

UPDATES

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



Issue No. 72
Autumn
2021

Exbury Gardens, New Forest
(Photograph by Peter Weir)

AGM and Trustees
Patient Story
Health and Lifestyle
Retzius - sparing robotic surgery

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FROM THE EDITOR

At the AGM on 26th August members accepted the accounts. Thanks to PCaSO Secretary David Hurst and Dorset Branch Treasurer Barry Taylor for preparing the accounts in the absence of a PCaSO Treasurer. All the former Trustees were re-elected and two new Trustees were also elected (see page 3).

Many thanks for her long service and best wishes to Nicky Annells who stood down in August from the Hampshire Branch Committee, of which she was Chairman, and from the Executive Committee where she represented Hampshire Branch.

Thanks to Hampshire Branch committee member John Bassford for his interesting Patient Story (see page 4).

We are thankful to all those who give their time and effort to PCaSO to help others. We do however need more volunteers to help out, so please read the article on page 5.

We now have the concluding Updates article 'Health and Lifestyle', of the Healthy Living series, which indicates the 'bad habits' we ought to drop and the good things we could do for ourselves to help fight cancer. The article also covers the health impact

of Androgen Deprivation Therapy and explains the factors influencing the development of cancer (see pages 6-9).

Surgical options for prostate removal continue to develop. From open-surgery, laparoscopic and then robotic-assisted is now added a new technique, Retzius-sparing robotic prostatectomy, which may significantly reduce side-effects for eligible patients (see page 10).

Fingers crossed, after a long pause due to Covid-19, we hope to re-start some PSA testing events and some face-to-face Local Group Meetings from the Autumn (see back page).

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.

AGM

The Annual General Meeting of PCaSO was held on Zoom on the evening of Thursday 26th August 2021. There were 26 members and others present online.

Chairman Roger Bacon opened the meeting with a resumé of the year to 31st March 2021 by emphasising how unusual it was. The COVID-19 lockdown had come into force the previous March and the trustees had decided, following government's advice, to stop all face-to-face meetings and all PSA testing events. The charity initially stopped activities.

The website was still in operation, Updates was published and there were men occasionally phoning and emailing for advice, but very little else was happening. Committee meetings went online with the advantage of not having to travel.

By summer 2020 it was decided to start a programme of lectures online and open them to all members and these often attracted an audience of 40-50 people. Most were recorded and placed on the website for those who couldn't attend.

A tragic circumstance was that our honorary treasurer, Viv Miles, had gone to hospital in July 2020 for a planned aneurism operation which had gone very badly wrong. He never left hospital and eventually died on 1st April this year. By October 2020 it was obvious that Viv was unable to return soon so secretary David Hurst collected the treasurer files from Viv's partner and, with much help from fellow trustee Barry Taylor, started to make sense of the spreadsheets. PCaSO advertised for another volunteer treasurer on the website and through other outlets, but it wasn't until this summer that Kevin Simons stepped forward.

David Hurst, secretary and acting treasurer, took up the story. In the last 'normal' year PCaSO had a turnover that was approaching £100,000 a year. In the year under consideration the turnover was down to £22,767, less than a quarter of a normal year. We were not spending much beyond annual fees for insurance, storage, etc. Income was entirely member's regular donations and resulting Gift Aid. We fortunately

had significant reserves in place and our income was more than our limited spending so we were not faced by financial problems, unlike some charities. We were also very fortunate not to have any paid staff nor any offices.

The meeting accepted the accounts which had been circulated earlier.

The secretary then called on the trustees to step down and then they all offered themselves for re-election. There are two new trustees, Lance Allen, who has been active for some years and is the data protection officer for PCaSO, and we are very grateful that Kevin Simons, the new treasurer, also put himself forward. The meeting then unanimously elected Roger Bacon, David Hurst, Allan Higgin, Derek Pilling, Barry Taylor, Peter Weir, Lance Allen and Kevin Simons as trustees.

Roger Bacon then introduced Professor Chris Eden, one of PCaSO's medical advisors, who gave a talk on a new method of prostate removal, see page 10.



Kevin Simons

I retired from work in June this year. Home has been mostly Sussex and here with Kate (my wife of 34 years) we raised four children. I was brought up in Romsey, Hampshire where my mother still lives. My father sadly died of prostate cancer in 2013. After a high PSA, I underwent a series of prostate cancer tests in the US last year, the

results from which ultimately tested negative. With these two events in mind, when I saw the PCaSO newsletters arriving at my mother's flat I got in touch and asked if I could help.

I originally qualified as a Chartered Accountant however I've worked in non-traditional accounting roles for most of my career. For the most part I've worked in head office roles for global companies e.g., PWC, Aviva, Prudential, Barclays, RBS. In my work for PCaSO I will be looking forward to more direct participation than in such large companies.

We play tennis at East Grinstead, and enjoy riding our electric mountain bikes, we have already taken them to Scotland and the Peak District, but I also want start to 'give back', hence my new role with PCaSO.



