

UPDATES

The Quarterly Newsletter of PCaSO Prostate Cancer Support Organisation

Dorset • Hampshire • Sussex
& surrounding areas

PCaSO AGM

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The CLASP Project

TrueNTH Exercise & Diet Project

**Urinary incontinence after
prostate cancer treatments**

The MASTER TRIAL



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Apple blossom

Executive Committee

Chair: (chair@pcaso.org)
Roger Bacon 01903 775783

Hon. Secretary: (secretary@pcaso.org)
David Hurst 01798 875758

Hon. Treasurer: (treasurer@pcaso.org)
Vivian Miles 01243 814129

Membership Secretary: (memsec@pcaso.org)
Geoff Bailey 01962 713579

Hampshire Branch representative:
Peter Weir 01489 892168

Dorset representatives:
James Davis 01202 580436 (jamdavis@talktalk.net)
Allan Higgin
Derek Pilling

Federation representative:
Allan Higgin 01202 691710

Pastoral Counsellor:
Nicholas Frayling

Newsletter Editor:
Tony Ball 01903 783540

Design:
Colin Woodman

Dorset Branch Committee

Chair: Jim Davis 01202 580436

Treasurer: Barry Taylor 01202 696107
Brian Deacon (*fundraising*) 01202 487708
Derek Pilling (*website*)
Ray Bona (*publicity*)
Clive Duddridge (*membership*) 01202 693976
Catherine Woolford (*speakers*)
Allan Higgin (*PSA testing*) 01202 691710

Hampshire Branch Committee

Chair:
Richard Judd

Treasurer:
David Harris 02392 795909

Secretary: VACANT

John Harmer 02392 631599
Chris White (*publicity*) 02392 264042
Geoff Bailey (*membership*) 01962 713579
Nicky Annells (*Fareham*) 01329 843828
Peter Weir (*PSA Testing*) 01489 892168

Sussex Branch Committee

Chair:
Roger Bacon (*Rustington Group*) 01903 775783

Treasurer:
Vivian Miles (*Chichester Group*) 01243 814129

Secretary:
David Hurst (*Pulborough Group*) 01798 875758

Debbie Hatfield (*Eastbourne Group*) 01323 638021
Christina Cutting (*Eastbourne Group*) 01323 641513
Barry Cocum (*Brighton Group*) 01273 387371
John Proctor (*Bexhill Group*) 01424 532866

Founder: David Rowlands

Medical advisers:
Prof. Christopher G Eden, MS, FRCS (Urol)
Dr Chris Parker, MRCP, MD, FRCR
Dr Angus Robinson, MBBS, MRCP, FRCR

Patrons:
The Duke of Richmond and Gordon, The Very Rev. Nicholas Frayling, Baron Palumbo of Walbrook, Bill Beaumont, OBE

Editorial Comment

If you have had treatment for prostate cancer then you could run an increased risk of dying from other causes, particularly if your treatment was, or is, hormone therapy. The 'Exercise and Diet' article explains why this is so and what you could do about it.

The CLASP article describes a proposed trial of online lifestyle and wellbeing support for 'survivors' of cancer.

If you want to avoid, or you suffer from, urinary incontinence, then you may find the two articles on pages 8 and 9 helpful.

If you can, please sponsor the son of a PCaSO member doing an Ironman triathlon event to raise money for us. See page 11.

In the coming year PSA testing will continue and be expanded to more locations. Our present website will be replaced with a new one to provide a much better service. The AGM report outlines what all those dedicated PCaSO volunteers on committees and other helpers have been doing for us. Please help out if you can!

PO Box 66, Emsworth, Hants PO10 7ZP



Prostate Cancer
Support Organisation

National Help Line:
0800 035 5302
www.pcaso.org

Charity No: 1170536

The opinions expressed in this newsletter are not necessarily those of PCaSO Prostate Cancer Support Organisation.

All men and all cases are different and you should always discuss any changes to your treatments with your doctor and in the light of your own personal circumstances.

AGM report – 23rd March 2017



On 23rd March 2017 we held the AGM for PCaSO at the Langstone Hotel, Hayling Island. Roger Bacon, as Chairman, opened

the meeting. As required by the constitution the three main officers, chair, treasurer and secretary, were re-elected and the other members of the Executive Committee also stood again and were re-elected.

This was a relatively important meeting because we had to agree to dissolve the current PCaSO and transfer the assets to the new PCaSO. Agreement was reached and the change will progress (see page 4).

Roger reported a serious loss last year, with the death of Stuart Thompson who was a trustee, deputy chairman of PCaSO and chair of the Hampshire Branch. Stuart will be sadly missed. We also had the retirement from PCaSO, of Ian Graham-Jones who moved to Devon to be closer to his family. We will miss his expertise and commitment. John Harmer is also retiring from arranging collections and was thanked for his sterling work. Roger also thanked those who sat on the various committees and organised group meetings and helped with PSA test events.

However PCaSO will continue to evolve and we welcome Peter Weir as a new trustee, Tony Ball as our newsletter editor, Jenny and Ron Linkins who now distribute the newsletter and Richard Judd the new chairman for our Hampshire Branch.

We always need more people to volunteer to do the various tasks necessary to help spread awareness and get more men diagnosed earlier. If you would like to get involved, or know of someone who

might, then come to a meeting or contact a committee member.

