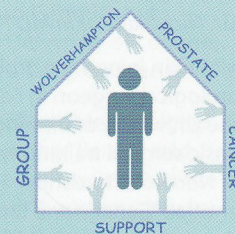


Wolverhampton Prostate Cancer Support Group



Newsletter December 2013

Welcome to the latest newsletter from the Wolverhampton Prostate Cancer Support Group for the year 2014. 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 2014

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 27th January 2014

Oncological Management of Prostate Cancer

Dr Reinecke - Consultant Oncologist

Monday 24th March 2014 - Raffle

Hormone Therapy

Ms Boddy - Consultant Urological Surgeon

Monday 19th May 2014

Recent advances in Prostate Cancer Diagnosis and Management

Mr Patel - Consultant Urological Surgeon
University Hospital Birmingham

Monday 7th July 2014 - Raffle

Outcomes of Surgery

Mr Cooke - Consultant Urological Surgeon

Monday 1st September 2014

Living with Prostate Cancer and the Effects of Treatments

Clare Waymont - Advanced Nurse Practitioner

Monday 20th October 2014 - Raffle

Pathology of Prostate Cancer

Dr Karnik - Consultant Histopathologist

Monday 8th December 2014

Sunlight and your Prostate

Mr Rukin - Consultant Urological Surgeon

Launch of Website

2013 has seen the launch of a website for the support group. More and more patients are accessing information 'on line' and the website will allow access to details about the meetings and links for up to date research and new treatments. Minutes of committee meetings and the support group constitution are available on the website by using the login and password provided. Hard copies are also available on request. Committee member Bob Morgan designed the website. The website can be accessed by visiting:
www.wolverhamptonprostatecancersupportgroup.org.uk.

Committee for Support Group

The support group has now formed a committee with the aim of structuring the objectives of the group. This has already resulted in the launch of the website, a logo for the group and other prostate cancer awareness ideas. The committee meet every few months at present and have formed a constitution which is available via the website. The committee will continue to feedback to the group at the meetings.



Committee members: (Back row, left to right) Frank Hughes, Clare Waymont, Alan Morris.
(Front row, left to right) Clive Pearce, John Hollingshead, Bob Morgan.

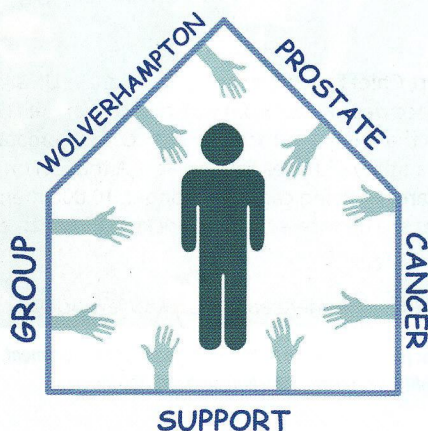
New Consultant Urological Surgeon

Mr. Nicholas Rukin MD FRCS(Urol)

Mr Rukin joined the urology department as the fifth consultant urological surgeon in February 2013. He is a local graduate from the University of Birmingham, having qualified in 2001. His basic surgical training was undertaken at the University Hospital of North Staffordshire. He completed his doctorate thesis entitled 'Genetic and Environmental factors in prostate cancer development' at Keele University in 2007. He undertook his urological training in the West Midlands deanery, having worked in our department as a registrar in 2008/9. He was awarded the prestigious 'Gold Medal' for excellence at his FRCS(Urol) examination in 2011. Before joining the department he spent 12 months on an international fellowship in Perth (Western Australia) where he sub specialised in minimally invasive urinary tract stone management.



He is currently helping to develop a minimally invasive, outpatient treatment for the management of superficial bladder cancer recurrence. His areas of interest include the management of urinary tract stone disease, as well as urological education and research. Recently been appointed as a sub editor for the 'Urology News' journal. His personal interests include travelling, photography and fishing.



University Hospital Birmingham Team Pioneer Cancer Gene Therapy

(Taken from BBC News Website)

Doctors in Birmingham have started a trial of a new gene therapy treatment they hope will help fight prostate cancer. Injected directly into the tumour it is designed to stimulate the body's own immune system.

Bernard Ward, 68, from Birmingham was the first patient in the world to receive the new procedure. He is one of 20 patients taking part in the first phase of a trial by University Hospitals Birmingham.

The initial trial is designed to establish whether the treatment is safe for clinical use. Mr Ward has suffered from prostate cancer for six years and standard treatments are no longer working. "I just hope it works. I don't have any choice but to try this treatment because I haven't got anything else," he said.

Under general anaesthetic, urology specialist Prashant Patel injected Mr Ward with a virus, engineered from the common cold, directly into the prostate cancer tumour. A gene attached to the virus (GM-CSF) is then released by the virus which activates the body's own immune system attracting white blood cells to attack the cancer. At the same time the virus carries an enzyme - nitroreductase - which sits inside the cancer cell.

Two days after the injection, Mr Ward will be put on a drip which contains a cancer drug (CB1954), which is initially inactive. However, when the drug comes into contact with the enzyme, it reacts and starts killing the cancer cells. The inactive drug, CB1954, does not harm healthy cells, which do not have the enzyme inside.

