Awareness
NORFOLK & WAVENEY
Support
PROSTATE CANCER SUPPORT GROUP
Information

Registered Charity No. 1108384
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Patron: Martin Bell O.B.E., President: David Haines

a Founder Member of the
Federation of Prostate Patient Support Groups
known as 'T A C K L E'

'Pen' identifies cancer in 10 seconds

According to scientists at the University of Texas, a hand-held device can identify cancerous tissue in 10 seconds. They say it could make surgery to remove a tumour quicker, safer and more precise. And they hope it would avoid the "heartbreak" of leaving any of the cancer behind.

Tests, published in *'Science Translational Medicine'*, suggest the technology is accurate 96% of the time. The MasSpec Pen takes advantage of the unique metabolism of cancer cells. Their furious drive to grow and spread means their internal chemistry is very different to that of healthy tissue.

How it works

The pen is touched on to a suspected cancer and releases a tiny droplet of water. Chemicals inside the living cells move into the droplet, which is then sucked back up the pen for analysis. The pen is plugged into a mass spectrometer - a piece of kit that can measure the mass of thousands of chemicals every second. It produces a chemical fingerprint that tells doctors whether they are looking at healthy tissue or cancer.

The challenge for surgeons is finding the border between the cancer and normal tissue. In some tumours it is obvious, but in others the boundary between healthy and diseased tissue can be blurred. The pen should help doctors ensure none of the cancer is left behind. Remove too little tissue, and any remaining cancerous cells will grow into another tumour. But take too much, and you can cause damage, particularly in organs such as the brain. The tool is both elegant and simple and can be in the hands of surgeons in a short time.

Exciting Research

Dr. Aine McCarthy, from Cancer Research UK, said: "*Exciting research like this has the potential to speed up how quickly doctors can determine if a tumour is cancerous or not and learn about its characteristics. Gathering this kind of information quickly during surgery could help doctors match the best treatment options for patients sooner.*"

Exercise

In the last issue, exercise was mentioned and a link included to an exercise-related web-site. Since then, our Secretary, Noel Warner, submitted an amusing clip he spotted in a national newspaper.

Rick Wakeman is not an exercise freak. He shared his story in *Saga* magazine about having installed a home gym ten years ago and that since then he had opened its door twice, but only been in it once. '*It's frightening, like going to the dentist, or for a prostate test*' he says. '*The one time I did go in, I got on the treadmill for a bit. … My wife said that next time ……..I should turn it on*'.

How many of us are like that? Before my op in 2002, my wife and I walked in excess of 20 miles per week around the lanes of Blofield Heath, Hemblington and Pedham. I've just begun again, but only half my previous mileage so far. But it's a start.

Editorial Note from Geoff Walker

One of the challenges I am having to face in selecting items for our Newsletter is how to keep you up to date with new developments in the treatment of prostate cancer without falsely raising hopes and expectations

My aim is to keep you as fully informed as is reasonable, but with the proviso that some of what is reported will be about research and treatments, either in the early stages of development, or, in the early phases of trialling. I will do my best to identify those articles falling into either of these categories.

Other items will be more topical and I am most happy to receive any contribution for inclusion which would be of interest to our readers.

Please submit to me at:-

geoffreyowalker@gmail.com

Our Journeys

In the last issue, I hinted I would relate my own story so, let's get it out of the way and here it is.

My father died of prostate cancer in 1985 at the age of 70 (and six weeks). I am an only child and when I discovered his younger brother had been diagnosed also, I realised there might be something wrong with the male genes of our family. In 1996, at the age of 53, I had a PSA test and my score was within normal limits for my age. Having explained my family history, I expected to have been put on a screening list, (one was advertised in my local surgery) but this was overlooked.

