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## Chairman's introduction

This is the first of our more general newsletters, which we hope will be a long-continued series. The editors will endeavour to provide information which is useful and interesting, but we are particularly keen to encourage interaction with our readers so that we can reflect the views of our wider membership. For this to happen we need you to send in copy, relating to your experiences as a patient/carer or to any items that you feel might be of general interest, or to any suggestions for improving the quality and effectiveness of our organisation.

Your Committee is very interested in hearing from any members who might be prepared to become involved in the work of the Charity, either by membership of, or

as advisers to, the Committee. Currently, we are particularly interested to contact members who would consider acting as nuclei for the establishment of new groups around the North-west Region.

The main purpose of our Charity is to provide support for patients and their families and to raise the general awareness of prostate cancer. We are also committed to conveying the views of patients to, and entering into debate with, the appropriate health and government authorities. To further this last aim we have representation on several relevant committees. However, we have long realised that, in order to be more effective in influencing government and health authorities, we must generate a focus for the PSA community throughout the Country so that



John Dwyer, PSA Chairman

we can speak with a single voice. To generate this focus we have worked assiduously with others throughout the UK, to establish a National Federation. Finally, in September 2004 we have an agreed Constitution which is currently being perused by the Charity Commission.

The Federation should be launched within the coming months.

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## PSA Office opens



In October of last year the PSA office was formally opened by the Mayor of Stockport, Councillor Kenneth Holt. The photograph shows the key being handed over by Glenys Nixon, wife of the late Roy Nixon, one of the co-founders of PSA North of England.

Glenys spoke of the pride that

she felt on Roy's behalf.

Knowing how delighted Roy would have been to see PSA continue to develop.

The Mayor spoke of the important work being carried out by PSA North of England in providing support for prostate cancer patients and their families and in raising awareness of this particular cancer.

### Over 20,000 men are diagnosed with prostate cancer every year in the UK

It affects men from all walks of life and often goes unnoticed in the early stages.

#### Symptoms to look out for:

- Frequent need to pass urine
- Delay or hesitancy before urinating
- Pain in passing urine
- Dribbling
- Blood in urine

# FOCUS ON HIFU—The Christie talk by Stephen Brown

On the 12<sup>th</sup> June at our mid-year Christie meeting, we had a very interesting talk on a very different approach to prostate cancer treatment from Mr Stephen Brown, Urological Surgeon at Stepping Hill Hospital, Stockport.

Mr Brown's talk covered HIFU – High Intensity Focussed Ultrasound Surgery which can destroy Tumour tissue non-invasively. Stepping Hill is the only hospital in the UK offering this treatment for prostate cancer. It is currently going through UK trials and all the signs are that this is a valuable alternative to previous more conventional treatments.

HIFU is not brand new! Initial research was carried out in China (a study is currently being carried out in Oxford based on the Chinese approach) and France. In 1989 the Urology service of the Edouard Herriot Hospital Lyon, France and EDAP Technomed joined efforts and initiated a research project in France. This project was to develop an efficient and minimally invasive treatment for localised prostate cancer (stages T1-T2). In 1999, after ten years of development, Ablatherm (the name of the combination of components used for the treatment) was CE marked (European approval) and the FDA gave approval for the United States to conduct a clinical study.

Today thousands of patients have been treated in several European centres.

The therapy is available as a new therapeutic option for prostate cancer which presents the advantages of a non-invasive treatment: precise local treatment in one session, repeatable if necessary, with a short period of hospitalisation and a low complication rate.

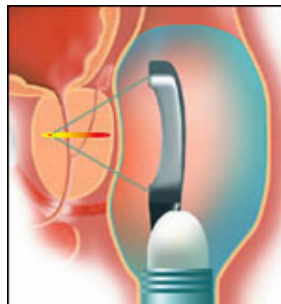
This treatment is recommended for patients with localised prostate cancer (stage T1-T2) who are not candidates for a prostatectomy (because of their age, their

general state of being or an associated disease) or patients who want an alternative to surgery. Additionally, this treatment can be used for patients who have local recurrence after external radiotherapy ("salvage" treatment).