Our overall Membership started the year at 1105 and despite unfortunately losing quite a number of members who lost their fight to this disease, at the end of 2016 membership stood at 1138.

We split into three branches some years ago. This is important to us in terms of management of the charity, as it is 150 miles from a group who meet in Bexhill to our most westerly group in Bournemouth, making it difficult to operate with just one central committee so we have three, one for each branch and an overall Executive Committee with Trustees made up of people from all 3 branches. In 2016 we changed the boundaries between 2 of our branches, rather than postcodes dividing them we now have county boundaries, so the three branches are now known as PCaSO Dorset, PCaSO Hampshire and PCaSO Sussex.

The groups are important as we know that men find it very useful to come and talk to others who have had the same treatment. We now have nine groups operating in total and are always happy to have more.

Another major part of our work is our PSA testing programme. We offer free PSA tests to men at organised events at different venues around our region, often working in partnership with Rotary, Lions or Masons. There are two reasons for doing this. One is to raise awareness of prostate cancer. Too many men don't realise they have a prostate, let alone where it is or what it does and we are able to talk to them, educate them and give out our information. The other is to get men diagnosed early. The earlier the diagnosis the more likely it is to be cured. During 2016 we tested around 1700 men in Sussex and Dorset and of those

some 10% had raised numbers. Not necessarily prostate cancer, although some definitely were, but all needed to be further checked. This year our Hampshire branch is also getting involved with testing and I would expect the number tested to increase to well over 2000.

We republished and updated our booklet 'Knowledge Empowers' in 2016 which is widely recognised as being one of the best books on prostate cancer.

We stopped running our own help line and moved to using the Tackle National helpline number which saves us the work. If a caller needs local information he/she can be referred to the group leader in the relevant area.

One of our major targets for 2017 is to have a new website design. The existing one was set up some years ago and run by Bob Watson in Poole. He's looking to pass on the responsibility and the current site is out-of-date technology wise and rather old-fashioned. After some false starts trying to find a volunteer we have now appointed a company to set up and design us a new site. A draft design will hopefully be ready for opinions within a month or so and once the debating has stopped we should be ready to publish it in the summer.

Roger thanked the members of the Exec Committee for their time and dedication to PCaSO over the past year, Viv and David in particular having given a great deal of their time to developing and updating the way PCaSO operates.

Viv Miles gave a report on the financial state of the charity showing that at the end of 2016 we had received £52,292 and spent £52,888 and still had £130,000 as reserves although £25,000 of that was already designated for projects to support at Southampton and Eastbourne hospitals.

Changes to PCaSO governance

Honorary Secretary David Hurst explains why we are changing our charity number.....

Ever since PCaSO was set up by a group of men in Emsworth around the turn of the century we have been, in legal terms, *an Unincorporated Association*. Many smaller charities were the same but the major problem about that is that such an organisation has no legal presence therefore any agreement, such as booking a meeting room or ordering a leaflet to be printed, is between the member or trustee who made the arrangement and the other party. If something goes wrong the member or trustee is liable without limit.

The Charity Commission has brought in a new form of governance called a **Charitable**

Incorporated Organisation (CIO) which more charities are taking up. This limits the liability of members and trustees so that if something goes wrong the worst that could happen is that PCaSO loses all its money. We carry insurance to cover such eventualities. The exception to this is if a trustee or member does something that is illegal, reckless or negligent and in that case he or she is on their own.

The trustees agreed to apply for CIO status and after a long, drawn out procedure this was granted and a second PCaSO was set up on 2nd December 2016 with a **new charity number 1170536**. This is currently an empty shell.

At the AGM on 23rd March the assembled members agreed unanimously with no abstentions

to dissolve the current PCaSO and transfer the agreements and assets, mainly cash plus literature and publicity materials and some electronics, across to the new charity on a date to be agreed by the trustees.

We hope that this will be taken as 1st April 2017 and the Treasurer will draw up accounts to that date and these, with the AGM minutes showing the agreement, will be sent to the Charity Commission after the Executive meeting on 2nd May. Given that the Commission agree the job will be done, the old PCaSO will disappear from the Charity Commission website and the new one will take its place.

Other than the change of charity number, few people will notice anything at all.

Medical Detection Dogs

Pam Crook, of Medical Detection Dogs, gave a talk to PCaSO (Dorset) members on 25th Jan 2017. The organisation has its headquarters in Milton Keynes, has a fairly small staff and receives NO government funding, relying entirely on public contributions to finance its work.

Detection Dogs learn to detect one type of cancer from the categories: Prostate, Bladder, Renal, and Breast. In addition, there are Assistance dogs; these, after training, are allocated to persons in need. They can warn their owner of impending attacks in cases of Diabetes, Narcolepsy, and other such diseases. This enables sufferers to lead a much more normal life.

Detection dogs that are trained to detect prostate cancer do so by sniffing a urine sample from the patient. They can detect within a few seconds if that patient has prostate cancer.

Training of a detection dog costs about £5000, and there is an annual maintenance cost of about £6000 for each dog. The accuracy of detection is incredibly high – usually well over 90%, so the detection dogs can definitely out-perform the PSA test. It is also considerably cheaper than MRI scans!

