

**A 100km (63miles) GRUELLING RUN IN 14 HOURS TO RAISE OVER
£5,300 WITH HALF TO IPSWICH RADIOTHERAPY DEPT. AND HALF
TO EAST SUFFOLK PROSTATE CANCER SUPPORT GROUP**



David Bartholomew with Keith Lawrance after the London 2 Brighton Challenge

On 24 May David Bartholomew took on the challenge of running the 100km from London to Brighton (maybe 63 miles sounds easier), starting at 6am in Richmond and finishing on Brighton racecourse. On the day it rained in torrents for about 7 hours turning the middle 1/3 of the course into thick slippery mud. Impossible to run, the only way was to wade through it, much was ankle to shin deep. Also much of the terrain was uphill: GPS shows the last 25km was.

This took David well beyond any distance he had run in a single attempt before, but he said "This is a challenge far less demanding on my mind and body than that of a dear friend of mine.

Keith Lawrance was diagnosed late last year with prostate cancer. He has been undergoing various forms of drug and radiotherapy. He is a fighter and he's giving the big C a huge run for its money but his progress would not be but for the support and treatment of the East Suffolk Prostate Cancer Support Group and the Ipswich Hospital Radiotherapy Department.

As this was the greatest physical challenge I've taken on it seems only right that it should be more than just a moment of personal pride and gratification for me. I want to use this opportunity to help raise awareness of and support worthy causes. Aware of the growing need for men to 'man up' to prostate cancer and driven by the truly inspirational strength, attitude and determination of Keith I offered to support causes associated with prostate cancer. The above group and department are both organisations relying heavily on donations and sponsorship. Keith chose these, they are both very personal to him and I totally respect his choice. Keith has spent so much time and dedication over the years helping others, through fundraising and community projects. Now it's someone else's turn".

THE 'BEAT CANCER' DIET

The 10-Step Plan to Help you Overcome and Prevent Cancer
by Prof Mustafa Djamgoz and Prof Jane Plant is published by Vermilion (£14.99).

Some of our members will remember Prof Jane Plant gave us a talk in February 2009. She had been given only a few months to live over 10 years before this talk, and her book 'Prostate Cancer' had just been reprinted.

Prof Plant, however, is not dismissive of conventional cancer treatment, having had, at various times, a mastectomy, chemotherapy, radiotherapy and irradiation of her ovaries to induce menopause. She believes new and "wonderful" anti-cancer treatments are vital – but so, she argues, is a dairy-free diet, as well as other diet and lifestyle measures, such as stress reduction.

'Beat Cancer' advises anyone with cancer or at high risk of the disease to cut out all dairy products, organic or not, from cows, sheep, goats and all other animals. **Replace:**

- Dairy milk **with** almond, coconut, rice or soya milk
- Hard cheese **with** tofu or bean curd for sauces, soft cheese **with** hummus
- Dairy yoghurt **with** soya or coconut yoghurt
- Crème fraiche, fromage frais and cream **with** coconut or soya cream
- Butter and margarines containing dairy **with** soya spreads, hummus, peanut or other nut or seed butter
- Dairy ice cream **with** soya, coconut ice cream or other dairy-free types; milk chocolate **with** dark chocolate.

Other advice includes replacing:

- refined and processed oils **with** extra-virgin olive oil;
- refined and man-made sugars **with** raw cane sugar;
- refined white bread, pasta and rice **with** unrefined wholegrain products;

Cut out preservatives and artificial flavourings and colourings. Consumption of meat, fish and eggs should also be limited. Instead, eat unrefined carbohydrates, beans, nuts, vegetables and fruit. Salt is best replaced by herbs, and coffee by homemade juices, tap water and herbal tea.

All of which may sound too good to be true, but Jane Plant, 69, is no crackpot. Professor of geochemistry at Imperial College London, where she specialises in environmental carcinogens, she is highly regarded in her field, having been awarded a CBE in 1997 for her services to earth science; and her approach to cancer is supported by some eminent scientists. Her latest book, co-written with Mustafa Djamgoz, professor of cancer biology at Imperial, has a foreword from Prof Sir Graeme Catto, president of the College of Medicine, who describes its findings as "illuminating... even, at times, shocking" but all backed up by scientific research.

