



REG. CHARITY NO.1229395
www.westwalesprostatecancer.org.uk
Patron: Chris Jones. Television Presenter.

NEWSLETTER

JUNE 2018

Dear Member/Friend,

Welcome to the June edition of our Group's Newsletter. Apologies for the late arrival of this edition but lots of things have been happening and there have been lots of news items and additions to include. 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).

Forthcoming "Pub" Lunches

3rd September Tafarn Y Tanerdy

Penlanffos Road, Carmarthen, SA31 2EY.

This new venue is on the right of the A484 on the way into town from Glangwili Hospital.

3rd December Nantyffin Hotel

Llandissilio, Clynderwen SA66 7SU.

Please always confirm with Gill Lewins, in good time, whether you will be attending (see Contact details at end of this newsletter). These lunches are always a great way to catch up with other members and their partners.

Data Protection and The WWPCaSG.

I'm sure that, over the last few weeks/months you have all been bombarded with communications relating to the new Data Protection Legislation. This came into effect 25 May 2018 and unfortunately impacts on the WWPCaSG. The Group maintains Membership and Mailing Lists which include names, addresses, email addresses and phone numbers: your data. As holders of your data we are obliged to have a Data Protection Policy AND your formal agreement to hold such data.

Enclosed with this Newsletter you will find a copy of the Group's Data Protection Policy with, at the foot of the page, your opportunity to give your permission to us to hold your data in accordance with the Policy.

Your permission cannot be implied, it must be explicit: you **MUST** "opt in", in order to continue to enjoy all the benefits of Membership and/or receive this Newsletter.

Please sign the Policy, print your name and date

the document then return it to Ken Jones at the address on the back page of this Newsletter. Alternatively, please email Ken, at the address on the back page of this newsletter, stating that you give the Group your permission to hold your data.

Thank you for your cooperation in this matter.

Report on the 4th June Dihewyd village hall "pub" lunch

Our March newsletter stated "it might be a bit livelier and different." - and so it was.

David Bunce provided us with some great live music, and Chrissie Bunce & David Parmar-Phillips gave us some poems and little ditties. All very entertaining. David Bunce would like to do several more "gigs" during the year and is looking for ideas from the membership where these could be held. As with the Pentre Arms (see later) he wants to raise money for our group and spread the word about us and prostate cancer. Please get in touch with him if you have any ideas for potential venues.

For those who missed it, here are some of the highlights of our 10th AGM, held on Friday 18th May 2018.

Our Chairman Ken Jones welcomed everyone to the AGM and advised attendees that it had been another successful year. Ken thanked many people for their time and support over the year. He then invited our Patron Chris Jones to address the meeting.

Chris's introduction was as follows:

"Bore da, croeso i Neuadd Halliwell. Dyma ni unwaith yn rhagor yn cyfarfod fel grwp a fel elusen a braint unwaith eto yw cael bod yma fel y noddwr, neu'r patron.

Welcome to you all once again to the AGM here at the Halliwell Centre in Carmarthen. I am immensely proud to be the patron of this fantastic organisation and again, I'd like to thank David and Ken and the committee members especially for the support and confidence in me.

Now a lot has happened in a year. I know that Ken and others have been very busy indeed collecting

and speaking and representing the West Wales prostate cancer support group and I'll leave it to them maybe to give you all the details. But personally speaking, I've been lucky enough to have green light laser treatment for my enlarged prostate, so I'm very close to doing the five bar gate challenge.....but as we speak, I'm smack in the middle of diagnosis and possible treatment for prostate cancer. So being the patron of this group does actually mean a lot to me and I've had the pleasure of talking to a few men over the last few months, who have BPH symptoms and who are worried about treatments, side effects and practicalities etc. We're hearing about new treatments, such as prostate artery embolisation, new and more accurate MRI scans, and the awareness of prostate cancer and related illnesses has never been higher....and that's a good thing!