Lance Allen

I joined PCaSO in late 2016 after attending the PSA Testing Event in Worthing and finding a PSA of 61! My cancer story appears in Updates 67, Winter 2019. I live in Findon Valley, and am retired - my last occupation was Senior Manager, Banking & Treasury, at Equiniti Group (and previously Lloyds Bank). I am PCaSO's data protection officer, assistant Updates editor and an active PSA Test volunteer. I'm also secretary of the Bluebell Railway Trust and chair of Findon Valley Residents' Association. Very keen on healthy diet and exercise.

My Patient Story

by John Bassford, (Hampshire Branch)

I have always considered myself fortunate that I survived my working life without any significant medical intervention and was looking forward to a long and healthy retirement, with plenty of time to indulge in my passion, sailing. Like a lot of men, I knew very little about what the prostate did, or even where it was.

All this was to change. By 2017, aged 66, I started to experience what I referred to as “Private Godfrey moments” after the Dad’s Army character. I took this to be part of the normal ageing process and was not too concerned. I decided, however, that once the sailing season finished, I would make an appointment with my GP. This took place at the start of October and my first blood test was taken. I saw my GP again at the end of October to discuss the results and he did not seem overly concerned, but as my PSA was high (18) he carried out a digital rectal examination and referred me to the urology department at the Queen Alexandra hospital, Portsmouth. Even so, I did not believe at this point that there was anything wrong with me.

Two weeks later I was examined by a urology consultant. I even apologised for taking up his time saying that I was sure there was nothing wrong. He looked me in the eye and replied that from where he was sitting, he was not too sure. In hindsight I believe that he was sure as he booked me in for a TRUS biopsy a week later, and this revealed an aggressive Gleason 10 tumour.

29th November was my D (diagnosis) day. One of the urology Registrars broke the news, and tried to explain my situation, but to be frank I was in shock and most of what he said went over my

head, and I still did not understand the severity of my situation. I went away with 2 week’s supply of hormone treatment tablets, a letter for my GP to start HT injections, an appointment for a CT scan the following week and the Prostate Cancer UK book for the newly diagnosed patient.

20th December saw me sitting with the urology consultant. The good news was that there was no evidence of spread to my bones or major organs. Unfortunately, the cancer had reached the adjacent lymph nodes. My results had been discussed by the hospital multi-discipline team and the conclusion was that it was too late for surgery and that chemotherapy, along with continued hormone therapy was my best bet. I was therefore to be handed over to oncology and also enrolled into the STAMPEDE clinical trial.

Up until this point I had remained remarkably optimistic, and not given much thought to the long-term impact. My focus had been on the treatment rather than the outcome, and the possibility that the cancer could be life-limiting has gone straight over my head. It was only when the oncologist mentioned that the chemotherapy should extend my life by 18 months did I realise the severity of my situation. Even though there was no evidence of metastatic spread, this was a Gleason 10 tumour which had already broken out of the prostate. It was then that I learnt about PCaSO, and found the Knowledge Empowers information booklet invaluable.

My chemotherapy began on 24th January 2018 with the first of 6 planned infusions of docetaxel. The 1st session went without any problems. To be frank, the steroids which preceded the chemo kept



me buoyed up for the week following the infusion. However, the 2nd session was not so good. After a week I felt a bit feverish and so contacted the emergency number I had been given. A very short conversation and I was told to go to the acute oncology ward without delay. My blood pressure was low, heart rate high and within minutes I was connected to an ECG with a drip in each arm. The diagnosis was neutropenia, with my white blood cell count dangerously low. I was kept in isolation for 4 days until my white blood cells had recovered sufficiently for me to be discharged. For subsequent chemo sessions my dose was reduced, and I had to self-inject filgrastim for 7 days to boost the white cells.

Chemo continued. My hair fell out. My strength and stamina both reduced. I lost my sense of smell and taste. My finger and toe nails blackened and became loose resulting in me wearing gloves most of the time. At the consultation before what should have been my 6th and final session my consultant was so concerned about my nails that she stopped the treatment. Looking back, this was the low point of my treatment. I felt that I had somehow failed by not completing the chemotherapy, and that all that lay ahead was the spectre of recurrence when the hormone treatment failed. However, my PSA had fallen to 0.5, and the offending lymph nodes had halved in size.

At the same time STAMPEDE was about to publish the results of Group H of its trials. I had been enrolled into Group A, the control group. Group H studied the addition of radiotherapy to the standard treatment of hormone therapy and docetaxel, and concluded that it significantly improves how long men with lower metastatic burden disease live. My consultant suggested that I be given radiotherapy which I readily accepted, with the caveat that I needed a break as I was keen to spend some time sailing with my wife and son.

This break, sailing round the Solent, with my son on board to help with the heavy work, did me a power of good. My life had become dominated by the cancer and its treatment, and I was able to get away from it all and return to some form of normality. I was even able to take the boat over the Channel to France and the Channel Islands.

