

## Your care

Your treatment and care should take into account your personal needs and preferences, and you have the right to be fully informed and to make decisions in partnership with your healthcare team. To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances. All healthcare professionals should treat you with respect, sensitivity and understanding and explain prostate cancer and the treatments for it simply and clearly.

The information you get from your healthcare team should include details of the possible benefits and risks of particular treatments and management options. You can ask any questions you want to and you can choose to be involved in decisions about your treatment and care as your treatment progresses and as your condition or circumstances change. Your own preference for a particular treatment is important and your healthcare team should support you in your choice of treatment options wherever possible. Your treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. Your healthcare team should be able to arrange an interpreter or an advocate (someone who supports you in putting across your views) if needed. If you agree, your partner, family and carers should have the chance to be involved in decisions about your care. Family members and carers also have the right to the information and support they need in their role as carers. If people are unable to understand a particular issue or are not able to make decisions for themselves, healthcare professionals should follow the advice that the Department of Health has produced about this. You can find this by going to the Department of Health website ([www.dh.gov.uk/consent](http://www.dh.gov.uk/consent)). Your healthcare professional should also follow the code of practice for the Mental Capacity Act. For more information about this, visit [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

This is just a snapshot of the guidance and if you would like a copy of the full NICE guidance for the management of prostate cancer then please speak to Clare Peterson.

## Royal Awards 2009

Do you know someone that has made an outstanding contribution to your care? They could be a nurse, doctor or any health professional. They could be part of a wider team and you may wish to nominate the whole team. In 2008 Mr Selvan, urology trust fellow, won a Highly Commended award. He was nominated by other members of the team. If you would like a nomination form, please ask Clare Peterson for details. Completed nomination forms must be returned by the 16th January.



## Looking for more volunteers

The Macmillan Support and Information Centre needs to recruit more volunteers who are able to commit on a regular basis. Sessions run from 10-1pm or 1-4pm Monday to Friday. Volunteers can be cancer patients (2 years from diagnosis) or carers of patients, or people never involved with cancer. All that is required is commitment and excellent communication skills. Work can be with patients or helping with the background administration. Anyone interested should contact Linda Hewkin on 01902 695234 or Eleanor Britton, Volunteer Services Manager on 01902 694111.

“Wishing you all happy new year for 2009 from Clare, Jenny and Helen and everyone in Urology”

# Wolverhampton Prostate Cancer Support Group

Newsletter December 2008

Welcome to the 6th annual newsletter for the Wolverhampton Prostate Cancer Support Group. Meetings will continue for 2009 at the regular time of 1.30pm to 3.30pm at the Community Centre, Marsh Lane, Wolverhampton. A big thank you to everyone who contributes to the raffles, we rely on monies raised from the raffle to continue to fund the meetings so please continue with your generosity.

## Farewell to Mr Philp

Many of you are now aware that Mr Philp retired in June of this year. Mr Philp took up a Consultant post in Wolverhampton in 1985 and at that time services were split between the Royal Hospital and New Cross. He was committed to the development of urology services in Wolverhampton and was the driving force behind the purpose built urology department that we have today. I'm sure that everyone would want to wish him well in his retirement and would agree that we all miss his cheerful smile!



## New Programme for 2009

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 Peterson or Alan Morris know.

Monday 26th January 2009 –RAFFLE  
Hormone Refractory Prostate Cancer - Are men living longer?  
(Mr Patel, Specialist Registrar)

Monday 16th March 2009  
Radiological Staging of Prostate Cancer  
(Dr Collins, Consultant Radiologist)

Monday 27th April 2009 - RAFFLE  
NICE Guidance for Prostate Cancer  
(Mr Cooke, Consultant Urologist)

Monday 8th June 2009  
Sunlight on your Prostate – The benefits of vitamin D  
(Mr Rukin, Specialist Registrar)

Monday 27th July 2009 - RAFFLE  
Living with Prostate Cancer & the Effects of Treatment  
(Clare Peterson, Urology ANP)

Monday 14th September 2009  
Recent Advances in Prostate Cancer  
(Mr Waymont, Consultant Urologist)

Monday 2nd November 2009 – – RAFFLE  
Radiotherapy and Brachytherapy  
(Richard Gledhill, Prostate Cancer CNS)

Monday 14th December 2009  
Hormone Therapy  
(Ms Clyne, Consultant Urologist)

## Behind the scenes

It is our intention that when you are referred to and attend our urology department, you will find our service to be professional, of a high quality and hopefully, the wait to see your consultant won't be too long behind your appointment time! The urology secretaries are a group of people who are working very hard to ensure that you receive an efficient service. Most of you will have never seen your consultant's secretary, but many of you will have contacted the secretaries at some point and know that they will chase results on your behalf or speak to your consultant, to answer any queries or concerns you may have. A review of secretarial services last year in the Trust has meant that the secretaries have come through a difficult period of change and they have worked extremely hard to cope with an ever increasing workload. A big thank you to all the secretaries for their continued hard work and commitment.



