EAST SUFFOLK Issue 12
Prostate Cancer Support Group

At Ipswich Hospital October 2011

TUESDAY 12th AUGUST 2011 WAS A VERY GOOD DAY

A LARGE DONATION OF £1,500 WAS GIVEN TO OUR GROUP

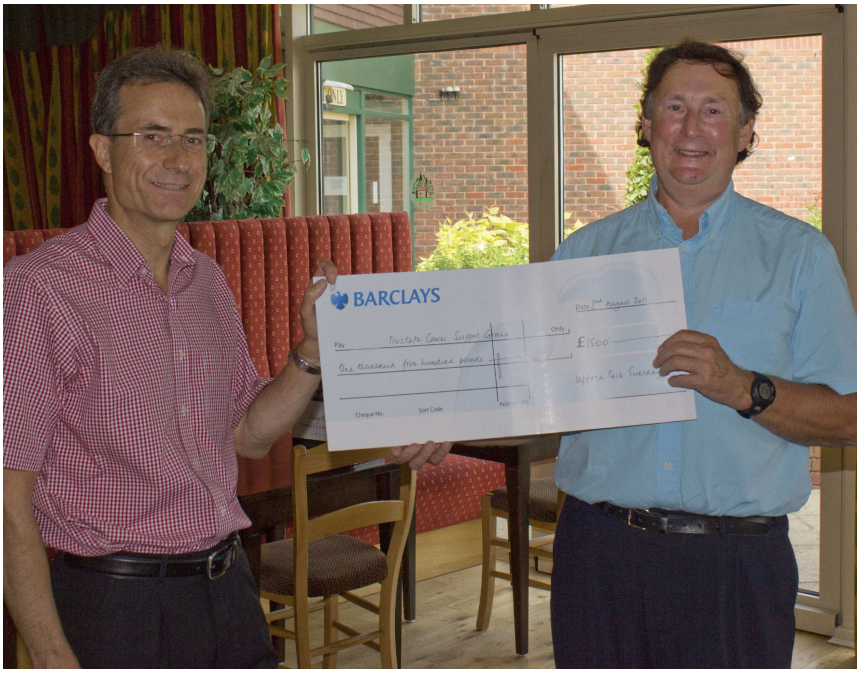
thanks to

THE TUESDAY CLUB – FOR UFFORD PARK SENIORS

AT UFFORD PARK GOLF CLUB

A cheque for £1,500 was presented by their Captain Richard Gillman to Chris Southcott for the East Suffolk Prostate Cancer Support Group

Chris gave a talk about prostate cancer and the work of the support group.



Presentation of Captain's charity money

It was agreed that some of the money would be used to promote another PSA test event in May 2012.

----------oOo----------

RESULTS FROM OUR PSA TEST SESSION ON 12th MAY 2011

There were 223 man who took the PSA blood test at our 2nd session on 12th May 2011 the results were :-
199 received GREEN LETTERS For these men no action is required.
7 received AMBER LETTERS These men will require another check later.
17 received RED LETTERS These men are advised to see their GP and ask for a biopsy.
AT THIS SESSION THE AGE OF MEN CHECKED WERE BETWEEN 40 and 100
THE AGE OF THOSE WHO RECEIVED RED LETTERS WAS BETWEEN 58 and 80.

LORD ANDREW LLOYD-WEBBER BREAKS A TABOO SUBJECT

HE REVEALED HE HAS BEEN LEFT IMPOTENT FOLLOWING PROSTATE CANCER SURGERY

Dose Prostate Cancer end your sex life ? There are various treatment options available, but which is the best and what are the implications for your sex life ? There are three considerations when it comes to treatment", says David Neal, Professor of surgical oncology at Addenbrooke's Hospital in Cambridge. We need to remove the cancer, prevent urinary incontinence and preserve sexual function --- and the majority of patients agree this is the order of importance to them. However, the key indicator of what your sex life will be after the operation is what it was like before. Remember also that sexual function may begin to wane naturally once a man reaches his 50's and 60's.

ACTIVE SURVEILLANCE

The patient receives no treatment but is closely monitored every three to six months in case the cancer becomes more aggressive.

Suitable for: Low-risk, early-stage prostate cancer that is contained within the prostate. Patients with a Gleason score of six or less.

Effect on sex life: The best outcome of all options as there is no risk of damage to nerves that assist sexual function.

OPEN RADICAL PROSTATECTOMY

The most common type of surgery to remove the prostate gland and some surrounding tissue.

Suitable for: Cancers with a Gleason score of six and above which have not spread beyond the gland, with the patient being relatively fit and healthy.

