

Prostate cancer

# Insights

Issue 9 | Winter 2017

## March for Men

Find out how you can step out in support this year



Prostate cancer and me

**BENJAMIN ZEPHANIAH**



**PROSTATE  
CANCER UK**

## Harnessing the power to see within

How imaging is transforming diagnosis and treatment

**3** **Inbox**  
Get in touch and have your say

**4** **Prostate cancer news**  
The latest research developments

**6** **How we're transforming health care in the UK**  
Find out where £3.5 million went to support better, more integrated care across the UK

**8** **Harnessing the power to see within**  
From improving the accuracy of diagnosis to monitoring the progress of treatment, we explore how imaging is helping medical professionals step up the fight against prostate cancer

**12** **Prostate Cancer UK update**  
All the latest from us

**13** **Prostate cancer and me: Benjamin Zephaniah**  
The poet and star of Peaky Blinders tells us why he's backing our new campaign, among a host of other high-profile black men

**16** **The Manual**  
Our Specialist Nurse looks at what things you can do to help yourself after a diagnosis of prostate cancer

**18** **March for Men**  
From walking with Jeff Stelling to creating your own fundraising walk, find out how you can join in our March for Men

**19** **Touring Britain in an E-type Jaguar**  
Plus Top Dad and fundraising thank yous

**20** **Get involved**  
Events in the first half of 2017 and five ideas to help raise money for us

**22** **Our support and services**  
How we can help you



## Editor's note

Despite Prostate Cancer UK's continuing research to find the answer, it remains a mystery why black men are at greater risk of prostate cancer. One-in-four will get the disease at some point in their lives, compared to one-in-eight men overall. So we're always looking for more black men to join us in raising the profile of the disease.

That's why we're so pleased to have the poet Benjamin Zephaniah on board with our new awareness campaign – Stronger Knowing More – along with other leading black men from the world of sport, television and politics. In our exclusive interview (p13), Benjamin reveals the family taboo that encouraged him to get involved and shares his secrets for keeping control of your health.

Also in this issue, we explore the many uses of imaging and its exciting potential for prostate cancer treatment (p8). And we get the lowdown on our massive March for Men throughout 2017 and how you can take part (p18). We can't wait!

## Editorial team

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# INBOX

Tell us what you think about the magazine and our stories online at [prostatecanceruk.org/news](http://prostatecanceruk.org/news). We want to hear what you've got to say.



## Scans saved my husband's life

I'm thrilled to read of the very positive step forward for the PROMIS trial in introducing mpMRI scans. My husband's consultant detected a lump in his prostate in early January 2014. A TRUS biopsy was undertaken and the consultant wrote to say he was happy to tell us the results were clear and he did not have cancer. At a subsequent biopsy aided by mpMRI with a different consultant, the lump was targeted resulting in diagnosis of aggressive, grade nine cancer. Obviously, the initial random 12-core TRUS biopsy had missed the lump.

I have been pressing our Isle of Man hospital and Minister for Health to introduce initial

mpMRI scans, but they are adhering to the NICE guidelines and cite the impact on waiting times and expense as a deciding factor in ruling this out. As a result of these delays, it was 11 months before my husband had any form of treatment and the options were then limited. He opted for removal of his prostate and lymph nodes, and in February 2016 also underwent radiotherapy treatment with good results.

At the moment, consultants and hospitals are not obliged to use mpMRI for more precise detection. My husband is probably just one of many whose health and outcomes have been seriously disadvantaged because of this.

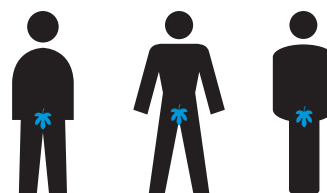
My sincere thanks to all concerned who are progressing the PROMIS trials and bringing the use of mpMRI scans into our hospitals for initial prostate cancer detection.

**Tina Brennen**  
posted online



**I've been going on about this for the last four years, so I am pleased that Prostate Cancer UK has finally put together a great article on the subject of erectile dysfunction. The way in which men are dealt with post-treatment is a shambles and an absolute disgrace.**

**Steve E**  
posted online



### CORRECTION

In our interview with Michael Parkinson in the last issue, we erroneously reported he received chemotherapy. He didn't, it was radiotherapy. Our apologies to Sir Michael and any misunderstanding caused to our readers.

## In support of the PSA test

We had a huge number of responses to our article about a controversial report from the Academy of Medical Royal Colleges that questioned the use of the PSA test ([prostatecanceruk.org/mrc](http://prostatecanceruk.org/mrc)). Here are just two that capture the nub of people's dismay:



Well it was the PSA test that found that I had early stages of cancer of the prostate and – following the operation – I am now clear. There were no symptoms, so how would they have found it in time for me? My brother died from prostate cancer and had not had a PSA test and no symptoms until it was already spreading.

**D.P Claxton**  
posted online



If I had been screened at an earlier age, then my tumour wouldn't have been so advanced. My prostate was removed and now I am dealing with all the problems a prostatectomy throws up. I really support the need to find a better test, but in the meantime you have to make do with what you've got.

**Kevin Bartlett**  
posted online



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# PROSTATE CANCER NEWS

## Only third of UK men will currently benefit from 'biggest leap forward in diagnosis for decades'

The results of the ground-breaking research trial, called PROMIS, have finally been made official and show that giving a man a multi-parametric MRI (mpMRI) scan before a biopsy radically improves the accuracy of detecting harmful prostate cancer, while also reducing the number of unnecessary biopsies by a quarter.

But freedom of information requests made by Prostate Cancer UK reveal that without urgent action, just a third of eligible men with suspected prostate cancer have access to mpMRI scans in the UK because of a lack of equipment and qualified staff to do them.

Combining up to four different types of image,

mpMRI creates a more detailed picture of your prostate than a standard MRI scan, and can help guide the needles of a TRUS biopsy to more accurately target any cancer found. In the PROMIS trial, only 11 per cent of harmful prostate cancers were missed using mpMRI, whereas 26 per cent were missed using a TRUS biopsy alone.

"This is the biggest leap forward in prostate cancer diagnosis for decades and could save numerous lives, so it's critical that urgent action is taken to make it available to men," says Angela Culhane, chief executive at Prostate Cancer UK. "That's why we've already been

working with a range of clinical experts and professional bodies to pin-point potential barriers to the widespread roll-out of mpMRI before biopsy and start the work of addressing them ahead of time."

As well as highlighting the need for more specialist mpMRI scanners, Prostate Cancer UK is working with the Royal College of Radiologists and University College Hospital to put together guidelines, quality assurances and a national training programme so that mpMRI before biopsy will soon become a routine part of prostate cancer diagnosis across the UK. **Read more about mpMRI in our special feature on p8.**



## Testosterone 'floods and droughts' treatment may help some hormone-resistant men with advanced disease

Drastically altering the levels of testosterone could cause cancer cells to die even after they become hormone-resistant, according to a new early-stage study of 47 men with advanced prostate cancer.

"Our goal is to shock the cancer cells by exposing them rapidly to very high followed by very low levels of testosterone in the blood," explains

Professor Denmeade, who led the research. These alternating extremes of male hormones are why the researchers call the new treatment "bipolar androgen therapy".

Traditionally, hormone treatments have involved lowering the levels of testosterone in what is known as androgen deprivation therapy. But cancer cells can

develop resistance to hormone therapy and drugs like abiraterone and enzalutamide.

"This research is intriguing because it offers a hint that – somewhat unexpectedly – for some men whose cancers have become 'hormone resistant', it may be possible to kill or stop growth of the cancer cells by actually overloading them with testosterone," says

Dr Matthew Hobbs, deputy director of research at Prostate Cancer UK.

"Many exciting new lines of attack against prostate cancer are emerging, of which this is one. But this is early-stage research and further studies are needed to understand exactly how it works and to test the findings in large clinical trials."

