

# PHAROS

*A beacon of hope in the darkness*

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

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## **THE OCTOBER MEETING**

The Chairman Ted Goodhew introduced the evening, and welcomed two new members to the group. The guest speaker was Charlotte Robinson, who is a radiologist at the Royal Berkshire Hospital.

It has been two years since Charlotte has spoken to the group and she pointed out changes over those years, she now had a two-year old, and we have different leaders in the world.

She started by defining her role as a trained Doctor who had specialised in radiology. She spends a lot of her time interpreting scans performed by radiographers who are not doctors.

The big change in the imaging world is the Multiparametric MRI (mpMRI). The study PROMIS has reported increased accuracy in diagnostic techniques and she talked about this exciting new tool later in the evening. She talked through the background of prostate cancer pointing out that the incidence of prostate cancer has risen, probably due to better PSA testing and the two week wait process set up by the Government, but pointed out that the mortality rate remains stable and relatively low.

Charlotte then reviewed the anatomy of the urology tract, showing pictures of the prostate. She described the old pathway from GP referral to treatment. As far as a screening programme is concerned, there is no evidence that it will save lives; most prostate cancers are indolent and not life threatening, and could lead to anxiety, tests and over-diagnosis. There has been no reliable test that helps to differentiate the indolent cancers from those that need treatment. She reminded the group that the PSA is nonspecific and all men over 50 can ask for a test. The ultimate test is the prostate biopsy with its potential side effects.

Charlotte described other tests that can be used within the urology department. The ultrasound scan is non-invasive, cheap, quick and mainly performed by ultra sonographers. It is limited by body shape as it is not very effective through layers of fat! It is effective in looking at bladders and kidneys and Charlotte showed a variety of scans showing some interesting slides of bottles and razor blades within the body!

An Intravenous Urogram (IVU) is now an old test that was used but has been superseded by a CT Urogram looking more specifically at the kidneys and the urinary tract with dye injected and then followed throughout the body. The CT Scan images are much clearer and especially when used to look at the colon (CT Colonoscopy) where nodules and 3D imaging can be used to provide amazing images which Charlotte was able to show. A Cardiac (heart) CT also shows amazingly clear picture of the heart and its vessels.

Charlotte then went onto the Magnetic Resonance Imaging (MRI). It uses a magnetic field, pulsed radio waves and non-ionising radiation. It has superb soft tissue resolution. Its limitations include the time it takes to scan, and it can be claustrophobic as the patient lies within a tube. There are several patients that cannot have a scan, such as those with a pacemaker, and it can take time to interpret the images. We were able to see some of the images produced by this type of scan, including the prostate.

A bone scan is also often used for patients with prostate cancer. A Radio-isotope is injected and then taken up by more active tissues, such as those with cancer or arthritis within them. The gamma rays are then detected on a gamma camera and show up as black spots on an image. The patterns are then interpreted to see if this is likely to be a cancer spread.

A Positron Emission Tomography (PET) Scan is a newer scan done in Oxford or London. A radioactive tracer which is similar to

naturally occurring glucose, is injected and shows up as a 'hot spot' on the scan.

Charlotte then returned to the old pathway. She pointed out the challenges to this pathway; not all lesions detected are clinically significant and don't need finding or treating. A biopsy can miss clinically significant cancers or classify a cancer incorrectly. She also pointed out that treating the whole cancer can cause harm to patients, with incontinence and impotence being common side effects to prostate cancer treatment.

Charlotte further talked about the Multiparametric prostate MRI (mpMRI) which is a new functional imaging technique allowing better assessment of the prostate gland. Numerous studies have demonstrated that the mpMRI before targeted prostate biopsies is the best combination of prostate cancer detection.

The PROMIS trial looked at the role of the multi parametric MRI. It found that over a three year period the mpMRI was more sensitive at showing clinically significant cancers, than a TRUS and biopsy of the prostate. It showed that using an mpMRI allowed 27% of patients to avoid a biopsy and there were 5% fewer clinically significant insignificant cancers found. Subsequent TRUS and biopsies directed by the mpMRI found an increase of 18% in clinically significant cancers. The scan assesses the whole gland, guiding biopsies and reducing the detection of clinically insignificant cancers. It also improves assessment of size and grade of prostate cancers.

Charlotte went on to comment on the time it has taken to get this diagnostic tool accepted by the NHS and the Hospital. She showed 'the Change Curve' suggesting that the hospital had to go through the different stages of shock, denial, anger, resignation, acceptance and commitment over time before they would agree to put the funding into the new pathway.

Charlotte has worked hard to get the mpMRI as the first test provided by the Royal Berkshire Hospital. She had to prove that this was cost effective or at least cost neutral to the hospital and this involved a complete overhaul of the current cancer pathway. There are strict guidelines for cancer diagnosis and all the tests have to be

performed within a two week period. This involves the patient, radiography department, urology procedures staff, MDT co-ordinators and meetings, a huge number of people and timings to be changed. This has proved difficult and taken a long time to implement but within the last two weeks the new pathway has started and Charlotte was delighted that the patients are now getting a better diagnostic pathway.

Her new project is to enable GP's to directly access this pathway and book mpMRI's. This will take further time to set up.

Questions from the floor revolved around clarification of the scan, its timings and the ability to request one from the GP.

Charlotte was thanked for her most informative talk.



*A photograph of Charlotte during her talk*

## **THE CHRISTMAS SOCIAL**

The Christmas social will be on the 1st December 2017 in St Andrews church hall at 7:00 p.m. This popular festive event will consist of a hot and cold buffet meal, with a quiz and raffle. It is a 'Bring Your Own' occasion for which you should bring drinks for your own consumption.

If you want to attend and have not yet reserved places, please contact the Treasurer Roger Bennett (email [saroban@btinternet.com](mailto:saroban@btinternet.com)) for the number of places that you require, and then make arrangement for payment for this event. In celebration of the 10th anniversary of the founding of the group, the price will be outstanding value at only £10 per person.

## **DATES FOR YOUR DIARY**

### **3rd NOVEMBER 2017**

The November group meeting will be held in St Andrews church hall from 6:30 p.m. It will feature a talk by Geoff Richardson of the Medical Detection Dogs organisation. He will talk about the remarkable sense of smell that dogs have, and how it can be used to detect some cancers and other ailments.

### **1st DECEMBER 2017**

Our annual Christmas Social will be held in St Andrews Church Hall from 7:00 p.m. You should have received an email from me with details of this event. If you have any queries please contact me.

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