

Prostate cancer Insights

Issue 7 | Winter 2016

10-year ultimatum

Our plan to beat
the disease in
a decade



Prostate
cancer
and me

**JEFF
STELLING**

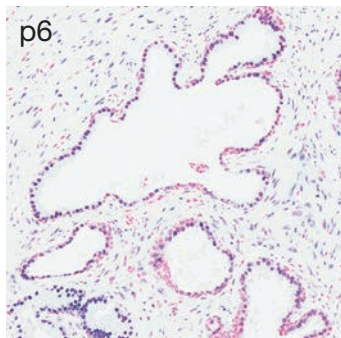


**PROSTATE
CANCER UK**

Rise of the biomarkers

The new revolution in
diagnosis and treatment

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Editor's note

There's a real sense of excitement in this issue – and it's not just the irrepressible personality of our cover-star, Jeff Stelling. Nor is it our feature about the amazing advances researchers are making with biomarkers to diagnose and treat prostate cancer, though it certainly heralds an exciting new era of individually-tailored treatments.

It's our new 10-year strategy, which commits us to beating this terrible disease within a decade, that has got us most excited. It's a bold ambition but one that leading scientists in the field think is realistic. If that's not worth shouting about, what is?

Which is why we've got Jeff Stelling on board to lead the epic Men United March this spring, getting the message out to as many people as possible. So get excited, spread the word and encourage others to join us, because we need the support of everyone for our new strategy to succeed.

Editorial team

Sophie Lutter
Sarah Lines
Nick Wright
Penny Eaton
Dominic Bates (Editor)

INBOX

Tell us what you think about the magazine.
All feedback is welcome: we want to hear what you've got to say.



Dear Insights

You recently reported on the trial results of using dogs to detect prostate cancer from urine samples (Behind the headlines, summer 2015) – a novel and potentially life-saving field of medical enquiry. It's so reassuring to know that there is no ceasing in the efforts to expand upon the means and methods for detection of the disease, but how disappointing to read your, at times, patronising critique. While the original research concludes quite rightly: 'Further studies are needed to investigate the potential

predictive value of this procedure to identify prostate cancer', surely there should be wider applause for initiatives and endeavours of this nature, shortcomings and all?

Richard Murphy, via email

Dear Richard,

Thanks for getting in touch. It's not always possible to get the tone of our stories right for every reader but we certainly don't want to lecture. We understand and respect that everyone will form their own opinion. But it is our responsibility to paint a clear picture of where we really are with research, rather than where we hope to be or

the media occasionally suggests we are.

In this case, our Director of Research, Dr Iain Frame, went to meet Dr Claire Guest, the CEO of the Medical Detection Dogs charity, and talked to her about how to get the most robust data possible about what the dogs are actually detecting. While it would be great if the dogs could reliably detect prostate cancer, what we really need is a way to distinguish between aggressive and non-aggressive tumours to rule out biopsies for men with no, or very low, risk disease. In the meantime, we'll continue to monitor the progress of Dr Guest's research with interest.



Dear Insights

I thought the last edition of Prostate cancer Insights was great. Very readable, well paced, informative with the right amount of detail, friendly and with an excellent tone – neither talking up or down. Best wishes for all future editions: I'll be looking forward to getting them.

Dick Tonkin, South Wales



My husband won't talk about his prostate cancer. Finding comfort from others and how they cope doesn't make me feel so alone. Thank you for your help.

Sign up to Insights monthly email newsletter:
Get all the latest news, views and events from us direct to your inbox – just enter your details at prostatecanceruk.org/insights



Would you have a genetic test?

We asked you this question in our feature, 'Unravelling the clues in our genes', and received these responses online:



Forewarned is forearmed. I am all in favour of genetic testing. It happens for families with a history of breast cancer – rightly so. Prostate cancer needs to be treated on the same footing.

Brett Ennals



Totally agree with genetic testing as we have had three men in our family that have had prostate cancer, thankfully all in remission, so early detection can be treated with better results.

Viv Price



I think it is better to know and monitor your health. Hopefully advancement in medicine will treat early signs quicker – perhaps with stem cells?

Tariq



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PROSTATE CANCER NEWS

NHS England fast-tracks upfront docetaxel after STAMPEDE trial publication and mounting pressure

It's been a frustrating wait since the astonishing results of the STAMPEDE trial were announced in May last year. But now docetaxel chemotherapy as a first-line treatment alongside hormone therapy will be made available to all men in England with newly diagnosed advanced prostate cancer. It could extend lives by an average of 15 months compared to the usual pathway of docetaxel only after hormone treatment stops working.

The breakthrough followed our tireless influencing of NHS England behind closed doors, who were stalling until STAMPEDE's results had been officially peer-reviewed and published in a medical journal. That happened shortly before Christmas, but even before then, NHS England had given in to pressure from us and clinicians wanting to openly prescribe upfront docetaxel. They have worked with us since

December to make sure the treatment reaches men as soon as possible.

We're delighted that NHS England has ensured an accelerated review of the evidence, and that we've been supporting the development of a commissioning policy for upfront docetaxel. We now need specialists to be made aware that this commissioning policy is imminent so that it is prescribed to all eligible

men. Earlier docetaxel must become standard practice for men with advanced prostate cancer.

Our Chief Executive, Angela Culhane, says: "This positive result means men will be accessing the new treatment much sooner after peer-review than would normally be the case. But we'll continue applying pressure until we know that men are actually receiving this treatment in the clinic."

BEHIND THE HEADLINES: Does the success of the Stockholm trial mean an overhaul of prostate cancer screening is imminent?

What is it? In November, the trial results of a new Stockholm-based screening programme for prostate cancer showed a dramatic reduction in the number of referrals for biopsy compared to using a PSA test alone. It spared many men the discomfort and potential risk of an invasive procedure that may not find any cancer.

How does it work? Any man's blood with a PSA level of more than 1ng/ml is put through a panel of further tests looking for various genetic and protein biomarkers that can give a more reliable indication of whether

any clinically significant prostate cancer is present. Only then are the men referred to a urologist for a digital rectal examination and prostate volume check – together with anyone who initially had a PSA level of 3ng/ml or more – with a biopsy performed if any abnormalities are found.

How effective is it? The additional panel of tests reduced the number of biopsies by 27 per cent overall, with the number of negative biopsies performed also down by 38 per cent compared to the current practice of referring men for biopsies

on the basis of a 3ng/ml PSA level alone.

So when will it be available? While the results are extremely promising, further trials are needed to prove that the programme works for a more ethnically and socially diverse range of men, and that the costs and complexities of the additional blood tests are practical and affordable on a mass scale like the NHS. We're working with the Swedish

research team behind the programme to find a way to validate these results for the UK population.



Second wave of landmark survey of men with prostate cancer brings total to 60,000

The second batch of our pioneering 'Life after prostate cancer diagnosis' survey is set to land on men's doorsteps this month, after more than 20,000 were sent out around the UK in October.

Funded with support from the Movember Foundation and led by researchers at the University of Leeds and Queen's University Belfast, the study aims to find out the impact of prostate

cancer on everyday life by asking the only people who really know: men who've got the disease.

This is your chance to report your experiences and influence the future of prostate cancer care in the UK. We'll be taking the results and using them to influence governments and health providers in all UK nations at all levels – from national decision-makers to local

hospitals – to make sure they provide the support and care men say is important to them.

So if one of these surveys lands on your doorstep, please don't throw it away. The questionnaire will only take about half an hour and will help us understand how tens of thousands of you have been affected by prostate cancer and what support you've had to deal with it.

