

UPDATES

The Newsletter of PCaSO Prostate Cancer Support Organisation
Dorset • Hampshire • Sussex • and surrounding areas



Issue No. 67
Winter
2019

Beach Huts, Hastings

**Treating advanced
Prostate Cancer**

**How cancer starts
and spreads**

**Hot flushes: new
studies planned**

Carers Support

My Patient Story

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From the Editor

As you are probably aware PCaSO, with partners such as the Lions and Masons, puts a lot of effort into PSA testing so that men are offered a chance to easily be checked out and hopefully any prostate cancer is detected at an early stage.

However, what about those men whose prostate cancer has reached an advanced stage? Well the article on page 3, 'Treating Advanced Prostate Cancer', gives some insights into how treatments are developing; we are thankful to oncologist Dr George Plataniotis for his talk on this subject. The article on page 4 illustrates how and where prostate cancer can spread. There is also an article about 'Hot flushes' on page 5 which is problem that many men on hormone treatment (ADT) can suffer from. Also we have on page 6 a short article about 'Carers Support West Sussex' who have teamed up with Macmillan to offer support for carers of persons with cancer.

Thanks also to member Lance Allen, who tells his 'Patient Story' on page 8.

Note: Where we use the words 'man' or 'men' this refers to a person(s) with a prostate gland in their anatomy, irrespective of any gender choices they may make.

Content for Updates

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.

Treating Advanced Prostate Cancer

PCaSO were very pleased once again to welcome Dr George Plataniotis to their Rustington Group meeting on 17th September 2019. 'Dr George', as he is known to patients, was speaking on the topic of treating advanced prostate cancer, where there is metastatic spread of prostate cancer within the body. This may also apply to patients with high-risk non-metastatic cancer, which might otherwise soon become metastatic. Advanced prostate cancer treatments are mostly 'systemic', i.e. 'whole body' treatments (as opposed to surgery or radiotherapy usual for localised non-metastatic prostate cancer).

There are frequent headline announcements in the press about cancer breakthroughs and often patients come to Dr George with newspaper cuttings to find out if they can get a new treatment mentioned. However these findings are usually about early research and it can take many years of trials before such treatments become 'mainstream', if they are successful at all.

The good news however is that significant progress has, and is still being made and people are now surviving advanced prostate cancer that 10-15 years ago would have been rapidly terminal.

Around 80% of prostate cancer diagnoses are for localised prostate cancer (i.e. confined within the prostate) and 12% loco-regional (e.g. cancer spread outside the prostate to the adjacent lymph nodes). Less than 5% of prostate cancer diagnoses are for metastatic cancer, but they are responsible for one-third of the deaths.

Hormone therapy (commonly called Androgen Deprivation Therapy or ADT) for 'hormone naïve' metastatic prostate cancer remains an important treatment for advanced prostate cancer.

Following the STAMPEDE trial there has been a big step forward in current practice, in providing patients with an 'up-front' course of chemotherapy before hormone therapy. This introduction of early 'chemo' can substantially increase survival times for patients with advanced prostate cancer, from the present average of 43 months, by perhaps a further two years. Research continues into other combinations of hormone therapy, chemotherapy and radiotherapy, but there is little evidence to date to support using any of these.

Prostate cancer cells 'feed' on testosterone, which is produced normally in the male body, mostly from the testicles but also from the adrenal glands. Cancer cells are 'intelligent' and can 'hide' from the killer T-cells of the immune system. Also after 18-24 months of hormone therapy blocking or reducing the body's normal testosterone, prostate cancer cells can mutate so as to produce their own testosterone to feed on, making the hormone therapy less effective. The cancer is then deemed to be 'hormone resistant' (sometimes called 'hormone relapsed' or 'castration resistant') and other treatments then become necessary:

Direct treatments can be:

Chemotherapy - a 'blunt instrument' which 'chops-up' DNA. Chemo treatment is hard for the patient for although it kills cancer cells it also damages healthy cells.

Isotopes - a type of liquid radiotherapy using alpha-particles that kills cancer from the inside, such as Radium 223 which is very similar to calcium, so readily absorbed by the bones. There is also the isotope Lutetium 177 which can be more broadly effective in the body, not just for bone metastases.

Indirect treatments include:

Immunotherapy - which although it shows promise in trials still has hurdles to overcome

PARP inhibitors - such as Olaparib, which can be effective for the small percentage of prostate cancer patients with mutations of their BRCA repair genes.