A dog's sense of smell is incredibly acute – about 10,000 to 100,000 times as acute as a human's! Dogs have up to 300 million olfactory receptors in their noses, as compared to six million in a human's nose. (As an analogy in visual terms, if you could see something clearly that is a third of a mile away, a dog would be able to see just as clearly something that is 3000 miles away!) The bit of a dog's brain that analyses smell is about 40 times the size of the corresponding bit of a human's brain.

Research indicates that it's quite likely that dogs can smell fear,



anxiety, even sadness. The flight-or-fight hormone, adrenaline, is undetectable by our noses, but dogs can apparently smell it. In addition, fear or anxiety is often accompanied by increased heart rate and blood flow, which sends telltale body chemicals more quickly to the skin surface.

In conjunction with the local NHS at Milton Keynes, the efficacy of cancer detection by dogs is currently being evaluated. Hopefully, the day will come when PSA tests and painful biopsies will be a thing of the past in the prostate cancer detection field.

The CLASP Project at Southampton University

In a recent article, we wrote about the PROACTIVE study for prostate cancer patients run by Southampton University Psychology Department with partial funding from PCaSO. That study was conducted under the leadership of the late Prof. George Lewith, whose leadership was acknowledged as inspirational. George had been both a GP and a respected medical researcher with over 300 research papers to his name. Very sadly, he died unexpectedly during a skiing holiday in March. A memorial service was held just before Easter in Southampton Art Gallery and attended by a very large number of his patients, colleagues, friends and family. He will be sorely missed.

PROACTIVE uses a software package known as LifeGuide, developed at Southampton, enabling the team to create a series of Internet based dialogues which lead patients through the basic steps of evaluating their own lifestyle, setting targets for improvement, and monitoring progress towards these goals.

This study is not yet complete, but was judged successful to the extent that Southampton University has now been granted £2.5 million for a five year study "Cancer: Life Affirming Survivorship support in Primary care (CLASP)" which will apply similar methodology to a wider group of patients with prostate, breast and colorectal cancers, under the leadership of Prof. Lucy Yardley and Prof. Paul Little. The team running this project includes professional staff from Southampton University and other centres in the UK, together with staff from well known national cancer charities, and volunteer PPI (Patient Public Involvement) representatives from local support charities, including Roger Bacon and Geoff Sharman representing PCaSO.

The CLASP study aims to evaluate an online intervention offering lifestyle and wellbeing support for cancer survivors. The intervention has been developed using feedback from patients and healthcare professionals and provides modules for lifestyle (healthy eating for weight

management; physical activity) and well-being (coping with emotional distress; reducing fatigue). A questionnaire which generates suggestions for parts of the websites which may be most helpful to each individual, based on participant answers, is accessible throughout the intervention to help users to make informed decisions about which parts they would like to try.

The project team has evaluated this intervention via an initial feasibility study with around thirty patients. Current plans are to extend this to a larger, randomised trial beginning in June 2017. The intention was to recruit patients via GP practices in the Southampton area, but this has proved more difficult than expected. Methods of recruitment are being evaluated and may be expanded later, possibly with the assistance of national cancer charities. This is important because the study must involve sufficient patients to support a credible randomised trial, yielding a statistically significant measure of the value of this intervention.

The TrueNTH Exercise & Diet Project University of Surrey

More risks to men's health after prostate cancer treatment, particularly if on hormone therapy

Survivors of prostate cancer diagnosis and treatment tend to suffer more health problems than other men of a similar age. After cancer treatment, particularly if on hormone therapy, patients can lose previous fitness levels and put on weight. More than 30% will die of cardiovascular disease.

We found out this when Sara Faithfull, Professor of Cancer Nursing Practice at the University of Surrey and Project Lead on 'TrueNTH -Exercise and Diet',

kindly gave a most interesting talk to PCaSO members on 23rd March 2017 at the Langstone Hotel, Hayling Island, following the PCaSO AGM.



The project is in two phases:

Phase 1 -

To validate strength and fitness assessment tools and develop an algorithm to personalise risk assessment and lifestyle advice for men with prostate cancer. 90 men (*Surrey and Newcastle; 2014-2015*).

Phase 2

To test if a community pharmacy led personalised risk assessment and lifestyle prescription for men with prostate cancer increases their physical activity and subsequent health. 144 men (*Portsmouth; 9 community pharmacies 2016-*).

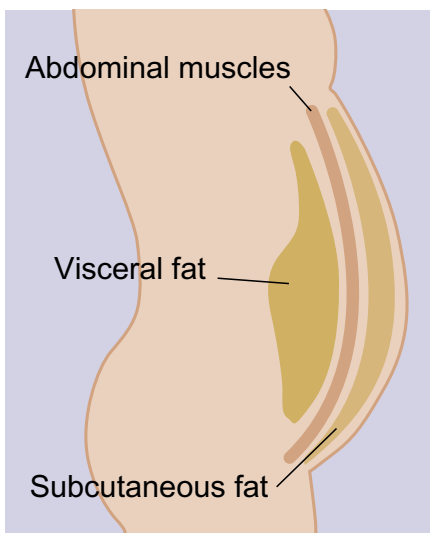
Phase 1 is essentially complete and supports the second phase.

