



PROSTATE CANCER SUPPORT IN DEVON

Registered Charity:
1109540

North and East Devon Prostate Cancer Support
Association

Newsletter

November 2017

urology and oncology support for fellow patients

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OCTOBER ISCA MEETING

The new chair, Terry Fuller, opened the meeting with a welcome, and mentioned the forthcoming dates, which can be found in the Diary section of this newsletter on page 16. Apologies were received from Tony Howell, Ken McDiarmid, Tony Lowe and Tim Tucker. Two new members from Tiverton and Exwick were welcomed. Terry then introduced the speaker Fiona Maddocks, who had come at short notice, to talk on the 100,000 Genomes Project.

Fiona is a genomic project nurse and sonographer at the RD&E. The 100,000 Genomes Project aims to sequence 100,000 genomes to see if a person has a predisposition to a certain condition, and if so, it is hoped that specific drugs can be targeted to treat that particular variant, rather than using a standard generic drug. At present NHS patients with certain types of cancer – of which prostate cancer is one – and those with

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certain rare conditions are eligible.

Genomes were first sequenced in 2003 at a cost of £2.5 billion internationally. The Cameron government were behind this, and started the project in the UK, and £100 million is going in to this from the current government. Since this time the cost has come down, and the price of sequencing a single person's genes is now just £600.



Fiona then explained that a genome is one whole set of all a person's genes, plus all the DNA in between. There are about 3.2 billion genes in the body, and they are like a kind of instruction manual. Some errors will be there, and some bits missing. Some are minor errors and relatively insignificant and may well repair themselves; others are larger errors which cause disease, called 'pathogenic variants'. To obtain the genomic sequence, blood samples are taken from the arm and also from diseased tissue (e.g. from a biopsy result) and the two are compared to identify the fault.

Some diseases are caused by lifestyle

or the environment, and the project aims to identify which are caused by these, and which are caused by the errors where a person is pre-disposed to a disease. Clearly this is very new technology, and the project has been running in the South-west since 2015. Once the variant has been identified, drugs can be developed to target this particular variant.

The UK is leading genomic sequencing, and has the advantage as the UK's NHS joined-up health system is unique. The government sees this as the way forward in medicine. It sees cost savings in this, as drugs are targeted to the individual and not given to those who will not benefit from it.

Fiona responded to a large range of questions. Although the scheme is only targeted at cancers and certain rare diseases, the next stage is for diabetes, and then for Alzheimers and neurological diseases. Eventually babies may have their genome sequenced. The scheme is running until 2018, so any patient can ask his consultant whether he or she it suitable to join; if so, it is free. Thereafter it is hoped that it will become embedded into general healthcare. In the South-west the scheme covers Cornwall to Yeovil, and about 30 patients per month are being sequenced.

This proved a fascinating talk, and many people came to her afterwards with specific queries. Terry and the audience thanked her for what proved to be a special and unique presentation.

THE NEW NEDPSA LEAFLET

Some months back our committee decided that it was about time that the old leaflet be updated and probably replaced. A small working group consisting of Terry Fuller our Chairman, Ian Graham-Jones and myself were tasked with making this happen. It was obvious at the outset of course that this was going to cost a lot of money and at the time our funds were fairly low.

Then we received a large donation, one of several mentioned elsewhere in the Newsletter and we realised we could give this project our best shot after all!

It took many meetings with the three of us, and many changes before we arrived at the 'final frontier'. We had some input from members and also from Jane Billing from the RD&E who was a great help in shaping up our efforts with her positive criticism.

There was some fun and games around the serious issues confronting us. One of them was to find a sticky substance so that our business cards could be stuck into the leaflet and easily removed by the reader. Eventually, with a little help from StormPress of Exeter, our printers, we located some glue dots that appeared

to do the job. Terry and I tried some samples from a firm called 'presco' and found that, with a little help from our friends (committee members!), we could undertake to stick these cards into the leaflet ourselves. The printers had said they would do it but as it was manually intensive it would be expensive. We took the easy way out and the willing volunteers came up trumps. We now have a supply of new leaflets with the business card temporarily stuck inside. Thank you to everyone who took part.

The new leaflet looks good and reads well, containing enough information for the enquirer and directing him to our website and also our new telephone number (details on page 7), where messages can be left and dealt with.



