

A message from Ken Mastris, Chairman of Tackle

Dear Readers

I hope that you and your family have stayed safe and well during these unprecedented times. Sadly, we have heard from some of our members who have lost their loved ones and all our sympathy goes out to them.

Whilst we are slowly emerging from the pandemic, prostate cancer patients need to remain cautious. For that reason, we have decided to hold our **AGM and Conference** by Zoom this year on Tuesday 8 September. Our theme is 'Prostate Cancer Screening and Early Diagnosis' and we hope to build on last year's conference. It's disappointing not to have a face-to-face meeting, but we must all stay safe. See how to register in the box at the bottom of this page.

New Lottery-funded Project Manager: I am delighted to announce that Sarah Gray will be starting as the Project Manager for our Lottery-funded project in September. Sarah has most recently been working at Prostate Cancer UK and



brings a wealth of experience. Read more about Sarah on page 3.

New directors: We have also taken steps to strengthen our Board of Directors with the appointment of Julian Burgess and Roshani Perera who have both done much to support Tackle before joining us. Find out more about them below.

Covid-19 support: I am pleased to report that we have secured funding from Janssen to support member groups through the pandemic.

We will write to members with details of how to apply.

Cancer services: Finally, despite the obvious stresses on the NHS, we firmly believe that a plan is required to restart cancer services. We joined with other cancer charities like Cancer Research UK and Macmillan to produce a 12-Point Plan to send to the Government. Read more on page 3.

With best wishes (and fingers crossed for no second spike!)

Ken



Julian Burgess

Julian's naval career has taken him from a Cadet to Ship's Captain working for companies including P&O Cruises, Cunard and Saga Cruises. He is a keen cyclist who has raised thousands of pounds for Tackle.

Julian is very keen to raise awareness of prostate cancer and encourage men to take the PSA test early to help prevent needless deaths through late diagnosis.



Roshani Perera

Roshani was instrumental in last year's Freedom of Information request to NHS trusts to evaluate psychological support services available to men. Working *pro bono*, her healthcare consultancy Wicked Minds compiled the results which were published in BJU International. Roshani is committed to

improving cancer care across the NHS and ensuring the needs of people living with cancer, their families and carers are at the centre of policy decisions.

AGM and Conference 2020

This year's AGM and Conference will be held on Tuesday 8 September by Zoom. The theme is 'Prostate Cancer Screening and Early Diagnosis'. To find out more details and to register, please visit:

www.tackleprostate.org/2020-agm.php

We are grateful to Janssen for providing support to enable this to happen.

Raising awareness – is it worth it?

Were it not for the current Covid-19 crisis, many of us would be spending time raising awareness of prostate cancer. This period of 'enforced gardening' has given time for reflection. One thought I had was, "Are we achieving anything by raising awareness of prostate cancer?"

The initial reaction is, "Of course we are!" We've all experienced the positive feedback from our efforts. But are we really? I think the answer is both "yes" and "no".

Let's look at the negatives first

Latest statistics from the National Prostate Cancer Audit* show that, at the time of diagnosis:

- Less than 50% of men were classed as being of low or intermediate risk
- 41% were of high risk or had locally advanced disease
- 16% already had metastatic disease.

This shows that men are still not coming early enough for testing. Whilst there will always be some with very aggressive disease and a swift onset, many of the men who are diagnosed with local or distant spread could well have been identified at a stage where targeted therapy was possible and potential outcomes better.

Some questions raised by these statistics

Are we always directing our resources for PSA testing in an appropriate direction?

There is a widely held opinion that men over the age of 80 should not be included in a PSA testing program. This is extended to men whose life expectancy is less than ten years. The inference is that these men will die of other causes, not prostate cancer. Many men over 80 will have a slow-growing cancer that will never be a problem, and treating such a cancer could cause more harm than good.

Are we causing increased distress by diagnosing low-grade cancers in too many men?

The ability to more accurately differentiate between low- and high-grade disease has been vastly improved, particularly with mpMRI. Undoubtedly this ability will increase further with time.

