

**Registered Charity No. 1108384**

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**Patron: Martin Bell O.B.E., President: David Haines**

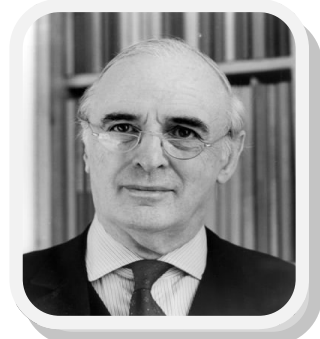
*a Founder Member of the Federation of Prostate Patient Support Groups known as 'TACKLE'*

**Newsletter No. 67 - September 2018**

## Dr. Thomas Stuttaford OBE

I was saddened to read of the death of Dr. Thomas Stuttaford, of a suspected heart attack, on June 8<sup>th</sup> 2018, aged 87.

For 26 years, Dr. Stuttaford wrote health columns for *The Times*. His pieces were cutting-edge, keeping abreast of medical developments and exploring new treatments and breakthroughs. He was born and raised in North-East Norfolk, he became a successful rural GP, but was not destined to spend all his life as such. By 1966, he was appearing on Anglia TV and in 1970 was elected as a Conservative MP for Norwich South.



His brother, developed prostate cancer, diagnosed by Tom. Prompted by his brother's results, he had a biopsy, which confirmed his own prostate cancer. He underwent a radical prostatectomy and wrote about his experience in his column. After this, he helped to mastermind the campaign that evolved into the charity *Prostate Cancer UK*. It was his article about his own experience that greatly influenced my own decision to undergo a radical prostatectomy when I was diagnosed.

I had the opportunity to meet and thank Dr. Stuttaford for advocating surgery wherever possible, when he was the guest speaker at one of our meetings a few years ago. I, and many others owe you much; rest in peace Dr. Stuttaford.

**Geoff Walker - Editor**

## Prostate '...will be the most common cancer...'

It was reported recently that prostate cancer will be the most common cancer in little more than a decade. Forty per cent of suffers receive a diagnosis only when tumours are at an advanced stage and charities warn that confusion about tests and symptoms is putting lives at risk.

By contrast, little more than 10% of breast cancers are diagnosed at a late stage, leading to claims that men are being left behind. Currently, 47,000 men a year are given a diagnosis of prostate cancer, making it Britain's second most common in terms of numbers of cases after breast cancer, which affects 55,000 people.

The International Agency for the Research on Cancer estimates that an ageing population will lead to prostate cancer becoming the most common type by 2030.

Rebecca Porta, chief executive of the male cancer charity Orchid said 'We are facing a potential crisis in terms of diagnostics, treatment and patient care'. Last year, deaths from prostate cancer overtook deaths from breast cancer.

NHS screening and targeted medicine have helped bring down the number of breast cancer deaths, but Prof. Berney of Queen Mary University of London is quoted as saying, by comparison, prostate cancer is '... in the Stone Age...'. He also said the PSA test is 'terrible', leaving doctors uncertain about what to advise their patients. He stressed the need for a more reliable testing-process to rule out uncertainty about the type of treatment offered to any individual.

**Prof. Colin Cooper, at the UEA is very close to getting such a testing-process in place (please see the articles in our last two editions). His 'Tiger Test' is ground-breaking**

in the way prostate cancer is diagnosed and could perhaps mean that 90% of men detected with prostate cancer may not have to suffer the side-effects of having investigative tests and/or surgery and therefore leading to a much better quality of life. This is one of those genuine moments in history when a contribution by us can have an extraordinary and beneficial impact on the lives of millions of men, not only in our own communities but also worldwide.

**Let's all unite in doing our best to support his work by donating whatever we can, as soon as we can. Details of how to do this were in our last edition but they are repeated here:-**

***Tiger Test Fund contact the UEA Development Office through [giving@uea.ac.uk](mailto:giving@uea.ac.uk) or call 01603 592945.***

## Martin Bell

At the Open Meeting, held in the Benjamin Gooch Theatre at the Norfolk & Norwich University Hospital on 3rd. September, just over 100 members, including family and friends attended to hear the guest speaker, Martin Bell, who is our patron.

For almost an hour Martin entertained his audience with anecdotes from his experiences as a BBC war correspondent reporting on the many conflicts he had witnessed throughout the world.

