

Prostate cancer **Insights**

Issue 8 | Summer 2016

Improving diagnosis

The new tools to catch it earlier



Prostate cancer and me

**SIR
MICHAEL
PARKINSON**



**PROSTATE
CANCER UK**

Teaching old drugs new tricks

Making existing treatments work harder

- 3** **Inbox**
Get in touch and have your say
- 4** **Prostate cancer news**
Latest research developments
- 6** **Three ways we're improving diagnosis now**
The new PSA guidelines, risk tool and mpMRI roll out that's changing prostate cancer detection
- 8** **Speaking out for Father's Day**
Five stories of fatherly conversations and advice from our supporters
- 9** **Prostate Cancer UK update**
All the latest from us
- 10** **Teaching old drugs new tricks**
How researchers are finding new uses for old treatments
- 14** **Prostate cancer and me: Sir Michael Parkinson**
The former chat-show legend talks frankly about his brush with prostate cancer
- 16** **The Manual**
Our tips for coping with the fatigue of prostate cancer treatment
- 18** **Do your own challenge walk**
Ann Fraser reveals the secrets of her successful Isle of Wight walk
- 19** **Running across the Sahara**
Plus Top Dad and fundraising thank yous
- 20** **Get involved**
Events for the rest of 2016 and five fundraising ideas
- 22** **Our support and services**
How we can help you



Editor's note

Just six months after announcing our 10-year strategy, we're already making exciting progress on our pledges for better diagnosis and treatment of prostate cancer.

After the PROMIS trial announcement (p6), we're busily preparing to roll out mpMRI scans before a first biopsy across the UK, as well as developing our risk tool for GPs and encouraging health professionals to make better use of the PSA test (p6). We're also heavily involved in funding research that's finding all sorts of new uses for drugs that are already clinically approved, which means they could be swiftly given to men with prostate cancer if they are effective (p10).

Enjoy reading about that, as well as the remarkable stories of Sir Michael Parkinson (p14), Kevin Webber and Bob Wilson (p19). Then check out our new DIY walking kit (p18), which joins our other fundraising guides for cycling and golf. Who knows, next time it could be you featuring in the pages of this magazine.

Editorial team

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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

As a recent sufferer, I would like to pass on my sincere thanks to all the football managers and pundits who wear the Prostate Cancer UK pin-badge. It makes me instantly humble and proud that these busy people take time to wear one. I completed my radiotherapy and I am now on stomach injections to reduce my testosterone. So when I see a badge, it certainly helps me get through it, knowing people are thinking of us unlucky ones.

**Terry Greenwood,
Thornton, Lancs**

Dear Terry

We're glad that seeing our pin-badge helps you feel supported by others. We know that you're not alone in finding the badge reassuring and personally significant, and we'll soon be releasing a film that tells some of the amazing stories from our supporters about what the badge means to them. You may also like to know that you can soon buy the pin-badge from our online shop at prostatecanceruk.org/shop, so hopefully you'll be seeing many more of them on people's lapels in future.



Excellent research results [from the Stockholm-3 trial]. Let's hope this test can be rolled out worldwide and save unnecessary biopsies and treatment, whilst saving lives. Well done Prostate Cancer UK for funding the next stage of research. Keep up the good work



Dear Insights

It would be a good move to get one of the well-known chefs to put together a cookbook for men with prostate cancer. This would also raise awareness of the disease, and encourage discussion of the subject.

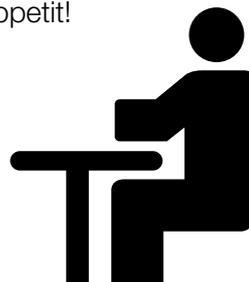
Jeff Willmot, via email

Dear Jeff

It's an interesting idea! We've never produced

a cookbook ourselves, but the Prostate Cancer Research Foundation part-funded Healthy Eating: The Prostate Care Cookbook, by Margaret Rayman, back in 2009, which is still available on Amazon. Some of the science behind the ingredients it recommends may well have dated, but it is full of good healthy meal ideas. Nowadays, we often signpost people to Penny Brohn UK's website (pennybrohn.org.uk/nutrition), which has well thought-out recipes

and its own cookbook. We'd also recommend Macmillan Cancer Support's range of online recipes tailored for people with cancer (search for 'recipes' on their website), and there's a more general selection of equally healthy meal ideas on the NHS Choices website (nhs.uk/livewell). Bon appetit!



Your praise for the Men United March

Our Facebook page was full of tributes to Jeff Stelling, Russ Green and his band of fellow marchers after their 262-mile walk from Hartlepool to London, that's now raised more than £400k. Here are just a few of your responses:



Well done Jeff Stelling and everybody who took part in this epic walk. The support of Jeff and others at Sky Sports is admirable. We need more people in the public eye to raise awareness of this awful disease. We're still miles behind breast cancer in terms of awareness.

Steve E



Well done Jeff and Co. We had the pleasure of joining the march from Derby to Burton. Fabulous day with a great bunch of people raising lots of money and awareness for a really good cause.

Viki Myatt



What fantastic memories we will all have. Would we do it again? Yes we would! Thank you Russ and Jeff for making day six a real treat for me.

Brian Harrison



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[Prostate Cancer UK](https://www.facebook.com/ProstateCancerUK)



Follow us on Twitter:
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Email the Insights team:
editor@prostatecanceruk.org

PROSTATE CANCER NEWS

Race is on to get new MRI diagnosis adopted in the UK after PROMIS of scans before biopsy revealed

Preliminary results from the long-anticipated PROMIS trial – announced at the American Society of Clinical Oncology conference in June – found that using a multiparametric magnetic resonance imaging (mpMRI) scan before a first biopsy could allow many men to avoid having the invasive and often painful procedure. The researchers concluded that mpMRI was sufficient to safely rule out the possibility of clinically-significant prostate cancer

without having to take a tissue sample and risk serious infection.

The results still need to be confirmed in a peer-reviewed publication, but this first glimpse certainly looks exciting. The research team, led by Professor Mark Emberton and Hashim Ahmed from UCL, also found that having an mpMRI scan before a standard, random biopsy didn't improve the number of aggressive prostate

cancers detected by itself. But if urologists could use the results of the MRI scan to help them accurately target where in the prostate to aim the biopsy needles, this might result in more aggressive cancers being diagnosed straight away.

We want men to benefit from these findings and be spared unnecessary biopsies as soon as the results have been peer-reviewed. But we know that unless hospitals have

everything set up to do mpMRI right, then there's a chance that it could actually do more harm than good. That's why we've been working with radiologists, commissioners and NHS England to make sure the training, equipment and expertise are in place before nationwide roll-out is done as speedily as possible. You can read more about what we've been doing at prostatecanceruk.org/mpmri

An innovator and unifier: in memory of our former trustee, Christopher Adams

To say Christopher Adams – who was diagnosed with prostate cancer in 2003 and died on 13 February 2016 – had an impact on prostate cancer research and treatment in

the UK would be a gross understatement. Chairman of the Prostate Cancer Research Foundation from 2007, he was the obvious choice to steer the ship following the merger in 2010 with Prostate UK to form Prostate Action.