The research team doesn't only want to know if your experience was bad, either. Knowing where and why men have good experiences of care will give us important examples of what should be happening elsewhere.

To find out more about the study or read answers to some commonly asked questions, visit prostatecanceruk.org/liferafterprostatecancer

FROM THE LAB A year in the Movember Centres of Excellence

It's been just over a year since the Movember Centres of Excellence opened their doors for business, and here's what's happened since.

Belfast-Manchester

The Belfast-Manchester Movember Centre of Excellence set out with a very clear aim: to predict who will respond best to treatments for advanced disease, and who's at risk of their disease returning after initial radical therapy.

The team started by recruiting new research leaders from around the world to head up some of their projects, with experts joining them from Boston, Oslo, California and Cambridge.

These new teams had their work cut out to get up and running within the year, but they've risen to the challenge, and their projects are all off to a flying start. In fact the first clinical trials are open to recruitment, and they've already pulled in additional funding from elsewhere to extend their ambitious research programme.

London

The London Centre of Excellence is off to an award-winning start, as the UCH Urology Team won a prestigious Innovation award from the British Medical Journal for their pioneering work to improve prostate cancer diagnosis.

Meanwhile at the Institute of Cancer Research, they've recruited staff to run a clinical trial called CTC-STOP. This trial is based on the idea that the number of cancer cells that have escaped the tumour to move through the blood stream (known as circulating tumour cells, or CTCs) gives an indication of how well a treatment is working. The trial will investigate whether switching treatments based on a change in the number of CTCs in the blood can improve survival for men with advanced prostate cancer.

Both teams have already demonstrated the value of bringing researchers and clinicians with different scientific and medical expertise together to make a real and lasting change for men with prostate cancer. And it's only going to get better as the results of these projects start to come through in the coming years.

For the very latest from the Centres and their researchers, visit prostatecanceruk.org/excellence



If you'd like to comment on this or other news stories, go to prostatecanceruk.org/news and join the conversation.

Biomarkers laid bare



It's the latest buzzword in cancer research, but what exactly is a biomarker? Sophie Lutter finds out and explains how they could revolutionise the diagnosis and treatment of men with prostate cancer.

If you've read anything at all about prostate cancer research in the last few years, you've probably heard the word 'biomarker' bandied about like the latest trendy buzzword in a Silicon Valley start-up. But how many of us really know what it means?

The definition of the word biomarker is 'a measurable characteristic that highlights a difference between two biological states'. It can be any number of things: a gene, a protein, a chemical structure, a part of a cell or a ribonucleic acid (RNA) molecule – literally anything that changes in response to a biological transition.

As for the transition, this could be any number of things too. Like the change between a healthy cell and a cancer cell, an aggressive cancer and a non-aggressive cancer, or a cancer cell before effective treatment and a cancer cell after effective treatment.

In prostate cancer, there are four main categories of biomarker that are defined by the type of information they give:

Risk biomarkers: Those that reveal whether a man is at higher or lower than average risk of developing prostate cancer, or aggressive prostate cancer.

Diagnostic biomarkers: Indicate whether a man has prostate cancer or not.

Prognostic biomarkers: Used to give doctors an idea of what the most likely outcome would be for a man if he wasn't treated at all.

Predictive biomarkers: Can predict how a man will respond to treatment for prostate cancer.

Below is a roundup of some of the biomarkers being tested in each of these categories. A few tests, like the PSA test, are already in use, while many are still in development and showing promising results.

Risk biomarkers

SNPs

The most common type of risk biomarkers are genetic markers called Single Nucleotide Polymorphisms or SNPs (pronounced snips). These are where a single 'letter' of the DNA code is different between groups of men at average and higher than average risk of prostate cancer. So far, researchers have found over 100 SNPs that can indicate higher risk of prostate cancer, but only around 20 that suggest a higher risk of aggressive disease. This type of biomarker is usually detected in blood or tissue samples.

BRCA1 and BRCA2

Sometimes a single gene can contain more than one type of mutation, some of which may be more harmful than others. So far, we only really know about two genes where harmful mutations increase prostate cancer risk – the 'breast cancer' genes BRCA1 and BRCA2. Mutations in these genes can either be inherited or occur spontaneously.

PSA

The best known biomarker for prostate cancer risk is the prostate specific antigen protein, more commonly known as PSA. If you have a higher than expected level of PSA protein in your blood, it indicates that you're at increased risk of having a prostate problem.

Diagnostic biomarkers

PCA3 and TMPRSS2-ERG

One difficulty with developing a successful urine test for prostate cancer is that the concentration of your

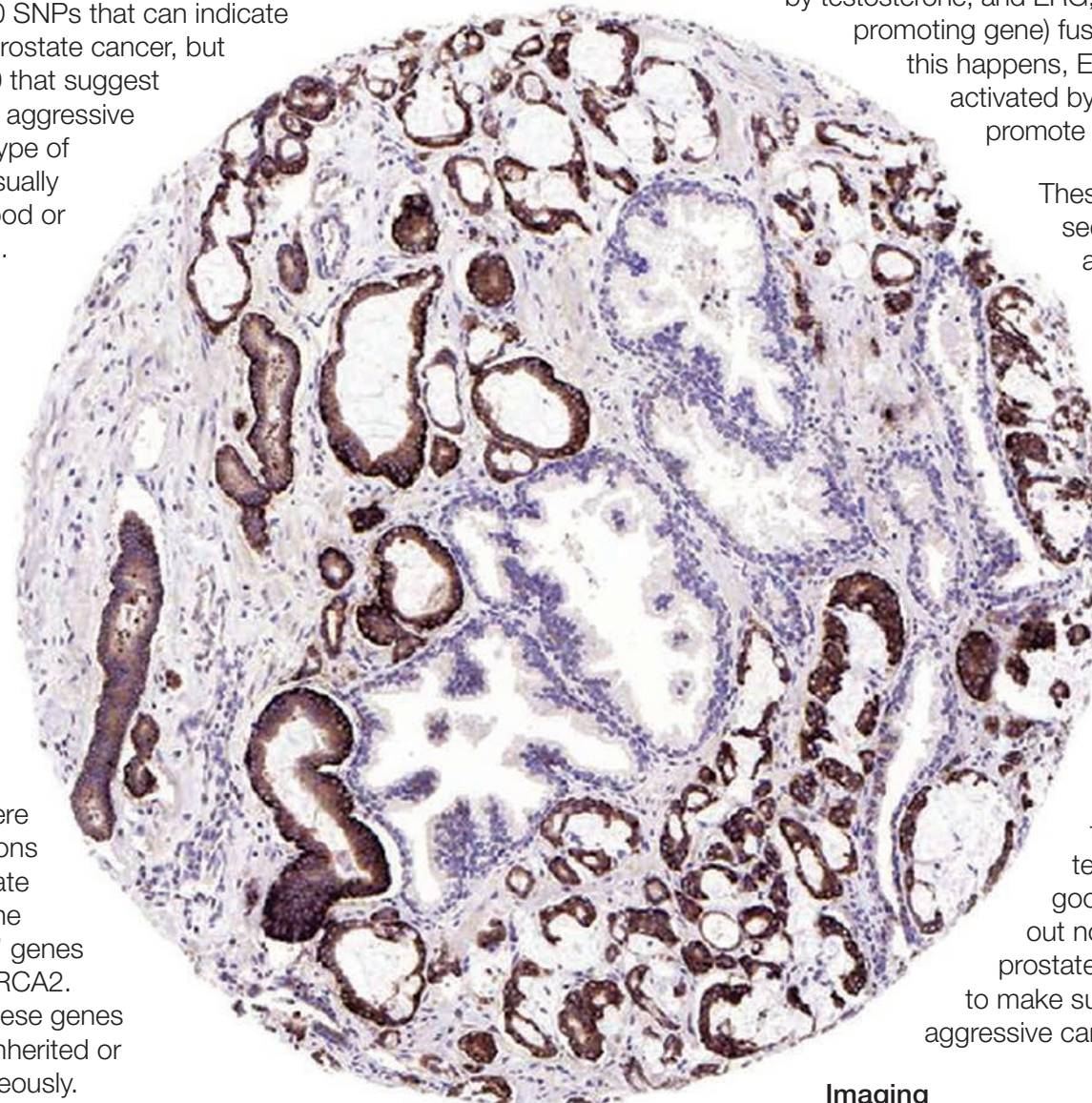
urine, and so the relative protein levels within it, varies depending on how much water you've had to drink. This means that any test has to be able to take that into account when interpreting the results.

