

Norfolk & Waveney Prostate Cancer Support Group

Registered Charity No. 1108384

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Patron: Martin Bell OBE

Meet Our New Chairman



Our new chairman, Ray Cossey, reckons he knows "a little bit about cancer".

Ray who is 69, has succeeded founder-chairman David Haines. He has had a radical prostatectomy, and has since undergone an operation to remove a cancerous scalp-lesion and further radical surgery for a malignant mouth tumour.

He was a trustee of the Big C Appeal during its formative years in the early 1980's, and his wife, Theresa, is a trustee of the local Big C Appeal and its honorary secretary.

Ray was born in Norwich, and after a spell as an articled surveyor with Percy Howes & Co he emigrated to New Zealand. He returned to Norwich and estate agency to manage Alan Ebbage & Partners' Wroxham Office. In 1979 he became Norwich City FC's commercial manager, but retired because of ill health in 1995.

During his 18 years with the club Ray was a regular contributor on Radio Norfolk's 'Saturday Morning Show', and following the death of Don Shepherd, he was for a couple of years, the presenter of the Sunday lunchtime programme, 'Dad's Favourite Tunes'.

Call for PSA test to be offered to all men over 50

One of Ray Cossey's first actions as chairman of the Group was to write a letter to the Eastern Daily Press drawing attention to the huge difference between the survival rates of prostate cancer sufferers in the UK and America - and calling for all men over 50 to be offered PSA tests. The EDP published a shortened version of Ray's letter. Here it is in full.

Sir - All those men who have been diagnosed with prostate cancer will welcome the new hope offered by the new drug, abiraterone.

Only time will tell if it is indeed the 'wonder drug' some are claiming it to be.

Sadly, some of the deaths, which result from advanced prostate cancer, might have been avoided had the patient known he had this second most prevalent cancer in men.

While there is presently no fail-safe method of screening, there is the PSA (prostate specific antigen) blood test which, although by no means infallible, does give an indication as to the likelihood of prostate cancer being present.

Surveys indicate that only 6% of men in the UK know what their level of PSA is; in the USA where PSA testing is more readily available and more routinely used by GPs the figure is 57%.

This might well explain the unpalatable fact that deaths from prostate cancer have declined four times faster in the US than in the UK, over the past decade.

In the 1990s the respective mortality rates were almost identical.

With in excess of 35,000 men being diagnosed annually in the UK with prostate cancer and with some 10,000-plus deaths each year, the differing rates of survival, between this country and the USA are very worrying.

The time has surely come for the government to consider these statistics, which beg the question, "should PSA testing be offered, in this country, to all men over the age of 50?"

Were this implemented every man who wished to know, would have the base-level of his PSA recorded; this could then be used as a yardstick, in order to determine if his PSA has risen, and to what extent, once the more obvious indicators of the possible presence of prostate cancer, reveal themselves.

The best chance of surviving prostate cancer is to have it detected early, while it remains localised within the prostate.

Sadly, there is presently no national screening programme for prostate cancer, for the reason that there is no fail-safe method of screening. However the PSA level test offers the best indicator we have that prostate cancer may be present.

A great deal of money is spent on breast-screening for women, and rightly so.

However, next-to-nothing is spent, by the NHS on prostate screening; yet the mortality rates for both types of cancer is very similar.

I believe that this anomaly should be urgently addressed by the government.

Ray Cossey - Chairman - Norfolk & Waveney Prostate Cancer Support Group

At the Group's August meeting Ray asked members if they shared his views on the desirability of PSA tests being offered to all men over 50, The response was 100 per cent support.

Members were also unanimous in their support for Ray's ambition for our group to emulate a scheme in Kidderminster where free PSA tests are offered to all men over 50.

The Kidderminster scheme is described overleaf with a report on the study which revealed the difference between the approach to prostate cancer in the UK and America.

This is a report from *The Independent* about the study which compared death rates from prostate cancer in the UK and America, and which prompted Ray's letter to the EDP

A dramatic fall in deaths from prostate cancer in the US has raised questions about Britain's poor performance against prostate cancer.

A study, published in *Lancet Oncology*, says that deaths from the disease have declined four times faster in the US than in the UK over the past decade, having peaked in both countries in the early 1990s at almost identical rates.

Simon Collin, a statistician, and colleagues from the University of Bristol, who compared the US and UK, say the differing outcomes are worrying.

"Trends in US death rates in other cancers, such as breast and bowel, have closely followed those in the UK but for prostate cancer they have sharply diverged in the past decade.

Something different is happening with prostate cancer," said Mr Collin.

Since the peak in deaths in the two countries in the early 1990s, mortality rates had fallen by 4.2 per cent a year in the US and by 1.2 per cent a year in the UK.

In the US, the biggest decline was among men over 75 while in the UK death rates in this age group had plateaued by 2000.

A key difference between the countries is the extent of screening with the PSA blood test.

Fifty-seven per cent of men in the US over 50 reported being screened in the past 12 months, compared with 6 per cent in the UK.

Treatment in the US is more aggressive, with more use of radical surgery, radiotherapy and hormone treatment.