It would not be right to finish this article without thanking Ian Graham-Jones who suffered many last minute changes to the format as we got nearer to printing time. It was he who set it all up eventually so that the printers had no trouble at all in reproducing his format.

Trevor Perkins

DONATIONS

Having needed to increasingly watch our spending over the last two years, we are delighted to report that three large donations in the last five months have enabled us to resurrect and redesign a much improved Newsletter with the financial confidence to be able to fund its production and distribution for several issues to come.

The donations have also allowed us to redesign, modernise and print in full colour, our new member leaflet, and to add an appeal to worried newly diagnosed people we have an easy to keep, pull-off card with details of our website, email address and our new dedicated telephone contact number.

The BUDLEIGH SALTERTON LIONS have once again supported NEDPSA with a kind donation for £1000. Alan Tilbury, on behalf of the Budleigh Salterton Lions at their local water hole, the Dog & Donkey, explained that their donation had been raised from raffles at their weekly quiz night. In May our chairman Terry Fuller accompanied by his wife Chris said, in thanking the Budleigh Salterton Lions before the quiz commenced, that it was such donations that enabled us to continue our work in welcoming and supporting men and their partners in dealing with the shock of being diagnosed with prostate cancer from the experience of having been there in person.

One such NEDPSA project is the recent rebirth of our Newsletter. It is an essential resource in supporting our new members and new arrivals by encouraging them to keep in touch. After all, we at NEDPSA are all in the same boat. Having just restarted the Newsletter, it is vital that we are able to keep it going, and the Budleigh Salterton Lions' kind donation will ensure in the short term that we are not stopped by cost. NEDPSA hopes soon to send out some latest copies to the Budleigh Salterton Lions by way of a thank you.



Terry Fuller is shown accepting the cheque for £1000

The SIDMOUTH LIONS have supported NEDPSA with a kind donation for £500. Phil Lee, on behalf of the Sidmouth Lions, explained that they had two main groups, one who thought up cunning new ways to raise money for charity and the other that specialised in spending it. Our Chairman Terry Fuller accompanied by his wife Chris said, in thanking the Sidmouth Lions before

one of their regular social and fund raising meetings in June, that it was such donations that enabled us to continue our work in welcoming and supporting men and their partners in dealing with the trauma of being diagnosed with prostate cancer from personal experience.

One such NEDPSA project that has just come to fruition, helped by the Sidmouth Lions' kind donation, is a brand new promotion leaflet with a convenient pocket pull off card with easy to contact numbers that encourages new members and new arrivals to get in touch. We are delighted we can now send out some copies to the Sidmouth Lions by way of a thank you.



The Sidmouth Lions with Terry Fuller

DONATION FROM THE FREEMASONS

Every Spring and Autumn Freemasons from around Devon meet to give support totalling in excess of £45,000 to local charities and organisations throughout the county who are in need of assistance. One of the groups who were nominated

by their local lodge was NEDPSA. The money is raised by the "WAKE Fund", a trust conceived by the Right Worshipful Brother William Alexander Kneel, our Provincial Grand Master from 1970 to 1984, the late owner of Kneels laundry & dry cleaners (now Johnsons). This fund now stands at £1.9 million and the interest earned is given annually to local non-masonic organisations who are in need of help.

Since the first disbursement in 2001, nearly £700,000 has been given to over 740 worthy causes selected by members of the 133 Masonic lodges based in the county.

On Friday 2nd June The Right Worshipful Brother Ian Kingsbury JP., Provincial Grand Master for Devonshire, presented cheques to 19 deserving causes. Meeting at the Masonic Hall, Hollands Road, Teignmouth, the charity representatives accompanied by a Mason from their nominating lodge were able to enjoy a buffet supper, explore the Lodge, ask any questions with reference to freemasonry and receive their cheques totalling the magnificent sum of £19,000.

Making the contributions, Ian Kingsbury said: "I am delighted that the Freemasons of Devon are able to contribute to these important local causes, many of which are totally run by volunteers; hopefully these donations will make a real difference, especially in this the Tercentenary year of English Freemasonry".



Members from NEDPSA who attended thanked Ian Kingsbury for the generous cheque of £1,000 from the WAKE fund. The photograph shows Lee Manley (third from left) and his wife Christine from NEDPSA receiving the cheque from Ian Kingsbury (L) accompanied by W. Bro. Rogers (R) of Lopes Lodge No. 5526.

