

## Are Tomatoes important in prostate cancer prevention?

By Helen Briggs Health editor, BBC News website

Tomatoes are rich in the anti-oxidant lycopene. Eating tomatoes may lower the risk of prostate cancer, research suggests.

Men who consume more than 10 portions of tomatoes each week reduce their risk by about 20%, according to a UK study. Cancer experts recommend eating a balanced diet which is high in fruit and vegetables and low in red and processed meat, fat and salt. Men should still eat a wide variety of fruits and vegetables, maintain a healthy weight and stay active" says Vanessa Er of Bristol University. The Bristol team analysed the diets and lifestyles of around 20,000 British men aged between 50 and 69.

They found men who consumed more than 10 portions of tomatoes each week - such as fresh tomatoes, tomato juice and baked beans - saw an 18% reduction in prostate cancer risk. Eating the recommended five servings of fruit or vegetables or more a day was also found to decrease risk by 24%, compared with men who ate two-and-a-half servings or less.

"Our findings suggest that tomatoes may be important in prostate cancer prevention," said Vanessa Er, from the School of Social and Community Medicine at Bristol University. "However, further studies need to be conducted to confirm our findings, especially through human [clinical] trials" Men should still eat a wide variety of fruits and vegetables, maintain a healthy weight and stay active."

The cancer-fighting properties of tomatoes are thought to be due to lycopene, an antioxidant which can protect against DNA and cell damage. The researchers also looked at two other dietary components linked with prostate cancer risk - selenium, found in flour-based foods such as bread and pasta, and calcium, found in dairy products such as milk and cheese.

Men who had optimal intake of these three dietary components had a lower risk of prostate cancer, they said. Commenting on the study, Dr Iain Frame of Prostate Cancer UK said there was not yet enough evidence to make concrete recommendations on which specific foods men should eat to reduce their risk of prostate cancer. "What we do know is that men shouldn't rely too heavily on one type of food, such as tomatoes," he said. "A healthy, balanced diet with plenty of fresh fruit and vegetables, together with regular exercise is by far the best option."

Tom Stansfeld of Cancer Research UK added: "While eating foods rich in lycopene - such as tomatoes - or selenium may be associated with a reduction in the risk of prostate cancer, this has not been proven, and this study can't confirm whether there is a link between diet and prostate cancer risk.

"Diet and cancer prevention is a complex issue with few black and white answers; we encourage everyone to eat a balanced diet which is high in fruit and vegetables and low in red and processed meat, fat and salt."

The research, published in the journal Cancer Epidemiology, Biomarkers & Prevention, was carried out in collaboration with the Universities of Cambridge and Oxford.



*"Wishing you all a very  
Happy New Year for 2015"*



# Wolverhampton Prostate Cancer Support Group



## Newsletter December 2014

**Welcome to the latest newsletter from the Wolverhampton Prostate Cancer Support Group for the year 2015. Meetings will continue at the regular time of 1.30pm to 3.30pm at the Community Centre, Marsh Lane, Wolverhampton, WV10 6SE. Thank you to everyone who continues to support the group and attends the meetings. Please continue to contribute to the raffles; we rely on monies raised to fund the meetings.**

### New Programme for 2015

Here is the new programme for the next year's meetings. If there are any subjects of particular interest to you that do not appear on the programme then please let Clare Waymont or Alan Morris know.

#### **Monday 26th January 2015 – RAFFLE Diagnosis and treatment of Prostate Cancer**

(David Mak – Urology Specialist Registrar)

#### **Monday 23rd March 2015 Ramblings of a nearly retired Urologist (Mr Waymont – Consultant Urological Surgeon)**

#### **Monday 18th May 2015 – RAFFLE Sunlight and your Prostate (Mr Rukin – Consultant Urological Surgeon)**

#### **Monday 13th July 2015 Diet and Prostate Cancer (Ann Malone)**

#### **Monday 14th September 2015 – RAFFLE Research and Clinical Trials (Vanda Carter – Senior Research Nurse)**

#### **Monday 2nd November 2015 Surgery for Advanced Prostate Cancer (Mr Cooke – Consultant Urological Surgeon)**

#### **Monday 14th December 2015 – RAFFLE AGM and general discussion**

### Success of Website

2013 saw the launch of a website for the support group. This has been a great success with lots of people visiting the website. Ongoing thanks to Bob Morgan who designed the website and continues to update it with current information. Minutes of committee meetings and the support group constitution are available on the website. Hard copies are also available on request. The website can be accessed by visiting [www.wolverhamptonprostatecancersupportgroup.org.uk](http://www.wolverhamptonprostatecancersupportgroup.org.uk).

