



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

# NEWSLETTER

## MARCH 2018

Dear Member/Friend

We are coming to the end of our tenth year as a support group. Here's to the next ten and more. Lots of things have changed but some things remain the same for Prostate Cancer.

### **2018 AGM**

The Chair and Trustees would like to invite you to our 10<sup>th</sup> AGM to be held on:

Friday 18<sup>th</sup> May 2018 at:

The Halliwell Centre,  
University of Wales  
Trinity Saint David,  
Carmarthen,  
SA31 3EP

We will gather from 10am for tea/coffee with the official "business" meeting commencing at 10:45am.

Your attendance is very important for the well-being of the group. Let's make this 10<sup>th</sup> AGM a bumper one for attendance.

There will be some very interesting speakers - see further details later in this newsletter. Please respond as soon as you can using the enclosed slip and please also remember to put the event in your diary.

### **ALUN'S STORY.**

**A postscript by Phil Burr.**

*'Regular readers may have wondered what happened to Alun whose story regularly featured in the Newsletter. Sadly Alun (Alun was a pen name) passed away in January 2018.*

*By chance, Alun spotted a TWWPCaSG poster at his GP Practice in deepest Powys where he and his wife Janice lived. Janice and Alun first called on me in West Wales and we kept in touch thereafter by e-mail and phone. Few members had the good fortune to meet him but many will have known him via his quarterly diary.*

*When Alun first made contact, his cancer was advanced but had not metastasised in his bones. He made it his business to try to*

*understand his cancer and the options available to him. He made regular trips over the border thanks to reciprocal arrangements between NHS Wales & NHS England. He spoke highly of his Consultant and his treatment. He talked of feeling a fraud; he felt so well yet knew from regular follow-ups that he wasn't. Alun felt blessed that he had the good fortune to have been able to tolerate his treatment including chemotherapy so well.*

*Alun became an Active Treatment Referee for TWWPCaSG and was glad to share his experience with individual members as well as through the Newsletter. When Chris Bell was alive, the two were in regular contact. Alun had an amazing attitude to his illness; always managing to give each piece of bad news a positive slant. Never once did I hear him complain. He was a truly brave man.*

*It was both a pleasure and honour to have known Alun. I am sure you will wish to join me in sending condolences and good wishes to Janice and Family.' (PB).*

Thank you Phil.

As newsletter "editor" I am always pleased to receive any member's "stories" or accounts of their "journeys" for inclusion in future newsletters. Please email them to me at the "address" in the Contacts section at the end of this newsletter.

**Pub Lunches this year will be in March, June, September and December as follows:**

**12<sup>th</sup> March Newcastle Emlyn Rugby Club.**  
Ken has emailed members with the Carvery Dinner Menu to assist members with their choice.

#### **4<sup>th</sup> June Dihewyd Village Hall.**

Dihewyd, Lampeter, Ceredigion SA48 7PN. Dihewyd village hall is located approximately 100 metres from the 'square' on the class C1107 road. After passing the chapel on the right hand side of the road, another three properties on the left, the hall is situated on the left hand side of the road adjoining the playing field with the chain linked fence. The hall has Disabled Access and 30 parking places with more on the road.

The lunch will be a buffet costing £12.50 per head including teas and coffee.

David Bunce & David Parmar-Phillips are planning to provide some live music, so this event should be entertaining: something a bit different!

#### **3<sup>rd</sup> September Tafarn Y Tanerdy**

The Tanerdy, Penlanffos Road, Carmarthen, SA31 2EY. This new venue is on the right of the A484 on the way into town from Glangwili Hospital.

#### **3<sup>rd</sup> December Nantyffin Hotel**

Nantyffin Hotel, Llandissilio, Clynderwen SA66 7SU.

#### **2018 "Pub" Lunches**

These get-togethers are a great way to catch up with other members and their partners.

We gather from 12:00 and aim to eat at 12:30.

Please **always** confirm with Gill Lewins, a week or so prior to the event, if you are planning to attend.

