

# PHAROS

*A beacon of hope in the darkness*

*Newsletter of the Reading Prostate Cancer Support Group (RPCSG)*

*Issue 66: Dec/Jan/Feb 2016/17*

*Website: [www.rpcsg.org.uk](http://www.rpcsg.org.uk)*

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## THE PASSING OF KEITH HUNT

I am very sad to report the passing away of our Treasurer, Keith Hunt. Keith joined the group almost five years ago, bravely underwent many different treatments, and remained cheerful throughout. He will be sadly missed, and our condolences go to his wife Elaine and his family.

## THE DECEMBER 2016 MEETING

The December meeting was our annual Christmas social event. The attendance was 70 people, who all enjoyed an excellent buffet provided by the caterers, Mange Bien. There was a raffle and quiz. Thanks go to everyone who contributed to the organisation of this event, and in particular to the hosts for the evening, Graham Cook, and Chairman Ted Goodhew.

## THE JANUARY 2017 MEETING

The meeting in January 2017 was quite well attended by 20 people. As usual at January meetings there was no guest speaker and it was a good opportunity to chat with other members. Our committee member and photographer Steve Smyth gave a talk about the Community area of the Prostate Cancer UK web site. He made real time connection to the site, and using the projector and screen, demonstrated how to navigate to the Community area. The audience was able to see examples of conversations on-line. Any Community member can join into an existing conversation, or start a new conversation on any topic. Steve found that this Community site was very helpful during his treatment. He found that there always seemed to be a number of Community members on-line at all times, even during the night, and from around the world.

To access the Community, go to the web site [www.prostatecanceruk.org](http://www.prostatecanceruk.org). Scroll down and

click on 'Online Community' and you can then have read access to the Community pages. You can click on 'Register' and then anonymously contribute to existing conversations, or start new conversations.

## THE FEBRUARY 2017 MEETING

The guest speaker at the February meeting was one of our former chairmen, Dr Stephen Allen. Steve gave a very interesting and informative talk about ED (Erectile Dysfunction). The evening had a very good attendance of 55 people, including two new members.

Steve had an open radical prostatectomy eight years ago, is a doctor and has worked as an anaesthetist at RBH. He has now retired.

Steve described the erection process and the remedies for ED.

Steve explained that the biggest sex organ of all, is the brain. This is where arousal begins, and signals are sent down the spinal column, and eventually result in an erection. The process by which the erection occurs, is truly complex.

The penis is normally in a flaccid (detumescent) state, in which blood supplied by an artery flows into the penis, and out via veins. The rate of blood flow in matches that of blood flow out, so that a steady state of detumescence occurs. The erectile part of the penis consists of two cylinders of erectile tissue, side-by-side, whose cells are surrounded by a fibrous layer. Under arousal, more blood flows into the blood spaces of the erectile tissue, causing them to expand. As they do so, they press against the veins in the outer layers of the penis, and restrict the flow of blood out of the penis. The result is that the erectile tissue becomes firm due the increased amount of

blood within the penis, and an erection occurs.

The physiology of an erection is very complex, and erections occur via signals carried by nerves.

Steve described a chemical involved in the erection process, known as GMP. This chemical has the effect of causing an erection. It is however, continually broken down another chemical called PDE (phosphodiesterase). Sexual arousal increases the amount of GMP so that an erection occurs.

ED can occur when the nerves around the prostate are damaged, during a prostatectomy by being physically cut or otherwise damaged, such that arousal signals from the brain are reduced or interrupted. Radiotherapy can also damage the nerves.

Steve then described remedies for ED. The simplest treatment is using a PDE5 inhibitor. The most well known of these are Viagra, Cialis and Levitra. The use of Cialis was previously very common, and in particular a low dose (5mg) of Cialis daily was prescribed, to promote blood flow to the penis and aid recovery. However Viagra has recently become off-patent, and GPs now prefer to prescribe generic Viagra instead, as it is much cheaper than Cialis. PDE5 inhibitors do not produce an erection by themselves; an erection is dependent upon sexual arousal.

The drug Alprostadil can cause an erection without sexual arousal. This can be injected directly into one side of the penis, and is effective. The same drug can administered as a small capsule inserted a short distance down the urethra via a small applicator. This system is known as MUSE (Medicated Urethral System for Erections). There are also some creams that can be applied to the outside of the penis.

Steve described mechanical aids for enhancing or causing erections. These are:

- A constriction ring that fits around the base of the penis, and can assist an erection by constricting the penile veins.
- Vacuum devices cause an erection, that can be maintained by the application of a constriction ring.

