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Regional Workshops

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Building on our regionalisation initiative we held four very successful workshops during October and November in Bristol, Manchester, Birmingham and London. These were focused on topics the regions had told us they wanted to discuss, including advanced prostate cancer care and treatment, and early detection. As well as these topics the day also included an update on Tackle progress, Prostate Cancer UK (PCUK) activities and developments in the new quality standards for prostate cancer.

At each workshop the last part of the day centred around a Q & A



Simon Lanyon, Talking at the Birmingham Conference

session with local clinicians. This was extremely well received and achieved the highest rating on the feedback forms.

Overall, some 134 people attended the four events, with 106 members representing 45 support groups. The attendees commented on the value of PCUK working closely with Tackle, as indeed PCUK kindly provided the venues, logistics and some of the speakers.

There was strong support for continuing with this type of workshop and we will be looking to build these into our plans for 2015. Feedback from the attendees was that we should encourage more local members to attend and widen the reach of such workshops beyond existing support groups.

Such workshops provide a really local dimension to what Tackle is doing nationally and helps us stay in touch with grass roots issues.

Tackle announces appointment of Roger Wotton as Acting Chairman

As was reported at the Regional Conferences (this page) the Board of Trustees of the Prostate Cancer Support Federation, recognising the need for an orderly transfer of roles amongst the officers of the Charity, agreed on 8th October to accept the resignation of Sandy Tyndale-Biscoe as Chairman with effect from 1st January 2015, and to appoint Roger Wotton as Acting Chairman, pending election as Chairman at the 2015 AGM. Below we have articles from both the incoming and outgoing officers, putting the current status of Tackle in perspective, and looking forward to the future.

Seven years on – a Haul Down Report

By Sandy Tyndale-Biscoe

It all started over a beer with “the General”. In 2007, I was chairman of PCaSO, and had been attending meetings at which I’d met, and become instant friends with, Brigadier John Anderson, at that time the Chief Executive of the Prostate Research Campaign UK, now absorbed into Prostate Cancer UK (PCUK). After one of the meetings he and I went to the pub where I moaned about the frustration I felt, trying to get an umbrella organisation for support groups up and running. I’d been to several meetings of the working group set up, four years earlier, by the leaders of 4 of the country’s biggest support groups, at which all that was ever done was discuss constitutional issues and how we needed to get all the ducks in line before we could do anything positive.

He said “What do you need?” I said “Money – to get over all the hurdles in getting registered as a Charity and to hold a high profile inaugural event at which we can get as many representatives of patient-led support groups as possible.” “You got it”, he said. And so it began.

At the time members of the working group were suffering from a certain amount of “committee fatigue”, and so the offer of professional and financial support triggered a sudden surge of good will. With an announced launch in prospect, minds were focussed wonderfully, and, under John Dwyer’s wise chairmanship, arguments about rules and powers evaporated. In April 2008 we held the inaugural Conference at Imperial College, London, attended by 55 representatives of 24 patient-led support organisations, all of which became and remain members of the Federation. We started with certain fundamental principles:

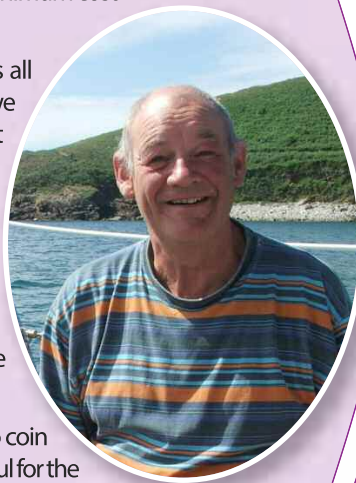
- Prostate cancer patients need a national voice.
- Such a voice can only be provided by an independent, agile and fearless organisation, that is prepared take risks and upset those who seek to deny patients a fair deal.
- Support groups vary enormously and can be fiercely independent; they do not want to be told what they can and cannot do.
- Membership of the Federation should be seen by support groups as a “win-win”; it should be at minimum cost to the members.