The Ablatherm.

The treatment is performed transrectally, generally under spinal anaesthesia. A probe is placed in the rectum. This probe emits a beam of high intensity convergent ultrasound. In the point where the ultrasounds are focused (focal point) the sudden and intense absorption of the ultra-



sound beam creates a sudden elevation of the temperature (from 85 to 100°C) which destroys the cells located

in the targeted zone. The targeted zone destroyed by each shot is oval-shaped and measures about 22 mm in height by 2 mm in diameter. Repeating the shots, and moving the focal point between each shot, it is possible to destroy a volume that includes the whole tumour.

The treatment duration varies according to prostate volume (1 to 2 hours). A temporary urine catheter is inserted, which is generally removed 3 or 4 days after the session. The discharge from hospital usually takes place the day after the urinary

catheter removal, and after the verification of the good functioning of the bladder by post-void ultrasound imaging.

A European multicenter study has been completed on 402 patients with localized prostate cancer. The results of this study show that after an Ablatherm treatment more than 8 patients out of 10 have negative biopsies (87.2%) and a normal PSA level (81.4%). These results are based on an average follow-up at 13 months. According to the data available as of today, only about 1 patient out of 10 (9,8%) will need an additional treatment option to be administered after Ablatherm treatment (Studies carried out in Lyon - France, with more than 5 years follow-up).

Stepping Hill had treated about ten patients at the time of the talk, but this is clearly a new full stream treatment for the hospital. Mr Brown stated that a charity is being established, as funding was now the issue.

This article was compiled from information provided by Stephen Brown along with material from the EDAP HIFU company website <http://www.edap-hifu.com/>

## Supplements

The following supplements may help to fight prostate cancer.

- 200 mcg of selenium a day.
- 400 IU of Vitamin E a day.
- 30 mg of lycopene a day (this is better taken as 10mg three times daily than one 30mg dose).

## PSA Library

Members are reminded that they can borrow books from the PSA office. Please contact the office for a list. Some of these are books that are often difficult to obtain in the UK; e.g. "Eating your way to better health: The Prostate Forum nutrition Guide" written by Dr Snuffy Myers.

# The Christie Meetings

Members of PSA will be familiar with the Regional meetings, which are held four times a year at the Christie Hospital, Manchester, usually on a Saturday afternoon. We invite guest speakers with a special interest or expertise in prostate cancer.

These speakers range from medical professionals, such as Mr Stephen Brown (see article page 2), to others, such as Professor Jane Plant - a top UK scientist and head of the British Geological Survey – who tells the story of how she recovered

from breast cancer having made significant dietary changes to her previously conventional western diet.

A very popular speaker has been Dr. Charles (Snuffy) Myers MD, an American GP, researcher and Prostate Cancer patient himself, who established the “American (research) Institute for Diseases of the Prostate. Dr. Myers has visited us twice from the USA and is always popular among prostate cancer patients as a speaker because of his ability to explain

science and medicine in easy-to-understand language.

Just occasionally a presentation can be contentious, but invariably all presentations generate valuable discussion.

These meetings are highly recommended and are open to non-members of PSA. Each talk is announced on our website [www.prostatecancersupport.org](http://www.prostatecancersupport.org). Alternatively, please contact the office on 0161 474 8222 or the helpline for further information.

# Nutrition and Prostate Cancer

In this and future editions of Prostate Matters we shall discuss nutrition in relation to Prostate Cancer. There is much research which suggests that diet may play an important role in the onset and progression of prostate cancer. While studies are not yet conclusive, evidence suggests that a low-fat, high-fibre diet may control the spread of prostate cancer. In the future we shall identify specific papers on this subject, but for our first edition, here is a “starter for ten” based upon information produced by the Prostate Cancer Foundation.

### Nutrition Goals

Nutrition researchers recommend striving to reach the five nutritional goals shown here

### **But how?**

The following are simple ways you can achieve these five overall goals.

