

Norfolk & Waveney Prostate Cancer Support Group

Registered Charity No. 1108384

Newsletter no 31 June 2010

Patron: Martin Bell OBE

The View from the Chair.....

I am a somewhat worried man... for, I think, a very good reason.

My fear is that, in a few years, this Support Group might not exist.

Why do I think this?

It is our seeming inability to attract new members to the management committee which greatly concerns me.

Whilst there is provision within our constitution for twelve management committee members, we presently have only seven members willing to serve..

Cynics might question why there is a need for a dozen committee members?'. The answer: because a Group such as ours needs organising and this means people willing to help with what needs to be done.

Meetings have to be arranged, as do guest speakers. Venues have to be booked, official minutes of committee and open meetings have to be kept, as do the accounts and banking of monies donated.

Someone has to edit the newsletter and arrange for its printing. Others have to insert the Newsletter and the Open Meeting's poster into envelopes, which then have to be mailed out to you, the members. Address labels have to be printed and the labels' database kept up to date. The website has to be managed and kept updated. And those members electing to receive the Newsletter on-line have to be serviced. The list of voluntary duties is long.

The Group also has a welfare commitment to those members, seeking it.

Then there is the need to have a presence, when requested, at exhibition and seminar days. Someone has to take along the exhibition displays and

hand out the promotional literature and leaflets.

Add to all this the PSA test sessions we have promoted the third one of which we hope to hold in north Norfolk, during autumn this year.

This simply will not come to fruition unless we get some more help from the general membership to supplement the hard work already done at these sessions by what is now a depleted number of committee members.

Quite frankly, the time has come for one or two of our younger members to offer their services. This may well be a vain hope, on my part, if the response to the appeal I made in last February's Newsletter is anything to go by.

We did, however, get one response and I am delighted to welcome Mel Lacy onto the management committee. Mel's past business experience will be of real benefit the Group.

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The Group has donated a hand held device called a BladderScan to the Norfolk and Norwich University Hospital.

Members who have had radiation treatment will be familiar with the routine of emptying the bladder on arrival at the waiting area, then drinking cups of water and waiting half an hour for the water to make its way to the bladder before treatment can take place.

The BladderScan will be used when necessary to check how full prostate cancer patients' bladders are prior to radiation treatment.

The cost of the device - shown on the left - was £7200.

Can this dog detect cancer.....

The speaker at our next open meeting on August 2nd will be Claire Guest, Chief Executive of the charity Cancer and Bio-Detection Dogs.

The charity is dedicated to advancing the use of dogs and other animals in the detection of diseases.

The training of dogs to detect cancer on the basis of its smell, was initiated by retired orthopaedic surgeon, Mr John Church at the end of 2002.

He became interested as a result of a story in the Lancet in 1989 about a woman whose pet dog showed a persistent interest in a mole on her leg - which proved to be a malignant melanoma.

After becoming aware of another sixteen or so similar cases, Mr Church approached the Department of Dermatology at Buckinghamshire Hospitals NHS Trust. As a result researchers led by Dr Carolyn Willis, joined Mr Church and Ms Guest (our speaker) along with additional dog-



trainers, to form multi-disciplinary team to carry out research.

Together with medical statistician, Dr Noel McCathy, they designed and carried out the first scientifically robust study which proved that dogs can be trained to detect bladder cancer from the odour of urine.

The results of this ground-breaking study were published in the British Medical Journal in September 2004 - and Ms Guest will bring the story up-to-date with her talk on August 2nd at the Norfolk and Norwich University Hospital - don't miss it!

Another place where research is being pursued is Tenon Hospital in Paris.

There, Belgian Malinois dogs (pictured) a shepherd breed, were used by the researchers to see if they could tell whether the urine was from a patient with prostate cancer or a healthy male.

Researchers reported that the accuracy rate of the dogs was about 95 percent in a series of 66 assessments. There were some false positives but there were no false negatives.

"The dogs are certainly recognizing the odor of a molecule that is produced by cancer cells," said researcher Jean-Nicolas Cornu.

reported by Healthy Day News

....and can shrew spit kill cancer cells?

Shrew spit is under investigation by Canadian scientists as a potential screening test and treatment for prostate, breast, and ovarian cancers.

The northern short-tailed shrew, a mouse-like mammal with a long snout, is one of the world's few venomous mammal species. With one bite, its saliva can paralyze prey. Biochemist Jack Stewart of Mount Allison University in Sackville, N.B., set out to find out how.

Stewart spent several years trapping dozens of shrews in his rural backyard before he eventually identified the chemical in shrew saliva that causes paralysis. Researchers then purified and synthesized it.

At first, Stewart thought the chemical - called soricidin - might be a potential painkiller, because it blocked nerve transmission.

When he tested it on a random cell culture that happened to be ovarian cancer cells, however, he found the cells died - which was initially a source of annoyance to him.

"Then a light bulb came on," Stewart recalled. "Oh, they died," he said with a laugh. "That's a good thing in cancer."

It turned out that soricidin also has an anti-cancer effect against breast and prostate tumours in animal models. It works by blocking calcium from going into the cancer cells.

Soricidin targets a receptor that is found in cancer cells and not healthy cells. That difference makes it a potential diagnostic and treatment tool, said Stewart.

Human trials to come

At a laboratory at the Atlantic Cancer Research Institute in Moncton, Dr. Rodney Ouellette

oversees research on a number of potential diagnostic tests for cancer, including soricidin.