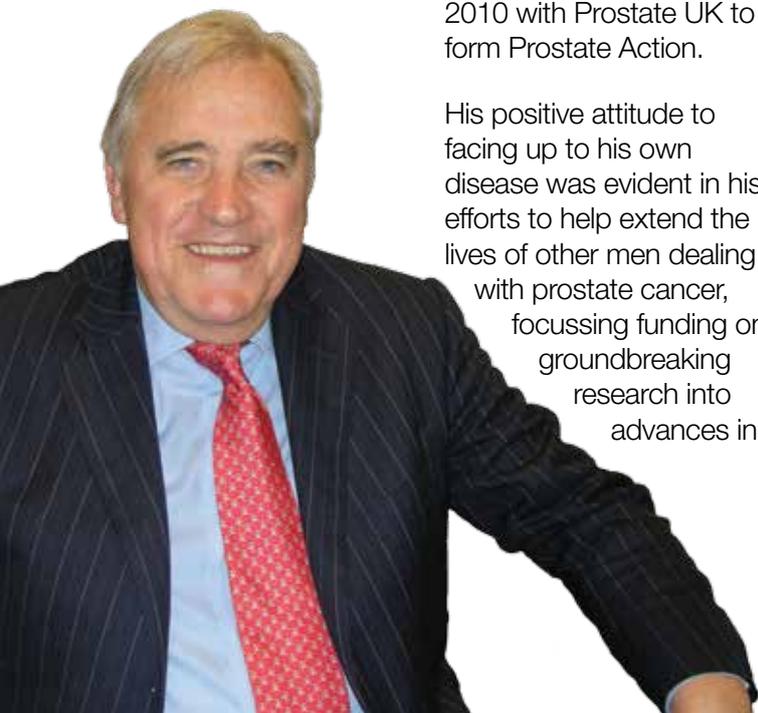
His positive attitude to facing up to his own disease was evident in his efforts to help extend the lives of other men dealing with prostate cancer, focussing funding on groundbreaking research into advances in

treatments and innovative drug therapies. As Chair of Prostate Action, he was instrumental in the success of a number of fundraising events and was the first to jump in and get involved.

Research was his passion and he was a massive advocate of the Research Forum – the biennial meeting that brought the world's top prostate cancer researchers and clinicians under one roof to compare notes and build collaborations. Genuinely committed to bringing all the prostate cancer charities together – to avoid duplication of effort and share experience and ideas – he was instrumental in the merger of Prostate

Action and The Prostate Cancer Charity to form Prostate Cancer UK in 2012, becoming a trustee of the UK's largest men's health charity.

He was also an innovator and not afraid to take a risk for the cause. Sitting down with his friend, Kenney Jones – drummer with the Small Faces and The Who – they pulled together a plan to create a music festival to raise money for prostate cancer. Those of you who have attended Rock 'n' Horsepower (now in its third year) can attest to its success, and this successful event is a fitting tribute to a man who gave his all to help stop prostate cancer being a killer.



New genetic test and drug set for clinical trials thanks to research grants from your donations

Our new Translational Research Programme supports science that sits right at the leading edge of patient care. The ambitious scheme has one exciting aim: by the end of every grant, the research should be ready to enter clinical trials for men with prostate cancer. So it really won't be long before these grants are making a real-life impact.

The hard work and determination of everyone who's raised money for us – through events like Jeff Stelling's Men United March and the Distinguished Gentleman's ride, in particular – has

made it possible for us to fund two new grants worth more than £800k.

The first grant went to Professor de Bono at the Institute of Cancer Research in London. His team are developing a genetic test for aggressive prostate cancer to help assess which men will respond best to a certain treatment. They have already shown that a drug called olaparib works best for men who have a mutation in one of the genes that controls how cells repair broken DNA. So now they want to design a simple genetic test to work out which

men have this mutation before they start treatment, so that only those who are likely to benefit will be given the drug.

The other grant will fund a research team working with a pharmaceutical company to develop a drug they believe might force treatment-resistant prostate cancers to start responding to traditional therapies again. This drug has only just been developed so it's in the very earliest stages of testing. The researchers will first carry out extensive pre-clinical tests to see how well the drug works when combined

with hormone therapy, radiotherapy and radium-223. They will then move on to conduct a small-scale clinical trial in men with advanced prostate cancer, where he will test the drug in combination with the traditional therapies to work out how much of the drug is safe to give to patients.

Together, these two projects represent new approaches to treating advanced prostate cancer that could make a big difference to how well these treatments work, and how long men can expect to live with the disease.

FROM THE LAB

An update from Professor Charlotte Bevan

With our £250k research grant, Professor Charlotte Bevan and her team set out to understand how a family of proteins called nuclear hormone receptors is turned on and off in different prostate cancers.

They believe that the pattern of how these proteins are expressed varies between cancers. They think this variation allows them to not only be categorised into more or less aggressive tumours, but also to work out which treatments might work best to combat them. The idea builds on work already done in breast cancer, where this pattern of nuclear hormone receptor expression already guides which treatments are given to women.

Funded by the Movember Foundation and the Garfield Weston Foundation, Professor Bevan and her team's work has already made tremendous progress in its first year. So far, they've confirmed that there are high levels of nuclear hormone receptors present in all prostate cancers, and that certain protein family members tend towards being turned on or off at the same time as each other. This could form the basis of an expression

signature that can be used to classify tumours into different sub-groups.

The team are now looking at what happens when they change the level or activity of some of these proteins. They have so far found that the activity of one nuclear hormone receptor in particular can be altered using a drug that's currently in clinical trials for metabolic disease, and that this alteration appears to affect how prostate cancer cells grow.

Over the next couple of years, they'll analyse more tumour samples to make sure their protein expression signatures really are a useful indicator of the type of tumour it is and what treatment is most suitable. At the end of this grant, Professor Bevan hopes to apply for additional funding to complete the pre-clinical work that will be essential to move this into clinical trials.



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

Three ways we're improving diagnosis now

In the last six months, we've made exciting progress towards better and more consistent diagnosis of prostate cancer, with improved PSA guidelines, a new risk tool for GPs in development and preparations for roll out of mpMRI across the UK. Here's a brief guide to what each one means in practice.

New PSA guidelines agreed

We convened a powerful group of doctors, nurses, consultants and their professional bodies to agree radical new recommendations for using the PSA test more effectively. The 13 'consensus statements' build on the current advice for PSA testing from Public Health England, but go much further, recommending that:

- Health care professionals should discuss the PSA test with men without symptoms from the age of 45 who are at higher than average risk of the disease, including Black men and men with a family history of prostate cancer.
- GPs should explore using the PSA test to provide a 'baseline' for men in their 40s who are concerned about prostate cancer, to work out their risk of getting prostate cancer later in life.
- If a man has no symptoms of a prostate problem and is clearly likely to live for less than 10 more years, his GP or practice nurse should advise him not to have a PSA test.

The PSA test is controversial and notoriously imprecise, but it's the best thing we've got and we hope this expert guidance plugs the gaps in the official rules and brings some detail and clarity. It puts advice agreed by hundreds of specialists at the GP's fingertips. Men can now ask for a really informed discussion with their doctor and consider getting PSA tested younger.

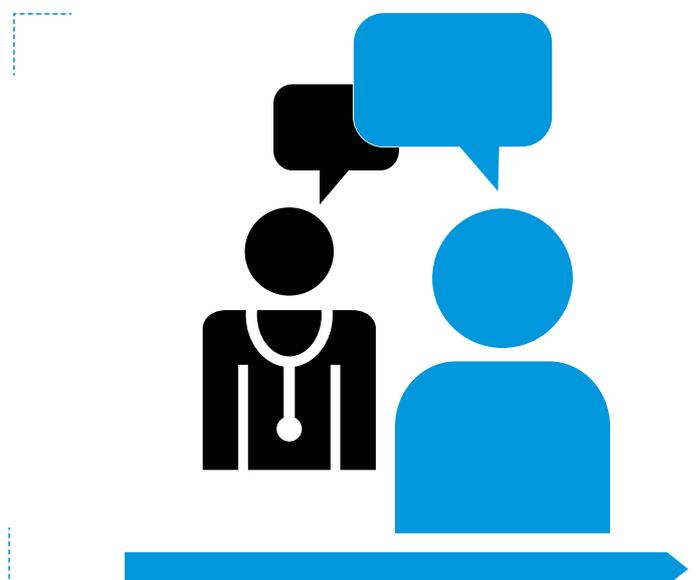
Preparing for UK roll out of mpMRI

Following the exciting early results of the PROMIS trial (see p4), we've already started laying the groundwork to roll out multiparametric magnetic resonance imaging (mpMRI) before a first biopsy across the UK.