Guidance for the consultant oncologist is based on research, however the individual patient's circumstances must be evaluated and taken into account, for instance the drug Abiraterone may not be suitable for a person with other problems such as diabetes.

For patients with advanced prostate cancer, the challenge for their consultant is not only to select suitable treatments for each individual patient, but how to combine and how to sequence the particular treatments. This can be very important, firstly for optimum effectiveness of combinations, but secondly where one treatment begins to be less effective and alternative treatments are needed to help the patient survive.

Donations

PCaSO does not receive any Government funds and is dependent on Membership subscriptions, donations and sponsorship.

To make a donation please send a cheque to:

The Treasurer, PCaSO, PO Box 66, Emsworth, PO10 7ZP.

Or pay into our bank account (40-23-20 61303856)

Or download and fill in our Standing order form:

<http://pcasoprostatacancersouth.org/forms-leaflets/Standing-order-form-May-2017.pdf>

Or, go to www.pcaso.org and click on the red Virgin Giving button on the front page.

How cancer starts and spreads

Humans are made of trillions of tiny cells e.g. nerve cells, skin cells, red blood cells, prostate cells. Cells divide to replace old cells, or to heal wounds. They each replicate at different speeds and much of the body is replaced over a period of several years.

Normally everything about cells is controlled with each cell complying with its DNA instructions for its specific role within the body. Cells also follow instructions for when to divide and when to stop dividing, so they do not get out of control. However...

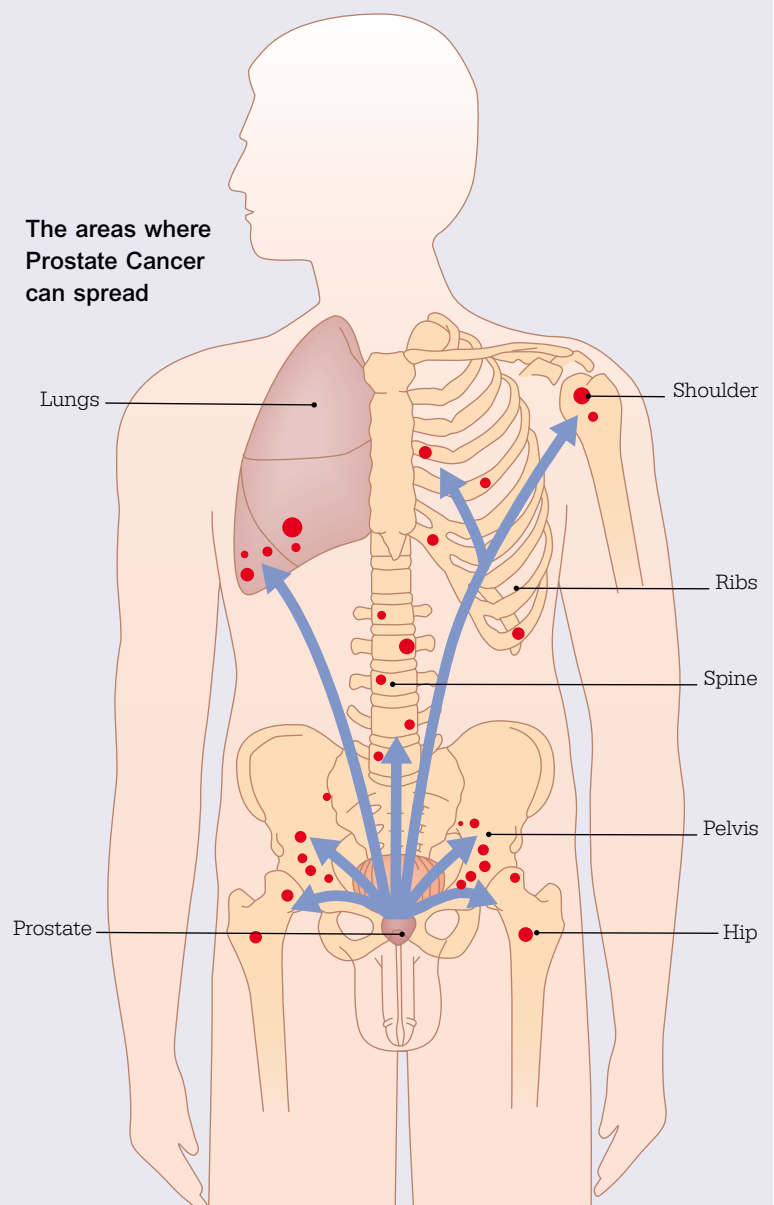
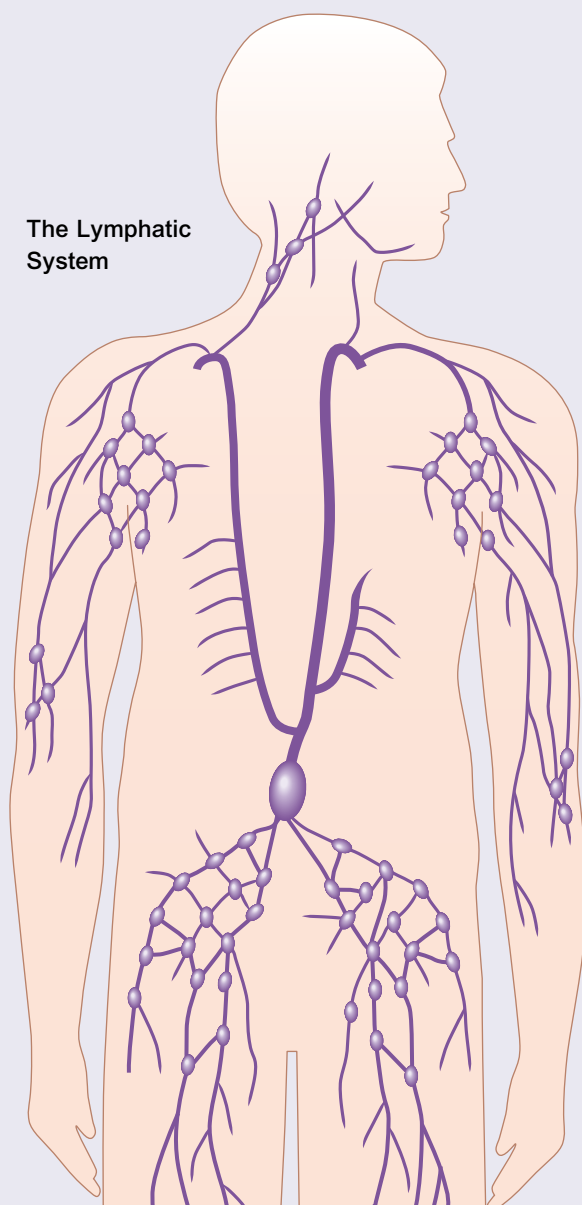
Transformation into cancer cells