The challenge

Faced by these questions, the challenge for us will be not only to raise awareness of prostate cancer, but also to accurately inform and reassure men that in many cases it is now safe to monitor the progress of low-grade disease

* NPCA Audit 2019 www.npca.org.uk/reports/npca-annual-report-2019/

and avoid the traumas of un-needed radical therapy. The knee-jerk reaction of "let's just cut it out and get rid of it" should become a thing of the past and be replaced by constructive dialogue between the patient and his clinicians. We should now be very positively highlighting the treatment option of Active Surveillance.

Now let's turn to the positives

The number of men diagnosed continues to increase.

Thanks to increased awareness, more men are being diagnosed earlier and far more are surviving much longer.

Prostate cancer treatment continues to improve in many different ways:

- The numbers of men having a multi-parametric MRI scan before biopsy continues to rise
- The rate of 'over-treatment' with radical measures remains low
- Increasing numbers of men with early metastatic disease are being offered additional treatment with chemotherapy, along with standard hormone therapy.

Such improvements are not necessarily the direct result of increasing awareness of the need for early PSA testing, but they do show that an informed community of men with

prostate cancer can influence current and future management of the disease.

So, have we all been wasting our time? Certainly NOT!

There is currently a huge amount of research and innovation into the management of men with advanced metastatic disease. This often involves the use of very expensive drugs and equipment. The questions here must be:

- How many of these men would never have reached this stage had they been diagnosed earlier and treated more aggressively at an earlier stage?
- How many would have been better treated if they had had a PSA test earlier?'

I will continue to willingly spend my time raising awareness, broadening knowledge and dispelling the myths that still surround prostate cancer. I know there are men who have been diagnosed merely because they (or their wives/partners) heard an awareness talk. The fact that many companies we present to ask for return visits shows that they, too, think it is worthwhile.

We still have a long way to go. But we should never give up.

Now back to the gardening...

A devil's advocate



Men get the chance to talk about prostate cancer and PSA tests at a Bedford BAME PSA testing event

Photo with thanks to Cultural Aspects Photography



Brochures available and an information film at the loW PSA testing day May 2019



<http://cliptart-library.com>

Restarting Cancer Services in the NHS after COVID-19

COVID-19 is an unprecedented crisis which has had a profound impact on health and care services across the UK and will continue to have an impact for months and years to come.

One Cancer Voice

To guide the restoration of services, Tackle Prostate Cancer, along with 24 other cancer charities, including Cancer Research UK and Macmillan, have come together as One Cancer Voice to develop a '12-point plan' for what we believe the health service in England needs to do to enable cancer services to recover from the pandemic.

The plan is supported by available data and intelligence, and sets out how we can deliver the cancer screening, tests and treatment that cancer patients need.

You can read the plan in full on the Tackle website at:

www.tackleprostate.org/uploads/files/Covid_and_Cancer_12_Point_Plan.pdf

Financial help

A diagnosis of cancer causes worry and stress in many different ways. One of the main worries is money. Unfortunately, Tackle doesn't have the resources to provide assistance directly, but there are organisations from which you can seek advice. Some you may find useful are:

- **Cancer Research UK:**
Advice on Government benefits and charity grants.
- **Macmillan Cancer Support:**
Information about the financial help available to cancer patients and their carers.
- **Maggie's Centres:**
Practical advice on the help available for the extra costs of living with cancer.
- **NHS Choices:**
A general guide to what financial assistance is available from the NHS including prescription costs and healthcare travel costs.

See also the Tackle website:

www.tackleprostate.org/financial-help.php

Meet Sarah Gray, our new Lottery-funded Project Manager



Sarah Gray has been appointed Tackle's National Support and Development Manager, funded by the National Lottery to support and develop Prostate Cancer Support

Groups across the country. Sarah joins us at the beginning of September.

Most of her career has been within Health and Social Care, with the last 17 years working in healthcare charities including Parkinson's UK, the British Lung Foundation, Macmillan and, most recently, working with Prostate Cancer UK to scale up the TrueNTH Supported Self-Management programme.