### Nutrition Goals

- Decrease percentage of dietary fat to 15 to 20% of total energy intake
- Increase vegetable servings to 3 to 5 per day
- Increase fruit servings to 2 to 4 per day
- Increase dietary fibre intake to 25 to 35 grams per day
- Substitute soy protein for some animal protein so that you are getting 25 to 40 grams of soy protein per day

[Reduce or eliminate consumption of red meat](#)

[Reduce or eliminate high fat, farm-raised fish](#)

[Minimize or eliminate consumption of cheese](#)

[Use soy protein meat and cheese substitutes, tofu, soymilk, and soy protein powders, bars or drinks](#)

[Limit or eliminate salad dressings made from oil and minimize use of cooking fats](#)

[Hold the mayo, butter and margarine](#)

[Minimize or eliminate consumption of ice cream, frozen yogurt, cakes and pastries](#)

[Minimize or eliminate consumption of peanuts, chips, and other high fat snack foods](#)

[Use garlic, spices and flavoring rather than cooking oils whenever possible](#)

[Cover half to 2/3 of your plate with steamed vegetables](#)

(Include fruits and vegetables with every meal)

[Eat beans, peas and lentils more often than refined breads and pastas, and white rice](#)

[Get in the habit of reading food labels](#)

[Watch the portions you consume in order to control your calorie intake and your weight](#)

# Excercise

Lack of exercise can be as dangerous as poor diet. Yet to an alarming degree, too many people live as sedentary creatures.

Beginning an exercise program does not require radical changes in routines, and changes do not need to be made overnight. In between the extremes of couch potato and marathon runner are hundreds of activities that work your muscles, heart and lungs. Get involved in exercise that

grows out of daily routines - vacuum more frequently (burns 120 calories in a half-hour), tend your garden (390 calories in an hour), wash your car by hand, and walk a little more by parking farther from your destination.

When they're old enough, encourage young children to walk to school, walk with them if they will let you! If you commute by train or bus, try walking to and

from the station. Bowling, golf, ballroom dancing-all these add exercise to your life.

If you have been inspired by Matthew Pinsent and want to buy yourself a rowing machine, fine! But you don't really need a personal trainer, a fancy outfit, or expensive lessons.

You do need to make time in your schedule for 30 minutes of exercise every single day. You can break your exercise sessions apart and do 15 minutes twice a day or 10 minutes three times per day. But you've got to do it!

It is our intention to bring you, on regular basis, articles on personalities who have experienced prostate cancer. We decided to start with one of our own—Gary Steele

## Personality—Gary Steele

Gary Steele is the Chairman of the “Leighton Hospital Prostate Cancer Support Group and Awareness Campaign, Cheshire”, which he founded, and an active member of the PSA North of England. He is a one-man crusade in promoting awareness of Prostate Cancer throughout Staffordshire, Cheshire and in the North West with his campaigning.

He devotes much of his time and energy travelling around the country, setting up temporary “information drop-in” centres at Supermarkets, Shopping precincts, etc., along with talks at various Working Men’s Clubs and Rotary Clubs. In addition he visits companies to talk to people at their place of work and has appeared on national and local TV programmes as well as local radio “phone-in” programmes – in fact, anywhere they will have him; Gary will go to promote awareness of Prostate Cancer!

He arranges functions, concerts, including Big Band concerts, 60’s nights and Fashion Shows. His latest achievement is to have PSA chosen as the sole charity to be supported by the Oulton Park motor racing circuit for their 2004 season. Gary and his colleagues from Crewe use the events to raise awareness and funding.

Gary said “I was diagnosed with prostate cancer in May 1999 and decided on having a Radical Prostatectomy in July ’99. Until this time my life had been interest-



Gary with Samia Ghadie (Coronation Street’s Maria), Mr Pradip Javle and his daughter Sukanya.

ing but uneventful. I had a good job with British Rail reaching senior management in the West Coast and East Coast main lines until my retirement 11 years ago”.