Radiotherapy started in September 2018 and lasted for 8 weeks – 37 fractions in total at the QA hospital. My urinary problems had not been improved by the treatment so far, so presenting with a full bladder and empty bowels proved a challenge. Radiotherapy had the desired effect, and by the end of 2018 my PSA had reduced to 0.1, falling further by June 2019 to <0.1, which is deemed undetectable by the hospital. Not bad as I still have a prostate. The tumour has been starved, poisoned, and incinerated.

2 years later my PSA is still undetectable. I am still a control on the STAMPEDE trial, so I get regular check-ups. I remain on hormone treatment (Prostap) and will be on it for life. I have blood tests and a consultation every 6 months, and am nervous each time in case there is a rise in PSA. I am assured that I have not run out of treatment options when recurrence occurs. In the meantime, I take each day as it comes. Prostap

comes with a wide range of side effects, mainly associated with the lack of testosterone. Libido has gone. Stamina is low and needs a good exercise regime. Diet is equally important, but my waistline is hard to control. Bone and muscle density are affected with an increased risk of osteoporosis.

Key to the treatment of Prostate Cancer is early diagnosis, and so in 2019 I started to help at the PCaSO PSA testing events. Last November I was invited to speak, via zoom, to a Pharmaceutical European Conference to give an outline of Prostate Cancer from a patient's viewpoint. This led to me being invited to join the Hampshire PCaSO committee, and am looking forward to the resumption of PSA testing.

I feel fortunate that my cancer was caught before any evidence of metastatic spread but prefer to keep it in the background and concentrate on the here and now. I am now 70 and want to make the most of the next 5 years. When I reach 75, I will say the same. My only regret is not having my PSA checked earlier. It may not have affected the outcome but would have given me more options. I am extremely grateful for all the support and encouragement I have received along the journey, from friends, hospital staff, and in particular from my wife and family.



PCaSO really needs your help!

We need volunteers, as below. Please contact one of our friendly committee members if you would like to discuss helping out.

'Updates' Newsletter Editor

Tony Ball is standing down after 5 years in the post, so we need a new Editor for future issues. Tony and Lance Allen are willing to provide guidance to the new Editor, as required. The holder of this interesting position has freedom to decide and develop the content of Updates for each issue, but will also have material provided by the Branches (Sussex, Hampshire, Dorset). The Editor will work with the Designer, Colin Woodman, to prepare and finalise the draft publication for any comments by Executive Committee members, prior to publication.

Social Media

We are not as active as we should be on social media, although we are fortunate in having Debbie Hatfield from Eastbourne Group managing Twitter for PCaSO. We need someone to develop our Facebook offering, so that we can raise the profile of PCaSO, help people, and hopefully attract some new members.

Hampshire Branch Committee

Four members have retired (or left) the Hampshire Committee. Two retirees that left, have left after long and faithful service. So, we are urgently appealing for new committee members. One of the key posts that needs filling is that of Chairman.

PSA testing events

PCaSO are hoping to resume our important PSA testing events this Autumn in a safe manner, appropriate to the Covid-19 situation at the time. We had enthusiastic volunteers back in 2019 when we last held events, we now need those volunteers to let us know if they will still be available, plus anyone else who would like to help out.

Health and Lifestyle

Reduce your risk of Cancer!

by Tony Ball (Rustington Group)

Reviews and comments by Mark Giddings,
Lance Allen and Roger Bacon

Cancer does not just strike suddenly! It may become apparent suddenly, but it develops from a few of our own cells that have become pre-cancerous over years, or even decades, and hence cancer is a chronic rather than an acute disease. It can be 'hidden' until it reaches a mature stage, then picked up because of screening tests, or urinary symptoms, or tumorous lumps, or even discovered when in hospital for something else altogether. Cancer, alternatively, may stay at an immature stage, controlled by the immune system and never develop into a problem that requires medical treatment.

Healthy lifestyle habits may slow the progression of pre-cancerous cells by inhibiting mutations and preventing them reaching the mature stage. Prostate cancer is one of many cancers, it starts in a man's prostate gland.

Note: a healthy lifestyle is not a substitute for conventional medical check-ups or treatment, but something significant we can do ourselves to improve our chances of combatting ill-health and cancer.

PCaSO members have studied information about healthy living and prepared this article to help fellow prostate cancer patients/survivors. It has not been prepared by experts, nor is it a prescription. It might encourage you to think about any beneficial changes you could make to your lifestyle, and even to do your own research. A Further Reading list is to be found at the end of this article.

Lifestyle risk factors

that may encourage poor health and allow cancer to flourish

We may be able to deny cancer an environment that helps it grow, by swapping 'bad' habits for 'good' ones. A healthy lifestyle can be good for general health as well as cancer, and may improve protection against other ailments. 'Bad' habits may include:

Smoking

smoking increases the risk of lung cancer, but it also affects the general health of the body. Passive ('second-hand') smoke can also be detrimental. Smoking may be a risk factor in higher-grade prostate cancer.