But I've realised, in the time that I've been patron and learnt more about the cancer, bph, holep, green light, urolift, turp and psa's etc, that men in general, are STILL unwilling, or maybe are not confident enough to talk, to discuss openly and are too embarrassed to talk about their private parts, how they wee, and their sex lives. That, in my eyes, is a very important part of this group's work...that is, to try and convince men, of all ages, to talk, to visit GPs, to insist on having rectal examinations and psa blood tests...to ask questions, not to be afraid of questioning the consultant and the urologist, and above all, not to ignore any symptoms you might have.

BPH has obvious symptoms and I for one, am very very familiar with them believe me. Prostate cancer, as we know, is a silent disease, with few or no symptoms. We've had high profile stories recently: Stephen Fry and Bill Turnbull, Harry Belafonte and Robert de Niro....of celebrities ignoring tell tale signs, of men delaying having tests, of being too afraid or embarrassed to bring the subject up in conversation. I myself talked to a well know TV presenter recently, now in his late 60s/early 70s, who certainly had severe symptoms of BPH and who, inexplicably, never even thought of having a rectal examination or PSA test.

I'm also an ambassador with Prostate Cancer Cymru, and as I said, if I can do one thing as patron of this group....and this group is very different from other prostate cancer charities.....it's to get men to talk, to discuss the possibilities, to get them to visit the GP initially and to insist on having a PSA test. Don't forget, automatic prostate cancer screening is nowhere near the Welsh government or the British government's radar yet, so we have to 'self-manage', we have to take control and make things happen, before it becomes too late.

We've all had experience of prostate cancer or BPH or prostatitis in this very room. This group is doing fabulous work in raising money, in raising awareness, in raising questions, some of which are uncomfortable, even controversial. I was especially pleased to be part of a meeting recently with Peter Lewis (who represents the Welsh government and Vaughan Gething) and we all asked him difficult and sometimes awkward questions and he raised his eyebrows more than once....and that's what we need to do as a group!

Felly, ma na lot wedi digwydd o fewn y flwyddyn ddiwethaf. I ni, fel grwp, wedi codi lot fawr o arian, wedi siarad a lot fawr o fobl, o bod oedran... ac wedi codi ymwybyddiaeth o gancr y prostad. Os allai neud unrhyw beth o gwbl i gyfrannu at y gwaith hynny, yna fyddai yn fwy na pharod i neud, yn fwy na hapus ac yn benderfynol i fod yn rhan o'r holl broses.

We have a couple of excellent speakers today, as we did last year. Diolch yn fawr eto i bawb am ddod heddiw..mwynhewch y diwrnod....Enjoy the day and I'm sure we'll learn a lot from our two speakers. I wish you all the best of health and happiness. Pob bendith... a diolch yn fawr."

At the AGM it was confirmed that we continue to campaign for improved services for prostate cancer patients and, following an exchange of letters with Vaughan Gething (Cabinet Secretary for Health, Well-being and Sport), as Chris Jones said, we have met with Peter Lewis (National Clinical Lead for Planned Care). We have advised him of our activities and he was surprised at the work we do. Amongst other issues, we requested that prostate cancer sufferers receive

treatment in Wales, which is equal to that available in England. There was a suggestion that we should become managers of our own treatment and be more proactive. We hope to be meeting again and will report on further developments as these progress.

The morning speaker was Professor Norman Ratcliffe on the subject of "Sniffing out disease - can it be done for Prostate Cancer?"

Norman is Professor of Material and Sensor Sciences of the Faculty of Health and Applied Sciences (HAS) at the University of the West of England. He gave us a very interesting and, in parts, amusing talk about using "electronic nose technology" for analysing breath, stool, saliva and urine to detect a variety of diseases and situations. The machine "sniffs" the volatile compounds given off by the solid or liquid matter. The technology has been around for many years - we are all familiar with the Breathalyser used by the Police. In some countries where individuals are concerned about bad breath (halitosis) they purchase and use a hand held machine. He showed us several examples of these and his Department's own machine.