- Implants, that are surgically implanted into the penis. They can be either malleable, or activated by a pump fitted inside the scrotum and operated by pressure from outside the scrotum.
- Vibrators, such as the Viberec from iMedicare.
- Psychological and psychosexual counselling.

Steve had a set of frequently asked questions, for which he explained the answers. It emerged that:

- Pelvic Floor Exercises and Pre-op counselling and information can help to minimise post-op ED.
- Viagra etc. will only work when there is sexual arousal
- ED can be minimised by early low-dose Cialis, penile psysiotherapy, psychosexual counselling, and early use of a vacuum pump.
- The penis can be smaller after treatment, caused by scarring, or the support lost due to prostate removal.
- Semen production can be reduced or ceased after treatment by prostatectomy or radiotherapy.

Steve mentioned some booklets that can be useful and can be found in the publications section of the Prostate Cancer UK web site.

The titles are:

- ❖ Treating Erectile Dysfunction after surgery for pelvic cancers
- ❖ Sex and prostate cancer
- ❖ Prostate Cancer and your sex life
- ❖ Living with hormone therapy
- ❖ Treating erectile dysfunction after radical radiotherapy and androgen deprivation therapy (ADT) for prostate cancer (click [here](#) to view)
- ❖ Treating erectile dysfunction after surgery for pelvic cancers (click [here](#) to view)

Another useful document is an NHS booklet titled 'Intimacy and sexuality for Cancer Patients and their Partners'. Click [here](#) to view the booklet.

You can also find help and information from the website of the College of Sexual and Relationship Therapists, at this web site:

<http://www.cosrt.org.uk>

Steve was thanked for his very interesting and helpful talk, and presented with a gift of appreciation.



A photograph of Steve during the presentation

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## **TREASURER VACANCY**

We have a need for a person to act as Treasurer for the group. This is not a difficult task, it only involves managing the costs and receipts for the group. Hence it is very similar to managing your own bank account, and is more of a bookkeeping role. We would be extremely grateful to anyone who is willing to carry out this function. If you are interested please contact me.

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## **AN ASTONISHING NEW TREATMENT - VASCULAR TARGETED PHOTODYNAMIC THERAPY (VTP)**

News of a new form of prostate cancer treatment has emerged, and was featured on the BBC News channel. It is known as VTP, or Vascular Targeted Photodynamic therapy. It is a revolutionary new focal treatment and hence is suitable for instances where the cancer is contained within the prostate. The treatment uses a toxic bacterium that is found in the depths of oceans. These bacteria are photosensitive, only becoming active when exposed to light. The drug containing the bacteria is known as padeliporfin and is injected into the prostate. Optical fibres are then inserted into the appropriate parts of the prostate, and laser light is shone down the fibres. The bacteria are activated by the light, and release free radicals which damage the

cancer cells and stop the blood supply to those cells.

The following link is to a BBC summary of trials that have been reported in The Lancet. This reports a big improvement in treatment rate, and a startling reduction in the side effects:

<http://www.bbc.co.uk/news/health-38304076>

Prostate Cancer UK has a web page that also usefully describes the treatment:

<http://prostatecanceruk.org/about-us/news-and-views/2016/12/new-laser-activated-drug-shining-a-light-on-focal-therapy>

The results of trials so far have been very encouraging, however the articles above say that further trials are needed to establish the long term outcomes of this new treatment. The treatment will need to be assessed before it will be made available generally.

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## **DATES FOR YOUR DIARY**

### **3rd MARCH 2017**

We are very fortunate to have a return visit by Mr Philip Charlesworth, a senior surgeon at the RBH. He will talk about the improvements in robotic assisted treatments. The talk will be followed by a brief AGM. Note that this will be a busy evening, and so the talk will start earlier than usual. **The talk will start at 6:45 p.m.** so please ensure that you arrive at the hall before this time.

### **4th MARCH 2017**

We will hold a prostate cancer awareness stand in the Broad Street Mall in Reading. We will give out leaflets and other information to any interested members of the public. Any volunteers to help to man the stand throughout the day, in shifts, will be greatly appreciated.



## 11th MARCH 2017

The Reading Lions will hold a PSA measuring session. This is free to attend and does not need an appointment. If you have any friends or relatives who may benefit from a PSA test, please make them aware of this session. The RPCSG will not have any attendance at this session. Details of the event can be seen at this web page:  
<http://www.readinglions.org.uk/communityservice/freeprostatecancerpsatestevent2015.html>

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