Alcohol

we need to be aware alcohol can damage the body. There are no 'safe' limits of alcohol. According to Cancer Research UK: "*Drinking and smoking are worse than either one alone, because together tobacco and alcohol cause more damage to cells in the body*"

A sedentary lifestyle

being inactive, or insufficient physical activity and/or exercise. It can also lead to weight gain.

Poor diet and nutrition

e.g., eating fried, fatty, 'fast food' or highly processed packaged foods. Too much red meat or processed meat, lack of dietary fibre and too few plant-based foods. Taking vitamin and mineral supplements to make up for poor diet and nutrition is not the right answer.

Charred food

e.g., burnt barbecue meats, burnt toast or food processed at high temperatures, e.g., crisps. Excess heat produces acrylamides in food, which may encourage cancer growth.

Poor gut health

(**gut microbiome**) insufficient good bacteria, too many bad bacteria, can lead to poor immunity.

Being overweight or obese

a BMI (Body Mass Index) of 25-29 is overweight, 30 and over is obese. See BMI calculator at <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

Waist size

(note: this is not your trouser size)

for men with a waist 94 cm (37") or over (regardless of BMI), measured midway between bottom of ribs and top of hips - this indicates 'toxic' body fat. Your waist to hip ratio is also 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). Men in particular have a tendency to pear-shape! For a man, a waist to hip ratio of 0.9 or less is good. Men with a ratio greater than 0.9 may face a higher risk of heart disease and stroke. See British Heart Foundation <https://www.bhf.org.uk/information-support/heart-matters-magazine/nutrition/weight/best-way-to-measure-body-fat>

Ultra-Violet radiation

too much exposure of skin to sunlight /too little protection of skin.

Oxidative stress

is caused by a harmful build-up of 'free radicals' inside our cells. There are biological defences inside each of our cells, protecting and repairing its DNA. (These are not actually part of the immune system, which is outside of the cells). Free radicals can dash about in cells damaging DNA and leading to mutations if growth genes are damaged. Anti-oxidant enzymes can moderate oxidative stress caused by 'free radicals' and so keep a healthy balance within the cell.

Chronic inflammation

the immune system has evolved to tackle threats and injuries to the human body. Acute inflammation is the body's temporary and normal response to these. However, chronic inflammation is where the immune system is over-working and over-

active in its inflammatory response. This is not good and can be a trigger for many diseases including cancer. Chronic inflammation may be caused by smoking, poor diet or lack of physical activity.

Chronic inflammation in our diets may be caused by artificial ingredients in processed foods, by processed meats, by refined grains such as white bread / flour / pasta, by refined vegetable oils (omega-6 fatty-acids) often found in processed and fried foods. Some degree of chronic inflammation can also be

caused by animal products such as red meat, eggs, milk and cheese.

Poor oral health

plaque, gum disease, tooth decay, or bad bacteria in the mouth, can spread through the bloodstream and cause heart and stroke problems, other diseases and possibly impact the gut microbiome as well.

Poor sleep

this can impact general health and weaken our resistance to disease.

Mental stress / fatigue

can be detrimental to health. The hormone cortisol, produced by stress, can stop cancer cells dying, so permitting them to grow uncontrollably.

Ageing

as we age our cancer risk can increase, as our biological and immune systems age as well. Prostate cancer usually affects men aged over 40 and typically many men can be around 70 before it is discovered as there is no UK national screening programme. Men aged 50 and over however are entitled to ask their GP for a PSA test on the NHS.

A healthy lifestyle

Key points you may wish to consider

Quit smoking

if you do smoke, seek help to stop, as it is not easy because nicotine is so addictive.

Minimise alcohol

if you must drink, just have 1 or 2 small glasses of red wine, as it contains beneficial resveratrol, partly offsetting the 'empty calories' from the sugar in the wine. A couple of alcohol-free days per week may be a good idea.

Achieve and maintain a normal weight

keep your BMI below 25 and above 18.5 (aim for a BMI of 21 to 23).

Keep a trim waistline

for men it should be less than 94cm (37") irrespective of BMI. Diabetes UK have a good description of 'How to measure your waist in 4 simple steps', see link: https://www.youtube.com/watch?v=e4cUSNq_OY8