Seven years later, those principles all remain applicable. What’s more, we are beginning, thanks in a great part to the new identity “Tackle”, to be recognised as the voice of patients. Proof of this came when we were asked to chair a working group to feed patients views into the NICE Prostate Cancer Quality Standard, which could never have happened seven years ago.

And so, as I “haul down my flag” (to coin a naval expression) I am both grateful for the opportunity to play a role in the creation of the Federation and Tackle, and confident that the future is bright. I thank John Anderson for the initial kick-off, all the Trustees who served over the years and who always gave me unwavering public support (even when I was wrong). And I thank Rowena, as always, for seeing our potential, and agreeing to join us and help us fulfil it. I wish Roger the best of luck (he shouldn’t need it, it’s a first rate team) and I look forward to watching, from the side-lines, the voice of prostate cancer patients being ever more heard in the land.

And finally, I’d like to share something that only occurred to me in the past nine months: in the thirteen years that I have been involved with this awful disease I have met many men who, on diagnosis, were given very bad prognoses, in some cases only months to live. With a few sad exceptions they are mostly still alive. What have they in common? They are all involved with support groups. From this I conclude that:

the best way to beat cancer is to help others beat it.



A Message From Roger Wotton Acting Chairman

I am honoured to take on the role of acting Chairman of our organisation, pending approval at the AGM. Let me first pay tribute to Sandy Tyndale-Biscoe as outgoing Chairman. We all owe him a debt of gratitude for his time, effort and commitment to the Federation over many years. In particular I’d like to highlight his work with Rowena Bartlett, our CEO, to improve the professionalism of the Federation, his strong advocacy for the “Tackle” brand, and perhaps most visibly, for his personal campaigning efforts on behalf of all prostate cancer patients. Sandy will be a hard act to follow.

Looking to the future I would like to build on the work already underway and make the Federation truly the voice of prostate cancer patients and their families. No other organisation is in a position to do this and our strength lies in our 15,000 members and their partners. Our aims remain the same, including seeking to establish and help support groups wherever there is a need. More work needs to be done to have a strong support network established alongside major urology and oncology centres. We still have some gaps in various parts of the country and we need to help support groups become more effective by sharing best practices and promoting better networking. I’d also like to see a trustee visit to every support group nationwide over the next two years.

Raising awareness of prostate cancer remains a priority and our major push planned on early detection will certainly help here. We are also establishing a name for ourselves in campaigning for better treatments, in lobbying for wider drug availability, and being asked to participate in developing improved standards. This will continue as we seek to improve the care and wellbeing of all prostate cancer patients.

But we can’t do this alone. We have to work closely with our partners such as Prostate Cancer UK and work jointly on some activities where we can leverage our combined efforts and expertise.

I know from the recent round of regional workshops that these aims and objectives resonate with members and I shall do all I can to make sure the Federation stays closely connected with the grass roots and continues to be the effective voice we aspire to.

My thanks for your continued support.

Bip Wetherell's Experience with a PET Scan in Munich

Bip Wetherell



Here's a picture of me enjoying myself at the London Palladium. The one that was taken recently when I was performing at a local Old Age Pensioners Xmas Party was apparently a better shot but the camera got smashed when the fighting broke out!

So, as you can see, I am a guitar/keyboard/vocalist who tells very bad jokes. I gig with a band called the 'Tornados' and we have managed to travel the U.K. and Europe on the strength of only ever having one No.1 hit 'Telstar'. I hasten to add I am not one of the originals as I was delivering newspapers when 'Telstar' became a worldwide hit in 1962. I work with the original drummer, 'Clem Cattini' who is still bashing away at the ripe old age of 77.