# Postcode lottery of support for erectile dysfunction leaves thousands to suffer in silence

Just 13 per cent of the UK's local health commissioners provide adequate care for erectile dysfunction, a freedom of information (FOI) request by Prostate Cancer UK has revealed. It means thousands of men recovering from prostate cancer treatment are left struggling with the condition's devastating effects on their health and relationships without sufficient support.

A common side effect of prostate cancer treatment, erectile dysfunction affects 76 per cent of men treated for the disease but can often be rectified if the right care is available. Current treatment guidelines recommend early intervention and a choice

of five options for erectile dysfunction: an NHS erectile dysfunction clinic, an appropriate choice of medication like tadalafil (Cialis®), vacuum pumps, psychosexual clinics, and counselling services.

But the FOI request shows a postcode lottery of support, with the majority of the 235 health commissioners who responded not providing all five options, 17 per cent unaware what they do offer, and two offering no support whatsoever. In practice, a recent survey found as few as one-in-four men were offered support or medication to deal with the issue after being treated for prostate cancer.

Prostate Cancer UK is now calling on the public to put urgent pressure on health funders in the worst-performing areas, using a dedicated campaign website: **bettercare.prostatecanceruk.org**. More than 3,000 people have so far checked the standard of care in their area on the site, and 500 have gone on to send an email demanding improvements from the authorities, using the pre-written email tool.

"This issue has been swept under the carpet for too long and thousands of men have been left to suffer in silence," says John Robertson, a Specialist Nurse at Prostate Cancer UK.

"Erectile dysfunction is a debilitating health condition and must be taken seriously by the NHS. Now is the time to take action to make sure men across the country get access to the vital support they need."



## New laser-activated drug shows early promise for low-risk prostate cancer

A new type of prostate cancer treatment, using lasers to target tumours without damaging surrounding tissue, has been shown to reduce the risk of low-risk cancers from progressing.

Vascular targeted photodynamic therapy or VTP – also known as **TOOKAD** – involves injecting a light-sensitive drug (padeliporfin or WST11) into the bloodstream and then activating it with a laser

to destroy tumour tissue in the prostate.

Researchers at University College London led an international study of 413 men to test if this treatment is safe and effective, randomly assigning them to receive either VTP or active surveillance, then monitoring them for two years. The results found only six per cent of those treated with VTP required surgery or radiotherapy compared to 29 per cent on active surveillance.

A third of the VTP group experienced serious side effects, though, compared to one-in-ten in the active surveillance group.

"In 1975, almost everyone with breast cancer was given a radical mastectomy," says Professor Mark Emberton, who led the study.

"But since then, treatments have steadily improved and we now rarely need to remove the whole breast. In prostate cancer,

we are still commonly removing or irradiating the whole prostate. So the success of this new tissue-preserving treatment is welcome news indeed."

Further research is underway to see if the treatment is as effective with more aggressive cancers. But VTP is still some years away from general clinical use as it's currently under review by the European Medicines Agency.

If you'd like to comment on this or other news stories, go to [prostatecanceruk.org/news](http://prostatecanceruk.org/news) and join the conversation

# How we're transforming patient care across the UK



For the last four years, we've been running a UK-wide programme to improve care for men with prostate cancer.

Thanks to more than £3.5 million of funding from the Movember Foundation and Royal Mail, our Health and Social Care Professionals programme was able to fund clinical nurse specialists, physiotherapists and other health roles in hospitals, GP surgeries and community settings in all four home nations.

As well as helping to better integrate and improve care services, we were also able to establish and expand cancer survivorship programmes, supporting men to lead as healthy and active a life as possible.

In total, we delivered 44 different projects across the UK, and the majority will continue to run despite our funding now coming to an end.



## My early intervention helped Geoffrey avoid being admitted to hospital

Read the moving experiences of Lucy Baker, a Specialist Prostate Cancer Palliative Care Nurse in Northamptonshire, who we funded to support men in their final year of life. Visit [prostatecanceruk.org/lucy-baker](http://prostatecanceruk.org/lucy-baker)



## Funding from Prostate Cancer UK allowed for a complete redesign of

## our care pathway at Victoria Hospital in Kirkcaldy

The clinical nurse specialist they funded became the first point of contact at the prostate biopsy clinic, offering knowledge and support during this uncertain time. Patients returned within two weeks to dedicated clinics for the results, and additional tests were organised in a timely manner. Support was provided during and after treatment, allowing informed choices to be made regarding their treatment and improved confidence in self-management.

Audit data demonstrated the changes significantly improved the patient experience, and reduced the waiting times for diagnosis and treatment. This led to the approval of a permanent prostate cancer nurse post within the urology service.

Building on the success of this project, additional funding has allowed us to look at ways to improve partnership working with our primary care colleagues to ensure support is available in the community.

**Dr Steve Leung**  
Consultant Urological Surgeon  
NHS Fife

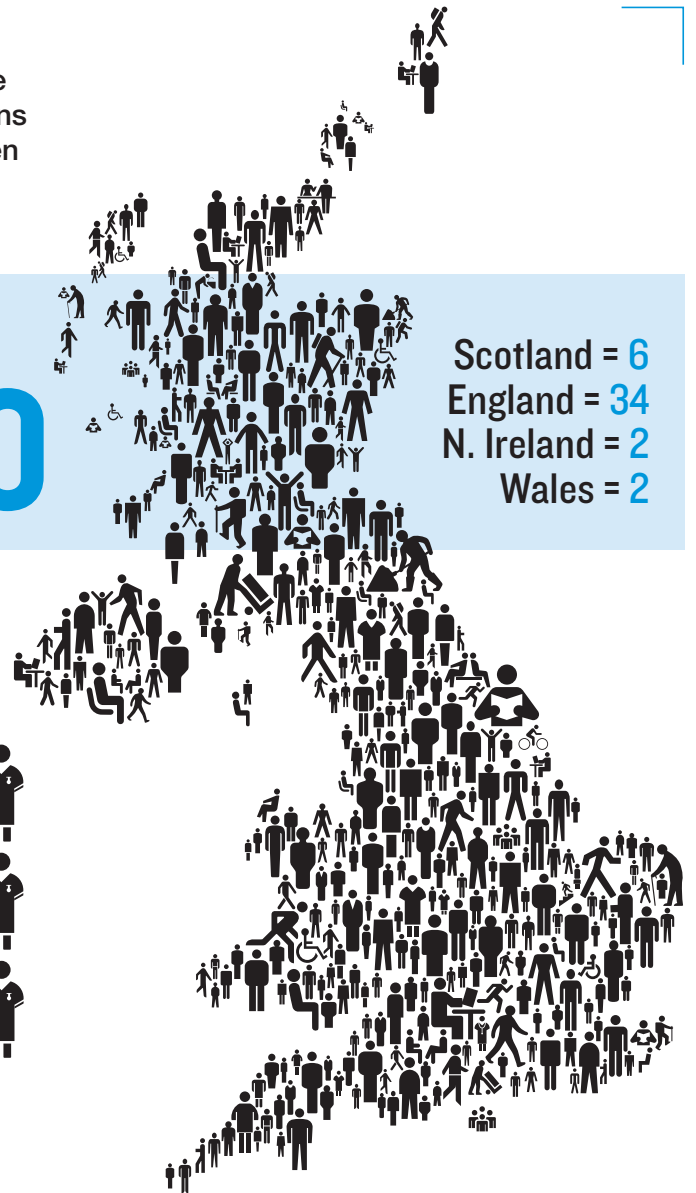
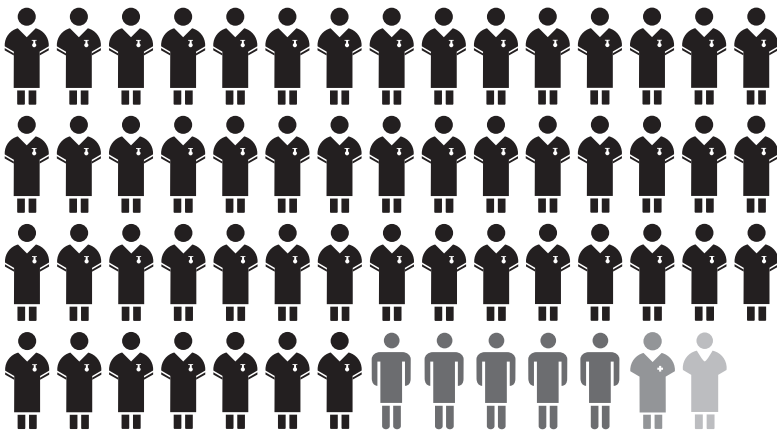
Our Health and Social Care Professionals programme provided funds for individuals and health organisations to test new kinds of care and improve support for men with prostate cancer across the UK.

