

East Lancashire Prostate Cancer Support Group Newsletter



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Do high doses of vitamin C raise prostate cancer risk? Study shows popping too many supplements could give men tumours

Men who take high doses of vitamin supplements could be increasing their risk of lethal prostate cancer by nearly 30 per cent, say researchers.

A study of 48,000 men spanning more than two decades suggests popping too many vitamin pills can put them in danger of tumours that are more likely to be fatal.

The researchers linked high doses of vitamin C to an increased risk of lethal and advanced prostate cancer.

The results, by ex-

School of Public Health in Boston, in the US, and the University of Oslo in Norway, are not the first to raise the alarm over the dangers of excess vitamin consumption.

Nearly a quarter of adults in the UK are estimated to take antioxidant supplements or multivitamins regularly in the hope that it will help protect them against illnesses such as heart disease and cancer. The market for such products is worth around half a billion pounds a year.

Study of followed the health of 48,000 men aged 40-75 over 22 years
It found that men who take large amounts of supplements risk disease
The chance of developing prostate cancer increased by 28 per cent
The finds were published in the International Journal of Cancer
 By Pat Hagan
PUBLISHED: 00:07, 19 October 2013 |
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perts from Harvard



For example, health food shops now sell vitamin C tablets in doses of 1,000mg each, but the body needs only about 40mg a day to keep cells healthy and promote healing.

In the latest research, the scientists set out to see if antioxidants in vitamin pills and food could reduce the chances of a prostate tumour.

From 1986 to 2008 they followed 48,000 men aged between 40 and 75. Every four years, the men completed food questionnaires designed to record their dietary habits.

More...

[Air pollution is the leading cause of lung cancer, says World Health Organisation](#)
[New prostate cancer drug approved for use on the NHS offers five-month lifeline](#)

[What's smoking doing to YOUR body? Alarming graphic shows how cigarettes cause women to go grey and sprout facial hair and men to have sluggish sperm](#)

The researchers followed them up to see which ones developed prostate cancer.

The results, published in the International Journal Of Cancer, show that total antioxidant intake – from foods or pills – neither increased nor decreased the risk of a tumour. Antioxidants fight the process, called oxidation, that destroys cells.

There was some suggestion antioxidants from coffee had a slightly protective effect.

But the most alarming finding was that men with the highest intake of antioxidants from vitamin pills were 28 per cent more likely to get lethal prostate cancer than those who took the lowest amount of pills or none.

Those with the highest intake of antioxidants from vitamin pills were 15 per cent more likely to get advanced prostate cancer – a tumour that spreads quickly beyond the prostate, reducing the chances of survival.

In a report the researchers said: 'High intake of antioxidants from supplements was associated with increased risk for lethal and advanced prostate cancer.

'The main contributor is vitamin C, and this finding warrants further investigation.'

But the researchers stressed that, until more research is carried out, they cannot be sure that vitamin tablets actually cause cancer.

It may be that the cancer victims felt unwell for several months before their diagnosis and simply increased vitamin intake to try to ward off symptoms such as fatigue.

Dr Carrie Ruxton, of the Health Supplements Information Service, which is funded by supplements makers, said: 'It is entirely possible that these men may have had prostate-related symptoms and fatigue long before diagnosis.

'The cancer may have had nothing to do with the supplements.'

*An Interesting Document Free From
Prostate Cancer UK*

**“ Follow-up after prostate cancer treatment:
What happens next? ”**

Dear Support Group contacts

I just wanted to let you know that we ' ve produced a new booklet for men who have finished treatment which aimed to get rid of prostate cancer (ie surgery, radiotherapy or brachytherapy)

*It 's called “ Follow-up after prostate cancer treatment: What happens next? ”
It 's available to download or order now or quantities can also be ordered from me.
It explains what happens after treatment, and has lots of space for people to record their own details, sources of support, appointments etc.*

Please do feel free to pass on this information to any of your contacts or other members of your support groups.

Best wishes

Ann MacEwan

Support Group Development Manager

Have a Laugh & Don't Forget the Christmas Meeting Thursday 5th Dec



Spud Pie & Lots More Goodies to Enjoy



D R E

A light hearted approach to the digital rectal examination





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

Contact Information

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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 embarrassing subject. We have lively, informative, interactive, sharing and above all supportive meetings.

Jelly Bean Theory on Life

This theory on life was originally told to Mac by a Marine flight instructor when he was but a Marine student aviator. It was then the theory on flying but somehow it seems just as applicable to life in general:

On the day you are born you are given a large bowl. In this bowl is placed several bags of white jelly beans, a handful of grey jelly beans and one black jelly bean.

The white jelly beans represent good days, the grey jelly beans represent close calls, an accident, a serious illness etc. but you live.

The black jelly bean represents the day you buy the farm. Now every day you have to blindly take out a jelly bean. If you take stupid risks such as smoking or drinking and driving and so on you grab a handful of jelly beans instead of just one.

Some people grab the black jelly bean early on and die at a young age. Some folks use up every bean in the bowl, but eventually, we all have to get to the black jelly bean. All of us diagnosed with prostate cancer have grabbed a few grey jelly beans - let's hope there are a lot more white ones left, and the black one is buried at the bottom.