I am not gigging at the moment as my life has been suspended once again for further treatment for the Prostate Cancer that, annoyingly, re-appeared, again, this summer. I had been in remission for several years but, within a period of 6 months, my PSA went from below 1 up to 14.8. This was the obvious indicator that the Cancer was on its travels, professionally known as 'metastasizing'.

I was being treated by an excellent Oncologist at Addenbrookes but I decided that, in the order of things, a Professor, instead of a Doctor, would be a better idea, and as my private insurance company was paying the bills, I am now under the expert guidance of Professor Nicholas James at Q.E Hospital in Birmingham. The Main Man!

Can I just say my treatment at Addenbrookes was superb and the decision to change was my wife Elaine and mine alone. At the end of the day it is your life in your hands and you must do your own research. See as many experts as possible and finally make your own decisions, rightly or wrongly.

Was I right to decide to have my Prostate removed with a PSA of 46.8? I was told there was a chance I would lose my 'Erectile Nerves'. **They have gone!**

If I want a very poor erection, I have to inject and as you can imagine it definitely kills the moment. Viagra didn't work and I was told I might be incontinent.

Incontinence was so bad that I had to wear a bag initially and then level 2 Tena pads, constantly looking for the nearest toilet.

After spending a year doing 250 pelvic crunches every day I, finally gave up the ghost and had an artificial Sphincter fitted

which has cut me down from twenty pads a day (Nightmare!), to four to six (Manageable).

Prof James was surprised at how quickly my PSA had risen in such a relatively short space of time and like me, was concerned where the Cancer was going to end up.

The normal procedure was to wait to see if it decided to go to my groin, pelvis, femur, spine, kidneys, wherever and then there would be Chemotherapy, followed by Palliative care.

Obviously Zoladex etc., and other drugs, would delay this from happening, but I wanted to know where the Cancer was going to end up.

He then mentioned the hospital in Munich where they would give you an injection, scan your body from knees to nose, and it would be able to show where the Cancer was. This type of scan is called a PET Scan, but In Germany, they use a different isotope called Gallium 68, combined with a complex organic compound which binds itself to a membrane (PSMA) expressed by prostate cancer cells and is not available on the NHS, nor covered by private insurance, so there was only one thing for it. Cancel the cruise, and spend the money going to Munich.

So, off we went sharpish to a nice Hotel, had the scan done. We went to a couple of excellent beer gardens, and returned with the most important D.V.D. of my life.

Our next meeting with Prof. James clearly showed the cancer in six lymph nodes, above my bladder, apparently on its way to my Kidneys. Six little white dots that would not have shown under the normal scanning method's in the U.K. Doesn't that annoy the hell out of you? Why haven't we got one in the U.K.? What about the poor guy who cannot afford to go to Munich? It's a disgrace.

As I think I am the first patient that Prof James has dealt with to go to Munich and have a PET scan, several questions were raised. My prostate was removed robotically in Sept 2008 and the Cancer came back in 2009. Three months of radiation at Addenbrookes in the summer of 2009 hopefully got rid of it. We thought this was the case until the PSA started slowly but surely to rise.

So my question is this. The scan from Germany clearly shows that I have no cancer in my body apart from the six lymph nodes. So, think about it. The original Radiotherapy must have worked as there is no Cancer around the pelvis area where the original Radiotherapy was targeted. So is this cancer in the six lymph nodes part of a minute leakage from the original operation that has taken years to travel to where it is at the moment?

As you know you cannot have radiotherapy in the same place twice. So I have been very lucky for Prof James to authorise treatment at the Little Aston Cancer Care Unit, at the Spire Hospital, north of Birmingham, on the offending lymph nodes.

I am a third of the way through 27 daily sessions of 15 minutes Monday to Friday and I have hopes that the treatment will, at worst, delay things for a few years, but at best, there might be a miracle chance of the Cancer being eradicated.

So why can't the new radiotherapy kill off the new targeted areas? I know there might be some rogue cells somewhere in my body, that even the machine in Munich cannot pick up, But think about it. If they rear their ugly head in the future I'll go back to Munich to find out what's going on.

