

# PHAROS

*A beacon of hope in the darkness*

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

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

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## THE MAY MEETING.

The May 2021 meeting was held by Zoom and was very well attended by 46 RPCSG members and 10 guests from other prostate cancer support groups.

Dr Rogers gave an update on the prostate cancer position including the effects of the Covid pandemic. Fewer men have been going to their GPs during the pandemic and so the number of referrals seen at the RBH has dramatically reduced. TRUS biopsies have not been carried out and prostate surgeries were suspended as the ventilators were being used by Covid patients. Face-to-face consultations were suspended and replaced by telephoned consultations. Cancer research and trials were stopped in favour of research into Covid. However radiotherapy including brachytherapy treatments were continued.

There were some positives during the Covid crisis. Two new methods were introduced during the pandemic. These are the use of spacing gel (SpaceOARS) and a new treatment Stereotactic Ablative Radiotherapy. It was also discovered that in the case of a few metastases radiotherapy to the prostate gland itself increased survival times. In fact the number of patients treated by radiotherapy increased during the pandemic. Up front chemotherapy has been introduced for men with newly diagnosed metastatic prostate cancer and that approach has reduced instances of hormone resistant disease.

Dr Rogers then showed a short video of the radiation coverage during radiotherapy treatment. The video showed the areas receiving radiation doses during external radiotherapy and very clearly showed that with the spacer gel the rectum received no radiation.

Dr Rogers then described the groups of patients classed as low risk, intermediate risk, and high risk and the criteria that determine the class of risk. During the pandemic when surgery stopped, men were offered either radiotherapy or surveillance. A survey found that it is safe for men in the lower risk group to undergo surveillance.

A graph was presented that showed that 100% of men had prostate cancer specific survival at 10 years regardless of treatment. In the surveillance group another graph showed that there is a slight increase in the progression of cancer at 10 years but the previous graph showed they all survived at 10 years.

It is a good thing to avoid hormone therapy where possible, as it can cause some metabolic syndromes such as hypertension, high blood glucose, excess body fat, high cholesterol and heart disease, stroke and diabetes. The amount of hormone treatment has reduced and is not given to men in the low risk group and the duration of hormone treatment to men in the other risk groups has been reduced.

Exercise has been found to have beneficial effects on recovery.

The RBH discharges patients to their GP at about two years after radiotherapy and it then becomes the patient's responsibility to have PSA tests. A letter is sent to GPs to say that it is time to review when PSA goes above 6.

Dr Rogers then dealt with metastatic prostate cancer. A development has been the giving of docetaxel chemotherapy up front and graphs showed that the upfront chemotherapy had beneficial effects for all groups of men and fewer deaths from all causes, fewer recurrences and more patients alive without recurrence. A further advance occurred when Covid happened, in that Abiraterone was found to have similar advantages to chemotherapy and is more convenient being an oral tablet. A graph of overall survival of men with metastatic disease showed that Abiraterone increased the probability of overall survival. However it has to be given with steroids that can increase the possibility of viral infections including Covid. Approval was quite rapidly given for the use of Enzalutamide instead and many men are now receiving this drug instead.

Another treatment that is increasingly used for metastatic cancer that is only in the bones is radium 223 that is delivered in a similar way as bone scans.

Dr Rogers mentioned the Rutherford Wellness Centre (previously known as the Rutherford Cancer Centre) which is in Shinfield with proton beam treatment facilities. It is a private organisation so treats people who are self paying. The proton beam treatment itself is no better than radiotherapy but as proton beams do not travel beyond the target area there is less radiation given to surrounding areas hence less chance of secondary malignancies many years later. A graph was shown that confirmed a lower rate of secondary cancer complications after proton beam therapy.

The other advance has been the use of PET-CT scans. These combine a PET scan that uses a tracer with a conventional CT scan and is better to detect the location of cancer. There are two types of PET scan. One type uses choline as the tracer and is funded by the NHS and can detect cancer sites when PSA is above 2, whereas a bone scan alone would detect a prostate cancer site when the PSA is about 15 to 20.

The other scan is the PSMA (Prostate Specific Membrane Antigen) PET-CT scan that is more sensitive and can detect when the PSA is above 1. Hormone treatment has been the usual treatment for metastatic prostate cancer but this treatment and its side effects can be avoided by treating individual sites. In the case of oligometastatic prostate cancer (a low number of secondary sites, about 3 or 4 sites) the PSMA scan allows the sites to be treated instead by a SABR (Stereotactic Ablative Body radiotherapy, sometimes known as SBRT Stereotactic Body Radiotherapy) that can prevent a patient from having hormone treatment altogether, or delay the time at which hormone therapy needs to start.

Dr Rogers then described a new treatment called Lutetium 177 Theranostics that is a radionuclide and is used as part of what is effectively a treatment PSMA PET-CT scan. Lutetium 177 is delivered along with a PSMA-CT scan in which the PSMA part of this system finds the locations of prostate cancer in the bones, nodes and prostate and the radionuclide is taken up as well by the cancer cells and hence it treats all of the areas of activity. It has not yet proved to be curative but is covered by insurers.

Dr Rogers then invited questions from the audience in which the following information was given.

