When I took the chair of your group, in June 2008, I promised the Committee that one of the principal things I would attempt to do would be to generate more public awareness and interest in prostate cancer, by raising its profile, throughout Norfolk & Waveney.

As we now head into the final six months of my tenure of office I think I am justified in claiming that this objective has been achieved; mainly due to the dedicated work of the committee and others, all of whom share my aims and objectives.

The ‘others’ include the Graham Fulford Trust, which first inspired the Committee to undertake our own local, mass PSA testing sessions.

Then there’s Mr. David Baxter-Smith, the Kidderminster-based urology consultant surgeon, who has supported our work in a most hands-on fashion. He has also, single-handedly, interpreted all the laboratory test-results and has written personal letters to over 13,000 men, tested by the Graham Fulford Trust, over the past two years. The man deserves a medal.

The statistics from our three sessions, held in Norwich (March 2009), Great Yarmouth (September 2009) and at Fakenham (October 2010) have revealed that this region has a greater than the national average percentage of men with a higher-than-expected PSA level. There appears to be no apparent reason for this anomaly.

Each of the 642 men we tested at our three sessions was sent a ‘green’, ‘amber’, or ‘red’ letter, from David Baxter-Smith. ‘Green’ - if there was nothing abnormal about their PSA level reading; ‘Amber’ - if it was above normal; ‘Red’ - if it was at such an elevated level as to suggest the need for further investigation, by their own GP.

Overall, there were 563 green, 32 amber and 47 red letters sent out and, from information volunteered by some of the men tested, we know of 12, (from the first two sessions at Norwich and Great Yarmouth), who have been, or are now being, treated for prostate cancer.

At these two sessions the youngest man to receive a ‘red’ letter was aged only 48 and the oldest was 81. As might be expected, the vast majority of the ‘reds’ were within the 65-75 age range.

It is too early for us to have received any follow-up advice from the 218 men tested at Fakenham, on 23 September this year, but it is likely there will be a similar ratio found to have prostate cancer, as with the earlier two sessions.

With 21 reds being found at Fakenham, as against Norwich (15) and Great Yarmouth (11) we have to anticipate that there will be more than likely be a greater number of instances of prostate cancer being diagnosed, from those tested at that session.

Over the next few weeks we will be undertaking a more detailed analysis of the results of our three sessions and, in due course, we shall be seeking a meeting with the management of the local PCTs and Anglia Cancer Network, to present our findings to them.

We will also be highlighting the many identified instances of men had been previously refused a PSA test by their GP; some with a family history of prostate and/or breast cancer. This has to be matter of some real concern to them.

The Fakenham session was the final one we intend to undertake for the foreseeable future. The net cost to the Group is of the order of £1000-£1,500 for each session, so it is not possible to underwrite the costs of any more sessions at this time.

I and your committee feel that our aim, to create a greater awareness of prostate cancer throughout Norfolk and north Suffolk, has been achieved. From hereon we intend to concentrate on and, where necessary, extend our involvement with support and information; these being the two principal aims and objectives of this Group when it was set-up some seven years ago.

At last month’s committee meeting I suggested that we carry out what I call an ‘audit’ of the Group’s way of operating. We need to review both what we are doing and the way in which we are doing it? This will involve reviewing such matters as Open Meetings’ – their frequency and venues; the Newsletter – the frequency of editions and the format; a review of the Membership and the resultant mailing lists. These are just a few of the things we need to take a good look at. Procedures which were first adopted some seven years ago may now need to be reviewed and reassessed, to see if they still serve us as well as they might?

I have already told the committee that this will be the third and final year of my chairmanship and I feel most strongly that I have a duty to ensure that I leave the Group’s affairs and procedures in good order, so that it has the best chance of continuing for many more years. This is, I hope you will agree, the best legacy I can leave behind me.

In the meantime, is there any member out there prepared to take over from me as chairman, in April next year? If you are even slightly interested, please call me to have a chat about it, without any commitment at this time. You can call me on 01603 720980, anytime.

Ray Cossey - Chairman
As prostate cancer sufferers are well aware, the issue of prostate cancer screening and its potential for saving many of the 10,000 men who die of the disease in the UK each year, has been stalled because of the very well documented shortcomings of the only currently practical test that could be used, the PSA Test.

Prostate cancer, in its early, curable, stage, normally has no symptoms. It is in a harmless form extremely common and many men are never aware that they have it.

Patients, have for years been calling, if not for full PSA-based screening, at least for a programme to encourage men at risk to take the test.