Two urine markers in particular – tests for which are available in some private clinics in the UK – have come under scientific scrutiny. The first is called prostate cancer antigen 3 (PCA3). This is expressed specifically in the prostate and at especially high levels in prostate cancer. The second is TMPRSS2-ERG. This is a common genetic change in prostate cancer cells where two genes (TMPRSS2, which is activated by testosterone, and ERG, a cancer-promoting gene) fuse together. When this happens, ERG starts to be activated by testosterone and promote cancer growth.

These markers both seem to be more accurate than PSA at indicating the presence of prostate cancer and some scientists think that testing for TMPRSS2-ERG and PCA3 together can help decide which patients need to have a biopsy. Others think that these tests still aren't good enough to rule out non-aggressive prostate cancers, or to make sure that all the aggressive cancers are caught.

Imaging

One very promising way to rule out unnecessary biopsies could be through imaging the prostates of men with a raised PSA before they have a biopsy. An enhanced form of MRI scan allows clinicians to not only examine the anatomical structure of the prostate, but also to measure changes to the tissue within it. For example, changes in the pattern of blood flow or the movement of water molecules in a tumour compared to normal prostate tissue are biomarkers that indicate the presence of a prostate tumour.



It's possible that multi-parametric MRI (mpMRI) will be able to rule out not only men with no prostate cancer, but also men with non-aggressive prostate cancer from needing a biopsy. A clinical trial called PROMIS looks set to help us answer some of these questions when it reports later this year.

Prognostic biomarkers

Prolaris

Developed by a company called Myriad Genetics, Prolaris is probably one of the most talked-about treatment decision tools and is available in some UK private clinics. This test measures the activity of 31 different genes to determine how fast the cells are dividing and growing as a marker of how aggressive the cancer is.

Prolaris seems to be most useful for men with a Gleason score of seven or higher, who are considering active surveillance. A Prolaris score (called a cell cycle progression, or CCP score) of two or higher may indicate that it's worth thinking about treatment to control the cancer. This is because there's a link between a score of two or more and death from prostate cancer in men with a Gleason score of seven or more.

More recent research suggests that Prolaris could also be used to help guide a decision about whether or not active surveillance is appropriate for men with a Gleason score of seven or lower. But these results haven't yet had the 'stamp of approval' that comes from publication in a peer-reviewed journal, so the jury's still out on this one.



We hope we'll soon not only understand every dilemma a man might face but have the biomarker tools to resolve them

Oncotype DX

Oncotype DX looks at 12 cancer genes involved in four different biological processes and gives what's called a genomic prostate score, or GPS, from zero to 100.

It was tested in two different groups of men who had their prostates removed. In both studies the investigators found that there was a link between increasing GPS and the prostate tissue showing a more serious cancer than was predicted from the biopsy. Oncotype DX hasn't yet been tested on men with prostate cancer who aren't being actively treated, so we don't know if GPS can predict the likelihood of dying from prostate cancer.

This means that overall, Oncotype DX might be useful to help men with a Gleason score of six or seven decide between active surveillance and treatment. But since we don't yet know how well this reflects overall survival, we can't be too confident about its usefulness just yet. Oncotype DX is currently only available privately in the UK for breast cancer.

Predictive biomarkers

Decipher

Decipher is another panel of genetic biomarker tests, with a twist. In this case, it looks at the activity of 22 different genes involved in various cancer processes. But the twist is that it was developed specifically to predict the likelihood of the prostate cancer spreading outside the prostate even after a prostatectomy. This has been tested in a number of different trials and – in every case – has proved strongly predictive for developing additional tumours after a prostatectomy. At the moment, Decipher is only available in the US and we don't know when the company that makes it will ask for, or be given, marketing approval in the UK.

AR-V7

In September 2014, scientists announced the first clue as to why abiraterone and enzalutamide don't work for some men with advanced prostate cancer. They found that some men have a mutated version of the androgen receptor (AR) in their cancer cells, called AR-V7. This version is not only turned on all the time but also lacks the part of the receptor that abiraterone and enzalutamide stick to. Because the drugs can't bind to the receptor, they can't do their job of blocking cancer growth in men with this mutation.

If these results can be confirmed in a bigger clinical trial, this may be a really useful test to help men consider their options when other treatments are no longer working.

Promising conclusions

Overall, the word 'biomarker' is a bit misleading. It sounds like we're talking about a single subject, when in fact this one word covers pretty much every aspect of cancer biology, diagnosis and treatment. Ultimately, we hope we'll soon not only understand every dilemma a man might face as he contemplates prostate cancer risk, diagnosis and treatment, but also have the biomarker tools to help him resolve them. We're not there yet, but the sheer volume of work going into this area – from non-invasive alternatives to biopsies at diagnosis, to tailoring treatment to match a man's individual cancer – should give us real hope that this is an achievable goal.

Read more about some of the exciting research we're funding into prostate cancer biomarkers on Sophie's blog at prostatecanceruk.org/biomarkers



We hardly know where to start!

Dr Hayley Whitaker is working to combine biomarkers with prostate imaging at University College London.

"When I first started out, PSA was the be-all-and-end-all of prostate cancer biomarkers and there wasn't anything else on the horizon. We thought the key to a new diagnostic test would be to find a single new biomarker that could do everything.

"Now, of course, we have nearly the opposite problem: we've got so many potential new biomarkers we hardly know where to start! This is, in large part, because of the advances in technology – particularly around genetics – that mean we now have ways to analyse large numbers of DNA and tissue samples quickly and cheaply.

"Biomarkers will make a huge difference to men with prostate cancer over the next few years in a couple of ways. Firstly in diagnosis: we're already making massive headway in how we diagnose prostate cancer. Now we need to get better at only diagnosing aggressive prostate cancer. And that's not too far off. I think that probably within the next five years, we'll be diagnosing far more aggressive cancers, and not even offering biopsies to men who don't have cancer or who have a harmless cancer.

"This is the area that my research focusses on. I'm really excited about the potential of combining traditional blood or urine based biomarkers with new imaging technologies like multiparametric MRI. 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.

"The other area where biomarkers are going to make a massive difference is in working out which men should be given what treatment. I think everyone accepts that there just isn't going to be a one-size-fits-all solution for prostate cancer and that individual treatment options are the future. We're only just starting to get to grips with this."

PROSTATE CANCER UK UPDATE



Go shopping for the cause

You asked for it. And now, after much anticipation, we're delighted to announce that our online shop is open for business! With t-shirts, hoodies, pin-badges and a range of accessories all natively branded with our logo, there are myriad ways to show the world that you're part of Men United – the movement that believes men are worth fighting for.

