

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

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THE MAY MEETING

The May meeting was an Open Meeting at which members of the audience were invited to put any questions to the two guest speakers, being specialist nurses Beverley Skelton and Tessa Martin. Beverley was based at the RBH for some time and has now moved to a different hospital. Tessa is still based at RBH.

Some questions had been emailed in advance to Beverley, and the following is a report of the facts that emerged from the advance questions, and from other questions posed during the evening.

The level of PSA that gives rise to concern, was discussed. Different treatments give rise to different levels of acceptable residual PSA. After a prostatectomy a level of around 0.003 is possible, but after radiotherapy PSA levels are generally higher, and any stable level is acceptable. About 6 years ago the minimum measurable PSA level was 0.5, but developments since then have resulted in the availability of super-sensitive PSA measurements, to three decimal places. This has given rise to concern in some cases, when a very small figure appears to have significantly increased. However with very small figures (e.g. less than 0.1), changes are less significant. Of more interest is the doubling time of PSA, which is a measure of rate of increase in PSA and helps to decide future treatments. If a PSA level doubles over a significantly long period of time, it may not be any cause of concern over the lifetime of the patient.

It was noted that the PSA level is only one marker of prostate cancer. Other markers include CT scans and bone scans, and treatments are based on additional tests rather than simply the PSA level.

Hormone treatment causes PSA levels to fall, and a rise in PSA is expected after the treatment has finished, but again the PSA

doubling time is of interest and the PSA could be contained within an acceptable level for many years subsequently.

A member who had had hormone treatment over a period of 2 years, experienced a fluctuating PSA level, that is now at a reading of 8. He was advised to visit a consultant, and as his reading is now stable, a continuation of hormone treatment would probably be advised.

The RBH is very committed to improvements, and to this end many records are maintained, including curative rates of treatments, surgical outcomes, and patient satisfaction records. These records are audited, and the hospital reviews them and forms improvement action plans.

It was noted that many factors other than cancer can cause an increase in a PSA level, including an enlarged prostate, cycling for a long time, infections, and a cystoscopy. A Digital Rectal Examination can also raise a PSA level, but usually by a tiny amount. Hence the PSA level itself is not a diagnostic, and a standard biopsy can miss smaller tumours. The future is considered to be the use of mpMRI (multi parametric MRI) that is able to detect tumours with a greater accuracy than other methods, and can enable a biopsy to be targeted at suspect areas within the prostate.

Some cancers have a genetic cause. It has been found in a sample of men diagnosed at age 70 or over, that 70% of the sample had age related prostate cancer. Men diagnosed in the age range of 50 to 60 years are more likely to have a genetic cause rather than an age related cause.

Any man with one relative having suffered prostate cancer has a slightly higher risk of developing it. With two relatives suffering, a man has a 40% greater chance of contracting the cancer. Anyone concerned at having a higher risk, could have a test for the presence of genes BRCA1 and BRCA2, which are thought to present a greater risk of both prostate and breast cancers. If either of the genes is

present, and relatives were diagnosed at an early age, then a man is recommended to have his PSA tested from age 40. A man whose father was diagnosed at age 80 or more, would be advised to start PSA measurements at age 60.

Following hormone treatment, it can take up to 18 months for the testosterone level to return to normal. During hormone treatment and recovery, some medications such as blood pressure control, and statins, can make one feel tired. Regular exercise is recommended following hormone treatment. Hot flushes are a common side effect of hormone treatment, and side effects should disappear within a year of hormone treatment finishing. One member said that he still has hot flushes four years after ending treatment.

Beverley and Tessa were thanked for their very informative session.



A photograph of Beverley (left) and Tessa during their talk.

A NEW BLOOD TEST TO HELP TREAT ADVANCED PROSTATE CANCER

A blood test has been developed that enables treatment for advanced prostate cancer to be targeted. Cancer researchers in Europe carried out tests on 265 men, and found that those with multiple copies of a particular gene did not respond to Abiraterone or Enzalutamide. Such men would be better having alternative treatments, and thus be spared the side effects of a treatment that will fail.

The test is quick and relatively cheap at about £50.

You can read the full article at this web page:

<http://www.bbc.co.uk/news/health-39800529>

DATES FOR YOUR DIARY

2nd JUNE 2017

The guest speakers will be Karen Wilmot and Georgie Bird; both are from the RBH and will talk about clinical trials that are currently in progress. They will also talk about the Prostate School that is available to anyone about to undergo a prostatectomy.

4TH JUNE 2107

Our member Damion Chesters will walk a marathon as part of a fund raising initiative by Jeff Stelling, a presenter on Sky Sports. All funds are on behalf of Prostate Cancer UK. If you would like to support Damion by way of a donation, you can easily do so at this web page:

www.justgiving.com/DamionChesters

17th JUNE 2017

We will hold an awareness day on Saturday 17th June at the Woodley Stage (previously known as 'The Pagoda', it has been demolished and replaced by a new structure known as the 'Woodley Stage'). We will greatly welcome any volunteers to help to man this event in shifts of about 2 hours each.

7th JULY 2017

The guest speaker at the July meeting is planned to be Dr Paul Rogers, a senior Oncology consultant at the RBH.

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