Mr Collin said: "Prostate cancers are detected predominantly when they are

still localised in the US because of screening. In the UK they tend to be picked up later. The big question is: does early detection lead to a survival benefit?"

"It is plausible that early detection and more aggressive treatment does improve survival. The caveat is that you detect a lot of prostate cancer if you look for it and much of it is indolent [not needing treatment]."

Prostate cancer is often slow growing and does not affect the quality or length of the patient's life.

In these patients, the treatment may be worse than the disease, Mr Collin said.

"The nature of prostate cancer is that you are more likely to die with it than from it."

The authors of the study say the jury is still out on whether screening is worthwhile. It is hoped the results of two trials next year will provide the answer.

.....and this is how the Kidderminster Support Group's PSA test service works

The Kidderminster Prostate Cancer Support Group decided in 2004 to use some of its funds to enable any man who wants it to have a PSA test.

With the co-operation of the B.M.I. Droitwich Spa Hospital, PSA blood testing is offered at many of the Group's meetings.

The service is publicised before meetings and up to 160 men attend each session. The tests are free of but men may make a contribution if they wish.

The group's president, Mr D.C. Baxter-Smith, who is a consultant urological surgeon, talks to men about the advantages and disadvantages of the test.

Phlebotomists from the B.M.I. Droitwich Spa Hospital then carry out the blood tests.

The results of the tests are dealt with confidentially and are seen by Mr Baxter-Smith.

Within a fortnight, he writes to all the men telling them the result and advising on appropriate action.

The letters are described as "green", "amber" or "red".

A "green" letter tells a man that his PSA is in the normal range for his age, but if he suffers from frequent voiding by day or night, or other symptoms he should see his GP.

An "amber" letter tells a man his PSA is "borderline" and he should see his GP in three months time for a further test; in that time it may go up indicating a need for investigation or fall back into the normal range.

A "red" letter suggests that the PSA is significantly elevated and the man should see his GP.

Approximately 90 per cent are in the normal range, 5 per cent "borderline" and 5 per cent significantly elevated.

Men in the "red" group are written to, usually within twelve months, and asked about the outcome.

The majority of this group are found to have early prostate cancer and to have been treated by either radical surgery, external beam radiotherapy, brachytherapy or active surveillance.

The above is taken from the Group's website www.kidderminsterpcsg.com/

A new national voice for prostate cancer support groups

Prostate cancer support groups throughout the country have joined forces to create a National Prostate Cancer Federation.

The new organisation came into being at a gathering of representatives of 55 UK cancer support groups - including ours.

Its aims are:

- to improve awareness of prostate cancer,
- improve consistency in the approach to Pca in the NHS,
- provide advocacy at the highest levels of Government and Health authorities,
- influence research priorities
- help the formation of new PCSGs, and Regional

For the first time a research group has provided an explanation of how eating broccoli might reduce cancer risk.

The research was based on studies in men, as opposed to trying to extrapolate from animal models.

The group, at the Institute of Food Research in Norwich, was led by Professor Richard Mithen.

In a Press Release the Institute says:

Prostate cancer is the most common non-skin cancer for males in western countries. The research has provided an insight into why eating broccoli can help men stay healthy.

For the study men who were at risk of developing prostate cancer ate either 400g of broccoli or 400g of peas a week in addition to their normal diet over 12 months.

Tissue samples were taken from their prostate gland before the start of the trial and after 6 and 12 months, and the expression of every gene measured using Affymetrix microarray technology.

It was found that there were more changes in gene expression in men who were on the broccoli-rich diet than on the pea diet.

These changes may be associated with the reduction in the risk of developing cancer, that has been reported in epidemiological studies.

Norwich Research Institute study shows how broccoli cuts cancer risk

Previous studies have suggested that the fifty percent of the population who have a GSTM1 gene gain more benefit from eating broccoli than those who lack this gene.

The study showed that the presence of the GSTM1 gene had a profound effect on the changes in gene expression caused by eating broccoli.

This study fills the gap between observational studies and studies with cell and animal models.

While observational studies have shown that diets rich in cruciferous vegetables may reduce the risk of prostate cancer and other chronic disease, they do not provide an explanation of how this occurs.

Evidence from animal and cell models has sought to provide an explanation, but these studies are usually based on high doses that would not normally be experienced as part of the diet.

The results suggested that relatively low amounts of cruciferous vegetables in the diet – a few portions per week – can have large effects on gene expression by changing cell signalling pathways.

These signalling pathways are the routes by which information is trans-

mitted through a molecular cascade which amplifies the signal to the nucleus of the cell where gene expression occurs.

The Norwich team are planning a larger study with men with localised prostate cancer, and will compare the activity of standard broccoli with the special variety of high glucosinolate broccoli used in the current study.

“Other fruits and vegetables have been shown to also reduce the risk of prostate cancer and are likely to act through other mechanisms,” says Professor Mithen.

