



Registered Charity:  
1109540

PROSTATE CANCER SUPPORT IN DEVON

North and East Devon Prostate Support Association

# Newsletter

May 2017

urology and oncology support for fellow patients

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## RESULTS FROM THE PROMIS TRIAL

**F**or some years now it has been known by many urologists and researchers that a multi-parametric MRI (mpMRI) scan done before a normal biopsy procedure can more accurately reveal the position and size of any cancer. Some urologists have already been doing this first rather than following the NICE guidelines, which at the time did not advise an MRI until after a biopsy had confirmed the presence of cancer.

Thus the PROMIS trial, run by University College Hospital, London, was needed to provide the evidence necessary to persuade the “powers that be” to radically change the procedure for the diagnostic testing for prostate cancer. Now that the results have finally been made official last year, PCUK and others have the job of persuading hospitals to invest in the equipment and the qualified staff needed to interpret the results. It has been shown

[www.nedpsa.org.uk](http://www.nedpsa.org.uk)

## 2

that an mpMRI can reduce the number of unnecessary biopsies by a quarter.

An mpMRI combines up to four different types of image and creates a more detailed picture of the prostate than a standard MRI scan. When a TRUS biopsy is shown to be necessary, the MRI scan can help guide the needles to target any cancer found with greater accuracy, thus reducing the number of samples and the risk of any post-biopsy infection.

Responding to the findings, Prostate Cancer UK's chief executive, Angela Culhane, said: "This is the biggest leap forward in prostate cancer diagnosis in decades with the potential to save many lives, so it's critical that urgent action is taken to make it available to men.

However, this complex technique can only become a routine part of the diagnostic pathway once it can be guaranteed it can be rolled out safely and in a way that produces the best outcomes for men. We are committed to doing everything we can to make this happen. We're also collaborating with University College London Hospital (which ran the PROMIS trial) to develop a clinical consensus, setting standards and guidelines to ensure all men receive the same quality of mpMRI scan wherever they are."

**The opinions expressed in this newsletter are not necessarily those of NEDPSA. All men and all cases are different and you should always discuss any changes to your treatment with your doctor and in the light of your own personal circumstances.**

## A MESSAGE FROM MRC CLINICAL TRIALS UNIT

The MRC Clinical Trials Unit at University College London, a research unit who run clinical trials in cancer, including prostate cancer, was looking at better ways to diagnose prostate cancer.

One of our trials, PROMIS, found that using an MRI scan can improve prostate cancer diagnosis, because it allows doctors to identify men who don't need to have a biopsy. This means that 25% of men could avoid the painful procedure.

We're running a **Twitter Q&A** about the PROMIS results, and prostate cancer diagnosis in general, and I thought that the North and East Devon Support Group members might be interested. We talk to researchers every day, but it's really important to us that patients and the public have a say in our work. So we're really keen to get questions – and thoughts – from people who have experience of prostate cancer and its treatment.

If any of your group members are on Twitter, and want to join: fantastic. If they're not on Twitter, they can also email in questions or thoughts in advance. We'll publish the Twitter Q&A on our website afterwards, so they'll be able to read the answers there.

Let me know if you have any questions at all.

*Kate Ryan  
Communications Officer*

## FIRST ISCA MEETING 2017

We were pleased to welcome Clare Turner, urology CNS at the RD&E, on 19th January, who spoke on the PSA Tracker system for prostate patients. The tracker was first piloted at Bristol and introduced here in Exeter in March 2015.

PSA results done at the patient's surgery come into their department at the RD&E and, if there are any untoward changes, the patient is telephoned to discuss the result. They can also decide on the frequency of testing.

This method saves the patient travelling time and parking, and has been found to be less stressful for the patient. Patients also have direct access to the three nurse specialists. There are currently 950 men on the tracker system. Most men have already been diagnosed with prostate cancer, but there are some who have not yet had a diagnosis but whose initial PSA result may have been suspicious.

This system had led to much better use of consultants' time, by not calling in men who may only need reassurance

to say that all is going well so far, and allowing more time for those patents that need it. Of the men on the tracker, 209 had satisfactory reviews and only 10 needed a telephone call for a clinical appointment. Half of the men on the tracker were on hormone therapy or had received radiotherapy.