Later he and Mr Pradip Javle, the specialist and surgeon who diagnosed and operated on him, took part in the BUPA Great North Run 2002 and raised over £8,000. This sponsorship was to be used for research and providing equipment for the care and comfort of patients admitted to Leighton Hospital when diagnosed with Prostate Cancer.

shown to be one of the most successful and active groups anywhere in the country, especially in promoting awareness and fund raising, having now raised about £100,000 during that time for hospital equipment and research.

I was a part time musician and singer for all of my life, which is very useful to me when I put on fund raising shows.

Roy Nixon was instrumental in providing me with the information to get started

and saw in me someone who could help in promoting a rigorous campaign of awareness, as that became my forte along with fund raising - I seem to have the knack for that particular item, I hope I’ve not disappointed him!

I am one of those who see opportunities and of course take full advantage, as necessary, to further the cause to raise public awareness of prostate cancer. One such opportunity occurred recently when I proposed and arranged the sponsorship of a racing car for just that purpose. This is now

### Sir Stirling Moss is showing interest in helping our campaign

Gary continued “I am married to Mary and have two sons who are both now in their forties, we have two grandchildren.

After my treatment, I was introduced to Roy Nixon (one of the founders of PSA North of England), who encouraged me first to join the PSA movement and the support group at Christie and secondly to start a similar group at Crewe, which I did in May 2000. I am quite proud to say that the Crewe group has been

starting to show to our advantage as the likes of Sir Stirling Moss is showing interest in helping our campaign.

I now firmly believe we can use this as a weapon to break through and be better recognised and hopefully bring all support groups, PSA organisations together and pull together to fight prostate cancer and any Government in power to put more funding and eventually reduce this burden and high death rate which occurs every year in the UK”.

Gary is also a member of the Manchester and Cheshire Cancer Network Steering Group and Cancer Collaborative Council as the patient representative for Prostate Cancer.



## Clatterbridge to launch unique treatment centre

Prostate cancer patients living in Wirral and Merseyside will soon have local access to both Brachytherapy (the placement of tiny radioactive seeds directly into the prostate to kill tumour cells) and Cryotherapy (where the tumour is frozen to kill cancer cells).

Thanks to the generosity of thousands of local people and organisations, who have donated £260,000 towards the project, the Clatterbridge Centre for Oncology and Wirral Hospitals NHS Trust have been given the go-ahead to develop these services.

Consultant urologist Mr Nigel Parr and oncologist Dr Isabel Syndikus have been two of the driving forces in bringing these

### Wirral and Merseyside to have Brachytherapy and Cryotherapy

treatments to the North West. They paid tribute to the many people who have donated money and also to the fund-raisers.

Two of the fund-raisers are Mr Les Pritchard, who previously had to travel to

Leeds to receive Brachytherapy treatment, and Mr Lance Yates, a member of PSA North of England from Frodsham.

The funds will be used to buy the special equipment needed for these treatments and will also go towards implementation phase costs. On-going costs will be met by the NHS. Plans are underway to offer the new treatments from January 2005. It is estimated that within a few years up to 50 patients in the region per annum will benefit from these treatments.

## On top of old Smoke'y

I joined a diverse group of people from all parts of the United Kingdom who had travelled by air, sea, and land to gather in a group in the third largest city in Italy. Our intention was to climb Mount Vesuvius, which dominates the city of Naples, some fifteen miles away.

It was 8.30am when over 100 fellow climbers embarked on two coaches to travel for 15 minutes down a relic of Mussolini's regime, the Autostrada, to reach the foot of the volcano, which towered approximately 4000 ft above us.

It was a truly awesome sight.

Thirty minutes later we had navigated over 100 twists, turns, and many tortuous hairpin bends that you can possibly imagine to reach a height of 3000ft.

It was a superb feat of skill by our driver.

Mount Vesuvius first erupted in 79AD and has repeated the performance over 50 times since, the last being in 1944.

It is still alive today and another eruption is expected in the next few years.