So for some strange reason Elaine and I are really 'up' about the treatment and are confident there might be a possible cure. Fingers crossed eh!

My brush with prostate cancer

Dennis Walker - PROSTaid



Eight years ago I volunteered to join the ProtecT Study (Prostate Testing for Cancer and Treatment), a nationwide programme. My PSA reading in March 2006 was 3.7, and I agreed to take part in the monitoring programme. Approximately every three months up to July 2008, then every six months until January 2012 I had blood tests. During this period the readings crept up steadily to 6.3.

At this point I went back onto three-monthly checks until August 2013, during which time the line on the graph took on a steeper curve until it reached 10. I decided that further consultation was needed, and saw the consultant in Leicester. His opinion was to just carry on monitoring.

Not being happy with this opinion, I approached my doctor and suggested a second opinion. His reaction was 'I don't blame you!'

Having done some research, including consultation with my younger brother who was ahead of me in investigating possible procedures, I decided that the best option could be HIFU*. Consequently I arranged for an appointment at the UCLH (University College of London Hospitals) in November 2012. The consultation with Professor Emberton resulted in a series of tests and scans, including a targeted biopsy in August 2013. This involved, under anaesthetic, having a series of needles inserted between the scrotum and anus, which enabled the team to locate the precise position of the cancer. This resulted in two areas being identified, each in a totally separate position. Fortunately, they were also identified as being contained.

This information led to the HIFU procedure being undertaken in December 2013.

Because the procedure involved a general anaesthetic, I had no knowledge of what happened after my early morning

admission until coming round in the afternoon with a supra-pubic catheter in place (this is through the stomach wall). Having proved to be able to cope, I was sent home the same day. In fact, all the procedures mentioned were done as a day patient, and no hospitalisation was needed at all.

The catheter was able to be removed after about three weeks – normally by a District Nurse, but in my case it was done at UCLH. Having the catheter and bag was the worst part of the process – once it was removed, I had no discomfort or side effects at all – and only an extra 'tummy button' (where the catheter was inserted) to show for my experience. I lead a normal life, have no scars, no continence or other problems – I am just unable to produce sperm – but who wants to be a father at 76?

I was advised that it wouldn't be possible to get an accurate PSA reading for a few months. When I did (in March 2014), it was down to 0.099 (nearly off the bottom of the scale!). A further test in August 2014 gave an even lower reading of 0.064.

The moral of the story is, don't rely on one consultant for advice. Do your own research, don't assume you have to be treated locally, and discuss the options with your doctor. I am delighted with the consideration, care and treatment I received at UCLH – a hospital which is a different world to what is available locally, and well worth the train trips to London.

***HIFU stands for High Intensity Focused Ultrasound.**

Doctors use a machine that gives off high-frequency sound waves which deliver a strong beam to a specific part of a cancer. Some cells die when this high intensity ultrasound beam is focused directly onto them.

Doctors have been interested in this type of treatment for nearly 50 years, but it is only in recent years that they have been seriously investigating its use.

One advantage of this type of treatment is that because it only uses sound waves to kill the cancer cells, it doesn't have as many side effects as other types of cancer treatments already in use.

HIFU is only useful to treat a single tumour or part of a large tumour. It can't be used to treat tumours that are more widespread.

This means that HIFU is not suitable for people with cancer that has spread to more than one place in their body.

HIFU doesn't pass through either solid bone or air, which means it is not suitable to treat every type of cancer. It is available in the UK as part of clinical trials for some types of cancer.

Gift Aid

Did you know, if your group is a registered charity, you can claim GiftAid from HMRC on personal donations given to the charity. This will increase their value by 25% at no cost to the charity or the donor. To register or to find out more, go to:

www.hmrc.gov.uk/charities/gift-aid-toolkit.htm

Urinary Continence - Treatment following a Prostatectomy/Prostate Surgery

Stuart Berry - PROSTaid

Having been diagnosed with prostate cancer I had an Open Radical Prostatectomy in March 2003. Prior to my operation I was told about the risk of incontinence and to practice pelvic floor exercises.

