

East Lancashire Prostate Cancer Support Group Newsletter



Volume4

Issue9

Date September 2015



What's Inside

Super Robot P1 P2 P3
Commis-
sioned at The
Royal Black-
burn Hospi-
tal

The Language P3 P4
of Cancer

Information P5
for External
Members

MRI New P6
Technique
focuses can-
cer fighting
viruses

Visit to the P7
Sanctuary of
Healing

New £1.3m super-robot which helps perform major operations used by Blackburn surgeons



[Chris Gee, Reporter / Friday 14 August 2015 / News](#)

LANCASHIRE
Telegraph

2015 FINALIST
ONLINE
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The urology team Mohan Pillai and Mohammad Masaarane with surgical team Catherine Connor, Christopher Emsley and Jason Harbour



East Lancashire Prostate Cancer Support Group Committee Members Left to right; Hazel Goulding (Treasurer) John Heyworth (PCUK Liason), Stuart Marshall (Secretary) Dave Riley (Chairman) John Goulding (HR) Gordon Birtwhistle former MP for Burnley & Pendle



A NEW £1.3million super-robot which helps perform major operations with far less trauma has been used by surgeons in East Lancashire for the first time.

Patients requiring surgery for prostate cancer at East Lancashire Hospitals NHS Trust will now benefit from improved cancer outcomes thanks to the introduction of robotic assisted surgery at the Royal Blackburn Hospital.

The urology department, led by surgeons Mohan Pillai, Mohammed Masaarane – commissioned the installation of the ‘Da Vinci Robot’ to carry out removals of the prostate gland.

The technology enables doctors to go “way beyond keyhole surgery” and leads to far quicker recovery times for patients.

The robot is a first for the trust and the only Da Vinci robot used for urological surgery in Lancashire.

Surgeon, Mohan Pillai, said: “The robot brings with it huge clinical benefits for patients with improved cancer outcomes, as it gives the surgeon the opportunity to remove the prostate gland with a high degree of precision.

“This more precise cancer removal results in less pain, a shorter recovery period and hospital stay as the surgery is far less invasive; there is less requirement for radiotherapy; improved long term outcomes for continence and potency and a quicker return to normal activities.

“This is the first robot in Lancashire and the intention is to serve the whole population of the county.

“We should acknowledge the management for implementing the robot at East Lancashire as otherwise we and the population of the county would be lagging behind rest of the country.

“By investing in the robot it has given equitable health care for our patients similar to rest of the country.”

Among the first half-dozen people to undergo the revolutionary surgery in Lancashire was Brian Winder, 66, from Windermere Drive, Darwen.

The former Crown Paints worker is well known in the town as he ran the kiosk at Sunnyhurst Woods with wife Linda for 18 years.

He said: “Everything happened so quickly.

“I went for a routine health check in Darwen and asked for a prostate check.

“After the results I went for more blood tests and within weeks I’d been told I had cancer.

“Obviously it was a concerning time for me and my family but the medical people put the options in front of me very clearly.

“I was told I faced radiotherapy but they explained about the new technology.

“I didn’t hesitate to go ahead.

“It was only three weeks ago and I’m already recovering and feeling better.

“I’ve been told that previously there could have been incisions from my chest to my waist but with the robot there are just a couple of tiny scars.

“The technology is a vast improvement on traditional keyhole surgery.

“I’m a keen runner and my goal is to be up and about and jogging on the moors and lanes around here in a few weeks.

“I think the investment in this technology will benefit patients no end – it certainly has with me.”

Robotic-assisted surgical techniques for the treatment of prostate cancer is becoming more common under NHS England commissioning arrangements, with 48 per cent of all prostatectomy procedures last year performed using robotic assisted approaches.

The robot will initially be used at the Royal Blackburn Hospital within urology cancer surgery but also has the ability to work within gynaecology, colorectal, liver and bile duct surgery.

Maire Morton, divisional director for surgery and anaesthetic services at East Lancashire Hospitals NHS Trust, said: "The national incidence of prostate cancer has tripled over the past 40 year and is continuing to rise with 315 patients in East Lancashire diagnosed every year.

"This robot means that we are able to offer our patients state-of-the-art surgery which will result in a more precise removal of cancer and a far quicker recovery period as the procedure is much less invasive."

The robot was ready for the first patients scheduled for robotic prostatectomies on June 1.

Around a dozen operations, on people from all over the county, have already been performed using it.

The Language of Cancer

By Leah

I just saw that Dana Jennings, who writes a blog about his prostate cancer for the NYT, is discussing language and cancer. So I recycled this essay I wrote some time back.

