

East Lancashire Prostate Cancer Support Group Newsletter



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Happy days are here again
The skies above are clear again
So let's sing a song of cheer again
Happy days are here again



Cancer Research UK Cambridge Institute News digest – five types of prostate cancer, red wine & resveratrol, GP referrals, & ... microscopic lasers?

Our researchers in Cambridge found that prostate cancer can be split into five distinct 'types' based on a unique genetic signature. The Independent, Mail

Online and BBC covered this, and we blogged about what the findings could mean for patients.

If it takes more than three trips to the GP to be referred for cancer tests, patients are more likely to be dissatisfied with their overall care, according to our researchers. The Daily Telegraph, Mail Online and Mirror covered this one

(Here's our press release).

"Single injection could improve

women's chances of SURVIVING recurrent ovarian cancer" claims the Express. Not quite – this work was done with mice and cells grow in a lab, so there's a long way to go before this could become something to be tested in a clinical trial.

Scientists say they have made a 'breakthrough' development using a gene editing technology called CRISPR, which could help precisely modify genes inside cells – something that could open up new avenues for cancer research.

"The Independent has more on this."

The National Institute for Health and Care Excellence (NICE) updated its guidelines

for the diagnosis and treatment of melanoma. The BBC has the details.

And NICE also released new draft guidance on how all patients, not just those affected by cancer, are cared for at the end of their lives. The BBC also covered this.

Should scientists be required to explain their research to the public? The Daily Telegraph explores.

US scientists have developed a sci-fi-sounding technique to create microscopic lasers inside cells. It's still very early days for this, but they believe it may help improve how scientists take pictures of cancer cells.

Popular Science and Discover Magazine have more on this.

The Mail Online ran a misleading report on new research looking at how healthy behaviour when we're younger might impact on our risk of cancer in later life. The study wasn't strong enough to back up the headline:

"Teenagers who exercise for just 15 minutes a day slash their risk of cancer later in life by 20%".

Number of the week:

"5 is the number of distinct types of prostate cancer our scientists uncovered this week".

UK scientists will test out a new radiotherapy machine with a built-in MRI scanner, to see if it can make treatment more precise. The Daily Express has the details on the studies being proposed, and the Institute of Cancer Research also blogged about the announcement.

Black men in England have double the risk of being both diagnosed with, and dying from, prostate cancer at some point in their lives, compared with white men. Our news report has the details, and here's the Guardian and Mail

"Online's take on the study".

A purified chemical from seaweed "stood up well to heat and light", according to a study featured in this Mail Online article implying this could make sunscreen better. But the key question is how well it could work at preventing sunburn and reducing harmful exposure to sunlight in people. (But no sunscreen can provide 100 per cent protection, so it's best to enjoy the sun safely).

This interesting article from The New York Times looks at how rogue cells that in many cases would be defined as 'cancer' can affect organisms across the natural world.

Traces of DNA from the human papillomavirus found in oral rinses could lead to a way to track how throat cancer responds to treatment. Our news report has the details.

Researchers in Southampton have developed an experimental molecule that can affect the way cells use energy. The Mail Online has more on this early research, which could one day lead to new drugs.

'Breaking Bad' came to life this week, as a group mirroring the plotline for the popular TV series were jailed. The BBC has the story.

Early research showed that an arthritis drug could be repurposed as a potential treatment for some blood cancers. Oncology Nurse Advisor has more on this.

The American Cancer Society's Dr Len took a fascinating look at how, despite huge advances in genetics, it's still really important to know your family history.

The Medical Research Council blogged about its new £16m joint funding for 'molecular pathology nodes' (centres of expertise across different sectors and disciplines) – accelerating new types of test into the NHS.

Health News Review took a critical look at promises by eminent scientists to 'cure cancer within a decade' – something also discussed in a blog post on Forbes.