We know that dogs have been trained to detect drugs, explosives and people trapped e.g. in earthquake scenarios (the dogs sniff the human smells). They can also detect cancers. Other animals have been trained including rats, mice, bees and even snails ("but slow progress"). However all of these have their limitations whereas the machine can go on and on and also be replicated. Norman reported that in bladder cancer research their machine could do better than the dogs. His team have also undertaken work assessing prostate cancer using volatile detection which shows significant promise.

In his original report to the committee he said "we propose to test a new ultra-sensitive "sniffing" device which we have recently developed, to assess urine from prostate cancer patients. This new method is superior to the gold standard method of gas chromatography mass spectrometry used by other researchers in recent publications. Our earlier sniffing system is capable of giving a diagnosis on a computer

screen, our ultimate goal is to have a system that permits a urine sample to be inserted into the test equipment and then after about 30 minutes, displays the urological diagnosis of prostate cancer, bladder cancer or urinary tract infection."



Ken presenting the group's £23,266 cheque to Professor Norman Ratcliffe with Chris Jones (L) and David Goddard (R).

Norman thanked us for our donation of £23,266, which had previously been agreed by Committee. This will pay for a MPhil/Phd student for the two year study. We look forward to his updates which we will, of course, report in future newsletters.

The afternoon speaker was Professor Robert J Thomas on the subject of "Lifestyle, nutrition and cancer".

Robert is an Oncologist at Bedford and Addenbrooke's Hospitals, a Professor of applied biology and exercise science at Coventry University and a teacher at Cambridge University. His very interesting and thought provoking talk gave us highlights from his book "Lifestyle and Cancer - The Facts" together with references to the lifestyle and cancer website (Cancernet.co.uk) and the general lifestyle website (keep-healthy.com).

His research into "What is the optimal nutritional supplement?" resulted in the discovery of the properties of:-

- Green Tea - which reduced PSA.
- Curcumin - (the yellow pigment in turmeric) blocked maturity of cancer stem cells without affecting normal cells.
- Pomegranate - with respect to PSA doubling time (PSAdt) & markers of

oxidative stress, and

- Broccoli - had an epigenetic effect on gene expression.

This research led later to the production, by a Swiss manufacturers, of the Pomi-T supplement which several of our members take.

Prof Thomas answered a variety of questions, e.g. the use of cannabis oil, the effect of sugar and substitutes.

(One of the main suggestions I concurred with was to take 1,000iU of Vitamin D during the winter OR try to get some winter sun. DG)

Ken says to those of us who were fortunate enough to attend the AGM they should give themselves a pat on the back because Professor Thomas wrote to him and thanked him for having asked him to speak, adding "*what an informed and motivated audience - one of the best for sure.*"

Another quote from Professor Ratcliffe: "*Your members were an exceptionally fine audience!*"

Please note that w.e.f. 12th June, Ken Jones' email address will be:

kentybet@gmail.com

Ken's previous email address:
(kenjones521@btinternet.com)

WILL NOT be recognised after this date.

Drug Repurposing study.

Some time ago David Bunce received a proposal from Dr. Amit Bahl, who is carrying out research to determine whether non-cancer drugs can be re-purposed to use as adjuvant therapy in prostate cancer treatment. At the AGM it was confirmed that the committee had agreed that we should fund this project in total at a cost of £27,000.

HOLEP success!

On a personal note, following last year's very successful presentation by Iqbal Shergill, I had a private meeting with him and discussed the pros

and cons of the two BPH procedures he had shown us. I was then able to be referred to him and decided to have the HOLEP procedure and went to Wrexham just one week before this year's AGM. I felt well enough to attend the AGM and have been very pleased with the results. I would be happy to discuss this with any of our readers. (DG)

Other outreach work

Ken Jones did an interview at lunchtime on the 6th March in Welsh on Radio Cymru programme Taro'r Post; Chris Jones was on at the same time. They were asking why MRI scans are not available equally throughout Wales; also in the light of the announcement from Bill Turnbull (BBC) they wanted to talk about Prostate Cancer.

