

# 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)*

## THE JUNE MEETING.

The June meeting was a Questions and Answers session held jointly by senior nurses Beverley Skelton and Tessa Martin. The amount of questions that arose both during and after the session showed that this was a very popular event. There were 26 RPCSG participants and 4 people from other groups.

The first question concerned a gentleman aged 81 who has a defibrillator fitted and a PSA of 7. He had been referred to the oncology unit. It is possible to give CT scans with people who have defibrillators fitted. Beverley showed the table on the right that lists the normal PSA level by age. A PSA of below 20 is normal for the age range 80+ so it is probable that the gentleman referred to would not need extensive testing, and monitoring the PSA level would be appropriate. In this age range it is of more interest whether there is any change in the PSA level rather than the value itself.

Normal PSA levels by age	
40-49	less than 2.5
50-59	less than 3.5
60-69	less than 4.5
70-79	less than 6.5
Over 80	below 20

In all cases of PSA measurement it should be remembered that several activities can temporarily increase the PSA level and so these are best avoided before a PSA measurement. These are:

- Infections
- Ejaculation, exercise (cycling, motorcycling, running)
- Catheter / cystoscopies
- DRE (Digital Rectal Examination)
- Prostate biopsies
- Some drugs (e.g. finasteride).

Beverley clarified some confusion around the PSA figures of 0.2 and 2.0, that some members thought to be the level at which further treatment is needed. In fact after a radical prostatectomy after which there is no prostate remaining, the level of PSA of 0.2 is the level at which the patient would be referred by the GP back to the hospital. This is not the level for further treatment, it is the start of monitoring several features of the patient with a view for further treatment as and when necessary.

Radiotherapy to the prostate kills all cells in the prostate. Cancer cells already have damaged DNA and the radiotherapy prevents them from recovering - they die. Normal cells recover from radiotherapy and hence the PSA can recover until it is stable. The level at which a patient would be referred back to the care of the hospital in this case is 2.0.

In both of the above cases of PSA exceeding the appropriate threshold further monitoring, tests, scans and biopsies would be used to determine any further treatment and taken into account would be factors such as the patient's age, the PSA velocity, the Gleason score, the treatment history and any other co-morbidities.

It was said that in order to provide focal salvage treatment the location of the cancer has to be found. PET-CT scans can detect tumours when the PSA is greater than about 2, and the most sensitive PSMA scans can find tumours when the PSA is greater than 1. Some other glands in the body such as the adrenal gland produce a small amount of PSA hence the PSA does not go to exactly zero after radical prostatectomy.

The Gleason score was then explained. The Gleason is a measure of how aggressive a cancer is and is allocated by a pathologist by examining a sample (after biopsy) of the tumour by microscope. The least aggressive cancer cells have a Gleason score of 3 and appear different to the more aggressive cancer cells, the most aggressive cells have a score of 5. A Gleason score is assigned dependent upon the amount of the different grades of cancer seen and consists of two numbers added together. If the cancer cells seen are all of the same grade, e.g. 4, then the Gleason score is 4+4. If there are two grades of cancer seen in the sample then the first Gleason number is that of the most prolific cancer and the second number is the Gleason number of the less prolific grade. For example, if a sample has the majority of cancer cells of grade 3 with a minority amount of grade 4, then the Gleason score is 3+4. Conversely if the majority grade is 4 and a minority of grade 3, then the Gleason score would be 4+3. The Gleason score is one of the inputs to the decision on further treatment.

Beverley showed an International grading scheme as shown on the right, that gives a higher level to a Gleason score of 4+3 than a 3+4 whereas the Gleason score in both of these cases is 7.

Gleason Score	ISUP Grade
Less than or equal to 6	1
3+4 = 7	2
4+3 = 7	3
4+4 = 8	4
9 and 10	5

The use of MRI scans provides more information than previously so as an example, in the case of a person with Gleason 3+3 and a low PSA then the recommendation could be for active surveillance in the first instance. Secondary biopsies could be used to monitor the Gleason grade.

The nurses mentioned that there are now many more treatments available than several years ago, both curative and for controlling prostate cancer.

Dr Allen added that Enzalutamide is expected to very shortly receive approval for men with metastatic prostate cancer instead of chemotherapy. Approvals for Abiraterone and Apalutamide are ongoing.

There are a few men on the PATCH trial that uses oestrogen patches. It has been found that patches can produce castrate levels of testosterone and the trials are continuing.

Beverley spoke about the effects of radiotherapy on the prostate and fluids. A diagram was shown showing the location of the two Cowper's glands that are below and to each side of the prostate. These glands are not subject to radiation as are part of the seminal vesicles and these glands can continue to produce secretions. It was said that the responses to radiotherapy varies between individuals and in some cases secretions can go up into the bladder and expelled later along with urine. {Editor's note: the Cowpers glands produce a secretion to neutralise any residual acidic urine in the urethra and are not removed during prostatectomy}.

Beverley and Tessa were thanked for their very interesting session.

### [NEXT RPCSG ZOOM MEETING - 2nd July 2021](#)

The next group meeting will be held by Zoom **on Friday 2nd July** that will feature a talk by Jo Hand, the Lead Prostate Cancer Research Nurse at RBH. This will be a most interesting event at which we will be told about the research being carried out at RBH and the possible outcomes.

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

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## RPCSG WALKS

We held an enjoyable walk in June alongside the Basingstoke canal with 11 members taking part. It was decided to take a slightly longer walk option and we covered about 6 miles in total. There was a break for refreshments and social chat at the picnic tables by the car park on our return.

The next RPCSG walk will be on the 13th July starting in the village of Hambleden. It will be a circular walk of about 6 miles. Roger Bennett is familiar with this walk and has kindly offered to be the leader on this walk that is mostly flat and through picturesque surroundings. Please bring your own refreshments for which there will be a stop along the way.

There is free parking available behind the Stag and Huntsman pub and the walk will start there at 10:30 a.m. Directions to Hambleden are to take the A4 east out of Reading then take the A321 to Henley via Wargrave. Cross the bridge at Henley and follow the A4155 signposted to Marlow. After about 4 miles turn left to Hambleden and about one mile further on bear right at a fork in the road and the village centre is then about 150 yards further on. With a sat-nav the postcode RG9 6RP will take you close to the centre of the village. About 50 yards after the centre of the village the road turns to the left to Pheasant's Hill, but do not take this turn, instead continue straight on and then turn right into the car park behind the pub.

Please bring your own refreshments with you and also a face mask in case we enter any enclosed places. If you have any queries about the walk please contact Richard Brown on 07973 662925.

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## COFFEE MORNINGS

A coffee morning is being arranged during July. Because of the recent government delay in the relaxation of the coronavirus rules we will continue to have coffee mornings at the Flower Pot where we know that we can meet comfortably and within the rules. When the virus rules are relaxed we will consider other venues. I will send details of the coffee morning by email to all members nearer to the time.

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### **DATES FOR YOUR DIARY.**

**Friday 2nd July 2021** is an RPCSG Zoom meeting with a talk by research nurse Jo Hand.

**Tuesday 13th July 2021** is an RPCSG walk starting in Hambleden.