AWARENESS EVENTS

PROSTATE CANCER INFORMATION STANDS

It may not have been the best of summers but at least the sun shone for most of June, which was very fortunate for those of us manning Prostate Cancer UK information stands during that particular month.

us a space at the end of the Ferrari display line, which ensured an excellent footfall! NEDPSA members Peter Harvey and Richard Banbury looked after the stand for most of the day and conversed with many of the visitors. Not only did they hand out many PCUK publications but NEDPSA leaflets as well.



Tony Lowe at the Lyn Valley event

Our first event on 11th June was the Lyn Valley Classic Car Show, to which we'd been invited by Rob Bissett of the local Rotary Club. Rob had cunningly assigned

Later that month, Peter Breslin (a PCUK volunteer) and myself were given the task of looking after another information stand on Exeter Quay. This was the hypothetical finish line (or start line if you were going the other way!) for the West Exe Family Cycle Challenge organised by the Dawlish Water Rotary Club. All proceeds from the event were being donated to Prostate Cancer UK, so we needed to have a fairly high profile despite sharing the stand with one of the major sponsors. Using the same format as the Lynmouth event, we displayed many leaflets from PCUK and NEDPSA but unfortunately without too many takers. As luck would have it, the British summer hit a high point on this particular day and

temperatures reached record levels! Consequently, very few cyclists ventured out from the shade and passing trade was reduced to a minimum. Nonetheless, it was a pleasant day and an opportunity to raise prostate cancer awareness further, if only by a limited amount.

My thanks to Rob, Richard and both Peters for all their assistance during these events.

Tony Lowe



Our stand at the West Exe Cycle Event



l-r: Dorrie Warner and Anthea Downes, wives of two prostate cancer victims

BUDLEIGH SALTERTON INFORMATION DAY

On 19th May the Budleigh Salterton Medical centre held an Older Persons Information Day in the local public hall, with over 40 health, welfare and care organisations participating. On behalf of NEDPSA, we had a stall displaying prostate literature, manned in turn by several of our members. It was an interesting and worthwhile occasion and we were able to hand out leaflets and make useful contacts with enquirers and other stall-holders.

OUR NEW TELEPHONE CONTACT NUMBER

Your committee has been aware for some while that some of the telephone numbers given on our old leaflet, posters and other material are no longer valid.

It was decided, at the same time as updating our new leaflet, that a single telephone contact number would be the best way forward.

Consequently, our new Secretary, Trevor Perkins, undertook to organise this.

Thanks to his work, we now have a dedicated mobile phone for NEDPSA calls and a message is on the line informing callers that we *will* get back to them. Some prefer to use a telephone and to speak to a real person than use email.

Our telephone number is:

07947 179580

BUDLEIGH SALTERTON AND EXMOUTH GROUP

Our summer group meeting took place on 8th June at the Manor Hotel in Exmouth. In his opening announcements, David Warner explained the reason one of our members, Michael Downes, was busy taking photos of the meeting was that the NEDPSA committee were in the process of redesigning the Association's leaflet and might wish to incorporate some photos of a meeting.

Thanks were then expressed to two of our members who had recently made donations to NEDPSA funds:

- (1) David White, who does wildlife photography and donated the fee of £50 he had received for an illustrated talk he gave on this subject, and
- (2) Alan Tilbury, who is treasurer of Budleigh Salterton Lions and had presented on their behalf a cheque for £1,000, raised by staging quiz nights at a local hotel.

David then introduced the speaker, Louise Ballagher, who is a physiotherapist from Force Cancer Support Centre at the RD&E, Exeter. She mentioned that Force is currently celebrating its 30th anniversary and reminded us all of the range of free services it offers to cancer patients. She told us something of her own role there as physiotherapist and explained that, while rehabilitation exercises have long been provided by the government for cardiac sufferers, it was only comparatively recently that these have been extended to cover patients with cancer, many of whom suffer from fatigue. Although normal tiredness can usually be relieved by rest and sleep, the fatigue resulting from cancer and its treatment can best be counteracted by keeping active and taking regular exercise. This also helps to rebuild confidence and improve quality of life. Exercise is especially important for those having hormone treatment which can have an adverse effect on bone density.



Louise Ballagher in discussion with some group members



Some of the Budleigh and Exmouth group

Louise is clearly an enthusiast for exercise, which, she claims, frequently proves more beneficial than relying solely on medication and is, itself, an underrated wonder drug.