It amazes me that doctors still use the word biochemical failure to refer to a recurrence of prostate cancer. A doctor told me, "It's a shame this word escaped from the lab". I know that when we got hubby's post-surgery positive PSA I was depressed because the word "failure" kept on going round and round in my mind. We got an "F" in prostate cancer.

"Recurrence" on the other hand, is almost good word. It sounds like an old friend has come back to stay with you. (OK, it's a stretch.)

And may I ask, what do they call death if recurrence is "biochemical failure"? "Biochemical catastrophe," maybe? "Biological Armageddon"?

My husband's surgery failed, and so he had to have "salvage radiation". This term is a favorite. Sounds like they gave him rad in the junkyard?

Seriously, the language of cancer is something we need to talk about

Language affects the way we cope with disease. A writer named Susan Sontag, who struggled with cancer for years, wrote a book called "Illness as a metaphor" which describes how cancer has been demonized, in part because of the language associated with it.

Wouldn't you feel better if you had a "neoplasm"? That's the scientific word for "new growth", which is what you have. I can just see the buds, little sprouts. And we don't need to worry about dumping "cancer" because it has no scientific meaning. Cancer means "crab", because some Greek thought it resembled one.

Other diseases have undergone verbal makeovers. "Leprosy" is now "Hansen's Disease". And "senility" has become "Alzheimer's." I think these changes have helped, but they're are a mouthful.

"Malignant" gets to me the most. Something evil resides in my body. Call the exorcist. We know that there are plenty of diseases out there that are much worse than cancer. Just

ask my brother-in-law who is dying of ALS (Lou Gherig's disease). Ebola virus, anybody? Never mind, "cancer" still terrorizes. The word is radioactive. Period.

That's because all sorts of terrible things have come to be associated with cancer. But this is something we can change. For example, in general parlance we refer to something evil or noxious as a "cancer" that needs to be excised. Can anybody think of a better word?

The words we use to describe cancer make us feel bad about ourselves. We take cancer very personally. This doesn't happen with other diseases, except maybe AIDS.

There are a lot of people with prostate cancer who think of their illness as a "beast" to be slain. But his metaphor doesn't work for everybody.

My father had a stroke, and nobody called it a "beast" or developed any personal relationship with it. It was just something unfortunate that happened which had to be overcome. It wasn't malignant. I don't think heart disease is taken personally either. Good examples for comparison with cancer are arthritis and lupus. These diseases result from your own immune system attacking you. The job of the immune system is to protect you! But you don't hear people saying, "That double-crossing Arthritis Beast!"

I hope what I'm saying will make you have more compassion for yourself and find some relief. It's hard to exist in a perpetual state of war. What really struck me about the language of cancer was reading a long article about how tumors use every trick of evolution to outwit us, "Cancer as an Evolutionary and Ecological Process", (Lauren, et al., avail. on Medscape). But it also described cancer as a "neoplasm", not a "beast", and I saw the cancer for what it is: a pathetic bunch of damaged cells that are just trying to do what we all want to do, our biological imperative, which is to survive. Unfortunately, the only thing around for the cancer eat is us.

The article described the relationship between the "host" and the cancer alternatively as "parasitic" and "mutual association". I'll take "mutual association".

But we have the last laugh: If the cancer kills us, it kills itself, too. And leaves no fond memories. Compare our lives with the lives of cancer cells which are just mindlessly reproducing, (asexually) while we are having fun.

I must tell you, and I know a lot of people won't like it, that after reading the article I referenced, I could no longer view cancer as a "Beast". It seems ridiculous to be waging war with a bunch of cells. In reality, the cancer is not evil, it's neutral, and it has no control at all over its life.

For example, in the ordinary course of things, a normal cell may turn itself into either a stem cell or a sperm cell. But it's not a choice between good and evil, it's molecular biology. If you want to blame somebody for your cancer, try your ancestors. Or carcinogens in the environment. Or the government for tolerating pollution. Or vent at the medical professionals. But this mindless bunch of damaged cells who are just following the rules of evolutionary biology — it's hard to even consider them evil.

Anyway, my attitude has changed. I no longer regard cancer as the enemy. And that makes me feel a lot better. It's more like fate has brought the two of us together for better or for worse. And, although, we have made progress in getting rid of our unwanted "guests" we still have a long way to go at it.



Contact Information

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We are a group of local people who know about prostate cancer. We are a friendly organisation dedicated to offering support to men who have had or who are experiencing the effects of this potentially life threatening disease.