We supported 44 projects across the UK, with a total value of

**£3,500,000**

Scotland = 6  
 England = 34  
 N. Ireland = 2  
 Wales = 2

**59** health professional posts – 52 clinical nurse specialists, five physiotherapists, one radiographer and one occupational therapist.



**38,000**

people have been supported through the programme.

**1,439**



partners or carers of men with prostate cancer have been supported through the programme.



**310**

Health professionals say they now have improved knowledge and awareness of the needs of men with prostate cancer.



**75%**

of the completed projects have plans in place to sustain the funded posts or activities.

# Harnessing the power to see within

**Being able to see inside the body using imaging has transformed many areas of medicine. Now – as our resident Dr Ian Le Guillou discovers – we are closer than ever to achieving the same with prostate cancer, and a new life-saving diagnostic scan is already being rolled out across the NHS.**

For most of history, the only way for doctors to see what's happening inside the body was to cut it open in surgery. That all changed 120 years ago, when doctors at the Glasgow Royal Infirmary made one of the first diagnoses using newly-discovered X-rays, identifying a needle embedded in a woman's hand.

We've come a long way since then, with the development of ultrasound scans for monitoring pregnancies and MRI scans that can see damage to muscles or changes in brain activity.

While imaging technology has continued to improve, we have not yet been able to make the most of it for diagnosing and treating prostate cancer – though that could soon change.

## **Worst of both worlds**

We currently rely on the PSA test to give a warning of prostate cancer. But on its own, it can be notoriously unreliable. This means that too many men are then sent to have a biopsy, only to find that they didn't have cancer after all. Not only are prostate biopsies often painful, they can lead to serious infections so it's important to avoid having them unnecessarily.

Worse still, there are men who actually do have prostate cancer, but are given the all clear as the biopsy missed the cancer. This is because the biopsy simply

consists of inserting several needles randomly into the prostate to sample the cells in different areas.

It means that men face the worst of both worlds: false positives in the PSA can lead to unnecessary biopsies for some men, and false negatives in the biopsies result in other men being untreated.

So why don't we use imaging for prostate cancer to avoid this? X-rays would just go straight through the prostate and we wouldn't be able to see anything, which is why MRI is often used for imaging cancer. However, the standard MRI scans struggle to see clearly around the outside of the prostate, where most cancers occur, and cannot tell the difference between cancer and other changes that might cause a raised PSA level.

## **Combining scans**

At a research conference that we held in 2008, Professor Mark Emberton and Dr Chris Parker were talking about the problems associated with biopsies. During the course of this discussion, they talked about whether MRI could be used to get a detailed enough picture of the prostate to deal with these problems. The work that followed on from this discussion resulted in the launch of a large-scale clinical trial in 2012, called the PROMIS trial.

While standard MRI may not be good enough, there are other types of MRI scan – one that tells the hardness of the prostate tissue, another that can see the blood flow – but they each have their own weaknesses. However, if we combine each of these scans, taking the strengths from each of them, then we can use MRI to get a clearer picture of





# I believe mpMRI will revolutionise diagnosing prostate cancer

Professor Mark Emberton

what is happening in the prostate. Combining these different scans is known as multi-parametric MRI, or mpMRI, and that's what the PROMIS trial has tested.

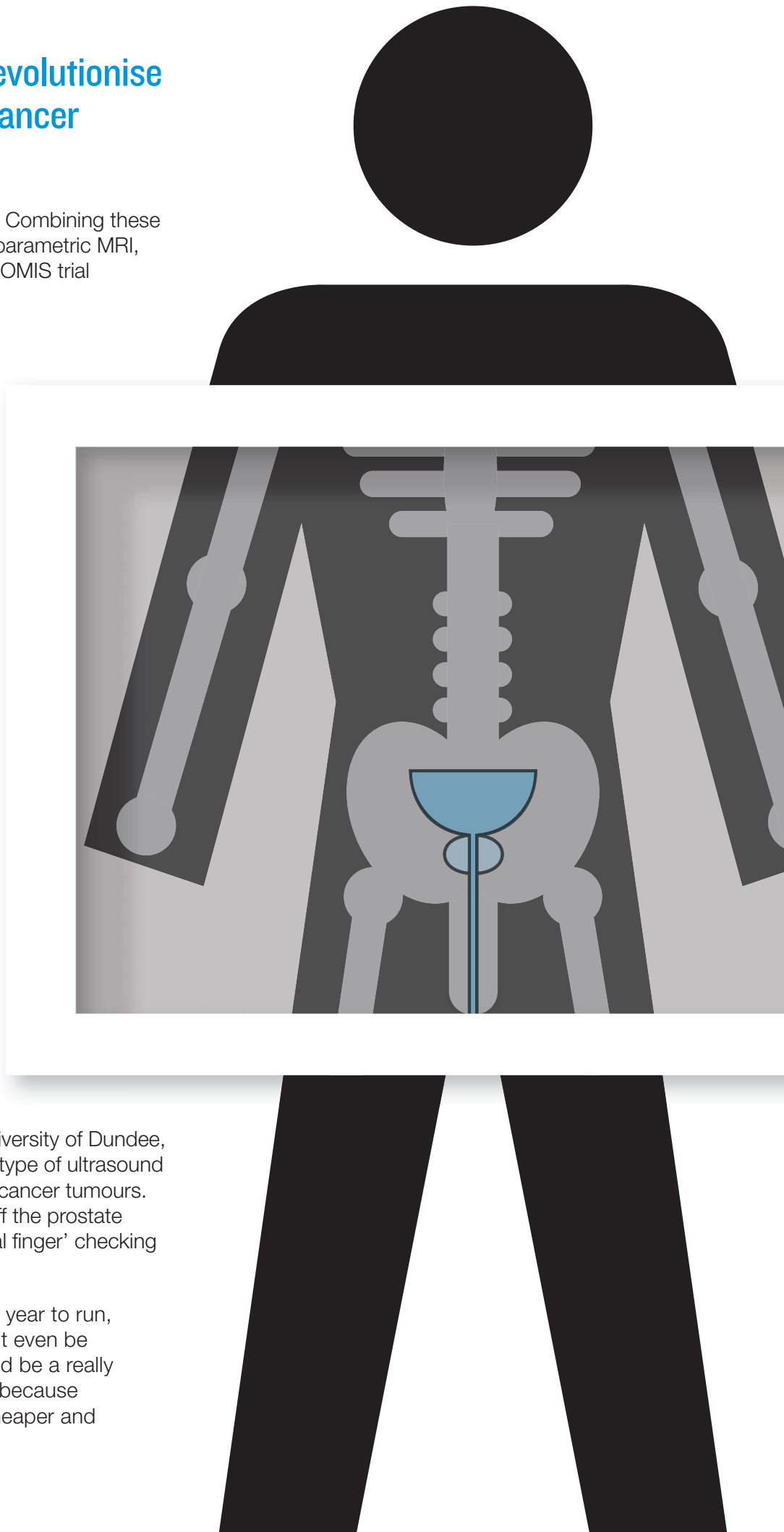
In a paper published in January, the researchers presented their results, which suggested that mpMRI could allow many men to avoid having unnecessary biopsies. The trial showed that an all-clear result from the mpMRI scan was very accurate, and could allow doctors to rule out clinically-significant prostate cancer in these men without having to take a tissue sample (see p4 for more details).