The male species tends to let things drift. However, in December 2001 (now aged 58), I had to attend my surgery for an unrelated matter, but asked for an additional PSA test at the same time, to monitor any detrimental progress. My rather arrogant GP declined, explaining I would not need another until I was well into my 60s and that I should have nothing to worry about. If he had not been so superior I probably would have taken his word, but his condescending attitude caused me to insist I had one more. My blood test was just before Christmas 2001 and my result was not scheduled until the New Year 2002. I remember it being a worrying period as, although I did not have any normal symptoms whatsoever, deep down I felt something was wrong.

The inevitable biopsy

The results came in. My GP pronounced '*…better get you to see a specialist, I suppose…*'. Thankfully, he wrote to Professor Sethia, whom I saw at BUPA within two weeks. Following the inevitable biopsy, (which was the most uncomfortable part of the whole experience – no anaesthetic applied in those days!!), Professor Sethia 'phoned me at home one Saturday afternoon and told me '*…things are not as they should be…*' and he performed a radical prostatectomy in March 2002. Never having been in hospital before, it took me four weeks to get my head round what needed to be done, despite being pressed by my wife and Helen.

After the operation, my PSA was down to 1.0, something which delighted me but not my surgeon. He recommended another test in three months, and this turned out to be 1.75. Oh dear, thinks I; a major op. for nothing? But all was not lost, as a course of radiotherapy was prescribed to '*…mop up those cancer cells that were missed…*'. The only challenge then was I had to wait six months for the treatment, as the radiotherapy department was being transferred from the old hospital to the current site and there were other patients more needy than me. To tide me over those six months I had hormone therapy, which kept things in check. In February 2003, the treatment came and went (every weekday for four weeks), since when my PSA has been < 0.1 (and I have a test every six months).

I tell my story now for three reasons:-

First, to relate to those who might be going through a similar distressing time over this forthcoming holiday period; I know how you feel because I felt the same way. What I found was the best support comes from family and friends.

Second, please keep thinking positively because there **is** a way through.

And third, which leads me into the next article, do take responsibility for your own health; if I hadn't I might not have been around to become your Editor.

Geoff Walker

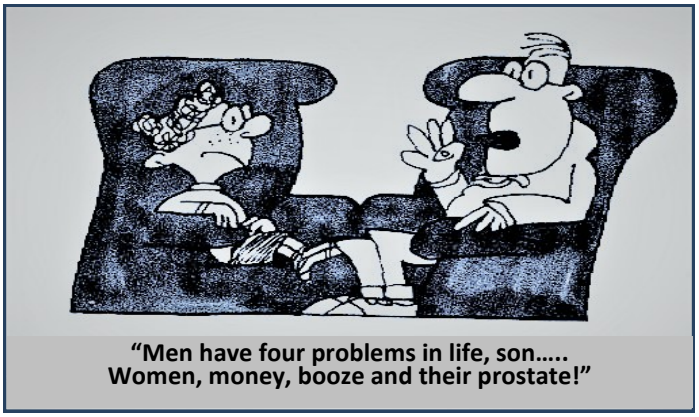
Be Responsible For Your Own Health

It is reported that one in ten men asking for an early prostate cancer check is still blocked by his GP, even if he has a family history of the disease. This is outrageous in this day and age and is exactly what happened to your Editor, albeit back in 2002 when procedures were not as sophisticated as they are now.

Angela Culhane, chief executive of Prostate Cancer UK, says: "We need men to take control of their own health and find out their family history. Too many men are walking around completely blind to the serious danger they could face".

She continues by stating we're one step closer to improving diagnosis of prostate cancer thanks to a breakthrough trial of using multi-parametric MRI (mpMRI) scans first for men with suspected prostate cancer, which can safely identify a quarter of men who won't need a biopsy. From the same images, more than 90% of important cancers that are probably going to require treatment can be identified.

She concludes: "mpMRI gives men the chance of a less invasive and more accurate diagnosis. It is the biggest leap forward in prostate cancer diagnosis in decades and could have the potential to save many lives". But please see the *Prostate Cancer* report in the following article.



**"Men have four problems in life, son…..
Women, money, booze and their prostate!"**

Prostate cancer blood test 'helps target treatment'

Scientists have developed a blood test that could pick out which men with advanced prostate cancer would benefit from a new drug treatment.