We're working with the Royal College of Radiologists to pilot a training programme for its members that will launch later this year. We're also taking a first-of-its-kind approach to assist the commissioning of this scanning technology, working with a group of prominent Clinical Commissioning Groups to develop a 'checklist' of resources that need to be in place.

NHS England has been invited to work with us and their new National Diagnostics Capacity Fund to understand whether we already have enough scanners to make this diagnostic tool a reality for all men, or whether we need to campaign for more. We know we need to be realistic about this, and access for every man will not mean prostate mpMRI scanners available in every hospital. So we need to work with men to establish what they consider to be a reasonable distance to travel.

Finally, we'll work with radiologists and radiographers who have already become experts in prostate mpMRI



before biopsy to develop guidelines for other health professionals, so there are agreed technical standards and quality assurance levels to give men a positive diagnostic experience.

Our new risk tool for GPs

We're developing a new risk assessment tool for GPs, which should indicate the presence of cancer far more accurately than the current PSA test alone. It will not only help men understand their risk of aggressive prostate cancer, but also what to do about it.

The tool is straightforward, easy-to-use and will be built in to GPs' existing computer systems. It will let them input information like – but not exclusively – age, ethnicity, family history and PSA level, and get back an indication of the patient's individual risk of having aggressive prostate cancer.

But more than that, it will then give both the man and his doctor a clear idea of what they should do next, using a traffic-light system: red to go straight to a urologist, green to go home and not worry about another test for years, or amber for something in between. The results can then be printed out for the man to keep or used as an opportunity to suggest appropriate information resources for him.

But the first step is getting the calculation right. While PSA level, ethnicity, age and family history will doubtless be key factors used by the tool, the researchers will also consider a long list of other possible risks. At the same time, we'll also be funding work to validate the Stockholm-3 screening trial in the UK, which used a panel of new tests for genetic and protein biomarkers alongside PSA. If the results are as promising here as they were in Sweden, the new tests could also be included in the risk tool.

Overall, the researchers need to come up with the right balance of factors that give the most accurate picture of a man's risk, but is still easy and quick to use within a normal GP appointment and is cost-effective for the NHS. Subject to how trials pan out, we hope that a large number of men will have access to the risk tool within three years and it will be in the hands of all GPs within five.



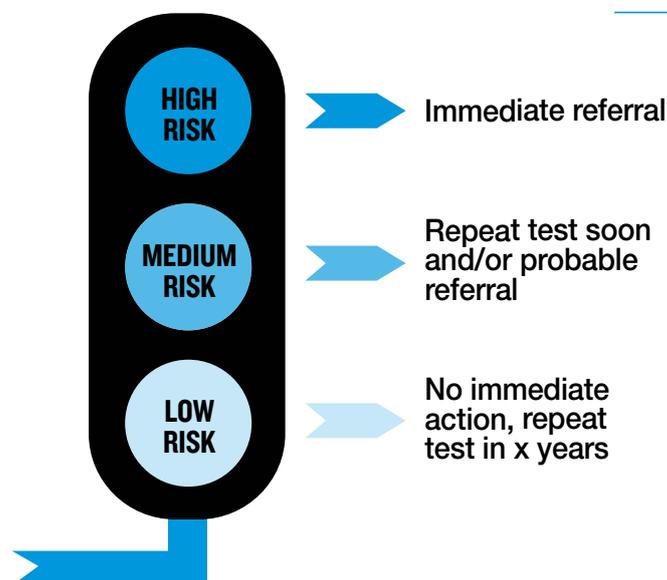
It isn't always easy for GPs to know what to do with the

results of PSA tests, or to spot all their patients who might be at higher than average risk of prostate cancer.

We're caught between the fear of over-diagnosing harmless prostate cancers, which can lead to all sorts of complications further down the line, and fear of missing an aggressive prostate cancer.

We desperately need a simple tool that can be easily adopted into 'real-life' primary care that will help us make better decisions with and for men at risk of prostate cancer. And that's what Prostate Cancer UK are planning to deliver. It could make a massive difference to us, and our patients.

Dr Jon Rees, GP in Nailsea, North Somerset



Speaking out for Father's Day

On 19 June, we celebrated dads everywhere – including those no longer with us – by asking everyone to talk to their families about prostate cancer and share their favourite piece of fatherly advice. Here are just a few of those who supported our campaign with their stories.



Phill Griffith: my dad's wise words

"One of the things my dad said to us before he died was: boys, whatever you do, get a PSA test and make sure you're in good health," says father-of-two Phill, who lost his dad to prostate cancer 15 years ago.

"My dad also told me to always be myself. I can still hear his words ringing in my ears: 'You can only be you and that's who you are best at being. You are the star in your movie'. Like so many others, I relied on my father to guide me through so many situations in life, but I didn't realise how much his wisdom and advice meant to me until he was gone."



Brian White: my lifesaving family chat

After reluctantly meeting with his dad at a party for the first time in five years, Brian learnt of a family history of prostate cancer. The brief conversation led to the 42-year-old's

prostate cancer being caught early and helped him rebuild a relationship with his father.

"It was like getting a winning lottery ticket that I found out my father and uncle had prostate cancer when I did," says Brian. "The doctor was going to send me away and get me to come back every six months. In the words of my oncologist: 'If we'd sent you away, we'd have been dealing with metastatic prostate cancer'."



Drew Pritchard: blokes need to look after each other

The presenter of TV's *Salvage Hunters* joined his colleagues at *Quest* in supporting our channel takeover during the Father's Day

weekend, which included regular screenings of our advert during the Le Mans 24-hour race coverage.

"I'm supporting Prostate Cancer UK this weekend because I'm a bloke and we need to look after each other," says Drew. "We're very bad at ignoring things and just walking away and thinking it'll be alright. So having the details [of prostate cancer] thrust in front of me has been pretty shocking and something I won't ignore."



Nigel Mansell: my dad's mixed advice

"The worst piece of advice my dad ever gave me was to stay away from fast cars! So, that didn't work out," the former Formula 1 and IndyCar World Champion told

us. "But his best advice, something I still live by, is to always treat people with courtesy and how you would like to be treated. We all need to support each other.

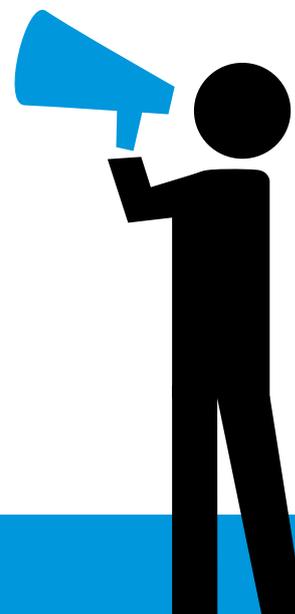
"I know there are a lot of men who are on their own journey with prostate cancer, and I think it helps if we're all more open about it and support one another – we'll only beat this disease if we stop ignoring it."