Claire took questions afterwards, and inevitably there was discussion on the new treatment Photodynamic Therapy (PDT) which had recently hit the press. This has been under development at University College, London for some years. It uses a light-sensitive drug which is injected into the patient. Needles (like those used in cryotherapy) insert laser light into the prostate to activate the light-sensitive drug with the object of killing the cancer. The trial has been discontinued, so currently treatment is only available privately. It is only suitable for those with low-grade (Gleason 6) cancer. 143 men were in the trial, a third of which reported serious side effects.

## PDT – Nothing New?

Photodynamic Therapy treatment for prostate cancer is hardly new. In 2007, I think, I went to a talk given by someone who was using this treatment at a private clinic for integrated medicine in Hampshire. They had been offering this at that time for a few years. It was shown then to be a viable option for prostate cancer, though it had not undergone any

formally approved trials. For those that take '**Prostate Matters**' (the newsletter of Tackle), there was an excellent article in the previous issue by Sandy Tyndale-Biscoe 'Coming Down to Earth from the Hype', which puts this so-called 'new' treatment into perspective.

*Ian Graham-Jones*

## NEDPSA AGM REPORT

We all know that AGMs are events to be endured rather than enjoyed, but it was a pity that attendance was not as good as usual, for the main course only took 20 minutes and your committee had arranged a superb speaker for ‘afters’ – but more of that later.

Tony Lowe introduced the proceedings of the 13th annual general meeting, after the formal apologies and approval of last year’s minutes, gave his report.

### Chairman’s Report

After four years in the job as chairman, Tony will be stepping down. He thanked firstly our Patron, Sir John Cave, for his continued support; secondly to the committee, without whom we would not have been able to achieve what we have done. In particular he mentioned Lee Manley, who is retiring from the committee, for his support in fund-raising activities since the beginning of NEDPSA; and Ruth Chandler, who is stepping down as Secretary, but who is remaining on the committee. Finally Tony thanked the local organisers Sylvia Trow for organising her social lunches, David Warner, for organising the Budleigh Salterton and Exmouth group (even from his hospital bed!), and Terry Fuller, who is keeping the Sidmouth area group going.

Tony then outlined the achievements of our organisation over the last year, which has been relatively quiet. The PSA testing event held at the ISCA

centre, the third one we have done, was somewhat disappointing, with only 51 men attending. Nonetheless, some men were subsequently diagnosed who may not have done, had they not come.

The ISCA meetings have continued, though with only one speaker instead of two, which has generally been found to be more satisfactory. However, in the year ahead we are only planning two general meetings per year, and the next one will be on Thursday 19th October. There have been problems in finding someone to chair the meetings and to find speakers on a more frequent basis. Terry Fuller has agreed to act as caretaker chairman, but someone is urgently needed to take on the post completely, or at least help him out. Tony appealed to anyone from the membership to come forward.

Tony mentioned that the newsletter was being reinstated, and this is the first under its new editor. A small group is also working to produce a new, updated awareness leaflet to be circulated in both urology and oncology departments. We currently have no representation in the latter. This will hopefully gain us new members.

Tony will, however, continue to look after the website and email system from the back benches.

His report was duly accepted, and he was thanked for everything he has done.

## Treasurer's Report

Roy Coker then presented his report, which is shown below. His report was duly accepted.

<b>North and East Devon Prostate Support Association 2016/17 Accounts</b>	
<b>Income</b>	
Donations	1,546.07
Collections	438.04
CCLA Withdrawals	1,500.00
	3,484.11
<b>Expenses</b>	
Postage & Phone	359.35
Travel	26.00
Printing & Stationary	557.84
Rooms for meetings	702.35
Sundry & Insurance	296.88
P.S.A Screening	1,890.81
	3,833.23
<b>Defecit</b>	<b>(349.12)</b>
Balance brought forward	400.39
Balance at bank to carry forward	51.27
Balance at CCLA to carry forward	3,782.00
	3,833.27

### Election of Officers and Committee

The following officers were proposed: **Terry Fuller** (chairman), **Roy Coker** (treasurer), **Trevor Perkins** (secretary).

**Committee members:** Ken MacDiarmid, Mervyn Reed, Dinah Quastel, Roy Quastel, Tim Tucker, Ruth Chandler, Ian Graham-Jones.

All were elected en bloc.

### Any Other Business

Comments were made about the decrease in membership, in spite of the continuing support in urology. It is hoped that our presence in oncology, where perhaps ongoing support is needed, may help. Current membership is about 200, with around 170 as patients.