In a lively question and answer session, Louise gave further details of the regular eight-week programmes of exercise run by Force, and of the various schemes available in different locations, including Exmouth. Mention was also made of the 'walking for health' groups which are organised by GPs for local residents.

Altogether, this was a most enjoyable and informative meeting which provided a good deal of new information, particularly for those of us who were diagnosed some time ago. It was much appreciated by all those present.

24 of us met at the Manor Hotel, Exmouth on 26th October to hear our guest speaker, Brian Parsons, Consultant Urologist of RD&E, Exeter, give a masterly account of current medical practice in diagnosing and treating prostate cancer.

He explained how cancer cells divide uncontrollably, and the difficulties this presents in distinguishing aggressive cancers (tigers) from the slower-growing less aggressive ones (pussycats). He also dealt with the factors to be taken into account in considering the use of PSA testing, biopsies and MRI scans when seeking to achieve a reasonably reliable diagnosis, bearing in mind also problems of infection where biopsies are concerned now that traditional

antibiotics are becoming less effective.

Research is ongoing into the causes of prostate cancer and there is currently special interest (see below) in the genetic link. In that regard, the group were pleased to hear that this research is being led in Exeter by John McGrath, whom we are delighted to learn is now back at work after his accident. Other causes of cancer have been linked to environmental factors and diet and there still remains much scope for investigation.



Brian Parsons' talk prompted a stream of questions on a wide variety of topics, all of which duly received expert and helpful replies. At the end, he received a spontaneous round of applause for what had been an exceptionally informative and enjoyable occasion.

Our Christmas lunch will take place on Wednesday 6th December (see p. 16 for details) and our next meeting will be held in March 2018, date and name of the speaker to be announced later.

David Warner

SIDMOUTH GROUP

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

Report of the meeting held at Sidmouth Royal York & Faulkner Hotel and talk by Jane Billing, Urology & Oncology Advanced Nurse Practitioner at the RD&E on November 2nd at 10am.

We had 16 members attending including two new members, who picked up one of our new leaflets in U3A. After reminders of upcoming events (reported elsewhere in this newsletter) Terry Fuller handed out copies of our new identity leaflet and issued members with a challenge – to use the new leaflet as a conversation opener with a relation, friend or colleague who expresses an interest to talk about prostate cancer and to give the leaflet to them, then to ask a committee member for another one and do it all over again.

Jane Billing then proceeded to take us on a wide-ranging Q&A trip around the current Prostate Cancer scene at the RD&E.

Please be aware that these following notes were taken as a personal interpretation of what was said and are not definitive.

It is hoped to set up a separate Health and Wellbeing centre at FORCE Exeter, specifically for Prostate Hormone and Radiotherapy treatment patients.

Because prostate cancer survivors are living much longer at one end, while more men are being diagnosed for

treatment at the other end, there is a snowball effect with RD&E looking after ever more patients. This is why more men are being put on the remote tracking system which is working well. There are plans to introduce an end-of-treatment report and process when patients are handed back to their GP.

It may be surprising, but the prostate moves about in the body! For radiotherapy, real gold seeds may be implanted in the prostate to help locate it more accurately. Filling the bladder and emptying the bowel keeps these organs out of the way as much as possible.

CyberKnife – a slicing technique – is being introduced for radiotherapy treatment of the brain, to track a moving tumour with pin-point accuracy. At some stage this technique is likely to filter down to prostate treatment. See Royal Marsden website for more info.

MRI scans are used to identify the position of cancers more accurately for radiotherapy or surgery. Ultrasound is being used for biopsies. Now RD&E are introducing an MRI Fusion Biopsy, which fuses the MRI image and the ultrasound image for a much more accurate image.

Jane Billing's job title has changed to Advanced Practitioner Nurse. This involves more practical work, more biopsies, and more follow-up care, as well as a 3-year training course. Jane stressed she is still available for us.

In spite of the shortage of junior doctors and urologists, the RD&E cancer departments continue to thrive. Katie Quenton, who is very experienced in urology, has joined the team from Torbay as a Nurse Specialist.

There are now nine consultants, with Brian Parsons and Tom Dutton recently becoming consultants. John McGrath is back part-time after his very serious bicycle accident. He now leads the Genome project for RD&E; Liz Wayne and Miles Goldshaw are doing the

robotic prostatectomies. The quality of care remains very high, with the RD&E coming third in the latest annual national cancer care survey – congratulations!

