THE WEST WALES PROSTATE CANCER SUPPORT GROUP

REG. CHARITY NO.1129395
www.westwalesprostatecancer.org.uk
Patron: Chris Jones, Television Presenter

NEWSLETTER

JUNE 2017

Dear Member/Friend,
This is my first newsletter as editor and I have to say that Phil Burr will be a "*hard act to follow*". We are also really grateful to him for all the hard work and continued dedication that he has put into setting up the group and keeping it going for the past 9 years. Thanks Phil. (D.G.)
Please note a change to my email address - dandj.glenview@gmail.com

AGM reminder
The 9th AGM will take place at **The Halliwell Centre, University of Wales Trinity Saint David, Carmarthen, SA31 3EP on Thursday 29 June 2017 commencing at 10am.** Your attendance is very important for the well-being of the group. Please respond as soon as you can using the slip enclosed in the last newsletter or contact Ken Jones direct (see Contacts at end of newsletter).

Cheerio from Phil Burr.
"*As most of you know, I will step down from TWWPCaSG Committee at our AGM on 29 June. On this occasion, I will not stand for re-election. As TWWPCaSG founder and longest serving committee member, I believe this is a good decision both for the committee and for me as we go our separate ways. I will remain a TWWPCaSG member and will hopefully join other members at future events. I am happy to remain on the list of Active Treatment Referees and to give advice from a distance if my opinion is sought.*

I would like to thank all members, volunteers and committee members, past and present for supporting me in my six years as Chair and three plus years as Adviser to TWWPCaSG. I am proud of all that we have achieved together in West Wales and beyond and particularly our record of supporting men diagnosed with

prostate cancer. I am sure that TWWPCaSG can look forward to an excellent future.
Many of you have become good friends and I hope will remain so, hence 'cheerio' rather than goodbye.
My good wishes to you all.
Thank you. Phil Burr".

Our sincere thanks to Phil for all that he has done for us and the Group. My wife Jeannie and I will be eternally grateful to Phil for the information he passed on to the membership regarding the HIFU trial, which allowed me to investigate further and follow up with this treatment. (D.G.)

Donations.
On the 12th May TWWPCaSG representatives attended a Cheque Presentation Ceremony at Glangwili Hospital. The donations (which had been made previously) were for £28000 to Hywel Dda - follow up nurse training and £17400 to Hywel Dda for 3 bladder scanners in Glangwili & Bronglais Urology Departments. (See reports later).

Next Pub Lunch reminder:
Tafarn Ffostrasol Arms, Ffostrasol,
Llandysul (SA44 4SY)
Monday 5 June, 12 pm Noon.
*Please note this is a new venue for our pub lunch.

Update on the PCUK Masterclass
This has been postponed – date TBC.

Update on Patient access to radium-223 (Xofigo) in South West Wales following the article in the December 2016 newsletter.
Phil Burr has been in contact with Andrew Brown (Health Government and Industry Affairs Manager, Patient Access at Bayer) who has provided a short summary of the commissioning situation for radium-223 in South Wales:

"There has been very little progress in setting up local services across the south of the country following the NICE guidance being issued in 2016. At Velindre in Cardiff, we are now not expecting services to be in place to treat patients until the second half of this year. Over in Swansea, there are no prospects of services being set up in the near future. We understand that the intention is for Swansea patients to be sent to Cardiff for treatment when it is eventually set up later in 2017.

In the absence of any radium-223 services in Swansea and Cardiff, arrangements are in place for men to be referred to Bristol for treatment. However, to date, we have only seen a small percentage of the number of Welsh patients treated in Bristol that we would expect to see. The current situation puts men, particularly those living in South West Wales, at a major disadvantage in terms of travel time, cost and continuity of care.

I've been in contact with Dr Campbell on this issue to understand his knowledge of the situation following your recommendation. I'll keep you posted when I have any further updates."

We will let you know of any updates in future newsletters. The company provides patient information on radium-223 by way of a patient counselling tool, a patient guide and diary which should be helpful for any member considering this form of treatment.