The next AGM will be on 19 April 2018.

To conclude, Ken MacDiarmid gave a warm thanks to Tony Lowe, who had, he said, been a pillar of strength over the years, and he duly received a presentation. Ken also thanked Lee Manley in particular for his fund-raising, and he likewise received a presentation.

Following the AGM, we were treated to an excellent talk by Roger Wotton, chairman of Tackle, the National federation of Prostate Cancer Support Groups.

## THE WORK OF 'TACKLE'

Roger introduced himself as the chairman of Aylesbury Vale Support Group and the UK voting representative member of European Cancer Patient Coalition, as well as being chairman of Tackle.

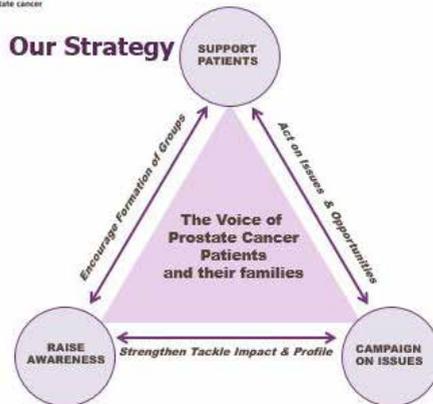
Roger then recounted his personal experience of the disease. One can say that he has seen all sides of the treatment options, including infection after biopsy, surgery, radiotherapy, bladder bleeding and retention, self-catheterisation and more recently 'Cyberknife' treatment, and now hormone therapy. He therefore knows only too well the physical and psychological effects that treatment can have on some.

We were surprised to hear that there were now 87 member groups of Tackle in the UK.

Tackle has three main objectives: to support patients, to raise awareness and to campaign on issues on behalf of patients, which is seen in the following presentation slide:

**tackle**  
prostate cancer

NEDPSA



Tackle has close links with Prostate Cancer UK. PCUK is, of course, a large national charity with great resources, but they are effectively the voice of prostate cancer, whereas Tackle is the voice of prostate cancer PATIENTS. There are areas of overlap, but PCUK does not aim to develop a nationwide network of support groups and does not help fund such groups.

Tackle runs national and regional patient-driven workshops (see Trevor Perkins' report on page 12) and lobbies for the combined voice of patients. In addition it runs its own patient-led helpline (as opposed to the nurse-led clinical helpline of PCUK).

*continued on page 13.....*

## TIVERTON, CULLOMPTON AND HONITON GROUP

The group meets regularly at the Ruffwell Inn, Rewe, near Thorverton (postcode EX5 5NB) for lunch. Their next meeting is on 3rd May.

All are welcome. If anyone is interested, do come along. Future dates are arranged at each lunch, so for details of further meetings, contact Sylvia Trow on 01392 841603.



## SIDMOUTH GROUP

**Our group covers Ottery-St-Mary, Axminster, Seaton, Honiton and surrounding areas**

We met at our usual meeting place (at no charge by the proprietors) of the Royal York & Faulkner in Sidmouth at 10:00am on Thursday 19<sup>th</sup> March. We had 17 members including some partners and one new member.

As usual we had advertised our meeting in the Sidmouth Herald weekly free Diary Dates and in the East Devon Pullman weekly for Honiton, Ottery St Mary, Axminster and Seaton in their free Diary Dates. Additionally for the first time we provided each member with a poster attachment to their email calling notice to print and distribute locally. In addition we distributed a poster to each of our East Devon libraries via their internal post bag.

We commenced with general info and admin over our usual coffee/tea. Two members said they had put up their own local posters. Two more members said some people they have spoken to just didn't want to know.

Members said that Jane Billing was coming to Axminster on 23 March and to Exmouth on 30 March. Also we were reminded about the next ISCA Association meeting and AGM on 20 April, which is reported earlier in this newsletter. For latest information members were encouraged to regularly visit the website ([www.nedpsa.org.uk](http://www.nedpsa.org.uk)), where notes on some of our back meetings have recently been posted. A member commented that a recent email survey from the Tackle Federation was far too long to expect members to participate.