RD&E is the fifth biggest centre in the UK for robotic prostatectomies. We were told about the decisions facing the surgeon during surgery, with the nerves for bladder control and erectile function wrapped round the outside. Saving these nerves increases the risk of a “positive margin” where some cancer could be left behind.

Continued on page 14...

TIVERTON, CULLOMPTON AND HONITON GROUPS

TIVERTON LUNCHEON CLUB

Started by the Tiverton group, the luncheon club meets every 4-5 weeks for a very sociable gathering and a tasty carvery lunch. It has proved so popular that it is now supported by members from the Honiton, Cullompton and Exeter groups.

Organised by Sylvia Trow, telephone 01392 841603, we meet at the Ruffwell Inn — a typical country pub on the road between Exeter and Tiverton.

All members and wives/partners are welcome for what is a relaxing time to enjoy good food and an opportunity to help each other should you have any worries or concerns.



Why not give it a try and come along to our next lunch on 6th December?

Phone Sylvia Trow — you will be very welcome.

Address:
The Ruffwell Inn, Rewe, near Thorverton
(postcode EX5 5NB).

PROMIS TRIAL FILMS

Prostate Cancer UK, in partnership with the MRC Clinical Trials Unit at UCL, has released a series of short films on how multi-parametric MRI scans can improve prostate cancer diagnosis. These films are based on the results of the PROMIS study.

The PROMIS study looked whether an mpMRI (multi-parametric magnetic resonance imaging) scan could help some men avoid unnecessary biopsy. The study found that around one in four men, if given an mpMRI before they were due to have the biopsy, could safely avoid having a biopsy.

Two of the films are aimed at clinicians, giving a summary of the study and its results, and how mpMRI can be used as triage for TRUS biopsy. The third film is aimed at patients, exploring the PROMIS results and what they mean for prostate cancer diagnosis.

The films feature Mr Hashim Ahmed, professor of urology at Imperial College, London, and Louise Brown, medical statistician. They are joined by Angela Culhane from PCUK in the third film.

Film 1: PROMIS trial - what it looked at and the results

PROMIS set out to establish the proportion of men who could safely avoid biopsy and the proportion of men correctly identified by mpMRI to have clinically significant prostate cancer. The study also looked at the

accuracy of TRUS biopsy in comparison to mpMRI.

Film 2: PROMIS trial - using mpMRI as triage for TRUS biopsy

Following the findings of the PROMIS trial, we asked the experts how the strengths of both mpMRI and TRUS biopsy could be combined to improve prostate cancer diagnosis.

Film 3: PROMIS trial - changing the future for prostate cancer diagnosis

The research trial PROMIS showed us how the future for prostate cancer diagnosis can be radically improved. Hear from the experts and find out what we're doing about it.

The trial has shown that, whereas a TRUS biopsy can miss about half of significant cancers, an mpMRI has a 93% sensitivity in picking up significant cancers, but is not specific enough. This is complemented by a TRUS biopsy, which is much more specific. The trial has also shown that, having the MRI scan first can save a quarter of men from having an immediate biopsy.

You can see these films on the following website:

[www.ctu.mrc.ac.uk/news/2017/using_mri_scans_to_diagnose_prostate_cancer_new_films_for_clinicians_241017,](http://www.ctu.mrc.ac.uk/news/2017/using_mri_scans_to_diagnose_prostate_cancer_new_films_for_clinicians_241017)

or just try googling 'PROMIS trial films'.

ABIRATERONE - THE LATEST RESULTS

The latest results from the extensive **STAMPEDE** trial show that adding Abiraterone to hormone therapy improves survival for men with advanced prostate cancer, compared to hormone therapy alone.

The 2,000-men trial found 83 per cent of those receiving Abiraterone alongside androgen deprivation therapy (ADT – i.e. hormone therapy) survived for over three years, compared to 76 per cent of men who received ADT alone.



This is another example of how earlier and combined use of existing treatments can have a significant impact on advanced disease, after earlier use of Docetaxel (the chemotherapy drug normally used of prostate cancer patients) became standard treatment on the NHS in light of the positive survival results from a **STAMPEDE** trial involving Docetaxel in 2015.