Tel: 01348 873 596

Email: [cglewins@btinternet.com](mailto:cglewins@btinternet.com)

**Details of our 10<sup>th</sup> AGM,  
The Halliwell Centre,  
University of Wales Trinity Saint David,  
Carmarthen, SA31 3EP.  
Friday 18th May 2018,  
10:00 for 10:45.**

We are very pleased to confirm that, in addition to the usual AGM Business, we will have two speakers:

**In the morning Professor Norman Ratcliffe's subject will be:  
"Sniffing out disease - can it be done for Prostate Cancer?"**

Norman Ratcliffe is Professor of Material and Sensor Sciences of the Faculty of Health and Applied Sciences (HAS) at the University of the West of England. Medical areas particularly include the rapid diagnosis of gastro-intestinal conditions such as inflammatory bowel disease, infectious diseases of the gut e.g. hospital acquired infections and diseases of the urinary tract particularly infections, prostate and bladder cancer, using electronic nose technology and Gas Chromatography Mass Spectrometry (GCMS) for analysing breath, stool, saliva and urine. (We have previously reviewed the Odoreader GCMS equipment in past newsletters).

**After lunch Professor Robert J Thomas' subject will be:**

**"Lifestyle, nutrition and cancer".**

Robert Thomas is an Oncologist at Bedford and Addenbrooke's Hospitals, a Professor of applied biology and exercise science Coventry University and a teacher at Cambridge University. He is the author of the book "Lifestyle and Cancer - The Facts" and is editor of the lifestyle and cancer website (Cancernet.co.uk), the

general lifestyle site (keep-healthy.com) and designed the 1st UK approved qualification in cancer exercise rehabilitation. He is also well known for the Pomi-T supplement which several of our members take.

### **Trustees Training at CAVS.**

Ken Jones and David Bunce recently attended a training day organised by CAVs on 'The Legal Role and Responsibilities of the Trustee'. The training session was run by Tracy Davies of Clay Shaw Butler. Our group also had a 5 minute slot to discuss Prostate Cancer.



David Bunce and Ken (to the right of Tracy Davies of Clay Shaw Butler) with the other attendees.

### **Other meetings.**

Ken Jones has also met up with Kathleen Feeney (Head of the Prostate Cancer Volunteer Support for the UK) and others from Cardiff and Newport. It is hoped to have further meetings.

### **Other outreach work.**

Health & Wellbeing Event

Royal Mail Depot, Llansamlet, Swansea.

19th-20th February:-

Jackie McKay (Public Health Practitioner, Healthy Working Wales) wrote to Ken as she had "been asked specifically by Royal Mail if we could get some input on Prostate Cancer from yourselves or whether you might be able to direct me to someone who could help. This is an unusual event because we are covering the night shift and this

*shift do not often have the same opportunity for getting the benefits of events hosted in the day."*

So Ken went for the night shift and says that he was able to speak to about 15-20 during the 3 hours that he was on site. He got back home just before 02:00. Well done Ken and thank you! (DG)

Ken understands that Royal Mail plan to hold a few more such events closer to home. So maybe there could be an opportunity for others to volunteer and help get the message out there.

#### **Pentre Arms, Llangrannog, 26 May 2018.**

David Bunce is "doing a gig" at the Pentre Arms, Llangrannog on 26th May to raise funds for our Group. Please go along to support him.

#### **Future collection dates:**

Two dates have been arranged for collections at the Carmarthen "Flea" Markets on Sundays 20<sup>th</sup> May and 9<sup>th</sup> September. David Parmar-Phillips would appreciate offers of help from anyone who feels able to "man" our stand. Please see the Contacts list at the end of this newsletter.

We would also appreciate some help with our store collections. 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 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.

#### **Donations received with our thanks:**

The Ashburnham Golf Club, Burry Port recently presented our chairman Ken Jones with a cheque for £293.25



Ken receiving the "cheque" from John Jenkins, captain of the Ashburnham Golf Club, Burry Port.

One of our members Alun Jones manned a stand at the Cwmann Village show and we have received a cheque for £1505 from the Cwmann Village Committee. Ken has written a letter of thanks.

Ken has received a donation recently of £250 from Hoelion Wyth Hendy Gwyn for a talk he gave some time ago. Thanks again Ken for this valuable (in more ways than one!) outreach work.

Ken has also received a cheque for £200 from Aileen and Bernard Parr of Central Stores Goodwick. This sum was collected by their family and friends to mark the celebration of Aileen and Bernard's 50th wedding anniversary. Ken has written to thank them.

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

## **Update on our £50,000 donation to Cancer Research Wales**

Message from Lee Campbell

*"Just wishing you all at The West Wales Prostate Cancer Support Group a very Merry Christmas and a Great New Year, on behalf of everyone at Cancer Research Wales."*

*"We would like to thank you all for your tremendous support once again this year. The project you co-funded is now well up and running."*

See the update from Tania below (DG).