Effect on sex life: A quarter to a third of men will lose sexual function due to damage to the surrounding nerves and small blood vessels responsible for erections. In men who have good function beforehand, there is a 66 to 75 per cent chance they will be able to perform afterwards, Remember it will take a good 12 to 15 months to recover from prostate surgery. Pretty much everyone is impotent straight after.

KEYHOLE RADICAL PROSTATECTOMY

The prostate gland is removed through tiny cuts in the abdomen rather than one large one. (This is the treatment Andrew Lloyd Webber had).

Suitable for: A similar group to open surgery, it is becoming the preferred method of many surgeons.

Effect on sex life: It is found many younger patients recover their potency very quickly after robotic surgery. With manual keyhole surgery as with open surgery there is a long-term risk of impotence and incontinence.

EXTERNAL BEAM RADIATION

High-energy X-ray beams are directed at the prostate gland to eradicate the cancer cells by stopping them from dividing and growing.

Suitable for: Older patients and those with more aggressive locally advanced cancer with a Gleason score of seven and above; patients' health conditions that make them unfit for surgery.

Effect on sex life: Sexual dysfunction rate is the same as after surgery. With surgery the body recovers over time. Whereas radiation damage can continue occurring for two to three years after treatment.

BRACHYTHERAPY

Tiny radioactive seeds the size of a grain of rice are implanted in the prostate emit radiation to the surrounding tissue, destroying the cancer.

Suitable for: Men with smaller and localized tumours that are low-medium risk Gleason grade seven.

Effect on sex life: Some doctors say this has a low risk of impotence, but the evidence is not there.

HIGH INTENSITY FOCUSED ULTRASOUND

A relatively new treatment that heats and destroys cancer cells in the prostate.

Suitable for: A minority of men for whom loss of potency is their paramount concern. May also suit men unhappy with active surveillance, or older men unsuitable for surgery.

Effect on sex life: More evidence is required.

HORMONE TREATMENT

Controls testosterone, the male hormone that fuels prostate cancer cell growth.

Suitable for: Patients with advanced prostate cancer and may have spread beyond the gland and is untreatable using surgery. Drugs called LHRH analogues such as Zoladex are given as an injection. There are also anti-androgen tablets such as Casodex, taken daily that stop testosterone from reaching the cancer cells.

Effect on sex life: Treatments such as LHRH analogues destroy your sex drive. They lower libido because they lower testosterone, the driving force behind it.

An abridged version of article taken from Daily Mail – April 2011

CHAIRMAN'S LETTER

In early August having been diagnosed with Type 2 diabetes, I was invited to and attended a DESMOND Day Course (DESMOND stands for Diabetes Education and Self-Management for Ongoing and Newly Diagnosed). Being a morning and afternoon session (bring your own sandwiches) I was a little sceptical but became pleasantly surprised at the content and organisation of the course. Two very pleasant and qualified NHS Diabetic Consultants gradually led each session with emphasis on how you as a Type 2 diabetic could "self manage" your condition and some of the examples were very surprising.

I will carry on giving you some of their lecture notes and examples from their course.

To understand Type 2 diabetes in which there is too much glucose (a type of sugar) in the blood you must be aware of the following:

a) In Type 2 diabetes the glucose in the blood is kept steady by a hormone (yes, another hormone you say) called insulin, the pancreas produces it but the body does not use it very well (i.e. insulin resistance).

b) Diabetes can progress if the pancreas produces less insulin and it is a condition that needs to be checked on a regular basis.

c) Once you have diabetes **it will not go away** but by keeping glucose levels under control you can limit the complications of diabetes.

The food we eat goes into the stomach and is broken down to create glucose. The glucose is transported around the body, some is stored in the liver, and released during the rest of the day and night.

Insulin acts like a key to open doors to the cells to allow glucose to get to the cells (Where it is used for energy). Insulin is produced in the pancreas and extra glucose is stored in the liver.

Symptoms can vary but some examples are wounds hard to heal, feeling thirsty, repeated infections, tiredness, blurred vision, difficulty getting erections or needing to pass urine more often than usual.

General warning is that high levels of glucose can "clog" small blood vessels in the eyes or large blood vessels to the heart and kidneys. What affects your test results, by testing urine or blood glucose levels, can be activity and exercise, medication, meals and certain foods, illness and stress.

You can take control and monitor and manage your Type 2 diabetes by reducing blood glucose, eating less fat and saturated fat, losing weight, stopping smoking, being more active, reducing blood pressure, making better food choices, reduce stress and depression, and above all look after your blood circulation and blood vessels and cut down food portions, and lastly if you are given medication take it.