She has personal experience of Prostate Cancer as her father was diagnosed with it 20 years ago. She is committed to ensuring that men are supported and empowered with the knowledge and skills to manage their diagnosis, and sees support groups as crucial to that process.

In her spare time Sarah is a keen outdoor swimmer, and if your group meets near a lake, river or sea, she is likely to have her kit in the back of the car so she can go for a dip on her way home!

Sarah says:

"Once social distancing allows, I'm looking forward to meeting as many groups as possible and learning from you about the groups you attend and what works best for you in terms of support."

We all very much look forward to Sarah joining us.

Prostate Cancer UK Surgery Pack

Roy Sowersby, Tackle Helpline and Trustee of Cancer Testing South (PSA event organisers) has informed Prostate Matters, after following up an enquiry to the Helpline, that Prostate Cancer UK offers a free Surgery Support Pack, on request, for anyone undergoing radical prostatectomy surgery.

The pack contains helpful advice for before and after surgery, as well as practical products to help with post-treatment problems, particularly urinary leakage.

To find out more, please contact the Prostate Cancer UK Specialist Nurses on 0800 074 8383.

NICE rejects use of abiraterone

Steve Allen, Tackle Patient Representative, reports NICE's recent decision not to approve the use of abiraterone as an additional treatment with hormone therapy in men newly diagnosed with advanced prostate cancer in England and Wales. Its use was being appraised as an alternative to the current standard treatment which combines hormone therapy and docetaxel. The decision effectively prevents some men from receiving optimal therapy. Tackle thinks it is vital that the decision is challenged. Read more about the reasons for refusal and some thoughts on how Tackle will appeal at:

<https://tinyurl.com/y7df5xg8>

If you have any comments please direct them to:

steve.allen@tackleprostate.org or 07809 563 879.

Scanning and prostate cancer

The management of prostate cancer now relies heavily on modern scanning techniques for accurate information about the aggressiveness and spread of the disease, and the monitoring of treatment progress. The various techniques can be roughly divided into two main groups:

- Radiological scans look at anatomical structure involved by identifying differences in the density of the tissues. They can be called 'passive' scans as they only show what is happening at one particular time.
- Nuclear medicine scans look at how cells are working and identify their activity/metabolism. They can be described as 'active' scans.

Radiological investigations

Most people will be familiar with CT and MRI scanning. CT uses X-rays and MRI is based around magnetic fields and radio waves. Both can produce 3-D images that show up the parts of the body being scanned. MRI is better than CT for certain types of tissue and is often used more for different soft tissues rather than bone.

Earlier methods of MRI scanning for diagnosis of prostate cancer were not sensitive enough to identify the internal structure of the prostate gland. They were merely used to identify secondary spread of the cancer.

Multi-parametric MRI (mpMRI) is a newer technique which combines the information from various types of MRI scanning to produce better images. Sometimes an intravenous injection of a dye (Gadolinium) is used to enhance the scans. mpMRI is much more sensitive and can identify the presence, size and position of cancer within the prostate capsule. MRI scans are classified using a scale of severity – the PIRADS or Likert score – similar to how prostate biopsies are graded with a Gleason score. The mpMRI scan is now the standard first-line investigation after finding a raised PSA and an abnormal Digital Rectal Examination (DRE). NICE guidelines state that mpMRI should now be done *before* a biopsy. Many men have avoided a biopsy due to the accuracy/sensitivity of mpMRI. Accurately targeted biopsies are now also possible.

Nuclear Medicine investigations

Secondary spread of prostate cancer can be identified by both conventional MRI and CT scanning. However, very small secondaries may not be picked up. Similarly, early

secondaries may not have a tissue density different enough from normal cells to be identified. Different nuclear medicine scans can improve the accuracy of identifying the secondary spread of the prostate cancer.