Ray Winstone: wants out of his diagnosis

In our special short film, *Father's Day*, Ray Winstone plays grieving car mechanic Joe, who wants to run away from his recent prostate cancer diagnosis and avoid talking to anyone

about it. Made in 2013, and also starring Charles Dance, Tamzin Outhwaite and John Simm, the film's themes of opening up and knowing your risk struck a chord with hundreds of visitors to our website this year. Watch it for yourself at prostatecanceruk.org/fathersday



For more about all of these stories and other dad-related articles, visit prostatecanceruk.org/fathersday

PROSTATE CANCER UK UPDATE

New Silverstone Classic partnership



Prostate Cancer UK has been appointed the Silverstone Classic's Official Charity Partner for the next three years. The world's biggest classic motor racing festival at the Formula 1 race track offers the perfect platform to reach more than 100,000 visitors each year with our message not to ignore prostate cancer.

This year's festival takes place over the weekend of 29-31 July, with 10,000 privately-owned classic cars on display and the Boomtown Rats headlining the music stage.

Full details and tickets are available at silverstoneclassic.com

350k people reached by our awareness programme

Our awareness programme has exceeded its target of reaching 350,000 people, four months ahead of our three-year schedule.

Delivered by our talented volunteers, who speak about their own experiences with

prostate cancer, events have been held all across the UK in Rotary Clubs, workplaces, army bases, large sporting events, and even prisons!

To book an Awareness Talk near you, visit prostatecanceruk.org/talks

Football to Amsterdam passes £1m

Now in its fourth year, the Football to Amsterdam cycle saw 350 riders set off for the Dutch capital on 3 June from two different starting points in London and Yorkshire. The biggest ride in football is the official end-of-season event for our partnership with the English Football League, and more than 60 different football clubs were represented, raising more than £500k between them and taking the total raised by the event since it started beyond £1m.

Match-day collections top £72k

Thanks to our English Football League partnership, we're able to hold match-day collections throughout the season, which are a great way of raising both awareness among football fans and funds to help us find better ways to diagnose, treat and prevent prostate cancer.

This year more than 500 volunteers took part in 63 collections, filling their buckets with an incredible £72k. Thank you all of you: without your dedicated support, we wouldn't



be able to have this kind of impact at football stadiums across the country.

Let your legend live on

Jeff Stelling was already a favourite with football fans. So surely, after 262 miles on the Men United March, he can now safely lay claim to the title of legend. But you don't need to go to such extreme lengths to become a legend, too. Just by supporting our work through a gift in your Will, you can take your own legendary step towards helping us fight prostate cancer.

This September, as part of Remember a Charity Week, we're celebrating and encouraging more people to meet with a solicitor and include Prostate Cancer UK in their Will. It needn't be at the expense of friends and family, as you can provide for both the causes and people close to you, but every gift can make a real difference – no matter what the size.

**REMEMBER US IN
YOUR WILL**
Help our work live on...

To find out more, including our Free Will Scheme, just email legacies@prostatecanceruk.org, call **020 3310 7275** or visit prostatecanceruk.org/rac



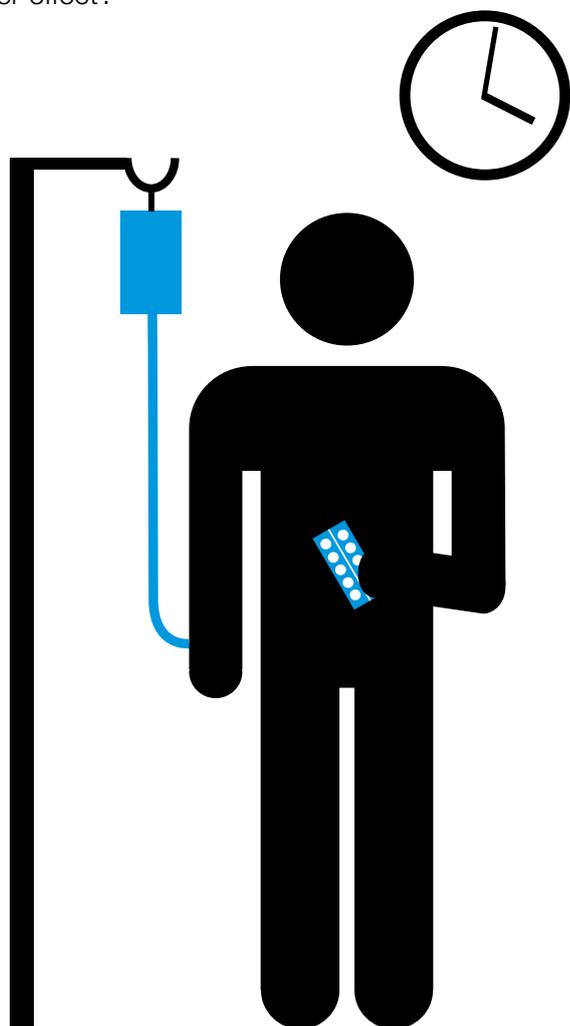
Teaching old drugs

One of the most important ways we can stop prostate cancer killing so many men is by learning the best way to use treatments that already exist. They're already in the clinic and often already approved for other uses, so making these drugs work harder for us will save years of development time and millions of pounds. Dr Sophie Lutter explores some of the drugs already being given – and giving – a new lease of life for men with advanced prostate cancer.

Giving an old drug at a new time

The rules about drug development and testing mean that all of the drugs we currently have to treat advanced prostate cancer – like abiraterone, enzalutamide, docetaxel or radium-223 – were developed as 'end of life' treatments; to give to a man whose cancer had become hormone resistant and had no other options left.

Now researchers are asking if we hit the cancer harder earlier on in a man's treatment (when he may also be feeling stronger), will the same drugs have a bigger effect?



STAMPEDE

The biggest trial to test these ideas so far is the STAMPEDE trial and the first results made quite a splash when they were announced last year.

They found that giving docetaxel – a type of chemotherapy – at the same time as hormone therapy to men newly diagnosed with prostate cancer that had spread around the body increased survival by an average of 15 months.

This is now routinely available to men newly diagnosed with metastatic prostate cancer earlier in the treatment pathway in England and Scotland. Formal commissioning hasn't happened yet in Wales or Northern Ireland, but so far oncologists have still been able to prescribe docetaxel early on to patients who need it. We're continuing to work with both countries to make sure a formal policy is in place as soon as possible.

Over the next few years, the STAMPEDE trial will also find out if hormone therapy with radiotherapy or abiraterone or abiraterone and enzalutamide combined also benefits men with advanced prostate cancer.

ADRRAD

In the ADRRAD trial, researchers at Queen's University Belfast are asking if a double whammy of radiation from the time a man is first diagnosed with advanced prostate cancer that's spread to the bones can radically change his survival prospects.

As well as giving hormone therapy to stop the prostate tumour growing or even shrink it, the researchers will also zap it with radiotherapy and use radium-223 injections to kill cancer cells in the bone. If the combination of treatments proves both safe and effective enough, it will be rolled out into a large-scale clinical trial after only a couple of years.

At the same time, the research team is also working on the underlying science behind it to find out whether some men will be better suited to this treatment than others.

new tricks

Giving an old drug, but only to the right men

There are many genetic variations of advanced prostate cancer, which respond differently to treatment. So a one-size-fits-all approach means that some men do really well on a particular treatment, while others don't benefit at all. Working out which men fit into which group is going to be the next big game-changer in treating advanced prostate cancer.