With 100 per cent of profits from every sale going towards our work to beat prostate cancer, you'll be saving lives while you shop. Visit the website now and get kitted out at prostatecanceruk.org/shop



Thousands enjoy a Lads Night In

On 25 September, thousands of homes throughout the UK held a Lads Night In – our new poker fundraiser in partnership with PokerStars. We also held our own event at London's Hippodrome Casino.

So far we've raised a fantastic £42,000, with more donations rolling in all the time. We've also heard from a number of pubs and sports clubs who want to hold future events for us too.

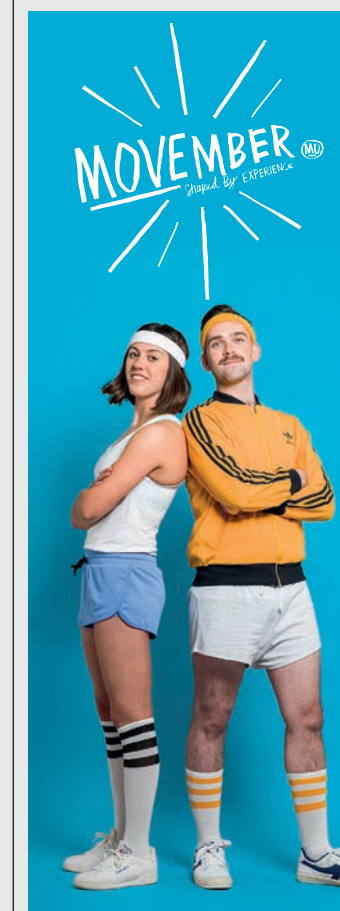
As a further thank you from PokerStars, everyone who raised £100 on the night was entered into a prize draw for an awesome trip to the Bahamas. Congratulations to the lucky winner, Alex MacVicar, and his four friends from Glasgow! Their night was inspired by Alex's dad, who was diagnosed with prostate cancer two years ago.

Read Alex's story and find out more about Lads Night In at prostatecanceruk.org/poker

Movember moves make a difference

The annual month of facial hair and fundraising saw tens-of-thousands of people taking part across the UK. Our own network of MoBros and MoSistas managed to raise an astonishing £53,000. Superb work everyone!

This year, as well as impressive moustaches, Movember folk were also getting active with a new initiative called MOVE, encouraging 30 moves in 30 days. Movember's UK country director, Sarah Coghlan, said: "Being active is one of the best things you can do for your health, so the addition of MOVE makes it even easier to do something fun that's good for you and men's health."



Award for work with volunteers

Our 2,000 volunteers are vital to our work, so we're delighted to have been awarded the Investing in Volunteers accreditation in July – the UK quality standard for good practice in volunteer management.

We try to make the volunteer experience as rich and fulfilling as possible. This award reflects our volunteer team's efforts to produce a new volunteer handbook, run regular training days, and promote and celebrate the work of volunteers to all Prostate Cancer UK staff.

You can read more about our work with volunteers at prostatecanceruk.org/volunteers

Harry's knack on the blower raises £40k

Former football manager Harry Redknapp and Sky Sports presenter Hayley McQueen took to the trading floor at the Bloomberg Tradebook event in November to raise money to help beat prostate cancer.

The pair answered phones and made deals at the annual charity event, which sees the financial software giant donate one day's commission to 15 charitable causes. Thanks to Harry and Hayley's hard work, Prostate Cancer UK received over £40,000 on the day – a great result.



Our 10 year ultimatum

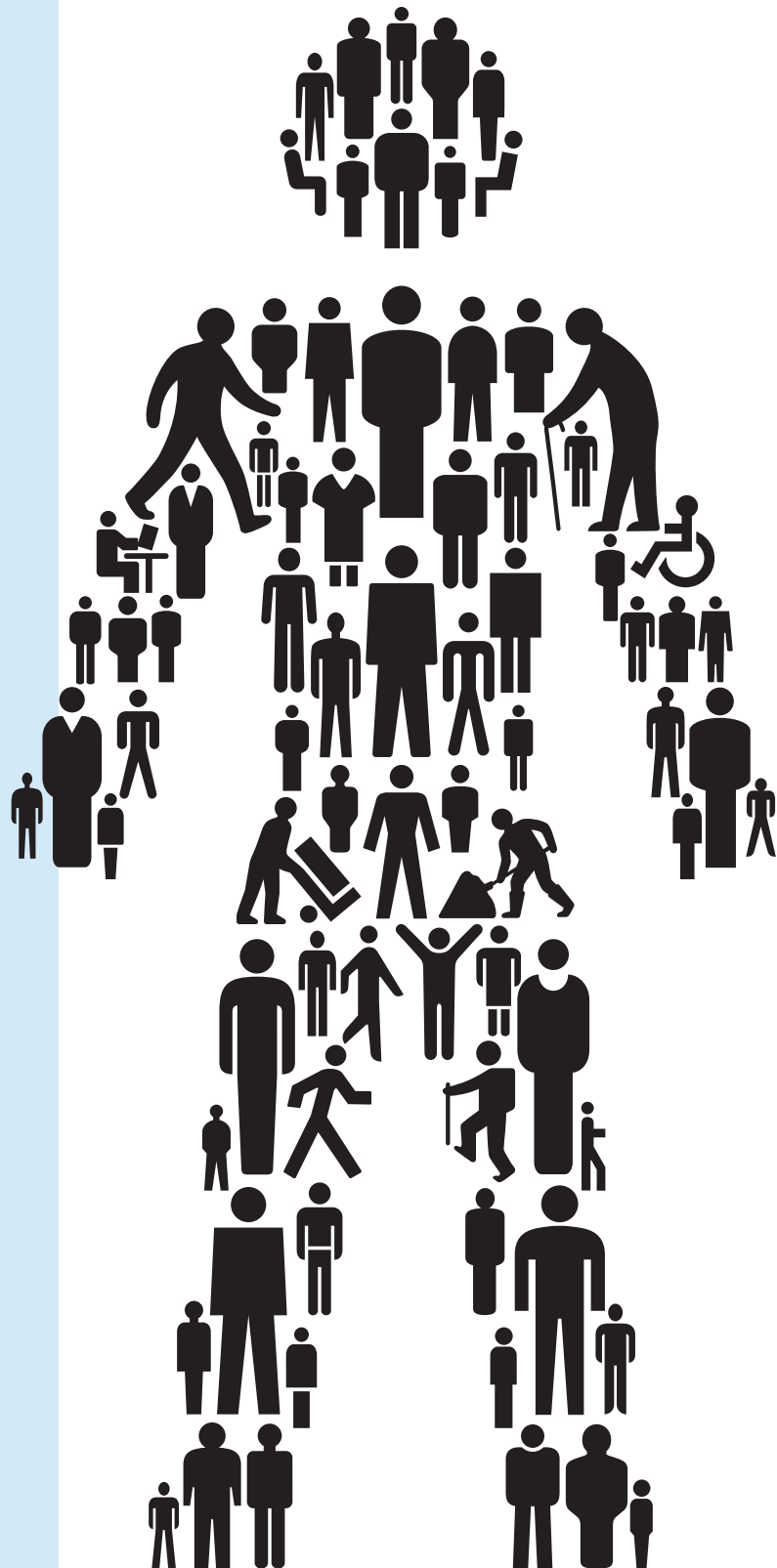
It's not often a CEO proudly promises to put their organisation out of business within 10 years, but that's exactly what I'm doing with our new strategy. Because by 2026, we at Prostate Cancer UK plan to have defeated the disease we were founded to fight 25 years ago.