A KICK IN THE TEETH FOR MEN WITH ADVANCED PROSTATE CANCER

In the latest blow to men with prostate cancer, the National Institute for Health and Care Excellence (NICE) has issued a draft decision not to recommend the use of radium 223 on the NHS in England and Wales. Radium-223 is a radioactive substance which is injected into a vein. It travels around the body in the blood and is taken up by bones that have been damaged by prostate cancer. It kills the prostate cancer cells in the bones, but doesn't damage many surrounding healthy cells, and so doesn't cause many side-effects. As well as extending life, radium-223 improves the symptoms of advanced prostate cancer that affect the bones, such as pain and so improve quality of life. Although it is not currently approved for us on the NHS, it is available in England and Wales on the Cancer Drugs Fund.

A SPACE TO FILL

There are two kinds of people who don't say much:

Those who are quiet and those who talk a lot.

---oOo---

A fine is a tax for doing wrong
A tax is a fine for doing well.

OH! ANOTHER LITTLE SPACE TO FILL

Alcohol is a perfect solvent:

It dissolves marriages, families and careers.

---oOo---

An archaeologist is the best husband any woman can have:

The older she gets, the more interesting she is.

'DEGARELIX'

NICE IS BEING SELECTIVE AGAIN

The National Institute for Health and Care Excellence (NICE) in April issued its Final Appraisal Determination (FAD) recommending FIRMAGON® (degarelix) as an option for treating advanced hormone-dependent prostate cancer, only in adults with spinal metastases who present with signs or symptoms of spinal cord compression. Members of the healthcare community are disappointed that the recommended use is so restrictive.

FIRMAGON® has shown several advantages over existing hormonal therapies, including more rapid reduction in prostate specific antigen (PSA), better control of Serum Alkaline Phosphatase (S-ALP), which denotes tumour activity in the bones, and significant reduction in PSA progression. All of these factors point towards improved disease control. It is also associated with a significantly reduced risk of cardiovascular disease. Furthermore, fewer musculoskeletal events and a lower incidence of renal or urinary tract events, compared to men treated with LHRH agonists, have been demonstrated in clinical studies. FIRMAGON® has shown significantly longer progression-free survival and a more rapid response compared to agonist treatment.

Commenting on the NICE decision, Dr Patrick Davey, Consultant Cardiologist, Northampton General Hospital said "Given the high UK prevalence of prostate cancer and also cardiovascular disease (CVD), it means that approximately 1 in 3 men with prostate cancer would have experienced a cardiovascular event. Patients with pre-existing CVD are most at risk and the evidence shows that Firmagon has a higher chance of reducing that. It is unfortunate that NICE has chosen not to recommend it in a wider patient group. I should, and need, to be able to offer my patients the most appropriate therapy to reduce the risk of CV events as well as, of course, death."

Professor James Green, Consultant Urological Surgeon, Whipps Cross University Hospital, UK said, "I have seen transformational changes in my own practice with prostate cancer patients on degarelix treatment. NICE's decision is frustrating as I would like to be able to give more of my prostate cancer patients the hope of positive outcomes from degarelix treatment."

NEWS IN BRIEF

ESPC SUPPORT GROUP OUTING

On the evening of May 19th. Twenty One of our members enjoyed a very interesting visit to the Ipswich Transport Museum in the Old Trolleybus Depot, Cobham Road, Ipswich.

We were split into three groups each with a guide so we could be given an in-depth talk and allowed access inside the many vehicles.

In the collection there are over 100 transport and engineering objects which were made or used in the Ipswich area. It was nice to see how we used to travel, and remind us of how many things that were actually designed and built in Ipswich.

The collection started over 40 years ago with just one bus, and has grown into one of the most comprehensive collections of its kind.

The items have been restored and cared for by dedicated volunteers.