And finally

"Could one glass of red wine a day keep bowel cancer at bay?" ask the Mail Online. 'No' is the answer. This headline came from a new study by our scientists in Leicester who found that a chemical found in red grapes – called resveratrol – may be good in small doses to prevent bowel cancer in mice.

Our blog post has all the information you need (with a large glass of caveats).

<http://www.cancerresearchuk.org/node/115876>

1 Aug 2015

“Early Diagnosis Can Help Save Lives NICE Guidelines”

20 November 2014

“Early diagnosis can help save lives” - NICE updating guidance to support faster cancer diagnoses

Delays in spotting the early signs and symptoms of cancer could be costing the lives of thousands of people in England and Wales every year[1].

Now, the National Institute for Health and Care Excellence (NICE) is updating its guidance to better support GPs and other primary healthcare professionals, and ultimately improve early diagnosis rates.

Nearly 1 in 2 people will develop cancer during their lifetime. Despite this, in October last year, the Organisation for Economic Co-operation and Development (OECD) said that countries are not doing as well as they could to diagnose and treat cancer

(<http://www.oecd.org/els/health-systems/improving-detection-and-treatment-would-cutcancer-death-rates-significantly.htm>), including the UK.

Professor Mark Baker, NICE’s clinical practice director, said part of the problem is that symptoms can easily be dismissed as less serious, but more common illnesses: “The problem is that a lot of cancer symptoms can be very general and similar to those of other conditions.

“For example, many people who smoke have a cough associated with chronic lung disease.

These are the same people most likely to develop lung cancer, but may well dismiss their symptoms as ‘normal for them’.

“Unless it is a cancer-related sign or symptom that we are very familiar with – a lump in the breast for instance – many people won’t even think about the possibility of cancer.”

Professor Baker continued: “It is not always easy for GPs to spot cancer either. There are more than 200 different types of the disease so it is unrealistic to expect them to know every single sign and symptom of each one, especially when they only see a handful of new cases a year. menu Sign in(<https://accounts.nice.org.uk/signin>)

“Research carried out in general practice in recent years gives us better evidence about which signs and symptoms best predict cancer, and all this is captured in our updated guidance.

“We are updating our guideline to make things as simple as possible for GPs to consider the possibility of cancer and refer people to the right service at the right time.

“Early referral and diagnosis can help save lives.”

The draft guideline, which is now subject to a public consultation, uses tables to clearly set out which symptoms could be linked to which cancers and provides clear recommendations for tests and referral to specialist services.

It also sets out how long people should wait to be seen by a specialist once they have been referred to hospital. This ranges from 2 weeks to 48 hours or sooner, depending on the person’s signs and symptoms and signs.

NICE hopes this 'symptom based approach' will help GPs facilitate quicker and more effective referrals to hospital. The Institute's 'Information for the public' booklet will also be updated to help people identify possible signs of cancer and encourage them to visit their GP sooner.

The draft update of the NICE guidance also includes a series of new and updated recommendations about:

- 'safety netting': how and when to review people with any symptom associated with an increased risk of cancer who do not meet the criteria for referral, to ensure cancer is not missed.
- How best to reassure, support and inform patients with suspected cancer and their families, including those who fall into the 'safety netting' group.

Sara Hiom, Cancer Research UK's director of early diagnosis, said: "We're pleased that

NICE is updating its guidelines to make it easier for GPs to refer patients with worrying symptoms for further tests. This means more cancers should be diagnosed as early as possible when treatment is most likely to be effective.

"We know it's not easy for GPs to deal with symptoms where they have a sense that things aren't right but no procedure to follow to arrange further tests. These guidelines should give them more options to get patients referred quickly. But to be truly effective doctors need better access to diagnostic tests and speedy results.

"We look forward to working with NICE, GPs and the Government to make earlier diagnosis of cancer a reality. This will help us realise our ambition to see three-quarters of people surviving the disease within the next 20 years."