Ken was again on Radio Cymru recently talking about news that an online course had been launched for GPs in Wales to aid quicker diagnosis and better treatment. A similar course has already been launched in England.

Donations received with our thanks:

We thank all of these people and groups for their generosity:

David Bunce's "gig" at the Pentre Arms, Llangrannog on 26th May was a great success and enjoyed by all of us who went to support him. Those of us of a certain era recognised all of his repertoire. He and Chrissie's raffle raised £270 for our Group and he certainly got the message about Prostate Cancer across to the lively audience. Chrissie's poem went down well too. Thank you both. Here's to your next gig.



David in "full swing" at the Pentre Arms

We have received a £20 donation from TWWPCaSG member Pete Jones.

The Kidwelly Tractor Boys presented Ken with a cheque for £800 in the Red Lion at Llandyfaelog after he had given them a brief talk on 29 March. At the same event he also received a cheque for £100 from Noel Evans, one of their members.



Ken receiving the £800 cheque from Antonio of the Kidwelly Tractor Boys

Ken recently attended a concert where he was presented with a cheque for £750 from the Ffostrasol Village Hall Committee.



Ken receiving the £750 cheque from Mr Evan Jones, accompanied by Mr & Mrs Vernon & Elin Colbourne.

Store Collections:

We would appreciate some help with our store collections.

David Parmar-Phillips is looking for offers of help from anyone who feels able to "man" our stand. Please see the Contacts list at the end of this newsletter.

Store collections have been arranged on the following dates:

June 29th Morrisons, Haverfordwest

September 9th The Flea Market,
Carmarthen

November 30th Asda, Llanelli.

If anyone has ideas for future places we could "collect" from or 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.

It's not just 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.

Update on the "Nurses in the Community" project that we helped to fund.

Carly Buckingham (Hywel Dda UHB - Service Delivery Manager - Scheduled Care) has written to Ken:-

"Regarding the money that was donated, the Urology team are currently in the process of advertising for a CNS following retirement of a member of the team, the plan following successful recruitment (approximately May 2018) will be to incorporate a community based stable PSA clinic into the CNS template, we are hoping that the money donated will enable us to backfill our CNS post within the Health Board to allow one of the team to develop the service within the Primary Care setting.

It is then hoped that the team will rotate across Primary Care. Following recruitment we will be looking to write a full process document for the project which we will share with the committee."

When we receive more news we will let you know.
(DG)

Recent news items:

1) Half of prostate biopsies 'could be avoided with new blood test' (Daily Mail 19 May)

A blood test for prostate cancer could eliminate the need for almost half of biopsies, scientists have claimed. Able to better distinguish between slow-growing and aggressive cancer, it removes the doubt which forces many men to undergo a painful biopsy.

US researchers came up with the potential replacement for the unreliable PSA blood test currently used on the NHS. This can be wrong three out of four times, as the raised levels of PSA protein it detects can also mean an enlarged prostate or slow-growing - and low-risk - cancer. The new test picks up proteins similar to PSA which have been altered by cancer. In two trials with 384 men, it prevented up to 47 per cent of biopsies which would have been needed after a PSA test.

Dr Eric Klein of Cleveland Clinic, who led the trials presented at an American Urological Association conference, said: 'This is an advance over existing tests and our ability to accurately predict the presence of higher-grade cancers so that we can avoid biopsies in men at lower risk.'

Dr Iain Frame, director of research at Prostate Cancer UK, said: 'These results are a promising step forward but it's a small-scale study and we'd need to see the test used on many more men before any conclusions can be made.'

2) Study paves the way for better treatment of prostate cancer.

(reported in the Manchester University News)

A new study published (11th May) has found a way to identify men with locally advanced prostate cancer who are less likely to respond well to radiotherapy.

Led by Professor Catharine West, The University of Manchester team created a method of selecting prostate cancer patients who would benefit from treatments which target oxygen deficient tumours.