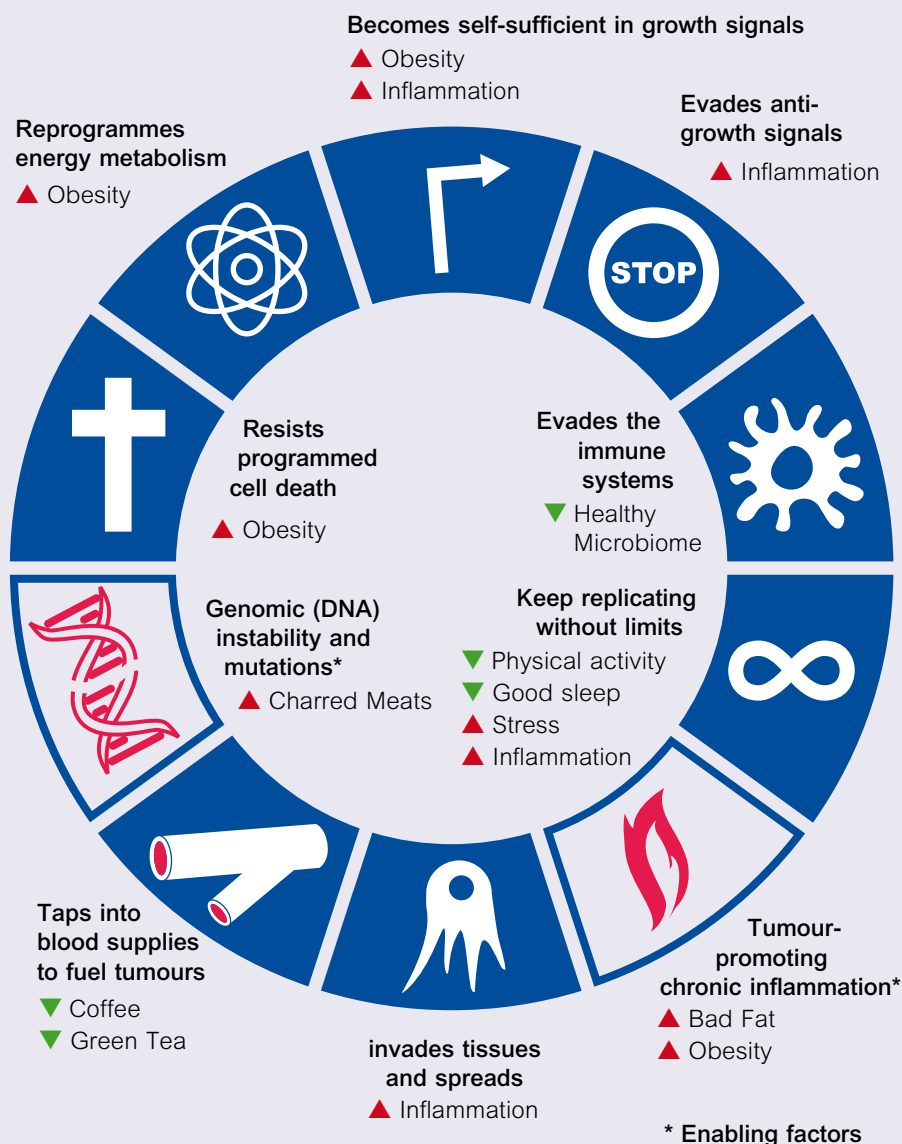
Try intermittent fasting

either overnight fasting of 14 hours ('late breakfast, early dinner'), or

Hallmarks of Cancer as Influenced by Lifestyle Factors

The simplified diagram below shows eight typical characteristics of cancer (of which there are many types) and two fundamental enabling factors of cancer. The diagram also indicates where lifestyle can impact these hallmarks and enabling factors in either positive or negative ways.

"A wide range of factors related to diet, nutrition and physical activity can influence the processes represented by the hallmarks of cancer" (WCRF 2018 'The Cancer Process').



another, such as the 5:2 diet, with two days per week of your choosing, where calories may be limited to 800 per day.

Do sufficient physical activity and exercise

150 minutes of moderate activity or 75 minutes of vigorous activity per week, plus two days per week of strength exercises, also flexibility exercises and balance training. Beware, however the danger of undertaking vigorous exercise you are not used to, build-up gradually. *[For more details see Physical Activity and Exercise (15 pages) on the PCaSO website].*

Avoid unhealthy foods and eat healthily

avoid highly processed foods, avoid processed meat and limit red meat to small lean cuts. For example, follow a Mediterranean-style diet with lots of plant-based foods and good fats such as oily fish, avocado and olive oil. Limit salt and be aware that processed/packaged foods often contain sugar and also salt for flavour. Some fermented foods also contain salt. Experiment with new recipes, take time to eat and enjoy your food.

Nourish your gut health (gut microbiome) with fibre, with natural bio-yoghurt, other fermented foods and a wide variety of colourful vegetables.

With a good varied diet, there should be little need for most supplements (except Vitamin D in winter months), unless you have a known deficiency.

(See Chapter 10 'Vitamins and Minerals' page 238 of 'How to Live' by Professor Robert Thomas, about the dangers of long-term supplementation.)

For more details about healthy eating see 'Updates' newsletter no. 71, Spring/Summer 2021, on the PCaSO website.

Counter Chronic inflammation

chronic inflammation can be countered by not smoking, by exercising and by not eating the above dietary causes, but instead eating fibre rich foods such as vegetables, fruits, whole grains and beans. Healthy fats (including those containing omega-3 fatty acids) can also reduce inflammation. Examples of healthy fats include extra virgin olive oil, avocados, fatty fish, nuts and seeds. Fermented foods such as bio-yoghurt can also reduce chronic inflammation.