“Once we understand these, we can provide much better dietary advice in which specific combinations of fruit and vegetable are likely to be particularly beneficial. Until then, eating two or three portions of cruciferous vegetable per week, and maybe a few more if you lack the GSTM1 gene, should be encouraged “

“Cruciferous” vegetables include

- Broccoli
- Sprouts
- Cauliflower
- Cabbage
- Rocket
- Watercress
- Garden cress
- Kale

Professor Jane Plant tells how diet and lifestyle changes overcame her cancer

About 100 members of the group and members of other groups attended a talk by Professor Jane Plant at the James Paget Hospital in July to hear her views on how diet and lifestyle changes can help to prevent and overcome prostate cancer.

Professor Plant, author of “Your Life in Your Hands - Understanding Preventing and Overcoming Prostate Cancer” described how she recovered from breast cancer in 1993 after being told that she had only months to live, after making changes to her diet and lifestyle.

“Your Life in Your Hands” is an international bestseller and has contributed to her being made a Life Fellow of the Royal Society of Medicine.

She said she compared rates of breast and prostate cancer in China and the West, and plotted their geographical distribution against the consumption of dairy products. This led her to the conclusion that consumption of dairy products is a major factor in the incidence of breast and prostate cancer in the West - and the decision to eliminate dairy from her diet.

When she adopted a lifestyle of non-dairy eating and healthy living to complement her conventional medical treatment her cancer disappeared in six weeks.

She emphasized that cutting dairy products from her diet was only one aspect of her work with cancer pa-

tients to help them to put their cancer into remission and keep it there. She said that what she calls the Plant Programme was based on ten food factors and ten lifestyle factors.

To help readers of Your Life in Your Hands for help to follow the sort of diet she advocates, she has teamed up with Gill Tidey, a fellow scientist and dietician, to produce The Plant Programme cook book “Eating for Better Health.”

Professor Plant's books, can be obtained from bookshops or through her website www.cancersupportinternational.com.

Telephone Support Network Grows

As a result of the article in the June newsletter which outlined the setting up of the Telephone Support Network the following members of the Group have agreed to be Local Contacts for the following districts.

Corton/Lowestoft Brian Blake (01502) 730665

Sheringham - David Richardson (01263) 822390

Dereham - Bruce Williams (01362) 691724

Attleborough/Wymondham - Dave Kirkham (01953) 456858
(evenings & weekends only)

Dereham/Swanton Morley/Bawdeswell/
North Elmham/Foxley & Foulsham John Gouldthorpe (01362)
688708

Wroxham/North Walsham- Geoff Walker (01603) 712778

Holt - Robin Combe (01263) 712058

The members listed in the June newsletter were:

Norwich North - Mike Mills 01603 490528

Norwich South - David Paull 01603 457270

Norwich East - Stan Thompson (01603) 713463

Norwich West- David Haines (01603) 881213

Gt Yarmouth- John Leadbeater (01493) 730565

Lowesoft - Ronald Capps (01502) 562584

Kessingland- Richard Rolph 01502 740329

Cromer/Sheringham- Paul Whitehouse 01263 825989

Suffolk Coast/Waveney- David Cole (0128) 684244

Poringland/Framingham Earl- Mike Smith (01508) 493323

Taverham - David Wiseman (01603) 260539

Hingham/Watton- Ray Allen (01953) 850863

Fakenham - Chuck Lyons (01328) 862927

Burnham Markt/Nth Norfolk- Peter Smith (01328) 738685

New Buckenham - Ken Gee (01953) 860221)

This leaves vacancies to be filled in the three remaining districts
:- Beccles/Bungay - Thetford - Swafham

Any member wishing to find out more about what is involved in becoming a Local Telephone Contact for one of these still vacant districts, please contact David Wiseman, Welfare Officer on (01603) 260539 or email him at david@wisemandav.go-plus.net

How to Contact Us

Write to:

Norfolk & Waveney Prostate Cancer
Support Group, c/o Urology Dept,
Norfolk and Norwich University Hospital, Colney
Lane, Norwich, NR4 7FP

Telephone - Specialist Uro-oncology Nurses:

Claire, Sallie or Wendy at the Norfolk and Norwich
University Hospital 01603 289845

Angie or Wendy at the James Paget Hospital 01493
453510

Committee / Help:

01603 713463 -01603 881213 or 01328 862927

E-mail - David Haines

david.haines2@btopenworld.com

Newsletter Editor: Bernard Farrant 01603 664515



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Prostate Cancer

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01508 480629

The speaker at the
Group's next Open
Meeting will be
Stuart Irvine
consultant Urologist.

His subject will be:
"Hormone therapy -
now and into the
future"

Monday October 6
7- 9
East Atrium
Norfolk and Norwich
University Hospital

Ray and Vera Allen's Car Boot Sales have raised £7000 for the Group....

...and they're holding another
one on Saturday October 4th

Place: K.W. Eaglen's Yard, Seamere Road,
Hingham, NR9 4LW

Time: 8am - 2pm (Set up from 7am)

Pitch Fee: £5 (please take all rubbish away)

If you have any unwanted items and would like to
donate to the cause, we would be very grateful.

Phone 01953 850863 for further information

Refreshments and Christmas Raffle