He also related stories from his time as an MP as well as reciting from the many, very funny poems he has written, all of which greatly amused his admiring audience. A great evening was had by all. Thank you, Martin for supporting us.



## Family History and Genetics

Having prostate cancer it is very important that you are aware of these facts:-

Inside every cell in our body is a set of instructions called genes. These are inherited from our parents. Genes control how the body grows, works and what it looks like. If something goes wrong with one or more genes, it can sometimes cause cancer.

If people in your family have prostate cancer or breast cancer, it might increase your own risk of getting prostate cancer. This is because you may have inherited the same faulty genes.

Your Editor fell into this category; his father and paternal uncle both had prostate cancer and was the reason he monitored his own health very closely. His prostate cancer was diagnosed at the age of 58.

★ ***You are 2½ times more likely to get prostate cancer if your father or brother has had it, compared to a man who has no relatives with prostate cancer.***

★ ***Your chance of getting prostate cancer may be even greater if your father or brother was under 60 when diagnosed, or if you have more than one close relative (father or brother) with prostate cancer.***

★ ***Your risk of getting prostate cancer is higher if your mother or sister has had breast cancer.***

★ ***Although prostate cancer can run in families, having a family history doesn't mean you will get it, but it is important that you are aware of these facts as it may well affect any son, or grandson of yours as their risk of getting hereditary prostate cancer may be higher.***

## Prostate Hope for Millions of Over-50s

Our Newsletter is predominantly for men with prostate cancer, bringing you information about the latest treatments and techniques being developed as soon as they are announced. But we must never forget those who are not victims of this dreadful disease but who, nevertheless, have enlarged prostates to contend with, which are benign.

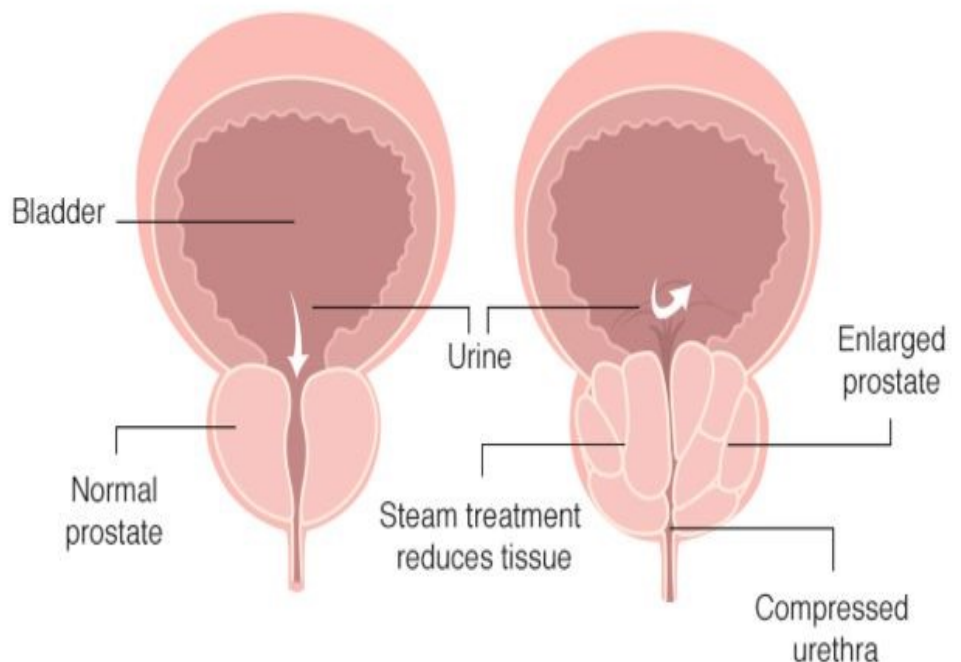
It was reported in August that the regulator of the National Institute for Health and Care Excellence (NICE) announced that the NHS can now start offering a new steam treatment for benign prostate enlargement. The procedure is minimally invasive and can be done under local anaesthetic without an overnight stay in hospital. It involves passing a small probe up the urethra to inject a puff of steam into the troublesome area.

The steam kills off some of the enlarged tissue to ease symptoms. The dead cells are reabsorbed by the body.