The study was funded by Prostate Cancer UK with support from the Movember Foundation, and NIHR Manchester Biomedical Research Centre and published in eBiomedicine .

Tumour hypoxia is associated with a poor prognosis in prostate cancer: the lower the oxygen, the greater the resistance to treatment and the more likely a tumour will spread.

The researchers identified a 28-gene signature, which accurately identifies hypoxic tumour tissue in patients with prostate cancer which invades nearby structures.

The signature was derived using analysis of human cells in the lab and patient survival data.

The signature was validated using data from across the world in eleven prostate cancer cohorts and a bladder cancer phase III randomized trial of radiotherapy.

Professor West is based at the Manchester Cancer Research Centre- a world renowned partnership between The University of Manchester, The Christie NHS Foundation Trust and Cancer Research UK.

She said:

"Ninety percent of prostate cancer patients are diagnosed with localised cancer, which has a highly variable course of disease progression. And we know that combining hypoxia-targeting treatment with radiotherapy has been shown to improve local control of tumours and survival of patients in head and neck and bladder cancers."

Adding:

"This study has built on work to identify possible ways for measuring hypoxia in prostate cancer using gene signatures. "Until now, there has been no clinically validated method of selecting prostate cancer patients who would benefit from hypoxia modifying treatment.

Though there is some way to go before this can be used clinically, it's a significant development and could signal a new phase in treating this disease within a few years."

3) Distress in men following prostate cancer can be reduced

(from the University of Surrey website)

A new web-based support programme will help reduce the psychological stress that impacts men who are recovering from prostate cancer. The new programme, which has been developed by researchers at the University of Surrey working alongside NHS clinicians, offers online cognitive behavioural therapy (CBT) sessions and both filmed and interactive peer support to survivors of the disease.

Side effects of treatment such as urinary, sexual and bowel problems and body issues can have a negative effect on men's psychological wellbeing. Recent studies have shown that 65 per cent of men with prostate cancer report unmet psychological needs and up to a third experience anxiety and depression.

A study based on the new platform, published in the Journal of Medical Internet Research Cancer, reported that men who used the new system found it helped them cope after having prostate cancer. Men reported feeling empowered by the programme signalling a change of attitude in how they approach life post cancer.

Lead author Jane Cockle-Hearne, a Research Fellow at the University of Surrey, said:

"Men traditionally are reticent about seeking help for their mental health, particularly when it is related to prostate cancer. This may be due to embarrassment about asking for help or a reluctance to admit they have a problem, either physical or emotional. What we have found is that this can lead to longer periods of depression and anxiety, which over time can seriously affect a person's quality of life and how well they cope with their physical problems.

"Thanks to medical advances in diagnosis and treatment, increasing numbers of men are surviving prostate cancer, which is incredibly welcome. But we must act now to treat their mental health too. This new programme will enable men to get the information and support they need, as well as providing the NHS with a cost effective way to deliver high quality health care."

When the CBT is available we'll report the link. Meanwhile the University have a video on line called "Getting Down To Coping". (DG)

4) British study that aims to catch the signs of prostate cancer could pave the way for all men to get screenings

(Daily Mail)

Diagnosing prostate cancer could be revolutionised thanks to a pioneering British study that aims to catch the disease early. The research could pave the way for a national screening programme that saves lives and spares thousands from unnecessary invasive treatment. Scientists will be testing a method of diagnosis that uses MRI scans and advanced blood and urine tests.

If successful, all men over 45 could be tested early in the same way that all women are offered mammograms to test for breast cancer.

The new methods - to be tested by University College London and Imperial College London - will be able to detect tiny particles of tumour. The scientists aim to show that this approach is far more effective. The new technique would also be able to measure how likely it is that healthy men would develop prostate cancer. Those with a high risk would be encouraged to have regular MRI scans while those with a low risk would have the scans less frequently.

