June 2022 Edition 3 Vol. 7 Newsletter of the North Hampshire Prostate Cancer Support Group

Welcome to the Buzz Bulletin

Chairman's Chat - June 2022

We've been having a very busy time in the last couple of months:-

Basingstoke Festival of Transport

On the 8thMay we took our awareness stand to Basingstoke's Festival of Transport, organised by Basingstoke Deane Rotary. It was a warm and sunny day with an estimated 25,000 people coming to see the amazing vehicles.



Our group members handed out over 550 items of Prostate Cancer UK and our group's own information leaflets and flyers. This was the highest ever since the NHPCSG started having our own awareness stand.

It was very encouraging that many more men and their partners stopped to have a chat with our members than at previous events. We think this is probably because of the national Prostate Cancer awareness campaign that was run by the NHS and PCUK earlier in the year. If just one man gets diagnosed early as a result of our awareness events, we can say we have made a significant contribution to his chances of a good outcome.

Thanks to all our members that came and supported us on the day.

PSA testing in Odiham

were te many m and Alla nearly afterwa results have al about h Anothe area tal PSA test Our tha

On the 21st May, the Hook and Odiham Lions Club ran a PSA screening event at Odiham Cottage Hospital. 207 men

were tested on the day and there could have been many more as the event was oversubscribed. Martin and Allan took our awareness stand to the event and nearly every man that was tested stopped afterwards to have a chat with us. With PSA test results being available within about 48 hours, we have already been contacted by a man concerned about his test results.

Another Lions member from a different group in our area talked with us about potentially supporting a PSA testing event they are hoping to run.

Our thanks go to both the Rotary and Lions Clubs for enabling us to participate in their events.

If you wish to contact the Urology Department at HHFT Telephone: 01256 313515 Email: <u>UrologyNurses.Basingstoke@hhft.nhs.uk</u>

North Hampshire Prostate Cancer Support Group

Edition 3 Vol. 7

Pint and Chat evenings

We held our second Pint and Chat night in Basingstoke's Red Lion Hotel on 19th May. It was great that three newly diagnosed men, along with one of their partners, joined us on the evening where we were able to share our experiences of various types of treatment.

Our local hospital had passed on our flyers for the event, but one man had travelled all the way from Gosport having found us on the PCUK website.

Our next pint and chat night is on 21st July at the Red Lion and we may now make this a regular event.

Telephone Support

Group meetings aren't for everyone and we are pleased that some of our committee members have been able to have one-to-one conversations on the phone to newly diagnosed men who have asked for our help. Wherever questions were beyond our specific experiences, we were able to signpost to the PCUK specialist nurses.

Our new meeting venue at Brighton Hill

We've now had our second group monthly meeting at the Brighton Hill Community Association Hall and feedback is generally very positive. If there are any areas that you think could be improved, please let us know and we'll see what can be done.

We hope to buy some audio-visual kit that will enable us to have speakers give talks over Zoom when they are not able join us in person.

Blue Space Pool Evening

Thanks

Regretfully our joint pool event with **Blue Space** had to be cancelled due to lack of support from our members. Our support groups are both run by volunteers, and by working together we can arrange more events than we could as separate organisations. I know that Blue Space are keen to hold joint events with the NHPCSG, but they can only go ahead with your support.

Please let me know what type of events <u>you</u> would be interested in if snooker is not for you.

Group literature and branding refresh

As I've mentioned at group meetings, we are going ahead with support from Basingstoke Voluntary Action and their partner group BOSS with a review of our current marketing strategy and group literature design to make it more attractive to potential new members.

This will include more focus on the use of social media, e.g. Facebook, What's App and potentially a new design for our Website. Once their new designs are available, training from BOSS will be available on how we can keep these various platforms updated.

We have already made use of their recommendations by using a group QR code and branded pens.

Both the new AV kit and professional branding support will be financed by donations from the Loddon Lilies who are continuing to fundraise for the NHPCSG – many thanks for their support.

As I said by way of introduction, it's been a busy time and it's great that we have been able to support men and their partners in various ways other than at monthly meetings. This has taken many hours by your committee members and we can't do it all alone.

If you can help us in any small way, by making the teas at group meetings for example, or helping with updating our social media, distributing our leaflets and flyers etc, you will be helping to ensure that newly diagnosed men will continue to benefit as we hope you have been. Please do contact me with any offers of help or any other suggestions you may have.

Martin

Page 2

Edition 3 Vol. 7

May Talk by Vicki Havercroft-Dixon

It seems to be working, our latest meeting at the Brighton Hill community centre was so well attended, there was a last minute rush to find more chairs! We were privileged to have a talk by Vicki Havercroft-Dixon, the hospitals new Macmillan Lead Cancer Nurse, on present and future updates to the Trust.

Following her brief introduction Vicki provided figures for the Trust on the number of patients diagnosed with prostate cancer over the last 3 years, which clearly showed the drop caused by the pandemic. She then outlined her own leading role in cancer services and that of the individual specialist nurses. The aim is very much targeted at improving patient experience and care and their treatment pathway. Vicki's own role also includes helping develop future treatment strategies, staff development and support.

As well as showing how the team members operate, and their roles, she also indicated how the new prostate cancer pathway for diagnosis is operating. Finally she highlighted the wide range of support now available to patients from both within the Trust and also from various independent organisations. *Keith*

Geographic Profiling - April Meeting

With such a vague title, what is that all about? The Support Group was extremely privileged to have Colin Johnson as our speaker at our April meeting. Colin is one of only four with worldwide recognition in this field of

forensic investigation, which is proving even more effective than criminal profiling, and he held us mesmerised for well over an hour – normally our speakers get 20 to 30 minutes.