This isn't just a pipe dream or another marketing plan. We think that beating prostate cancer is a realistic proposition. And we're not alone. Leading researchers in the field – including those quoted below – are optimistic that the science and technology to really target and destroy the disease aren't far away. We've already seen radical advances in prostate cancer's diagnosis, treatment and prevention in the last 10 years. Imagine what will be possible in another 10.

This doesn't mean we're abandoning men living with prostate cancer now. We'll continue to provide services and help champion men's health so long as there are men who need us. We're just recognising that to get the medical care – and cure – we so desperately want for men with prostate cancer, we need to commit as much money as possible into groundbreaking research to find them.

But we can't do this alone. We need your help and support to crack this disease once and for all. Working together, as Men United, we'll make prostate cancer a disease the next generation of men need not fear.

Angela Culhane
Chief Executive
Prostate Cancer UK



With the launch of our new strategy, we're giving ourselves a decade to beat prostate cancer. Sounds ambitious? We hope so. Unrealistic? We think not – and neither do our scientists and supporters over the page. Because over the next 10 years we'll be investing heavily in research, focusing on three areas: better diagnosis, better treatments and better prevention. But we haven't forgotten the importance of supporting men with prostate cancer now, which is why it's the fourth pillar of our new strategy.

#1 Better diagnosis

We'll fund research that will pick up on aggressive prostate cancer sooner, predict and manage the impact it will have, and reduce today's number of biopsies and unnecessary treatments for cancers that are harmless.

HOW? By developing and establishing a risk-based screening tool that can be available to all men and is more accurate and reliable than the PSA test alone. We have already started an international project with the leaders in this area of research, and we are determined to push ahead to get the benefits of this work to all men over 50 as soon as possible.

#2 Better treatments

We'll invest in putting effective treatments, with fewer side effects, into the hands of the men who need them, wherever they live in the UK.

HOW? By understanding more about how prostate cancer progresses, we can make better and truly personalised treatments a reality. And the more effective and tailored a treatment is to a man's individual cancer, the more likely unpleasant side effects – such as incontinence and erectile dysfunction – can be reduced. Critically, we need to make sure these treatments are made available to everyone and not withheld on the grounds of cost, politics or bureaucracy.

#3 Better prevention

We'll prioritise understanding what makes a cancer cell tick, so we can stop it from starting and block it from returning after primary treatment.

HOW? By using a man's genes to assess his likelihood of being diagnosed with prostate cancer, we can understand how to prevent it from killing him. In particular, we'll look at the genetic changes that make prostate cancer aggressive and cause it to spread (read more about this in our biomarkers feature on p6). We also need firmer evidence on whether a man really can usefully do anything to control his risk through diet, exercise or drugs, and what role environment may play.

#4 Better support

We'll continue supporting men directly ourselves, but we'll also demand that other organisations meet their responsibilities. We'll work with health professionals and the country's health services to pinpoint and implement the changes necessary to deliver innovative care.

HOW? As well as continuing our award-winning Specialist Nurse and fatigue services and information, we'll be urging health services across the UK to pick up the baton when innovative care that makes a difference is discovered. We'll make sure that prostate cancer is right at the top of the priority list for decision-makers and we'll hold them to account when they block men getting the best care available.

25 years of research, lobbying and support...

1991

The Prostate Cancer Charity founded in a room at Hammersmith hospital.

1993

Prostate UK and Prostate Cancer Research Foundation (PCRF) founded.

1996

First call taken by our Specialist Nurses.

1998

Prostate cancer becomes the most common cancer in men.

2002

Docetaxel chemotherapy approved for use on the NHS.

2003

We join the government's new Prostate Cancer Advisory Group.

Read the full strategy and find out more about its creation at prostatecanceruk.org/10yearstrategy

But don't just take our word for it...

It's not just us saying we can beat prostate cancer in 10 years. Behind us are a whole host of leading experts, health professionals, scientific researchers, specialists and survivors who believe that imminent advances in understanding and treating the disease make our 2026 deadline entirely possible. Here are just three of our growing army of supporters and the reasons why they're backing our new strategy.

THE SURVIVOR



Ian Liston,
actor and trialist

When I was first diagnosed with prostate cancer in 2003, it was 'not knowing' that was the hardest thing to bear. The internet was still in its formative years and there were no trustworthy sites to rely on for information about the disease – although there were plenty of 'snake-oil' remedies on offer. Once my initial hormone therapy stopped working in 2005, my consultant offered me palliative care or possible participation in a clinical trial for a new drug at the Royal Marsden.



Advances in genetics and prostate cancer treatment are coming thick and fast

The trial drug kept my cancer in check for almost a year. Over the next decade I took part in six further drug trials (including abiraterone, radium-223 and olaparib) that all, to a greater or lesser degree, continued to stabilise my condition and give me a new lease of life – which continues to this day.

In 2003, I would have given anything for the aid and assistance that is now available from Prostate Cancer UK for men, their partners and families. They offer vital helplines and cover all the basic problems relating to diagnosis and treatment, tackling difficult issues such as incontinence and erectile dysfunction. Advances in genetics and prostate cancer treatment are coming thick and fast, but I'm confident that the charity can keep up to date with the new and hopefully life-saving developments.

THE DRUG SPECIALIST



Professor Johann de Bono, Institute of Cancer Research and Royal Marsden Hospital

I've been pursuing research now for over 20 years, and most of that has been funded by charity. The British public has been very generous. We depend on that support. Without it, we couldn't do what we do. I want to say thank you, and I want to tell you that your money has been very carefully and well used. Through your support we're already making a difference, not only in the UK but worldwide. And now we're trying to make a bigger difference every day for every one of our patients.

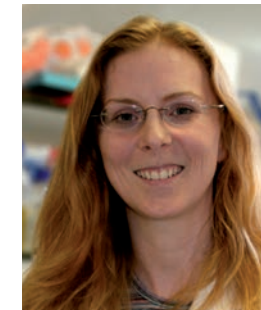


Through your support we're already making a difference, not only in the UK but worldwide

My work has led to multiple new treatments becoming standard care for this disease: abiraterone, cabazitaxel, enzalutamide, and recently some very exciting work on a drug called olaparib. But overall my focus is on developing better, more precise care for each man with these diseases. Prostate cancer is not one disease, it's many. That means not only being careful to treat each man differently depending on what cancer he has, but also making sure that if a treatment is not working, that drug is stopped promptly and a different drug given if necessary, or a combination.

I am extremely confident that we're going to make progress in this decade. The challenge for us is to accelerate that to really make a difference for men suffering from these diseases.

THE GENETICS PIONEER



Professor Charlotte Bevan, Imperial College London

I've been working in prostate cancer research for the last 20 years, and the way that technology has advanced in that time is remarkable. When I first started out, sequencing and quantifying the entire genome (working out the order of all the DNA molecules in a cell, and how much of each section of DNA there is) was inconceivable for a single cell line or clinical sample. Now there are labs that routinely do this for tens or hundreds of samples in one study.



We're making real progress now, and new therapies will continue to result

Of course, this brings its own 'big data' problems – how to store and analyse all that information. We've probably only just scratched the surface so far, and we've already learned so much.

What will probably make the most difference to men with prostate cancer in the near future will be the use of biomarkers to understand a man's disease and assign him the right treatment for his particular cancer. That type of personalised treatment will also include knowing what combinations of drugs work better than single therapies.

We're making real progress now, and new therapies will continue to result. Our work really benefits from your involvement at every level – fundraising, awareness raising, clinical trials and giving permission for samples to be used in research. We can't do it without you.

2006

Our ground-breaking Tool Kit for newly diagnosed men is first published.

2006

Our volunteers begin their first prostate cancer awareness talks in Scotland.

2007

Movember launches its UK campaign and our partnership begins.