"I believe mpMRI will revolutionise diagnosing prostate cancer," says Professor Emberton. "This is a big moment: for the first time in history we can actually see the cancer we're treating. On the other hand, we can also see – and show our patients – when there's no cancer, which is reassuring."

## Cheaper and easier

mpMRI is not the only technology showing promise. Professor Ghulam Nabi, at the University of Dundee, is running a trial to test whether a type of ultrasound could also help to reveal prostate cancer tumours. The ultrasound can reveal how stiff the prostate tissue is, the equivalent of a 'virtual finger' checking for a lump.

Although the trial still has another year to run, an early analysis suggests it might even be as accurate as mpMRI. This would be a really important finding if it's confirmed because ultrasound is likely to be much cheaper and easier to use.



Researchers are also taking a multi-parametric approach with ultrasound, combining different types of ultrasound to see if it improves the detection. Hashim Ahmed, at University College Hospital in London, was the lead investigator on the PROMIS clinical trial. Now we're funding him to run the first trial to test whether multiparametric ultrasound could be used for prostate cancer diagnosis.

It will combine information from three different types of ultrasound scan that show up differences in tissue stiffness, the number of blood vessels, and how the tissue is structured to pinpoint cancerous areas in the prostate.

"If it is successful in showing that multiparametric ultrasound is accurate in prostate cancer diagnosis, it could change diagnostic practice within three years," says Hashim.

## Improving biopsies

While these new technologies may help to reduce unnecessary biopsies, we still need to reduce false negatives where the biopsy misses cancer in the prostate.

With mpMRI, we get an image of the prostate that gives an idea of where the cancer might be – so could we use that to aim the biopsy so that it doesn't miss the tumour?



**I'm really excited about the potential of combining traditional blood or urine-based biomarkers with new imaging technologies**

Dr Hayley Whitaker

Together with the Movember Foundation and the Scottish Government, we are funding Professor Ghulam Nabi again to this time check if mpMRI scans can be reliably used to target biopsies to find aggressive prostate cancer. His trial will first use mpMRI to identify where in the prostate the cancer is likely to be, then use ultrasound to guide the biopsy needle to the right place. Professor Nabi believes that combining mpMRI with ultrasound will greatly improve how doctors target the biopsy to get a more accurate diagnosis.

## Tiger or pussycat?

One of the most difficult challenges that we face in diagnosing prostate cancer is finding out how aggressive the cancer is and if it needs treatment. All treatments come with side-effects, so it's important that men are not being treated unnecessarily, while not leaving men with aggressive cancer untreated.

Dr Ferdia Gallagher, at the University of Cambridge, is testing a new type of MRI – called hyperpolarized MRI – to detect aggressive cancers. Patients are injected with a sugar-like molecule that can be seen with an MRI scanner using a technique called hyperpolarization.

It works because all cells need energy to divide and grow, which they get in part from breaking down sugars. Cancer cells break down sugars in a different way compared to normal cells, so by using this new type of MRI, the scientists hope to be able to see where the cancer is in the prostate and how aggressive it is.

This approach is non-invasive, requiring only an injection, so would be preferable to biopsies. If it is accurate enough, then it has the potential to reduce the number of men requiring a biopsy and could make it easier to monitor any changes in aggressiveness over time.

"If cancer is detected, it could help determine which patients may require active treatment and could be used as a sensitive way to determine if a patient is responding to that therapy or not," says Dr Gallagher.

“Although we may be several years from using hyperpolarized MRI as a routine clinical tool, this funding will enable us to study the technique in prostate cancer for the first time in Europe.”

However, we don't need to rely on imaging to solve everything alone. Dr Hayley Whitaker at University College London is working to use new blood and urine tests to work out who would most benefit from an mpMRI scan and to give a clearer picture whether a man has aggressive cancer.

“I'm really excited about the potential of combining traditional blood or urine-based biomarkers with new imaging technologies like multiparametric MRI,” says Dr Whitaker. “I think putting these two technologies together will have amazing results, and I can't wait to see what happens over the next few years.”

This is such a promising area that we've also funded the researchers on the PROMIS trial for mpMRI to collect blood and urine samples from the men taking part in the trial. These samples can now be tested and compared to the results from the mpMRI scans to see if the combination is better than either approach used on its own.

## Tracking treatment

As well as finding the cancer, MRI can give us an insight into how well a treatment is working. Professor Dow-Mu Koh, at the Royal Marsden Hospital, is investigating whether a special type of whole-body MRI scan – called diffusion-weighted whole-body MRI – can give detailed enough information about what's happening to prostate cancer that's spread to the bones to be able to tell how well treatment is working.

“It is difficult to tell whether bone disease is getting better with treatment using standard imaging tests,” he says. “We need reliable indicators for the treatment response to make decisions for a patient and develop new treatments.”

It seems clear that, no matter what stage of prostate cancer a man is at – from being diagnosed to undergoing treatment – improved imaging has the potential to make a huge difference, helping to avoid unnecessary biopsies, improve their accuracy, detect the aggressiveness of a cancer, and monitor the effect of treatment.

In just a few years, it could transform men's experience of the disease in the UK and – thanks to your donations – we're making sure all our researchers have the resources they need to make it happen.

## Blind testing is failing men like John



When John Marshall was told he might have prostate cancer, he was confident the blind biopsy would confirm it. So when the consultant told him no cancer had been found, he was incredibly relieved.

But 18 months later, as signs of cancer progressed, he returned for a second biopsy. And this time, cancerous cells were found.

“After waiting so long for a diagnosis, I worried I'd missed my chance to have the treatment I wanted – and needed,” John says.

Thankfully, treatment saved John's life, but every year, thousands of men aren't so lucky. Delayed diagnosis means their cancer spreads beyond the treatable phase and, tragically, they lose their lives.

## Why mpMRI will help change this

Using mpMRI before a biopsy has the potential to save thousands of men's lives, by providing a visual image of the prostate and helping accurately guide a biopsy towards any tumour.

It could also spare thousands of men from undergoing the risky procedure altogether, since up to 27 per cent of blind biopsies are subsequently found to be unnecessary.

**We need your support to help train NHS staff and ensure the test is available country-wide, so this promising research can become a reality. Just £30 could help us train urologists and radiologists in this new mpMRI technique.**

To pledge, visit [prostatecanceruk.org/donate](https://prostatecanceruk.org/donate). Thank you.



# PROSTATE CANCER UK UPDATE

## Men United Arms pubs raise £30k in competition

More than 400 pubs took part in our Men United Arms competition last year, raising over £30k through organised quizzes and other bar-based activities. The five pubs that raised the most were shortlisted for our 'favourite local of 2016' award, with the Par Inn in Cornwall scooping the title. Staff and customers at the pub raised an incredible £4,120 from auctions, raffles, a BBQ, card games and donations.

"It's been great to see everyone come together and get involved," said the Par Inn's landlord, Matt Bailey, who got involved with Prostate Cancer UK after a regular was diagnosed with the disease.

"Seeing how prostate cancer has affected someone close to us has been the driving force for putting in everything we could to raise as much money as possible."

This year's 'favourite local' competition will start later in the spring, but before that we're encouraging all Men United Arms pubs to hold the World's Biggest Pub Quiz on 5 March. Find out how to get your local boozer involved at [prostatecanceruk.org/menunitedarms](http://prostatecanceruk.org/menunitedarms)



## New chair to help lead fight

Charles Packshaw is the new chair of Prostate Cancer UK after William Russell completed his three-year term in the role. With a 30-year career in the City, Charles is currently Head of UK Advisory at HSBC and holds other non-executive roles at Diploma, BMT Group and Framlingham College.

"I am delighted that someone of Charles' experience has joined us as chair and I know he is keen to help lead us forward in our fight to tame prostate cancer," says Angela Culhane, chief executive of Prostate Cancer UK. "I'd also like to thank William Russell for everything he's done for the charity."