Update on Odoreader

As reported in the March newsletter this involved a gas chromatography sensor system called an Odoreader which has been developed as a new diagnostic test for prostate cancer. However, Professor Raj Persad reports that "*We are still trying for research investment to take the Odoreader into big clinical trials.*" The American Chemical Society (ACS) are conducting similar trials. Also there have recently been developments with the "sniffer dogs" idea with an interesting video introduced by Iain Duncan Smith (**bbc.co.uk/programmes/p04wpnt7**).

Update on Individual Patient Funding Request Review 2016 (IPFR) March 2017

The report of the Independent Review of Individual Patient Funding Request Process in Wales was published in January. It was commissioned by Vaughan Gething, the Cabinet Secretary for Health, Wellbeing, and Sport and on the 21st March he made a statement which included the following:

"The review has suggested improvements to the overall process to support health boards make these highly complex and sensitive decisions. This includes clarifying when it is appropriate to use the IPFR process, and strengthening quality assurance.

I have written to all of the health boards to confirm the implementation of the recommendations by September.

I believe the recommendations in this report, when implemented, will have a positive impact on the IPFR process. It will make the system more easily understandable and less prone to being misused. Something I'm sure the people of Wales will welcome.

Quoting from the report the main recommendations can be summarised under seven themes:

1. We identified that a lack of clarity on commissioning arrangements has led to difficulty in accessing interventions, and this has often been attributed to IPFRs. We make a series of recommendations to clarify and simplify for clinicians the commissioning process, to make it easier for them to access the interventions their patients need.

2. The "exceptionality" principle is not well understood and has been applied in circumstances where it does not make sense. We recommend replacing it. Whether a patient is given an intervention should depend on whether the patient will gain significant clinical benefit from the intervention, and whether the intervention offers reasonable value for money.

3. We considered whether non-clinical factors (sometimes called social factors) should be taken into account when making IPFR decisions and concluded that they should not.

4. Many stakeholders had concerns about the consistency of the IPFR process. We encountered inconsistency due to the problems with commissioning and exceptionality, and our recommendations on those subjects will reduce inconsistency. In addition, we recommend the creation of a new national IPFR quality function, to monitor IPFR panels and with a specific duty to report inconsistency or any other concern through the NHS Wales quality process. Given the costs and risks of changing the number of panels, and our confidence that we have addressed the

root causes of inconsistency, we do not recommend changing the number or structure of panels.

5. Pharmaceutical companies should always submit their medicines for health technology appraisal (HTA) as that is much the best way to assess whether they offer clinical benefit and value for money. The All Wales Medicines Strategy Group (AWMSG) offers timely appraisal for new interventions. If a pharmaceutical company could submit a medicine for HTA but chooses not to, there is inevitably less evidence that the medicine offers reasonable value for money. For IPFR panels to approve requests for the use of those medicines that could be, but have not been, submitted for HTA, they should be confident that there is clear evidence of sufficient clinical benefit to justify the cost.

6. More can be done to improve communications between IPFR panels, clinicians, and patients, and we make recommendations accordingly.

7. The IPFR application process will need to be amended in the light of our recommendations, particularly those on commissioning (to ensure the IPFR process is only used when it is appropriate to do so) and on exceptionality (to amend the evidence requirements and decision-making criteria).

We feel that, once implemented, the IPFR process in Wales will offer patients access to interventions on the basis of clinical benefit and reasonable value for money for the community as a whole."

Update on triptorelin (Decapeptyl®)

Dr Stephanie Francis (Appraisal Lead at the AWTTC (Cardiff and Vale UHB - All Wales Therapeutics and Toxicology Centre) recently wrote to Phil Burr "*I just wanted to thank you directly for your help with obtaining patient/carer views for the triptorelin (Decapeptyl®) appraisal. The information provided really helped to inform members of the appraisal groups." (The All Wales Medicines Strategy Group (AWMSG)*

"*This means that within three months of Ministerial approval (issued March 2017), the medicine in question (for the disease or condition considered) will be routinely available in the NHS across Wales. Once again, I thank you for your help and ask that you forward this information to those who kindly provided their views, and any other parties who would be interested in the news. I am pleased to inform you that the medicine was recommended / recommended as an option for restricted use within NHS Wales for the condition being considered."*

(Thanks again Phil for your efforts here. D.G.)