I was discharged from hospital with a catheter inserted and stents into my kidneys because on occasions my urine bypassed the catheter. I was given continence pads to contain any possible leakage due to urine bypassing the catheter.

Six weeks later I returned to hospital to have the catheter and stents removed. On leaving hospital I was given a supply of continence pads with an appointment for a district nurse to **conduct an assessment of my needs**. Thereafter I had annual check ups to assess whether my needs had changed. Throughout this period I had regular appointments with a continence nurse specialist and given supplies **free of charge** until some years later I had an artificial urinary sphincter

I have assisted on the Tackle and PROSTaid Helpline for several years and received a number of calls from men who experience urinary continence issues following treatment for PC some complain they have to pay for continence supplies. Recently I received 2 calls from men who on being discharged from hospital were given a few days supply of pads and told they have to purchase further supplies themselves and when checking with their GP they were given the same advice. Clearly some men who experience these side effects are NOT adequately supported. This is UNACCEPTABLE!! in particular when prior to treatment the vast majority of men won't have this extreme symptom. This lack of support does not conform to best practice and as far as I am able to establish does not follow NHS guidelines. The Bladder and Bowel Foundation told me they regularly receive such enquiries. I also asked Prostate Cancer UK for advice and was told they recognise there is a problem and that their policy team are considering a campaign to address these issues.

implanted which has significantly improved my quality of life.

There is NO national policy regarding the supply of continence products, some areas provide them FOC others do NOT.

Incontinence can be embarrassing and degrading. It is extremely important to have an assessment to establish the cause etc, get advice about and perform pelvic floor exercises, establish the severity, whether there is a long term need and get the correct product as there are a variety of different types/grades.

My advice to men with these symptoms is to ask your nurse specialist or doctor for an assessment and if you have a long term need and/or if you have severe symptoms you should be provided with continence products Free of Charge for as long as necessary. Even if your symptoms are mild or short term you should be supported not left to manage by yourself.

Thankfully, now less invasive surgical procedures are available fewer men will experience severe or permanent incontinence.

Note from Ed: Tackle is looking to include plans for an incontinence survey at some point in the future.

Long-Term Results From The PR07 Trial

Adding radiotherapy to hormone therapy halves deaths from locally-advanced prostate cancer

The long-term results from the PR07 trial have confirmed that treating men who have locally-advanced prostate cancer with radiotherapy as well as hormone therapy improves survival. Adding radiotherapy to hormone therapy almost halved the risk of men dying from prostate cancer within 8 years.

The trial recruited patients between 1995 and 2005. 1,205 patients with locally-advanced prostate cancer (which had grown outside the surface of the prostate but had not spread further) took part in the trial. Half were treated with hormone therapy and the other half were treated with hormone therapy plus radiotherapy.

Professor Malcolm Mason, from the Cardiff University School of Medicine, said, "It's very encouraging to see that the benefits of adding radiotherapy to prostate cancer treatment are maintained over the long term. This will give hope to men suffering from this terrible disease.

"It's important to remember that there have been huge advances in radiotherapy since this trial began and the doses used here are low by modern standards. We won't know for sure without further trials, but it's possible that higher doses of radiotherapy could achieve even better outcomes than those seen in our study."

The trial also looked at the side-effects of adding radiotherapy to hormone therapy. The results showed that men who had radiotherapy were more likely to have moderate side-effects (such as diarrhoea) 6-months after treatment. However, these side-effects did not last and, after 2 years, there was no difference in side-effects compared to men who had received hormone therapy alone.