Maintain a positive attitude

try to maintain a generally positive attitude, whether to adversity, age and/or health problems. A 'young at heart' positive attitude can help immunity.

Relax and reduce stress

modern life can be busy. Make time to relax, e.g., socialising with friends, or being outdoors with some activity or pastime ('the green gym'). Indoor houseplants can also help relaxation.

There is a good illustration on page 9 of Updates newsletter Winter 2018 issue 64, (see archive on our website) where we reported on the Bristol Whole Life Approach of cancer charity Penny Brohn UK.

Consider a broad approach

Note that one action may complement another. It is preferable to take more than one step towards a healthy lifestyle, as different things you do may work together to improve your chances of better health and anti-cancer effects. For instance, if you put all your efforts into physical exercise development, but do nothing about improving a bad diet, then your body is unlikely to have the energy and nutrients to safely sustain your intensity of exercise.

Androgen Deprivation Therapy

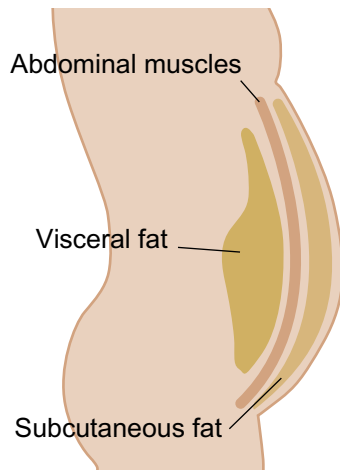
Patients/survivors of prostate cancer diagnosis and treatment tend to suffer more health problems than other men of a similar age. After cancer treatment, particularly if on Androgen Deprivation Treatment (ADT), previously known as 'hormone therapy', prostate cancer patients can lose previous fitness levels and put on weight. Some may die of cardiovascular disease, so you need to be aware of this. If you are on ADT for prostate cancer treatment, then you could ask your GP or consultant if you need monitoring and tests to address your increased risk factors for cardiovascular disease*.

Around 50 per cent of prostate cancer patients receive ADT, 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 may contribute to an increased risk of heart disease, stroke and type 2 diabetes.

Low testosterone levels caused by some prostate cancer treatments may 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 other health problems, even if his prostate cancer has been successfully treated.

ADT can change the way your body handles fat in as little as three weeks, so these health changes can happen pretty quickly.

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, e.g., 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.

ADT reduces testosterone levels and this impacts on how we use insulin. The longer one is on ADT the higher the risk of developing diabetes. ADT can also change HDL and LDL components of cholesterol.

Patients on ADT are more likely to suffer from osteoporosis in the bones, so every 2/3 years they should have a DEXA scan.

Key:

* ADT and cardio-vascular disease (CVD). PCaSO first became aware of the risk to health from hormone therapy (ADT) following a talk by Professor Sara Faithfull of the University of Surrey. *See article on page 5 of UPDATES issue 59, May 2017.*

You may also be interested in the technical article from the American College of Cardiology, see link:

<https://www.acc.org/latest-in-cardiology/articles/2019/07/25/08/34/androgen-deprivation-therapy-and-cvd>

Factors influencing the development of cancer

Cancer is a disease of our cells. Every day our fantastic immune system, which includes T-cells, is finding and dealing with pre-cancerous cells in our bodies, so they do not develop into cancer cells. The immune system includes memory B-cells, which remember threats it has previously dealt with, but sometimes a few cancer cells may slip through as they learn to hide from the immune system.

Cancer risk can be increased by hereditary and other genetic factors. In the specific case of prostate cancer having a father or brother, who has or had prostate cancer, particularly below the age of 60, carries a substantially increased risk for the individual man. Men of African-Caribbean origin also have an increased risk of prostate cancer compared to white Caucasian men.

Studies of identical twins show that an even greater risk of contracting cancer is by how they each lead their individual lives, rather than by their shared DNA. *For most people without heredity or other genetic factors, lifestyle can be the largest risk factor allowing cancer to develop and flourish.*

Comparison of population studies shows cancer incidence is not the same around the world. Different continents and countries can have marked differences of incidence for specific cancers. Generally, a modern so-called 'Western diet' of highly-processed food, high in sugar, meat and low in plant foods is believed to carry a higher cancer risk than an 'Asian' one. We can take steps ourselves to reduce the risk of cancer development, either prevention of cancer in the first place, or to slow the progression and likelihood of recurrence of cancer.

