



REG. CHARITY NO.1129395

www.westwalesprostatecancer.org.uk

Patron: Chris Jones, Television Presenter

NEWSLETTER

DECEMBER 2017

Dear Member/Friend

Seasonal greetings to you all and welcome to the December edition of our Group's Newsletter. If anyone has any items they would like to appear in the next or future newsletters please let me know. All contributions or ideas gratefully received. (DG).

New members may be unaware that we are currently able to offer grants to members to help with transport needs (for journeys outside the remit of Hospital Transport) for example, complementary therapy or counselling.

The offer comes with a cap of £250.00.

If you think such a grant may help you, please contact our Treasurer, David Bunce.

(Contact details at the end of the Newsletter).

Change of contact details?

Please could members let Ken Jones or myself know if you have changed your email address in the past year. I know I had to when Orange transferred me to EE. We have 112 email addresses out of our 139 membership and it's a cost effective way of keeping in touch. The

same applies if you change your real address. Thanks DG.

Our Patron's journey:

Don't suffer with BPH!

(Benign Prostatic Hyperplasia)

When I was asked to become the patron of the charity by Ken Jones I was surprised and shocked to begin with. Firstly, the previous patron was a distinguished politician and not someone who points at clouds on TV for a living; and secondly, ironically enough, I was in the middle of BPH and prostate cancer tests. My grandfather had prostate cancer, my father had had a full prostatectomy a few years earlier, after having being diagnosed, and my father-in-law had died 5 years ago of prostate cancer.

So I was very proud and honoured to be asked to be involved in the work of the charity. Although I appreciated that the work of the group was, and is, to support and help and advise men with prostate cancer of varying stages, as I was diagnosed with BPH - an enlarged prostate, nearly four years ago, and was suffering with worsening symptoms, I was very eager to include this ignored and little spoken of condition, within the work of this

fantastic charity. BPH is basically a natural part of aging and many, if not most, men of a certain age, have experienced some of the symptoms. The prostate doubles in size early in puberty and then, later in life, it starts to grow again. For some, it leads to BPH.

In December 2014, after celebrating my birthday at the Harbourmaster hotel, in Aberaeron, with my wife and friends, I had drunk way too much Guinness (although it was a great night). I realised on returning home I could not pass water. This lasted for at least 24 hours and I was in real pain. Rushed up to Bronglais hospital in Aberystwyth, I was immediately catheterised and soon after, diagnosed with BPH. My drinking habits changed quite dramatically. The amount I drank, the time of day I drank and what I drank. (I don't want to give the impression that I had a drinking problem!). For nearly 4 years my symptoms were a weak stream, dribbling, delays of minutes before passing water, severe urgency, frequent night-time visits to the toilet; and as well as the physical symptoms, my confidence drained, my desire to socialise waned, my anxiety levels rocketed and I was convinced that it was a condition I would just have to live with. I was becoming a nightmare to live with too. Ask my wife!

PSA tests, biopsies, MRI scans, flow tests, blood tests and medication; these are things that we are all familiar with, of course, and we accept that they are part and parcel of having an enlarged prostate.

However, after the second episode of water retention (which I had whilst presenting my weekly evening radio slot on Swansea sound - an interesting evening!), my wife and I decided to investigate further and look into possible surgical treatments. There's only so much of Tamsulosin you can take, when it has no effect. I advise anyone with BPH to talk to consultants, GPs, previous sufferers, health workers and with family members. (as well as their friendly Prostate Cancer charity of course!). The myriad of treatments out there,

each one with their own consequences and possible side effects, is mind boggling. I've learnt a lot over the last couple of years!

A consultant in Cardiff told me that only TURP was available and was the "gold standard treatment", but which might have a few serious side effects for a man of my age. The consultant I paid to see at Guy's hospital in London said that HoLEP (Holmium Laser Enucleation of the Prostate) was the only way forward and that he could see me in a couple of weeks. That'll be £11,000 thank you very much. I did my best to follow the procedures and get a referral from my GP and NHS trust. No luck. Neither would write a referral or an acceptance for NHS treatment at Guy's.