Ouellette is cautious about raising hopes too early, but he was surprised at early test tube results of the peptide.

"It was a very profound effect on virtually all cancer cell lines we tested," said Ouellette, the institute's president and scientific director. "From that point, we started looking at this in a different way and saying maybe this is the real thing, maybe this can work."

A Phase 1 trial in humans is about a year away, Stewart said.

Human studies will determine the peptide could help detect ovarian, breast or prostate cancer cells in a blood test, saliva or urine test, said Ouellette, who has seen many promising molecules fail.

Reported by CBC News - America

The PSA Test debate continues - across the Atlantic

New advice from the American Cancer Society puts a sharper focus on the risks of prostate cancer screening, emphasizing that annual testing can lead to unnecessary biopsies and treatments that do more harm than good.

However, not all doctors agree with the new guidelines.

Dr. David Samadi, chief of Robotics and Minimally Invasive Surgery at Mount Sinai School of Medicine in New York City, said he thinks the new guidelines could cause unnecessary deaths.

"In my practice, we find men in their 30s and 40s that are at high-risk and develop prostate cancer," Samadi said.

"Knowing your PSA is power, if is you follow it all the time. You can find a silent prostate cancer that will not affect you, and there is a possibility to over-diagnose, but that's a risk the patient needs to take.

You could also find cancer that could lead to death."

The number of prostate cancer deaths continues to decline because of regular screening, Samadi added. "I really recommend (the age) of 40 as a baseline age," Samadi said.

A statement from the American Urological Association said it also disagreed with the new guidelines. "(This) may cause significant confusion for patients," according to the statement. "The AUA feels there is no single PSA standard that applies to all men, nor should there be."

The cancer society's new guidance urges doctors to:

— Discuss the pros and cons of testing with their patients, including giving them written information or videos that discuss the likelihood of false test results and the side effects of treatment.

— Stop giving the rectal exam as a standard prostate cancer screening

because it has not clearly shown a benefit, though it can remain an option.

— Use past PSA readings to determine how often followup tests are needed and to guide conversations about treatment.

Dr. Andrew M. Wolf, associate professor of Medicine at the University of Virginia Health System and chair of the Advisory Committee, agreed with the society.

"Two decades into the PSA era of prostate cancer screening, the overall value of early detection in reducing the morbidity and mortality from prostate cancer remains unclear," Wolf said.

An estimated 192,000 new cases and 27,000 deaths from prostate cancer occurred last year in the United States.

Associated Press

The View from the Chair

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I was also delighted that Ros Wiseman has volunteered to organise refreshments at our open meeting, with several other ladies offering to assist.

At the AGM I stated my firm intention to stand-down, as chairman, after almost three years in the job.

My predecessor, David Haines, held the position for four long years and he admitted to me his fatigue after that tenure. For me – three years is enough - after that the Group needs a new face, with innovative ideas and new vigour.

Unfortunately, when David stepped down from the chair no one came forward. So, for two months, we were without a chairman; until

I was persuaded to join the Group, in June 2008.

I would hope that come next April's AGM, there will be a volunteer to take over the chair from me. If there is not then the future may well be somewhat bleak indeed.

Whilst a committee, albeit greatly reduced in numbers, might keep the Group going without a chairman, the Group will most certainly fail without a fully functioning committee.

So, fellow members, I believe this Group is rapidly reaching an inevitable crossroads.

Whilst we are presently served extremely well by a great bunch of officers and committee members, many of us are getting on in years and the time will come when there will have to be succession.

If this fails to happen then the 'worst case scenario', is that this Group will simply fold.

I do not believe any of us would willingly allow this to happen.

Whether or not it does is very much down to the willingness of members to become more involved, if they are able to do so.

I very much hope that my plain-speaking will motivate a few more members to be more actively involved in running our Group.

This Group has come a long way over the past six years.

I hope that in another six years time, and beyond, another chairman will be still penning this piece for our Newsletter.

Ray Cossey - Chairman

Dates for your Diary

Monday 2nd August

Norfolk and Norwich University Hospital 7 p.m.
Claire Guest, CEO of the charity Cancer & Bio-Detection Dogs will tell us all about using dogs to detect cancer and other diseases

Monday 4th October

Norfolk and Norwich University Hospital 7 p.m.
The 'Memory Joggers'
Join them on a trip down Memory Lane, with slides and Memorabilia

Many Thanks for the following donations from.....

Mrs J E Whetter £10

Mr D V Secker (and other members of the Secker family) £125

B & D Rudd (collected at social evening at Diss) £763

John Jarrold Trust £500

HP & MA Drane £10.00

M. Hutchings (Sponsored Parachute Jump) £500

Carrefour £664

G & C Brighton (Ruby Wedding collection) £630

Barclays Bank (Community Support) £630

Coin Box Collections at April Open Meeting £12.00

Norfolk Constabulary £15

Anonymous £10.00

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The Newsletter

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You get it sooner, and it saves us printing and postage costs.

If you would like to do this please email Harvey Meadows at nwpcsg@hotmail.co.uk

NORFOLK AND NORWICH PROSTATE CANCER SUPPORT GROUP

Registered Charity No. 1108384

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Do you need help or advice?

We have 29 Group members available at the end of a telephone ready to help.

There is probably one near you. For details please ring our Welfare Officer, David Wiseman, on 01603 260539.