Cancer is a disease of the cells and most cancers start when a normal cell in the body goes wrong. Some of the reasons why normal cells might transform into cancer cells are:

- natural cell processes (errors from the repeated copying of billions of DNA instructions. It is these errors that contribute to ageing)
- environmental influences (smoking, alcohol, sunshine)
- inheritance (genetic errors)

A cell that becomes cancerous does not respect its normal function and :

- ignores signals to stop dividing, and thus avoids 'normal cell death'
- replicates indefinitely and uncontrollably and can form clumps of cells that become a 'lump' or tumour
- can itself mutate to other sub-types of the particular cancer
- avoids destruction by the immune system and can also 'hijack' the immune system to increase growth of the cancer



- needs more energy so will seek out and encourage the formation of new blood vessels to supply oxygen and nutrients to feed itself (angiogenesis).

Angiogenesis (blood vessel formation) is a tipping point between a harmless isolated tumour and its development into a harmful tumour, fed by nutrients from a developing blood supply.

Prostate cancer growth

Often prostate cancer is slow-growing and remains contained within the prostate gland at diagnosis. It can however be an aggressive cancer that is much



Angiogenesis - blood vessel formation.

more likely to both divide rapidly and spread outside the prostate gland to other parts of the body.

It often spreads first to tissues that are near the prostate (local spread), such as the seminal vesicles and the nearby lymph nodes, which are part of the lymphatic system. Distant spread occurs when prostate cancer cells break away

and travel, via the bloodstream or lymphatic system (see diagrams on page 4), to the bones and to organs such as the lungs. It is still prostate cancer even when it spreads. If, for example, it spreads to a bone in your hip, it is not bone cancer. It has similar prostate cancer cells to that of the original tumours within the prostate.

Hot flushes: new studies planned *By Vivian Miles*

The great majority of men who are prescribed ADT (hormone therapy) suffer from hot flushes and night sweats as a side effect. In many cases they are prolonged, often continuing for some time after cessation of ADT. Effects can include chronic fatigue, irritability and reduced attention span resulting in reduced quality of life. New attendees at our support meetings often raise hot flushes as a major problem, some citing night sweats that are so severe as to require a change of pyjamas, bedding or even having to shower.