A light shone at the end of the tunnel when I came across UroLift, in Wales, available only in Wrexham with the fantastic Mr Shergill. I was invited to go to a presentation in Cardiff Bay by Mr Shergill from the Betsy Cadwallader Trust. I was the only 'lay-man' at the presentation and it turned out to be inspiring, emotional and frustrating, all in one evening. UroLift sounded promising. I was even contacted by the company to see if I would like to be filmed by a film crew if the treatment went ahead. The promise did not last long as I was informed that my prostate was far too big for this treatment.

The original consultant in Cardiff told me that the biopsy available in Cardiff was only the 'standard' one. The template biopsy WAS available at Guy's hospital. That's another £3000 if you please. The template WAS available in Bridgend at the Princess of Wales hospital and that's where my journey has come to an end, sort of. I have explored many possibilities and gone through endless PSA tests, MRIs and countless consultations: some better than others. One "stand in" Consultant told me that I might have to just put up with these symptoms! My bladder finally gave up in July 2017 (after my radio show evening). Rushed in once again, this time to the Princess of Wales, after failing to pass water for 24

hours (although no drink was involved this time), I was immediately catheterised....again. On returning a week later and still not passing water, I was taught to self-catheterise, as I was about to go on holiday to Greece. That, ladies and gentlemen, was the most bizarre, yet strangely empowering "lesson" of my life. The wonderful nurses at Princess of Wales, Bridgend showed me how to self-catheterise and then it was my turn. I can tell you now that it sounds worse than it really is. To be quite honest, I was quite proud of myself that I managed to succeed in carrying out this intrusive 'procedure', and even prouder that I managed it exceptionally well for three weeks in Greece. Although taking catheters, that look like mini flares or an incendiary device, through customs was yet another "interesting" experience!

On returning from Greece I was given an appointment to have green light laser treatment [ed. GreenLight™ Laser PVP (Photoselective Vaporization of the Prostate)] for BPH at the Princess of Wales with Mr Andy Thomas. At the time of writing, it's been nearly 6 weeks since the surgery. I'm passing water easier, quicker and stronger than ever. Not quite top quality race horse standard yet, but not too shabby at all. No dribbling, less frequent night-time visits, no waiting at the urinals until something appeared. No worry about how much fluid I drink. No more catheters and no more medication. Painful yes, of course. My prostate was very big. I'm also having a difficult time emotionally with it all. But in general, a very positive outcome. I'm not there 100% yet by any means, but in time, it will get better. I'm aiming to do the five bar gate test in the near future!

In January 2018 we start further PSA tests and MRIs to address any possible cancer in the remaining prostate, as my family history means that this aspect has to be taken seriously. I'll cross that bridge when I come to it.

My advice to anyone suffering with the symptoms of BPH? Whatever your age, get it

checked out: get it diagnosed as soon as possible: do not just accept it: do not ignore it: do not accept to first thing that your consultant tells you (no matter how much you like them): ask questions: explore all the possibilities. You do not have to live with this debilitating, embarrassing, painful and horrible condition that can actually be dangerous and lead to serious complications if not treated promptly.

There is a treatment out there for you, whatever your age, wherever you live. If I can be of help and if I can offer any advice or offer any information based on my journey, then please get in touch. My e-mail address is chris.jones46@btinternet.com. I would dearly love, as Patron, to offer a telephone helpline or an e-mail service, possibly for men and their families to contact if they need help and advice regarding BPH. Hopefully, that is something the charity can discuss and decide upon in the near future.

Thank you very much. Diolch o galon.
CHRIS JONES (Patron)

Thank you Chris for being our Patron and sharing your story with us. Your frank and honest account of your experience of BPH will reassure fellow sufferers that help is available. I hope members will take up Chris' offer and I've repeated his details in the CONTACTS section at the end of the newsletter. (DG)

The Group are always keen to have more "Active Treatment Referees" who agree to be a contact for new or existing members who want to find out more about a particular treatment or condition. Hopefully in the future we will have contacts with experience of e.g. HoLEP & UroLift. We also need to find someone who has experience of the traditional TURP procedure and would be willing to talk to others. If you feel that you would like to offer your services in any way please contact Ken or myself for further details. Thanks. (DG).