Our main programme was a discussion on Diet based upon the Prostate Cancer UK Tool Kit Fact Sheet entitled "Diet and Physical Activity for Men with Prostate Cancer". Members were provided with personal copies to mark up and take away. We talked about the role of the Prostate Cancer UK specialist telephone nurses and their free 0800 074 8383, and

how they can be consulted on sensitive questions such as how best to ask your consultant prior to surgery how many procedures they had done recently and what were the outcomes. One member said her son, now in his 40s and living in London, often told her he had no fears to ask leading questions.

We then spoke about the magic number of 37" (inches) for men as reported in the newspapers covered on BBC Radio 4 and explained on sheet 2. This prompted some of us to pose for a photo shot armed with our Tape Measures and Fact Sheets. However one member said that a better measure was the ratio of waist to height.



*Some of us displaying our tape measures and the Prostate Cancer UK Fact Sheet of Diet & Physical Activity for Men with Prostate Cancer explaining the 37" Rule.*

We spoke about the 10 steps to eating well (page 5) and foods that may help with Prostate Cancer (page 6). We discussed the surprising finding of the apparent benefit from eating cooked or processed tomatoes rather than fresh. One member said he takes a supplement another member said they make a basic tomato sauce while another member said Heinz Cup-a-soup was 80% tomato.

We spoke about some studies on pomegranate and different ways to buy it with sample packaging of pure squeezed juice, concentrated longer life juice and long life easy to carry and store capsules.

We studied dairy foods and calcium (page 7) and discussed recent research on natural and processed variants of soy.

We considered the need for extra calcium when on Hormone Therapy, (page 8). We talked about the 9 tips to control fat intake, (page 9). We concluded by talking about superfood supplements and the recent POMI-T study impact upon the PSA level.

Finally we reminded ourselves of the importance to discuss any dramatic change in our diet with our medical practitioners and to introduce any major changes a little at a time. It is interesting to note that members were full of conversation as they left the room and that not a single copy of the fact sheet was left behind.

*Terry Fuller*

## OVERHEARD

A young man was questioning a couple on their knowledge of prostate cancer. The conversation went something like this:

"Do you know where your prostate is?"

"Your .... what?"

"PROSTATE".

"Sorry, love, we're strangers to these parts!"

## BUDLEIGH SALTERTON AND EXMOUTH GROUP

At our meeting at the Manor Hotel, Exmouth on 28th September 2016, our guest speaker was Miles Goldstraw, Consultant Urologist from RD & E Hospital. After giving us a short account of his medical training and career to date, he gave an interesting review of recent developments in the diagnosis and treatment of prostate cancer, in particular, he explained how MRI scans are now being more widely used, sometimes together with ultrasound, to achieve more accurate targeting of the prostate.

As it happened, we were pleased to learn that it had just been announced that the Exmouth swimmer, Geoff Fidler, had raised £47,000 to provide a new MRI scanner for RD & E for prostate purposes.)

Other topics covered by Miles Goldstraw included results of the Stampede trial showing that survival rates are improved when chemotherapy is given at an earlier stage than previously, the diabetes drug Metformin now found to be helpful in restricting the growth of cancer tumours, and the news that clinical trials have confirmed that active surveillance can, in some circumstances, be as effective as actual treatment as far as survival rates are concerned.

As expected, Mr. Goldstraw's informative talk stimulated a large number of questions, which were helpfully and expertly handled and, at the conclusion of the meeting, he was warmly thanked

for an enjoyable and very worthwhile morning.

On 8th December, we held our Christmas lunch at the Manor Hotel, when we were pleased to welcome Tony Lowe to join us. 21 of us enjoyed what is always a happy occasion with excellent food and good company!

*David Warner*

Our first meeting of the year took place on Thursday 30th March at the Manor Hotel, Exmouth where a good number gathered to meet Jane Billing, specialist Nurse from RD & E.

Unfortunately, David Warner was unable to attend, following a mild heart attack a few days earlier. Having had a couple of stents fitted soon afterwards, he is hoping to be back to normal health very soon, in his absence, Dorrie Warner warmly welcomed our speaker, Jane Billing, particularly as she had been kind enough to come to the meeting during a week when she was on annual leave.

Dorrie also welcomed two new members to the meeting and then gave details of two forthcoming events. On Friday 19<sup>th</sup> May the Budleigh Salterton Medical Practice are organising a health awareness day at the local public hall. As on a previous occasion, we have been invited to take part and will set up a stall giving information about prostate cancer and the activities of NEDPSA. Then on Thursday 8th June we shall have

our next group meeting at the Manor Hotel, when the speaker is expected to be Louise Ballagher, a physiotherapist from Force.

