

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

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REPORT ON THE JUNE MEETING

The meeting on the 6th June featured an interesting presentation by three members of the Macmillan Well Being programme. The presenters were Kevin Johnson, Jane Woodhull, and Sue Howse. They started by saying that there are about 2 million cancer sufferers on the UK, and this is growing by about 3% per year, and that there will be about 4 million by 2030. Survival rates are improving, thanks to earlier diagnoses, better monitoring and better treatments.

The biggest Well Being service that Macmillan offer is Self Management, empowering patients to learn and practise methods. The mainstay of this is physical activity, which is safe both during and after treatment. Any increase in physical activity, even just 20 minutes per day, is very important and helps to prevent cancer in the first place, helps to alleviate the consequences of treatment, and helps to prevent recurrence. Activity also helps during chemotherapy, particularly in the first few days after injections, and helps to prevent a weight gain due to the injections. Other benefits are improved mood, reduced tiredness, better sleep, weight control, strengthens bones and muscles, and a better appetite.

Features of the Macmillan programme are:

- Assessment of patients' needs
- HOPE course (Help to Overcome Problems Effectively)
- Support patients with difficulties, and help them to find their own solutions.
- Help people to live for the moment.
- Clinical psychology

Kevin and his team is in a pilot phase of two years duration, after which it will be handed

over to the Clinical Commissioning Group who will carry it on.

Macmillan provides the tools for the programme. The aims are to provide support and follow-up for at least 12 months after treatment, educating patients concerning diet and sleep, running activity classes, and working with patients to develop their own package. They provide individual advice sessions, psychological support, and can help to find a local 'Walking For Health' group.

In reply to some questions, Kevin said that the programme can extend to carers. There will be promotions and practice managers in GP surgeries, and at the moment the Clinical Nurse Specialists are the biggest referer of patients.

The programme is not yet in place in Oxfordshire, and it is expected that it will roll out into other areas by the summer of 2015.

Kevin, Jane and Sue were thanked for their interesting presentation, and were each presented with a gift of appreciation.

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If you would like to read more about Kevin and the Well Being Programme, you can visit this web page:

<http://uk.linkedin.com/pub/kevin-johnson/58/b23/988>

FUTURE MEETINGS

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

speak to the group and this should be a very informative evening.

The 1st August meeting will be a talk by one or more radiographers at the RBH on their work and 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.

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

THE SUMMER SOCIAL

Our summer event, the Summer Social, will be held on Thursday 7th August at the Calcot Hotel, in the Kennet and Avon suite which has its own bar. It will be a two course buffet meal, for which we will meet in the bar at 19:30. The cost is £16 per person. This annual event is a very enjoyable occasion and an opportunity to chat to other members of the group in a very pleasant environment.

Please let us know if you would like to attend this function. The Chairman Steve Allen and the Treasurer Graham Cook will be collecting names and payments at the July meeting. Otherwise you can contact the Chairman at his home address.

Anyone needing more information about this event is welcome to contact me on the email address at the end of this newsletter.

WEB SITE NEWS

The web site is now well established and working well. An arrangement has been made using a standard Google offering to register websites so they can be easily found by robot tools that leads to our position on Search Engine listings.

RPCSG has often been right at the top of the Google Search engine, which is a good start. We will be exploring other ways to reach our site when potential visitors use more casual search words. Our website is receiving visits at the rate of about 1000 per month, which

is very encouraging, even though many of the visits are often from a wide range of search engines.

ASTONISHING NEW PROSTATE CANCER TEST

We are all aware that the blood PSA level is not a foolproof test for prostate cancer. The medical profession has been searching for a long time for a better test, and the simplest test would involve a urine sample.

Work at Surrey University has identified a new prostate cancer test that is cheap, easy and accurate. Moreover, it is a test of urine and so is not invasive. When the test was reported in March 2014 it was claimed that the test could be available in GP surgeries later this year. The article says that private patients will be the first to benefit but NHS use could follow

The test measures the amount of a protein known as EN2 in the urine. The test is said to cost about £10, and to be twice as reliable as the PSA test at detecting the disease. Moreover, the amount of EN2 gives an indication of the extent of the cancer, which a PSA test cannot do.

You can read the Daily Mail report at this web page:

<http://www.dailymail.co.uk/health/article-2573395/The-10-prostate-test-New-cancer-check-twice-accurate-no-need-embarrassing-examination.html>

Prostate cancer UK has made an assessment of this test, stating that a broader sample of men is needed for several years to judge the effectiveness, and thinks that even then it will probably be an insufficient test on its own, and that it will be used in addition to other tests. You can read their assessment at this web page:

<http://prostatecanceruk.org/news/2014/2/urine-test>

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