NICE guidance on treatment of hot flushes (Prostate cancer: diagnosis and management, Guideline NG131, May 2019):

- Offer medroxyprogesterone (20 mg a day), initially for 10 weeks. Evaluate the effect at the end of treatment.
- Consider cyproterone acetate or megestrol acetate (20 mg twice a day for 4 weeks) if medroxyprogesterone is not effective or not tolerated.
- Tell people there is no good quality evidence for the use of complementary therapies."

For those who would like more detail on medical treatments for hot flushes the following article is full of information on a wide range of medications:

<https://www.sps.nhs.uk/articles/how-can-hot-flushes-in-men-being-treated-for-prostate-cancer-be-managed/>

Turning to complementary therapies, we have recently become aware of two proposed clinical studies, located on the south coast. Both are at an early stage and neither has as yet obtained funding.

Acupuncture: Our Eastbourne group has had a presentation on a study planned at the University of Sussex. We are keeping in touch with the lead researcher as to progress. Cancer Research UK say that there is some evidence from small-scale trials for effectiveness of acupuncture.

Cognitive Behavioural Therapy: This is "mind over matter", the theory being that calming the mind and adopting a positive outlook on life may reduce side effects such as hot flushes. Researchers at the University of Southampton plan to build on the small-scale MANCAN study published in 2015. MANCAN's results, albeit with a

small number of participants, were promising. We have offered our opinion on the structure of the study and, if it proceeds, will support the study team with our patient contribution. It is unlikely that the study will commence recruitment before spring 2020.

From my own experience, I suggest some tedious lifestyle changes such as reducing caffeine, moderating consumption of alcohol, sugar, spicy foods and taking more exercise. I also take Pomi-T which some people say helps reduce hot flushes. I am in my seventh year of hormone therapy (Prostap) and have only ever experienced very mild hot flushes. I know not whether I've just been lucky or have benefitted from my lifestyle changes. A first medical step for those suffering from severe hot flushes might be to change medication from Zoladex to Prostap or vice versa. More suggestions on reducing hot flushes are provided in "Keep Healthy after Cancer" by oncologist Prof Robert Thomas. This is available from Amazon either as a book or free to read on Kindle.

We'll keep you up to date on progress with the two (hopefully) forthcoming trials. Meanwhile, some of these suggestions above might be of help.

In Memory of David Harris – 1943 -2019

On 19th July 2019, the Hampshire Branch Committee received the very sad news of the passing of their friend and former Treasurer, David.

David joined PCaSO in April 2004 and soon became an active member, supporting all branch activities and helping at supermarket “awareness and collection days”, as well as latterly PSA testing events. David also willingly took over the role of Hampshire Treasurer, when the previous incumbent retired after many years’ service.

David was a great ambassador for PCaSO, freely giving of his time

to not only raise the profile of our organisation but also to inform members of the public as well as groups and societies about the insidious disease of Prostate Cancer.

As well as being Hampshire Treasurer, David was elected to, and served on the PCaSO Executive Committee as a Hampshire representative and was also a Trustee of the PCaSO charity.

David always said he had a bad memory, but he has left us with very good memories of a special friend who had a warm heart, a ready smile and a lot of time for those less fortunate.



Carers Support West Sussex - support for ‘family and friend carers’

Rustington Group had a short talk at their September meeting from Sharon Pritchard of independent charity Carers Support West Sussex.

The charity supports ‘family and friend carers’ (a parent, partner, son, daughter, friend or neighbour) who look after someone who could not otherwise manage without the carer’s help. The main purpose is to enable the carer themselves to stay well so they can carry on helping

the person. It provides ‘hand-holding’ for the carer, such as a listening ear, home visits or going for a coffee with them. It also provides advice and information, signposting to help, counselling and emotional support, funding and carer equipment. It runs Carer Learning and Wellbeing Courses at a number of locations across West Sussex.

Carers Support caters for carers for persons with most conditions, but has teamed up with Macmillan

for carers of persons with cancer. Macmillan themselves also have a ‘buddy’ service for patients.

Contact details are: telephone 0300 028 8888 - and ask to be connected to a Macmillan Carer Wellbeing Worker

email info@carerssupport.org.uk .

Website www.carerssupport.org.uk They are also to be found on Facebook – Carers Support West Sussex and on Twitter - @CarersWSussex

Masons Donation

A cheque presentation from the Masons for £1500 following the two test event we held with them in Worthing and Horsham.