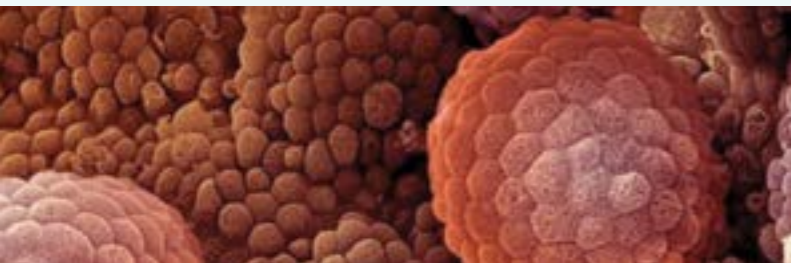
### Waitrose Donation

The support group received a donation from Waitrose in February of this year from their Community Matters scheme. Each month, every branch donates £1000 to local good causes, divided between three organisations. The support group gratefully received a cheque for £436.



## Prostate cancer tests miss severity in half of cases

Pippa Stephens Health reporter, BBC News



Scientists graded the men's cancer before and after surgery

Prostate cancer tests, which predict how aggressive a tumour is, underestimate disease severity in half of cases, scientists say.

In a study of 847 men with prostate cancer, 209 out of the 415 who were initially told their cancer was slow-growing were found to have a more aggressive form of the disease. And for almost a third of the 415 men, it had spread beyond the prostate. Scientists are calling for better tests to define the nature of the cancer.

For this study, scientists at the University of Cambridge graded the men's cancer before and after they had surgery, between 2007 and 2011. Study author Greg Shaw, a Urological Surgeon at the University of Cambridge, said there were a "surprising" number of men who were not diagnosed appropriately the first time around. He said the study was "very important" for British men as cohorts abroad were not always comparable to the type of prostate cancer in the UK.

At the moment, men with low-grade, early stage cancers are offered the choice of an operation, to remove the prostate, or active surveillance, where doctors perform regular blood tests and examinations. Mr Shaw said if men opted for active surveillance, 30% of them would be likely to need "radical treatment", such as surgery and radiotherapy, five years later. "This shows there is room for improvement," he said.

But he said there was potential for bias in the study, as there might have been a subtlety in the advice given to men in the clinic that hinted their cancer was more severe, which could have been why they opted for surgery.

Mr Shaw said a template biopsy, which looks at more tissue samples than the usual prostate biopsy, should be included. Biopsies examine tissue removed from the body to see the extent of the disease. More samples may give a clearer picture of the extent of the disease. He also said MRI scans should be improved to identify how aggressive the prostate cancer was from the outset.

Prof David Dearnaley, at the Institute of Cancer Research, London, said: "I think this is a very good and thoughtful study and I think it does inform what we should be doing in the NHS." But he said the study had limitations as the definitions of "significant" cancer were uncertain. He suggests that targeted biopsies would be better than the random ones which are currently used.

Dr Iain Frame, director of research at Prostate Cancer UK said: "Accurate prostate cancer diagnosis continues to be one of the biggest challenges facing the disease today." The results of this study highlight yet again that existing tests cannot provide a precise picture of the aggressiveness of a man's cancer, often leaving men and their doctors to make difficult decisions about treatment without all the facts. "He said until tests improved, it was important men talked to their doctors about the pros and cons of each treatment.

## New Addition to The Urology Nursing Team



We would like to welcome our new urology nurse practitioner Kelly Calame to the team.

Kelly, originally started her career here at New Cross Hospital in 2001 as a urology staff nurse. She progressed to a member of the Urology Hospital to Home Team and became the urology ward manager before moving onto other urology positions at other hospitals within the region.

She has now returned as a member of the Urology Nurse Practitioner team and is very happy to be back. Kelly will be working full time to help assist in the increasing caseload of patients, referred to the urology outpatients department. She has a particular interest in prostate cancer.

## Prostate cancer: Case to test men in their 40s

By Michelle Roberts Health editor, BBC News online

Men could be offered a screening test for prostate cancer in their late 40s, a study suggests. The idea is controversial as prostate specific antigen (PSA) testing can be unreliable, throwing up false positive results that can cause undue worry and even treatment over something benign.