It has taken 15 years of work at the University of Birmingham to engineer the project to make the treatment and get approval for the first human trial from the Medicines and Healthcare Products Regulatory Agency. In studies on mice, the treatment, developed by the Cancer Research UK Clinical Trials Unit, managed to completely eradicate the prostate cancer.

Mr Patel is hopeful that it could provide real hope for patients who are running out of treatment options. He said: "I have to stress that this is only a phase one safety trial to test that there are no side effects. However, we are excited by this."

"There has been a huge team of people and a huge number of tiny details to sort out to get to this point," he said. "If this works, 15 to 20 years from now, we could be using the patient's own immune system in this way to fight early onset prostate cancer so that patients won't need painful treatments or even surgery."

New Addition to Specialist Nursing Team

The urology nurse practitioner team are extremely pleased to announce that they will be joined by Mandy Loft, a senior urology nurse who also works with our hospital at home team. Mandy will work with the team for two days per week as from November. She will provide much needed support for the ever growing workload within the urology outpatients department and hopefully this will help the team to provide a more efficient service.

Golden Wedding Anniversary Celebrations Raise Money for Prostate Cancer

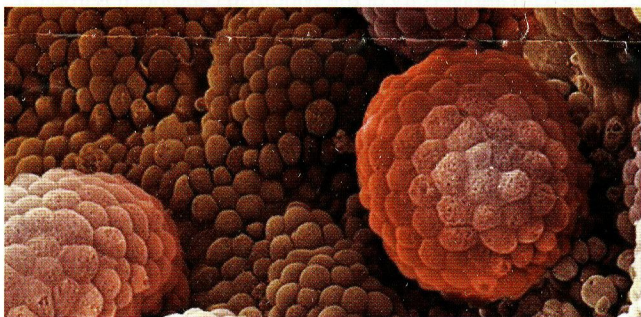
Tom & Eileen Kirk recently marked 50 years of marriage with a celebration joined by their families and friends; raising £415 which has been donated to the Prostate Cancer Fund at New Cross Hospital. Tom & Eileen met in 1959 aged 15 and were married on the 14th September 1963. They have two daughters, three grandchildren and two great grandchildren.



Tom & Eileen Kirk

Prostate Cancer Aggression Test 'May Avoid Needless Ops'

By James Gallagher Health and science reporter, BBC News



Prostate tumour: The challenge is spotting which ones need to be removed

A prostate cancer test, which predicts how aggressive a tumour is, could spare men unnecessary operations, researchers suggest. Early data, presented at the National Cancer Research Institute conference, suggests a genetic test can tell apart aggressive and slow-growing tumours.

A big challenge in treating the cancer, is knowing whether surgery to remove the gland is needed. Cancer charities said a successful test would be a "game-changer". Prostate cancer is the most common male cancer in the UK. There are more than 40,000 new cases diagnosed and 10,000 deaths each year.

Tough choice

The decision to remove the prostate is based on an examination of a tumour sample under the microscope. However, the procedure has significant side-effects such as infertility, difficulty maintaining and keeping an erection and uncontrolled urinating.

"We need to validate it and we're not there yet, but it is the strongest test we've had so far" (Prof Dan Berney Queen Mary University of London)

One of the researchers, Prof Dan Berney, from Queen Mary University of London, told the BBC: "We need a better test as we

are over-treating many men; most will die with, not of, prostate cancer. "We need to discriminate between the aggressive forms and those that will grumble along and just need monitoring."

The commercial test, developed by Myriad Genetics but independently assessed by Queen Mary University of London, looks at the activity level of genes inside a sample of the tumour.

If 31 genes involved in controlling how cells divide are highly active, it indicates the cancer is aggressive. Prof Berney said such information could "substantially change" decisions made by doctors and patients but the costs were "huge" and it was certainly not going to be offered on the NHS in the next few years.

"We need to validate it and we're not there yet, but it is the strongest test we've had so far," he added.

'Intriguing'

Dr Iain Frame, director of research at Prostate Cancer UK, said: "Developing an effective test to distinguish aggressive from non-aggressive prostate cancer could be a game-changer for those affected by the condition. "We urgently need to reach a point where we can focus resources on saving more of the 10,000 men who lose their lives to this disease every year, whilst sparing the many others who needn't have concerns.

"The results of this study are certainly intriguing, and take us a step closer to the diagnostic process for prostate cancer that men deserve. We will watch with great interest developments in this area." Dr Harpal Kumar, the chief executive of Cancer Research UK, said: "Being able to tell apart aggressive and slow-growing tumours would help us take a major step forward in prostate cancer treatment.

"Understanding more about the nature of a patient's tumour could spare thousands of men from unnecessary treatment and the resulting side-effects, whilst also meaning that those who do need treatment receive it rapidly."

Prostate Cancer Death Rates Fall - According to Cancer Research UK

(Taken from Prostate Cancer UK website)

Deaths from prostate cancer have fallen by a fifth in the past 20 years, according to figures published by Cancer Research UK today (Friday 1 November 2013). In the early 1990s, around 30 men per 100,000 in the population died of prostate cancer and this figure has fallen to 24 deaths per 100,000. However, in real terms there were approximately 9,500 deaths from prostate cancer in the early 1990s as opposed to 10,800 deaths at present.