An enlarged prostate is common - affecting one in three men over the age of 50 - and forces the urethra (urine tube) to narrow, causing a variety of problems, including difficulty emptying the bladder. Drugs or an operation can help but NICE says men should now be offered another treatment option. Prof Kevin Harris from NICE, said: "Approving this procedure gives men the chance to talk to their clinician about which is right for them."

The steam treatment is called **Rezum**, and is an alternative to invasive surgery, which has fewer side-effects, such as impotence and incontinence.

### Steam Treatment for enlarged prostates



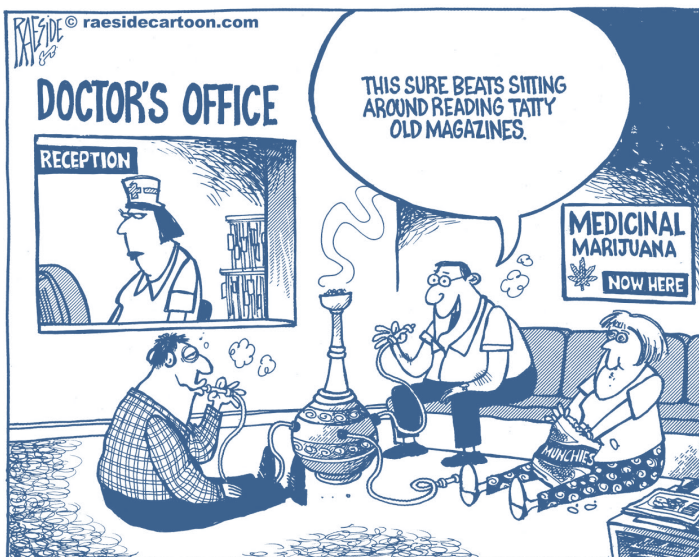
## Speedy Prostate Cancer Treatment Could Benefit Patients And The NHS

A study has found that shorter courses of radiotherapy for prostate cancer are safe and effective, saving patients time and potentially reducing waiting lists.

Researchers have found that higher doses of 'ultra-hypofractionated' radiotherapy every other day for two and a half weeks worked as well as standard radiotherapy given every weekday for eight weeks.

The results, presented at the European Society for Radiotherapy and Oncology conference in Barcelona, showed that the shorter regime freed up radiotherapy equipment, saving money and allowing doctors to work through their waiting-lists more quickly. Radiotherapy requires expensive specialist equipment and patients can end up on a waiting-list. This shorter treatment offers a number of practical benefits to patients as well as time and cost-savings for hospitals.

Earlier research has already shown that higher doses over four to five weeks work as well as standard treatment, and Prostate Cancer UK is pressing for that approach to be adopted in the NHS. Matthew Hobbs, Deputy Director of Research at Prostate Cancer UK said that the results presented in Barcelona look encouraging and if they are borne out by full results published in a journal, '...we will work to make sure it becomes standard practice as quickly as possible so that men can benefit...' One in eight men in the UK will develop prostate cancer.



Our thanks to Adrian Raeside for allowing us to reproduce his cartoon



### Norfolk Fellowship Brass

Conductor - David Woodrow

NORFOLK & NORWICH UNIVERSITY HOSPITAL CHOIR

Conductor - Hilary Winch

Present a 'LAST NIGHT OF THE PROMS' Concert to benefit  
The Norfolk & Waveney Prostate Cancer Support Group

at  
The Salvation Army, Norwich Citadel  
34 St Giles Street, Norwich NR2 1LL

Friday 19 October 2018 at 7:30pm

TICKETS £6 AT THE DOOR  
PAPER & SILVER COLLECTION  
Bring a Union Flag to wave!

The Salvation Army, Registered Charity No 214779 and in Scotland SC009359



## Every penny saved helps the cause

As a registered charity we rely on public donations to continue our work in giving support to prostate cancer patients and their family. To this end we are very watchful with every penny we spend, and rightly so.

We judiciously reduce this expenditure wherever we can but, as with everything else these days, the costs keep rising with inflation; this is especially so in respect of the stationery and postage charges incurred with mailing our Newsletter to those members who elect to receive it this way.

Whilst the majority of our members elect to view the Newsletter via the internet, thus saving us any stationery and mailing costs, we readily accept that not everyone has an email address and for these members we are more than happy to mail out to them the Newsletters.