For a **bone scan**, a small dose of radioactive Technetium (Tc^{99m}) is injected. The Tc^{99m} is taken up by bone cells that are very active and therefore also by cancer cells within the bone. They can be identified as abnormal areas on the images produced by the scan.

Positron Emission Tomography (PET scanning) identifies the activity/metabolism of cells. Cancer cells are very active and show up easily. However, other areas with increased activity will also be identified in organs such as liver, kidney, gut wall etc. where cells are actively dividing. Expertise is required to identify cell activity in unexpected areas that are likely to be cancer.

Early PET scanning, using radioactively labelled glucose, could suffer this difficulty in identifying cancer cells from other areas of increased cell activity. Now, **Choline PET scanning** uses choline labelled with radioactive carbon C^{11} , which is much more sensitive. Areas shown up by the scan indicate where new cells are forming very rapidly and can identify deposits of smaller than 5mm.

Prostate Specific Membrane Antigen (PSMA) scanning uses radioactive Gallium⁶⁸ (Ga^{68m}) which binds strongly to the cell membranes of prostate cells and can identify areas where cell division is high. The scan is very sensitive and may identify secondary deposits much earlier than conventional CT/MRI or bone scanning in both bone and soft tissue.

Choline and PSMA scanning both require modern scanning equipment; radioactive choline needs specialist preparation; C^{11} choline has been in short supply in the UK at times. Ga^{68m} PSMA scans also require specialist preparation of the radioactive tracer, but is currently in more ready supply than choline in the UK. For these reasons, Choline PET scans are expensive and only performed in regional specialist centres or as part of a research programme. They can be done on the NHS if a referral to a specialist unit is considered appropriate. PSMA PET scans are only available where research projects are ongoing, and in the private sector.

Whole body (diffusion-weighted) MRI (WB MRI) can be much more accurate than conventional radioactive Technetium (Tc^{99m}) bone scanning. It is used to assess the progress of bone secondaries before and during treatment. At the time of diagnosis, Tc^{99m} bone scanning can identify bone secondaries but may not be as accurate when assessing treatment progress since both cancer cells and healing bone cells can show up equally on the scans. WB MRI can distinguish between the two and can also identify much smaller secondaries. Ongoing research at the Marsden Hospital is using computers to analyse the WB MRI data rather than just relying on human observation. This can give definitive results on tumour growth and better indications on the success of current treatment.

In conclusion, scanning techniques are constantly evolving. Metastases not found by conventional scanning, progress of the disease and success or failure of treatments can be more easily identified.

Steve Allen, Tackle Patient Representative



Siemens Biograph PET/CT scanner

Artificial Intelligence – what do you think?

Computers are now an essential part of our lives: email has supplanted most written post; number-plate recognition knows how much to charge for the car park and whether our car is taxed and insured, while issuing a speeding fine; video platforms allow families to stay in touch despite not being able to travel. The word 'online' has changed our shopping habits and so much more.

From there has developed the world of Artificial Intelligence (AI). We can teach computers to 'think' using complex software programs; Google seems to know what we are looking for almost before we have completed the search words; the helpful 'assistant' on your shopping webpage is probably a robot. It seems a long time since 1997 when the world was staggered that a computer could beat the world chess champion, Gary Kasparov.

What about AI and healthcare?

Now that much information is produced in a digital format, computers can automate a lot of the routine checking of laboratory results and highlight only the ones that need attention; MRI scans can be processed by computers to identify abnormalities, and so on. However, these systems only enhance and speed up the diagnostic process – humans are still needed to make complex therapeutic decisions. But that, too, is changing. Computer-aided diagnosis is developing fast and is, in some cases, more accurate than human interpretation alone.

Natural Language Processing employs highly intelligent algorithms to identify key points from large amounts of digital text. Voice recognition allows this tool to be used with the spoken word – recorded or live. Now that many of our healthcare records are in electronic format, this technology could unlock a vast store of hitherto unused information. Research often requires the tedious task of trawling through badly handwritten and poorly filed hospital records. With AI it could be possible for a researcher to find information not asked for on the original research protocol by searching for other key words, phrases or pathology results. There have already been instances of finding, virtually by chance whilst searching for information on one thing, a potential new use for a drug currently used for something else, simply because a computer program has identified an association between groups of patients.