## Srixon tee-off new golf partnership

Prostate Cancer UK has been appointed the Official Charity Partner of Srixon, one of the biggest names in the world of golf. The leading golfing gear supplier will donate £1.50 to us from every dozen-pack of their new Z-Star balls sold.

"With so many men in the UK regularly enjoying a round of golf, we're keen to reach out to them about a disease that is sadly not out of bounds for thousands of men diagnosed each year," says James Beeby, director of fundraising at Prostate Cancer UK. "One-in-eight men will be affected by prostate cancer in their lifetime so we're immensely grateful to Srixon for their support in driving home this serious message."



## Movember fundraising wins big thanks

Once again, tens-of-thousands of you took part in the annual month of facial hair and fundraising, with our own network of MoBros and MoSistas managing to raise an astonishing £31,000 last November. What a brilliant effort!

"We're delighted so many of you sprouted Mo's, got moving and hosted fundraisers for Movember last year," said the Movember Foundation's regional director, Paul Mitcheson. "Too many men around the world are dying too young – on average six years younger than women – for reasons that are largely preventable. So thank you for showing your commitment to the cause and helping us change the face of men's health."

## Darts ace Wolfie leads new awareness drive in sport

Three-time world champion Martin 'Wolfie' Adams has gone public with his diagnosis of prostate cancer at the same time as Prostate Cancer UK announced it has joined forces with the British Darts Organisation (BDO). The 60-year-old darts ace underwent hormone therapy and radiotherapy in September, and is now working with us and our volunteers as an ambassador for the

charity to raise awareness and funds in the darts community. Find out more at [prostatecanceruk.org/darts](http://prostatecanceruk.org/darts)



# Benjamin Zephaniah

**The poet, author, musician and actor – currently starring in the hit BBC drama *Peaky Blinders* – has signed up to our new **Stronger Knowing More** campaign to raise awareness of prostate cancer among the black community. He talks to us about his own family's silence around the disease, how poetry and plays can save lives, and why 'internal sports' help him to take control of his health.**

**Have you or any of your family been affected by prostate cancer?**

I remember a grandfather of mine dying in the Caribbean and I asked my mother how he died. She said he had 'water works problems' – I heard a lot of that from various relatives. And now I've realised that, for some of them, it was prostate cancer. But it was a bit hush-hush because it was in and around our private areas. So we never really talked about it. And then I started to lose friends to it, too.

**Is that why you're supporting our **Stronger Knowing More** campaign?**

I feel very passionate about prostate cancer

because it's something black men of all ages – young, middle-aged and older – just don't talk about. I must say that over years, I've seen a change. But I still think we have a long way to go.

**Statistically, black men have an increased risk of the disease: one-in-four as opposed to one-in-eight for the wider population. How does that make you feel?**

It's quite shocking. When I'm sitting down with eight of my mates, I know that two of us are likely to get it. It really frightens me. But I keep telling people that if you get your prostate checked early, you can overcome it. You really are stronger knowing more. Ignorance is not bliss; you really have to know yourself.

**Where do you draw your strength from?**

I get my strength from knowledge. Knowledge is power, they say. But knowledge of self is even more powerful. Because if you don't know yourself, nobody else really can and nobody else really will.

**Can you remember the first time you felt that knowledge gave you strength, and what was it?**

I remember the riots happening all over England in the Eighties. A television channel approached me to write a poem about why people rioted.



**Benjamin photographed doing Tai Chi by Dennis Morris**

© Dennis Morris assisted by Bolade Banjo

But I told them I wanted to write a nice poem about why people didn't riot. Because you don't riot if you have a nice job and a home to come home to at night; you don't riot if you are well fed and unemployment doesn't pressure your head.

So with that knowledge I had of my country, I created that poem. It was transmitted on television and people went: "wow, we never thought of that". The day after, that poem was quoted in Parliament.

### **Why did you want to be photographed for us in a gym?**

I have a passion for sports. I'm a member of a gym and a boxing club. It's about looking after myself, not being violent or winning or anything like that. The Chinese say there are external sports and internal sports. I'm really passionate about the latter, like Tai Chi and meditation. It's not about just having big muscles or being able to move quicker.



**Benjamin starring in Peaky Blinders**

© Caryn Mandabach Productions 2017. From "Peaky Blinders", a Caryn Mandabach and Tiger Aspect Production

This is about coordinating your mind with your spirit and finding peace within yourself. It's difficult to talk about without sounding a little bit hippy-trippy. But when I practice my Tai Chi, I'm at peace with the world.

### **Among the black community, awareness of prostate cancer is generally very low. Why do you think that is?**

I don't want to get too controversial, but a lot of us want to take a kind of macho stance. Talking about things going wrong can be seen – within certain sections of the black community – as a bit of a weakness. We just don't talk about those things. It's changing slowly, especially among the younger people. But I think it's been a problem for a long time.

### **What can black men do to change things?**

Talk more. It's as simple as that. We just have to be rounded human beings. For years, we were told we were weak and unintelligent, and it's only recently that we've started to come out of that mindset as a community. It's not all about flexing our muscles: sometimes we can get power and strength through softness, reasoning and talking to each other. There is nothing wrong with that at all. In fact, as a martial arts practitioner, we believe that softness can overcome hardness.



## **When I practice my Tai Chi, I'm at peace with the world**

### **How can the arts play a role in raising awareness?**

I think in all communities, any kind of culture is a great way of spreading the message. When I was approached by the Prostate Cancer Charity [which later became Prostate Cancer UK] in 2008 to write a play, *De Botty Business*, I saw it as a great opportunity. It's a comedy set in a barber shop, which deals with a lot of the myths within the black community about their attitudes to prostate cancer. The great thing was, apart from a couple of theatres, it mostly played in community centres. So it reached a lot of people that don't go to theatres. To this day – many years after the play was last performed – people up and down the country tell me that play got them thinking. In fact, I remember one woman telling me it inspired her to talk to her husband and he went and got checked and found he had a problem, which was fortunately dealt with.

### **How has starring in *Peaky Blinders* changed your perception of your home town?**

Well, we people from Birmingham are very proud of *Peaky Blinders*. It's really popular all over the world, so it's given us a lot of pride. I didn't realise that the Irish community in Birmingham was so big. I knew we had one going back a few years, but I didn't realise how far back. Now, I always call myself a Rastafarian *Peaky Blinder*.

### **What advice would you give to men about paying more attention to their health?**

I've got lots of friends who like cars. They like them finely tuned and know every minute detail of how it runs. I say to them: "you should know that about yourself as well". If you feel something that's not quite right – you start getting up in the middle of the night and going to the toilet a lot or whatever – there's nothing wrong with just getting it checked out. Any good doctor will tell you it's better to get checked than leave it and find out you've left it too long.

### **How do you keep in control of your health?**

I take care of myself by staying in control of my food and doing a lot of exercise. And I get myself checked out because I know life has a lot in store, and that I'm stronger knowing more.

**For more information about living with prostate cancer visit [prostatecanceruk.org/living](http://prostatecanceruk.org/living)**

# Where do you get your strength from?

Benjamin Zephaniah is just one of numerous black celebrities and supporters backing our Stronger Knowing More campaign. All were photographed by the legendary Dennis Morris, renowned for his iconic images of Bob Marley and the Sex Pistols. They tell us what gives them strength in their lives.

For more information on the Stronger Knowing More campaign visit [strongerknowingmore.org](http://strongerknowingmore.org)



**Chuka Umunna**  
Labour MP

“I draw my strength from my community. It’s a huge privilege to do what I do as a member of parliament.”



**Errol McKellar**  
Car mechanic, who has been treated for prostate cancer

“By talking to people. The more people we talk to, the stronger you become. That’s my vitamins really.”