Phase 2 is continuing during 2017 and involves selected community Pharmacies carrying out assessments. These include cholesterol, blood pressure, BMI, waist-to-hip ratio, cardiovascular fitness, upper and lower body strength. The men on the study are then each assigned to one of four dietary groups and are prescribed a 12-week fitness programme (and supplied with a pedometer and fitness bands), and reassessed at the end of the programme. They are supplied with a book, 'TrueNTH –The Man-ual', to inform and guide them and to use as a log-book to track their progress, several extracts are quoted in this article.

The health of Survivors of Prostate Cancer

People are generally living longer than in the past, but accumulating more problems with age. On average, every decade the elderly might add another disease or condition to deal with and probably more medication to take regularly. It follows that there should be a more holistic approach to the individual's health problems and needs.

There is growing evidence of the beneficial effects of exercise. In a USA study of 2705 men over a 10-year period the number of deaths were 36% lower in men who walked on average one hour per day, recurrence of cancer was 49% lower in men taking 3 or



Extracts from The Man-ual:- “Health related problems caused by your prostate cancer treatment are likely to be even greater if you are overweight, have high blood pressure or are a smoker. Some cancer treatments can also cause an increase in weight, blood pressure, blood sugar and cholesterol levels all of which can lead to an increased risk of heart disease, stroke and type 2 diabetes

Around 50 per cent of prostate cancer patients receive hormone treatment which lowers the levels of testosterone in the body (since prostate cancer thrives on testosterone). Unfortunately having low levels of testosterone encourages the body to store fat around the abdomen (tummy), a bit like a ‘spare tyre’. This can contribute to an increased risk of heart disease, stroke and type 2 diabetes.

Low testosterone levels caused by some prostate cancer treatments can also cause muscle wastage which, combined with an increase in weight, makes exercise more difficult. So a cycle often develops where a man becomes heavier and more unfit as time goes on, leaving him vulnerable to health problems even if his prostate cancer has been successfully treated.

Hormone therapy can change the way your body handles fat in as

more hours of vigorous activity per week and 61% fewer died from cardiac events.

Hormone therapy reduces testosterone levels and this impacts on how we use insulin. The longer one is on hormone therapy the higher the risk of developing diabetes. Hormone therapy also changes HDL and LDL components of cholesterol.

It is important for patients to take responsibility for their own health and to ‘know their numbers’, (results of tests etc). Patients on hormone therapy are more likely to suffer from osteoporosis in the

little as three weeks, so these health changes can happen pretty quickly.

Your doctor can make sure you have the right treatment, but it’s up to you to live a healthy lifestyle. If you work together, you may get the biggest benefit.

Your waist to hip ratio is a good indicator of health; research has shown that people with ‘apple-shaped’ bodies (with more weight around the waist) tend to face more health risks than those with ‘pear-shaped’ bodies (more weight around the hips). For a man a waist to hip ratio of 0.9 or less is good. Men with a ratio greater than 0.9 will face a higher risk of heart disease and stroke.

Why is abdominal fat such a problem? We need fat under the skin to keep us warm, but fat stored around the abdomen is different, it is toxic! It produces substances which cause inflammation and also prevents sugar getting into the parts of the body it needs to reach, eg muscles. To compensate insulin production goes into overdrive. This is bad news because insulin comes hand in hand with growth factors which stimulate the growth of the prostate cancer, stacking the odds against you.”

bones, so every 2/3 years they should have a DEXA scan.

Exercise and fitness

Exercise improves the flow of blood supply, even gardening or vacuuming the house can be beneficial. A minimum of 150 minutes of exercise a week is recommended, a combination of moderate and vigorous exercise.

You may think you are fit, but could you run for a bus or climb several flights of stairs? As we get older our muscles get weaker, but partly because we do less. To keep fit you need to do more. Just walking may

Physical activity and impact on Prostate Cancer

Fitness important

- For adults, at least 150 minutes (2.5 hours) of moderate intensity activity (in bouts of 10 minutes or more) a week...or 75 minutes of vigorous intensity activity spread across the week
- or combinations of moderate and vigorous intensity activity
- Adults should also undertake physical activity to improve muscle strength on at least 2 days a week.



not be enough. As well as aerobic exercise one needs strengthening and toning exercises and activities to maintain joint mobility, flexibility, balance and coordination

At least 2 days a week should include exercise for muscle strength. Resistance training helps to strengthen your muscles.

Diet

Firstly, portion size is important. It

can be helpful to use smaller plates to avoid over-eating. When drinking alcohol, smaller glasses can assist in moderating the volume of alcohol, e.g. wine, consumed!

For breakfast grill items rather than fry them. Avoid cereals with added sugar. Try these: Porridge oats with apricots, topped with berries and seeds. Scrambled or poached eggs and bacon (fat cut off), with grilled mushrooms, reduced-fat

sausage, tomato and wholegrain toast. Scrambled egg with smoked salmon. Or beans on toast.

A Mediterranean Diet is recommended to reduce the risk of cardio-vascular disease. This is plant based, rich in fruit and vegetables, nuts and oily fish, with moderate intakes of poultry, low intakes of red and processed meat, low intakes of dairy foods and sweet foods, avoiding fizzy drinks and spreadable fats.

As we age we normally suffer some muscle loss anyway, but this can be exacerbated following treatment. In such cases you should allow some extra protein in the diet because of this, e.g. nuts, eggs, soya powder.