Two examples of this, found when a new drug was introduced into clinical practice are: a drug originally for specific blood pressure problems was found to be useful for erectile dysfunction (Sildenafil, Viagra®); and a drug for prostate enlargement that could help male baldness (Finasteride, Propecia®).

What are the downsides?

There are potential downsides to the powers of AI, however. There could be confidentiality issues. What if a hospital wished to make your hospital records available to outside sources? How much do you trust the process of making your records anonymous? There was some public concern when it was found that Moorfields Eye Hospital had released data concerning retinal images and scans of their patients to Google's 'Deep Mind' company. Was this because of worries about previous security breaches by the parent company? Or because people thought there were financial factors involved?

My opinion is that, with sufficient confidentiality in place, I have no worries about who has access to my notes.

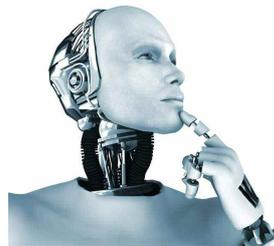
Already, confidential test results are being sent to patients by text – how secure is this? We cannot have double standards concerning confidentiality. I have one caveat, though. If medical records are to be made available for commercial purposes, then the NHS should be paid a fair rate for providing those records, and the money raised possibly used to fund other research that currently isn't being funded.

There is a risk that AI systems can go wrong and chaos could ensue if we over-rely on systems that may crash without sufficient back-up technology. Harm to patients could occur, but this can be minimised by appropriate monitoring and control systems.

Health Secretary, Matt Hancock, said that AI "will play a crucial role in the future of the NHS." That was two years ago. The Covid-19 crisis has already changed the face of healthcare in many respects – particularly in reducing hospital attendances for consultations.

The next few years will undoubtedly see even further change, even further use of technology. I see new developments in the use of technology as positive – as long as we don't forget that patients are people and not just strings of digital data. Caring, empathy, emotional support can never be superseded by a machine.

The Computer Geek



PSA Testing before Covid-19...

The Walnut Group PCSG hosted their largest PSA testing event to date on Saturday 14 March. It was the last Graham Fulford Charitable Trust (GFCT) testing prior to the cancellation of all events due to the coronavirus. The group were fortunate to be able to use the new online system provided by the GFCT, and sincerely thank Susan Hart from GFCT for her incredible support during the booking period. The event was sponsored by local Builders' Merchant C & W Berry Ltd of Leyland, and over 70 of their employees were tested on the day.

South Ribble Borough Council provided, free of charge, space in council offices, staff and essential sustenance for the many Walnut Group members, their families and all others involved in running the event. In total, 542 men were tested, of which 510 were 'Greens', 16 'Ambers', and 16 'Reds'.

Alan and Barbara Walker (The Walnut Group)



... and after!

Despite various problems, CHAPS, the Men's Health Charity, were able to run their first PSA testing event at Freemasons Hall on 25 June, with full social distancing in place. They carried out 30 PSA blood tests and the results were back after only 24 hours! Clinically speaking, the results have fully justified the exercise and they have lined up a further three events in the next few months. With one-metre social distancing, they will have capacity to test 160 attendees.

CHAPS have formed a clinical link with Prof. Hashim Ahmed and his team at Imperial College who are leading the use of MRI scans in the early detection of aggressive prostate cancer. In future, anyone whose PSA test is abnormal will be offered rapid access to an MRI scan. This is a great step forward when the NHS is under such pressure from Covid-19.

To find out more about holding PSA sessions with social distancing, email Chris Booth at: chris.booth@chaps.uk.com or call him on 01206 321253



Making buddies

Aidan Atkins of Solihull PCSG reports on how their group introduced a buddying system:

In February a team of eight volunteers from the Solihull PCSG attended training to become 'treatment decision buddies' for new group members.