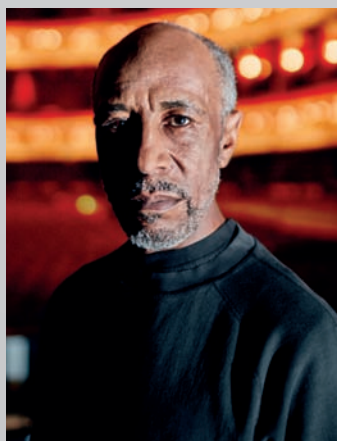
**Godfrey Fletcher**  
Radio DJ, whose father died from prostate cancer

“Music was my therapy. It gave me a lot of strength and brought me closer to my artists, who helped me through and stopped me from being depressed.”



**Linford Christie**  
Olympic gold medallist

“I suppose it’s inherited. My father is a very strong person and also my grandmother. Not to mention my mother, who ran the whole family.”



**Danny John-Jules**  
Actor

“When I get on stage, I have a kind of comfort. I don’t have to think about it because I’m drawing from an inner strength. It’s confidence not arrogance – but it’s a fine line.”



**David Hays**  
Boxer

“The fight against prostate cancer is one that we can all win if we stand up to the facts and take action before it’s too late. The problem is that not enough of us are talking about the disease.”

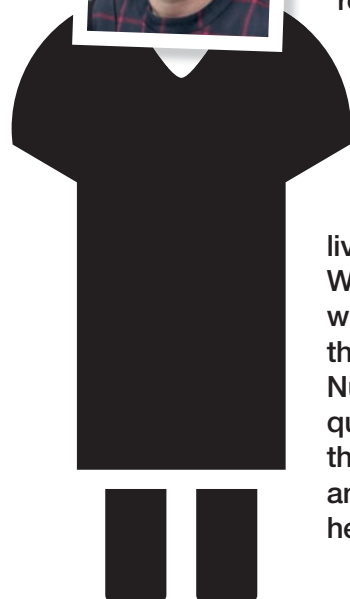


# THE MANUAL

Your questions answered about  
what you can do to help yourself



**Living with prostate cancer will affect every man differently. Whether you've had treatment to remove the cancer or are on long-term treatment to control it, prostate cancer will have a physical, emotional and practical impact on your life and the lives of those close to you. We're often asked by men what they can do to help themselves. Our Specialist Nurse, Laura, answers your questions on some of the things you can do to take an active role in your own health and well-being.**



Or if you're getting extreme tiredness (fatigue), they can talk to you about some of the things that may help, like planning your day, eating well, staying active and sorting out your sleep.

And get as much information as you can yourself. We can't list everything here, but we've got lots of information about managing side effects: from sexual problems to hot flushes and fatigue. You can find out more at [prostatecanceruk.org/living](http://prostatecanceruk.org/living) or speak to our Specialist Nurses (see p22). There's not always a quick fix for some of the side effects of treatments, but there's usually more than one thing you can try.

**Q My nurse has advised me to make some lifestyle changes. Where do I start?**

**A** Whether you've been advised to eat more healthily, get more active, stop smoking or cut down on alcohol, it can sometimes be difficult to motivate yourself. Changes don't happen overnight and it can be difficult to keep going if you're not seeing any immediate benefit.

**Q What can I do to help manage the side effects of my treatment?**

**A** Some of the side effects of prostate cancer treatment – like problems getting an erection, incontinence and fatigue – can have a big impact on your everyday life and well-being. But there are often ways to help manage them, such as specialist support services, medication, specialist products and practical things you can do yourself or changes you can make to your lifestyle.

It can be hard to know where to start, but whatever side effects you are experiencing, don't suffer in silence. One of the first things you can do is let your doctor or nurse know. They can help you get the support that's right for you.

For example, if you're having trouble getting an erection, your doctor or nurse can offer you medications and products to try at home, or may be able to refer you to a specialist erectile dysfunction clinic.

Some men find it helpful to plan, set goals and keep track of these with daily or weekly diaries. Go easy on yourself. You can start with small changes and build up to bigger ones. For example, if you're trying to be more physically active, you can start with simple things like getting off the bus one stop earlier or using the stairs rather than lifts. And the type of activity you do isn't important. Walking, swimming, cycling and gardening are all good exercise. You may find it more enjoyable and successful to exercise with a friend or in a group. And if you can find an activity you enjoy, you'll be more likely to keep doing it.

**Q Is there anything I can do to help when I'm feeling low or stressed?**

**A** Living with prostate cancer can be hard to deal with emotionally, as well as physically, and can affect how you feel. A lot of men find that talking about how they feel can help. This could be with your family or friends.



But not everyone feels comfortable talking to those close to them. If you're feeling really low and it's affecting your everyday life, speak to someone in your medical team – they may also be able to refer you to a counsellor.

Another thing that may help is being as active as you can, as physical activity can lift your mood. And take time out to look after yourself. You could learn ways to manage stress and relax, like listening to music or doing breathing exercises.

Work out what's important to you: set yourself goals and things to look forward to. And try to keep up with your usual hobbies and social activities as much as you can – or try some new ones.

You can get more ideas about how to look after yourself from Macmillan Cancer Support, Maggie's Centres and Penny Brohn UK (see p23 for contact details).

## **Q** Where can I get more support?

**A** Doing things to help yourself doesn't mean 'going it alone'. One thing many men find helpful is speaking to someone who's been there and sharing experiences, asking questions or swapping ideas. There are lots of ways to do this. Your local hospital or cancer support centre may run a support group for men with prostate cancer (see p22) or hold cancer education days. And we have a very busy online community where people support each other, as well as a one-to-one telephone support service. To find out more about all of these services, visit [prostatecanceruk.org/get-support](http://prostatecanceruk.org/get-support)

Here are a few suggestions from our supporters about what helps them:



**It's helpful and relaxing to chat with other men. A shared experience lets you know you're not on your own**



**I found exercise is the best thing to combat tiredness. It also motivates you in general, and keeps your spirits up and stress levels down**



**I found it very important to remain positive and made changes to my life, such as improving my diet and taking up new interests**



Find out more about self-management on our website at [prostatecanceruk.org/living](http://prostatecanceruk.org/living)

# WILL YOU MARCH FOR MEN WITH US IN 2017?

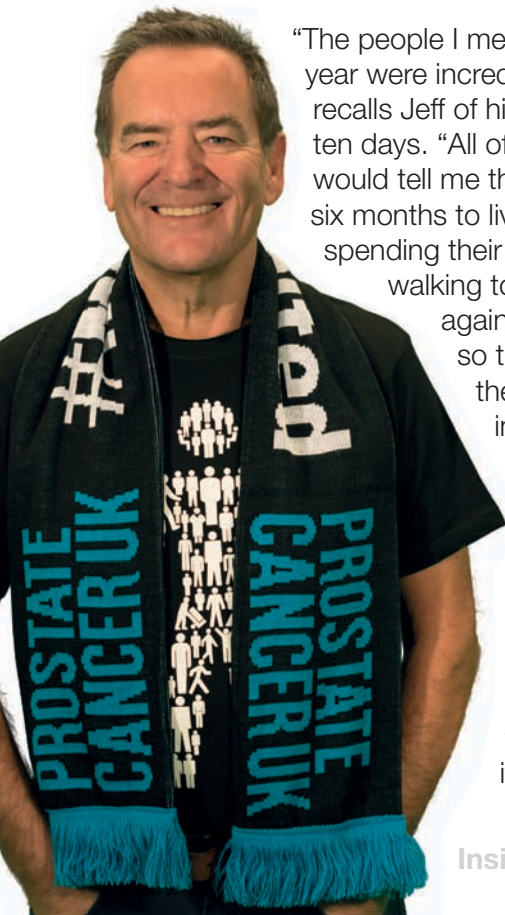


Prostate Cancer UK's Sarah Lines explains why we're making 2017 our year of walking, and the three ways you can join our March for Men to help raise awareness and funds for the most common cancer in men.

Everyone loves a good walk. Almost a third of us go for a ramble at least once a month, enjoying the benefits to our mood and physical health. So it's not surprising that when we looked at the 25 most popular fundraising events from last year, six of them were walks.