NICE's public consultation on the draft guideline will run until Friday 9 January 2015. The Institute is encouraging all relevant patient groups and organisations, including local

Clinical Commissioning Groups (CCGs) and other GP-led bodies, to register an interest in the guideline and submit comments via the NICE website

(<http://www.nice.org.uk/guidance/indevelopment/GID-CGWAVE0618>) during this consultation period.

For more information call the NICE press office on 0300 323 0142 or out of hours on 07775 583 813.

Notes to Editors

Explanation of terms

1. Research published in 2009 suggested that up to 10,000 people in England could be dying every year because their cancer was diagnosed late

(<http://www.ncbi.nlm.nih.gov/pubmed?term=19956156>)

About the guidance

- The final updated guidance is expected to be published in May 2015.
- The original guidance on referral for suspected cancer

(<http://www.nice.org.uk/guidance/CG27>), published in 2005, is available on the NICE website.

Facts and figures

- 292,585 people were diagnosed with cancer in England and Wales in 2011. This is according to data gathered by Cancer Research UK from the Office for National Statistics and the Welsh Cancer Intelligence and Surveillance Unit in June 2013.

- In 2012, there were estimated to be just over 14 million new cases of cancer worldwide.
- Cancer can develop at any age, but is more common in older people. More than a third of cases are diagnosed in people aged 75 and over

(<http://www.cancerresearchuk.org/cancer-info/cancerstats/incidence/age/>). It is relatively rare in children and young people.

- Official figures show that a quarter of all people eventually diagnosed with cancer in England had to visit their doctor at least 3 times before being referred to hospital for tests (<http://www.quality-health.co.uk/surveys/national-cancer-patient-experiencesurvey>).

- More people are surviving cancer than ever before. About half of all patients diagnosed with a form of the disease in England and Wales live for at least 10 years

(<http://www.cancerresearchuk.org/cancer-info/cancerstats/survival/all-cancerscombined/>).

For more cancer-related statistics, please visit Cancer Research UK:

<http://www.cancerresearchuk.org/cancer-info/cancerstats/>

(<http://www.cancerresearchuk.org/cancer-info/cancerstats/>)

About NICE

The National Institute for Health and Care Excellence (NICE) is the independent body responsible for driving improvement and excellence in the health and social care system.

We develop guidance, standards and information on high-quality health and social care.

We also advise on ways to promote healthy living and prevent ill health.

Our aim is to help practitioners deliver the best possible care and give people the most effective treatments, which are based on the most up-to-date evidence and provide value for money, in order to reduce inequalities and variation.

Our products and resources are produced for the NHS, local authorities, care providers, charities, and anyone who has a responsibility for commissioning or providing healthcare, public health or social care services.

To find out more about what we do, visit our website: www.nice.org.uk

(<http://www.nice.org.uk>) and follow us on Twitter: @NICEComms

(<https://twitter.com/NICEcomms>).

Research carried out in general practice in recent year's gives us better evidence about which signs and symptoms best predict cancer... Early referral and diagnosis can help save lives."

Professor Mark Baker, Director of the NICE Centre for Clinical Practice

"We know it's not easy for GPs to deal with symptoms where they have a sense that things aren't right but no procedure to follow to arrange further tests. These guidelines should give them more options to get patients referred quickly."

Sara Hiom, Director of Early Diagnosis at Cancer Research UK

MINUTES OF MEETING THURS 2nd JULY 2015 2-0 pm

Venue - Mackenzie Centre

24 people present; including our specialist nurse Debbie, wives of Prostate Cancer members and two new members, Mark & Belinda. Apologies were received from Glenn and Francis.

Dave opened the meeting by informing the attendees about the fire regulations and mentioned that only 19 people were present at last month's meeting. In matters arising it was discussed about how we could increase attendances.

MATTERS ARISING; Dave asked Debbie if we could have a visit to see the new Robotic arm at Royal Blackburn Hospital and she said that she would ask. Dave thought we could have a visit and tie it in with afternoon tea at the Sanctuary of Healing.