Further reading suggestions:

Books:

Professor Robert Thomas – *'How to Live' published in 2020*

Professor Robert Thomas – *'Keep Healthy after Cancer' 2020 version*

Professor Richard Beliveau and Dr Denis Gingras – *'Foods to Fight Cancer' (published by Dorling Kindersley, 2nd Edition 2017).*

Note: this book was reviewed positively in 2018, see <https://www.pennybrohn.org.uk/reviews/book-review-foods-to-fight-cancer/>

On-line sources:

Penny Brohn UK

(a cancer charity)
www.pennybrohn.org.uk

Prostate Cancer Foundation

www.pcf.org

- a USA charity focused on prostate cancer. It has detailed publications suitable for downloading as pdfs. See PCF 'Wellness Guide'

World Cancer Research Fund - <https://www.wcrf.org/>

a leading authority on cancer prevention research related to diet, weight and physical activity. See WRCF 'A summary of the Third Expert Report'

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 the PCaSO account (Sort Code 40-23-20 Account No. 61303856)

Or download and fill in our Standing order form at www.pcaso.org/donate or, click on the donate button at the top right of most pages on the website.

'Retzius-sparing' robotic surgery

- provides remarkable reductions in side-effects

One of the UK's top prostate surgeons and an advisor to PCaSO, Professor Eden works at both Royal Surrey County (Guildford) and London Bridge hospitals, and has performed almost 4,000 prostatectomies of which, around 670 were using the latest "Retzius-sparing" robotic technique. (The 'Retzius' is the area behind the prostate). Professor Eden now carries out about one-third conventional prostatectomies and two-thirds Retzius-sparing, each year, using the Da Vinci robotic equipment.

The Retzius-sparing method, first used in July 2016, can have a number of real benefits over conventional surgery. The surgeon approaches the prostate gland from underneath, below the bladder. The surgeon works 'robotically', via hand-controlled instruments, in a confined body space. The Retzius-sparing surgery requires a 'high-volume surgeon', who performs over 100 prostatectomies a year, well trained in the new method.

Remarkable improvements in post-operative continence levels have been experienced by patients. Other benefits of the new method include shorter operation time, reduced catheter discomfort, and a higher potency rate. It is not suitable for every case, it depends on the specific patient. It is more suitable for men with inguinal hernia mesh in place, but is not suitable for anterior tumours at the back of the prostate gland.

The recorded Zoom event, published on PCaSO's website, is certainly worth watching, including the Q&A session with PCaSO members, one of whom had already had Retzius-sparing surgery by Professor Eden.

Professor Eden has written articles on the subject, for example see www.santishealth.org

HAMPSHIRE:

Geoff Bailey retires from Committee work

PCaSO Hampshire Committee Member

One of PCaSO's earliest members, Geoff Bailey, has decided that after many years of actively supporting our Charity, the time has come for him to retire from Committee work.

In 2003 Geoff in his capacity as a Patent Attorney for IBM, was contacted by Dan Gaffney a founder member of the Charity for advice on the registration of the name PCaSO with the Charity Commission. Discovering that Geoff himself had been diagnosed with aggressive, inoperable prostate cancer with a prognosis of 2-3 years, Dan explained how changes to diet could be beneficial. Geoff immediately signed up as a member and shortly after joined the Committee as Membership Secretary and subsequently took over the mailing of various newsletters to the members assisted by his wife Ann and in later years by Hampshire member, Mr Ray Marsh.

In addition to learning the value of a controlled diet, Geoff discovered that he was entitled to a second opinion and approached the Royal Marsden Hospital who accepted him and thankfully were more positive about his prognosis and treatment. Following modified

medication and radiotherapy, Geoff was given the good news in 2013 that he was free of prostate cancer. Geoff is convinced that without PCaSO, none of this would have happened, which he believed saved his life.

Following the setting up of the three Branches of PCaSO, Geoff served as a Committee member for Hampshire Branch but remained on the Executive Committee as a Branch representative and a Trustee of the Charity.

Geoff has always given his time freely in supporting the Branch as well as to PCaSO as a whole and has been involved in drafting the Constitution and Rules, many fund raising and awareness campaigns, PSA Testing events and of course arranging the Otterbourne meetings, again with the help of his wife Ann who provided the refreshments and arranged the raffle.

His dedication, knowledge and enthusiasm has helped shape our Charity into the successful organisation it is today.

Geoff will be sadly missed by all his colleagues and members in Hampshire but we are all incredibly grateful to Geoff and Ann for the amazing amount of support and hard work they have given to PCaSO over 18 years.

We wish Geoff well for the future.

Postscript

Since writing this article, I have learnt the sad news that Geoff's dear wife Ann passed away suddenly in late July 2021.

Ann was an untiring advocate for PCaSO in her own right, who not only supported Geoff but also supported many Branch activities.

Those of us that knew Ann, will remember a very special and remarkable lady, who will be sadly missed.

Nicky Annells



Prostate Cancer Support Organisation (PCaSO) purchased bottles for Southampton Oncology Centre NHS

We are extremely grateful for the purchase of 500 x 500ml water bottles in May 2021 which were immediately put to use in June 2021. Not only do they support our patients that are required to fill their bladder for their radiotherapy but also, being biodegradable, they're helping to reduce waste from the department.

Prior to these bottles, water was given to patients in measured cups provided by the trust, however, during COVID and supply difficulties, the cups became varied in sizes and shapes which meant patients bladder filling intake was varied and caused delays and issues with consistent treatment.

