

## WE WELCOME OUR NEW CHAIRMAN

**David Shipman** took over as Chairman at our AGM on 4<sup>th</sup> April 2012. He succeeds Len Overy-Owen who held the post for two years. Len has resigned for business and personal reasons as he may move away from this area.

During Len's term in office he oversaw two PSA test events and the preparation for the third. He introduced our 'Just Can't Wait' card which has been adopted by other Prostate Cancer groups.

He has been editor and later co-editor of our newsletter. Len was keen on diet and lifestyle as a way to combat Prostate Cancer. He was chosen as one of only ten in the country to be picked by the 'Prostate Cancer Charity' to meet and talk with MP's about 'Quality Care Everywhere' at the Houses of Parliament last March. Many will miss Len's very amusing and unique style holding our general meetings !! Well done Len and thank you.

----- oOo -----

## OUR GROUP HELD IT'S THIRD PSA TEST EVENT

**On the 25<sup>th</sup> May** we held at 'Greshams Sports and Social Club' Tuddenham Road, Ipswich our third PSA Test Event at which 145 men were tested. Of these, 11 were advised to see their GP and ask for a biopsy, 5 were advised to have another PSA test later.

This event we had to arrange ourselves. At our two previous PSA test events we worked under the umbrella of 'The Graham Fulford Charitable Trust' which took much of the organizing away from our group. We must therefore thank Mr. David Baxter-Smith and also the Chairman and Committee of the Norfolk and Waveney Prostate Cancer Support Group for all their help and advice they gave us, which had been gained from the experience they had when arranging their own three previous PSA test events.

At the event consultant urologist Mr. David Baxter-Smith gave a very interesting talk about the prostate and about the importance of PSA testing he also answered questions from the floor and his talk was very well received.

At the three PSA test events we held in 2010, 2011 and this year there have been a total of 487 men tested Of these 37 were advised to see their GP right away and 15 advised to have a retest later. Therefore 10.6% had a high PSA reading which would need further investigation.

----- oOo -----

## VERY URGENT



WE ONLY NEED ONE OR TWO

**NEW COMMITTEE MEMBERS. YOU COULD HELP YOUR GROUP WITH NEW IDEAS, ONLY A LITTLE TIME REQUIRED, SIX MEETINGS PER YEAR, JOIN NOW. PLEASE GIVE YOUR NAME TO ONE OF OUR COMMITTEE MEMBERS**

## ULTRASOUND COULD BE A NEW TREATMENT FOR PROSTATE CANCER

A new technique to treat early prostate cancer may have far fewer side-effects than existing therapies, say experts.

A 41-patient study in the journal **Lancet Oncology** suggests targeted ultrasound treatment could reduce the risk of impotence and incontinence.

Researchers say it could transform future treatment if the findings are repeated in larger studies.

The Medical Research Council (MRC), which funded the study, welcomed the results, which it said were promising.

Standard treatment with surgery or radiotherapy involves treating the whole prostate gland, and can harm surrounding tissue, with a serious risk of side-effects, including urinary incontinence and impotence.

### **Targeted treatment**

Doctors at University College Hospital in London have carried out the first trial using high-intensity focused ultrasound (HIFU) aimed at small patches of cancer cells on the prostate.

Surgeon Hashim Ahmed explains how the treatment works

This was a "proof of concept" study involving 41 patients.

They used a probe, placed close to the prostate, which emits sound waves that heat the targeted cells to 80° C, while causing minimal damage to surrounding nerves and muscles.

Hashim Ahmed, a urological surgeon at the trust who led the study, says the results, 12 months after treatment, are very encouraging.

"We've shown in this study that focal therapy - by targeting the individual areas of cancer - can avoid the collateral damage. We've shown that nine in 10 men had no impotence and none of the men in the study had incontinence of urine."

Mr Ahmed says the early evidence on cancer control is also very good. But he says this needs to be evaluated in much larger studies.