The test detects cancer DNA in the blood, helping doctors check whether precision drugs are working. Cancer Research UK said the test could "greatly improve survival".

But larger studies involving more men needed to take place to confirm if doctors could rely on the test, the charity said. Blood samples from 49 men with advanced prostate cancer were collected by researchers, as part of the phase II clinical trial of a drug called olaparib.

Does not work for everyone

This type of precision drug is seen as the future of cancer medicine but because it is a targeted treatment, the drug does not work for everyone. Researchers from The Institute of Cancer Research and the Royal Marsden NHS Foundation Trust said the test could help target treatment better and also reduce its side effects. They used it to identify men who were not responding to the treatment in four to eight weeks and also to pick up signs that the cancer was evolving and becoming resistant to the drugs.

'Major impact'

Prof Johann de Bono, consultant medical oncologist at the two organisations, said: "From these findings, we were able to develop a powerful, three-in-one test that could in future be used to help doctors select treatment, check whether it is working and monitor the cancer in the longer term." He added: "Not only could the test have a major impact on treatment of prostate cancer, but it could also be adapted to open up the possibility of precision medicine to patients with other types of cancer."

Test has great potential

Dr Aine McCarthy, senior science information officer at Cancer Research UK, said the blood test was an "exciting" development. "The test has the potential to greatly improve survival for the disease by ensuring patients get the right treatment for them at the right time and that they aren't being given a treatment that's no longer working," she said. "Further studies involving a larger group of men will confirm if doctors should use this test when treating patients with advanced prostate cancer."

Dr. Matthew Hobbs, from Prostate Cancer UK, said: "The results from this study and others like it are crucial as they give an important understanding of the factors that drive certain prostate cancers, or make them vulnerable to specific treatments."

Shortage of radiologists could hold back *'biggest leap forward in prostate cancer diagnosis in decades'*

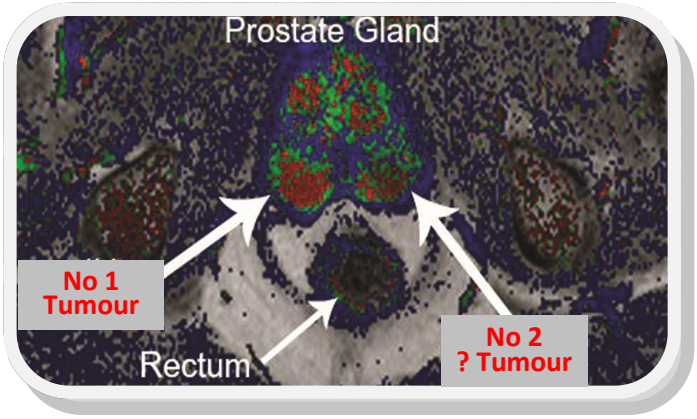
Plans to rollout mpMRI scans before a first biopsy for all UK men suspected of prostate cancer are under threat, as long-term vacancies and increasing demand put a strain on the NHS's radiology services. A report, released in October by the Royal College of Radiologists has revealed a serious shortage of radiologists in the NHS. Nearly one-in-ten radiologist posts were vacant during 2016 and nearly two-thirds of these remained unfilled for a year or more. But the need for scans is going up.

Increase in scans

Between 2013-2016, the number of scans done across the NHS rose by 30 per cent – more than three times the rate at which the radiology workforce is growing.

The shortage could threaten the rollout of multi-parametric MRI (mpMRI) scans for men with suspected prostate cancer before a first biopsy – a technique proven to dramatically reduce unnecessary biopsies and one of the key priorities of our ten-year strategy to improve diagnosis of the disease.

We're already busily working with health authorities, hospitals and radiologists to ensure the specialist equipment, guidelines and training are in place to make mpMRI scans a standard part of prostate cancer diagnosis across the UK. But having enough radiologists in place is, of course, critical to making this happen.