Feedback:

Some members filled in the "Your Views Matter" questionnaire issued with the September newsletter and Donna Coleman (Complaints Advocate at Hywel Dda Community Health Council) has responded to Phil Burr as follows:-

"We have been delighted to have a good response rate from your members - it is really helpful for us to have this kind of feedback from members of the public as it tells us exactly what it is like as a recipient of local NHS services. In particular, having a number of people giving their views and experiences on a specific topic area such as the urology department and the prostate cancer pathway is even more helpful because it makes it far easier for us to identify any common areas that are particularly good or bad.

We have yet to analyse all the incoming information about people's experiences, this is something we are doing at the end of the quarter. However this is not a one-off piece of work and our volunteer members will continue to try to get public views and opinions for us throughout the year. We will also continue to seek public opinion through surveys, on-line questionnaires and feedback forms etc. In this way we can inform our activities and use our resources where there is the greatest need.

As your group has an opening into the Health Board that allows on-going discussions, we would be really interested in hearing more about the successes you achieve in future. As you say, the partial booking system has been a concern for people and we are pleased that this has been addressed for you. If you or your members identify any other common experiences that are negative and are attempting to achieve some resolution with the Health Board, we would appreciate being updated. Our aim is to ensure that the patient voice is heard and it is really heartening that a group of like-minded patients are doing this so well and making a difference for themselves and others.

..... "comments about communication - it is one of the biggest sources of dissatisfaction within NHS services, whether it is at a personal/one to one level or more generally in written information or systems which do not support information flows. It is my understanding that test result systems are increasingly automated so that results can be accessed quickly at the right time. Whilst I hope it is not needed, if any of your members needs to take an individual complaint through the NHS Complaints process, we have a team of advocacy staff who can assist on a one to one basis. Please direct them to us."

Thanks Phil for your continuing efforts on behalf of the Group and to all those members who responded. (DG).

Donations received with our thanks:

Ken Jones was invited to Ferryside to receive a cheque for £840 from the River Towy Yacht Club. They recently took part in a rowing race on the river Thames and decided to give our Group part of the sponsorship money that they collected. People are so generous.



Philip Dalton, with members of the team, presenting the cheque for £840 to our Chairman Ken.

£640 was collected by Autumn Leaf funeral directors of Burry Port as funeral donations in remembrance of Peter Davies.

Group Member Duncan McNally organised a fundraising event with a garden party at Paxton Court in Tenby and gave a cheque for

£672 to Ken at a recent dual presentation event (Parkinson's UK was the other beneficiary). Duncan said: "Thank you very much for all you've done to help make our day a success and I'd love to come along to one of your Group's lunches in the near future."



Our Chairman Ken on the left with Duncan McNally on the right at the presentation event.

A cheque for £140.00 was recently received by Ken Jones from Tenovus. This was payment for Ken attempting to use an app concerning cancer medication. Well done Ken.

Following the item in the last newsletter, Brian Slate has now reported back:

"I completed the Bristol half marathon on September 17th in 2 hours and 10minutes. The Cardiff half marathon on October 1st in which I was accompanied by my granddaughter (who had not run further than 6 miles previously) we completed in 2 hours 53 minutes. The total raised to date is £428. I am hoping that a little bit more will come in before the December meeting when I will be handing over the monies raised."



Brian looking good with his "Cardiff Half" medal.

Well Done Brian. I don't think I could do that! (DG)

A further donation has been received from the Towy Valley Vintage Club of £480 - thanks to Dennis Richards.

Recent collections:

£139.60 was collected on 29 September at Aldi, Cardigan.

£33 was collected at the Llandysul Flu Day held at the Tysul Hall Llandysul on Tuesday 4 October.

We would appreciate some help with our store collections. It's not about the money but the opportunity to be seen in the community and get our existence known. It's a chance to interact with the general public and answer their queries where possible or point them in the right direction. If you feel you can help in any way please get in touch with Ken or any of the Davids, or chat to us at the next pub lunch.