TO-PARP

The TO-PARP trial, led by Professor Johann de Bono at the Institute of Cancer Research in London, looks at men who have a change in one of the genes responsible for repairing damaged DNA. This makes the cell more likely to become cancerous. But it also means that the cancer that develops is more likely to be controlled by a type of drug called a PARP inhibitor.

The team found that around 30 per cent of men with advanced prostate cancer had this type of mutation, and the same 30 per cent benefited from treatment with a PARP inhibitor called olaparib, which is currently used to treat women whose ovarian cancers have this same mutation. Next, the trial will recruit only men with a DNA damage repair mutation, and will assess exactly what benefits in terms of delaying cancer progression and increasing survival olaparib can bring for these men.

For men who don't have these mutations, we're helping to fund a number of research projects that are focused on understanding the differences between individuals' cancers and how this might affect the way they respond to treatment.

Androgen receptor mutations

Dr Gert Attard at the Institute of Cancer Research identified mutations in the androgen receptor that stop prostate cancer from responding to abiraterone. The androgen receptor is a protein that drives prostate cancer growth when it is 'turned on' by the hormone testosterone. During the course of the disease, it becomes permanently 'switched on' even without testosterone – a situation known as hormone resistance.



Dr Attard found that one of the ways it changes to become resistant to hormone therapy also makes it resistant to treatment with abiraterone. The next stage is setting up a clinical trial to test whether men with this mutation, who are unlikely to respond to abiraterone, will instead respond better than usual to docetaxel chemotherapy. This work should start later in 2016.

PTEN mutations

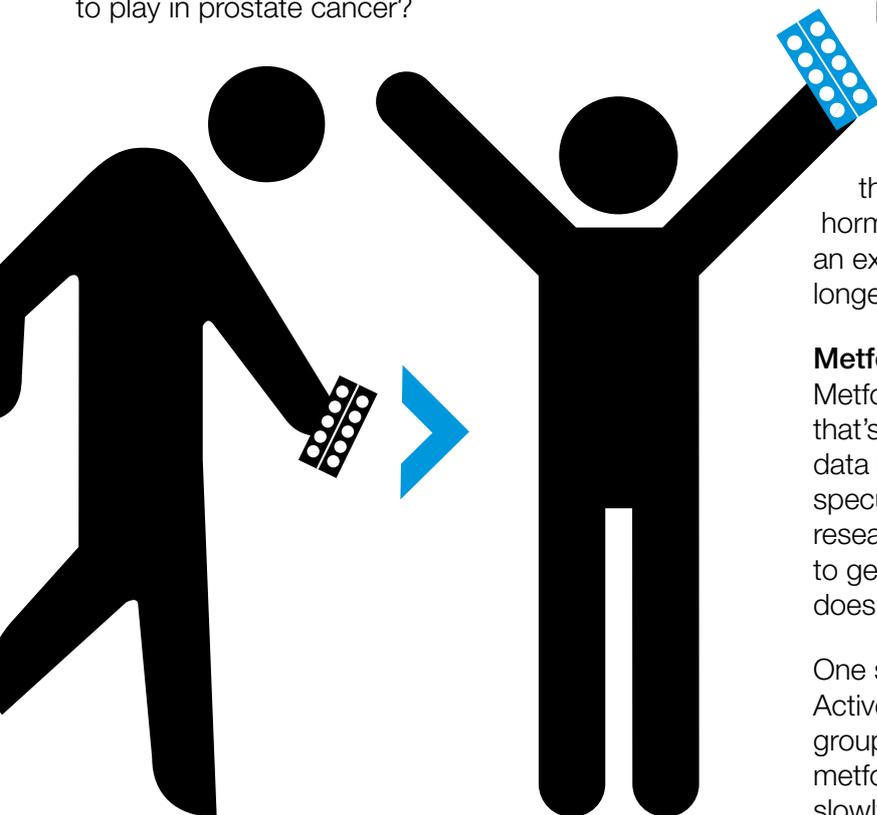
PTEN is a gene that works by putting the brakes on cell division so that cells don't divide too quickly and become cancerous. But for some reason, radiotherapy doesn't work well for men whose prostate cancers contain a mutation in PTEN.

One of our PhD students, Conor Hanna, found that although radiotherapy on its own wasn't enough to kill cancer cells that had a PTEN mutation, when it was combined with drugs designed to stop the cell repairing damaged DNA, it became much more effective. Conor's work was conducted in mice, but his lab mates at Queen's University Belfast have picked up the baton and are hoping to progress the post-graduate's research into a full-blown clinical trial for men with prostate cancer very soon.

Please donate so we can continue this vital research work: prostatecanceruk.org/donate

Giving an old drug a new lease of life

We've already talked about how olaparib was first used to treat women with ovarian cancer, so what other drugs being used in other diseases could have a role to play in prostate cancer?



Statins

Statins were originally developed to help lower cholesterol in people at risk of coronary heart disease. But there's been a buzz of speculation around the benefits they may have for men with prostate cancer for a while now.

One research team found that testosterone competes with statins to get inside the cancer cell. This means that it may take longer for testosterone to build up in a prostate cancer cell and drive growth if a man is also taking statins.

However, all the clinical evidence for statins' benefits so far has been retrospective. That means that researchers have looked back at what happened to men who just so happened to be taking statins for another condition at the same time as they had hormone therapy for prostate cancer. The problem

with this approach is that there are so many other variables involved in cases like this that it's really difficult to draw definitive conclusions about whether it's the statins that are the decisive factor.

Dr Hing Leung, at the University of Glasgow, is using a £463,460 Prostate Cancer UK research grant, funded by The Movember Foundation, to run a phase II clinical trial to test whether taking statins alongside hormone therapy can delay the time it takes for prostate cancer to become hormone resistant. If this proves the case, it could be an extremely quick and cheap way to help men live longer with prostate cancer.

Metformin

Metformin – a diabetes treatment – is another drug that's been whispered about without any solid clinical data behind the rumours. But as with statins, the speculation has built to a critical mass, and now various research projects and a few big clinical trials are looking to get to the bottom of what, if anything, metformin does in relation to prostate cancer.

One such trial is the Canadian-led MAST (Metformin in Active Surveillance Trial), where a randomly selected group of men on active surveillance are prescribed metformin to see if their cancer progresses more slowly. We're expecting to hear the results of this trial in 2018. The STAMPEDE trial is adding a new arm to test whether giving metformin alongside hormone therapy to men newly diagnosed with prostate cancer that has spread outside the prostate will help them live longer.

Overall, the clinical and scientific jury is still out on metformin. But it's a cheap and readily available treatment with minimal side effects, so any and all evidence of benefit will be extremely welcome if and when it comes.

Targeting areas of low oxygen

A group of researchers at our Belfast-Manchester Movember Centre of Excellence has developed a way to identify head and neck cancers that had particularly low oxygen levels, by looking at the genes that are turned on in these tumours. Cancers with low oxygen levels tend not to respond well to radiotherapy, but doctors can sort this out fairly easily with drugs that raise oxygen levels.

Dr West and Dr Choudhary are now working to adapt this 'low oxygen gene signature' to identify men whose prostate cancers have low oxygen levels, so that they can either be offered alternative treatment to radiotherapy that might work better for them, or can be given drugs to raise the oxygen levels in his tumour so that the radiotherapy will work.

Giving the right drug, at the right time, to the right man

To make really radical inroads into the number of men dying of this disease, we need to find a way to give the right drug combination, to the right man, at the right time. We need to be precise in the way we treat a man's cancer, with treatment that's accurately matched to his cancer and the way it's developing. Breast cancer is already treated like this, and now we have the chance to do the same for prostate cancer.