He started by giving some of his background, having worked in four continents over a 20 year period, and has included not only writing books and appearing on TV, but more recently academic teaching.

He went on to highlight the keys to investigations, for example the criminal's maintenance of their routine, normal rational approach, how they work on the 'least effort principle', but most importantly how they have an anchor point. He then elaborated about anchor points, where typically this is their home, but can also be their place of work or recreation point, explaining that around 50% of these crimes take place within a mile of the anchor point, but always with a buffer zone. What can make this more difficult, is where the criminal is familiar with an area from past association e.g. they used to live locally, or that they perhaps have a local relative which they then visit regularly.

However, he mentioned that the victim's bodies are usually dumped further away, again in an area known to the criminal, but normally never more than 150 yards from a roadway. He also added that the last person claiming to have seen the victim alive is always investigated first, as often they turn out to be a prime suspect.

Colin finished by giving us a detailed run down of the high profile Millie Dowler case and its link to Amelie Delagrange, and how geographic profiling was able bit by bit to link the locations together, which included both Levi Bellfield's own home address and that of his then girlfriend, as well as dump points for bodies and possessions, which when added to tiny snippets of CCTV evidence of vehicles he used, proved conclusive in his conviction.

Colin not only kindly took informal questions afterwards, but for our group waived his normal speaker's fee, citing relatives who have also had prostate cancer. *Keith*

DIARY DATES

our speaker for June 30th is David Knights talk entitled A Chemical Life

July 21st Pint and Chat - Red Lion, Basingstoke

July 28th is a talk by MIND

~~~~~

August 25th is the Group Anniversary

September 29th Richard Hindley Urology Consultant Lead

meet at Brighton Hill Community Association Hall starting at 2.00pm





## "I think the cancer is done now" – Gerry's story

29 MAR 2022

Gerry was diagnosed with prostate cancer in 2000. During Prostate Cancer Awareness Month, he tells us what research has brought him.

### Posted on 29 March, 2022 by Gerry Carter



Image: (left to right) Gerry and Jenny Carter on their wedding day in 1971, and on their Golden Wedding Anniversary in 2021. Credit: Gerry Carter.

I met my wife, Jenny, at the Court School of Dancing in Reigate, Surrey, in May 1968. All the guys lined up on one side of the room, and all the girls on the other.

If you had the guts, you went over and asked someone to dance, and I am very pleased to say I did have the guts that day.

Jenny and I celebrated our Golden Wedding Anniversary together last year, but 22 years ago I was told I might not be around to see it.

I was diagnosed with <u>prostate cancer</u> in October 2000, when I was 53, and I hadn't been expecting it at all.



Edition 3 Vol. 7

I'd gone to the doctors because I had terrible pain passing urine, and I was told I had an infection and given antibiotics. The doctor had then said he'd refer me for a specialist appointment, which I'd told him not to worry about – obviously there was no need now I had antibiotics – but he explained urine infections were quite rare in men.

## My consultant never mentioned cancer

I was referred to the hospital and had various tests, but I had no idea what they were looking for. Eventually, I had a biopsy on my prostate gland. The result was inconclusive, so they sent it on to a university nearby.

Throughout the testing, my consultant had never mentioned cancer.

So, when the university reanalysed my biopsy results, and a stand-in consultant said, 'I can confirm you have cancer', I could have fallen through the floor.

I was told I had a life expectancy of 10 years.

At this point, I thought 'I've got to do something, or I won't make it to 63'. Or I thought I might make it, but that I'd be really ill.

The consultant said they'd want me to take radical action, which meant either surgery or radiotherapy, but that we had a little bit of time to play with, as the cancer was 'medium aggressive', so I should think about what I wanted to do and come back in a month.



Image: Gerry and Jenny with their children at the wedding of their youngest daughter. From left to right: Jenny, Steven, Christine, Gerry, Angela. Credit: Gerry Carter.



I looked into both options, and I talked about it with my wife and three children. In the end, I chose surgery. There were quite a few risks attached to the procedure, but it sounded like it would have a better chance at completely removing the cancer, which was what I wanted.

I had the surgery in April 2001, and then had three months off to recover, before I went back to work.

## 'I think the cancer is done'

After I'd recovered. I was able to slip back into my old routine fairly easily, although I do think my work probably let me take it easy for a bit.

I had PSA tests quite regularly for a while, and now I have them once a year. At my last test, my reading was 0.1.

I think the cancer is done now. After 20 years it hasn't come back, so I'm 99% sure they caught it all.

Jenny and I went through the challenges of my cancer together, and we survived as a marriage.

Last year was our Golden Wedding Anniversary – 50 years of marriage feels like quite something today. We threw a little party at our local pub to celebrate, and then in the autumn, we went on a cruise through the Mediterranean.

It was *really special*. The weather was lovely, and the food was delicious. We got a suite with a balcony, not just a room, as it was a special time, and we decided we were going to enjoy it.

Jenny and I have a family of two daughters and a son, and now we have two grandsons. Thanks to cancer research, I'm still here to see them grow up.

I would encourage everyone to make themselves aware of cancer, the signs and symptoms of prostate cancer, and if you have any concerns, don't hesitate to contact your GP so you can get any tests, like the PSA test, that might be needed. We urgently need to see a screening programme for the early detection of cancer, because the sooner the cancer is caught, the better.

We are pioneering brand new genetic approaches with the aim of developing a test to pick out men at high risk of prostate cancer and ensure they are diagnosed early.



Edition 3 Vol. 7

