

**PLEASE MAKE EVERY EFFORT TO ATTEND**

OUR 1<sup>st</sup> JUNE 2011 MEETING

WHEN WE HAVE AS OUR SPEAKER

**Dr. Daniel Poulter MP**

Member of Parliament for Central Suffolk & North Ipswich

and at

OUR 3<sup>rd</sup> AUGUST 2011 MEETING

WE HAVE AS OUR SPEAKER

**Dr. Ramachandran Venkitaraman ( Dr. Ram )**

Consultant Oncologist and Ipswich CaRes Team Member

**A LETTER FROM OUR CHAIRMAN**

**THE WAITING GAME FOR THOSE ON HORMONAL TREATMENT**

**Diagnosed** with 20% cancer in the prostate after a biopsy I felt confused especially when I was told "you don't die of it, you die with it".

Thoughts swirled around my head and then I realised that if I had a slow growth cancer, at my age, the chances are that I would die with it. However if during the waiting period the cancer escaped into my bones or other parts of my body I could die of it.

So I assume that I have a 'pussycat' cancer but how do I know when the 'pussycat' turns into a tiger?

Thus I play the waiting game relying on PSA tests every six months.

My PSA went from 18.5 down to 1.9 over a 21 month period whilst taking 150mg of Casodex pills. The next nine months my PSA rose to 2.4 and I have moved to 3 monthly injections, my PSA has now come down to 0.5.

I feel lucky with my results over the last two and a half years and with a sensible diet, exercise and positive approach to the cancer I enjoy life.

However my one fear is that the 'tiger' could exercise itself and escape while I am playing the waiting game.

How many of the Members of this Support Group are playing the waiting game, with or without hormonal therapy, **and what are your views ?**

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*Editorial team e-mail or phone with your views or news*

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**TEST RESULTS**

Results from the free PSA test event our Prostate Cancer Support Group held on 2<sup>nd</sup> December 2010.

119 Men attended and gave a blood sample of these :-

107 Men. No action required.

3 Men. Require another check later.

9 Men. Advised to go to their GP and ask for a biopsy.

Mr. David Baxter-Smith Consultant Urologist who checked the results thought there would be 3 or 4 cancers confirmed from these. These men can now be treated.

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**SPONSORSHIP**

If you have a son, daughter, nephew, niece, grandchild, in-law, out-law or friend who is walking, running, climbing or doing any other event to raise money, why not collect for the

**EAST SUFFOLK PROSTATE  
CANCER SUPPORT GROUP**

## CASE STUDY No.1

Mr. A.N Other	Age 60+
Symptoms 2004	Trouble passing water, feeling under the weather, flu type symptoms. GP provided medicines - thought it might be due to air conditioning on recent cruise. Just gave Paracetamol.
PSA test December 2004	Requested by patient. PSA 300. GP swung into action. Manual inspection and bone scan.
Biopsy January 2005	DIAGNOSED with advanced metastatic prostate cancer. Results of MRI scan and bone scan. Cancer found on bones, pelvis, ribs, right shoulder, neck etc. Told cancer was terminal, incurable, but palliative radiotherapy available when pain gets too much.
Treatment 2005-2008	Prostap 3 – hormone injections every 3 months, 1 bicalutamide/casodex tablet a day, painkillers, water tablets.  PSA down to 9.4
PSA test 2008-2009	PSA down to 1.2

Late 2009 MRI and bone scan – results much better. Abnormal bone growth regressing. Bones still ache and still in pain, but although tired and sometimes bouts of depression feels much better and tried to do more about the house and garden.

Consultant (urology and oncology) now discussing other treatment (chemo-therapy, and/or bisphosphonates and perhaps clinical trial) for the cancer.

In the words of our case study:

“I would confirm that a small miracle has taken place in my overall condition and you should take encouragement from this. At the last MRI scan there seemed to have been no change in the spread of the cancer: it had steadied, but remains lodged in my pelvis, spine, ribs and shoulder blade. However, after a subsequent ultrasound bone scan more recently the results came back with signs that the cancer was actually regressing and was at a stage where it no longer posed a major problem ! I am continuing on hormone treatment and have regular check ups with the urology and oncology teams, but compared to before I feel I have a chance of being cured ! The pain remains and I continue with painkillers and I must wait for my bones to regain strength.