Donations given by the Group:

Following recent contact between Phil Burr and Mr Pradeep Bose a cheque, on behalf of the Group, for £17,786.36 has been sent to Alison Kneen at Morrision Hospital. This will be for the purchase of two bladder scanners (1 for Morrision; 1 for Neath Port Talbot) plus a Danflow 1100 uro flow machine for Morrision. We know that these items are always needed and some group members have already "experienced" their use! If anyone has ideas about how donations could be used then please get in touch with Ken or myself. (DG).

Recent news items:

A simple urine test for Prostate Cancer. From the Mail on Sunday 25 Nov 2017

This test can detect two markers of the cancer found in urine - levels of which have shown to be eight times higher in men who have the disease.

Scientists claim it could prevent 41 per cent of unnecessary biopsies, and it is 98 per cent accurate in distinguishing men who do not have the disease from those who do.

Researchers at the Radboud University Medical Centre in the Netherlands reported that the test, known as SelectMDx, is more effective at detecting biomarkers of prostate cancer than the current, commonly used, PSA blood test and biopsy combination. It is also capable of distinguishing between chemical markers of low grade, and potentially fatal, aggressive prostate cancer.

"The problem with the PSA test is that it is indicative only." says Dr Jan Groen, chief executive of Belgian-based developers MDxHealth. *'The test we have developed is cancer-specific.'*

Men become eligible for the urine test if they have been identified as being at risk of prostate cancer due to their PSA level. A doctor puts pressure on the gland, causing cancer cells to shed. A urine sample is collected immediately afterwards to test for the biomarkers. The £225 test is now available privately in the UK through the Lab21 Clinical Laboratory.

Professor Raj Persad, consultant urologist at the North Bristol NHS Trust and Bristol Urology Associates, says:

"The challenges in prostate-cancer diagnosis include finding a test which is accurate enough so that only patients with potentially significant disease go forward for biopsy. If a non-invasive liquid biopsy can help minimise invasive tissue biopsies, this will be a great contribution. If this new test is more accurate at picking up clinically significant cancers it could be offered as a screening test for prostate cancer."

Prof. Persad added: *"This development will need more rigorous clinical testing."*

New cancer treatment may be more effective than chemotherapy

"New method kills cancer cells and activates the immune system" - so the news item went.

Scientists have new hope in the fight against cancer after finding a treatment which works better than chemotherapy.

Powerful chemotherapy drugs often fail to kill all of a tumour's cells so some cancers return. Now scientists say they have found a way to prompt the immune system into helping to kill the remaining cancer cells.

It has only been proven to work in the lab, using human cells, but trials on people could start within five years, with a new drug available within a decade. Cancer Research UK funded the research led by the Beatson Institute in Glasgow.

Chemotherapy and radiotherapy destroy tumours by triggering apoptosis, or programmed cell death. But apoptosis happens naturally all the time in billions of our cells, so the immune system does not realise anything unusual is happening.

The researchers hope to develop a new drug which will cause a tumour's cells to die much more slowly. This unusual activity should trigger the immune system to join in with killing all the cancer cells. It has been successful in bowel cancer cells, using a gene-editing tool to remove the proteins which cause programmed cell death.

The team hope this can be converted into a drug to treat many different types of cancer. Researchers reveal how a process called Caspase-Independent Cell Death (CICD) frequently led to the complete eradication of colorectal cancer cells, which is not often the case with current cancer treatments.

Study co-author Dr. Stephen Tait, of the Cancer Research UK Beatson Institute at the University of Glasgow, and colleagues recently

reported their findings in the journal *Nature Cell Biology*.

Dr. Tait and team explain that the majority of current cancer therapies work by inducing apoptosis. Apoptosis is a form of programmed cell death, or cell suicide, that helps to rid the body of abnormal or unnecessary cells by activating proteins called caspases. In cancer cells, however, apoptosis is often inactive. Reactivating apoptosis in cancer cells - through chemotherapy or immunotherapy, for example - is one way of killing them. But this is not always effective.