"This could offer a transformation of the way we treat prostate cancer. It could offer a cost-effective treatment for the NHS, and offer men with early prostate cancer an opportunity to treat their disease, but with very few side-effects."

"However, we need to remember that this treatment was given to fewer than 50 men, without follow-up over a sustained period of time.

"We look forward to the results of further trials, which we hope will provide a clearer idea of whether this treatment can control cancer in the long term whilst ridding men of the fear that treating their cancer might mean losing their quality of life."

This is the view of Dr Chris Parker, Consultant Clinical Oncologist at the Royal Marsden Hospital.

**DON'T RUSH INTO A PROSTATE OPERATION  
...IT COULD BE THE WORST THING YOU DO.**

A diagnosis of prostate cancer is shocking and often unexpected. The thought of a tumour growing inside you is devastating. Almost immediately, men face a decision about treatment, and the first impulse is, for many, to want it cut out. As an oncologist with more than 15 years specializing in the condition, you might expect me to agree.

I urge patients not to be so hasty. Mounting evidence shows that surgery is not always the best treatment. Almost all men who have their prostate removed will suffer complications, whether that's just slight incontinence, or the permanent erectile dysfunction experienced by around one in two.

If this were a guaranteed lifesaving operation, the risk may be worth it, but for many men, we know their cancer is so slow-growing that it will never spread and there are good alternative options.

**SURGERY DOES NOT IMPROVE SURVIVAL**

The Prostate Intervention Versus Observation Trial (PIVOT) that began in 1994 included 731 men with an average age of 68 who had been diagnosed with the cancer.

Half of the men underwent surgery to remove the prostate – known as 'radical prostatectomy' – the others did 'watchful waiting', which means they had no immediate treatment.

Instead they received hormone therapy if symptoms, including difficulty urinating, started to develop. The results showed that on average those who underwent surgery were no more likely to survive than the watchful waiting group.

Just 7% in the trial died of prostate cancer, compared with 41% who died of unrelated conditions.

**BUT THERE ARE EXCEPTIONS**

If the PSA reading is high after a biopsy is performed and the cancerous cells examined and the results come back with PSA above 20 or a Gleason score between 8 and 10 it is usually advisable to have immediate treatment. One thing PIVOT has highlighted is how much surgery appears to help those with high risk cancer.

**ACTIVE SURVEILLANCE MAY BE BEST OPTION**

In those diagnosed with a PSA score lower than 10 and a Gleason score of 6, I would not normally advise surgery. I would usually recommend active surveillance – which is a halfway house between watchful waiting and surgery.

The patient should undergo regular testing- MRI scans, blood tests and biopsies - to monitor the cancer. If there is evidence the cancer is growing, treatment options are discussed – this does not necessarily mean surgery.

**GOVERNMENT-FUNDED TRIAL**

The Prostate MRI Imaging Study (PROMIS) is currently looking into how we can better use MRI scans to improve the diagnosis of prostate cancer.

If you are diagnosed with prostate cancer, many options are available to you. Radical prostatectomy is not the only avenue you should explore and your quality of life may not be dramatically reduced.

## NEWS IN BRIEF

....

### WELL DONE REBECCA !

One of our members Rebecca Ison completed the London Marathon on Sunday 22<sup>nd</sup> April this year.

Rebecca said "I collected nearly £70 from the group in sponsor money which was amazing and very much appreciated. It certainly pushed me along those 26.2 miles and despite a dodgy knee I completed in 5 hrs 14 mins".

----- oOo -----

### GRAHAM FULFORD CARRIED THE TORCH

Graham who with the aid of his Charitable Trust provided the equipment and paid for the blood to be tested at the first two PSA test events we held.

Graham said

"He was honoured to carry the Olympic Flame through the grounds of Warwick Castle" This was on Sunday 1<sup>st</sup> July this year.

