

PHAROS

A beacon of hope in the darkness

Newsletter of the Reading Prostate Cancer Support Group (RPCSG)

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THE SEPTEMBER MEETING

The September meeting was a hybrid meeting with the Consultant Clinical Oncologist Dr Paul Rogers. He gave a very informative talk without the use of slides, about developments in prostate cancer treatments and the possibilities upon recurrence.

Peter Dawe introduced the meeting and welcomed all members and in particular five new members. Nigel Booth mentioned that we will have an awareness stand at Tesco in Wokingham on 9th Sept and asked for volunteers to help at the stand.

Steve Allen then introduced Dr Paul Rogers who attended the meeting by Zoom.

Dr Rogers started by talking about the positive changes at the RBH that have occurred over the last couple of years. One change is the ability to use SABR (Stereotactic Ablative Radiotherapy). This was previously only available at a few centres with curative treatment taking about 6½ to 7 weeks and can be used for treatment in the case of recurrence in the lymph nodes or bones, hence no hormone treatment is involved. At RBH the treatment time has been reduced to 3 weeks of 5 treatment sessions.

Another improvement is the advanced 3D imaging radiotherapy machines that allow very accurate imaging doing away with the need to tattoo patients providing marker points lining up the machines for accurate treatment targets. This was originally pioneered for breast cancer patients as these were often visible but has now been rolled out to prostate cancer patients.

Brachytherapy is a specialty treatment at RBH, this treatment implants a number of radioactive seeds throughout the prostate to kill the cancer cells and has a 95% chance of eradicating the cancer. The radioactivity of the seeds eventually decays and the then inert seeds remain in the prostate. There have been improvements using a 'brachy boost' to allow lymph nodes to be treated. It also helps to reduce side effects allowing the avoidance of the bowel, bladder and rectal areas.

A development has been the use of 'spacer gel' known as hydrogel (Note: You may see this referred to as SpaceOAR – Organs At Risk). Before radiotherapy, gel is injected between the prostate and rectum, pushing the two apart by about one centimetre and almost completely eliminating the unwanted 'overflow' of radiotherapy to the rectum. The gel is eventually absorbed. This has been approved by NICE as a Quality of Life improvement and the RBH has now been given funding for this to be used for the appropriate patients.

Paul mentioned the organisation 'My Cancer My Choices'. This organisation aims to improve the quality of life. It is a charitable organisation that used to need a referral from Clinicians. They are now accepting self-referrals and provide a range of emotional and physical treatments to assist with the side effects from cancer treatments.

Paul described the role of diet and exercise for the prevention of prostate cancer. Exercise can help reduce or delay recurrence of cancer. Exercise promotes the production of Interleukin 6 that is a protein with anti-cancer properties.

In assessing the effects of exercise, measurement of muscle and water in the body is useful. Hormone treatment tends to increase muscle loss that reduces anyway in the body by about 3% per year. Some machines are available that measure the amount of muscle and water, and some are even specific to parts of the body. (Withings produce scales but these can be very expensive).

Paul then referred to diet. A good diet to help weight loss relies on the reduction of glucose in the blood stream. There are apps that can help with understanding what foods cause a glucose 'spike' that changes sugar into fat. This spike also causes hunger so more food is consumed. Diabetics can use a glucose measuring dot attached to their arm and this can be found on the Zoe app for other people now too, again at a cost.

Paul discussed the recent challenges, the main one being the Covid pandemic. In normal years about 45,000 men nationally were expected with prostate cancer, but in the pandemic years this dropped to about 32,000. This has led to a surge in the quantity and in waiting lists in the years after the pandemic. It is now about 6 to 7 weeks before oncologists at the RBH can see new patients. RBH has advertised for oncology consultants but none have been forthcoming. There is a general shortage across the country of about 25% of consultants, also a need for more physicists, radiographers and nurses.

Paul then invited questions from the audience during which further information was provided:

There is no current prostate cancer national screening programme but MRI scans are now used before biopsies to reduce the occurrence of non-essential biopsies and this non-invasive scan will become part of a national screening programme.

AI (Artificial Intelligence) has a role in helping to interpret scans and could lead to a reduced need for radiologists. It can help in interpreting CT scans for which there is currently a four weeks delay, and can help in radiotherapy planning by reducing the time required by the oncologist measuring and outlining the relevant area needed to be treated.

For advanced prostate cancer the drugs Enzalutamide and Abiraterone are available and work for the majority of patients, although with side effects. Other drugs for consideration are Darolutamide and Apalutamide but in some cases these may not be suitable. Olaparib is possible but only in cases where the cancer has been caused by the genetic defect gene BRCA2 and is only used in a very few prostate cancer cases.

Brachytherapy treats the whole prostate gland and a good urine flow rate is preferable before treatment. Prostates with a volume of up to 100ml are treatable.

RBH collects statistics on prostate cancer and records were kept throughout the pandemic and all patients were included in the statistics.

The best exercises are for muscle improvements, possibly using weights. Exercise for about 40 minutes per day is recommended, and even walking will help (Editor's note: Please see the newsletter of March 2023 for the availability of organised and directed exercise sessions, also in our web site rpcsg.org.uk in the 'Online Exercise' tab).

Supplements were discussed and the tablet Pomi-T was mentioned. (Editor's note: Further information can be seen in the web site at <https://www.pomi-t.co.uk/>).

Dr Paul Rogers was thanked for his most useful talk, that was one of the best-attended talks that the RPCSG has received.

NEXT MEETING – 6th OCTOBER

The October meeting will be an Open Meeting at which there will be no guest speaker but is an opportunity to just talk to other members about anything at all, whether prostate cancer related or not. The previous Open Meeting was very successful and appreciated by the attendees.

There will not be a Zoom connection as online chat is impractical.

RPCSG WALKS AND COFFEE MORNINGS

There was a very pleasant walk in August from Reading to The Cunning Man at Burghfield. This walk was well attended by 11 people with a further 6 joining at the pub at lunch time for refreshments.

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