

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

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THE APRIL MEETING

The April meeting was quite well attended by 45 people. The guest speaker was Dr George Boulos, who is a recently retired GP and who occasionally still serves in some GP surgeries. He gave a very interesting talk on the role of the GP in prostate cancer, and his main points are summarised below.

Dr Boulos said that he had been a GP for 34 years, and in the last two years before retiring, he worked in a hospital. He gave some statistics on both prostate cancer and breast cancer. 11,000 men die each year of prostate cancer, and 12,000 women die of breast cancer. 40,000 cases of prostate cancer are diagnosed each year, whereas there are 50,000 cases of breast cancer.

There are several symptoms that may suggest prostate enlargement, these include a poor stream, hesitancy before passing urine, dribbling, poor emptying, blood in urine, bladder obstruction (probably needing catheterisation), higher frequency of urination, and urgency.

Dr Boulos then described the prostate as being the size of a chestnut, with a consistency of the tip of a nose. It has two lobes with a centre groove (the sulcus). When a doctor gives a digital rectal examination, some warning signs are the prostate feeling hard or craggy, irregular or loss of the sulcus. The investigations available to a GP are a urine test, a blood test, imaging, and urine flow tests.

A table of PSA cut-off values against age was shown as follows:

<u>AGE (years)</u>	<u>PSA CUT-OFF VALUE</u>
40-49	2.7
50-59	3.9
60-69	5.0
70-75	7.2

Dr Boulos then described possible perils of PSA testing, in that the results are equivocal, and may lead to a prostate biopsy with the associated morbidity and complications, and possibly false negatives or false positives. The main concerns about a biopsy are that the biopsy can miss the cancerous areas, and a risk of infection. MRI scans are good at detecting tumour areas, but cannot yield the grade of a tumour. Dr Boulos said that the trend of PSA values is of interest, and he would advocate regular PSA tests, especially in the case of any family history.

In the case of benign hypertrophy, there are two classes of intervention: Alpha-blocker medicines, relaxing the smooth muscle of the prostate, and 5-alpha reductase inhibitor medicines, blocking the conversion of the hormone testosterone to dihydrotestosterone

Types of surgery available are TURP, Open prostatectomy, and laser prostatectomy.

Some remedies are now outdated. These include Oestrogen tablets, which counteract testosterone that fuels prostate cancer. As a result of this, men may develop breasts, and smooth skin. Another outdated remedy is orchiectomy - the removal of the testicles. This is a simple operation, and quickly eliminates testosterone.

In conclusion, Dr Boulos mentioned two take-home messages:

- It is important to see your GP in the case of any symptoms. Note that 84% of those diagnosed with cancer survive 10 or more years.
- PSA testing is not always a good idea - Counselling with your GP after full examination, history, and preliminary tests is better.

Dr Boulos was thanked for his informative talk, and presented with a gift in appreciation.



Dr Boulos, photographed during his presentation to the RPCSG

TIPS AND TRICKS

One of our members has advised of a few tips and tricks that he used during his treatment. He would like to pass these on to the group, in case any of the tips could be of use to other members. He will start new chemotherapy in a couple of weeks' time, and these are the tips and tricks that he has used:

- During pelvic floor exercises, only the rectal and sphincter muscles should be clenched, and it can be difficult to prevent clenching other muscles as well. The member found that it helped to prevent clenching additional muscles, by squeezing the finger of one hand, using the fingers of the other hand. The member discovered this phenomenon by accident, and found that it worked very well for him. This may not work for everyone, but is certainly worthy of a try.
- He kept an accurate daily record of side effects whilst undergoing chemotherapy. This enabled the oncologist to provide additional medication for the side effects, such as sore mouth, and nausea. This meant that subsequent chemo cycles were considerably easier.
- He kept a record of his PSA levels, and has done so since aged in his mid 40's. He observed a spike in levels at the age of 53 and was then able to have knowledgeable discussions with consultants. Establishing a PSA baseline and then looking for trends, is a good technique to identify any problems at an early stage.

DATES FOR YOUR DIARY

6th May 2016

The May meeting of the RPCSG will be visited by Mandy Holdstock of Charter Health Care, who will advise on a range of products to help to deal with incontinence.

3rd June 2016

The June meeting will have a return of Dr Fawaz Musa, a histopathologist at the RBH, who will explain the work that his unit carries out.

25th June 2016

We will be running an awareness stand at the Woodley Pagoda on Saturday 25th June. Volunteers will be very much appreciated to man this stand on a rota basis.

1st July 2016

This will be the July meeting of the RPCSG group. Details will be available later.

24th July 2016

This is the 'Boys Beating Cancer' fun run at the Newbury showground, at which we will hold an awareness stand. Everyone is invited to attend this event and if desired, to take part in the 'run' aspect of it. We would appreciate any volunteers to help to man our stand at this event.

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