Over the next few months researchers will recruit up to 1,500 men to take part in the study. Lead researcher Professor Mark Emberton, from University College London, said: *'We will be testing if the MRI can be used for screening men and we hope that it will detect serious cancers earlier that are currently missed. If we can detect cancers earlier and more reliably with a non-invasive test, this could help to improve the survival rates.'*

Until now, there has been no reliable method that accurately detects harmful tumours. This means that the cancer is often detected late - when it has already spread to other tissue and organs. By the time men experience symptoms such as frequent or painful urination, the cancer has likely been there some time.

Currently, men suspected of having prostate cancer are offered a PSA blood test, followed by a painful biopsy and then, if they are lucky, an MRI scan. But recent research has shown that MRI scans are much more effective at identifying the most aggressive tumours.

Unfortunately, researchers believe it will be at least ten years before the scans are available on the NHS as part of a screening programme. They will have to carry out several large-scale studies to prove the scans save lives and are cost-effective.

The first study is being funded by the Medical Research Council and Cancer Research UK.

Dr Ian Walker, Cancer Research UK's director of clinical research, said: *'Providing men with an accurate diagnosis is one of the biggest challenges in prostate cancer. Current tests are blunt and unreliable when it comes to helping doctors decide what course of action is best.'*

'Too many men are treated for cancers that would never have caused them harm and some cancers are missed altogether. The many hundreds of men who will take part in this clinical study will be helping to advance our understanding of prostate cancer.'

Karen Stalbow, of the charity Prostate Cancer UK, said the impact of these types of MRI scans - known as multiparametric MRI scans - was the *'biggest leap forward we've seen in prostate cancer diagnosis in decades'*. She added: *'It has increased the accuracy of detecting harmful cancers, whilst reducing the need for some men to have a biopsy altogether.'*

Let's hope we don't have to wait ten years for this! Maybe Prof Ratcliffe's "sniffing" project will prove more beneficial. (DG)

5) Thousands of prostate cancer patients could be spared surgery as experts create a tool that calculates their risk of dying from the disease with 90 percent accuracy.

(Daily Mail)

Thousands of prostate cancer patients could be spared gruelling treatment after a breakthrough by British scientists. Experts at Cambridge University have created a tool that calculates a man's chances of dying from the cancer with 90

per cent accuracy.

Their model also works out how much each patient will benefit from surgery, radiotherapy or other radical treatment - or whether it is worth simply monitoring them.

For about a third of prostate patients - roughly 15,000 of all those diagnosed in Britain every year - the chance of dying is so low that the advantages of treatment are minimal.

The Cambridge team created their model after tracking 10,000 British patients for a decade. They then tested it on 2,500 men in Singapore and found it to be 90 per cent accurate.

The current NHS model simply divides men into three groups depending on how severe their cancer is, and is accurate just 60 per cent of the time.

Study leader Vincent Gnanapragasam, a consultant urologist at the University of Cambridge, said: *'When men are diagnosed with prostate cancer and are deciding what to do they are often given wishy-washy advice which hugely depends on who they have spoken to. Our work puts a number on it to help guide those decisions.'* The Daily Mail is campaigning for urgent improvement in prostate cancer treatments, which are thought to be 20 years behind treatments for breast cancer. Part of the problem is that while breast cancer treatments are increasingly tailored to the patient, prostate treatments still rely on a 'one-size-fits-all' approach.

The new findings promise to begin closing that gap. The researchers, who will present their findings at the European Association of Urology conference in Copenhagen, found that the fifth of men with the most aggressive cancers were 20 times more likely to die of prostate cancer within ten years than those with the least aggressive.

The prediction model - which will be put on the internet for patients and their doctors to use later this year - takes a man's age, medical history, blood test and biopsy results and gives a personalised chance of surviving ten years.