David Breeds,
Bob Brown,
Roger Bacon,
Roger Richardson
(Deputy Provincial
Grand Master),
Gregory Shackleton
(Provincial Grand
Junior Warden),
Peter Lewis (Horsham Centre)



Celebrities reveal their prostate cancer treatment and urge men to get checked

According to the Daily Mail on 17 September, 'Guys, get yourselves checked!' is what singer Sir Rod Stewart said after revealing he had been successfully treated for prostate cancer. This follows the earlier disclosures by Stephen Fry and by broadcaster Bill Turnbull that they had been treated for prostate cancer.

On 24th October there was a TV programme on Channel 4, called

'Staying Alive', in which Bill Turnbull explored his current condition and how he was dealing emotionally with advanced prostate cancer.

We can be thankful to these personalities for speaking out about their prostate cancer experiences and we wish them well, they certainly have raised public awareness of prostate cancer. We see the results of this in the increasing demand

for PSA testing at our events throughout this year. In partnership with the Burgess Hill Lions, PCaSO processed 637 men for PSA testing at Burgess Hill in October 2019 (see article below.) Hampshire Branch has had a busy year PSA testing, and Dorset Branch is now being inundated by requests for PSA test events in many Dorset towns in 2020.

Burgess Hill PSA Testing Day

The Burgess Hill PSA Testing day on 12 October broke all records with 637 men tested, compared to 444 for the same event last year. Almost 50% of the men tested were repeats from PCaSO events in previous years. This evidences the increasing demand for PSA tests and is clearly a pointer to the future. The event at Burgess Hill's Triangle Leisure Centre went very smoothly, with the online bookings well spread throughout the day and also

minimising paperwork. A number of men commented on how well organised and efficient the session was. Ten PCaSO volunteers, in partnership with a dozen Burgess Hill Lions and 5 phlebotomists, were on site. Donations on the day totalled some £4,200 inc. Gift Aid, largely covering the venue and Pathlab costs. A successful and hugely worthwhile day. The results showed 23 men with high 'red' PSA indicator counts, warranting further investigation via their GP surgeries.



Above, L to R: Burgess Hill Lions President John Rankin, the Mayor of Burgess Hill, Councillor Roger Cartwright, Roger Bacon.

Right: Councillor Colin Trumble, Chairman of Mid Sussex Council having his blood taken.



NHS Predict Prostate tool

In case you did not notice it in the August 2019 issue 45 of Tackle's 'Prostate Matters' newsletter the NHS has developed a new online tool for men newly diagnosed with non-metastatic prostate cancer. It is available on the NHS website at <https://prostate.predict.nhs.uk> and is recommended for use in consultation with your doctor.

It was developed at Cambridge University and Addenbrooke's Hospital. Its purpose is to help newly diagnosed non-metastatic men decide between radical and conservative treatments options. It compares life expectancy with long-term treatment harms. It may be arguable that treatment harms could be lower than in the model as a result of recent advances in surgery and radiotherapy. It's said to be unsuitable for men with cancer outside the gland, because the trial did not include any such men who had conservative treatment.

Other prediction tools

There are also other tools available for calculating the probability of the presence of prostate cancer and whether the cancer could be significant. One such tool is the Rotterdam Prostate Cancer Risk Calculator <http://www.prostatecancer-riskcalculator.com/> (a simplified version is available as a phone app costing £1.99). This model draws on ERSPC data. It is understood to be used extensively at Guy's Hospital.

My Patient Story

by Lance Allen, Rustington Group

I booked in for PCaSO's Worthing PSA test day in September 2016, having read a brief article in the local newspaper. Although my father died of prostate cancer in 2011, I'd had no previous PSA checks, so the PCaSO test seemed a good idea. I was age 59, with no symptoms - well, a little bit slower passing water but that's just age, surely? I was not aware of the increased risk where a father, uncle or brother had suffered prostate cancer.

The resultant PSA count of 60 was a big surprise, particularly when Roger Bacon phoned me and confirmed it wasn't just an incorrect decimal place! My limited experience of hospitals was to increase dramatically, following an immediate GP referral to Worthing's Urology Dept. The PSA had increased to 91, with Gleason Score 4+3, and T3a,N0,M0. In the space of 6 weeks I underwent an MRI scan, Transrectal Ultrasound biopsy, PET scan, Transperineal biopsy, and commenced hormone therapy (Prostap). A course of 6 Docetaxel chemotherapy sessions followed, to minimise

the risk of the cancer spreading (the PET scan had thankfully shown the bones to be clear of metastasis). I was later given 6 fractions of radiotherapy (Tomotherapy) at Preston Park, focused on the prostate cancer itself.