Before Jane Billing took the floor, two of our members made brief announcements. Professor Emeritus Alan Emery strongly recommended an inexpensive paperback book, the 2nd edition of which had recently been published by Oxford University Press. It is entitled "The Facts – Prostate Cancer" by Malcolm Mar and Leslie Moffat. David Hicks said he had found John Perratt's talk to the group some time ago very helpful in coping with chemotherapy which he himself is now undergoing and he would, in turn, be happy to give help and guidance to

others facing this treatment.

Jane Billing then commenced her talk by giving us an update on a variety of prostate matters, including the current pressures on the staff of RD & E.

In this regard, Jane mentioned that John McGrath had had a cycling accident. Many of us who had been helped by him in the past were sorry to hear of this and that he would now be out of action for several weeks.

After a very informative talk, Jane then expertly dealt with a wide variety of questions asked her and after verbal thank yous, the group's appreciation was shown in a round of applause.

*Dorrie Warner*

## CHARITY CHRISTMAS TREES IN EXETER

### A challenge for 2017

Each year, since 2010, NEDPSA has been allocated a Christmas tree for decoration at Princesshay Roman Walk in Exeter. The trees, about 10ft high, are provided by the management of the shopping centre and the charities do their own decoration.

Last year the grand switch-on took place on 18<sup>th</sup> November and the trees remained in place until 6<sup>th</sup> January. Five members brought along baubles, laminated strips with NEDPSA personalised and other decorations, together with a picture frame of information about NEDPSA.

We have not yet won a prize, and so we look to another enthusiast to provide a successful winning recipe for 2017.

If you would like to take on this challenge, do contact Terry Fuller, or any member of the committee.



## PENNY BROHN UK

Long before I was diagnosed with prostate cancer, I read about the work of The Bristol Cancer Help Centre and their holistic approach to dealing with cancer. I remember thinking that if I ever had cancer I would go and see these people who seemed to me to offer good support to cancer victims. Little did I know, that I would, one day, be seeking their help.



The Bristol Cancer Help Centre, now renamed Penny Brohn UK, was founded by Penny Brohn and Pat Pilkington, in 1979. From its location in Bristol, the centre moved to the village of Pill a short distance from Bristol town centre. It is now located in the beautiful Ham Green House, which has been adapted and extended to provide for the work of the centre.

The centre uses a holistic approach to living with cancer. There is no suggestion of a 'magic cure' for cancer but it offers you support in all areas of living. They run a number of courses covering diet, support for your immune system, managing stress, relaxation techniques, meditation and exercise.

I attended a two-day residential course, now called the Living Well with Cancer

course, which I found of great value. I met some wonderful people who also had cancer and I had (by appointment) a consultation with a doctor, a counsellor and a nutritionist. My wife, Sharon, accompanied me and we stayed in excellent accommodation. The meals were good – mainly vegetarian – and we experienced some new ideas about our diet. As well as conference rooms and bedroom facilities, the centre has a library, a sanctuary, a shop, an art room, a cookery demo room and a beautiful garden. All courses and meals are free but participants are asked if they would like to make a donation of whatever they can afford.

The whole experience was valuable for both of us. We subsequently returned for Healthy Eating Day, which focussed on healthy cooking and nutrition. What we were able to take away from Penny Brohn strengthened our belief that we could exercise some control over my treatment and living with cancer.

As well as their National Centre in Bristol, Penny Brohn offer services in other parts of the UK, including a telephone counselling service or doctor's consultation. If you would like to know more about the services they provide, you can contact them on 0303 3000 118 or [info@pennybrohn.org.uk](mailto:info@pennybrohn.org.uk). Alternatively, you can visit their website [www.pennybrohn.org.uk](http://www.pennybrohn.org.uk).

*Ken Macdiarmid*

## TRIP TO LONDON

It was a long way to go for a half day symposium but the fact that Tackle were refunding expenses encouraged me, and I took the chance to meet up with family in London.

The EAU Patient Symposium Tuesday 28<sup>th</sup> March 2017 was extremely interesting. I will only give my own personal thoughts and reflections here as the whole programme will be available on Tackle Prostate Cancer's website should anyone be interested in delving further.