That's why we plan to fund a large-scale precision medicine clinical trial. So far we've brought together the researchers, clinicians and statisticians we think we need. This includes some of the key people who were instrumental in running the STAMPEDE trial, as well as those who have already helped set up similar trials for lung and colorectal cancer.

It's still a work in progress, but the basic idea will be to recruit men as soon as possible after a diagnosis with advanced prostate cancer, then analyse the initial blood or biopsy sample to work out what genes or

proteins are turned on or off in his cancer. Depending on the results, the man will be randomly assigned to either a normal best standard of care or to a tailored-to-his-cancer treatment arm of the trial.



Eventually, through trials like these, men might outlive a diagnosis currently considered terminal

This will be really big deal and is likely to be expensive. It's also going to take years to pay off, but – and it's a big but – when it does, we'll be a long way towards achieving our goal of halving the number of men dying from advanced prostate cancer each year. Eventually, through trials like these, men might be able to outlive a diagnosis that's currently considered terminal.

With the exception of the STAMPEDE, TO-PARP and MAST trials, whose scientific teams we collaborate with closely, all the research mentioned in this article is funded by us with support from the Movember Foundation.

For more about all our research work, please visit prostatecanceruk.org/research



Sir Michael Parkinson



The legendary former talk show host, who interviewed everyone during his 50 years on TV – from Orson Welles to Rod Hull and his infamous emu – had prostate cancer for two years before his doctors gave him the all clear last summer. The 81-year-old miner’s son and die-hard Barnsley FC fan tells us how he felt about being diagnosed, the unpleasant side effects of his treatment, and why he thinks football is the perfect vehicle to raise awareness.

How did you first learn about your risk of prostate cancer?

Luckily for me, my doctor made me aware of the potential threat my prostate posed to me long before I was diagnosed with prostate cancer. Being in television, I had to have a medical before every new show for insurance purposes. So I would have three or four a year and always had my PSA checked. Thankfully my cancer was picked up at an early stage and I was successfully treated.

How did you react when you were given your diagnosis?

It wasn't a surprise. My doctor had been monitoring my levels and I'd been doing charity work for prostate cancer so knew what could happen. I just thought: 'how can I deal with this?' And the answer is by getting good doctors and good support and having the mindset that you're going to get through this. My wife has also been wonderful.



Thankfully my cancer was picked up at an early stage and I was successfully treated

What was your treatment like?

I had radiotherapy and the reactions weren't pleasant. You think: 'well, this is easy', and then a month later

you start getting after-effects. Even when they got rid of the cancer, the effects lingered on in the bowel and the bladder. It's a difficult thing to deal with, but you deal with it better if people tell you about it and tell you what to do.

Is it important celebrities like you talk about the realities of having prostate cancer?

The only way you can justify fame, which is a daft thing really, is by using it to promote awareness of things like this. I asked cricket commentator Jonathan Agnew on the radio last year about prostate cancer and whether he'd been to see a doctor. He said no and I called him an idiot and told him to go immediately – which he did. But that's the crusade we should all be on. Because some men are reluctant to go to the doctors still and we must persuade them that it doesn't hurt and it could save your life. If not for themselves, they should go for their families.

Have you talked to your own family about their prostate cancer risk?

Absolutely – my three sons know all about it. Only my oldest boy is over 50, but they all get their PSA checked regularly. It's a simple blood test and if they do find something, the new treatments coming from the genetic research that's going on now are really wonderful.

You've been a great supporter of us for many years. What's most impressed you about our work?

I think that the awareness campaign around football is terrific. It's the audience we need to reach: the ordinary and younger guys on the terraces. I know because I was one of them. But there are so many other things to take their attention nowadays, so we've got to keep at them all the time and football is the ideal vehicle. I love the pin-badge, too – it's really stylish.



Sir Michael joining other celebrity readers at our Carols by Candlelight event in 2014



I think that the awareness campaign around football is terrific

How is your health now?

All the tests show that the cancer has gone. You can't say it will never come back and you just

pray to God that it won't, but I have regular monthly checks to try to keep it under control. The fact of the matter is that I feel well now – a lot better – and I can work and write again and do telly if I wanted to. So even if it's only bought me five extra years, it's been worth it in my view. In another year or so I feel I'll be back somewhere near the kind of health I was enjoying before I had the cancer. I just want to live to see Barnsley win the European Cup.

THE MANUAL

Your questions answered about
controlling prostate cancer-related fatigue



Fatigue is one of the most common side effects of cancer, but it's also one of the hardest to beat. Our Specialist Nurse, Meg, offers some ways to manage it – including our fatigue support service – to make the most of the energy you do have, so you can keep doing the things that matter to you.

Q I feel tired a lot, do I have fatigue?

A Fatigue is more than tiredness but everyone's experience of it is unique. Some compare it to the kind of exhaustion you feel if you're recovering from the flu. Men often tell us their fatigue is unpredictable and, unlike normal tiredness, it often doesn't get better with rest. For some it can be hard just to get out of bed, affecting work, relationships and hobbies, and – ultimately – how you see yourself. Whether your fatigue is mild or has a bigger impact on your life, there are ways to improve it.

Q Why do men with prostate cancer get fatigue?

A Fatigue is a very normal part of living with any type of cancer, and can be the result of the cancer itself or your treatment. Just the stress and worry can leave you feeling exhausted, but it doesn't mean your cancer is getting worse or your treatment isn't working.

Getting fatigue and how it affects you depends on a number of things, like how fit and well you are, the stage of your cancer, and the type of treatment you have. Men who've had a radical prostatectomy tend to feel fatigued for a while afterwards. While men on hormone therapy and radiotherapy may notice their fatigue lasts throughout their treatment, and either improves or lingers on after it finishes.

Q What can I do about it?

A Don't beat yourself up. It's not a sign of weakness and it's important to give yourself time to recover. When you feel up to it, there are things you can try which can make a real difference. The first is to talk to your GP or someone in your medical team. They can find out what's causing your tiredness – the cancer, treatment, or something else, like anaemia – and suggest ways to treat it.

Next, organise your day so you can do the things most important to you when you feel most energetic (read more about this below). Try to stay active with some gentle exercise – even if it's just a walk around the block. Light exercise can lift your mood and help you feel more energised and awake, but always talk to your medical team before starting a new exercise plan. Eating healthy foods can help you feel more energetic throughout the day, too.

Try setting some goals for yourself. It helps to have a reason or purpose to take control of your fatigue – like getting back to work, or spending more time with the kids or grandkids. And keep up the things that you enjoy doing as this will spur you on, too.

Q When I'm feeling tired, should I rest or try carrying on regardless?

A It's all about balance. It's good to have some periods of rest, but doing nothing all day can make you feel more tired and less motivated. So it's important to have some periods of activity in your day, even if you don't really feel like it. Some treatments, such as

hormone therapy, can make you feel tired and cause you to lose some muscle strength. Resting completely can make this worse. It helps to get a good night's sleep, too. Relaxation techniques and dealing with any worries that keep you awake can help, or you can speak to your GP about possible medications.

Q I've got activities I need to keep up, how can I do this?

A Planning your days around when you feel most active and when you need to rest can help – keeping a diary may help you spot patterns. Make a list of the things you want to do and decide what's most important, what can wait, and what you can get help with. Then plan to do the most important things when you know you'll have more energy. Remember to give yourself time to relax, too.