However, clinicians, concerned about the harm that would be done by the diagnosis and treatment of irrelevant cancers that will never trouble a man, are largely sceptical about the benefits of such a course.

So, official policy about PSA testing has been, at the very least, equivocal, with a strong bias towards not encouraging men to have the test.

It is the belief of the vast majority of patients that this is leading to late diagnosis and in March last year, results of a large European trial were published that, for the first time, showed clear a reduction in mortality from PSA-based screening.

Unfortunately, it also showed that this was accompanied by a large measure of over-treatment, and did nothing to resolve the controversy – if anything it fuelled it.

Last November, the Prostate Cancer Support Federation, held “The Great PSA Debate”.

The reduction in mortality shown by the European Trial was bought at enormous cost in needless painful and occasionally dangerous biopsies.

The proposal for the trial is a direct result of a The Great PSA Debate staged by the Prostate Cancer Support Federation (of which your group is a member).

Here the chairman of the Federation, Sandy Tyndale-Biscoe, explains the thinking behind the trial.

With our contribution the target amount for this phase of the project has been reached.

A serum PSA test, on its own, is a poor measure of the likelihood that a man has prostate cancer, unless the reading is very high.

Approximately 20% of dangerous prostate cancers show no significant raise in PSA levels, and in more than 75% of the cases where it is raised, subsequent biopsy does not show the presence of cancer.

So, as a screening test it fails on both the key counts: it is not specific (abnormal results indicate cancer in only a third of cases) and it is not sensitive (cancer can exist without raised PSA).

Recent research, however, has shown that when you factor in a number of other indicators, such as ethnicity, family history, urinary symptoms, and, significantly, the ratio of free-to-total PSA, you can get an accurate assessment of the risk that a man has a dangerous cancer.

The aim of our proposed trial is to show how use of such a technique, could significantly reduce the number of biopsies, without reducing the number of significant cancers discovered.

If such were demonstrated, it would be a major step on the road to the change in clinical practice that would save lives.

To change clinical practice needs evidence, and that doesn’t come cheap. Randomised trials represent the “gold” standard for evidence, otherwise, advocacy or pessimism can have strong effects.

A large, “well-powered” study is required to provide robust evidence and change clinical practice.

The risk based screen would be employed in General Practice as this represents the first point of contact for most patients.

GPs’ practices would be randomised, some to deliver an active intervention using a risk based assessment (the Sunnybrook risk calculator) and others to use the current threshold based PSA test, with no active encouragement.

There will be 3 main phases -

- Trial protocol approved and ethics committee and other governance approvals obtained
- Full recruitment and main body of work and analysis Mar 2011 – Jun 2014

The trial will be run by some very eminent researchers and clinicians, including, Prof John Anderson (president-elect of the British Association of Urological Surgeons), Prof Kenneth Muir (Warwick University), Dr Chris Parker (Royal Marsden) and David Baxter-Smith (Prostate Cancer Support Federation Medical Adviser)

Continued on page 3
The bladder scanner which the Group has given to the Norfolk and Norwich University Hospital was handed over to consultant oncologist Dr. Robert Wade at the August open meeting.

Dr. Wade told members how essential it was for a patient undergoing radiotherapy of the prostate to have a full bladder before the start of a treatment session. The scanner enables oncologists to be certain of this.

Costing just under £8,000, the scanner is being used specifically for patients with prostate cancer.

Ray Cossey, (right), presents consultant oncologist, Dr. Robert Wade, with the bladder scanner.
Many Thanks for the following donations since the last Newsletter

VG & FM Allum  £10
J Whetter  £20
DL & IJ Paull  £30
S & J Mitchell  £572
Royal George (Chapter 52) Masons  £500
V Allen (Cake Sales)  £50
V King (The Lodge North Tuddenham)  £20
Wroxham & Hoveton Lions  £500

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You get it sooner, and it saves us printing and postage costs.
If you would like to do this please email Harvey Meadows at nwpcsg@hotmail.co.uk

Dates for your Diary

Monday 6 December
In the Benjamin Gooch Lecture Theatre, East Atrium Norfolk and Norwich University Hospital at 7 p.m.

John Wilson MBE
Angler, TV personality and prostate cancer survivor
“Angler’s Yarns, TV Anecdotes and my Prostate cancer Experience”

Monday 7 February
Julia Hayward of The Really Healthy Company
Complementary Nutrition Therapy for Cancer.

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Do you need help or advice?
We have 29 Group members available at the end of a telephone ready to help.
There is probably one near you.
For details please ring our Welfare Officer, David Wiseman, on 01603 260539.