Key principles to reduce CVD risk

Mediterranean diet

- Plant based
- Rich in fruit and vegetables
- Rich in nuts and oily fish
- Moderate intakes of poultry
- Low intakes of red and processed meat
- Low intakes of dairy foods
- Low intake of sweet foods
- Discourages intakes of fizzy drinks, spreadable fats and processed and red meats



Footnote: The Movember Foundation launched the global TrueNTH initiative in 2014. In the UK the 3-year pilot programme with 5 projects and £5 million of funding is managed by Prostate Cancer UK.

Further information can be obtained from: <https://prostatecanceruk.org/for-health-professionals/our-projects/truenth>

This article is drawn from the talk and presentation slides of the exercise and diet project, from 'The Man-ual' that accompanies phase 2 of the project, and from the Prostate Cancer UK website.

Extracts from The Man-ual:-

"Why does when you eat matter? There is truth in the old saying 'Breakfast like a King, lunch like a Prince, dine like a pauper'. If you eat late at night, not long before you go to bed, your body struggles to process the food you've eaten and so lays it down as fat reserves. This would be fine if you were going to fast for a few days and would need to rely on these reserves, but the vast majority of us have plenty to eat every day, so these fat reserves, laid down overnight, tend to pile up.

Some recent research has suggested that certain foods might help to prevent prostate cancer. Tomatoes (a source of lycopenes) are one of these foods. Others include soy, green tea, cruciferous veg (e.g. broccoli and cauliflower) and pomegranate juice. However the evidence from the research is not substantial. It is likely that any benefit shown could be the effect

of generally eating more fruit and vegetables and not just the result of an increased intake of lycopenes or other dietary component. Similarly there is little evidence that supplements (vitamins or minerals) can reduce the risk of getting cancer or slow down its growth.

There is however, robust, scientific evidence that living a more healthy lifestyle, including following a Mediterranean style eating plan and incorporating exercise into your daily routine, can slow down the growth of prostate cancer and reduce the risk of recurrence. It can also help to reduce the risk of treatment related diseases such as diabetes and heart disease. Don't be tempted to pin your hopes on one 'magic' food or dietary supplement. Adapting to a generally healthier eating pattern and lifestyle is more likely to give control over your prostate cancer and improve your general health and wellbeing"

Solving the problem of urinary incontinence after prostate cancer treatments

PCaSO members had an opportunity to learn about urinary incontinence in February with specialist consultant surgeons speaking at both Eastbourne and Pulborough groups.

Mr James Moore, who works at Eastbourne DGH spoke at the Eastbourne meeting and Mrs Suzie Venn, who is based mainly at St Richards, Chichester came to the Pulborough group.

Mrs Venn explained that the sphincter that mainly controls the flow of urine from the bladder is very close to the prostate and the nerves which control the pelvic floor muscles which also control the flow of urine run close to the prostate. Consequently when a man undergoes either radiotherapy or a prostatectomy, there is a significant chance of damage to either or both of the sphincter or the nerves. With most men the damage is temporary and control of urine flows can improve over the weeks after the treatment. However, for about five per cent of men, there is still little or no control after months have passed.

She said that there is no clear definition of what incontinence is. Some men can live with something that other men find unacceptable.

Mr Moore explained he may not see a patient until at least six to 12 months after prostate cancer

surgery, and reminded the audience about persisting with the pelvic floor exercises – though Mrs Venn believed that if exercises had not improved control after six months they were unlikely to help further. Tests help confirm if urinary incontinence is not resolving after surgery, for example, urinary flow studies. It is also essential to ask the patient how many pads he is using each day and what activities make the leakage worse.

Mr Moore talked about the surgical ‘slings’ that can be performed to pull up and tighten around the bladder.

He then showed an animated film for an ‘artificial urinary sphincter’ which can transform and improve the quality of life for men with persistent urinary leakage after surgery.

The surgical procedure is relatively short and the device not externally visible. Urine can then be released from the bladder when convenient by squeezing a switch in the scrotum. The squeezing moves a saline solution from a cuff that squeezes the urethra into a reservoir and, when finished, gravity returns the saline to the cuff. The need for pads can be eliminated though some men may wear one during the day for safety – just in case.

The main lifestyle change for men with the artificial sphincter is the

need to use a cubicle in public toilets as it is easier to drop the trousers to reach the switch.

Mrs Venn brought some artificial urinary sphincters to show and explain the system. She said that the artificial sphincter had a life of some seven to ten years before it needs to be replaced. She had a few patients who had received a second device but none who had yet needed a third.

Mr Moore works closely with nurse specialist Penny who has set up a buddy system to allay the concerns of prospective patients. It is reassuring to meet another man who has already gone through the procedure and can manage the sphincter with ease. Mrs Venn was accompanied by her nurse specialist Debbie Greenfield.

Both St Richards Chichester and Eastbourne DGH are centres for a research study called MASTER which is comparing the male sling and artificial urinary sphincter for managing urinary incontinence in men as there are no conclusive facts about which system is better for incontinent patients. This is a randomised controlled trial and will be recruiting until December 2017 and at least one PCaSO member signed up after the talks. (See following article).

Urinary Problems? try the MASTER TRIAL

Male synthetic sling versus Artificial urinary Sphincter Trial for men with urodynamic stress incontinence after prostate surgery: Evaluation by Randomised controlled trial.

Currently around one in five men (20%) who undergo prostate surgery for cancer or benign disease end up leaking urine as they walk around, cough or

do physical activity. This ruins the quality of these men’s lives, lowers their self-esteem, can stop them working and damages their personal relationships.