Radium 223 can lead to bone fractures and Zometa is given to help to prevent fractures by strengthening the bones.

SABR treatment can be delivered in fewer sessions of higher doses than previously. Originally radiotherapy was delivered over 37 sessions and later reduced to 20 sessions. SABR can be delivered in just 5 sessions on alternate days with the benefit of lower exposure to Covid.

The main side effect of Enzalutamide is headaches, and in a minority of men can cause cloudiness of thinking.

The STAMPEDE trial has been very successful and several of its findings have been adopted such as the upfront delivery of chemotherapy, Docetaxel chemotherapy, Abiraterone upfront, Abiraterone duration lowered, and radiotherapy of the prostate.

The use of Oestrogen patches is being investigated.

Treatment in the long term is possible and if desired short breaks in treatment can be taken.

Lutetium is delivered by injection in sessions of two injections in consecutive months and it is then reviewed and can be repeated up to six times. It is possible that Lutetium given before hormone resistance develops is much more effective.

More use is being made of spacer gel before radiotherapy.

Diet and vitamins have been investigated to help with prostate cancer but there is nothing particularly outstanding. A trial is being carried out using a tablet called Pomi-T.

PET-CT scans are enabling more use of curative salvage treatment options.

In the case of exercising with metastatic disease advice from professionals should be sought, as there could be different exercises dependent upon the locations of the metastatic disease.

PET and PSMA scans are becoming more available via the NHS. There is currently a wait of about 12 weeks.

Dr Rogers was thanked for his very interesting talk.

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### **NEXT RPCSG ZOOM MEETING - 4th June 2021**

The June group meeting will be held by Zoom **on Friday 4th June** which will be a Questions & Answers session. This is an opportunity to have your questions about any aspect of prostate cancer to be answered. Beverley will provide answers and asks that questions are preferably sent in advance to our email address **[rpcsgmedical@outlook.com](mailto:rpcsgmedical@outlook.com)** These questions will be answered anonymously at the meeting and further questions can be raised at the meeting.

I will send the link for this meeting to all members shortly before meeting.

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### **RPCSG WALKS**

We held a successful walk in May from Pangbourne to Goring with six people participating.

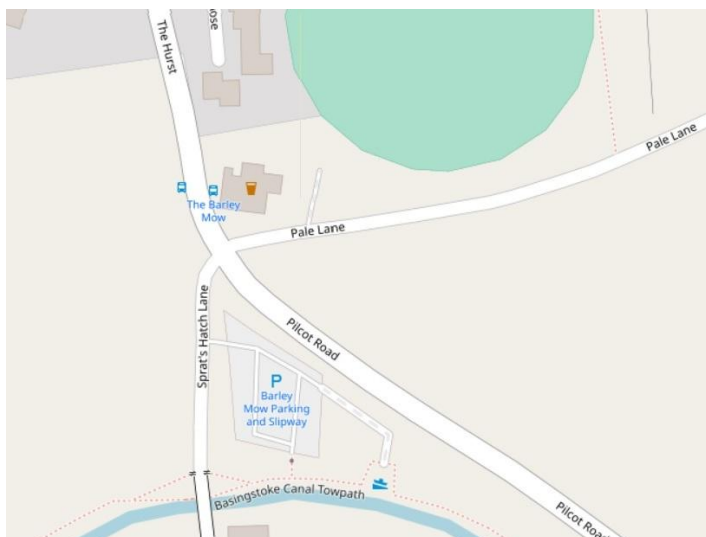
The next RPCSG walk will start at the Barley Mow Parking and Slipway car park at **10:30 a.m. on Tuesday 8th June 2021**. The slipway car park is about 2 miles south of Hartley Wintney on the road to Dogmersfield and is free of charge.

The walk will be about 4 miles and mostly alongside the Basingstoke canal and will be very serene and pleasant. Please bring your own refreshments and we will probably have a refreshment stop when we return to the car park, where there are a couple of picnic benches.

We will start at the Barley Mow Parking and Slipway car park at 10:30 a.m. Note that this is **not** the car park next to the Barley Mow pub - we will park in the Barley Mow Parking and

Slipway car park that is on the opposite side of the road to the pub. We will observe social distancing during the walk.

You can use a satnav with the postcode RG27 8DE but beware that it will probably take you to a spot on The Hurst that is to the north of the Barley Mow pub. If you are traveling south on The Hurst continue until you reach the Barley Mow pub. Opposite the Barley Mow there is a right turn into Sprat's Hatch Lane. After a few yards on Sprat's Hatch Lane there is the entrance on the left to the Barley Mow Parking and Slipway where you can park free of charge.



This map should help you, in which the car park is marked by the letter P and the name of the car park.

Partners are also welcome to this walk. If you have any queries please call Richard Brown on 07973 662925.

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## COFFEE MORNING

A coffee morning is being arranged during June. I will send details to all members when the arrangements have been finalised.

Photographs taken during recent events:





Coffee morning in May at The Flower Pot

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**DATES FOR YOUR DIARY.**

**Friday 4th June 2021** is an RPCSG Zoom meeting with a Questions & Answers session.

**Tuesday 8th June 2021** is an RPCSG walk alongside the Basingstoke canal.