*"I have included the grant you co-funded in this year's Science Review. At the end of the review (there is mention of - DG) an inflatable bowel that we were given a Grant for. We will bring this down to Lampeter for the next science café there, which we hope will be in the late spring/early summer of 2018."*

The review can be seen online together with a photo of the "inflatable bowel" at: <https://www.cancerresearchwales.co.uk/blog/science-review-2017/>.

## **Diagnostic Journeys in Prostate Cancer - study update by Tania Seale,**

*"As you may remember from the newsletter, in May 2017, a core study group came together to commence this research project. The core group consists of researchers with a specific interest in the early diagnosis of cancer and primary care medicine along with an NHS oncologist treating men with prostate cancer."*

*The group have been busy developing plans for the research and discussing with hospitals across Wales how to facilitate*

*newly diagnosed men entering the study. We are pleased to say the study has been well received and regulatory approvals will be commenced early this year with a view to opening recruitment in spring 2018.*

*Much of our early work has been focused around developing the questionnaires for patients, their GPs and hospital urologists. These documents are important to get right as they are the way we will collect all the complex data required to describe the in-depth journeys to diagnosis of the men recruited.*

*The group has also been working to bring a larger 'advisory group' together to oversee the study as it progresses through recruitment, analysis and reporting of the results. The group, made up of experienced researchers, NHS staff and public involvement groups, will provide important guidance, expertise and advice.*

*Describing how prostate cancer patients are identified and investigated in, then referred on, from primary care is one of the study's main aims. To get a feel for the challenges and difficulties facing GPs in primary care the study researcher, Tania Seale, will be attending the Prostate Cancer UK masterclass. Here, Tania hopes to engage with the GPs attending, to hear their thoughts, experiences and concerns about diagnosing prostate cancer timely and optimally in primary care. We will be happy to report back how this helps develop the study and provide further updates for you.*

*Many thanks for your support.*

*Tania Seale, Clare Wilkinson, Richard Neal and John Staffurth"*

**Chris Jones** our Patron has recently been asked to be an Ambassador for Prostate

Cymru. He has joined a long list of other well-known faces striving to "get the message out there".

Very recently Chris invited "our Ken" onto his Swansea Sound's radio show. The conversation was all about prostate cancer and our Group. Music was Ken's choice - with no prior notice, but had to be 1 Welsh and 1 English (but Ken says he didn't have any opera)!

Let's hope that Chris' listeners take the message "get yourself checked out early" to heart.

### **Bladder Scanners Donation update.**

Members may recall that in the December 2017 newsletter we reported that we had made a donation (on your behalf) to the Morriston Hospital Urology Team for the purchase of bladder scanners etc to be used at Morriston and Neath Port Talbot Hospitals. Presentation of our "big cheque", by Phil Burr and Ken Jones, took place on the 11th December 2018 at Morriston Hospital and was a photo opportunity not to be missed! Alison Kneen says "We have our new scanners and they're lovely. Over the next couple of weeks we'll send a photo of them. Thanks again - we're so grateful to you."



Phil Burr and Ken Jones presenting the "cheque" for £17,784.96 to the Morriston Team. From the left - Mr Pradeep Bose, CNSs Allison Lindley, Kath Reed and Alison Kneen, with Mr Ayman Younis on the extreme right.

### **Recent news items:**

#### **1) Daily Mail, 19<sup>th</sup> December:**

**"Prostate diagnosis shame: Men wait four times as long for results as women with breast cancer symptoms."**

Men with symptoms of prostate cancer wait four times longer for a diagnosis than women with suspected breast cancer, an audit has revealed.

It takes 56 days, on average, from the time a man first reports symptoms to a GP, for him to be confirmed with prostate cancer. For breast cancer it takes just 14 days, largely thanks to the national screening programme of regular mammograms.

Experts have long warned that delayed diagnosis is a key reason British cancer survival rates lag behind other Western nations. Health officials have set a target for all cancer patients to be diagnosed within 28 days by 2020, but the study, which tracked nearly 19,000 people diagnosed with cancer in 2014, reveals that hitting that (target) is a long way off.

The findings, published in the British Journal of General Practice, reveal the gulf in outcomes between different cancer types.

Breast cancer receives the quickest diagnosis of two weeks, on average, with 75 per cent being diagnosed within 19 days and 92 per cent diagnosed within 60 days.