These findings come on the first day of Movember, the month formerly known as November. During the month men around the world - with the support of the women in their lives - grow moustaches to raise awareness and funds for men's health. Prostate Cancer UK is the principal UK partner of Movember, which raised £92million last year worldwide.

Owen Sharp, Chief Executive of Prostate Cancer UK said: "While on the surface death rates from prostate cancer are falling this data shows that in real terms more men died of prostate cancer last year than they did twenty years ago. Although on average more men are surviving cancer for longer, 10,000 men still die each year of the disease - that's a shocking one man every hour. Men deserve much better.

The raw truth is that there are simply too few options for men with advanced prostate cancer and even lifesaving treatments for less aggressive cancers can have life-changing side effects. This Movember we have 30 days to put the spotlight firmly on changing the face of men's health. Together we can beat this."

Shock New Statistic for Black Men Cancer Risk

*One in four Black men in UK will get prostate cancer
(Taken from Prostate Cancer UK website)*

A shocking new figure released in Black History Month by the health charity Prostate Cancer UK reveals that one in every four Black men in the UK will be diagnosed with prostate cancer at some point in his lifetime*. That's double the overall 1-in-8 cradle-to-grave risk faced by all men in the UK.

"It's like Russian Roulette but with only four players chancing the bullet. This statistic is a wake-up call to Black men about the unique danger they face - and we're warning them to act on it. Fathers, brothers, partners, sons - with every fourth Black man or boy in the UK destined to get this potentially fatal disease at some time, it's vital that everything possible is done to identify and catch aggressive cancers early", said Cordwell Thomas, who heads Prostate Cancer UK's partnership with Britain's African and African Caribbean communities.

Calculation of the specific lifetime risk to Black men was undertaken by Prostate Cancer UK as part of its continuing drive to support the men of Britain's two million strong African and African Caribbean population in recognising both the threat to their prostate health and their responsibility to be proactive in seeking out advice and support.

Cordwell Thomas continued: "Many health professionals are not even aware that Black ancestry is a prostate cancer risk factor. What's more, Black guys often don't claim their rights to health care. They're not first in line to see the GP or to call our helpline to discuss concerns like erectile dysfunction or problems peeing. With so many lives at risk, we all have to work together to ensure that Black men wise up to the issue and those affected seek and receive appropriate healthcare."

With the backing of its major funding partner, Movember, Prostate Cancer UK provides support to thousands of men facing prostate cancer and it has consistently emphasised the higher risk faced by Black men. The urgent need to help Britain's Black communities act upon their raised risk means Prostate Cancer UK is bringing together the community leaders and clinicians who can encourage Black

men to face up to their heightened prostate cancer risk, engage with it, and take the necessary action.

"It's your life and the message is know your risk and know your responsibility. It's about taking charge of your own health. As a Black man, you're already in a high risk group, so the worst thing to do is to ignore the risk. Confront it, speak to your wife, partner or friends about it, and consult your GP over whether a test is advisable in your case. Even when you have no actual symptoms, you are entitled to a test if you are over 50 and have spoken to your GP", says Cordwell Thomas.

Football legend, sports broadcaster and ambassador for Prostate Cancer UK, Mark Bright said: "I'm a black man and I am over 50. My risk of being diagnosed with prostate cancer is significantly higher than that of a white man of the same age. Now we know that one in four black men will be diagnosed with prostate cancer at some time in his life, we owe it to ourselves and our loved ones to take responsibility for our health and understand our risks.

"If you're a black man and over 50, speak to your GP or call the Prostate Cancer UK helpline to find out about your risk and what you can do about it."

Prostate Cancer UK volunteer Phil Kissi MBE is a survivor of the disease:

"It is terrifying to think that I could so easily have carried on without knowing anything about prostate cancer despite it being the most common cancer diagnosed in men in the UK. Luckily my GP was very supportive when I raised my concerns with him and I caught the cancer in time to have successful treatment but it saddens me to think that others may not have this chance.

"Ultimately it is up to us men to respect and take responsibility for our health but I needed a lot of support from my friends and family," he says.

"2013 is the 65th anniversary of the Windrush Landing. It is ironical that youngsters who arrived on that ship a whole lifetime ago and have won countless battles over the decades still face a major public health inequality based on nothing but ethnicity. That's why Prostate Cancer UK puts in the research, services and support that will help more Black men like Phil to survive this disease," said Cordwell Thomas.

Retirement of Urology Out-Patients Manager

We are very sad to say farewell to Pauline Turner, urology out-patients manager who will retire in March 2014. Pauline started as a cadet nurse in 1970 and completed her nurse training in 1977. She then went on to work in theatres at the Royal Hospital. Pauline has managed the urology out patients department since it was built in 1997 and runs the department efficiently keeping everyone in order! It is safe to say the department will never be the same without her. Most of you will have met Pauline at some point during your treatment and would wish her good luck in her retirement.



*"Wishing you all a very
Happy New Year for 2014"*