Alun's voyage, month 75

In February 2011, I was diagnosed with advanced prostate cancer and given a very short prognosis. At that time, I was told that my treatment would be:

•Hormone treatment, to continue for the rest of my life; and when that failed to control my PSA:

- *Combined androgen blockade (second line hormone treatment); followed by*
- *Docetaxel chemotherapy (I survived all ten infusions); followed by*
- *Abiraterone (additional second line hormone treatment).*

I have faithfully followed this "road map" except that I chose to have the then new wonder drug enzalutamide instead of abiraterone. Enzaluramide was a great success, I started with a PSA of 100, it dropped to 18 and 2½ years later it is back up to 107; yes - it has given me an extra 2½ years of life!

I have now come to the end of the "road map" and entered the palliative care phase where the consultant has a very limited number of options. He has selected a second course of docetaxel chemotherapy which worked well for me in the past, and may help again. When docetaxel fails, it still leaves open the option of cabazitaxel chemotherapy. I agree with his selection and like the logic of keeping an option open.

Overall, I am in fairly good shape – ready to face my second phase of chemotherapy. This is all thanks to my oncologist, my urologist, my CNS's, the hospital staff, my GP and surgery staff, my palliative care nurse, my district nurse, my continence nurse, my lymphoedema nurse and my physiotherapist. Thank you, NHS, you are wonderful!

(Thank you Alun for this update and we agree with your final comment and wish you all the best with this next phase. D.G.)

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 Andrea Prince, Treasurer.
(Contact details at the end of the Newsletter).

A tip regarding Flow Tests

From personal experience I suggest that if you are attending a Urology hospital appointment ask the Nurse on duty if a urine sample is required or a flow test is to be carried out BEFORE visiting the toilet. This could save you having to wait up to an hour filling up with water after you have just emptied your bladder. I have suggested that they should put this on the appointment letter! (D.G.)

Phil Burr reports on news of some recent donations to and from TWWPCaSG.

Towy Valley Vintage (TVV) Club presentation.

I received an invitation from Chris Fuller, Membership Secretary of the Towy Valley Vintage Club, to a 'big cheque' presentation event. This took place at the Club's mid-March meeting at the Whitemill Inn, near Carmarthen. The evening provided an opportunity to raise awareness of prostate cancer and an awareness of the work of TWWPCaSG. I received a very warm welcome from a wonderful group of people of all ages. I accepted a cheque for £500.00 on behalf of the support group and a further cash donation of £5.00; a raffle prize drawn on the night by a club member.

Chris Fuller became a member of our support group some years ago. Two new members of TWWPCaSG, Dennis and Julie Richards are also leading lights of the Towy Valley Vintage Club and are clearly held in high esteem within the club and in the local community.

The evening concluded with refreshments and an opportunity to talk informally to club members. We welcome Dennis and

Julie to TWWPCaSG and wish Dennis well with his forthcoming treatment.

Members of the Towy Valley Vintage Club presenting TWWPCaSG with a cheque for £500.00. The donation was received by Phil Burr, centre. On the left are Club President Glynne Bryant and Chair Gaynor Thomas. To the right of Phil are Club Founder Dennis Richards and Treasurer Wenfys Anstee.

And more from the TVV Club…

Clearly moved by husband Dennis's prostate cancer diagnosis, Julie (see above) with the full support of Dennis and an extraordinary group of family and friends, set about organising a further fund-raising charity event which took place on 22 April at Carmarthen Athletic Rugby Football Club, Johnstown.

Ken Jones & I attended the event centred around the undoubted talents of comedian, singer and guitarist Paul Dazeley. A wonderful buffet was provided and an auction and raffle took place at 'half time.'