The DESMOND course is run by the NHS and I would recommend anyone with Type 2 diabetes to ask your Doctor to arrange for you to attend the course.

------ooOoo------

Power walking not strolling helps prevent prostate cancer relapse

A study published in Cancer Research involving 1,455 men treated for prostate cancer showed that those who walked for 3 hours a week had a 57% lower relapse rate. Strolling (3 miles/hr), however, had no benefit – only those walking briskly (power walking) showed the benefit.

------ooOoo------

Lockerbie bomber reaches 2nd anniversary after release from prison

Ali Mohmod al-Megrahi was given only three months to live from Prostate Cancer when he left prison on the 20th August 2009. It is believed he is being kept alive by a new drug which Johnson & Johnson are preparing to market under the name 'Zytiga', it's cost – estimated at £3,000 a month – will make it unobtainable for the majority of sufferers in the UK

------ooOoo------

Our co-editor Len would like your comments about our Newsletter or would you like to submit an article. If so write to Len Overy-Owen at The Coach House, Rectory Road, Middleton, Saxmundham IP17 3NR or you can e-mail Len at l.overywen@btinternet.com or Ted at ted.friend@btinternet.com

THE LINK BETWEEN PROSTATE CANCER AND OSTEOPOROSIS

Studies show that men who receive hormone deprivation therapy for prostate cancer have an increased risk of developing osteoporosis and broken bones. Hormones such as testosterone protect against bone loss. So, once these hormones are blocked, bone becomes less dense and breaks more easily.

Hormone deprivation therapy is one of several treatment options available to men with prostate cancer. Traditionally, it has been used mainly to treat prostate cancer that has spread to other parts of the body. But because men are more likely today to be diagnosed in the early stages of prostate cancer, more of them are opting to be treated with hormone deprivation therapy earlier in the course of the disease.

Osteoporosis is a silent disease because it can weaken bones over the years without causing symptoms. For men coping with prostate cancer, weak bones may not seem very important. But weak bones can cause problems because they break easily, and broken bones often initiate a downward health spiral. But it is never too late to improve your bone health: osteoporosis can be treated and prevented.

----------oOo----------

GREEN TEA AND RADIOTHERAPY DON'T MIX

Radiotherapy is used to treat localized prostate cancer. Some people consume green tea (EGCG) as a chemopreventive agent against prostate cancer.
Green tea can act as an antioxidant and induce superoxide dismutase enzymes, which could scavenge the free oxygen radicals generated by radiotherapy.
Radiotherapy is effective in inducing apoptosis in DU145 cells, but its effect was significantly reduced in the presence of EGCG (green tea).

Study supported by Ralph Shackman Trust & Universty of Bristol

----------oOo----------

IF YOU ARE MOVING HOME

Please let us know your new address so we can keep in touch
Phone 01473 311025 or e-mail supportgroup@southcott.plus.com

FOR A QUALIFIED CONFIDENTIAL CHAT

If you have any Prostate Cancer concerns or anxieties **PHONE**
JOHN 01473 404735 **KEITH** 01473 635307
DIANA 01473 635307 or **CHRIS** 01473 311025

TO MAKE A DONATION TO OUR GROUP

If you should wish to make a donation at any time to our group either as a gift, a legacy in a will or as a memorial. Please make cheques payable to the :-
East Suffolk Prostate Cancer Support Group
c/o The Treasurer, 720 Foxhall Road, Rushmere St. Andrew, Ipswich, Suffolk IP4 5TD.

"STAY POSITIVE TO SURVIVE"

Cancer patients who fall into depression are less likely to survive, a study has concluded. Statistics suggest that the emotional battle is critical to the millions who suffer the disease.

Shock figures show that those who become depressed are 26 per cent more likely to die than those who stay positive and that those diagnosed with major depression had a death rate of 39 per cent higher.

Dr. Julie Sharpe of Cancer Research UK, said, "This research adds weight to the importance of identifying depression early in people with cancer and offering them appropriate support and care".

FORTHCOMING EVENTS

5th October 2011
Sarah Harvey- "Incontinence Physiotherapist"
7th December 2011
Christmas Party meeting.
1ST February 2012
Kerry Overton – "Suffolk Link"
5th April 2012
AGM / Louise Smith – "Survivorship Initiative"
6th June 2012, **1st August 2012**, **3rd October 2012**, **5th December 2012**

JOKE TIME

HORMONE THERAPY.
The good news … On holiday I came second in a wet tee shirt competition.
The bad news … I can no longer read a map.