

**Minutes of meeting Thursday 3<sup>rd</sup> May 2012, 2-4pm**  
**Venue: Mackenzie Medical Centre - Burnley General Hospital**

34 people attended this meeting which included our regular visiting Specialist Nurses and Mr Mohan Pillai who had come to speak to us, all had kindly given up their valuable time to attend our meeting, Mr. Pillai is a leading Consultant Urology Surgeon for the East Lancashire area.

Chairman Martin opened the meeting by introducing Mr Pillai and welcoming the attendees.

Mr Pillai commenced his talk by giving us a brief insight into his career. He said he had trained in Edinburgh and decided to specialise in Urology and has done so for the last 15 years, having previously having spent some time in Australia.

He continued by explaining how difficult it is for Doctors and the Medical Specialists to give a definitive decision on which treatments to recommend in view of the fact that men and their Prostate Cancers are all different. When considering treatments or surgery he said that a panel of Specialists meet to consider the best course of action for each patient.

Mr Pillai then told us that he himself was interested in starting Support Groups a few years ago but it had proved a little difficult at the time. He said that he believed that Support Groups can play an important roll in helping people who suffer from the disease and by liaising wherever possible with the Specialist Nurses and Medical people, he showed a diagram to emphasise it:

**Medical Profession – Specialist Services/Nurses – Patient – Support Groups**

Martin asked him if he had any thoughts about how patients might cope better after being diagnosed with Prostate Cancer and Mr. Pillai said that unfortunately he could not offer definitive answers and suggested that patients follow what they consider to be the best guidance and to **TALK** amongst each other and with the Specialist nurses.

He continued by saying that most Cancer treatments will have inevitable side effects and it is for these reasons that all options are discussed by the Specialists prior to them being recommended to the patient, they also have to consider whether any form of Cancer care or treatment is possible and importantly is it necessary, eg. a man is more likely to die from Coronary problems than a man with low grade P.Cancer. Quite often another dilemma is the type of treatment:

- proven treatment options,
- experimental/trial options.

Three treatments can now be classed as being successful for 70% to 80% of patients, these are

1. Surgery,
2. Brachytherapy and
3. Radiotherapy,

However all treatments have to be individualised as it is not the same situation in every case.

Many patients are now living longer due to medical advancements and new treatments; previously 1 to 18 months has been extended and is currently 5 to 6 years.

Clinical trials will not be recommended unless patients say that they want to take part in them. Mr Pillai was asked about the PSA test and he reaffirmed that it is far from being a good test, also Biopsies don't always

show any results and can miss small tumours but it is the best means for detecting Prostate Cancer at this particular time.

He was asked what his opinions are regarding the latest Robotic Prostate Surgery and whether it had less damaging effect on surrounding nerves. In the short term recovery is much quicker, but after 5 years there was no difference when Robotic Surgery had been used. Urologists from across the world have found that there is no noticeable longer term improvement from being treated with this type of surgery. From a medical point of view treating or removing the Cancer is priority and will not be compromised by attempting to avoid damaging the nerves.

Mr. Pillai then talked about Active Surveillance (Watchful Waiting), he said that 'like for like' some Cancer patients died sooner than patients who have had treatment. Men who have had treatments were marginally better than those who had not had treatment. At the present time approximately one third of men on Active Surveillance have not had any treatment.

A Q&A session followed, below are some of the answers given by Mr Pillai:

1. A few of our members have had Hernia problems which they thought may have followed Prostate surgery, he said there are definitely no connections as far as he is aware.
2. Is it correct that Radiotherapy cannot be done twice and why? It is correct because there is a possibility Radiotherapy can cause other Cancers.
3. Is there any benefit to the Prostate from having food or drinks which are known to be rich in antioxidants, such as Pomegranate juice? To the best of his knowledge there probably is not as there is no evidence to substantiate it. There is some thinking that in the Western diet there is a higher incidence of Prostate Cancer, further East the diet changes to Soya based and there is evidence that there are fewer incidences. There is also some evidence that Japanese men who have settled in the US are now starting to show an increase in PC.

Everyone present thoroughly enjoyed listening to Mr Pillai and were particularly impressed with his honesty, frankness and sense of humour and would be pleased to invite him back again in the future. The group offered their thanks to him in our usual way.

The raffle raised £44

**Next meeting: Thursday 7<sup>th</sup> June at the Mackenzie Medical Centre, Burnley General Hospital 2-4pm**