----- oOo -----

### YOUR COMMITTEE 2012/13

David Shipman *Chairman*  
Keith Slaughter *Vice Chairman*  
Chris Southcott *Secretary*  
Ted Friend *Treasurer*  
Diana Barrett *Welfare*  
Amanda Ford *NHS*  
Chris Cox  
Raymond Mills  
Len Overy-Owen  
Marion Ward

\*\*\*\*\*

**Quality of Life after  
Radical prostatectomy, Radiation therapy  
similar 15 years post-diagnosis**

Over time, surgery and external beam radiation therapy led to similar long-term quality of life outcomes for patients with localized prostate cancer, according to 15-year follow-up data in more than 1,600 men. Men who underwent radical prostatectomy reported more urine leakage, and radiation therapy was associated with more bowel problems. However, the degree to which men were bothered by the problems was similar with either type of definitive therapy. Otherwise, differences in other outcomes observed at 2 and 5 years tended to disappear by 15 years.

[Modern Medicine](#)

----- oOo -----

**Smokers have worse Prostate Cancer outcome after having external beam radiation therapy.**

Cigarette smoking is associated with an increased risk of prostate cancer (PCa) progression and genitourinary (GU) toxicities following treatment with external beam radiation therapy (EBRT), researchers reported at the American Urological Association 2012 annual meeting. Compared with never smokers, current smokers had a significant 40% increased risk of PSA relapse-free survival and a significant 2.37 times increased risk of distant metastases, after adjusting for multiple variables.

[Renal & Urology News](#)

----- oOo -----

**“FRIED RED MEAT CAN RAISE THE RISK OF PROSTATE CANCER BY 40%”**

This was said by researchers in the USA. A study of almost 2,000 men found prostate cancer cases rose dramatically in those who regularly ate fried meat, with red meat being particularly dangerous. The participants, over 1,000 who had advanced prostate cancer, answered questionnaires about their red meat and poultry consumption, providing details of cooking methods. The US research revealed that men who ate poultry cooked in the oven had a lower risk of prostate cancer. Participants who ate more than 1.5 servings of pan-fried red meat per week increased their risk of advanced prostate cancer by 30 %. Men who ate more than 2.5 servings of red meat cooked at high temperatures were 40 % more likely to have advanced prostate cancer.

**Laboratory Data Suggests Carvacrol may have anti-prostate cancer activity**

A presentation at the Experimental Biology 2012 meeting in San Diego a few months ago has suggested that carvacrol (a chemical found in the herb oregano) has activity against prostate cancer cells in laboratory tests. It should be pointed out that this sort of test does *not* necessarily mean that carvacrol would ever be shown to have activity against prostate cancer in men.

The “hype-ridden” reports on this presentation in some national newspapers, if you were to believe, you might get the mistaken ideas that all pizza contains lots of oregano and that therefore eating pizza would cure or prevent prostate cancer. Neither of these assertions is necessarily (or even likely to be) true.

Caracrol is a chemical found in extracts of the herb oregano and it can induce apoptosis (programmed cell death) in certain types of prostate cancer in the laboratory. After about 4 days, carvacrol was able to eliminate all prostate cancer cells in the laboratory environment.

This would make carvacrol just another of the literally thousands of compounds that have been shown to have effects like this on selected types of prostate cancer cells in Petri dishes in laboratories around the world! Therefore it has nothing to do with eating pizza, but it's still good to eat with red wine !!

----- oOo -----

**HOW THE de VINCI ROBOT WORKS**

The da Vinci robot used to treat prostate problems features a tiny telescope which is placed inside an incision in the patient's body. The telescope takes images from two points, which are relayed back to a console so the surgeon has a 3D image on-screen while he operates. The de Vinci also has 4 spider-like-arms, controlled by the surgeon, these hold cutting instruments to make tiny incisions and remove the prostate or the cancerous part using images from the telescope to guide the surgeon. Evidence shows that using these robots mean significantly less blood loss, reduced risk of blood transfusion and probably a shorter overall recovery time.