For prostate cancer, which has one of the slowest diagnosis speeds, the average wait is 56 days, and a quarter of men have to wait 126 days - more than four months. While screening for breast cancer is routine - with middle-aged women invited for scans every three years - tests for

prostate cancer are haphazard, and more accurate tools are yet to make it out of the laboratory.

Professor Helen Stokes-Lampard, chairman of the Royal College of GPs, said: *'GPs in the UK have some of the worst access to diagnostic tools in Europe. We need better access to both existing and emerging tests and imaging tools that could help us identify cancers, particularly those with symptoms that are more difficult to spot.'*

But there is a major difference in publicity levels, which experts fear means men and doctors alike are less aware of the symptoms. Breast cancer, for example, has been the subject of major campaigns since the early 1990s, with the recognisable pink ribbon and Race for Life campaigns pushing up funding and awareness levels. It was not until 2007 that Movember, the annual men's cancer campaign, came to Britain.

Heather Blake of Prostate Cancer UK said: *'It is clear that it often takes far too long to get a diagnosis for cancer in the UK. Part of the issue for prostate cancer is that, until recently, men with raised PSA levels only had an MRI scan after undergoing a biopsy - a procedure which often needs time to heal before an accurate scan can take place.'*

Dr Jodie Moffat, from Cancer Research UK, said: *'The message couldn't be clearer - too many patients have waited far too long for diagnostic tests or getting the results back. This must change. Waiting for a diagnosis is an exceptionally anxious time for patients, so it's vital that no one has to wait longer than necessary.'*

**2) We must do more to get the message out there because as well as the above item another headline in the same newspaper was-**

***"Let's save 7,000 lives a year"***

*"That's what could be achieved if prostate cancer received the same funding as breast cancer"* and the bullet points were:

- *Just £290,000 a week could bring funding into line according to experts*
- *Every year 11,800 men die of prostate cancer, set to rise to 14,500 by 2026*
- *Deaths from breast cancer in Britain have dropped by 1,500 since 1999*
- *Over the same time period prostate cancer deaths have risen by 2,400*

**3) 54 Genes are linked to prostate cancer.** Scientists have developed a new tool which might help to predict a man's genetic risk of developing prostate cancer. A study, published in the BMJ (10 January 2018), reveals how researchers in the US have identified at least 54 gene variants which are associated with an increased risk of developing prostate cancer'

Scientists analysed more than 200,000 gene variants from more than 30,000 men, to find those most closely linked with the aggressive form of the disease.

The new risk tool, tested on more than 6,000 men, found those with scores in the top two per cent had almost three times the risk of aggressive prostate cancer, compared with average risk. The discovery means such men could be closely monitored, and targeted for screening, with thousands more saved from needless tests, biopsies and treatment.

The study, also involving the Institute of Cancer Research and the Royal Marsden Hospital, found the methods were far more accurate than checking family histories at predicting the likelihood of aggressive disease.

British researchers said the gene tests could cost health services less than £100 per patient. Researchers said those found to be at heightened risk would be encouraged to have PSA blood tests

Researcher Dr Tyler Seibert said: *"These results are really useful because they can guide men and medical professionals, to see who should be being screened often - maybe annually - and who are in such low risk groups that they could skip screening all together."*

The cancer specialist said: *"For those in the most high risk groups, I would also be thinking about starting screening earlier, perhaps in their 30s."*

Charities welcomed the research, but said further tests were needed to show that risks could be detected at a younger age.

Dr Matthew Hobbs, deputy director of research at Prostate Cancer UK said the findings *"add another piece to the jigsaw"* in the search for a test which could be used routinely. *"In the meantime, any man at risk of prostate cancer should have a conversation with his doctor about whether he should have the PSA blood test,"* he said.

#### **4) More Tumour Mutations Equals Higher Success Rate with Cancer Immunotherapy Drugs.**

The "mutational burden," or the number of mutations present in a tumour's DNA, is a good predictor of whether that cancer type will respond to a class of cancer

immunotherapy drugs known as checkpoint inhibitors, a new study led by Johns Hopkins Kimmel Cancer Center researchers shows. The finding, published in the New England Journal of Medicine (21 December 2017), could be used to guide future clinical trials for these drugs.