We have an average turnout of 62 men and their partners at our monthly meetings, attracted by a great range of speakers. Often there are new members who have just been diagnosed and are looking for support in making their treatment decisions. The group wanted to offer a buddy scheme to help with this process.

The Dumfries & Galloway and Edinburgh & West Lothian Groups, who already have buddy systems, shared their experience, for which we are very grateful. The training was then designed and delivered

by Aidan Atkins, a group member since his diagnosis in 2015. He has experience of delivering coach training in the corporate world and is currently completing a Masters degree in Coaching and Mentoring Practice at Oxford Brookes University.

The aim of our buddying system is for a man who has been diagnosed to be able to say:

"I understood all the information I needed to make my decision; I felt confident and prepared for my medical consultations; I know there

will be uncertainty ahead – but no surprises – and I took all the steps I needed to make the best decision I could for me and my circumstances."

The use of shared or informed decision-making by the NHS has many benefits, but the National Prostate Cancer Audit and a recent Macmillan study showed that there are gaps in the level of involvement and information received by men, especially about treatment side effects, which may lead to later regrets about decisions made. The buddies can guide men to the great range of resources available.

For more details please contact Aidan on: solihull.pcsdg@gmail.com

Great to hear that buddying is starting to happen. We hope to see a lot more of it and our Lottery project will try to build on this.



Welcome to our new members

Tackle would like to extend a very warm welcome to new group **Sheffield PCSG**.

And also to **Shaping Prostate Cancer Literacy**.

We look forward to hearing about your progress and activities in Prostate Matters in the future.

From Ashridge to Hunstanton: My first big challenge with Prostate Peddlers

On a damp Spring morning I joined the other Prostate Peddlers outside Ashridge College Lifestyle Centre for the first leg of our 150-mile ride from Ashridge to Hunstanton on the Norfolk Coast. I was a little nervous. I had only been riding with the Peddlers for a few months and the furthest I had cycled was 20 miles. But head coach Charles felt that all of us were ready to ride the first section – 40 miles to Jordan’s Mill, Biggleswade, outside Bedford.

I thought I was well enough prepared, although I didn’t own any Lycra and my cycling shoes were an old pair of trainers. Alas, as soon as I got on my bike I noticed I had a flat tyre, but the guys all helped and it was repaired in no time. At first, we mostly cycled downhill and ‘Dave the Destroyer’ soon lived up to his name, toppling over and landing horizontally on the tarmac. As always, he got straight back on his bike and raced ahead. When we reached Woburn Abbey – almost halfway – we felt confident we could make it to Biggleswade.



Why attempt such an ambitious ride?

I was diagnosed with locally advanced prostate cancer eight years ago. I have since had a prostatectomy and radiotherapy combined with hormone therapy. After I recovered, I bought a mountain bike and got into regular rides through the local forest, but I had never really pushed myself. It was my oncologist, Peter Ostler, who suggested I join Prostate Peddlers. Lead cycling coach, Charles Frost, passionately believes you can grow mentally tougher and more resilient to help cope with cancer through cycling.

And it’s not just the cycling. Together, we’ve found a focus to get fitter physically and mentally. Riding in a group is stimulating for mind and body – and the concentration takes your mind off your problems.

A prostate cancer diagnosis is never great but for most men there are many years of living ahead to make fresh choices, rebalance your life and be the best you can be.

A question of life insurance?

I was diagnosed with low-grade prostate cancer seven years ago and didn’t think about insurance until I had to apply for a new life-insurance policy this year. During a life-threatening epidemic is not the best time to expect affordable cover but, even in normal times, most life insurance underwriters are nervous about any cancer declaration, especially a condition not undergoing treatment and thus with no forecast date for treatment end. Prostate is one of several types of cancer where diagnosis can result in a programme of just monitoring.

The default assumption by insurers is that if a condition is not being treated, it must be advanced and thus high risk, when in fact the opposite can be true: the condition is low risk and doesn’t warrant more than Active Surveillance. I found that providing evidence of regular surveillance and monitoring carried little weight with the underwriters, who put more trust in the grade diagnosis from the original biopsy years ago.