Cancer and diet: Why is nutrition overlooked?

By **Sheila Dillon** Presenter, Radio 4's Food Programme 19th May 2013

Thousands of scientific papers have been published on the link between diet and the treatment and prevention of cancer. But in practice food is still considered a marginal aspect of cancer care.

I was diagnosed with Multiple Myeloma (MM), a cancer of the bone marrow, in December 2011.

At every chemo session I was offered a white bread sandwich, a fizzy drink, and a chocolate bar or packet of biscuits.

Nurses told me that there was no point in worrying about what I ate. "Worrying" is not what I or any other patient wants to do.

We want to know what will help us get through treatment in the best way possible, and what, if anything, might keep a recurrence at bay - and that includes how diet may help.

We do not want to feel like a helpless pawn in a big and overwhelming system.

But unless you are very lucky, you will not be told about any of the latest food-related research when you enter the parallel universe that is cancer treatment.

Previously I have made three editions of **Radio 4's The Food Programme** about cancer and diet, and it is a subject close to my heart.

The last one on **prostate cancer** in 2009 was eye-opening.

Geoff Tansey, who I had known for many years as one of the UK's serious thinkers and writers about food policy, got in touch to say he had prostate cancer, was facing surgery and would the Food Programme like him to keep a diary.



Can a Mediterranean diet help prevent cancer?

Conner Middelman-Whitney is a nutritionist and cook who specialises in the impact of diet on cancer prevention:

"There are a lot of things we can do that influence our cancer risk.

The world cancer research fund back in 2007... concluded that 60% of all cancers of the oesophagus, 45% of all colo-rectal cancers and 38% of breast cancers could be prevented if people ate a healthy diet, had a healthy body weight and engaged in regular physical activity.

The Mediterranean diet is a very natural, organic way of eating and you don't have to live near the Mediterranean to eat that way.

It involves a lot of plant foods, a lot of healthy fats, nothing is excluded, which I think is a very important aspect of the Mediterranean diet.

A lot of people think that eating a healthy diet and a cancer protective diet means cutting all sorts of favourite foods out of your diet and that actually isn't so.

"

The only foods that are omitted are heavily processed foods, refined flours and sugars and fats.

Seasonal vegetables and fruits, olive oil, lots of pulses and whole grains, herbs and spices, these very nourishing foods really make up the core of the Mediterranean diet."

Research on the importance of diet in the prevention, complementary treatment and after-care of the commonest forms of prostate cancer is well-documented.

Professor Margaret Rayman, who runs the UK's only post-graduate course for medics on nutritional medicine at the University of Surrey has written a book on it: *Healthy Eating for Prostate Care*.

Not that that made any difference to the doctors who treated Geoff Tansey.

They did not know about the research, and were uninterested in the fact that in the weeks after diagnosis he changed his diet dramatically (he went vegetarian and gave up dairy foods) which brought down his PSA (Prostate-Specific Antigen) levels equally dramatically.

PSA is a protein in the blood that is produced by the prostate gland. The higher a man's PSA level, the more likely it is that he has prostate cancer.

Although there are no proven ways to prevent cancer, the **NHS says eating a healthy balanced diet can help reduce your risk of developing certain cancers**.

We need to focus on the use of novel therapies that we have available," says Dr Brian Durie, a specialist in Myeloma cancers in the US.

"In addition to that we can have an enhancement of the quality of life.

"We need to have good food, an avoidance of bad food and so one can treat the cancer and improve the quality of life.

"But it's important not to be relying on the food.

"In the UK we don't have enough of those randomised studies to say that 'if you eat enough cabbage and broccoli and fruit juices and have some turmeric and maybe some wine and chocolate, yes this can be helpful, but it's not going to be enough to cure cancer'."

Professor Rayman says today more studies have been done, and there is more evidence, but medical attitudes remain much the same.

Our research confirmed that in most cancer centres in the UK, diet is still seen as almost meaningless in cancer treatment and aftercare.

Yet there is good science available on the subject, though not a lot of it is what medics call "gold standard" science.

There are almost no double-blinded, large scale, studies done on people because they are expensive, very hard to do and there is no financial incentive.

Who would make serious profit out of the discovery that mushrooms kill cancer cells?

Most of the research has been done on cancer cells in the laboratory or on animals. What the best of it shows is interesting implications in a range of foods.

Resveratrol, a chemical compound found in red and purple grapes has been studied for its anti-cancer properties

One of the best-researched foods (in the US and Ireland) is the spice turmeric.

Curcumin is a chemical compound found in the root of turmeric, which has a **general anti-inflammatory effect** and quite specific effects on several forms of cancer, including mine.

Research has also been conducted on **berries containing ellagic acid**, which seems to curb cancer cells' ability to grow their own blood supply, **mushrooms** (the polysaccharides), **green tea**, as well as the **cabbage** and onion families.

From my experience as a cancer patient I think many people fear that they are being ungrateful for the medical care they have had by bringing up issues such as diet.