What is the purpose of the study?

The number of men needing surgery for incontinence is set to rise as a result of the improvements in detecting early

prostate cancer using PSA testing. Therefore the effectiveness and definitive costs of any new treatment must be assessed to inform the NHS on the best treatment strategy.

The aim of the study is to find out which of the operations gives the best results and is most effective. So doctors in the future will be able to choose the surgery that

has the best results with the fewest problems. This may include better health and quality of life for men, less need for further operations and better use of NHS facilities.

Description of Study

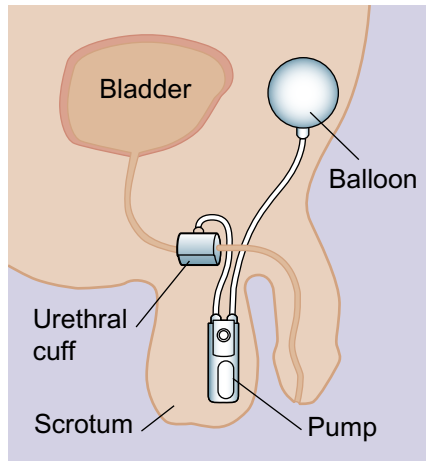
Men who suffer from urinary incontinence, will be divided between two different types of surgery that are used to treat this problem. The improvement in urinary incontinence will be used to compare the success of the surgeries. The results from this study will show which operation is the most effective operation in treating urinary incontinence and will help men who suffer from the problem in the future. If your urologist thinks that either of the operations would be equally suitable for you, with your agreement you will be put into one group at random by computer. All of the men in that group will be given the same operation.

Two main operations

The MASTER research study will compare the two different types of surgery, the male sling and the artificial urinary sphincter (AUS), in order to identify the most effective operation. The AUS has been used for sometime, but the male sling is newer. Because of this, NICE, the National Institute for Health and Clinical Excellence, does not recommend the male sling unless it is in a research study. That is why this research trial is being carried out and the male sling will not normally be available outside this study.

ARTIFICIAL SPHINCTER

The AUS has been used for almost 40 years, during which time the device has been updated to make use of new materials and to improve both its effectiveness and its safety. The AUS has three parts connected to each other.



Artificial sphincter

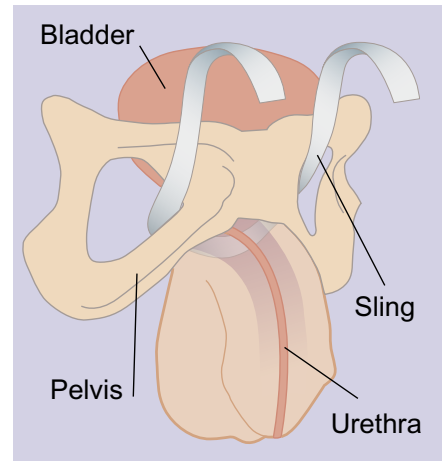
There is a circular inflatable cuff placed around the urethra and a pressure-regulating balloon to keep the cuff inflated. The cuff keeps the urethra closed so no urine leaks except when voiding. When the man wants to pass urine he squeezes a small pump placed in the scrotum. This action empties the cuff so that urine can flow; the cuff refills automatically over 2 or 3 minutes.

The balloon and the pump are put in through an incision in the groin. The balloon is placed in the space under the muscles of the abdominal wall and the pump is placed in the scrotum. The cuff is placed around the urethra through a cut in the skin behind the scrotal sac but in front of the back passage. After surgery, the cuff is left deflated, meaning that it does not work at once. This is to allow any swelling from the operation to settle down. Three to six weeks after surgery, the sphincter is activated.

MALE SLING

The male sling has been used for the past 3–5 years. The male sling supports the urethra and puts it in a more natural position to allow the sphincter muscles to function more normally to control urine leakage.

The male sling is a permanent plastic tape that is placed under the urethra through a small cut in



Male sling

the skin behind the scrotal sac but in front of the back passage. The two ends of the sling are passed under the urethra and out through the pelvic area into the upper thigh on each side. It is then tightened just enough to lift and partially compress the urethra. The sling can work immediately, although it may take a few weeks to reach its best performance. The sling has a passive mode of action, meaning that the man is able to pass urine normally when he is ready to void.

Recruitment

It is hoped that around 700 men will take part in this study in centres across the UK. Urologists will be informed of the recommendations from the study, so that in future all men can receive the best and most effective operations. The results will be published in scientific journals and a short version will also be available to those men who took part in the study if they wish. Men will not be identifiable in any of the study reports. You can enrol on the trial by contacting your consultant urologist or your GP or the Master Trial Team on 01224 438096 email: master@abdn.ac.uk See website for further details <https://www.mastertrial.co.uk>

The trial will finish recruiting at the end of this year.

Hampshire Branch News

Richard Judd. I asked Richard to consider becoming the Hampshire Chairman following a lengthy delay in getting an acting Chairman, after the sudden and unexpected death of Stuart Thompson last year. I have known Richard for more than 20 years and have sat on the same committee as him for all that time, I am glad to report that he was able to take up my request. His position was ratified at the AGM in March and is now firmly "in the Chair"! Richard, along with several of our members does not have PCa, but I am sure he will get to know more about it over the next few months. It is a knowledge that men of our age need to have and I am sure he will fulfil the position of Chairman in his usual even handed and impartial manner. We welcome Richard to PCaSO Hampshire Branch.