Prior to the evening, there had been a fundraising tractor run and the two events raised approximately £2,350.00. (Since the above photo was taken the final total has increased to £2,505.14). Paul waived his fee and the rugby club made no charge for the venue. The West Wales Prostate Cancer Support Group would like to thank Julie and Dennis and everyone who attended the event and assisted in any way.

Cheque presentation at
Carmarthen Athletic Rugby Football Club.
Left to right, Rhodri Reynolds, Paul Dazeley, Ken Jones, Phil Burr, Dennis Richards and Julie Richards.

The whole evening was another wonderful lesson in generosity and goodwill. Thank you.

Rhodri Reynolds (on the right) and friends gathering for the TVV Club Tractor Run

Recent donation via Ron Davies.

Just to let you know that on 4th May, on behalf of the Group, I received a cheque for £2167.50 from a family friend, Rhys Price (the grandson of Gwylim C. Price undertaker) Lampeter.

I had sponsored Rhys on a cycle ride he did towards the end of last year, when he and his brother rode from Budapest to Berlin, a distance of around 1290 kilometres. They rode through Hungary, Slovakia, Austria, Czech Republic and Germany.

Ron Davies accepting the cheque from Rhys Price

His grandfather has prostate cancer and that was one of the reasons for the ride. Rhys wanted to donate half of the money raised to us. His brother's half was donated to Great Ormond Street Hospital in appreciation for past treatment. - RD.

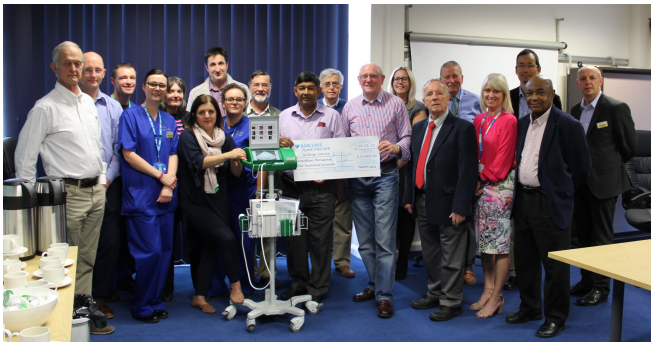
Two donations to Hywel Dda UHB.

It is this generosity and goodwill of our own members, of individuals, of community groups and organisations and of local businesses which enable TWWPCaSG to target funds where we feel these will most benefit men with prostate cancer. Recipients may be individual members through our small grants scheme, prostate cancer research, or donations of equipment to our hospitals.

The Hywel Dda UHB Urology Service has again benefitted from recent large donations which would not have been possible without your help.

£17,400 for 3 Bladder Scanners.

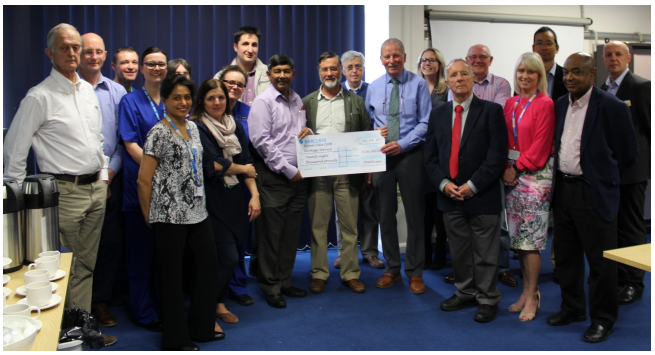
The first of these has been a gift of £17,400.00 which has purchased three bladder scanners.



Ron Davies presenting the "cheque" to Mr Moosa surrounded by some TWWPCaSG members and representatives of the Urology Teams with one of the new bladder scanners.

One is now located in Bronglais Hospital Aberystwyth for use of the Urology Service. A second is located on Derwen Ward (Urology), Glangwili Hospital, Carmarthen whilst the third is being put to use by the Urology Department at its outpatient clinics in Glangwili Hospital.

£28,000 for GP Practice Nurse Training.



Phil Burr and David Goddard presenting Mr Moosa with the "cheque" – the Group's contribution towards the GP Practice Nurse Project, surrounded by TWWPCaSG members and representatives of the Urology Teams.