Men with aggressive cancer see their survival

chances increase significantly if they receive treatment - but those with localised, slow-growing cancers barely see any difference, because they are more likely to die of other causes instead. A man of 72 with low-grade prostate cancer, for example, might have a 6 per cent chance of dying of prostate cancer within a decade - but a 24 per cent chance of dying of something else entirely, giving him an overall mortality risk of 30 per cent.

Radical treatment such as radiotherapy or prostate removal would cut his prostate-mortality to just 3 per cent - but his overall chance of death would remain barely reduced at 27 per cent. This means he would undergo gruelling treatment for barely any benefit, and yet risk side effects such as impotence and incontinence.

A 71-year-old man with more aggressive cancer, however, would see his prostate cancer death chance drop from 26 per cent to 13 per cent with treatment, cutting his overall mortality from 46 per cent to 34 per cent, so would likely want treatment.

Mr Gnanapragasam said: *'We are not telling men, you have no risk, you do not need treatment. We are telling them, these are the facts. We are trying to reduce rates of overtreatment. I would say 30 per cent or more of men diagnosed with prostate cancer may not benefit from treatment, based on our models.'*

'When men see their absolute risk of dying is quite low, they find it easier to decide to just monitor their cancer rather than choosing treatment.'

Dr Iain Frame of Prostate Cancer UK said: *'Too many men undergo radical treatments for prostate cancer, and in some cases endure life-changing side effects, for a cancer that may never cause them harm. A tool like this has tremendous potential.'*

6) Cutting-edge MRI scans 'spots 46% more cases of prostate cancer' than a biopsy. (Daily Mail)

Thousands of cases of aggressive prostate

cancer could be spotted early by using cutting-edge MRI scans, a major study has found. An international team led by University College London found they could diagnose 46 per cent more aggressive tumours by using MRI scans rather than relying on biopsies.

The NHS-funded study, presented at the European Association of Urology congress in Copenhagen, also found the number of men subjected to painful biopsies was cut by more than a quarter.

If the approach was rolled out across the health service, it would mean 28,000 British men each year could be spared such invasive biopsies.

The NHS is already piloting the use of MRI in several 'one-stop' services, but the new findings - the largest study conducted into the use of the scans - provides the most compelling evidence yet that they can make a major difference to patients' outcomes.

The new study, involving 23 hospitals in 11 countries, used MRI scans to give doctors a detailed picture of the prostate. The researchers were able to give the all-clear to 28 per cent of men, meaning they did not need a biopsy.

For the remainder, doctors were able to conduct the biopsy with far greater accuracy, using the MRI scan to sample directly from suspicious tissue.

They found they diagnosed 46 per cent more 'clinically significant' cancers this way - 38 for every 100 men scanned, compared to 26 for every 100 men who underwent a biopsy alone.

They also slashed by 59 per cent the number of 'insignificant' cancers diagnosed - those that would never cause a problem - from 22 per 100 using biopsies to nine per 100 for those using MRI.

Karen Stalbow of Prostate Cancer UK said: 'For too long men have had to endure a stab-in-the-dark biopsy technique, which can miss one in four harmful prostate cancers. It is now more important than ever that all men with suspected prostate cancer get a multi-parametric MRI scan before biopsy.'

It's about time that men simply had an MRI scan rather than the "stab-in-the-dark" method referred to in the above report. One of my such biopsies resulted in the Doctor going through a vein which caused a bleed. This was followed two days later by a blood clot, a visit to A&E and a week in hospital!

Let's hope that someone now takes notice of these results. But wouldn't it be even better if all of the researchers co-ordinated their ideas. (DG)

News in brief:- (from news-medical.net)

Researchers screen molecules that could be potential target for prostate cancer treatments.

Cancer researchers at the University of Bath have measured systematically how efficient molecules are at suppressing the activity of a protein associated with prostate and other cancers. The molecules could eventually be developed into new anti-cancer drugs.

New blood test could help avoid more than 40% of prostate biopsies, study finds.

A multi-centre study that validates the clinical performance of IsoPSA - a new blood test that has proven to be more accurate in predicting overall risk of prostate cancer than standard prostate-specific antigen - will be presented during a special press conference at the 13th Annual Meeting of the American Urological Association on May 18 in San Francisco.