We were a group of all ages, shapes, and sizes. I was one of the oldest.

Our target was the rim of the crater, which soared up another 1000ft above us. The ascent has a gradient of 1 in 15 metres and



followed a zig-zag path some 6ft wide and covered in about 3 inches of volcanic dust strewn with rocks of various shapes and sizes.

Our ascent was therefore hot (over 90 degrees), steep and dusty.

I covered this distance in some 25 minutes, ahead of some, and behind others. On the way we passed various monitoring stations, which keep a watching brief on the Volcano's activities. They will be able to give local inhabitants some 15 hours warning of the next eruption, which is expected to be much larger than the moderate one of 1944.

After much effort I reached the top, where on looking over the edge, smoke could still be seen curling its way upwards from the rim. Looking down from 4000ft the city of Naples was clear for all to see, and in the distance the Isle of Capri and the site of Pompeii. The crater is over 1Km

wide but in 1944 it was 3 Km.

Across the rim can be seen the remains of Mount Suma, which in Roman times looked down on Vesuvius, but which is now extinct. The sides of Vesuvius is covered in yellow broom which in a few weeks time will make a spectacular display as the flowers will be at their best.

Many villas and apartments have been established on the sides and foot of the

Mountain, even on top of the lava path of the 1944 eruption. The price of one of these is a fraction of the price one would pay for a garage in Naples, a city of two million people.

Having spent 30 exhilarating minutes spellbound at the top it was time to return to earth. A feeling of superiority overcame me as I walked down past the people huffing and puffing their way to the top.

I thank the numerous members of the PSA for their support and contribution to our funds.

I trust in some small way I have shown that even with Prostate Cancer, one can lead a normal life.

IF YOU CAN CALL GOING TO THE TOP OF EUROPE'S ONLY ACTIVE VOLCANO "NORMAL"!!

Laurie Denton

## New Bolton Support Group

On average 200 men in the Bolton area are diagnosed with Prostate cancer each year. Now a new group has been established in Bolton to offer help, advice and support to anyone; whether the patient, wife, partner or carer of those affected by this increasingly common form of male cancer.

Bolton prostate cancer patient Ian Jackson, a founder member of the Bolton Support Group says: "When I was diagnosed with prostate cancer at Easter 2003, I experienced shock and bleak feelings of isolation and fear. I desperately wanted to talk to someone who had been through what I was about to face. Thanks to Uro-Oncology Sister, Dorothy Sugden, at the Royal Bolton Hospital Urology Department, I was able to talk to other people who knew what I was going through, in-

cluding John Lancaster and Mike Lockett of PSA North of England. The information they gave me was of great value and that convinced me of the benefit that support and a support group could be to new, and established patients alike.

With Dorothy Sugden's encouragement, I was able to contact a number of people and organisations including the Patient User Partnership (PUP); PSA North of England (Mike Lockett is involved in a project of PSA's aimed at helping new groups such as ours to get started); and Bolton nurses, Kathy Sandler and Paula O'donnell. With their help the Bolton Prostate Support Group has been established specifically to help local people."

We have the backing of local MP, David Crausby, and Bolton MBC have been very helpful by providing a grant to help

with initial funding.

Thanks to the Reverend Les Allmark – himself a former prostate cancer patient – the group now has a regular home at St.Luke's Church on Chorley Old Road, where Les is one of the curates. Meetings are 2-4pm on the second Wednesday of every month

Through links with PSA North of England, the group has a telephone helpline on 0845 456 0678. The helpline is staffed by experienced people who can offer information and advice on prostate cancer to anyone affected by, or concerned about a subject which can be difficult to talk about.

If you want to know more, Ian Jackson and Les Allmark can be contacted through the helpline.

## Awareness Programme

One of the aims of our association is to raise awareness amongst the general public and men aged over 50 in particular, of prostate cancer.

Here is one example of how it can be made to happen!

Contact was made with a local "Lions Club" in Sale, Cheshire, and this led to a display unit being set up at their midsummer garden event, which happened to coincide with Father's day.