The second leg: Biggleswade to the Norfolk border

This took place in the summer. It was a tough ride – over 55 miles, including off-road cycling. Dave the Destroyer managed to remain vertical except for an incident with a deeply-rutted farm track, but at least the ground was softer to fall on. The sunny weather plus the dedicated cycle paths in and around Cambridge made our ride all the more enjoyable. However, towards the end, my hands were sore from all the bumps over a long distance. To finally stop at a pub for a pint in the late afternoon sunshine was bliss.

You could ride, too

Over the last year Prostate Peddlers have become much more active, becoming a registered charity and attracting new members. Charles always stresses that we don’t ride competitively and it is all about finding a programme of cycling exercise that is right for you at your age and level of fitness.

The final push

By the time we were ready for the last leg of our ride, it was October. The route followed the ancient drovers’ path ‘The Peddlars’ Way’ and it was hard going in places. There were bone-shaking bumps, deeply rutted mud and lots of hills. After 50 miles of hard riding it was getting cold and dark. We arrived at Hunstanton and plans to ceremonially dip our bikes in the sea were forgotten as none of us had any energy left. But we had survived the challenge!

Rise to the challenge

Just like that ride, we all face challenges in dealing with our prostate cancer. There are times when we all have to face bad news, invasive procedures, or the stress of waiting for the next PSA test. There are lessons to be learned from riding a bike that can help us in our fight against cancer.

Our congratulations to Martin Cairns who sent us this inspiring report.

To find out more about Prostate Peddlers, call Charles Frost on 07985 913775. Or look at Facebook Prostate Peddlers and our website: prostatepeddlers.com

Despite trying several specialist brokers, I found it difficult to arrange life cover. Evidence of low-grade cancer and regular PSA monitoring was not enough to avoid a surcharge of 75% on top of the standard premium. Several brokers were surprised that I managed to get cover at all. I won’t name the insurer or broker, but readers should note that while securing life cover with prostate cancer is possible, it does attract a hefty surcharge and you may wish to reflect on the value of cover.

While it is reassuring to know that prostate cancer can be discovered early, the diagnosis of even low-risk cancer is enough to cause the patient problems with travel and life insurance thereafter. Now that prostate cancer is one of the most common types in the UK, isn’t it time for the insurance world to catch up and create affordable cover for a range of risks relating to the severity of it?

Garry Honey

If any readers know any brokers who specialise in life insurance for men with prostate cancer, we’d love to hear from you.

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prostate cancer

www.tackleprostate.org

The National Federation of Prostate Cancer Support Groups

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Sandy Tyndale-Biscoe Western Counties

Allan Higgin South East

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PR & Marketing Siobhán Connor

Editor's note

Many of our articles contain links to information on the internet. The best way to access these is to go to our website: www.tackleprostate.org where you will find the web edition of this and past issues of Prostate Matters with live links.

Prostate Matters delivery

Your individual copy of Prostate Matters is delivered to you from your local prostate cancer support group. If you have a change of address or any other notifications, please would you contact your local support group.

Check your details

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

We ask all affiliated groups to check their details on the Tackle website. The information has been updated to include meeting times and places.

See the map at: <http://tinyurl.com/omp6y5e>

If you require any corrections, please contact Simon Lanyon: simon.lanyon@tackleprostate.org.

PSA testing events

If your group is holding a PSA testing event, we'll add it to the list on the Tackle website. Email info@tackleprostate.org with the date, time, town, postcode, contact name and phone number.

Helpline

0800 035 5302

**Our telephone helpline
is manned
by prostate cancer patients,
for patients and their
families**

365 days per year

9:00am to 9:00pm



We are grateful for the support of Astellas Pharma Ltd in the production of Prostate Matters.

Contribute to Prostate Matters

Without you, we would not exist! Please keep contributions coming to: editor@tackleprostate.org (send photos separately at high resolution).

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Thank you to everyone who contributed to this edition.



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