Just to make sure, though, we asked 3,000 of our supporters what events they'd be interested in taking part in. A massive 55 per cent of you said a walk, and 39 per cent said you'd consider raising money while doing so.

That's why we've created a whole new range of walks for 2017, called March for Men. Not only will Sky Sports' Jeff Stelling be back to do an even bigger challenge than last year's, we're also launching three big family-friendly walks over the Father's Day weekend, and encouraging supporters to organise their own walks to help beat prostate cancer.



"The people I met on my March last year were incredibly inspirational," recalls Jeff of his ten marathons in ten days. "All of a sudden someone would tell me they had been given six months to live. Yet here they were spending their precious moments walking to support the battle against prostate cancer, so that other people in the future didn't suffer in the way they were.

"So I decided we're going to do it again. But this time we'll try and do 15 marathons in 15 days – 400 miles. My feet are feeling the pain already, but it will be worth it."



Jeff's route will start and finish at two St James' Parks, the home grounds of Exeter City and Newcastle United, stopping at 40 football clubs along the way from 2-16 June. You can walk with him for a day by signing up at the website below, or sponsor him directly at [justgiving.com/JeffsMarchForMen](http://justgiving.com/JeffsMarchForMen).

You could also join hundreds of other Prostate Cancer UK supporters, families and friends on a March for Men in London, Leeds or Glasgow on 17 and 18 June. All will be held in city centre parks and include a range of routes for people to choose from, with hot food, drinks and entertainment in an event village at the finish.

Finally, we have a number of organised challenge walks you can sign up to – from the Yorkshire Three Peaks to the Thames Path Challenge – and there's our DIY walking pack, which contains all the help and info you need to create your own fundraising march.

We hope this will inspire you to dig out your walking shoes and help raise more than £1 million through walking in 2017. This money will have a huge impact on the lives of those affected by prostate cancer and will help bring us one step closer to stopping the disease being a killer. Thank you for lacing up and taking part!

**To sign up to walk with Jeff, find out more about March for Men in London, Leeds and Glasgow, or get more walking ideas, help and inspiration, visit [MarchforMen.org](http://MarchforMen.org)**

# In the SPOTLIGHT

## Philip Porter from Tenbury Wells, Worcestershire

Motoring author and publisher Philip has always tried to live a full life. When he was diagnosed with prostate cancer in 2015, he says his first thoughts were: "I don't want to die yet because I still have so much to do and, hopefully, offer."

So within days of his prostatectomy, he was back driving his beloved E-type Jaguar and organising the first Round Britain Coastal Drive – a complete circuit of the mainland in 18 days last September.

"In the end, we had over 200 E-types participate, which is fantastic," says Philip, who as the founder of the E-type Club, had the support of many of the club's members, including former-Formula One team boss Ross Brawn and musician Jools Holland. Thanks to everyone's fundraising efforts, the event has exceeded its £50k target, with more than £62k raised for Prostate Cancer UK.

"There are just so many positives," says Philip. "We all had fun. Lots of friendships were made, and our cars were driven as they were designed to be driven."

The media helped us raise awareness, and we all pulled together to raise a load of money for the charity."

Now, having been given the 12-month all clear for prostate cancer by his doctor, he's busy planning the next Round Britain Coastal Drive on 12-29 June – this time for Jaguar XKs. Until then, as Philip says, it's all "onwards and, well, roundwards!"



**Unaware of his family's increased risk, retired policeman Paul Dear was diagnosed with advanced prostate cancer earlier this year. After the initial shock, his daughter, Laura, signed up to our Football to Amsterdam ride in June – and now Paul has decided to join her.**

"My dad is a fit 60-year-old man and has always been very active. So to find out he had advanced prostate cancer was a big blow. But while my family and I have been worried, my dad has been nothing but positive and I have such admiration for him.

"He hasn't cycled in about 20 years, probably since we used to ride to my Nan's house as a family. So when he told me he wanted to sign up to Football to Amsterdam too, I was surprised but also so proud. It shows his resilience and strength that he's taking on what's set to be a really tough challenge. And he's not just doing it for himself, but to help other men and future generations

so they won't have to go through the same thing he is – especially as his own cancer could have been detected earlier.

"Dad started his chemo last week and I think it hit him a bit harder than he was expecting. I know he's just willing his body to recover quickly so he can get back to training and fundraising. He says that I'm his inspiration, but I think his positive attitude and energy have inspired us all."



# THANK YOU

## 3,000

To super-fundraiser Adam Clarke, who's aiming to raise £15k on top of the £20k he's raised so far with his 3,000km journey across India in a rickshaw.

## £55k

To Tim and Kate Wickens, who organised a collection at their brother Justin's funeral and held a fundraiser at their bridge club.

## £450



To Chris Chitticks, whose fourth annual Head In The Sand music festival in aid of prostate cancer awareness raised £450.

## 463



To Wendy Kane Cotterill, who cycled 463 miles from Edinburgh to Harwell in Oxfordshire and has trekked the Inca Trail in Peru to raise money for her Dad, who passed away from prostate cancer in June 2016.

## £11,016

To the team True Blue cyclists, who organised their own fundraising ride from Luton to Poole over two days.



# GET INVOLVED

Five ways to get your mates together and raise money for us as Men United

## 1 Brew & Bake All year round

Everyone loves tea and cake. So why not get brewing and baking for your friends and family and raise a few pounds to help beat prostate cancer while you're at it? Whether it's a cake sale at work or a coffee morning in your local community hall you're organising, we've got cake labels, advice and more to help you make it a success. Visit [postatecanceruk.org/brewandbake](http://postatecanceruk.org/brewandbake) to find out more.



## 2 Match day collections February-April

Join us volunteering at one of 72 EFL football grounds, as we carry out bucket collections and raise awareness of prostate cancer amongst the football community. Last season we raised a whopping £94,871 through this part of our ongoing partnership with the EFL, and with your help we hope to top that in 2017. [postatecanceruk.org/matchday](http://postatecanceruk.org/matchday)



**Come along and give it a try. You'll be welcomed by the other volunteers and it's a great day out!**

Mark Vosper, volunteer

## 3 Charity of the Year All year round

Are you a member of a sports club, choir, university society or Rotary group? Would you like to make us your charity of the year? We can help support your fundraising

with ideas, materials and getting coverage in the media, making sure your event goes off with a bang. For more info, visit [postatecanceruk.org/groupfundraising](http://postatecanceruk.org/groupfundraising)



## 4 Golf Championship Before 1 September

After its massively successful debut last year, we're now accepting entries for our 2017 Golf Championship! Do you have what it takes to be crowned the best player in the North or South of England or in Scotland? The September finals will be hosted by Former European Open

Champion and Radio 5 Live commentator Andrew Murray. To enter, just hold a golf day before 1 September 2017 to raise funds for Prostate Cancer UK and the winning player from the highest-earning days will earn a place at the regional final. [postatecanceruk.org/golf](http://postatecanceruk.org/golf)

## 5 Donate Your Day All year round

Whatever the occasion, from a birthday to a wedding, donating your day to us is a fantastic way to make it even more special. Let us know what you've got planned and we'll offer you as much support as we can with advice, posters and collection boxes to help

make the fundraising as easy as possible. [postatecanceruk.org/dyd](http://postatecanceruk.org/dyd)



# EVENTS

## CALENDAR MARCH–JULY 2017

### MARCH

#### 12 Vitality Bath Half Marathon

The 'Bath Half', as it's affectionately known, takes you on two fast-and-flat laps of a traffic-free course through the heart of this stunning World Heritage City.

#### 12 Adidas Silverstone Half Marathon

Rubber tyres are swapped for rubber soles for this welcoming and flat 21km race around the British Grand Prix track.

### APRIL

#### 9 Brighton Marathon

You're guaranteed a festival atmosphere at this blue ribbon event, with thousands of runners descending on the seaside city for its annual Marathon Weekend.

#### 12 Golf Day

Join us for our flagship annual golfing event at the Berkshire Golf Club, taking part in 'nearest the pin' and 'longest drive' competitions before a delicious three-course lunch in the clubhouse.