The East Lanc's Prostate Cancer Support Group offers a place for free exchange of information and help for local men and their supporters (family and friends) who may be affected by this increasingly common form of male cancer.

At each meeting we strive to be a happy, supportive and upbeat group of people; encouraging open discussion on what can be a very difficult and perhaps for some an embarrassing subject. We have lively, informative, interactive, sharing and above all supportive meetings.

Information for External Members (Not in Lancashire)

Cornwall Prostate Support Association

Victoria Inn, Threemilestone Chyvelah Road, Truro, Cornwall. TR3 6BY

Contact: Chris Kinder

Telephone: 07970 825635

Email: chris_kinder@hotmail.com

The group meet at 7 p.m. on the third Monday of each month except July and December in the Victoria Inn at

Threemilestone near Truro.

“A new technique using magnetic fields from an MRI scanner to move cancer-fighting viruses towards tumours could improve an experimental cancer treatment, according to UK scientists”.

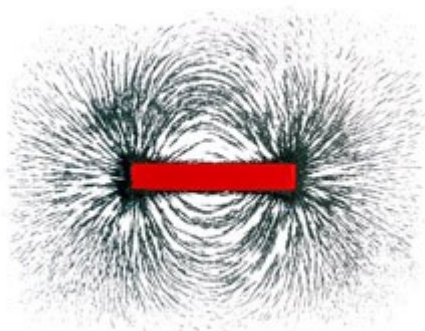
A new technique using magnetic fields from an MRI scanner to move cancer-fighting viruses towards tumours could improve an experimental cancer treatment, according to UK scientists.

“It’s a fascinating idea - but more studies are needed to see if this approach could work in people” - Dr Nick Peel, Cancer Research UK

MRIs are not normally used
erally used to provide an im-
ation about its size and lo-

The new technique involves
– called super-paramagnetic
modified immune cells that
nets to direct them to the tu-

In studies with mice, the re-
of Sheffield discovered that
livery of these magnetic cells
and tumours that had spread to the lungs.



to treat cancer. They are gen-
age of the tumour, giving infor-
cation.

adding tiny magnetic particles
iron oxide nanoparticles – to
carry the virus, then uses mag-
mour.

searchers from the University
the MRI scanner improved de-
to tumours in the prostate

The study used a virus – called an oncolytic virus – held within a type of immune cell called a macrophage. The macrophage delivers the virus, which can then infect and kill the cancer cells.

Publishing their findings in the journal Nature Communications ([link is external](#)), the researchers found that, when they guided the virus-carrying immune cells towards prostate tumours in mice, it caused tumours to shrink more effectively than if no guidance was used. Dr Nick Peel, senior science information officer at Cancer Research UK, said: “Using viruses to kill tumour cells is one of many ways researchers are using the immune system to attack cancer. But getting the virus precisely on target is a real challenge.”

And Dr Munitta Muthana, an author on the study, said the team’s findings could help overcome this.

“Our results suggest that it is possible to use a standard MRI scanner to naturally deliver cell-based therapies to both primary and secondary tumours which would normally be impossible to reach by injection,” she said.

But Dr Peel cautioned that while the approach was interesting, it was still in its early stages, and further work would be needed before this could benefit patients.

“It’s a fascinating idea - but more studies are needed to see if this approach could work in people, especially for tumours located deeper within the body,” he said.

“And we need even more research to show whether this could actually improve treatment.”

The Planned Visit to the Sanctuary of Healing in October Details

Dear All,

It was decided at the September `Group Meeting` that everyone wishing to attend the proposed `Afternoon Tea` visit at The Sanctuary Of Healing Langho on Wednesday 21st October 2015 (2:30pm) will be required to pay a RESERVATION CHARGE of £5 per person. As you may be aware the Afternoon Tea will be FREE to people who attend with the total cost (£12.50 pp.) being paid via our Group Funds. Monies are due to be collected at our next `Support Meeting` on 1st October. If however if you are unable to attend our next meeting and would like to be included in the visit, please send a cheque (before 15th Oct.) made out to E.L.P.C.S.G. care of Mr D Riley 22 Mount Crescent Cliviger Burnley BB10 4TN.

ALL MONIES AND CHEQUES WILL BE HANDED BACK TO THOSE IN ATTENDANCE AT THE VENUE ON THE DAY

Please note this social visit is open to all group members and partners/ carers.

Yours sincerely,

Dave Riley (Chairman). E.L.P.C.S.G.