At the same time an appeal was made to the "Lions" to make a donation from the proceeds to the PSA.

During the event a small group of members manned the site, gave out leaflets and explained the purpose of the PSA and

advised men to have a PSA test.

The level of ignorance amongst men aged over 50, although not surprising, was frightening.

Following the event contact was again made with the "Lions" to discuss the outcome of our appeal for funds. This has resulted in our Association being made the "Lions" charity of the year and all profits from their forthcoming Sportsman Evening will be given to the PSA.

This exercise achieved improved awareness among our target audience and a

donation to our funds.

**You do not have to be a member of the executive committee to achieve this!**

**You do have to have the will to help others to help themselves!**

**The committee will give you all the assistance it can!**

Why not contact your local "Lions", Rotary Club, Bridge Club, Round Table etc.

Contact Laurie Denton 0161 973 7531

The level of ignorance amongst men was frightening!

## Acknowledgement of Donations

It is essential to PSA North of England that we are able to raise sufficient funds to enable us to continue the aims of our charity and to further develop our facilities and coverage.

Many members send individual donations in addition to their annual membership fee. There are too many of these to mention individually and many would not wish us to. However, during the past year PSA has received a number of donations that we would like to publicly acknowl-

edge. These include:

£440 in memory of Eddie Coleman, one of our members who has sadly died.

£5,050 from the "Pat Matthews memorial fund golf day". The Matthews' family only became aware of PSA North of England after Pat died, but wanted to help a locally based prostate charity in his memory. Their donation has been used primarily to establish our website.

£100,000 from Macmillan Cancer Relief,

which has been used to fund our Development Coordinator and to establish the PSA office based administrators, Darrell Taylor-Brown and Dawn Walker.

We have also received donations from the Crewe branch and more recently the Sale Lions and the East Lancashire Masonic Lodge. If any members are also members of the Lions, Masons or similar organisations, please bear PSA in mind when your organisation is considering which charities to support!

## New local support groups

PSA North of England provides the Helpline, the Regional meetings, awareness events and other activities, which are appreciated by members and other prostate cancer patients.

Nevertheless, an activity which is only available in a limited number of areas is the Local Support Group.

This has sometimes been the first introduction to PSA for some of our members - having been introduced by other patients or perhaps recommended to attend by hospital Urology staff. These meetings vary considerably in their make-up. Being governed very much by the attendees -

essentially they provide what that group's attendees are looking for!

Sometimes formation of these groups is initiated by PSA members. On other occasions they are created in response to a lack of such a facility; recognised by hospital Urology staff.

It is a focus and objective of PSA North of England to develop new support groups wherever they are needed.

We are currently focussing on the Wirral and Merseyside (through the Urology departments at Clatterbridge and Arrowe Park); Chester and surrounding areas

(through Countess of Chester Hospital) and Oldham, also with tremendous support from the Urology staff at the Royal Oldham Hospital.

If you would like to see a new group formed in your area please contact Mike Lockett, Development Coordinator, through the PSA Office.

### Current Local groups

There are currently groups in Bolton, Cheadle, Crewe and Trafford. Please contact the office to determine the location and meeting times.

## Recipe - Grilled Salmon with Rosemary

This recipe offers a simple alternative to the standard grilled salmon.

### **Serves 4**

- 450g (1 lb) Salmon
- 2 teaspoons extra-virgin olive oil
- 2 teaspoons fresh lemon juice
- ¼ teaspoon salt (preferably sea salt)
- Pinch freshly ground black pepper
- 2 cloves garlic, finely chopped
- 2 teaspoons fresh rosemary leaves, chopped, or 1 teaspoon dried rosemary, crushed
- Olive oil cooking spray
- Capers (optional)

Fresh rosemary sprigs (optional)

Cut the fish into 4 equal sized portions. Combine the olive oil, lemon juice, salt, pepper, garlic, and fresh or dried rosemary in a bowl and brush the mixture onto the fish.