Adding radiotherapy to hormone therapy is an increasingly common approach to treating locally-advanced prostate cancer. However, some men are still being treated with hormone therapy alone. The researchers say that all men with locally-advanced prostate cancer who are fit enough for radiotherapy should be offered it in addition to hormone therapy. Reducing the number of men who are treated with hormone therapy alone could save hundreds of lives.

It is encouraging to see the latest prostate cancer guidelines from NICE (now out for consultation) include the recommendation to offer men in this category the combination of radiotherapy and hormone therapy

The PR07/PR.3 trial registration number is ISRCTN24991896. The trial was coordinated by NCIC Clinical Trials Group, Ontario, Canada and MRC Clinical Trials Unit in the UK. These results were published in the Journal of Clinical Oncology in January 2015. If you would like to find out more about the PR07 trial and these results, please visit www.ctu.mrc.ac.uk



During November Tackle held an Awareness Raising Event at various stations in London, including Waterloo and Victoria, as part of our commitment to promoting Early Detection. We gave away 10,000 leaflets, representing the 10,000 men who die each year from the disease, telling people about prostate cancer and encouraging them to log on to the Tackle website to find out more.

Somerset Prostate Support Association Stand at Sherborne Castle Car Show

Brian Smart, Somerset Prostate Support Association

The visit to Sherborne Castle Car Show (albeit with only 3 days notice to stand-in for Prostate Cancer UK) went well. We erected the gazebo and had many people visit. We actually ran out of our own 3 fold leaflets at this event, though we did have a large stock of Prostate UK literature so all was not lost. The Charitable proceeds from the show were being split between the Parkinson's UK charity and Prostate Cancer UK, therefore we were not a direct recipient of the total proceeds from the event. Notwithstanding this, the Wessex Ferrari Owners club were giving children a ride in a Ferrari supercar for a donation and this fundraising was split between the two charities. As well as working from our stand we went around the whole show giving out leaflets and talking to people about our work promoting awareness of Prostate Cancer.

There were some fascinating cars there, Ferraris, Maseratis, Lambourginis, Ford Mustangs, Jaguar 220s, Aston Martins, a Tesla and many more including a pre 1920 racing car. The Ford GT40 (my personal favourite) was among them. A show that was well worth a visit.

Two weeks later we had a Stand for the whole weekend at Bishops Lydeard Steam Fair

Another day, another vehicle show!



Our new display tent can be seen in the picture with our organiser Danny O'Sullivan holding the fort. As you can see if you look closely, his dedication extends to even doing his dialysing whilst on duty manning the stand.

Luckily we had enough leaflets to restock our display after giving out so many at Sherborne Castle. There was still that reluctance among some men who would look the other way when passing, or say they were not interested or did not need any leaflet.

I have included some pictures of the entrants, to give a flavour of the event and perhaps tempt some of you to give help at your own local events. For £30 you could pay to sit in the Spitfire and start the engine, real "big boys toys"



Don't Fry Your Meat – Here's Why

It's not just what eat, it's how you cook it. Research from the University of Southern California (USC) and the Cancer Prevention Institute of California (CPIC) reports that cooking red meats at high temperatures, especially pan-fried red meats, may increase the risk of advanced prostate cancer by as much as 40 percent.

The researchers, led by Mariana Stern, Ph.D., associate professor of preventive medicine at the Keck School of Medicine at USC, believe that potent chemical carcinogens formed when meats are cooked at high temperatures may contribute to an increased risk of prostate cancer.

The researchers examined pooled data from nearly 2,000 men who participated in the California Collaborative Prostate Cancer Study, a multiethnic, case-controlled study conducted in the San Francisco Bay Area. The study participants completed a comprehensive questionnaire that evaluated amount and type of meat intake, including poultry and processed red meat. Information regarding cooking practices (e.g., pan-frying, oven-broiling and grilling) was obtained using color photographs that displayed the level of doneness. More than 1,000 of the men included in the study had been diagnosed with advanced prostate cancer.