These water bottles have taken the guess work out of the drinking for the patients, they support us as we can visualise the quantity they are drinking and we can customise with marking the bottles if they have to drink less than 500ml.

These bottles are given to the patients at their radiotherapy CT



planning appointments at both radiotherapy treatment sites, Basingstoke and Southampton, and are used throughout their treatment. They're also a freebie to support their treatment.

After treatment has finished the patients can choose to keep them or recycle them.

Thank you PCaSO from the NHS staff and patients for supporting this venture.



SUSSEX:



Barry Cocum remembered

It is with deep regret that we have to inform you that member Barry Cocum died in August 2021 at his home. Barry lost his wife, Jessica, to cancer at the beginning of this year and had struggled to come to terms with his loss. He leaves two sons, Chris 31 and Sam 28, both are understandably devastated at the loss of both parents in such a short space of time.

Barry was very committed to PCaSO and took part not only in helping with PSA events but did a considerable amount of fund raising for the charity over the past ten years. He was involved in organising and promoting the very first PSA test event PCaSO held, in October 2011 in Brighton, and after that was a regular at events we held throughout Sussex. He had also been a committee member for Sussex Branch. Barry will be sorely missed.

Debbie Hatfield (Eastbourne Group) comments:

'Barry was committed and passionate about PCaSO work. I remember the branch meetings we used to have at his house in the early days when the Brighton group was starting up. Simultaneously serious and humorous, he was always willing to do his bit and find ways of promoting PCaSO and get men tested.'

Video presentations available now on PCaSO website www.pcaso.org

(click top RH menu then 'Information')

Retzius - sparing robotic radical prostatectomy	26 Aug 2021	52min
Developments in Immunotherapy	19 May 2021	76 min
Diet and Nutrition	22 April 2021	123 min
Chaloner Chute: Prostate Cancer - One Man's Journey	2 March 2021	58 min
Healthy Living - Exercise	18 Feb 2021	91 min
Keeping Active through & beyond Prostate Cancer	14 Jan 2021	56 min
HDR Brachytherapy	26 Nov 2020	24 min
Radicals RT Randomised Controlled Trial	26 Nov 2020	34 min
Erectile Dysfunction	14 Oct 2020	63 min
PCaSO & Prostate Cancer	2020	4 min
PCaSO - what happens at a PSA Test event	2020	5 min

The Surrey and Sussex NHS Cancer Alliance (search for surrey-and-sussex-cancer-alliance/news-and-events/) is promoting prostate cancer awareness and early diagnosis. It has also released a video presentation starring PCaSO members Lance Allen and Brian Holden. This video can be found on YouTube at: <https://www.youtube.com/watch?v=ehUVo7RTPU8>

LOCAL SUPPORT MEETINGS (face-to-face at venue, **not** on zoom). Subject to Covid restrictions at the time. Please check PCaSO website for updates.

September 2021

9	Thurs	Eastbourne	Update on surgery for prostate cancer. (Held) Mr Steve Garnett, Consultant Urological Surgeon, East Sussex Healthcare NHS Trust
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October 2021

20	Wed	Rustington	Patient Forum and discussion as to future meetings
21	Thurs	Bournemouth	Dorset Branch AGM
28	Thurs	Brighton	Patient Forum

November 2021

11	Thurs	Eastbourne	Bladder and Bowel Advisory Service. Debbie Davis and Sarah Day, Senior Advisors, East Sussex Healthcare NHS Trust.
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PCaSO Zoom Events

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

For details of the Zoom events please email info@pcaso.org. Details of further Zoom meetings will be sent by email. If you are not on PCaSO's email list but wish to be included please email info@pcaso.org

Prostate Cancer Research, in collaboration with Tackle Prostate Cancer, has a webinar series on 'Living Well with Prostate Cancer' running until January 2022.

It includes 18 webinars on a whole variety of relevant topics including nutrition, clinical trials, the NHS, resilience and wellbeing, and everything in between. Patients, partners, families and carers have indicated they'd like more support and information in these areas. More information about the webinars – including how to register – can be found at pcr.org.uk/living-well.

Brighton: 7pm start

Macmillan Horizon Centre,
Bristol Gate, Brighton BN2 5BD

Bournemouth: 7.30pm start

St Marks Church Hall,
Talbot Woods, BH10 4HY,

Eastbourne: 7pm start

Postgraduate Centre, Eastbourne District
General Hospital. BN21 2UD

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

Please note that bookings for PSA tests are online only via www.psatesting.org/events. We regret there is no telephone or 'on the day' booking facility.

Check PCaSO website for latest events in late 2021 and into 2022.

Subject to Covid restrictions at the time, the following events are planned for 2021

Oct	2nd	Copthorne Golf Club (Sussex)
	30th	Alton (Hampshire)
Nov	20th	Eastleigh (Hampshire)
	27th	East Grinstead (Sussex)

Home testing kits are also available to order from <https://myspatests.org.uk> costing £24.99 each including return postage and the laboratory costs.

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