2008

NICE publishes first clinical guidelines for prostate cancer.

2010

All 129 new MSPs sign our 'Pledge for Prostate Cancer' in Scotland.

2010

Prostate UK merges with PCRF to form Prostate Action.

2012

We merge with Prostate Action to form Prostate Cancer UK.

2012

Successfully make abiraterone available on the NHS to whole of the UK.

2014

Men United launches, with 100,000 people signing up by March.

2014

First Movember Centres of Excellence open in London and Manchester.

2015

We achieve Investing in Volunteers accreditation.

2016

We launch our new 10-year strategy to beat prostate cancer within a decade.

Jeff Stelling



Famed for his unique and exuberant presenting style, the Soccer Saturday and former Countdown frontman is joining Men United for an epic 262-mile walk over 10 days, raising both money for Prostate Cancer UK and awareness of the disease. He tells us how he was inspired by the diagnoses of two close colleagues and why he's proud to be backing our new strategy to beat prostate cancer within 10 years.

How did you come up with the challenge?

I had 10 days available and I wanted to do something where people could see I was feeling the pain. Then somebody alerted me to the fact that Hartlepool [Jeff's boyhood club] had never played at Wembley. By pure coincidence, the distance between the two was 260 miles – a marathon a day for 10 days. Ten in ten. It all just fell into place like a jigsaw.

You're planning to call at 32 football clubs along the route. Have you been surprised by their enthusiasm for the walk?

I've always had a fantastic rapport with clubs and their fans – probably because I'm a Hartlepool fan and they don't see us as a threat! But also, it's a cause that everyone can relate to. The majority of fans are still male and may get prostate cancer at some stage in their life. The more we can raise awareness of it, the more we can help beat it.

How have you been affected by prostate cancer?

I haven't personally, nor have my family. But I've got friends and colleagues who have been. Bill Arthur and Eddie Hemmings [Sky's rugby league presenters], who I've known longer than I care to remember, have both suffered from prostate cancer. There are others as well, who are prominent on TV and haven't talked about it publicly.

Did their diagnoses shock you?

It did. You never really think it will hit someone you know – your dad, brother, son, or best

friends – but it does. It affects so many people and when somebody really close gets it, it just brings home to you how real it is. In the case of Bill and Eddie, it also brings home how treatable prostate cancer can be. That's important too.

Were you shocked by the prevalence of the disease?

Yes. I certainly wasn't aware of the numbers of people who get prostate cancer. One man in eight is absolutely staggering. We sat in a thousand-seater stand at Hartlepool United, so you're looking at 125 empty seats. It's a haunting figure really. So we need to get the message out there that people should go to the doctor if they're worried, because we can beat it. That's the message we want to get out there: we can beat prostate cancer.

Our new strategy aims to do just that within 10 years. Are you excited to be helping us promote that?

I'm very proud to be part of it. I only regret not

getting involved earlier. With all due respect, I'm hoping to help put everyone at Prostate Cancer UK out of work in the next few years because there won't be a cause to be fought anymore. That's the future we're hoping for and it's a great cause to be part of – even in just a small way.

The more we can raise awareness of it, the more we can help beat it

You've just visited some of our scientists in Newcastle. What did you think?

It was fantastic to see the work that goes on in the lab and meet the people who are doing the research. Talk about dedication; I was absolutely in awe of them. The vast amount of equipment that's required and the numbers of staff that you need means

funding is obviously absolutely essential for research to happen. Thinking about that will help me put my best foot forward on the walk.

How are preparations for the walk going so far?

OK. I go on regular walks with the dogs of three or four miles at a time, and I've done some training walks as well. I'm relatively fit for my age, so fingers crossed. I think it's the repetition that will be the problem. Everybody can walk 26 miles in one day, but can you do it on the second, third and fourth day? We'll find out. My biggest concern is the weather!



Jeff meets our Director of Research, Iain Frame

Find out more and how you can support or sponsor Jeff at MenUnitedMarch.org

THE MANUAL

Your questions answered about eating healthily with prostate cancer



If you've been diagnosed with prostate cancer, the last thing you might want to think about is changing your eating and drinking habits. But following a healthy diet can really make a difference. Our Specialist Nurse, Laura, answers some of your diet-related questions.

Q Why is it important to eat healthily if you've got prostate cancer?

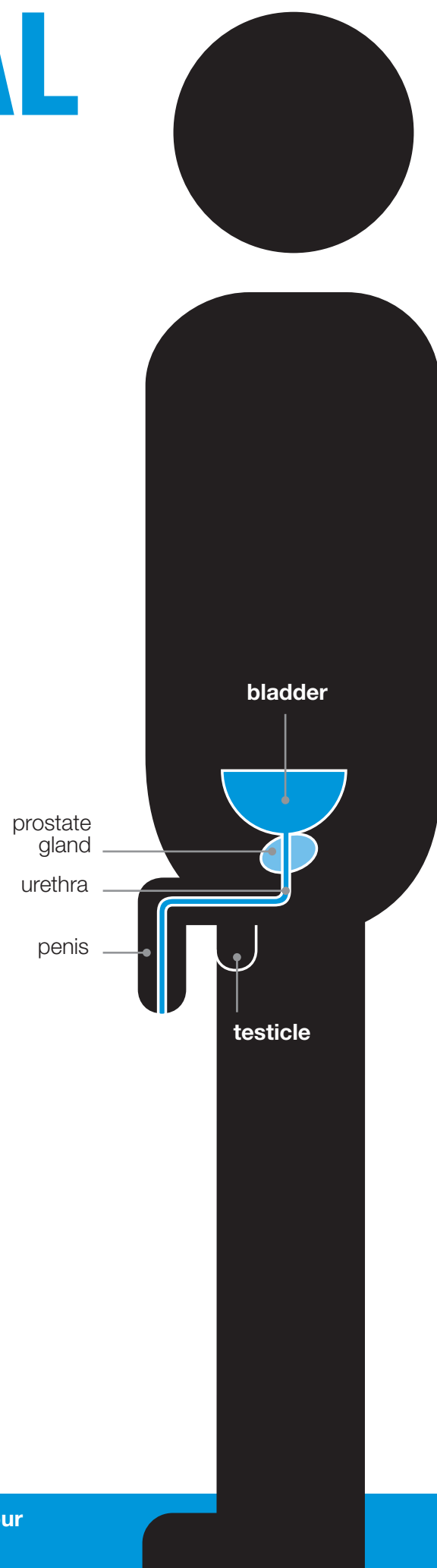
A We all know that following a healthy diet is important for general health. It can help you stay a healthy weight and lower your risk of some health problems, such as heart disease, diabetes and some other cancers.

But eating healthily and staying a healthy weight is also important for men with prostate cancer. Why? Well, firstly because there is strong evidence that being overweight or obese increases the risk of aggressive or advanced prostate cancer.

Staying a healthy weight may also mean your prostate cancer is less likely to spread after surgery or radiotherapy. And if you're having hormone therapy to treat your prostate cancer, your treatment may be less effective if you are very overweight.

If you're experiencing side effects from your treatment, such as weight gain, hot flushes or urinary problems, thinking about your eating habits may also help you manage them.

Find out more about how diet can affect prostate cancer on our website at prostatecanceruk.org/diet



Q How can I eat more healthily?

A Food is an important and enjoyable part of everyday life and it's important to remember this if you decide to change or improve your diet. A healthy diet doesn't need to be boring. In fact, it's good to eat lots of different foods to make sure you get a range of nutrients. Try and include plenty of fruit and vegetables.

Set yourself realistic goals and start by making small changes that you feel comfortable with. Trying to make lots of big changes at once can be difficult, and you may find it hard to keep them going over time.