Checkpoint inhibitors are a relatively new class of drug that helps the immune system recognise cancer by interfering with mechanisms cancer cells use to hide from immune cells. As a result, the drugs cause the immune system to fight cancer in the same way that it would fight an infection.

#### **5) Precision drug for prostate that uses a man's genetic make-up may help 3,000 cancer patients.** (Reported in the Daily Mail 7 February 2018)

Prostate cancer care is set to be transformed by the use of the first personalised medicine to tackle the disease. British scientists are leading a global trial of a daily pill that uses a man's genetic make-up to undermine a tumour's defences.

Early results suggest a third of victims of advanced prostate cancer could benefit from the new class of drugs called PARP-inhibitors - potentially helping 3,000 men a year.

Experts at the Institute of Cancer Research in London have now embarked on a phase three trial of one of these drugs, called olaparib, involving 350 patients with prostate cancer.

If the trials are successful it will pave the way for the first personalised, or 'precision', medicines for prostate cancer.

These enable doctors to accurately target



cancers according to the patient's genetic make-up, rather than the 'one-size-fits-all' approach provided by chemotherapy and hormone therapy.

Olaparib was made available on the NHS for ovarian cancer two years ago after scientists showed it increased survival by 11 months.

Experts believe prostate cancer research is lagging ten to 20 years behind research for breast cancer. But the breakthrough could finally bring it up to date. The Daily Mail has been campaigning for nearly 20 years to end needless prostate deaths through earlier diagnosis and better treatments.

Professor Johann de Bono was among the team that found PARP-inhibitors could successfully treat breast, ovarian and prostate cancer. They found men and women with a mutated BRCA gene could be treated by the new drugs. The treatments work by zeroing in on cancer cells' weak points to kill them without harming healthy cells.

Yet despite the discovery, pharmaceutical companies were interested only in tackling ovarian and breast cancer. Through Professor de Bono's persistence - and funding from Cancer Research UK and the Movember campaign - the same trials were launched for prostate cancer. *'Unfortunately of the three diseases, prostate was the Cinderella that was not prioritised for development,'* he said. *'We are moving as quickly as we can but it will be several years before it is routinely available.'*

His earlier trial of 49 men, published in 2015 in the New England Journal of

Medicine, suggested a third of men with advanced 'metastatic' cancer could benefit from the treatment.

They saw their cancers stop growing and tumour cells in the blood fall. Levels of PSA also dropped by up to 96 per cent. Some 16 of the 49 men had detectable faults in genes that play a role in repairing damaged DNA, including BRCA 1 and 2. Of these, 14 responded well to olaparib.

Last year the team embarked on a much larger phase three trial - the type needed to secure a safety licence - which recruited men with prostate cancer who had similar detectable gene defects. Professor de Bono said 150 of 350 men have already been recruited to the trial, which is set to run until 2020.

Dr Iain Frame, Director of Research at Prostate Cancer UK, said: *'Every man's prostate cancer is unique to him and so not surprisingly the way men respond to treatments varies enormously.'*

*'The one-size-fits-all approach to treatment is not fit for purpose and as such a key focus of prostate cancer research is to identify what drives an individual man's cancer, and which drugs will work best to stop it in its tracks.'*

*'The work currently being undertaken into PARP inhibitors is leading the way in this field and early studies have shown really encouraging results.'*

*'It's this type of research that can make a real difference to men diagnosed with prostate cancer today, which is why Prostate Cancer UK has kick-started a precision medicine research programme to ensure every man with prostate cancer'*

receives the treatment that will work best for him.'

## **6) New gel reduces side effects of prostate cancer treatment**

(Reported in the American press)  
Radiation therapy is a popular and effective treatment for many men with prostate cancer, and now a temporary gel offers greater protection for organs at risk during treatments.

*"Treating prostate cancer with radiation therapy can cause unintended injury to adjacent, healthy tissue, which can lead to bowel and urinary problems, as well as erectile dysfunction,"* said Daniel Krauss, M.D., a Beaumont radiation oncologist who specializes in radiotherapy for prostate and bladder cancers. *"There is now a new technique in which a temporary gel is injected through a small needle between the prostate and rectum. The gel pushes the rectum farther from the path of the radiation treatment beam. Harmful rectal doses of radiation can be almost nil."*

The absorbable gel, called SpaceOAR hydrogel, creates a barrier and separates the rectum and the prostate to protect the rectum and reduce injury during radiation treatments. Patients who choose the new gel technique, receive a local or general anaesthesia in an outpatient setting. The gel is injected as a liquid and then solidifies, remaining in place for three months during prostate radiotherapy. It then liquefies, is absorbed by the body and cleared in the patient's urine.