Need to urgently address the shortfall

"It's deeply concerning that we have insufficient radiologists to meet the increasing demand for imaging and diagnostic services," says Heather Blake, director of support and influencing at Prostate Cancer UK. "The use of mpMRI scans is the biggest leap forward in prostate cancer diagnosis for decades. Yet patients will struggle to gain the benefits of this ground-breaking technique if there isn't the necessary highly skilled radiologist workforce available. The government needs to urgently address the shortfall in radiologists with a long-term solution. Workforce planning must adapt to ensure patients can benefit from breakthroughs which will ultimately save lives."

Season's Greetings to all of you and your family

Once again, we have the Festive Season very nearly upon us and everyone who is involved in the production of this Newsletter, and indeed, the running of our Support Group as a whole, extends every best wish to our readers and their families.

We hope, whatever your circumstances, you will have as happy and peaceful a time as possible. And please do not forget or overlook that any one of us is at the end of a telephone should you wish to talk or listen to a friendly voice.

May the true spirit of Christmas be with you all

Terry's Final Curtain Call

Terry Chappelle has been performing on the stage for well over 60 years, but has now decided that it is time to hang-up the costumes, set aside the greasepaint and ease himself into a well-earned retirement.

On the 23rd. September Terry brought the curtain down on his long theatrical career when he starred in an **'Old Time Music Hall' show** in Sheringham, to aid our support group.

This year's show was the fourth one Terry has produced, directed and starred in, between 2013-2017. These shows have contributed no less than £4,452 to our fund-raising.

With the support of his fellow performers Terry was always well worth the price of admission as he impersonated such stars as Marlene Dietrich, Gracie Fields, Edith Piaf and Hilda Baker, amongst others.

Terry as the irrepressible operatic diva, 'Madam Terrizini', gets some heckling from music hall chairman, Ray Cossey. *(photograph by Jennifer Secker)*

Better to walk off than be carried off

Now aged 84 Terry admits that his arthritis is taking its toll on him and, with his advancing years, it becomes a bit harder to remember his lines. As Terry so eloquently put it, "Far better that I walk off stage than be carried off on a stretcher!"

As he told a very appreciative audience, at the end of his final concert stage performance, " Having performed for over 60 years I have enjoyed a long stage life, every minute of which I have thoroughly enjoyed, but now it's the time to retire gracefully from performing"

Quite frankly, they do not make people like Terry Chappelle these days. Our support group owes him a debt of gratitude for so generously helping our fundraising. As one of our a fellow prostate cancer patients Terry deserves his retirement from the stage.

Diary Dates

Open Meetings
with Speaker

Monday 4th December
(7.00pm)
Benjamin Gooch Theatre
Norfolk & Norwich Hospital

Monday 5th March
(7.00pm)
Benjamin Gooch Theatre
Norfolk & Norwich Hospital

'Meet & Chat' Evenings

Monday 6th November
(7pm)
at the Big C Centre
Norfolk & Norwich Hospital

Monday 5th February
(7pm)
at the Big C Centre
Norfolk & Norwich Hospital

Committee Meeting

Monday 8th January
(7pm)
at the Big C Centre
Norfolk & Norwich Hospital

Whilst we are more than happy to provide members with a printed copy of our Newsletters, our Support Group does incur the costs for printing, stationery and postage

If you presently receive a mailed copy, but have the facility of the internet, we can email you a PDF file of our Newsletters, which you can print-off, should you wish to do so.

If you are willing to have your copy of our quarterly Newsletter emailed to you please send an email to:-

nwpcsg@hotmail.co.uk

Please type 'email newsletter' on the subject line

How to Contact Us

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Sally, Clare & Anne-Marie
Queen Elizabeth Hospital, King's Lynn - 01553 613075

Help or Advice

We have a number of members who are available to help and there is probably one near you.

For more information please call
George or Jill Siely
on 01692 650617 or e-mail us at nwpcsg@hotmail.co.uk

Letters to the Editor:
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