Swedish researchers say checking every man aged 45-49 would predict nearly half of all prostate cancer deaths. Their findings, in the BMJ, come from a study of more than 21,000 men. There is currently no routine screening programme for prostate cancer in the UK.

At least half of all men can be identified as being at low risk and probably need no more than three PSA tests in a lifetime" said Prof Lilia and colleagues.

Men over 50 can request a free PSA test on the NHS if they wish. A recent prostate cancer screening trial in Europe, ERSPC, showed that screening reduced mortality by 20%. However, this was associated with a high level of "over treatment". To save one life, 48 additional cases of prostate cancer needed to be treated. In 2010, when the UK National Screening Committee in England last reviewed the issue, it again decided screening should not be introduced. But Prof Hans Lilia and colleagues from Lund University in Sweden and the Memorial Sloan-Kettering Cancer Center in the US say there could be a strong case for routine PSA testing and that men in their late-40s are prime candidates.

## PSA testing

- PSA is a protein produced by both normal and cancerous prostate cells
- A high level of PSA can be a sign of cancer
- A PSA reading higher than four, but less than 10 is usually due to a benign enlarged prostate
- A reading higher than 10 may also just be a non cancerous prostate disease
- The higher the level of PSA, the more likely it is to be cancer

Source: Cancer Research UK

They looked back at a study carried out between 1974 and 1984 involving 21,277 Swedish men aged 27-52. All the men had donated blood samples at the start of the study. The researchers used these stored samples to run PSA tests. Armed with the results, they then checked to see if the PSA reading predicted what had happened to the men in terms of clinical outcomes - ie had those with high/positive PSA results gone on to develop prostate cancer. A high PSA was linked with an increased risk of prostate cancer.

The researchers then checked the results to see if there was a best age at which men should be screened.

## Balance of risks

Screening too young - below 45 years of age - detected too few deadly cancers. And delaying screening until after a man's 50th birthday missed too many. Screening men at the age of 45-49, however, spotted nearly half (44%) of the cancers that went on to be deadly. In the study, 1,369 of the men had prostate cancer, 241 had advanced disease and 162 died from it.

They say all men should be offered a PSA test in their mid-to-late 40s. Those with a high result would return for frequent screening and checks (and treatment if necessary), while those with normal results could wait until their early 50s for their next PSA test.

"At least half of all men can be identified as being at low risk and probably need no more than three PSA tests in a lifetime," they say in the British Medical Journal. "This is likely to reduce the risk of over-diagnosis while still enabling early cancer detection among those most likely to gain from early diagnosis," they say.

Dr Anne Mackie, Director of NHS Screening Programmes at Public Health England, said they reviewed evidence for screening on a three-yearly basis to make sure that the programmes offered by the NHS are based on the best and most up-to-date information available.

She said they would consider the findings of the BMJ study. "We are currently in the process of a scheduled review for a screening programme for prostate cancer and will make a recommendation towards the end of 2013," she said.

The Prostate Cancer UK said more research efforts should be channelled into finding a better screening test for the disease.

## Support Group AGM

The first AGM for the support group took place on the 8th December. John Hollingshead resigned from the committee and Derek Evans was voted in. Minutes in full of the AGM are available on the website and hard copies are available on request.

## Donation to The Support Group in Memory of Richard (Cliff) Pearce (1923-2014)

Letter received by Mrs Pearce

In November 2007, aged eighty four, Cliff was diagnosed with advanced prostate cancer, which came as a huge shock to him. He was cared for by an advanced nurse practitioner, Clare Waymont. She assured him that the cancer could be controlled and invited us to the series of lectures, organised by the support group. We were given good, practical advice on diet, different forms of treatment and how to handle the future, with positivity. Meeting other people facing the same prospects helped too.

Clare, together with the backing of the support group, gave Cliff the confidence to live, without fear for seven years.

Unfortunately, on January 4th 2014, Cliff passed away. His cancer was controlled to the end. He died as a result of a massive stroke.

£370 was gratefully received by the support group and £300 was donated to the prostate cancer fund at New Cross Hospital.

## Congratulations Jenny Akins

We are pleased to announce the birth of baby Oliver in August 2014. Jenny and Oliver are doing well and Jenny hopes to return to work in May 2015.



## Farewell to Mr Waymont

Mr Waymont, Consultant Urologist will retire at the end of March 2015. He has worked at the urology department at New Cross Hospital since 1994 and many of you will have received treatment under his care. We wish him all the best for his retirement.