Try to cut down on unhealthy foods, such as those high in sugar or saturated fat, and those with added flavouring or preservatives.

If you want help to improve your diet, ask your doctor to refer you to a dietitian. They can help if you're making big changes to your diet or if you have other health problems that could be affected, such as diabetes. You can also find out more at www.nhs.uk/livewell

Q Is there anything I can eat to stop my cancer coming back after treatment?

A You've probably seen stories in the papers about foods that either cause or cure cancer. It's sensible to be a bit cautious about these because the evidence behind them is often very patchy or not there at all.

However, there is some evidence that certain foods may help slow down the growth of prostate cancer or reduce the chance of it coming back after treatment. These include soy and other pulses, green tea, tomatoes, pomegranate juice and cruciferous vegetables (like cauliflower, cabbage and Brussels sprouts).

But it's also important to say that the evidence is limited and we do need more research before we can say for certain whether any single food can help slow down the growth of prostate cancer. Read more about the current evidence at prostatecanceruk.org/diet

Q Should I be taking supplements?

A Some people like to use dietary supplements or herbal remedies, but there's little evidence that supplements are helpful for men with prostate cancer. Some supplements may also interfere with your treatment for prostate cancer, so let your doctor or nurse know if you're taking any.

Most people should be able to get all the nutrients they need by eating a healthy, balanced diet without taking supplements.

For example, some research has found that vitamin E from food might help to protect against advanced cancer. But vitamin E supplements don't seem to lower the risk of prostate cancer and might even be harmful. You do need vitamin E in your diet as it's important for good health. But you should be able to get enough from foods, such as vegetable oils, nuts, seeds, avocados and cereals without taking supplements.

Some men, though, may need to take specific supplements. For example, if you're on hormone therapy, your doctor might recommend calcium and vitamin D supplements to help avoid bone-thinning.

Q Is there any food I should avoid?

A There is some evidence that eating a lot of certain foods may be harmful for men with prostate cancer. These include dairy foods and calcium, red and processed meats, and meat cooked at very high temperatures.

We don't recommend avoiding them completely, as we need more research to fully understand their effects, and you may still want to eat moderate amounts of these foods as part of a healthy, balanced diet.

Whether men with prostate cancer should eat dairy foods and calcium is something we get asked a lot about. Calcium is important for strong bones and overall health, so you need some in your diet. Normal amounts of calcium and dairy foods – which are high in calcium – won't increase your risk of advanced prostate cancer. But we don't know enough about the effect of large amounts of calcium or dairy foods.

Some studies suggest that eating more than 2,000mg of calcium per day (the amount in about 1.6 litres of milk) may increase the risk of advanced prostate cancer several years later. But other studies have found no link so we can't say for certain either way. Non-dairy sources of calcium, such as soy milk with added calcium, are widely available in supermarkets and health food shops.

If you're on hormone therapy, you'll need extra calcium to protect your bones. This is because hormone therapy can cause bone thinning, which may increase your risk of bone fractures. Men on hormone therapy should aim for 1,200-1,500mg of calcium each day. This is still a safe amount.

If you don't think there's enough calcium in your diet, speak to your doctor or nurse about taking calcium supplements.



DIY GOLF CHALLENGE: Swinging into action for men with prostate cancer



For the golf-loving Wilson family, organising a sponsored nine-hole competition to raise money for Prostate Cancer UK seemed like the obvious thing to do after grandad Graham was diagnosed. From getting their local course on board to securing donations for prizes, they are an inspiration for anyone holding a golf day for Men United this spring.

When 12-year-old Jack Wilson's grandad, Graham Cowan, was diagnosed with prostate cancer in 2009, it was a shock to all the family. They spend a lot of time playing their favourite sport of golf together at their local course, Chesfield Downs. So when Jack's school set him the 'Year 8 Challenge' to make a difference to the lives of others, he decided to use his love of golf to help men like his grandad by holding his own golf day.

With the help of his mum and dad, Jack started to organise his event. He had no idea how much it might raise so he set a modest target of £500 on JustGiving. They contacted their local golf course and decided on a nine-hole competition, which enabled all levels of golfers to enter. They publicised the event at the club and among friends and family and soon had almost 70 players, aged 8 to 80, signed up to take part.

To help make sure they raised as much as possible, the family also organised a raffle, a silent auction and even managed to get hole sponsorship from local companies. They sent lots of letters and emails to various companies to ask for donations.

Their hard work paid off and they managed to collect a fantastic range of prizes. There was a signed cap from American pro Rickie Fowler, a signed shirt from Englishman Ian Poulter and a hot air balloon ride for two, as well as some fantastic rounds of golf at Woburn Golf Club and Hanbury Manor – to name but a few!

Jack and his mum then approached local supermarkets who donated items for their golf day goody bags, which also had the Prostate Cancer UK golf balls, tees and pencils in. The whole family chipped in: Jack's dad stamped the logo he created on all of the promotional material for the event and made up all the hole sponsor plaques; Jack's mum baked enough cupcakes to feed a small army; and his brother, James, spent an evening packing all the bags up. Thanks to all their efforts, they managed to surpass their £500 target before the event had even begun so Jack upped his target to £1,000.

On the day, Jack and his family were overwhelmed by the generosity of those who took part. Through entries, the raffle, silent auction and donations they managed to smash their original target eight times over, raising a whopping £4,000.

Jack said: "Prostate Cancer UK is such a fantastic charity because this disease affects so many families. Raising awareness and money through fun events like my golf day can only go some way to hopefully eradicating this disease in the future."

Jack's grandad, who had undergone successful surgery, was also able to be there on the day and take part in the event. He said: "I'm so proud of Jack for the original idea and for his involvement. Also, the rest of the family for the planning and management of the whole day, which was such a success."

In the SPOTLIGHT

Patrick McIntosh from Smallfield, Surrey

Last year Patrick, 58, set a world record when he became the first triple cancer survivor to reach the South Pole unsupported.

Diagnosed with unrelated bowel, skin and prostate cancer within just 13 months of each other in 2012, Patrick had some of his lower intestines removed, skin grafts and a radical prostatectomy

before being given the all clear in June 2014. Then began months of intense training to build himself back up for the 222km trek, reaching the Pole on 17 January last year.

"It felt like running a marathon every day for 11 days straight, while also dragging a 55kg sledge in -30°C at 13,000ft above sea level with a constant headwind," says Patrick.

He wanted his trip to raise awareness of symptoms and prove that, with early

diagnosis, it is possible to return to an invigorated life after cancer. As well as raising £32,160 for Prostate Cancer UK, Patrick estimates he's reached more than a billion people through media coverage and talks.



Our former chairman, Paul Forster, was diagnosed with prostate cancer in 1999. But after extensive treatment, he's cancer-free today and recently received an MBE for services to prostate cancer patients. His daughter, Simone, tells us why he's also a Top Dad.

"I'd just turned 30 when we discovered dad had prostate cancer – hardly a child, but to me he was still my problem-solving, DIY-fixing, money-lending daddy. My sister and I were shocked and upset to the core. Dad was always

in control of everything; it was scary that cancer seemed to be in control of him. I felt powerless and wanted to help.

"I was indignant when I discovered that prostate cancer kills around as many men each year as breast cancer kills women, yet funding and awareness was much smaller. Like dad, I work in advertising so my first step was to persuade my clients, then sponsors of the 6 Nations rugby, to run awareness-raising ads for Prostate Cancer UK in and around matches. I'd also met a guy who practised Reiki with

cancer patients. Dad was a very no-nonsense kind of guy, but he agreed to meet him and was soon benefitting from a range of complementary regimes he was unlikely to have explored otherwise.