You can also change the way you do things rather than give up what you enjoy. If you played golf every day, try once a week or nine holes instead of 18. If fatigue makes doing your job difficult, speak to your employer about flexible working to change your hours or duties. You may be able to take extra breaks or work shorter days.

Q Who can help me deal with my fatigue?

A Feeling worried or down can make you feel more tired, and feeling tired can make you feel more worried or down. It's a vicious circle. Getting some support to unload what's going on in your head can help. You can join a local support group or our online community (see p22 for details) to swap stories and ideas with other people who've been there.

Or there's our 10-week Fatigue support service, led over the phone by our Specialist Nurses. Lots of men have enrolled over the past year and found it a real benefit. As well as monitoring their fatigue levels over the course of the programme, we followed up a couple of months later to find out how they were getting on. Most found their fatigue levels had improved and they had increased motivation. But it was having their experience acknowledged and knowing many other men felt the same that helped the most.

These are just a couple of positive comments from men who have used the Fatigue support service:

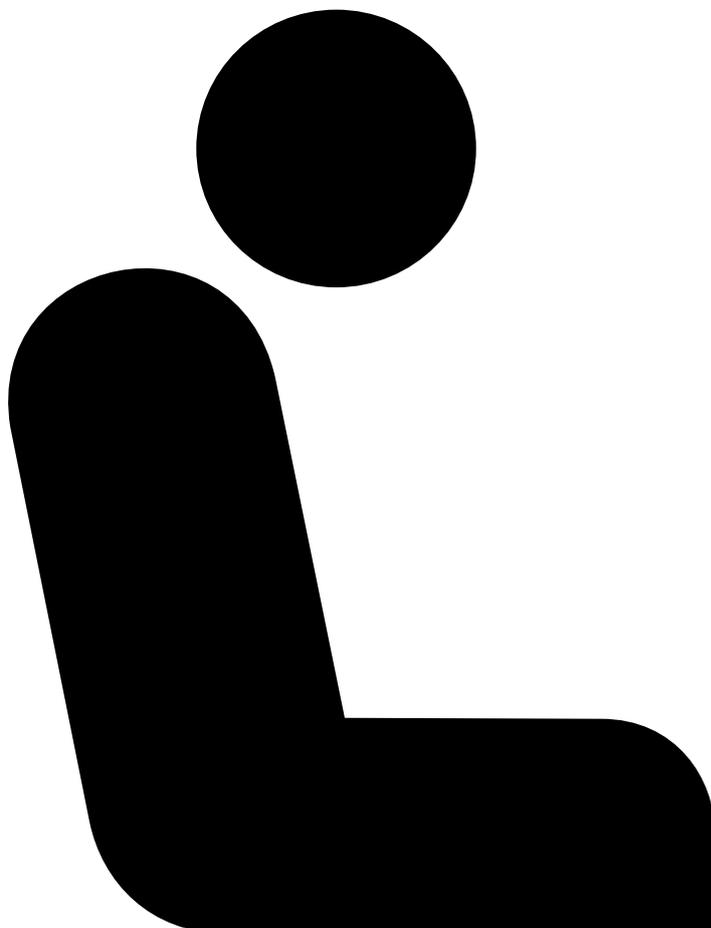


If I feel tiredness coming on, I'm a lot clearer in my own head about saying I'm not going to do that and take control, rather than keeping going until I fall over.



It gave me back enthusiasm for life and stimulated me to not loll about and feel sorry for myself.

To try the service, call our Specialist Nurses on 0800 074 8383 or fill in our online form at prostatecanceruk.org/fatigue



Find out more about dealing with fatigue and our Fatigue support service on our website at prostatecanceruk.org/fatigue

DO YOUR OWN CHALLENGE WALK

Stepping up to the fight against prostate cancer



When Ann's husband, John, was diagnosed with prostate cancer in 2002, they knew they wanted to do something to help. Living on the Isle of Wight, with its beautiful coastline and country footpaths, they struck on the idea of a sponsored walk. After the eighth Wear Your Pants on the Outside walk in aid of us last April, Ann shares some of the secrets behind the event's success.

We first planned our fundraising activities about eight or nine years ago. John wanted to do something that would attract men so he could talk to them about the importance of being aware of your risk and getting checked.

His first idea was to offer a shoe-shining service to raise money and contact men, but he soon realised that not many men have their shoes shined anymore. So we thought about what else we could do and as we live on the Isle of Wight – which is a big walking place – a walk seemed like the perfect thing to do.

We decided to organise a walk which was challenging but not too difficult so people of all ages and all levels of fitness could enjoy it. Our walk is eight miles around West Wight, from Yarmouth to Totland, Freshwater and back to Yarmouth. It's a circular walk, so we start and finish in the same place and we all end up in the pub.

This year will be the eighth year we've done it. Sadly, John passed away from prostate cancer in 2015, so this year's walk is also the first I've done without him by my side. Making the decision to hold the walk again without him was tough, but it's been well attended so I'm glad we did it.



This year's walk is the first I've done without John. It was tough but I'm glad we did it

If someone is thinking about doing a walk for Prostate Cancer UK I'd say go for it. Make a big list of your friends and family and start with them, as they'll always be most generous. But asking everyone who takes part to pay £5 is a great way to raise money.

Get as much publicity out there as you can in your local papers. Use social media because it really does work – people share things and you get a lot of interest from places you never even thought you would. And have a good poster made, too, and put them out to attract local people.

Before this year's walk started, we'd raised about £3,000 online. On the day itself, we carried buckets and collection tins with us and collected a lot too. I'd be surprised if we don't do £5,000 on this year's walk when all the sponsorship money finally comes in.

I know Prostate Cancer UK is a brilliant charity and they'll use their money wisely. I think the research into future cures is hugely valuable, as well as the information and support service they provide. Hopefully one day it won't be 1 in 8 men who get prostate cancer, it'll be 1 in 100, and then one day we'll be able to get rid of it altogether.

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

Top left: Ann and John Fraser in 2012.

Left: Participants on this year's Wear Your Pants on the Outside walk.

In the SPOTLIGHT

Kevin Webber from Epsom, Surrey

In the 20 months since he was diagnosed with advanced prostate cancer, father-of-three Kevin has raised more than £30k for us through sponsored running events. But in April, he fulfilled a life-long dream of competing in the epic, 156-mile Marathon de Sables across the Sahara Desert.

"It was physically exhausting," says Kevin.

"One day I'd run about 20 miles up sand dunes and mountains and had no energy left. It was 45 degrees, I'd drunk all my water and I couldn't go on. But I thought: if I don't finish then the charity won't be able to use me as an example for other men in bad situations with prostate cancer. So I kept pushing myself to go on.

"Seeing the Prostate Cancer UK flag on my backpack, people would come up to me when I was running and share their family stories of prostate



cancer. It was so emotional and several times we'd end up crying together. When I finished the race, coming 566th out of 1,254 runners, I was worried I'd enter a real black hole. So shortly after swearing I'd never do it again, my wife and I agreed I should sign up for next year."

"I couldn't be prouder of my dad. He's shown so much dedication to being healthier, taking on the Grand Depart shows just how far he has come.

"I ran every mile of the marathon for him – having his support kept me going. One of my hardest training runs was done in France, running towards Mont Saint-Michel, where my dad's cycle will start.

"He cycled the 20 miles with me, mostly sheltering me from the wind and rain.

"Keeping my emotions in check was not easy! I can't wait to come and cheer him over the finish-line at Utah Beach. I will be the loudest, proudest spectator there – and possibly the most emotional.