Study uncovers promising new line of attack against aggressive prostate cancer.

UC San Francisco researchers have discovered a promising new line of attack against lethal, treatment-resistant prostate cancer. Analysis of hundreds of human prostate tumours revealed that the most aggressive cancers depend on a built-in cellular stress response to put a brake on their own hot-wired physiology.

Prostate cancer on the rise and detected late in the UK finds report.

As many as 37 percent of all prostate cancers are detected late or in advanced stages in the UK, finds a new report from the charity Orchid. The report suggests that most of these cancers are

detected at stages 3 and 4.

Shorter courses of radiotherapy found to be safe and effective for prostate cancer patients.

Radiotherapy given in high doses over a shorter period of time is safe and effective for prostate cancer patients, according to research recently presented at the European Society for Radiotherapy and Oncology (ESTRO) 37 Conference.

Blue light exposure at night linked to higher risk of developing breast and prostate cancer

A study performed by an international team led by the Barcelona Institute for Global Health (ISGlobal), a centre supported by the "la Caixa" Foundation, reports a link between exposure to blue light at night and higher risk of developing breast and prostate cancer.

Diet protocol menus:

Two more suggestions from Gill:

**STORE CUPBOARD FISHCAKES
SERVES 2 (MAKES 4 LARGE FISHCAKES)**

INGREDIENTS.

350g Large floury potatoes, peeled and cut into halves.

215g Can salmon (OR tuna) well drained.

1 Tablespoon mayonnaise (OR tartare sauce).

1 Tablespoon chopped parsley OR chives.

3 Tablespoons plain white flour.

1 Egg, beaten.

75g dried white breadcrumbs (Panko breadcrumbs are excellent)

2-3 tablespoons sunflower oil.

Salt and pepper.

METHOD.

Boil the potatoes for 15-20 mins. until cooked. Drain well, then mash them and leave to cool slightly.

Place salmon/tuna in a bowl and flake the fish removing any skin or bones.

Add the mashed potato, mayonnaise/tartare sauce, seasoning and the chopped herbs and mix together gently.

Place the flour on one plate, beaten egg on another and the breadcrumbs in a shallow dish.

Divide the fishcake mix into four and roll into balls roughly the size of tennis balls. Flatten each one and coat first with flour, then beaten egg and lastly with breadcrumbs.

In a large frying pan heat the oil until very hot and then cook the fishcakes on both sides until golden (approx.4-5 mins).

Serve with a lemon wedge.

**YORKSHIRE CURD TARTS.
MAKES 12.**

INGREDIENTS.

175g Ready-made shortcrust pastry.

125g Cottage cheese.

25g Caster sugar.

Finely grated zest of one lemon.

Pinch of ground nutmeg OR cinnamon.

1 Egg.

METHOD.

Preheat the oven to 190Deg.C/170Deg Fan/Gas Mark 5. Roll out the pastry and cut a dozen circles to fit a 12-hole patty tin.

Push the cottage cheese through a sieve (OR pulse in an electric food processor). Place cheese in a mixing bowl with the lemon zest, sugar, spice and egg then beat together well.

Divide the filling between the pastry cases and bake for 20mins. until pastry is golden and filling is just set to the touch. Allow to cool and dust with a little icing sugar before serving.

To reduce fat/calorie content you may substitute low fat cottage cheese.

Thanks, once again. Gill.

Best wishes on behalf of the Chair and Trustees of TWWPCaSG and do enjoy the summer!

David.

TWWPCaSG CONTACTS

HELPLINES

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

PATRON: Chris Jones - BPH information
chris.jones46@btinternet.com

GROUP OFFICIALS

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

Treasurer: David Bunce, Secretary: Chris Bunce Tel. 01570 471193

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

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

Pub Lunches: Gill Lewins
Tel 01348 873 596 cglewins@btinternet.com