Left to right Sarah Reeves, Lisa Biela and Chris Mildoon

## New Urological Consultant

Ms Oonagh Clyne will be joining the urology team from the 1st February 2009 as the new urological consultant surgeon to replace Mr Philp. She graduated from the University College of Dublin in 1995 and worked in Ireland for 7 years before coming to the UK for specialist training. Ms Clyne's area of special interest is female urology, urodynamics and stone disease and she will be developing new techniques in this area. She is also trained in laser prostatectomy which is a rapidly expanding area within urology.

Ms Clyne's outside interests include water sports especially windsurfing and water skiing which regularly takes her to north Wales. Being Irish she is used to wet weather so feels that the west midlands will suit her down to the ground. Many of you will have met Ms Clyne before as she has been a specialist registrar in the west midlands for the past 5 years and worked at new cross in 2006.

## The Prostate Cancer Charity comments on new treatment for men with advanced prostate cancer - 22 July 2008

In response to trial results from The Institute of Cancer Research a new drug, abiraterone, produced significant falls in PSA levels and some tumour shrinkage in men with advanced prostate cancer, John Neate, Chief Executive of The Prostate Cancer Charity said: "This is an exciting development which has been eagerly anticipated. Advanced prostate cancer is very difficult to treat as, after a period of time, it stops responding to conventional ways of controlling the male hormone, testosterone, essential to the cancer's continued growth. We look forward to the results of the larger trials already underway or being planned for this drug to prove its potential effectiveness for the thousands of men diagnosed with advanced prostate cancer every year in the UK."

Mr Neate continued: "Much remains to be done to reduce deaths from prostate cancer in this country, currently 10,000 men every year. Early trial results of abiraterone potentially represent the first significant advance in drug treatment of prostate cancer for some time."

Researchers are looking at using Abiraterone to treat men with advanced prostate cancer who are having hormone therapy that is no longer working (hormone resistant). The results of the phase 1 study have been published and showed promising results. The phase 2 study has also been completed but these results are yet to be published. It would seem however, that Abiraterone may help to control advanced prostate cancer for a time in some men. Larger studies are needed and indeed planned.

In the UK, Abiraterone is only available as part of a clinical trial. A phase 3 clinical trial has started to recruit patients. This trial is for men who have had both hormone therapy and chemotherapy.

The phase 3 trial is due to end in 2011. If the results show that Abiraterone is effective then it may become licensed and widely available.

There are a number of centres who will be recruiting into the phase 3 trial. To find out more about these and whether or not you may be eligible for the trial you may wish to discuss Abiraterone with your specialist. You can also call the free and confidential prostate cancer charity helpline to speak to a specialist nurse. Call 0800 074 8383 (Mon to Fri, 10am to 4pm, and Wed evenings from 7 to 9pm).

## NICE work if you can get it –Exchange Newsletter, Autumn 2008, Macmillan Cancer Support

Have you or your family had first-hand contact with local cancer services? How did you find the care you received? People living with cancer and their families are being asked how they would improve the care and provision they received from their local services during their treatment. To gather the information needed to make the changes to cancer services, the National Institute for Health and Clinical Excellence (NICE) has set up a Patient and Public Involvement Programme (PIPP).

Ways to get involved

There are many independent advisory groups and committees; these are open to members of the public who have had first hand contact with cancer services. If you would like to have your say or for more information, visit [www.nice.org.uk/getinvolved](http://www.nice.org.uk/getinvolved)

To help you evaluate the treatment you have received, you can look at the Understanding NICE Guidance booklets, which is also available at [www.nice.org.uk/usingguidance](http://www.nice.org.uk/usingguidance) If you don't have access to the internet you can phone NICE (details below) and they will send you the information by post.

## What does NICE do?

NICE provides national guidance on clinical and public health. It creates cancer service guidelines recommending how services should be organised. NICE also offers advice on individual treatments and promotes good health. If you would like to know more, sign up for the NICE monthly e-newsletter via the website [www.nice.org.uk](http://www.nice.org.uk)

Contact NICE

NICE enquiries, phone 0845 003 7781 or email [nice@nice.org.uk](mailto:nice@nice.org.uk)

NICE's Patient and Public Involvement Programme, email [PIPP@nice.org.uk](mailto:PIPP@nice.org.uk) or write to NICE, MidCity Place, 71 High Holburn, London WC1V 6NA

If you would like to be more involved locally in helping to shape cancer services for the future, the Wolverhampton Patient Advisory Group (PACT) would love to hear from you. Please contact Clare Peterson for further information.

## Prescription Charges Success – Exchange Newsletter, Autumn 2008, Macmillan Cancer Support

Following lots of hard work and campaigning, Macmillan were delighted to hear Gordon Brown announce in September that prescriptions in England will be free for people with cancer and long-term conditions. To achieve this fantastic result over 3,000 letters were sent to local newspapers about this topic; and 1,000 letters were sent to MPs. Macmillan made sure the media kept the issue of prescription charges in the news. In response to this pressure, over 40 MPs wrote to the Prime Minister regarding this issue. 112 MPS signed a motion urging the Government to review prescription charges in England.



## NICE guidance for management of Prostate Cancer (February 2008)

The advice in the NICE guideline covers the tests, treatment, care and support that men who have suspected or diagnosed prostate cancer should be offered.