I joined PCaSO soon after my diagnosis, attending the Rustington Group meetings. I guided PCaSO through the 'GDPR' data protection changes, and am an active volunteer at many of the PSA testing events in Sussex. PCaSO has no paid staff, but is entirely dependent upon volunteers giving their time.

My PSA level is now steady at a microscopic 0.01, and I'm hugely grateful to PCaSO, and the expert and friendly teams at our local Sussex hospitals.

As soon as I was diagnosed in 2016, I resolved to ensure that my body and metabolism were fit enough to help resist any recurrence of the cancer. I already had a fairly healthy lifestyle, enjoying running, cycling and hill walking, low alcohol and had been vegetarian for 30 years.

Lance Allen helping at a recent PCaSO PSA testing event.



The Urology nurses at Worthing suggested I cut down on dairy - "no hard cheese", and alcohol - "just the odd glass of red wine". I decided to investigate further in books and online, particularly 'Foods to Fight Cancer' (Dorling Kindersley), "Anti-Cancer" by Dr David Servan-Schreiber and "The Man-ual - Looking after your Health after Treatment for Prostate Cancer" (TrueNTH/ University of Surrey).

I realised that prostate cancer loves the growth hormone found in many meat and dairy products, and the cancer also enjoys the complex sugars that our bodies derive from alcohol. I had no intention of nurturing the cancer, so I changed my diet to vegan (not too difficult, as I was already vegetarian, and my wife has been hugely supportive throughout), and to zero alcohol. Also for good measure I now use caffeine-free tea and coffee, to reduce the hot flushes that the hormone therapy can induce.

I was pleased to find that it's easy to have a varied and nutritious vegan diet. Most supermarkets sell 'meat & dairy-free' products both ready-to-cook eg sausages, burgers and pizza, or as a protein basis for home

cooking of shepherds pie, stir fry, curry, pasta dishes etc. Vegan mayonnaise, yoghurt, margarine, milk, cheese, chocolate bars, croissants, anyone? I had to experiment, as some products are more appetising than others. It goes without saying that fresh fruit, veg and salad are cornerstones also. Importantly, most restaurants will have a vegan option or two on the menu, so not a problem when I'm lunching with friends.

The term 'superfood' is perhaps overused, but I do use some that have been cited as helpful in fighting prostate cancer. These include green tea, turmeric, broccoli and pomegranate. The researched argument is however too long for this article!

For exercise, I was keen to to maintain my aerobic outdoor activities. During chemo I made efforts to hike up 3000 foot Welsh mountains, and I have run three 10k races in the last year (I recently came 508th out of 660 runners!). Hormone therapy can lead to gradual muscle wastage, so I needed to consider upper-body strength also. A simple resistance band was my solution, hooked over a door handle for 150 assorted pulls/ pushes, 2 or 3 times each day. It must work, as I can now lift my bike over country stiles with no effort at all!

My weight and body mass remain in the 'normal' range, and I've been lucky to escape any real side effects of the

chemo/ radiotherapy/ hormone regimes. Hopefully my exercise and diet might also place me at lower risk of other health issues such as cardiovascular disease or diabetes.

What ongoing treatment am I receiving? The Propstap hormone treatment was recently changed to a quarterly Zoladex implant, because the testosterone level had shown signs of increase. To reduce the risk of thinning bone density (another side effect of hormone therapy) I'm also on a course of Alendronic Acid and calcium supplement. My PSA is checked 3 times per year, prior to diarised check-ups with Dr Nikapota at Worthing Hospital.

Hampshire PCaSO donation to UHS

Donation to University Hospital Southampton (UHS) – C3 Cancer Care Unit

Early in 2019, Hampshire member Mr Ken Mills was sadly told that he would require further treatment for his prostate cancer in the form of a course of Chemotherapy at UHS.

Ken immediately decided that if he was going to lose his hair to the treatment, he would make sure that something beneficial and positive became of it, so he decided to have a sponsored head shave and donate the proceeds to PCaSO Hampshire Branch. Ken had his head shaved in March and raised over £1000, a truly staggering amount.

Throughout his treatment at UHS Cancer Care Unit, Ken always spoke very highly of the staff, his treatment and the care they gave him. The Hampshire Committee therefore decided that it would be fitting if a donation could be made to the Unit that could benefit other Cancer patients and the friends and relatives that accompany

patients during this long and gruelling treatment.