Wipe the rack of a grill tray with the olive oil (to prevent sticking) and arrange the fish on it. Grill under a preheated grill for about 4-6 minutes per side [assuming fish is 2.5cm (1 inch) thick]. Turn it halfway through grilling.

### To serve:

Top with capers (if using) and garnish with rosemary sprigs (if using).

Goes especially well with steamed aspara-

gus and a green salad.

### NOTE:

You may choose to use smaller portions of certain ingredients than quoted above, e.g. less olive oil and salt to taste.

### GENERAL FOOD NOTE:

The majority of salmon available today is farmed salmon. PSA would not recommend this due to the use of chemicals, growth promoters and anti-biotics used in intensive fish farming. We would prefer to see the use of wild salmon or organically farmed salmon, where such methods of production are not allowed.

## Prostate Matters Quiz

### Questions

1. On what is cancer of the prostate dependent for its growth?
2. Prior to the 1930's how were tumours sometimes treated?
3. It is believed that 200mcg per day of a particular nutrient is beneficial if taken by PC patients. What is this nutrient?
4. What is the treatment called which kills cancer cells by freezing the tumour?
5. What is the principle of HIFU?
6. Which carotenoid is considered

one of the most effective antioxidants against the risk of prostate cancer?

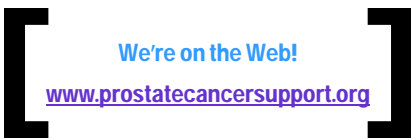
5. High Intensity Focussed Ultra-sound - which destroys the cancer cells by focusing ultrasounds to create a sudden elevation of temperature to 100°C.
6. A range of papers suggest that consuming lycopene (which is the red pigment in tomatoes) is associated with a reduced risk of metastatic prostate cancer. Real food is best, but failing that it may be worth taking Lycopene supplement (say 3 x 10mg per day).

1. The male hormone, testosterone, produced by the testicles. By reducing the amount of testosterone in the body it is possible to slow down or stop the growth of the cancer cells.
2. Radium was inserted into the tumour by way of hollow needles
3. Selenium is an essential nutrient with a recommended daily allowance (RDA). We think you would be prudent to take it!
4. Chryotherapy.



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● Prostate Cancer -  
Information and Support

**helpline 0845 456 0678**

### Aims of PSA

To provide help, support and information to men who have Prostate Cancer, and to their families and carers.

To give a voice to all those affected by Prostate Cancer by raising awareness and by making representation to appropriate bodies

-The public, Health professionals and Government.

#### Next Regional Meeting at Christie Hospital

18th September 2004

John Logue talking about:

Recent Developments in the treatment of Prostate Cancer using Radiotherapy

Tea and Coffee at 1pm

Formal proceedings at 1.45pm

## Your editorial team

Ray Dalton and Roy Nixon were the early driving force behind PSA, both of whom are sadly missed by those who knew them. Roy shared his vast knowledge of prostate cancer with members through meetings and the regular Newsletter that he produced. In the early months without Roy there was a lack of information being regularly sent to members.

This has been partly addressed in the recent past by obtaining the UsToo Hot-sheets from PSA's associated USA organization, and distributing these monthly.

Nevertheless it has always been the committee's intention to produce a regular PSA newsletter. To ensure that this happens four members of the executive committee have volunteered to act as the editorial team. They are John Dwyer, John

Lancaster, Laurie Denton and Mike Lockett (seen in the attached picture).

This is the first issue of a newsletter that will be produced quarterly and will contain regular articles about Prostate cancer, its treatments and its myths. We shall also include "Focus on" (a regular main news item) in each copy; Medics Corner (contributions from the medical profession); Articles from the Chairman; Letters to the editor; Branch reports; Forthcoming events diary; Crossword/Quiz; Personality item (from a famous person or just famously one of our own).

Producing a regular newsletter is an onerous task and the team do request that you



help all you can by providing material that you think would be appropriate for this publication and of interest to other members.

Letters to the editor will also provide members with a communication channel which we hope will generate dialogue.