomies have used the robotic process. The key benefits of this (over open surgery) are a quicker recovery, less tissue damage, pressurising the body cavity reduces bleeding from veins, the robotic machine scales down the surgeon's hand movements giving more precise control, the surgeon has a 3D High Definition image, and the continence and potency issues are likely to be improved. The RBH is in contact with other surgeons from all countries around the world, including Mr. Patel in Florida, who has performed around 6,000 prostatectomies in his career. Such contact enables the adoption of new methods with improved outcomes. Also new methods for brachytherapy are being adopted.

There is only one company that makes the robotic machine, and has been producing the second generation machine since 2008, and RBH has one of these. There are about 40 machines in the UK. A Canadian company called Titan is beginning to make the machines, and it is expected that the price will reduce.

Recent treatment developments include HIFU, Proton Arc and Cyberknife, which are more targeted treatments and so should minimise damage to surrounding areas. Mr. Charlesworth is currently somewhat sceptical of HIFU as a complete cure, as it is targeted rather than radical, and he would like to see more evidence of its outcomes. There is always the possibility that current scanning techniques may not identify small areas of tumour. These would therefore not be treated with HIFU and leave the potential for these untreated cells to become active at a later stage.

Diagnosis is improving by replacing the PSA test with new tests such as the ratio of Free-to-Bound PSA. Use of more sensitive MRI scans (multi-parametric MRI scanning – mpMRI) is being made at RBH in addition to PSA testing to improve diagnosis. If an MRI scan is clear then we can be 98-100% certain that there is no cancer present. Within the next few weeks and on a limited basis, RBH will start to use mpMRI scans in cases of raised PSA with negative biopsies, and in Active Surveillance treatment.

Mr. Charlesworth would like all cases of raised PSA to have an MRI scan, but this is not possible on the NHS because the RBH is doing about 600 biopsies per year, and there is not enough capacity at present to carry out an additional 600 MRI scans per year. However the RBH is in the process of obtaining a 3 Tesla MRI scanner.

National guidance on MRI scans was only given about three months ago.

In reply to a question about PSA rising after radiotherapy, Mr. Charlesworth said that after radiotherapy, the prostate may give a background reading. After prostatectomy, a PSA that is low and stable is satisfactory, but if it is rising it could indicate that the cancer had spread before surgery. MRI is not very sensitive for spread cancer, and bone scans are used instead. Molecular genetics can enable PET scans to yield the location of cancer cells.

In reply to a question about whether prostate cancer is an inherited disease, Mr. Charlesworth said that if a man has one first degree relative (Father or Brother) with the disease, the risk of him developing it is doubled. For two first degree relatives, the risk is tripled and for three relatives the risk is quadrupled.

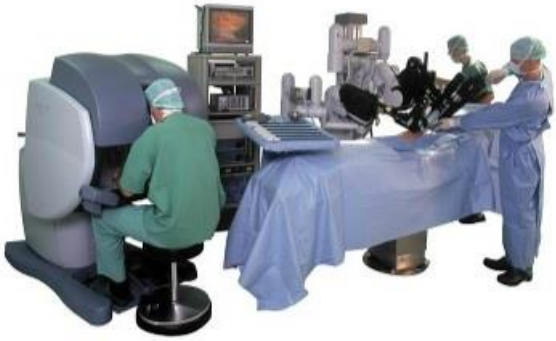
The subject of impotence and surgery was discussed. Nerve sparing surgery is quite difficult as the nerve bundles cannot be seen on direct vision. They resemble a cobweb hammock below and around the prostate, and the surgeon has to cut very close to the prostate to preserve them. A discovery just two years ago was that accessory vessels have a high density of cobwebs, and previously these were being removed. For the sake of an extra 30 minutes or so of surgical time, these accessory vessels are being preserved, with an improvement in patients' potency.

There was a discussion about Cancer Centres. Some colleagues from Wexham are to spend some time at RBH to boost the team, in a move similar to centralised services. A Cancer Centre can be established when the area population is more than 1 million - Reading has 700,000. All major bladder cancer operations are being carried out at RBH. It is hoped that a population criterion of 2 million will not be invoked, otherwise Reading patients would have to travel to Oxford for all bladder, kidney and prostate work.

Mr. Charlesworth finished by saying that in the future probably all patients will have an MRI scan before a prostate biopsy, with the possibility of reducing the number of biopsies that might be needed.

Mr. Charlesworth's talk was greatly appreciated. He was presented with a bottle of liquid refreshment as a token of our appreciation, and he mentioned that he would be willing to return to show the video at a later date.

Editor's note: Mr. Charlesworth has the following web page where you can read about his career: http://www.berkshire-health.co.uk/mr-philip-js-charlesworth/4573822567



A robotic Da Vinci system being prepared for action

FUTURE MEETINGS

The 6th June meeting will see a talk given by Jane Woodhull of Macmillan Cancer Support.

The 4th July meeting will be another of the always popular 'Open Meeting' where some members will give their accounts of their experiences.

The 1st August meeting will be a talk by radiographers on developments in that field.

The 5th September meeting will feature a talk by Diane Wootton, who is a physiotherapist working closely with RBH, and a specialist in incontinence and the pelvic floor.

All members are welcome to volunteer to give a talk at the Open Meeting on any aspects of their treatment experience. Some people may be daunted by this prospect, but please remember that it is really quite an easy thing to do, and you may prefer to read out a prepared talk. The audience will be very enthusiastic about listening to you and will greatly appreciate anything that you want to say. Each talk can be as short as you like, the only thing we ask is to keep your talk to less than about 10 minutes so

that we can fit in several people to talk on the evening.

Please visit the RPCSG web site shortly before each meeting, as there you will find the most up-to-date information on future meetings.

A BIG THANK YOU FOR A MEMBER'S DONATION.

The committee is very grateful to a member and his wife for a donation to the group funds. The couple recently had their Golden Wedding anniversary, and invited friends and relatives, instead of gifts, to make a donation to the RPCSG. They received and donated to us, the magnificent sum of £220. This was indeed a very kind thought on their part, is gratefully received, and will be an invaluable help to the group in continuing to carry out its work.

FALSE DIAGNOSIS

Quite relevant to Mr. Charlesworth's talk, are recent reports in the press that have highlighted the dangers in under-estimating the severity of prostate cancer diagnoses, due to insufficient use being made of scanning techniques. The use of biopsies alone has resulted in many cases of aggressive cancer being missed, and patients being told incorrectly that their prostate cancer is not aggressive and so being advised that Active Surveillance is appropriate for them.

Research by Cambridge University found that 50% of men who were told that their disease was slow-growing and confined to the prostate, were later found to have more dangerous tumours, and that in one third of the cases it had spread beyond the prostate.

The article can be seen at this web page: http://www.telegraph.co.uk/health/healthnews/10758337/Men-with-prostate-cancer-falsely-told-it-is-not-aggressive.html

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