After discussion with her colleagues, Abi Fail, Sister C3 Cancer Care, asked if comfortable chairs could be purchased as the ones that were being used were hard plastic and not fit for purpose. Hampshire were delighted to agree to the request and bought 16 comfortable chairs

for C3 which were presented on 2nd October 2019

Front Row, left to right - Peter Weir (Hampshire Committee) Ken and Kate Mills and Dianne Ross (C3 Cancer Care, UHS)

Back Row, left to right – Nicky Annells (Hampshire Committee), Paige Gill, Sammie Jo Hickson, Samantha Horsfall, Danielle Martin and Folasade Akinyem (C3 Cancer Care, UHS)



Dorset Branch

At our meeting on Sept 25, the branch was presented with a cheque from St Mark's Church (whose Hall we use for our public meetings). It was for donations collected for our branch during the St Mark's Charity Picnic Day last July. The amount raised was in excess of £500. Photo below shows our chairman, Allan Higgin, with committee members receiving the cheque from David Kelloway of St Mark's Church.

On Nov 2 we shall embark on our first PSA Test event using the new on-line booking system developed for the Sussex Branch. The tests will take place at Bridport on Nov 2 and we will be running it in conjunction with the New-Man Group which is based in Weymouth.

The programme of PSA Test events for 2020 has not yet been worked out. Much will depend on how the event at Bridport goes.

Our latest Public Meeting was on Sept 25 and we had an interesting talk delivered by Sara Faithfull, Professor of Cancer Nursing Practice at Surrey University. She presented tips on how to improve lifestyle and become fitter after prostate cancer treatment.

Our November meeting will be the branch's annual Christmas Social. We will run a Teams Quiz event. At our January meeting, the speaker will be Dr Richard Tippet, clinical radiologist at Dorset County Hospital, who will speak about mpMRI and biopsy techniques.



Hampshire Branch

Dear Hampshire Branch members, the committee have decided that it would be a good idea to get together in December at Waterlooville, and hold a different sort of meeting. This is planned to be a social meeting with mulled wine, soft drinks, minced pies and the chance to meet other members for a chat. There will also be an opportunity to share what our achievements have been, over the past twelve months. There will be a raffle with

some excellent prizes to be won! So why not come along and bring significant others and friends who may be interested in attending. The date is the 11th December at 11:00 a.m. at The Church of the Sacred Heart, Waterlooville.

If you would be interested in attending, can I please ask you to email me in advance on secretary.hampshire@pcaso.org Thanks and regards, Roger Smith - PCaSO Hampshire Branch Secretary

Sussex Branch

Social meetings – Rustington and adjacent areas

Five PCaSO social coffee mornings have been held so far at Angmering Manor Hotel. These are as a 'drop-in' from 10 am to 12 noon and have been well supported by couples and individual men with conversation over coffee, tea and biscuits in a pleasant comfortable setting. Further dates are

Tues 12th Nov 2019, Tues 14th January 2020 and Tues 11th Feb 2020. Please do 'drop-in'!

Spreading the word in Pulborough

Pulborough Patient Link is a voluntary group of patients of the Pulborough Medical Group that liaise with the clinicians to provide a two-way flow of information. They publish a newsletter and have regular speakers on medical matters. The latest speaker was James Hicks, a consultant urological surgeon from St Richards, Chichester, talking about the diagnosis and treatment of prostate cancer.

Around 80 people turned out to hear him speak in his very fluent style covering the latest thinking and practices. He covered the PSA test thoroughly emphasising that it was all we had right now and also floated the hope that developments of the MRI technology might eventually avoid the need for biopsies – though not yet.

He said that the Royal Surrey Hospital at Guildford, which handles most prostate surgery for West Sussex and Surrey, was about to take delivery of a third Da Vinci robot at between £1.8 and £2 million a time.

A question was asked about proton beam technology and Mr. Hicks said that while it was very useful for brain cancers, results so far showed that it was no better for prostate cancer than current radio-therapy.

PCaSO had a table and banners at the back and distributed leaflets and information about the charity.

Eastbourne Group

Gill Wakefield kindly opened her garden in Meads, Eastbourne to help Wendy Kavanagh raise funds in memory of John Hayward. John died in April 2019 having been diagnosed with prostate cancer in 1996. He was involved with three local choirs and so friends and family were invited along to listen to the band Nothing is real play Beatles covers and enjoy some delicious cakes. The weather stayed fine whilst supporters generously donated over £600.