David Harris, Hampshire Treasurer.

At the AGM in March the Committee were re-elected however there was no one present willing to act as the Secretary. Hampshire are still looking to recruit for that role. It is not an arduous function, but it is an important one. We hold a Committee Meeting about every 3 months in Waterlooville that lasts no more than 2 hours and the Minutes are taken by someone else.

There are fairly minor duties outside the Committee Meetings but they are not time consuming. Please get in contact with anyone on the Hampshire committee if you are interested in filling this position.

Hampshire hold half a dozen Fund Raising events a year and John Harmer has been in charge of this for very many years and has now stood down. We need someone, or maybe two or three people, to take on this role which is how we get most of our funding. It would be fairly easy to split the role into finding the venues and organising the rosters. If you are interested in

helping in this important role please get in contact.

John Harmer. I have known John for many years and he has done a wonderful job of running the Fund Raising Events, initially for PCaSO and later for the Hampshire Branch. John has been responsible for finding the collection venues and organising the manning rosters. Over the years John must have banked over £100,000 and has done a wonderful job on behalf of PCaSO. All the funding raised has been ploughed back into helping our members and men and their families dealing with this insidious disease and enabled men to be more aware of PCa. It has been very rewarding assisting John in both of these roles. Like us all John is getting older and now needs to spend more time at home with his family and his business. Well done John!

David Harris

Raising money in Hampshire.

Hampshire Branch have this year been involved in two 'Awareness and Collection' events at Tesco stores(Petersfield and Fratton Park) and have arranged for one to be held in the Sussex area at Bognor Regis. The first event at Petersfield was on February 2nd. and 3rd. A large quantity of awareness leaflets were handed out and some meaningful and hopefully helpful discussions were had. The small team of helpers comprised: John Smith, Philip Mardall, Peter Weir, Sandy Bell, Graham Crane, David Nixon, John Winzar and Nicky & Graham Annells but their efforts were worthwhile and some £637 was banked. The second event, again at a Tesco store in Fratton Park, was over two days(17th & 18th Feb) and the team here was: John Smith, Sandy Bell, Graham Crane, Nicky & Graham Annells, John Winzar, Graham Bryant, Elizabeth & Chris White and David Pryke. Here the people of Pompey showed their generosity and donated some £1028, so the

efforts put in were well rewarded and some useful discussions were had and a huge number of leaflets distributed and several 'Knowledge Empowers' booklets handed out. You may have noticed the frequently occurring names in the helpers, this is because this vital work is supported by only about twenty people, **so please step forward and help the fight!**

John Harmer

Dorset Branch News.

At the end of March 2017, we had our AGM followed by a talk from Professor Norman Ratcliffe of the University of West of England. He is heading a project that is trying to provide detection of prostate cancer by sampling odour from the patient's urine. At present, it can provide detection rates on a par with the PSA test. but he hopes to refine the equipment to give much greater accuracy together with quick results. If successful, it could be a machine that in the future might be installed in a GP's surgery.

(He would be very pleased if his machine could come anywhere near the accuracy of the Medical Detection dogs. Trained dogs are better than a machine at present, but unlikely that they will be installed in a GP's surgery any time soon!)

We have continued to offer men free PSA tests, using a team of qualified phlebotomists to take venous blood samples which are sent to Dorchester Hospital for analysis. Testing sessions were recently held at Bournemouth and at Lymington. Our next PSA Testing Session is due to take place at Maiden Newton on June 10.

For our Public Meeting on May 31, we have booked Mr Matthew Archer, a Urology Nurse Practitioner from University Hospital Southampton, as the speaker. He will talk on incontinence, how to maintain continence after a prostatectomy, and will also touch on erectile dysfunction.

Sussex Branch Report

The branch AGM continued its move around the county with a stop at a well-attended Eastbourne meeting in February. The reports were read and the committee re-elected and the meeting swiftly moved on to a very well presented talk on urinary incontinence by consultant surgeon James Moore (see page 8).

The Bexhill group has now reached its first anniversary and with improving attendances looks like making it to the second birthday.

We had a very successful 'Patient Forum' meeting at Rustington

on 21st March, with Dr Angus Robinson, one of PCaSO's Medical Advisors, who was very informative in answering the many questions from our audience.

At present there is no academic oncologist in the local medical team. They are seeking NHS funding, which requires research projects, and Dr Robinson has invited PCaSO and its members to propose what research aspects might be relevant from the patient perspective.

We are very pleased that Dr Angus Robinson has since agreed to come

and answer questions in much the same way at our Brighton Group meeting at 6.30pm on 18th May.

Barry Cocum's son Chris is doing an Ironman competition in Lancashire on 16 July (see below).

Later in July the branch has the offer of a free stall at the Brighton Gay Pride event and is developing a line of merchandising to sell as well as distributing information.

PSA testing continues with 810 men tested in Sussex in 2016 and already another 150 at two events in 2017.