We had a get together in their tearoom with the refreshments being arranged by the ladies of the committee. A big thank you to Mrs. Chris Cox for arranging the outing.

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COLLECTION

The collection which we held at our June 4th. Meeting raised £285.00. A big thank you to all who gave cash and cheques. This will be added to the amount raised by David Bartholomew who ran the 100k (63miles) London to Brighton Challenge in aid of our group and Ipswich Hospital Radiotherapy Dept.

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WELCOME

A very big welcome to David and Wendy Mann who volunteered to be Committee Members, it is very much appreciated as we badly needed some new younger members. David and Wendy have just moved up from the Essex/Suffolk border to Suffolk.

David said "Following confirmation of my diagnosis we were, predictably, worried about what lay ahead. We decided to join the Prostate Support Group and attended our first meeting in April. The warmth with which we were greeted, the sharing of common experiences, and the inspirational talk by Gordon Merfield, gave Wendy and me the strength and determination we needed at this somewhat 'wobbly' point. We decided, immediately, to volunteer our services to the Committee to help in anyway we can. Our thanks to the Committee, also, for the very enjoyable night at the Ipswich Transport Museum recently."

FATIGUE (extreme tiredness)

Why do men with prostate cancer get fatigue?

Fatigue is a very normal part of living with any type of cancer, not just prostate cancer. It can be the result of the cancer itself, or your treatment. Just the experience of a cancer diagnosis or going through treatment can be stressful and worrying, and this can leave you feeling exhausted.

Feeling fatigued doesn't mean your cancer is getting worse and it doesn't mean your treatment isn't working.

Whether you get fatigue, and how it affects you, depends on a number of things, for example how fit and well you are, the stage of your cancer, and the type of treatment you have.

Men who've had surgery (radical prostatectomy) for example tend to feel fatigued for a while afterwards. Whereas men on hormone therapy and radiotherapy may notice their fatigue gets worse throughout their treatment. For some it will improve again when treatment finishes, but for others it can linger on.

What can I do about it?

Don't beat yourself up if you're feeling tired and not like yourself. It's not a sign of weakness, and it's important to give yourself time to recover. When you feel up to it, there are things you can try which can make a real difference.

The first thing to do is talk to your GP or someone in your medical team. They can find out what's causing your tiredness – if it's the prostate cancer or its treatment, or something else such as low blood count (anaemia) – and suggest ways to treat it.

Organise your day so that you can do the things that are most important to you in the times you feel most active.

Try and stay active with some gentle exercise – even if it is just going for a walk around the block. Getting some light exercise can lift your mood, and help you to feel more energised and awake. Always talk to someone in your medical team before starting a new exercise plan.

Try and eat a healthy diet – choosing healthy foods can help you feel more energetic throughout the day.

A FIRM HANDSHAKE

The firmness of your handshake could reveal how likely you are to survive severe illness such as cancer.

A study has shown the strength of your grip is a good indicator of general robustness and can be used as a diagnostic tool for patients requiring critical care.

All that is needed is a cheap and simple instrument to measure force, known as a dynamometer.

Researchers at the McGill Nutrition and Performance Laboratory, at the Concordia University in Canada, studied 203 patients with advanced cancer.

They had to squeeze a dynamometer with their dominant hand. The stronger the grip, the better their health.

Professor Robert Kilgour said "This measure is one of several to categorise patients according to the severity of their disease. It can help determine interventions they may need. Because it requires minimal equipment, this method of evaluation is both portable and practical.

Other diagnostic tests rely on a patient's self-reporting or examine related factors like decreased body weight, the handgrip test directly focuses on body strength. Its precision allows doctors to better assess a patient's decline".

NOT ANOTHER SPACE TO FILL !

It isn't so much how busy you are but why you are busy. The bee is praised. The mosquito is swatted.

YOUR COMMITTEE FOR 2014 / 2015

DAVID SHIPMAN (Chairman)
CHRIS SOUTHCOTT (Secretary)
KEITH SLAUGHTER (Vice Chairman)
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