However, if you do have an emailing facility it really would save your support group money if you choose to receive the Newsletter this way. You can still obtain a hard-copy by simply printing-off the four A4 pages from our website.

So, if you are presently being posted the Newsletter and are now happy to receive it by an email notification, please email [nwpcsg@hotmail.co.uk](mailto:nwpcsg@hotmail.co.uk) typing on the Subject Line - 'Please place me on the emailing register'



**We bring these goods to our members' attention, as we feel they may be of interest to some. We do not endorse them and recommend you seek medical advice, as to their suitability for your use.**

## Management of Minor Urine-Leakage

Surgical removal of the prostate will often involve partial and, sometimes, complete removal of the bladder sphincter muscle, (directly neighbouring the prostate at the bladder neck). On occasions there is also necessary removal of the functional external urethral sphincter and potential damage to other local pelvic floor muscles and nerves, which are in close proximity to the prostate.

All of this surgical trauma can lead to stress urinary incontinence (S.U.I), when external pressure is applied to the bladder some urine content can be forced out, such as when you sneeze or laugh or bend over. SUI can affect up to 90% of patients in the days and months post-op. These minor leakages can be very embarrassing and restrict your confidence to engage in normal day to day activities. Disposable pads can be a great help, but are not hugely environmentally friendly and are indeed costly over time.



Slip brief style

### ProTechDry

Boxer style



A washable and reusable incontinence underwear such as **ProTechDry** - washable up to 100 times - can be far more cost-effective. Supplied in black, or white, with brief or boxer styling and a 90ml capacity, a pack of 7 can be ordered from **iMEDicare** with a 20% discount providing up to 2 years of continuous daily coverage.

## Management of Severe Urine Leakage

In more severe cases there is a real concern that your disposable pad will become saturated, or there will be an odour. In this situation, a urinal device can be the ideal solution for outdoor activities. Urine drains out from a double walled soft PVC receptacle that houses the penis, through a non-return flapper-valve, into variable-sized thigh bags (250ml, 500ml, 1500ml) depending on the severity and volume of leakage. The urine is contained within the waterproof bag, you stay dry and odour isn't an issue



These components are housed in either a boxer brief, or a jock-strap style brief, which is better for more active scenarios, or penile shortening. Best of all - **AFEX CORE** is available on NHS prescription in all regions of the UK. iMEDicare regional representatives can provide a customised trial device at no charge, so your GP would only prescribe if you are certain Afex is right for you. Prescription may require a recommendation letter from your urology, or continence care nurse.

For further information on these and other related products contact iMEDicare at

**www.iMEDicare.co.uk Email : contact@imedicare.co.uk**  
**Unit 11, Shakespeare Industrial Estate, Shakespeare Street,**  
**Watford, Herts, WD24 5RR**

## Diary Dates

### Open Meetings with Speaker

**Monday 3rd. December**  
**(7.00pm)**  
**Benjamin Gooch Theatre**  
**Norfolk & Norwich Hospital**

### 'Meet & Chat' Meetings

**Saturday 20th October**  
**(11.45 am)**  
**Louise Hamilton Centre**  
**James Paget Hospital**  
**Gorleston**

**Monday 5th. November**  
**(7 pm)**  
**the Big C Centre,**  
**Norfolk & Norwich**  
**University Hospital**

### **Committee Meeting**

**Monday 1st. October**  
**(7pm)**  
**the Big C Centre**  
**Norfolk & Norwich Hospital**

## OUR WELFARE TEAM ARE GEORGE & JILL SIELY

live in Happisburgh and are there to give help and support to any member, and/or their family, who requests it. They have a contact list of fellow members of our support group and are able to put you in contact with someone who's been on the same prostate cancer treatment journey that you are on.

**Call 01692 650617 if you would like to have a chat with either of them.**

## How To Contact Us

### Specialist Nurses:

Sallie, Wendy, Rachel & Elaine  
**Norfolk & Norwich University Hospital - 01603 289845**

Angie, Wendy & Simon  
**James Paget Hospital, Gorleston - 01493 453510**

Sally, Clare & Anne-Marie  
**Queen Elizabeth Hospital, King's Lynn - 01553 613075**

### E-mail us at

**nwpcsg@hotmail.co.uk**

### Visit our website:

**www.prostatesupport.org.uk**

### Letters to the Editor:

**Email : geoffreyowalker@googlemail.com**