Eastbourne Group. On 21 st February Chris Cutting was the guest of Hailsham Rotarians when they met at Blackstock Farm, Hellingly. The members of the group had been saving tops from milk bottles since last summer for the benefit of Eastbourne Prostate Cancer Support Group. Chris explained that the tops are made into plastic parts of equipment used in children's playgrounds, dustbins and benches. The support group receives money from sending these tops away to be recycled. The despatch and payment is organised by local couple John and Mary Carden. The money is then used for projects at Eastbourne District General Hospital to improve the patient experience.

Fundraising event

Chris Cocum and an Ironman event (226.31km, one day)

The What

Ironman is a long distance triathlon raced over a single day. It comprises a 3.86km (2.4 mile) swim, a 180.25km (112 mile) bike ride and then a marathon (42.20km, 26.22 mile) run raced in that order and without a break. There is a cut-off of 17 hours but I hope to do it in about 12. The race is taking place in Bolton on **July 16th 2017.**

About a year ago I wasn't able to swim more than 4 lengths of continuous front crawl, my longest ever bike ride was 90km and had never run more than 12km. The 'basic' training plan advises, at its peak, over 3 hours of training per day and 7 hour bike rides at the weekends for a couple of months... goodbye social life, and girlfriend!

The Why

In 2009 Dad was diagnosed with an aggressive form of prostate cancer. Thankfully he was able to overcome this devastating illness (nice one Dad) and has been free of cancer for nearly 7



years now. I know if caught early, prostate cancer is one of the more preventable cancers. The money I aim to raise will go to PCaSO, which will help to fund its awareness programme and offer support to the newly diagnosed and their families. This particular charity helped our family a lot in some pretty dark times. They also run testing days which offer free tests to men in high risk categories. Tests are offered for free by PCaSO but cost the charity around £10 each. With the £850 target fundraiser we could help catch cancer in the preventable stages of 85 sons, brothers, dads, husbands, boyfriends or grandads. Please visit my online page via the address below and donate what you can.

My page: <http://uk.virginmoneygiving.com/ChrisCampaigncum>



Chris Cutting and Hailsham rotary President Sam Jaquet with collected bottle tops for recycling

LOCAL SUPPORT MEETINGS

See right for venue details and inside front cover for contacts.

May 2017

8th (Mon)	Bexhill	Macmillan Cancer Support
17th (Wed)	Chichester	Dwayne Clevett CU Fitter Exercise for Prostate Cancer patients
18th (thur)	Brighton	Patient forum with Dr Angus Robinson (6.30pm)
19th (Fri)	Waterlooville	(Speaker tbc) (6.30pm)
23rd (Tue)	Pulborough	Patient forum
31st (Wed)	Talbot Woods	Matthew Archer , Urology Nurse Practitioner, University Hospital Southampton

June 2017

6th (Tue)	Rustington	Simon Woodhams , Consultant Urologist will talk about Surgery for Prostate Cancer.
8th (Thur)	Eastbourne	Karen Aylward (Macmillan) Counselling service and Mindfulness awareness.

July 2017

5th (Wed)	Chichester	(Speaker tbc)
26th (Wed)	Talbot Woods	(Speaker tbc)

Sept 2017

5th (Tue)	Otterbourne	(Speaker tbc)
12 (Tue)	Pulborough	(Speaker tbc)
14 (Thur)	Eastbourne	Dr Sally Appleyard , Clinical Research Fellow in Uro-Oncology. Brighton and Sussex University Hospitals NHS Trust
19 (Tue)	Rustington	Sara Faithful (tbc)
27 (Wed)	Talbot Woods	(Speaker tbc)

Oct 2017

4th (Wed)	Chichester	(Speaker tbc)
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PSA Testing Events

See website for more details

May	13th	Hayling Island (Hampshire)
June	10th	Bognor Regis (West Sussex)
	10th	Maiden Newton (Dorset)
July	1st	Fareham (Hampshire)
August	12th	Bishops Waltham (Hampshire)
September	16th	Worthing (West Sussex)
	30th	Hove (East Sussex)
October	21st	Burgess Hill (West Sussex)
November	4th	Peacehaven (East Sussex)

VENUES

Dorset

Bournemouth:

St Marks Church Hall,
Talbot Woods, BH10 4HY,
Meetings start at 7.30pm

Hampshire

Otterbourne:

Otterbourne Village Hall,
Cranbourne Drive, SO21 2ET
Meetings start at 7.30pm

Waterlooville:

Church of the Sacred Heart,
London Road, PO7 7SR
Meetings start at 7pm

Sussex

Bexhill:

Health Centre, Bexhill Hospital,
Holliers Hill, Bexhill, TN40 2DZ
Meetings start at 7pm.

Brighton:

Macmillan Horizon Centre,
Bristol Gate, Brighton BN2 5BD
Meetings start at 7pm..

Chichester:

Chichester Baptist Church,
Sherbourne Road, PO19 3AW
Meetings start at 7pm

Eastbourne:

Postgraduate Centre, Eastbourne
District General Hospital,
Meetings start at 7pm.

Pulborough:

Pulborough Village Hall, Swan
View (off Lower Street), RH20 2BF,
Meetings start at 7pm.

Rustington:

John de Bohun Room,
Woodlands Centre,
Woodlands Avenue, BN16 3HB,
Meetings start at 7pm.

All groups need help to put the chairs out, make teas, run a raffle, etc. to take the load from the group leader. Please arrive early, maybe 30 minutes, and lend a hand. And remember the room has to be cleared up afterwards. Please.