Tackle want articles and photos to include in their magazine.

If anyone has something of information for other PC sufferers then please attend meetings and HELP other people.

Jimmy C. attended the National Exhibition Centre at Birmingham on Prostate Cancer he has pictures and conference notes, should anyone be interested to speak to him.

Dave asked if someone could bring up our books from the library for the meetings – and put them on the table for the use of our group members who can then borrow them.

At this point Stuart, Secretary, gave his report on events that had occurred during the interim period between meetings. He told of a generous donation from a 92 year old lady in sheltered accommodation in Padiham amounting to £103.50 in memory of her husband. He reported on a Casino fund raising event which John G. and he had attended at Turf Moor, organised by John & Lauren Fallows; John Fallows offered to donate £250 on the evening for the Prostate Cancer Support Group in memory of his father. Stuart spoke again about publicity & awareness and why the PC stand was set up there - manned by John & Stuart and he said people showed interest and wanted further

information and this proved that we must do this when we can and keep ourselves & P.C. in the public eye.

He reported on the Classic Car Rally held at Towneley Park where £27 was put in the bucket on the table when the PC stand was set up. Finally, he requested 3 people to help Prostate Cancer UK with a collection at Tesco, Accrington. He made the observation that we need to advertise in other towns in East Lancashire to make people aware of the group, get more attendees at meetings and help each other.

The Prostate Cancer Federation new number is 0800 0355302.

Amanda from Age Concern spoke about a programme of activities for Prostate Cancer sufferers.

New member, Mark, described his journey with Prostate Cancer.

The Raffle was drawn and made £45.

BREAK FOR BREW

In the 2nd half of the meeting an interesting and informative talk was given by Nutritionist, Lesley Pierce, on fats & oils and dairy products.

Dave closed the meeting with one of his famous Prostate jokes and a reminder that the next meeting will be held on Thursday, 6th August at the McKenzie Centre, Burnley General Hospital at 2.00 p.m.



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From Left to Right Hazel Goulding (Treasurer) Leon D Wright (IT Admin) Stuart Marshall (Secretary) Steve Laird (Vice Chairman) Dave Riley (Chairman)

We are a group of local people who know about prostate cancer. We are a friendly organisation dedicated to offering support to men who have had or who are experiencing the effects of this potentially life threatening disease.

The East Lanc's Prostate Cancer Support Group offers a place for free exchange of information and help for local men and their supporters (family and friends) who may be affected by this increasingly common form of male cancer.

At each meeting we strive to be a happy, supportive and upbeat group of people; encouraging open discussion on what can be a very difficult and perhaps for some an

The “Butt” of Jokes *By Leah*

These are from Curtis Palmer, originally posted in alt.support.cancer.prostate. Enjoy, and send me your own.

Curtis wrote:

“Biopsies are no joke, but a physician claimed that the following are actual comments made by his male patients while he was performing their biopsies. I must say I was excited to see this, because there is a lot of potential humor in biopsies.” [Also, DRE's: seems like everyone has a pet name for these.]

{1} “Take it easy, Doc. You’re boldly going where no man has gone before!”

{2} “Find Amelia Earhart yet?”

{3} “Are we there yet? Are we there yet? Are we there yet?”

{4} “You know, in Arkansas, we’re now legally married.”

{6} “Any sign of the trapped miners, Chief?”

{7} “You put your left hand in, you take your left hand out...”

{8} “Hey! Now I know how a Muppet feels!”

{9} “If your hand doesn’t fit, you must quit!”

{10} “Hey Doc, let me know if you find my dignity.”

{11} “You used to be an executive at Enron, didn’t you?”

And the best one of all..

{12} “Could you write a note for my wife saying that my head is not up there?”

When I saw these, I remarked to dear hubby, “You know PC is a ‘gold mine’ for jokes.” A “gold mine” indeed. Not when you’re the ore being mined!

Take care.

Sponsors