Reporting in the journal *Carcinogenesis*, the researchers noted that men who ate more than 1.5 servings of pan-fried red meat per week increased their risk of advanced prostate cancer by 30 percent. Those men who ate more than 2.5 servings of red meat cooked at high temperatures were 40 percent more likely to have advanced prostate cancer.

When considering specific types of red meats, hamburgers – but not steak – were linked to an increased risk of prostate cancer, especially among Hispanic men. The researchers speculate that this is because of higher levels of carcinogen accumulation in hamburgers, which can attain higher internal and external temperatures faster than steak. What was also found was that men with diets high in roasted poultry had a lower risk of advanced prostate cancer, while consumption of pan-fried poultry was associated with increased risk.

The bottom line: Pan-frying, regardless of meat type, consistently led to an increased risk of prostate cancer. The researchers do not know why pan-frying poses a higher risk of prostate cancer, but they suspect it is due to the formation of heterocyclic amines (HCAs) – DNA-damaging carcinogens that are created during the high-heat cooking of red meat and poultry. These carcinogens are formed when sugars and amino acids are exposed to higher temperatures for longer periods. *Ed: these are the the views from Johns Hopkins Medicine*

Please Check Your Details

Unless otherwise requested, your details will appear on the list of groups on our website.

Please would all affiliated members check on the PCSF website, that their details are correct on both the map: **(Please note, this information has been updated to include meeting places and times of meetings)**

<http://tinyurl.com/429ee7f>

and the contact web page:

www.tackleprostate.org/member-organisations.php

If there are any alterations, please contact: Simon Lanyon

Email simon.lanyon@tackleprostate.org.

Terry Chappelle Stars in Sing as we go

Noel Warner, Norfolk & Waveney Prostate Cancer Support Group

Most men, having passed their 80th birthday, would be forgiven if they decided to sit back and take things easy. No such indulgence with veteran entertainer, Terry Chappelle, who lives in Sheringham, Norfolk and has been performing on stage for more years than he cares to remember. He has no intention of taking a final curtain-call any time soon. Last year he and his fellow local entertainers staged a revue show in aid of Norfolk & Waveney Prostate Cancer Support Group, of which Terry is a member, which raised almost £1,250.

In September this year he produced, directed and starred in a second annual show called 'Sing As We Go' in which he brought-back-to-life singing stars, including Marlene Dietrich and Gracie Fields, with Vera Lynn also making an appearance. Terry said, "The show was about the Second World War, the Blitz and how people kept up their spirits with songs. It was a very merry show which people seemed to very much enjoy. This is not surprising with so many people now into 1940s events. It was somewhat physically demanding for me as I didn't just leap from costume to costume, but from gender to gender.

I wanted to give something back to the cancer charity, having had prostate cancer myself and I wanted to make it easier for other people. Unfortunately it is sometimes a silent disease that just creeps up on you."



Terry Chappelle as Marlene Dietrich

Terry, who moved to Norfolk in 1957, lived through the Blitz as a child in Dulwich, London. He first performed in front of the public aged 10 in a school pantomime and continued from then on. During the war his parents did not want him or his two older sisters to be evacuated so they stayed together in London. During the many blackouts one of his sisters played the piano and he, and his other sister, would sing. So, he is now singing the same songs he sang as a child. Terry commented, "The Blitz was horrendous. I remember coming out of school along the road where there were bullets everywhere. I was a young child and didn't know any different, but the war brought people together."

This year's show raised just over £1,000, which will again be on-donated to the Norfolk & Norwich University Hospital's 'Targeted Radiotherapy Appeal'.

The Appeal is expected to reach its £600,000 target towards the end of this year, with the aim of building a special facility at the hospital to enable Prostate cancer patients, within

Norfolk and North Suffolk, to receive brachytherapy treatment, which is presently only available to them in either London, or Cambridge.