Tom and Elaine Chapman attended the grand opening of the Urology Investigations Suite at Eastbourne District General Hospital on 23 July 2019. They presented a cheque for £1,200 from the STAGS (Staying Alive Golf Society) third annual golf event held in May. The money will be spent on a recliner chair for patients after prostate cancer biopsy.

Chris Cutting also attended the event and was shown around the refurbished unit which has been mostly financed by the Friends of

Eastbourne Hospital to enlarge the outpatients' investigations area and provide an enhanced care unit.

Bexhill Group

We had a meeting on the 7th September when Mr Roger Plail Urology Consultant at the Conquest Hospital Hastings came to talk to us. The meeting was well attended and Mr Plail spoke to everyone there which made a super meeting



Above Left and above: Guests enjoying the garden party on 4 August 2019

Left: Spacious new clinic room

Below Left: Patient waiting area

Below: Tom and Elaine with matron Susan Crosby-Jones (R)



LOCAL SUPPORT MEETINGS *See inside front cover for contacts.*

November 2019.

4	Mon	Bexhill	Tai Chi demonstration by Sally Hemmings , Tai Chi tutor.
14	Thurs	Eastbourne	Pre-habilitation, ERAS and survivorship for prostate cancer surgery - Mr Edward Calleja , Consultant Urologist Surgeon, East Sussex NHS
20	Wed	Chichester	Andrew Hart , Clinical Nurse Specialist, Worthing Hospital
26	Tues	Rustington	Patients' Forum
27	Wed	Bournemouth	Annual Social Meeting & Quiz

December

4	Wed	Brighton	Patients' Forum
4	Wed	Pulborough	Discussion of symptoms, treatments, clinicians, hospitals
11	Wed	Waterlooville	Social event including mulled wine, soft drinks, mince pies, and the chance to meet other members. Partners and interested friends welcome. Usual venue but note 11am start. <i>If interested in attending please advise Roger Smith by email secretary.hampshire@pcaso.org.</i>

2020

January

6	Mon	Bexhill	Tbc
8	Wed	Chichester	Tbc
29	Wed	Bournemouth	Dr Richard Tippet , Clinical Radiologist at Dorset County Hospital. mpMRI and biopsy techniques.

February

13	Thurs	Eastbourne	Prostate Cancer: Bits & Bobs, Gemma Ingram-Jones , MacMillan Uro-Oncology CNS, and Andy Yardy , Oncology CNS, East Sussex Health Care
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March

2	Mon	Bexhill	Tbc
3	Tues	Otterbourne	Tbc
10	Tues	Pulborough	Discussion of symptoms, treatments, clinicians, hospitals
11	Wed	Brighton	Tbc
18	Wed	Chichester	Tbc
24	Tues	Rustington	Tbc
25	Wed	Bournemouth	Tbc

VENUES

Dorset

Bournemouth: 7.30pm start
St Marks Church Hall,
Talbot Woods,
BH10 4HY,

Hampshire

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

Waterlooville: 7pm start
Church of the Sacred Heart,
London Road,
PO7 7SR

Sussex

Bexhill: 7pm start
Health Centre, Bexhill Hospital,
Holliers Hill, Bexhill,
TN40 2DZ

Brighton: 7pm start
Macmillan Horizon Centre,
Bristol Gate, Brighton
BN2 5BD

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

Eastbourne: 7pm start
Postgraduate Centre,
Eastbourne District
General Hospital,

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

Rustington: 7pm start
John de Bohun Room,
Woodlands Centre,
Woodlands Avenue,
BN16 3HB,

PSA Testing Events:

Check our website www.pcaso.org for the latest details

PSA testing is by booked appointment only. To register online go to www.psatesting.org and follow the links to the event you are interested in.

If you do not have a computer ask a family member or friend to help you complete the process'.

Nov.	2nd	Bridport (Dorset)
	9th	Bordon (Hampshire)
	23rd	East Grinstead (Sussex)
Dec	7th	Peacehaven (Sussex)
2020		No dates are firm as we go to press, do please check PCaSO website for future PSA Testing events.

PCaSO Members

At most events we need help to make them run smoothly. Checking men in at the door, calling them forward and pre-briefing.

Most events are on a Saturday and usually finished by mid-afternoon. If you are available on any of the dates stated you will be most welcome! Please call:

Roger Bacon (Sussex)
01903 775783

Peter Weir (Hampshire)
01489 892168

Allan Higgin (Dorset)
01202 691710