Research has shown that cancer cells are sometimes able to evade treatment-induced apoptosis, and some studies have suggested that apoptosis may even promote cancer growth.

CICD, however, takes cancer killing one step further, and Dr. Tait and team suggest that it may be a more effective way to treat cancer than current therapies.

Tailored treatment for prostate cancer could save men from devastating side-effects.

Artificial intelligence could be used to tailor treatment for prostate cancer, and save men from devastating side-effects, new research suggests. A study by the Institute of Cancer Research, London found that analysing dozens of genetic variables could help doctors to adjust treatment doses for the most common form of cancer in men.

Currently, doctors are not able to assess a patient's likely sensitivity. While some men end up suffering side-effects, after receiving a higher dose than required, others are given too little, compromising the chances of successful treatment.

The new study, presented at the National Cancer Research Institute's (NCRI) Cancer Conference in Liverpool, analysed detailed data - including medical history, genetics, radiotherapy dose, and reported side effects -

from more than 700 men undergoing the treatment. The study found that particular genetic characteristics could predict specific side-effects - specifically rectal bleeding.

In future, the approach could be used to create personalised treatment plans for prostate cancer patients, researchers said. And the scientists said it might also be applied to many other types of cancer that are treated with radiotherapy.

Dr Navita Somaiah, co-lead researcher at The Institute of Cancer Research, London, said: *"Advances in technology have enabled us to combine what we've learnt from decades of research into radiotherapy. For the first time, we can now look at the full complexity of a patient's genetics, medical history and treatment, to predict if they are at risk of side effects. We hope that our method can be used to personalise radiotherapy for patients based on this risk, improving the chances of a cure and also minimising the side effects suffered. This has been a huge collaborative effort between clinicians, physicists, biologists, statisticians and data scientists."*

Dr Di Gilson, member of the NCRI's Scientific Committee for the Conference, said: *"Radiotherapy is a cornerstone of successful cancer treatment for thousands of patients. Unfortunately some patients who have radiotherapy will suffer long term side effects and for a minority these can be irreversible, progressive and debilitating."*

With more patients surviving their cancer than ever, it's absolutely essential to find treatments that are both effective and minimise side effects, so that more patients can also enjoy a better quality of life."

Dr Iain Frame, Director of Research at Prostate Cancer UK said:

"There are over 330,000 men living with or after prostate cancer in the UK and many are left to deal with life changing side effects as a

result of their treatment, such as bowel problems and erectile dysfunction.

Research like this has the potential to not only predict how well a patient will respond to treatment, but also - as in this case - how likely it is they will experience side effects. This could make a huge difference to men when it comes to choosing the most suitable treatment for their particular cancer.

However, it's early days and we look forward to seeing the results of this analysis validated in additional studies."

More Research into tailored treatments....

Researchers from the University of Glasgow are leading a study into individualized treatments for prostate cancer. By developing treatment tailored to the specific needs of a particular individual the researchers hope to extend lifespans, which could benefit up to 9,000 men each year.

Currently, men who have advanced prostate cancer are usually prescribed hormone therapy and when that stops being effective, they are moved onto life-extending treatments. The study would lead to a shift from this "one size fits all" approach, to finding out which drugs will be most effective at treating the cancer, based on what is driving the disease in individual people.

"Every man's prostate cancer is unique to him and so not surprisingly the way men respond to treatments varies enormously," explains Iain Frame, director of research at Prostate Cancer UK. "Clinicians are in effect left to treat patients 'in the dark' - with little idea as to which treatments will work best for which men."

The Glasgow researchers will collaborate with groups from London, Manchester and Belfast for the study, which has been launched by Prostate Cancer UK and will cost £1.4 million.

About 25% of new cases are diagnosed after the cancer has spread from the prostate to other areas in the body, thereby reducing the likelihood of treatment being successful.

The research will initially look at men with advanced prostate cancer that can still be effectively managed with hormone therapy. The goal is to identify the changes in the DNA of prostate cancer cells so that a test can be developed to detect those changes. This will enable researchers to find out which drugs would best target the changes and prevent any further spread of the cancer. This approach is already used to treat women with advanced breast cancer.