I put all this down, obviously, first to my wife and her careful care of me and the hormone treatment over the past 3 years, but I have also maintained a positive outlook and, importantly, changed my lifestyle as much as I can to reduce stress.

Soya products, tomatoes and oats form a large part of my diet with a reduction in red meat and an emphasis on other non-dairy meats wherever possible. A special boost is a large glass daily of half soya milk, half tomato juice, a raw egg and a splash of chilli sauce, all whizzed up, but, sadly I have lost the taste for malt whiskey.

I should also mention that I took part in a spiritual healing of a very personal nature in which the cancer and the cause was addressed in a very moving experience which appears to release a lot of built up negativity, stress and ‘grief’ for want of a better word and I realised it was not my cancer and I did not have to accept it if I did not want to.

**There is light at the end of the tunnel and it is not an oncoming train”.**

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**At our meeting on 2<sup>nd</sup> February 2011  
our speaker was Ray Travasso whose talk was  
“Music Therapy for Cancer Sufferers”.**

Ray started his talk by telling us all that we were musical and by playing music you soon find yourself tapping your feet or drumming your fingers. Different types of music such as a marching brass band can make the hair stand up on the back of your neck, or soft music can help you drift off to sleep.

Ray brought with him several different strange instruments which members could play or make music with.

He offered to teach someone to play the piano in four minutes. One of our members took up the offer and he did indeed play a duet with Ray after only four minutes tuition (or was it magic). Ray asked the group who their favourite composers were or the type of music they liked. It was surprising the diversity of our group with preferences ranging from jazz to Mozart or country to Elgar or pop to Strauss. He talked about his work with the patients in St. Elizabeth Hospice and the sick and disabled patients in the Children’s Hospice. He also mentioned how the music room in the new Tree Tops Children’s Hospice will be first class.

Music is all around us. Music forms our heritage, culture, identity and spiritual beliefs. We have music played at football matches, in shopping centres, churches and on the television. Music is a powerful medium which can affect us all deeply. Music can affect our mood. It may help us to relax when we have had a long day at work or school. Alternatively, it can stimulate and motivate us when we are at the gym or a party.

Music therapy is based on the understanding that every one of us is musical - we are all able to respond to music, no matter what our age, impairment or psychological situation.

**Would you like Ray, if it can be arranged, to return again at a later date? Just let us know.**

**MAKING YOUR MIND UP !!!!!  
NOT JUST AN ABBA SONG  
HIGH DIETARY ZINC COULD LOWER  
PROSTATE CANCER MORTALITY**

**Eating liver** could help prostate cancer patients’ chances of recovery, as stated in a new study. Scientists found foods high in zinc appear to help victims fight the disease.

Liver contains more of the mineral than many other foods. One portion supplies 100 per cent of the recommended daily amount of zinc – 7.5 milligrams for men.

The latest study published in the American Journal of Clinical Nutrition, found men who develop a tumour but previously ate lots of foods high in zinc are up to 70 per cent less likely to die from the condition than those who consume little zinc.

A study conducted in Sweden state that the daily intake of dietary of zinc should be 15.6 mg. daily.

Food Sources of Zinc	Milligrams per Serving
6 Medium Oysters	76.7
Beef Shanks 3oz cooked	8.9
Crab, Alaska King 3oz cooked	6.5
Pork shoulder 3oz cooked	4.2
Chicken leg roasted 1 leg	2.7
Pork tenderloin 3oz cooked	2.5
Baked Beans canned ½ cup	1.7
Milk 1cup	0.9
Cheese Cheddar or Mozzarella 1oz	0.9
Peas boiled ½ cup	0.8

This list was taken from ‘The Office of Dietary Supplements’ a USA Gov Site. The daily intake required is conflicting between the USA and Swedish studies, also in most studies the foods with a high concentration of zinc beef and lamb should be avoided, as red meat is taboo. Is the answer then to eat 1 large Oyster every day !!!!!