Anyone attending prostate cancer follow-up appointments in our hospitals will be aware how busy these clinics are and how hard it is to find a parking space. Any

initiative to ease these clinics and avoid unnecessary hospital visits should be both welcomed and encouraged.

With this in mind, Trustee David Goddard and I attended a focus group with Mr Sohail Moosa, Consultant Urologist, Hywel Dda UHB, Dr Shanbhag (Macmillan Primary Care Specialist), Sarah Russell-Saw (Macmillan), Eleri Girt (Wales Cancer Network) and an invited group of PCa patients. Discussions took place at Glangwili Hospital.

The proposal; to train three GP Practice Nurses already working in the community to take on the role of monitoring a target group of PCa patients.

These patients would be given the opportunity to forgo hospital based appointments in favour of attending follow-up appointments in one of three, yet to be chosen, venues in the community.

Mr Moosa reported that whilst a small trial has taken place in England, the Hywel Dda UHB Urology Service initiative will be a first for Wales. (I believe the initiative is supported by NICE Guidelines). The target group would comprise men who had radical prostatectomy followed by two years of subsequent (undetectable) < 0.1ng.ml. PSA scores. Patient consent would be required and men opting for community monitoring would still have access to their Key Worker. PSA scores would be relayed to the patient's Consultant and patients exhibiting any rise in PSA score would be referred back to hospital. The HB approached Cancer Network Wales (CNW) for funding, having costed the training of the Community Nurses at £48,000.00. CNW offered £20,000.

Following the Focus Group Meeting, TWWPCaSG Trustees discussed the value of supporting this initiative. We could see the logic of helping to ease our increasingly busy hospital follow-up clinics whilst allowing the target group the option of community based follow-up monitoring. A proposal from TWWPCaSG to fund the balance of £28,000.00 met with no dissent and this sum has now been paid to the HB.

Further donations received.

On 6 March 2017, our chairman, Ken Jones collected a cheque for £1000 at Derllys Court Golf Club, Bancyfelin. The money had been raised by the seniors at the club and the cheque was presented by their captain Clive Jones.

On 14 March 2017, Phil Burr and Ken Jones attended a reception held in the Mayor's chamber Llanelli. During the reception Group member Geraint Hopkins (also known as the Snake Man) donated the sum of £425.00 to the Group.

On 15 March David Goddard was given a cheque for TWWPCaSG for £120 from friends and members of the Coedybryn Charity Drinkers in lieu of a 70th birthday present. He'd asked for their "presence not presents"!

Thanks to you all. - PB

Low Residue Diet.
Introduction.

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!

After running my ideas past a good friend who had been a dietician with the Westminster group of hospitals in London, I hope that I have compiled a selection of recipes that comply but are nutritious and visually appealing. There are two in this copy of the Newsletter and we hope to occasionally print more in future newsletters. However, I plan to publish a complete selection of recipes in a booklet which will include meat, fish and vegetarian main dishes as well as suggestions for hot and cold puddings, cakes and even one for a birthday/celebration gateau! I do hope you enjoy trying some of them.
Gill Shepherd. May, 2017.
(Thank you Gill for your contribution D.G.)

Recipes

HAM, CHEESE & "MARMITE" SAVOURY BREAD & BUTTER PUDDING. (Serves 2)

INGREDIENTS.
4 Slices of Stale White Bread.
Butter (Softened)
4 Mature Cheddar Cheese Slices.
4 Cooked Ham Slices.
2 Large Eggs.
300ml (1/2 pint) Milk.
1 Tablespoon Chopped Parsley.

METHOD.

Spread the bread slices with the softened butter and "Marmite" to taste. Top each of two of the slices with 2 cheese slices and two slices of the cooked ham, then place the remaining 2 slices of bread on top of each one. Press down lightly and then cut each sandwich in quarters to make triangles. Arrange in a greased, ovenproof dish. In a jug whisk 2 large eggs with 300ml (1/2 pint) milk, some seasoning and 1 tablespoon of chopped parsley, pour into the ovenproof dish. Leave to soak for at least 15 mins. Pre-heat oven to 180 degrees Centigrade (160 degrees Fan Oven) Mark 4. Sprinkle a little grated cheese over the pudding, if you wish and then bake for about 40mins until golden and set.
Serve with steamed carrots or mashed swede.
To reduce the fat/calorie content substitute skimmed milk and "Low Fat" cheese slices.