Lead author of the study, Robert Jones, says: "It's already becoming clear in other common cancers, including cancers of the breast, lung and colon, that better outcomes can be achieved if we test the individual patient's tumour biology and then select the most appropriate treatment."

High-precision radiotherapy for prostate cancer 'shows promise'.

"Targeted radiotherapy 'cures' prostate cancer that kills thousands," reports The Times.

The news is based on a UK study of the use of high-precision radiotherapy to treat men with advanced localised prostate cancer. Researchers wanted to see if they could safely target cancer cells that had spread outside the prostate to nearby lymph nodes without damaging nearby healthy cells, and reduce treatment side effects.

Some 447 men with locally advanced disease took part in the 10-year study, carried out by the Institute of Cancer Research and the Royal Marsden NHS Foundation Trust.

The high-tech radiotherapy, called pelvic lymph node intensity modulated radiation therapy (PLN-IMRT), can modify the shape and strength of its beams to target cancerous cells more effectively.

The main aim of the study was to look at the side effects of the treatment, specifically on the bladder and bowels.

Five years after receiving treatment, up to 71% of patients were alive and disease-free. Only 8-16% of patients experienced bowel or bladder complications.

This is promising research that suggests PLN-IMRT should be studied further. Later-stage randomised controlled trials would be the best way of confirming the safety and potential benefit of this treatment for men with advanced localised prostate cancer and seeing how it compares with other treatment approaches.

The study was funded by Cancer Research UK, the Department of Health, the National Institute for Health Research (NIHR) Cancer Research Network and the NHS.

It was published in the peer-reviewed International Journal of Radiation Oncology Biology Physics and is free to read online.

The media headlines talking of a "cure" are premature at this point. This early-stage study focused on the potential harms of PLN-IMRT. While the number of men surviving without disease progression was an exciting finding that should prompt further research, it's important to realise that the present study wasn't designed to give us definitive answers on whether the treatment works or how it should be delivered.

This was a Phase I and Phase II trial designed to see whether PLN-IMRT was a feasible treatment to use in men with advanced localised prostate cancer and to look at its side effects.

Locally advanced prostate cancer means the cancer has spread outside of the prostate to the nearby lymph nodes and tissues, such as the semen-carrying seminal vesicles. There are a number of treatment options, one of which is radiotherapy - but this is often targeted at the prostate and seminal vesicles rather than directly at the lymph nodes.

This is an early-stage trial, so the participants were not randomised to the treatment they received and there was no comparison group receiving a different treatment. This stage of trial is important for looking at side effects and seeing if the treatment approach is feasible, but it can't provide good evidence for how effective the treatment is - that requires later-stage trials.

Common asthma drug 'stops the spread of prostate cancer' was the headline.

Researchers from the University of York have discovered that a protein in bone marrow acts like a 'magnetic docking station' for prostate cancer cells, helping them grow and spread outside of the prostate.

They have found a way to block the signal in the cancer cells, disabling the cell and preventing it from multiplying at a new site in the body, according to a new report published in the journal *Oncogenesis*.

Their research showed that the protein, which normally functions to reduce inflammation after infections, has a key-like structure that locks on to opposite receptors on the stem cells of prostate cancer. This allows cancer cells that have spread from the prostate to 'dock' with the protein in the bones and multiply to form a new tumour.

Once the prostate cancer has attached to the protein, a signal is sent from the surface of the cancer to the nucleus of the cell, telling it that it can start to grow.

Professor Norman Maitland, the study's lead author, said:

"We have always known that the two places where prostate cancer spreads are the bones and lymph nodes, but we have not fully understood why these two locations are preferred.

If we imagine the prostate cancer cell as a floating 'space rocket' and the only way for it to perform its mission is to 'dock' with another

'space vehicle', we start to get a picture of what happens when a cancer cell moves around the body in search of a new home.

Without this docking station, the 'ship', or cell, will just float around, not causing any further harm. The receptors on the 'docking station', or the protein in bone, act like a magnet for the receptors on the stem cells of the cancer and once it is 'docked', getting rid of the cancer becomes much harder."