**Do you find it difficult to know which report is correct ? Just let us know.**

**\*\*\*\*\* LATE NEWS FLASH \*\*\*\*\***

**OUR GROUP IS ARRANGING WITH THE GRAHAM FULFORD CHARITABLE TRUST TO HOLD ANOTHER FREE PSA TEST EVENT FOR ALL MEN AGED AROUND 45 TO 79 AT ‘GRESHAMS’ SPORTS & SOCIAL CLUB (WILLOW SUITE) TUDDENHAM ROAD IPSWICH on THURSDAY 12<sup>TH</sup> MAY 2011 FROM 6.30pm to 8.30pm**

**If you have any family members, friends or neighbours in this age group please tell them to come along and bring a mate !**

## **ADVANCES IN TREATMENT OF MALE INCONTINENCE**

**As an increasing** number of men are now undergoing surgery to treat prostate problems, unfortunately just millimetres below the prostate lays the urethral sphincter valve – a circle of muscle which surrounds the urethra and controls continence. When you need to urinate, nerve messages from the brain automatically open the valve to release urine through the urethra. The valve then closes to prevent urine from leaking. Being so close to the prostate, the sphincter valve can be damaged during prostate surgery. This can cause the valve to fail and not fully close, so urine can pass through, causing leakage.

Problems occur when a man coughs or sneezes, as this puts extra pressure on the abdomen and bladder, and ultimately down the urethra to the sphincter.

Surgery for male incontinence is complex, and is carried out at only half a dozen specialist centres around the country including University College Hospital, London.

Over the last 18 months a new device called the AdVance male sling has come onto the market, which gives support to the damaged sphincter valve.

This is suitable for men with mild to moderate incontinence – those who need to wear up to two pads a day but whose sphincter valve still has some function.

The 45 minute procedure is carried out under general anaesthetic and antibiotics are needed to reduce the risk of infection.

The sling which is made of polypropylene mesh is implanted in the pelvis through a 4cm incision behind the scrotum. It's attached to a curved needle and inserted through the incision and placed underneath the sphincter valve.

It is shaped a bit like a hammock, with two ends, and runs from one side of the groin to the other. From then on, small procedures take place and the hammock is tightened to support the sphincter valve. The hammock works like a backstop, behind the pubic bone, increasing resistance and preventing urine from leaking. Patients notice the effects immediately.

Data for this technique is still emerging, but slings seem to significantly benefit 50% – 70% of men.

After removal of a catheter overnight, the patient is discharged the next day and takes simple painkillers for a few days after the operation.

Many men with incontinence following prostate surgery are reluctant to admit there is a problem – but with this option now available, surgeons and patients should be encouraged to come forward and seek the specialist help that can dramatically improve their quality of life.

*Extracted from recent newspaper article in The Daily Mail*

## **ANNOUNCEMENTS**

### **CONGRATULATIONS**

**Chris Southcott** (our Secretary) has successfully completed and passed a 'Macmillan Cancer Support' course. Chris is now qualified to chat with you about your prostate cancer concerns or anxieties. This would be in complete confidence and private, so would save any embarrassment. Phone 01473 311025

**Thank you Chris for all the hard work and time you put into completing this cause.**

Chris joins forces with our other qualified members who you can talk with in confidence :-

John Dent 01473 404735  
Keith Slaughter 01473 635307  
Diana Barrett 01473 635307

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### **A BIG LOSS FOR OUR COMMITTEE**

**Mr. John Dent** stood down from our committee at the AGM on 6<sup>th</sup> April this year. John had already resigned as Chairman last year after holding the post from the starting of the Group in 2002.

John will be very much missed from the committee. It is hoped we will still see and hear John at our meetings calling out "Number 347 Orange or is it Pink".

**Well done John and a big thank you.**

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### **JOKE TIME (OR MAY BE NOT)**

A man asked a philatelist which stamp in his collection is the most valuable one? The collector replied "The British 1<sup>st</sup> class unused one" !!!!

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**On a notice board outside a USA Church.**

**THERE ARE SOME QUESTIONS THAT  
CAN'T BE ANSWERED BY Google**