Said Dr. Krauss, *"There is clinical evidence that the temporary gel can reduce complications from radiation therapy and help men avoid side effects they fear most*

*- incontinence and erectile dysfunction."*

Dr. Krauss is a leading expert in treating prostate cancer with high-dose-rate, internal radiation treatments called brachytherapy. Depending on the type of prostate cancer, some patients can be treated entirely with two, or sometimes as little as one, minimally invasive brachytherapy treatment. He is the lead author of an article published in the International Journal of Radiation Oncology.

His research found HDR brachytherapy given in a single-treatment can be a safe and effective alternative to longer HDR treatments for many with early-stage prostate cancer. He continues his research to further refine the treatment duration and establish an optimal single-treatment dose.

There have been other reports of a similar system using a balloon that is inserted in much the same way but it is then filled with a saline solution.

If the last few pages seemed a little dry, hopefully the following will be somewhat easier to digest! - A couple more suggestions from Gill Shepherd:

### **Diet protocol menus:**

#### **LAMB (or BEEF) MEATLOAF**

Serves 4.

#### **INGREDIENTS.**

450g Lean minced lamb (or beef).

100g fresh white breadcrumbs.

1 tablespoon chopped parsley.

1 tablespoon chopped chives.

50g tomato sauce.

1 egg (beaten).

1 tablespoon white wine vinegar.

1 tablespoon soy sauce.  
20g soft light brown sugar.  
Pepper and garlic salt to taste.

NB. This recipe also works well with minced turkey.

#### METHOD.

Mix mince, breadcrumbs, parsley and chives together. Add the beaten egg, tomato sauce vinegar, soy sauce and sugar, mix thoroughly and season to taste.

Pre-heat oven to 190°C/170°C Fan /Gas Mark 5.

Turn meat mixture into a greased loaf tin and bake for approx. 1 hr 15 mins, pouring off excess juices occasionally to allow a crust to form.

Cool slightly and remove from tin.

Serve with roast potatoes and steamed carrots OR mashed swede.

Alternatively, serve cold with new potatoes and a beetroot salad.

#### QUICK TIRAMISU

Serves 2 - 3.

#### INGREDIENTS.

3 tablespoons cooled espresso coffee.

50g dark brown sugar.

2 tablespoons coffee liqueur OR brandy, (OPTIONAL)

50g sponge finger biscuits, broken into large pieces.

300g ready-made custard.

170g mascarpone cheese.

1 teaspoon vanilla extract.

40g plain dark chocolate, finely chopped.

Cocoa powder for dusting.

#### METHOD.

Mix the coffee with 1 tablespoon of the sugar and the liqueur (or brandy) in a medium-size bowl.

Toss the sponge fingers in the mixture and turn into a serving dish, spooning over any excess liquid.

Beat together the custard, mascarpone and vanilla extract and spoon a third over the soaked biscuits.

Sprinkle with the remaining sugar, then half the remaining custard.

Scatter with the chopped chocolate, then spread with the remainder of the custard. Chill for about 1 hour until set and serve lightly dusted with cocoa powder.

To reduce the fat/calorie content, substitute "Healthy Eating" custard, reduced-fat mascarpone OR substitute reduced-fat Greek yoghurt for the mascarpone.

(Thanks again Gill)

Best wishes from me on behalf of the Chair and Trustees of TWWPCaSG.

*David.*

## TWWPCaSG CONTACTS

### HELPLINES

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### 2018 Pub Lunch Programme Reminder:

Gather from 12:00 to eat at 12:30

Date	Venue	Location
12 March	Newcastle Emlyn Rugby Club	On the right (south side) of the A475, 560m east of the roundabout junction with the B4571
4 June	Dihewyd Village Hall, Dihewyd.	On the left (south west side) of the C1107, 200m north west of the junction of the C1107 and the B4339 (and the B4342)
3 September	Tafarn Y Tanerdy, Heol Penlanffos, Carmarthen.	Heol Penlanffos, is 2 <sup>nd</sup> on the right off the A484, 140m after (south west of) the roundabout junction of the A484 and Abergwili Road.
3 December	Nantyffin Hotel, Llandisilio.	On the right (east side) of the A478, 1.6km north of Clynderwen.