"For dad to be alive and well 15 years after we thought we'd lose him is truly amazing for us all. I have no doubt that the important work he's done with Prostate Cancer UK means more dads will be around for their families too."



THANK YOU

£485k

To the Distinguished Gentlemen's Ride, whose 2015 event raised nearly half a million for us and almost 2.5million dollars worldwide.

174

To Tom Davies who, at 19, became the youngest person ever to cycle round the world. He spent 174 days cycling over 18,000 miles and raised over £60,000 for us and two other charities.

£15,009

To Paul Mackie, who raised more than £15k from an August bank holiday BBQ with a silent auction, tombola, raffle and a 10km cycle challenge. Superb!

£53k

To everyone who took part in Movember this year. Our network of MoBros and MoSistas raised an astonishing £53k with their furry lips and sponsored moves.

£42,000

To the thousands of you who held a Lads Night In last September. Your poker-playing skills and generosity have so far handed us £42k.

Do what you love for Men United this spring and organise your own golf day. For advice and merchandise, visit prostatecanceruk.org/golf, email events@prostatecanceruk.org or call 0800 082 1616

GET INVOLVED

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

1 Join the Men United March with Jeff Stelling 21-30 March

Walk with Sky Sports' legendary Jeff Stelling as he takes on 10 marathons in 10 days to help beat prostate cancer. Join him either for a day or a whole leg, with a chance to meet the man and enjoy food and accommodation en route. As well as raising money for us, you'll be

helping spread the word about our new 10-year strategy to beat prostate cancer to men across the country.

MenUnited
March.org



2 Chip in with some golf fines All year round

Hit the greens with your friends and do something great together by taking part in our Chipping-in challenge. Make every air shot, ball in a bunker or out of bounds a fineable offence and then donate the money at the end to help us save lives.

Get your Chipping-in pack at prostatecanceruk.org/chippingin



3 Football League collections March-April

Through March and April, we need volunteers to shake collection buckets at football grounds across the country and help us raise thousands for our vital prostate cancer research. You'd be

amazed how much money these collections raise and how much fun you'll have doing it.

Email volunteer@prostatecanceruk.org to find out more.



4 Donate your special day All year round

Whatever you're celebrating – be it birthday, anniversary, retirement or bar mitzvah – donating your day to Prostate Cancer UK is a fantastic way to mark the

occasion. We know your day is special to you, but by donating it you can make it special to men everywhere, too.

prostatecanceruk.org/dyd

5 Tee up for our Golf Day 28 April

Swing into action with Men United and secure your place at our annual Prostate Cancer UK golf day. Play a fun-filled, challenging and iconic 18 holes on the

prestigious Edinburgh course at Wentworth, just weeks before the PGA Championship.

Email specialevents@prostatecanceruk.org

EVENTS CALENDAR

February - July 2016

FEBRUARY

27 Sahara Desert Trek
Journey past sand dunes and oases on this 100km nine-day challenge through the epic African desert.

28 Vitality Brighton Half Marathon
Sign up to one of Britain's most popular road races and we'll support you with training tips and an exclusive running top.

MARCH

13 Vitality Bath Half Marathon
Two traffic-free laps of the stunning World Heritage City that's one of the highlights of the running calendar.

13 Adidas Silverstone Half Marathon
Run the British Grand Prix race track and secure a PB on this fast, flat course.

APRIL

17 Brighton Marathon
Help us top last year's total of more than £70k by running for us with a minimum sponsorship of £400.

24 Virgin Money London Marathon
Run the ultimate road race for us and we can offer you a personalised training day, post-race physio and a fantastic after-party.

MAY

28-29 Edinburgh Marathon Festival
With no minimum fundraising target and the iconic streets of Auld Reekie, Scotland's premier marathon is great for experienced runners and first timers.

30 Bupa London 10,000
Starting and finishing in front of Buckingham Palace, the capital's most popular 10k event attracts over 12,000 amateur and pro runners, and even larger crowds to cheer you on at every turn.

May-October Yorkshire Three Peaks Challenge
Boot up and conquer the three highest peaks in Yorkshire in one day, led by a professional guide and including two nights' accommodation. Pick any weekend and sign up as a group or individual.



JUNE

3-5 Football to Amsterdam
Leaving from London or Yorkshire, our classic cycling event stops at various football clubs en route to Ajax's Amsterdam ArenA. All the logistics are taken care of so you're free to just enjoy the ride.

23-25 Grand Depart Classic
A unique opportunity to ride the 117-mile Grand Depart stage of the 2016 Tour de France with Men United, eight days before the pro peloton.

JULY

20 London to Paris Bike Ride
Do the classic 300-mile ride with Men United and feel the satisfaction of raising vital funds as the Eiffel Tower looms into view.

31 Prudential Ride London-Surrey 100
Recreate the thrill of London 2012 with 25,000 others on the 100-mile, closed road circuit from the capital to Box Hill. A must-do for any cycling fan.



Check out full details and sign up to all these events – plus many more – at prostatecanceruk.org/get-involved



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

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.



Having comprehensive yet easy-to-read and digestible information and explanations made a world of difference to me

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

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

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

Other useful organisations

Bladder and Bowel Foundation

www.bladderandbowelfoundation.org
0845 345 0165
Information and support for all types of bladder and bowel problems.

British Association for Counselling & Psychotherapy

www.itsgoodtotalk.org.uk
01455 883 300
Provides information about counselling and details of therapists in your area.

Cancer Black Care

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
0808 800 4040
Provides information about living with cancer.

Complementary and Natural Healthcare Council

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

Macmillan Cancer Support

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
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
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 Cancer Care

www.pennybrohn.cancercare.org
0845 123 2310
Offers support using complementary therapies and self-help techniques. Working hand-in-hand with medical treatment.

Relate

www.relate.org.uk
0300 100 1234
Relationship counselling and sex therapy for individuals and couples.

Sexual Advice Association

www.sda.uk.net
020 7486 7262
Provides a helpline service for advice and information about erectile dysfunction.

Translating the risks of prostate cancer in all communities

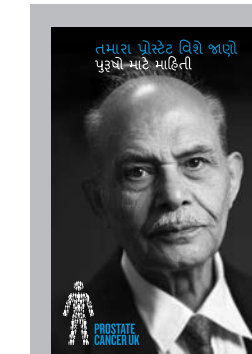


Swarn Singh Kang is a Labour councillor in Southall Green, West London, and was diagnosed with prostate cancer in 2005. Earlier this year, the 77-year-old was invited by his GP to a focus group where we were testing our new translated awareness leaflets.

"It was the first time I'd properly shared my story. And it was then that I realised the difference talking about it could make. Men started asking questions and talking about going to see their GP."

"In my community, cancer is a taboo subject and prostate cancer by its nature even more so. Men simply don't know anything about it. With prostate cancer affecting one in eight men, sharing my story might encourage Asian men to talk about it."

Read Swarn's full story at prostatecanceruk.org/swarn



Our new awareness leaflets in Punjabi, Gujarati, Urdu, Bengali, Tamil and Polish have been developed in consultation with community groups, cultural experts and the charity Cancer Equality. They give information about prostate cancer and other prostate problems, including who is at risk and what changes

to look out for. We also explain what to do if you think you have a prostate problem, and what might happen at the GP surgery.

Download them for free from our website at prostatecanceruk.org/publications

WHAT MAKES THE MAN CAN BREAK THE MAN

Join the fight against prostate cancer.

Your manhood's at risk.

prostatecanceruk.org/menunited



**PROSTATE
CANCER UK**