Replicating this 'docking process' in human prostate cancer cells, the team were able to identify the signal going into the nucleus of the cancer cell and blocked it with a non-toxic drug - known as AS1517499 - that has previously been tested for treatment of allergic asthma.

They found that the drug inhibits the signal, allowing the cancer cell to survive, but ultimately disabling its ability to spread. This could mean that cancer spread can be slowed down or be made more receptive to cell death following traditional treatments such as chemotherapy.

New surgery for prostate cancer can cut the chance of incontinence using an operation that approaches the gland from a different angle so reduces the risk.

Professor Christopher Eden is a consultant urologist at The Royal Surrey County Hospital, Guildford, and a co-director of private prostate surgery specialist Santis reports:

"Many men diagnosed with prostate cancer fear incontinence. There is now a technique that avoids the ligaments and tissues around the prostate that control continence in an area known as the cave of Retzius."

(Definition:- An area in the lower portion of the abdomen between the bladder and pubic bones and bounded superiorly by the peritoneum. It contains areolar tissue, fat, and a plexus of veins.)

"Retzius-sparing prostatectomy involves approaching the prostate from beneath the

bladder rather than above — we do this using robotic technology. In a conventional prostatectomy the structures supporting the continence mechanism are dismantled in order to get access to the prostate, but they are preserved in this new technique.

Surgeons only recently started doing prostatectomy this way because of the technical difficulty in this approach as it involves operating in a smaller space. Yet my initial research with my patients has found that with this procedure, 90 per cent of men are fully continent immediately afterwards. The remaining 10 per cent of men who had this new type of surgery were continent by three to six months — three times better than the best results using the standard approach.

The surgery, a two-hour keyhole procedure, is performed by the da Vinci robot. The robot arms are controlled from a console next to the operating table. Carefully watching the 3D video display in the robot's console, I used my index and middle fingers to move the instruments around.

The robot has a far greater range of movement than the human hand — it can rotate instruments to a full 180 degrees, eliminating the risk of surgical error through hand tremors. The video displayed in the console is highly magnified, meaning less chance of damaging nearby nerves.

To start with, six small incisions are made around the abdomen and a camera is then inserted through a tube placed in one to magnify everything. The abdomen is filled with carbon dioxide to expand the area, creating a larger space to operate in.

Going under the bladder, I then use the console to guide instruments towards the prostate and dissect it away from both the bladder and urethra (the tube that takes urine out of the body). Once the prostate is successfully removed, the bladder and urethra are reconnected.

Traditionally, after a prostatectomy, the patient has to have a catheter or tube to drain urine from the body while the area heals. However, rather than placing this through the penis, I use what's known as a suprapubic catheter, which runs through the lower part of the tummy. This increases patient comfort and allows earlier, easier catheter removal.

In the conventional operation, the bladder is separated from the abdominal wall to get at the prostate — you couldn't, therefore, use a suprapubic catheter as it would allow urine to leak out of the bladder and into the abdominal cavity once the catheter had been removed. Suprapubic catheters can only be safely used after a Retzius-sparing prostatectomy.

I now use this technique on all my prostatectomy patients as it has a much better outcome. More surgeons are being trained and it's currently offered at two NHS centres."

(We will follow these news items in the future with interest. DG)

The Orchid Charity - Fighting Male Cancer

Orchid has commissioned the polling of 100 women, whose partners had recently been diagnosed with prostate cancer. Women said they had been left worried, uncertain and feeling helpless, with a lack of support available.

The charity has joined **Tackle Prostate Cancer** in launching a new women's guide to prostate cancer, funded by Bayer, as part of a campaign "Manversation" to encourage more discussion of prostate cancer.

(The guide is excellent and can be accessed online at: -

<http://www.manversation.co.uk/pdf/womens-guide-final.pdf>)

We as a support group have been concerned about this too. You may recall the "Improving our Helplines" article in the June newsletter in

which David and Chris Bunce suggested that we set up contact phone number/s to provide support for family and/or partners of men who have been diagnosed with prostate cancer. If you would appreciate help in this way or could offer your help please contact them (details in the Contacts at the end of the newsletter).