Questions still remain about early Abiraterone's suitability for all men. Early Docetaxel and Abiraterone have not been compared side-by-side, so we

can't say yet which treatment works better. But more importantly, we need a way to find out if they will work differently in different men, or if they might work even better together.

"The potential benefits of giving some men Abiraterone alongside hormone therapy are clearly impressive, and we will be working with all relevant bodies to make sure this treatment becomes an option available for these men via the NHS," said Dr Iain Frame, Director of Research at Prostate Cancer UK.

"However, there are still key questions that need to be answered about which men will gain the most benefit from this treatment combination and which will respond better to earlier use of other treatments, such as Docetaxel. This knowledge will be crucial in enabling men and clinicians to make more informed treatment choices, ensuring that men are receiving the right treatments for them, at the right time. Prostate Cancer UK is committed to funding the research that will make sure this kind of personalised approach to treatment happens."

The **STAMPEDE** trial is ongoing and is currently assessing both abiraterone and enzalutamide in combination with hormone therapy or radiotherapy. (Patients with advanced metastatic disease in combination with hormone therapy only.)

SIDMOUTH GROUP REPORT (CONTINUED)

There is a gradual move towards using all three treatments in close succession: i.e. surgery, then radiotherapy then chemotherapy. This tends to be done for breast cancer which is similarly a hormonally fed cancer.

Radium-223 treatment for advanced prostate cancer requires very special radioactive secure premises and is done at Plymouth.

Immunotherapy is a relatively new form of treatment, which re-awakens the body's immune system to fight the cancer. This could have long term benefits.

Running trials to monitor the effects of different treatments takes much longer with prostate cancer because it is slow growing – say 10 years. With lung and pancreatic cancers which grow

faster, trials can be completed much more quickly. When seeing your cancer specialist, do ask if any trials are worth being considered which you can join locally or even nationally.

Travel insurance quotations vary widely and it is worth shopping around. Sometimes it is much cheaper to insure one trip rather than taking out an annual policy. See Mike at the FORCE centre if interested. Macmillan has produced a good leaflet – available at the FORCE centre.

It was apparent that Jane had admirably exhausted all of our questions (and all of us), so we closed our meeting with a customary round of thanks and the exchange of a small token of our appreciation.

Rob Harvie-Clark & Terry Fuller

NEDPSA CHRISTMAS TREE AT EXETER

A CHALLENGE FOR CHRISTMAS

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.

This year the grand switch-on will take place on 17th November at 5pm and the trees will remain in place until 5th

January. This year there are 35 trees and NEDPSA's tree is No. 19. Do come along and support us. There are three prizes this year. 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 help with this challenge, do contact Terry Fuller or Don Haywood (donald.haywood@bopenworld.com).

NEDPSA CONTACTS

COMMITTEE

Chairman:	Terry Fuller (terry@terryfuller.plus.com)
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Exmouth/Budleigh Salterton:	David Warner	01395 445614
Sidmouth/Honiton area:	Terry Fuller	01404 46996

YOUR NEWSLETTER

The Newsletter appears 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 April.
Ian Graham-Jones (ian@grahamjones.plus.com) 01626 891241

DATES FOR YOUR DIARY

AS THIS NEWSLETTER ONLY COMES OUT TWICE A YEAR, MANY GROUP MEETINGS AND SPEAKERS ARE ARRANGED AT SHORT NOTICE. PLEASE CHECK OUR WEBSITE FOR UP TO DATE DETAILS

www.nedpsa.org.uk

WED 6 DECEMBER, 12.00 for 12.30: Ruffwell Inn Christmas Lunch. (See bottom of page 11 for address of the inn. All welcome, but please book a place by phoning Sylvia Trow on 01392 841603.

WED 6 DECEMBER, 12.00 for 12.30: Manor Hotel, Exmouth. Budleigh Salterton and Exmouth Group Christmas Lunch. All welcome, but please book a place by phoning David Warner on 01395 445614.

THUR 19 APRIL, 2018 at 10am: AGM and General meeting, ISCA Centre, Summer Lane, Pinhoe, Exeter EX4 8NT. Speaker to be arranged.

THUR 18 OCTOBER, 2018 at 10am: General meeting at ISCA Centre (venue details as above). Full details will be in May 2018 newsletter.



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

0800 074 8383

NEDPSA is one of 87 member organisations of Tackle



National helpline: 0800 035 5302
or email helpline@tackleprostate.org

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