In paying tribute to Terry Chappelle, the Chairman of Norfolk & Waveney Prostate Cancer Support Group, Noel Warner, said, "Terry is quite incredible, with his boundless energy and having such a wonderful talent to entertain. I am truly amazed how, at his advanced age, he does it all. Terry has fought and won his own prostate cancer battle and now dedicates himself to helping others with the disease. What a great inspiration he is to others. Terry has told us that he is already making plans for a third show next year".

It costs you nothing to raise money for Tackle - sign up to Easy Fundraising now!

Turn your online shopping into donations for Tackle Prostate Cancer

Raise vital funds for free when you shop online with **easyfundraising**.org.uk

Do you shop online? Did you know that every time you buy something you could be raising money for Tackle Prostate Cancer?

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Just visit: <http://tinyurl.com/qaxl9ny> and follow the simple steps to sign up.

Easyfundraising has already raised over £7 million for over 55,000 good causes across the UK. So what are you waiting for? Head to <http://tinyurl.com/qaxl9ny> now.

Already registered? Spread the word to family and friends to let them know just how easy it is!

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To view other roles carried out by volunteers, please visit

<http://tinyurl.com/lzmkfwc>

Prostate Matters is published four times a year, providing news, information, personal memoir and opinion about prostate cancer. It also reports, quotes and cites published medical views and research findings about prostate problems.

The Federation does not promote any treatments or dietary, drug, exercise or lifestyle change intended to prevent or treat a specific disease or condition. Anyone who wishes to embark on any such treatments should first consult with and seek clearance from a qualified health care professional on any treatment or lifestyle changes

Another big cheque from the little shop

David Paull, Norfolk & Waveney Prostate Support Group



A tiny charity shop in a village on the outskirts of Norwich has made a second big donation to the Norfolk and Waveney Support Group.

Back in October last year, the Cancer Community Chest presented group chairman Noel Warner with a cheque for £10,000. Now it has gone one better. Shop trustees chairman Christine Buchanan (left in picture) handed a cheque for £20,000 to local MP Keith Simpson who in turn presented it to Adrienne Capp (right) who is both chairman of the shop committee and one half, with husband David, of the group's welfare team. It was a talk by David that persuaded the trustees to offer their support to the group.

The two generous donations plus £10,000 from the group's own funds have been earmarked for the Norfolk and Norwich University Hospital's

Targeted Radiotherapy Appeal. The hospital hopes to reach its £600,000 goal towards the end of this year when the group will hand over its contribution which is ring-fenced towards the cost of equipment.

The new centre will provide a radiotherapy service for patients known as high dose rate brachytherapy. The N&N will be one of the few hospitals able to offer the procedure, currently available for Norfolk patients only if they travel to London or Cambridge.

- Keith Simpson, MP for Broadland, is an avid reader who provides his fellow MPs with a holiday reading list. Noel Warner presented him with a book by the group's patron, Martin Bell, entitled Harm's Way, an account of his time in war-torn Bosnia.

PROSTaid ManBus Completes a Life Saving Journey! - Rob Banner

PROSTaid completed a marathon journey in October. The double decker bus provided by **First Bus Leicester**, manned by a team of volunteer patients from PROSTaid, visited all the county towns of Leicester and Rutland.

Visitors to the bus were encouraged to cycle the 254km journey made by the bus, on a static speed bike, provided by **Nuffield Health Leicester** and hopefully raising over £1000 with matched funding! – and a bit of fitness training thrown in! Our PROSTaid

funded Specialist Nurses in the Leicester Hospitals tell us that out of 23 men diagnosed every week, 41% are found to have advanced disease! So in the war against this cancer, we need to catch it earlier. If we can get men to come forward and be tested before it develops into advanced disease, it is then curable.

One in 100 men with advanced cancer inherit the disease from their mother who has had breast cancer. Additionally, if you have male relatives with it, your risk



increases proportionately. Don't Ignore any symptoms and pretend they will go away! They won't! Do something about it, have a PSA test!