Diet protocol menus:

In the June 2017 Newsletter Gill Shepherd wrote "*When my husband, David, was put on the Low Residue Diet, earlier this year, before undergoing Radiotherapy treatment for prostate cancer, my first reaction to the Dietary Advice sheet was utter dismay as it was the complete opposite of what we usually eat! Then my curiosity set in . . . Having been a keen cook for over 50 years I was determined to make our meals as varied, tasty and appetising as I could BUT STILL STICK TO THE GUIDELINES! I hope that I have compiled a selection of recipes that comply but are nutritious and visually appealing.*"

So here are 2 more recipes from Gill and there may be news in future of a booklet of such recipes:-

ITALIAN TURKEY, TOMATO AND GNOCCHI BAKE.

(OR yet ANOTHER way to use up the Xmas leftovers!)

Serves 2 generously.

INGREDIENTS.

200g pack of fresh gnocchi (OR 115g dried white pasta shapes.)

200g cooked turkey, chicken or ham.

295g can condensed cream of tomato soup.

125ml milk (OR leftover red/white wine.)

1 teaspoon mixed dried herbs OR

1 dessertspoon chopped parsley OR

1 dessertspoon basil pesto.

Salt and pepper to taste.

Grated Cheddar or Parmesan cheese.

METHOD.

Cook gnocchi or pasta as directed on packet being careful not to overcook, then drain thoroughly. Cut poultry/ham into bite-size

pieces and mix with the cooked gnocchi/pasta in a shallow, greased ovenproof dish. Blend the can of condensed tomato soup with 125ml milk (or leftover wine), season to taste and mix in herbs or pesto. Stir over gentle heat until simmering. Pour soup over the contents of the ovenproof dish and mix together. Top with the grated Cheddar or Parmesan cheese and place under a pre-heated grill until piping hot and well browned. (Skimmed milk and low-fat grated Cheddar cheese will reduce the fat/calorie content of this recipe.)

FRUIT JELLY CREAM WITH MERINGUE AND CHOCOLATE TOPPING.

Serves 4

INGREDIENTS.

135g fruit-flavour jelly tablet (OR 23g sachet sugar-free jelly crystals.)

Natural Yoghurt.

Milk.

2 Individual meringue nests (roughly crushed.)

1 Cadbury's "Milk Flake".

METHOD.

Make up the jelly tablet/crystals with 1/3 of the recommended amount of boiling water. Stir thoroughly to dissolve and allow to cool until lukewarm. Make up the remaining 2/3 liquid with equal quantities of natural yoghurt and milk. Whisk well to mix and then pour into individual serving glasses. Place in fridge until set. Just before serving top each with the roughly crushed meringue and crumbled 'Milk Flake'. Blackcurrant, raspberry, orange or lime jellies work really well with this recipe.

(0% Fat natural yoghurt and skimmed milk will reduce the fat/calorie content of this recipe).

Thanks Gill (DG).

And finally:

Thank you to all our Clinicians and Administrative Staff for all your work with prostate cancer patients. And best wishes to everyone for Christmas and the New Year from me on behalf of the Chair and Trustees of TWWPCaSG.

David.

TWWPCaSG CONTACTS

HELPLINES

01239 710265 (Ken Jones) 01570 471193 (David Bunce)

PATRON

Chris Jones - BPH information (see article above)

Email - chris.jones46@btinternet.com

GROUP OFFICIALS

Chair: Ken Jones

Tybet, Adpar, Newcastle Emlyn, SA38 9PX.

Tel. 01239 710265.

Email - kenjones521@btinternet.com

Vice Chair: David Parmar-Phillips

Tel. 07870 917806.

Email - davidparmarphillips@gmail.com

Secretary: Chris Bunce Tel. 01570 471193

Treasurer: David Bunce Tel. 01570 471193

Newsletter: David Goddard Tel. 01239 851802 Email - dandj.glenview@gmail.com