"I don't want anyone to hear the words 'I have cancer'. I'd like to think that our hard work and determination will make

a difference to future treatments, studies and – one day – a cure."



After Bob Wilson was diagnosed with prostate cancer in 2014, he and his daughter Beth decided to raise money for us to help other men with the disease. While Beth signed up to the London Marathon, Bob had taken up cycling as a way of losing weight and improving fitness before and during his treatment. It soon became his obsession, so Beth suggested he sign up for our Grand Depart Classic in France. Together they've raised more than £2,000.

THANK YOU £400k

To Jeff Stelling and everyone who joined him on the Men United March, walking 10 marathons in 10 days from Hartlepool to Wembley. The awareness you raised was immeasurable.

£4,000

To Colin Clarke, who tackled the Inca Trail trek in Peru. That's despite recovering from surgery to remove his prostate, having been diagnosed with prostate cancer in 2014.

5,895

To Lara Hughes, who climbed the 5,985 metres to summit Mount Kilimanjaro, raising more than £6,000 in memory of her grandfather.

£22,230

To Irene McGowen, who has raised this incredible sum through a variety of events over the years, including dinner-and-dance events, tea parties and even a pop up charity shop.



GET INVOLVED

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

1 Be like Jeff on your own challenge walk All year round

Inspired by Jeff Stelling's Men United March? Or perhaps you're looking to challenge yourself in memory of a loved one or for someone currently facing the disease? Whatever your reason, organising your own walk is a great way to raise

money for us and help beat prostate cancer. It's easy and we'll be with you every step of the way, getting in touch to help as soon as you sign up to do your walk at prostatecanceruk.org/walking

2 Take on the Classic Three Peaks Challenge Until 31 October

Climb the home nation's highest peaks – Ben Nevis, Scafell Pike and Snowdon – in a 24-hour endurance race against time and the elements. This gritty challenge requires a good level of fitness, but you'll be professionally led and supported for the whole

trip. Contact events@prostatecanceruk.org or call **020 3310 7153** to find out more.



3 Organise your own cycle ride All year round

Whether you're a budding Bradley Wiggins or it's been a few years out of the saddle, organising your own cycle challenge with a buddy or two as part of Men United is an excellent way to raise

money and awareness in the fight against prostate cancer. Get in touch at events@prostatecanceruk.org or call **020 3310 7153** and let us help you put your wheels in motion.



4 Chipping In All year round

Even if your golfing game is more Rory Bremner than Rory McIlroy, you and your mates can still raise money for us when you hit the greens this summer. With our Chipping In challenge, every bunker

shot and ball out of bounds is a fineable offence, with the whole pot donated to us at the end to help save lives. Sign up at prostatecanceruk.org/golf to receive our special scorecards to keep tabs.

5 Donate Your Day All year round

Whether you're planning a birthday or wedding, donating your day to Prostate Cancer UK is a fantastic way to mark the occasion. We know your day is special so let us

know what you've got planned, and we'll let you know how we can support your event. We'd love to celebrate with you. Visit prostatecanceruk.org/donate-your-day

EVENTS CALENDAR

July – December 2016

JULY

29-31 Silverstone Classic Weekend

Prostate Cancer UK is coming to the world's biggest classic motor racing festival, in the first of a three-year promotional partnership.

AUGUST

19-23 Prostate Cancer UK Scottish Senior Open 2016

Join us at the stunning Archerfield Links course near Berwick for the 50+ tournament.

SEPTEMBER

4 Paris to Geneva Cycle

A spectacular six-day ride across the French-Swiss border through the Jura Mountains, join our team and take in the famous Champagne and Burgundy wine regions and the hair-pin bends of the Col de la Faucille before finishing at Lake Geneva.

10-11 Thames Path Challenge

An epic endurance walk from Putney over 25, 50 or 100km, following the Thames Path National Trail to Henley.

11 Great North Run

Run the world's most popular half marathon for us and join 60,000 others from Newcastle to South Shields.

18 Challenge Cancer – Cycle Trans Pennine

Choose the 60-mile route from Manchester to Leeds or double it there-and-back.

18 Scottish Half Marathon

The largely flat and picturesque route around Edinburgh also offers a 10km option.

25 Challenge Cancer – London 2 Brighton

Cycle from the capital to the south coast once or there-and-back, on a 60- or 120-mile ride.

25 Berlin Marathon

Starting and finishing at the Brandenburg Gate, if you're going to run a half marathon for us, why not make it one of the world's finest and fastest?

21 and 26 September Prostate Cancer UK Golf Championships

Our first regional golf competitions contested by the winners of your golf days (held before 31 July): the North tournament is at Lymm Golf Club on 21 September; the South tournament is at Sandy Lodge on 26 September.



25 Loch Ness Marathon

Based at Fort Augustus on the famously scenic loch, there's a 5km fun run and 10km course as well as the big one to tempt you to lace up your trainers and have a go at running for us in Scotland.

9 Royal Parks Foundation Half Marathon

Passing through the capital's most famous and august green spaces, you can tick off all of London's landmarks on this well-supported race.

OCTOBER

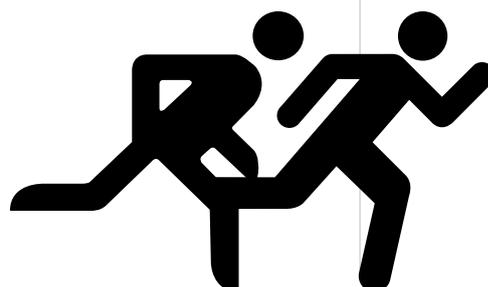
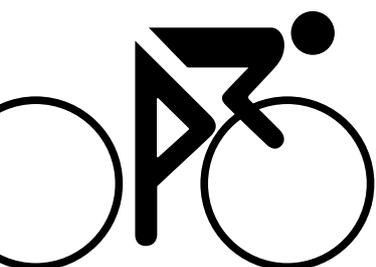
2 Great Scottish Run

Take on the 10km or the half marathon at Glasgow and look out for our supporter zone cheering you on as you go past.

NOVEMBER

1-30 Movember

Are you ready Mo Bros and Mo Sistas? The annual month-long moustache-growing, fundraising extravaganza will be back, bigger and bushier than ever. Register mid-September at movember.com



Check out full details and sign up to all these events – plus many more – at 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

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.



I now have a realistic expectation of what I can achieve and, if I pace myself, I do make progress

Fatigue support 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

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.bladderandbowel.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.

New support for men and their loved ones confronting death



We've launched a new section on our website full of practical tips and personal stories to help men with advanced prostate cancer – and the people closest to them – to prepare for the end of their life.

“My husband planned ahead so I didn't have to make difficult decisions about his care when he was nearing the end,” says Mo (pictured above), one of the contributors to the new section, whose husband Mick died in 2014. “It was one of the kindest and most considerate things a dying man could have done.”

Among the tips she shares for other people in her position is to always have a close family member or friend on-call in case you need someone to be with you in the final hours of the man's life, and to talk to others with experience about what to expect.

“I was so worried about Mick being in pain or that I wouldn't know what to do. But in the end, Mick's death was very peaceful,” she recalls. “Talking to the doctors and nurses and knowing what to expect was essential.”

For more stories and tips like Mo's, visit prostatecanceruk.org/dying-from-prostate-cancer

Follow-up after prostate cancer treatment
What happens next?



We've newly updated our booklet: Follow-up after prostate cancer treatment: What happens next?

Order or download it now at prostatecanceruk.org/publications

IGNORING PROSTATE CANCER WON'T BEAT IT.

Join the fight.
menunited.org



**PROSTATE
CANCER UK**