#### 29 Isle of Wight Challenge

Walk or run some or all of this 106km loop around the island, taking in the famous white cliff Needles, on this tough but beautiful challenge.

### MAY

#### 27 Edinburgh Marathon Festival

Help us beat the amazing £57k last year's runners raised in marathon, half marathon and 10km distances around the famous landmarks of Auld Reekie.

#### 27 London 2 Brighton Challenge

Take on this epic Bank Holiday foot race at whatever pace suits you and enjoy complementary snacks and refreshments every step of the way.

### JUNE

#### 9-11 Football to Amsterdam

Join 500 football fans and some famous faces from the world of football on the biggest ride in football. The two-day, 145-mile route to Amsterdam starts in London and Yorkshire.

#### 17 Edinburgh Night Ride

Experience Arthur's Seat and the Forth Road Bridge as you never have before, on this night-time 50-mile cycle through the Scottish capital.

#### 21 Stirling Scottish Marathon

Starting among the exotic animals at Blair Drummond Safari park, this one-of-a-kind race will be all the more enjoyable with our free dedicated training plan from pro coaches to help you.

#### 17-18 June March for Men

Join thousands of other people who have been affected by prostate cancer and March for Men in London, Leeds or Glasgow over the Father's Day weekend. With a variety of routes, refreshments and entertainment on offer, it's a great family day out.



#### 22-25 Grand Départ Classic

Cycle the first road stage of the 2017 Tour de France just one week before the pros, from Dusseldorf to Liège. Full support, including mechanical backup and medical support, leave you free to enjoy the ride.

### JULY

#### 1 Cotswold Way Challenge

Take on 50 or 100km of footpaths and trails from Bath to Cheltenham over 24hrs, in this beautiful and fully-supported endurance event.

#### 16 Great Weston Ride 2017

Cross the Mendips and the Somerset Levels in a scenic 56-mile cycle from Bristol to Weston-super-Mare, where you'll be joining more than a thousand others for a post-ride ice cream.



Check out full details and sign up to all these events – plus many more – at [prostatecanceruk.org/events](http://prostatecanceruk.org/events)



# Our services

## Specialist Nurses 0800 074 8383

(Mon to Fri 9am-6pm,  
Wed 10am-8pm)  
Our Specialist Nurses have the time to listen and answer your questions on anything to do with prostate cancer and prostate disease.

## One-to-one telephone support 0800 074 8383

Talk things over with someone who's been there. We match callers with trained volunteers who've had a similar experience.

## Online community

Join the community online and talk to others who know what you're going through. You can ask questions, post information and share your ups and downs.  
**community.**  
[prostatecanceruk.org](http://prostatecanceruk.org)

## Fatigue support 0800 074 8383

If you have prostate cancer and you're struggling with fatigue, our Fatigue support service is designed to help you manage your tiredness so you can do the things you want to do.

## Information on prostate cancer 0800 074 8383

We provide free information on prostate cancer and prostate disease. Order or download copies from the publications section of our website or call our Specialist Nurses for help choosing the publications you need.



**It's helpful and relaxing to chat with other men. A shared experience lets you know you're not on your own**

Online community user

## Prostate cancer support groups

Meet and talk to other people affected by prostate cancer who understand what you're going through. There are more than 70 independent groups across the UK.

## Regional services

To find out what local support and services are available in your area visit [prostatecanceruk.org/find-local-support](http://prostatecanceruk.org/find-local-support)

## Live chat

Our Specialist Nurses are available online to answer your questions and help you find the information you need.

The blue men on this map represent the locations of support groups who have asked to be listed on our website. Find a group near you at [prostatecanceruk.org/supportgroups](http://prostatecanceruk.org/supportgroups)

Please note that some groups run meetings in more locations than the one listed.



Find out more about our services at  
[prostatecanceruk.org/get-support](http://prostatecanceruk.org/get-support)

## Other useful organisations

### Bladder and Bowel Foundation

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

0845 345 0165

Information and support for all types of bladder and bowel problems.

### British Association for Counselling & Psychotherapy

[www.itsgoodtalk.org.uk](http://www.itsgoodtalk.org.uk)

01455 883 300

Provides information about counselling and details of therapists in your area.

### Cancer Black Care

[cancerblackcare.org.uk](http://cancerblackcare.org.uk)

020 8961 4151

Provides information and support to people from black and minority ethnic communities who are affected by cancer.

### Cancer Research UK

[cancerresearchuk.org](http://cancerresearchuk.org)

0808 800 4040

Provides information about living with cancer.

### Complementary and Natural Healthcare Council

[www.cnhc.org.uk](http://www.cnhc.org.uk)

020 7653 1971

Details of complementary therapy practitioners who meet national standards of competence and practice.

### Health with Pride

[www.healthwithpride.nhs.uk](http://www.healthwithpride.nhs.uk)

nhs.uk

Information on cancer issues and erectile dysfunction for gay and bisexual patients.

### Macmillan

#### Cancer Support

[www.macmillan.org.uk](http://www.macmillan.org.uk)

0808 808 0000

(Mon-Fri, 9am-8pm)

Provides practical, financial and emotional support for people with cancer, their family and friends.

### Maggie's Centres

[www.maggiescentres.org](http://www.maggiescentres.org)

0300 123 1801

Provide information and support to anyone affected by cancer. Their website holds a list of centres across the UK and has an online support group.

### NHS Choices

[www.nhs.uk](http://www.nhs.uk)

Provides information to support you in making health decisions, including an A-Z of treatments and conditions, and information on NHS health services in your local area.

### Penny Brohn UK

[www.pennybrohn.org.uk](http://www.pennybrohn.org.uk)

0303 3000 118

Offers support using complementary therapies and self-help techniques. Working hand-in-hand with medical treatment.

### Relate

[www.relate.org.uk](http://www.relate.org.uk)

0300 100 1234

Relationship counselling and sex therapy for individuals and couples.

### Sexual Advice Association

[www.sda.uk.net](http://www.sda.uk.net)

020 7486 7262

Provides a helpline service for advice and information about erectile dysfunction.

## From barracks to behind bars: book a talk wherever you are!



Every week, our team of trained volunteers is giving life-saving talks about prostate cancer in workplaces,

sports clubs and community groups across the UK. It's free, and our speakers are happy to talk for five minutes or an hour, to five or 1,000 people, wherever that may be.

And we do mean anywhere. Last year, two of our volunteers visited Maidstone's army barracks and Teesside Prison, talking to soldiers and prison officers about their risk of the most common cancer in men.

"Security restrictions meant I wasn't able to take my laptop into the prison, which contains my presentation," says Robin Millman, who made the trip behind bars. "I wasn't too worried, though, as I had some latex prostate models, which came in useful."

In the barracks, Terry Potter found the biggest challenge was getting the troops interested. "The majority were pretty young and likely felt prostate cancer wasn't something they needed to worry about. But I reminded them that they could be the messenger and pass the information on to their dad or older family members and friends."

From using translators for non-English-speakers to working with sign-language interpreters for the severely deaf, there really are no lengths our fantastic volunteers won't go to to tell as many people as possible about prostate cancer.

And why are they so determined? Like Terry says: "If just one of the guys we spoke to spots the signs for prostate cancer earlier than they might have otherwise, it makes what I do all worthwhile."

To book a talk or information stand where you are, visit [prostatecanceruk.org/talks](http://prostatecanceruk.org/talks)

Or read more about Terry, Robin and our other volunteer speakers' experiences at [prostatecanceruk.org/speaker-stories](http://prostatecanceruk.org/speaker-stories)

# WILL YOU MARCH FOR MEN?

This year, we need everyone to dig out their walking shoes, round up their loved ones and join us on a March for Men to help stop prostate cancer being a killer. Whatever your ability, wherever you are, choose an event that suits you and help bring us one step closer to defeating this terrible disease.

**MarchforMen.org**



**PROSTATE  
CANCER UK**