One of the main points for me was that MRI scans were being promoted to replace biopsies in the future as a better test for prostate cancer. It is the cost that may hold this idea back as not every hospital has MRI scanners, and even if they have there is a dearth of experts to operate them. There is an idea worth pursuing which is to have select centres for every area in the UK where MRI scanning can be obtained. It was said that NICE are reviewing their guidelines for PSA or MRI testing or both.

Of particular interest to me, as I have just finished a course, is the use of bicalutamide to reduce testosterone which feeds prostate cancer. A considerable amount of time was given to this by Lawrence Drudge-Coates, Uro/Onco Clinical Nurse Specialist & Honorary Lecturer, Kings College, London. His subject title was "It takes more than milk to improve Bone Health!". As I am voluntarily on a soya-where-possible

diet I sat up and took notice!

Requesting a show of hands for those who were either on the treatment or had been treated with it he asked how many of us had been fully advised of the side effects. We hadn't. In particular he stressed the fact of uncontrolled bone loss as bicalutamide interferes with body bone control. This situation significantly increases the risk of bone fractures, especially the hips. After such fractures he said there was a one to two year mortality rate in men of 30 – 38%. For detail on this, check the recordings on their website.

He maintained that 4 cups of caffeine per day was excessive! He also emphasised that we should keep an eye on our weight control, use muscles, and it was IMPORTANT to exercise. He made it clear that walking, cycling and using the stairs instead of lifts was good but to be CAREFUL of gym programmes, particularly being wary of weight-lifting. He said, "Diet won't kill, but the couch will!". Oh, and vitamin D was very important.

Back to the diet and nutrients books then.....!!

The symposium was well attended and from my point of view I gained a lot of useful information making the attendance more than worthwhile.

*Trevor Perkins*

## THE WORK OF 'TACKLE' (CONTINUED)

Tackle produces a variety of leaflets for patients covering Advanced Prostate Cancer, A Woman's Guide, Bone Health, Travel Insurance, and a leaflet for the Black community. In addition, their comprehensive 48-page

**Knowledge Empowers**

is a compendium of all you need to know about prostate cancer. First introduced by PCaSO,

the support group for Hants, Sussex and Dorset, it is now used nationally by Tackle for their groups and is fully up to date. All are available from their website [www.tackleprostate.org](http://www.tackleprostate.org).

Tackle now has a project of using a van, fully equipped for medical use, to promote their work which can include PSA testing.

Their work in campaigning includes greater access to various new drugs, which were only previously allowed in certain circumstances, submissions to the National Screening Council and as a NICE consultation partner.

We were shown two interesting videos: one of a support group meeting in a home run by Friends of Prostate Cancer Support (FOPS), the other of a



*Roger Wotton*

promotional video by rugby club members – 'Tackle to Tiger'.

'To Screen or Not to Screen' is becoming the latest issue, and one where Tackle's approach is different from that of PCUK. With active surveillance and the advent of mpMRI scans (see page 2), the arguments used against a national screening programme

are beginning to be eroded, and there may well be a gradual sea change in attitudes towards this hot topic.

Roger mentioned a figure that, of the 50-69 year olds, only 8% of men received PSA tests, whereas the figure rose to 42% of men over 70 – at an age when it was often too late for curative treatment.

Roger also mentioned that the national curriculum in PHSE (Personal, Social and Health Education) studies in schools includes mention of skin and breast cancer, but of course no mention of prostate cancer. This is something that they want to address in the future.

## WATCH THIS SPACE

### SOME MISCELLANEOUS DEVELOPMENTS OF INTEREST

#### External Beam Radiotherapy

Until recently the standard course for prostate cancer patients was 37 treatments over 7½ weeks. As a result of the CHHiP trial, the standard is now becoming 19 or 20 treatments over four weeks. The trial, which included over 3000 men with localised prostate cancer, showed that this was as safe and as effective as the old standard course.

This is clearly more convenient for patients and will also save precious NHS resources.

#### Radium-223

This treatment is for men with advanced prostate cancer that has spread to the bones and that is no longer resistant to hormone therapies. It is therefore generally considered as a third-line treatment, possible before, or with established drugs such as Abiraterone or Enzalutamide. Now known as Xofigo, it is injected into the bloodstream and emits high energy alpha particles which damage tumour cells but leave healthy areas undamaged. The best dosage is not fully established, and is undergoing trials to establish this.