RICE PUDDING BRULEE. (Serves 2)

INGREDIENTS.
300ml (1/2 pint) Milk.
30gms White Pudding Rice.
25g (1 Tablespoon) White Caster Sugar.
15g (1/2oz) Unsalted Butter.
1 Bay Leaf, snapped in half.
50g (2 Tablespoons) Demerara Sugar.

METHOD.

Pour the milk into a pan and add the bay leaf. Bring slowly to the boil. Turn off heat, cover and leave to infuse for half an hour. Remove the bay leaf and strain the milk onto the pudding rice in a second saucepan. Stir in the caster sugar, then bring to the boil. Simmer gently for 20-30mins, stirring occasionally, until creamy. Grease two 150ml (1/4 pint) dishes or ramekins with butter and pour in the rice mixture. Leave to cool.

Pre-heat the grill thoroughly. Sprinkle 1 tablespoon of Demerara sugar over each of

the puddings and grill until the sugar melts and bubbles which should take some 3-5mins. Leave to cool. As it cools the sugar hardens to a solid crust. Serve at room temperature or slightly chilled.

To reduce fat/calorie content one could substitute skimmed milk for full-fat but obviously the pudding will not be as rich and creamy.

Improving our Helplines

New members David and Chris Bunce have suggested that we could set up a contact phone number/s to provide support for family and/or partners of men who have been diagnosed with prostate cancer.

Phil Burr says "*It is usual for those answering the helplines to offer whatever help they can and then enlist the help of one or more of the Active Treatment Referees. At an early stage in a new conversation I try to remember to ask callers if they would prefer to talk to a welsh speaker. In a similar way we could put the question to new callers to see if their partner/family member would appreciate some support.*"

I know I wouldn't be where I am today without the love and support of my wife Jeannie and talking with fellow sufferers and partners. So if anyone would like to be involved please contact David Bunce (see Contacts at the end of this newsletter) (D.G.)

New developments:

New blood test predicts who will benefit from targeted prostate cancer treatments.

It was recently reported that a new blood test could predict which men with advanced prostate cancer will respond to new targeted treatments for the disease.
Researchers were able to detect tumour DNA in men's blood and pick out cancers with multiple copies of the androgen receptor gene, which many prostate cancers rely on to grow.
Men with multiple copies of the gene responded much less well than otherwise to the targeted therapies abiraterone and enzalutamide - now standard treatment for advanced prostate cancer.

These men could be spared treatments that are unlikely to work for them, and doctors could offer them alternative options instead.
The test will have to be assessed further in clinical trials, but the researchers say it costs less than £50 and could be used in clinical practice to personalise treatment.

A team at The Institute of Cancer Research, London, and The Royal Marsden NHS Foundation Trust, along with colleagues in Europe, analysed blood samples from 265 men with advanced prostate cancer who were being treated with abiraterone or enzalutamide, either before or after docetaxel chemotherapy.

Dr Gerhardt Attard, Team Leader in the Centre for Evolution and Cancer at The Institute of Cancer Research, London, and Consultant Medical Oncologist at The Royal Marsden NHS Foundation Trust, said:

"Abiraterone and enzalutamide are excellent treatments for advanced prostate cancer and some men can take these drugs for years without seeing a return of their cancer. But in other men, these drugs do not work well and the disease rapidly returns. Currently there is no approved test to help doctors choose

whether these are the best treatments for an individual."

"We have developed a robust test that can be used in the clinic to pick out which men with advanced prostate cancer are likely to respond to abiraterone and enzalutamide, and which men might need alternative treatments."

"Our method costs less than £50, is quick to provide results, and can be implemented in hospital laboratories across the NHS. We are now looking to assess our test in prospective clinical trials and would hope it can become part of standard patient care."