I am overwhelming grateful to the team who treated me and still check on me, at St Bartholomew's Hospital in London - they personify the best of the NHS in love, caring and medical brilliance, and they always make me laugh.

But why can't we build on that-- by bringing good nutrition and good food into that world-class care and treatment?

Helping you live well

*Published by Martin Wells 20/10/2013 Out With Prostate Cancer Support Group 5
Richmond Street Manchester M1 3HF*

Folks I was at The Penny Brohn Cancer Care Centre in Bristol last weekend and got such a lot from "The Living Well with the Impact of Cancer" three day course. Michael Simmons is running something similar in Carlisle in November. I'd like you to have the details:

The Living Well with the Impact of Cancer three day course is free and available for anyone living with prostate cancer and their close supporter. The course shows how to take simple steps to live well with cancer and will run on: **Tuesday 5 & Wednesday 6 & Thursday 7 November 2013** at Tullie House Museum and Art Gallery, Castle Street, Carlisle CA3 8TP

Living well with the impact of prostate cancer.

The course may help you:

Manage stress through relaxation and simple breathing exercises.

Cope with the emotional and psychological impact of cancer and its treatment.

Find out about how to prepare and enjoy healthy food.

Find a way to bring manageable exercise into your life.

Discuss the impact of a cancer diagnosis on relationships.

Consider how living with cancer affects our deepest values and beliefs.

Receive basic information on financial welfare.

This three day course will be held over three consecutive days and starts at 9.45am and finishes at 4.00pm each day.

Penny Brohn are able to provide our services free of charge, thanks to the charitable donations and voluntary contributions which fund our work.

To book:

Visit: www.pennybrohncancercare/prostate

Phone: 01275 370 111

Email: bookings@pennybrohn.org

Or speak with Michael Simmons on

Landline: 00441761490556

Mobile: 00447768231801



A course for anyone affected by prostate cancer

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Penny Brohn Cancer Care Registered Charity Number 284881
Prostate Cancer UK is a registered charity in England & Wales (1005541)
and in Scotland (SC039932).

Helping you live well.

Minutes

MINUTES OF MEETING 35 – THURSDAY 3rd OCTOBER 2013

VENUE: BURNLEY GENERAL HOSPITAL, MACKENZIE THEATRE/LIBRARY

38 people attended incl. Specialist nurses Debbie & Deborah, Kathleen Birtwistle from the Scanner Appeal and Doctor James Wiley, Consultant Clinical Oncologist at Christie Hospital who is to speak today. Apologies were received from Francis Dugdale.

Dave (Chairman) opened the meeting by reading out the Minutes of the last meeting and spoke about matters arising. He mentioned that at the last meeting, in the absence of an official speaker, tables had been set up to talk about various treatments which members had received and lots of information was discussed on treatments for Prostate Cancer and everyone thought it was a very successful and helpful exercise. Dave informed the group that one of our members, James Sinclair McLoughlin, who is an author, has donated 10 of his book "A Wartime Trilogy" to be sold for our Prostate Support Group funds.

Dave reported on some of the fund raising for the Scanner Appeal as he is representing the Support Group and attending meetings. The auction at the Burnley Miner's Club eventually raised almost £1,000 and a Golf Day held at Burnley Golf Club where there were 28 teams of 4 people is still being counted, but early indications are that it could raise £2,000 - £3,000. The Prostate Cancer Support Group had an awareness stand at this function. There is to be an Autumn dinner on Saturday 2nd November at Rosehill Baptist Church, Burnley at £15 per head for a 3 course meal coffee & wine with all proceeds going to the Scanner appeal. There are 64 tickets on a 1st come 1st served basis. Dave & Stuart plus their wives have already confirmed that they will be going; anyone else interested can contact Stu on 01282431465 or 07976268537.

Kathleen Birtwistle was invited by Chairman Dave to say a few words about the Scanner Appeal which is to buy a Scanner for Burnley General Hospital, plus a mobile scanner which is to be used throughout the East Lancashire area. She started by thanking the members of the Prostate Support Group for their support and help in fund raising for the Appeal and then carried on by explaining about the history of the evolution of the Appeal. It was a very informative talk and she made it clear that the Prostate Support Group can have an awareness stand at any of the functions which have been arranged to promote the Appeal, thus bringing awareness of our group to people who did not previously know of it.

BREAK FOR TEA & COFFEE

2ND half of this meeting was devoted to a 45 minutes talk by Doctor James Wiley, Consultant Clinical Oncologist at the Christie Hospital followed by a question & answer session. This was a very informative and interesting talk and all the people in attendance were very impressed and felt that Doctor Wiley was very "approachable".

There will be a presentation at our November meeting by one of our own members, John Heyworth. John is also an official volunteer for Prostate Cancer UK.

The raffle made £56.21 and there was £10 donation for the sale of 4 badges from Prostate Cancer UK.

The meeting ended with one of Dave's famous Prostate jokes and a reminder that the December meeting will be a Jacobs's join and we will discuss this at the next meeting on **Thursday, 7th November 2013 at Burnley General Hospital Mackenzie suite, 2.00 p.m.**