#### Stockholm 3

Many people will not have heard of this, but it may become the buzzword in screening for prostate cancer in the future.

This may eventually help GPs and clinicians in improving initial diagnosis. Known as the STHLM3 Test, it uses six markers (including PSA) as well as genetic profiling and known factors such as age, family history, etc.

In a recent large trial it showed that it could reduce the number of men having biopsies by 32% while still being able to diagnose those with a significant prostate cancer.

#### Proton Beam Radiotherapy

Many will be aware of this because of the case of a young boy prevented from being taken abroad for this treatment by Southampton Hospital against the parents' wishes. Proton beam therapy is currently used for eye and some brain cancers, as it can target precisely the cancerous areas.

It has the advantage over other radiotherapy treatment in that it uses protons rather than photons, which stop at the damaged source and do not have any significant collateral damage to surrounding tissues. Unlike the Cyberknife treatment, which is available at a few centres for specialised prostate cancer treatment, it has not been used for prostate cancers, though there are plans for a trial against standard radiotherapy when a few centres have been established in the UK.

## NEDPSA CONTACTS

### COMMITTEE

<b>Chairman:</b>	Terry Fuller (terry@terryfuller.plus.com)
<b>Treasurer:</b>	Roy Coker (coker@cmarguerite4.orangehome.co.uk)
<b>Secretary:</b>	Trevor Perkins (trevorcperkins@hotmail.com)
Ken MacDiarmid	(ken.macdiarmid@gmail.com)
Mervyn Reed	(mervreed@btopenworld.com)
Dinah Quastel	
Roy Quastel	(rquastel@blueyonder.co.uk)
Tim Tucker	(tim@oldietuckers.eclipse.co.uk)
Ruth Chandler	(chandler772@btinternet.com)
Ian Graham-Jones	(ian@grahamjones.plus.com)

### GROUP CONTACTS

<b>Tiverton/Cullompton:</b>	Sylvia Trow	01392 841603
<b>Exmouth/Budleigh Salterton:</b>	David Warner	01395 445614
<b>Sidmouth/Honiton area:</b>	Terry Fuller	01404 46996

### YOUR NEWSLETTER

It is planned to produce our Newsletter twice a year, in May and November.

We welcome articles and contributions from our members, including accounts of your prostate cancer journey, and specific treatments that you might have had, reports of events, photos , etc.

If you are concerned about writing, we can edit it.

**This is YOUR Newsletter.**

Any material for the next edition should be with me by 1st October.

**Ian Graham-Jones (ian@grahamjones.plus.com) 01626 891241**

## DATES FOR YOUR DIARY

PLEASE CHECK OUR WEBSITE FOR UP TO DATE DETAILS

[www.nedpsa.org.uk](http://www.nedpsa.org.uk)

**WED 3 MAY:** Tiverton, Cullompton/Honiton Group lunch at Ruffwell Inn, near Thorverton EX5 5NB, 12.30. Contact Syliva Trow, 01392 841603.

**FRI 19 MAY:** Older People's Information Day, 10am-4pm Budleigh Salterton Public Hall. Contact David Warner, 01395 445614.

**THUR 8 JUNE:** Budleigh Salterton and Exmouth Group meeting at Manor Hotel, The Beacon, Exmouth, EX8 2AG. Speaker Louise Ballagher, physiotherapist at Force Cancer Charity. Contact David Warner, 01395 445614.

**THUR 19 OCTOBER:** Association Meeting at the ISCA Centre, Summer Lane, Exeter EX4 8NT. Speaker: Moira Anderson, specialist urology nurse, RD & E, on the Human Genome Project.

**THUR 19 APRIL, 2018:** AGM and General meeting, ISCA Centre (as above). Speaker to be arranged.



NEDPSA is an Affiliate member of Prostate Cancer UK. **Specialist nurse helpline: 0800 074 8383**

NEDPSA is one of 87 member organisations of Tackle (The National Federation of Prostate Cancer Support Groups). **National helpline: 0800 035 5302** or email [helpline@tackleprostate.org](mailto:helpline@tackleprostate.org)

**tackle**  
prostate cancer  
Action for patients  
Charity No. 1123373

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Email: [nedpsa1@aol.com](mailto:nedpsa1@aol.com)

Patron: Sir John Cave, Bt, DL

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