Dr Emma Smith, science information manager at Cancer Research UK, said:

"Developing tests that help doctors predict how likely a treatment is to work will prevent patients from suffering unnecessary side effects from treatments that are unlikely to benefit them. If further studies confirm this test is reliable, it could also help doctors choose better options for men whose prostate cancer is unlikely to respond to standard treatments."

Professor Paul Workman, Chief Executive of The Institute of Cancer Research, London, said:

"Drug resistance is the single biggest obstacle we face in treating cancer. We need to be able to assess a patient's disease individually so we know which therapies have the best chance of success, and which are unlikely to be effective."

"The test our researchers have developed is exactly what we need to tailor therapy to individual patients, so we can offer patients the treatment that is most likely to work for them. It's an important step towards further personalisation of cancer treatment."

Our Chairman Ken Jones was interviewed on BBC Radio Cymru on the 4th May regarding this new development and has been called upon to discuss Prostate Cancer issues in the future.

New blood test is more accurate in predicting prostate cancer risk than PSA.

A team of researchers from Cleveland Clinic, Louis Stokes Cleveland VA Medical Center, Kaiser Permanente Northwest, and other clinical sites have demonstrated that a new blood test known as **IsoPSA** detects prostate cancer more precisely than current tests in two crucial measures - distinguishing cancer from benign conditions, and identifying patients with high-risk disease.

By identifying molecular changes in the prostate specific antigen (PSA) protein, the findings, published online last month by European Urology, suggest that once validated, use of IsoPSA may substantially reduce the need for biopsy, and may thus lower the likelihood of overdetection and overtreatment of nonlethal prostate cancer. The results show that if validated and adopted clinically, IsoPSA could significantly reduce the rate of unnecessary biopsies by almost 50 percent.

New test distinguishes PCa 'tigers' from PCa 'pussycats'.

A new test has been developed to make the vital distinction between aggressive and less harmful forms of prostate cancer,

helping to avoid sometimes-damaging unnecessary treatment.

Prof Colin Cooper, professor of cancer genetics at UEA's Norwich Medical School, said: *"Previously, distinguishing the dangerous 'tigers' from the less threatening 'pussycats' has not been possible for many men. Curative treatment of early prostate cancer by surgery or radiotherapy needs to ideally be targeted to the minority of men with significant cancers, so that the remainder are spared the side-effects of treatment, which frequently includes impotence."*

"Improved clinical markers are therefore required to predict behaviour allowing radical therapies to be targeted to men with significant cancers, so that the remainder, with biologically unimportant disease, are spared the side-effects of treatment."

Prof Moulton said: "*So far, mathematical approaches to categorising prostate cancers hasn't worked because of the diverse make-up of the samples, but applying the Latent Process Decomposition process, we revealed, could group cancers which shared common traits, and designated them DESNT cancers.*"

We will follow all these developments with interest. (D.G.)

Kind regards to you all, David.

Post script. Readers may recall that Phil and Anne Battison were due to contribute to this issue of the Newsletter. Unfortunately a variety of factors have resulted in a further postponement. For this Phil & Anne sincerely apologise.

TWWPCaSG CONTACTS

HELPLINES

01239 710265 (Ken Jones)
01570 471193 (David Bunce)
01834 831442 (John Coaker)
07870 917806 (David Parmar-Phillips)

GROUP OFFICIALS

Chair: Ken Jones
Tybet, Adpar,
Newcastle Emlyn, SA38 9PX
Tel. 01239 710265.
kenjones521@btinternet.com

Treasurer: Andrea Prince
Court Hope, Feidrhenffordd,
Cardigan. SA43 2LA
Tel. 01239 621802.
courthope@btinternet.com

Vice Chair: David Parmar-Phillips
Tel. 07870 917806.
davidparmarphillips@gmail.com

Adviser: Phil Burr
Tel. 01559 363154.
philbwales123@btinternet.com

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

Pub Lunches: Gill Lewins
Tel. 01348 873596.
cglewins@btinternet.com