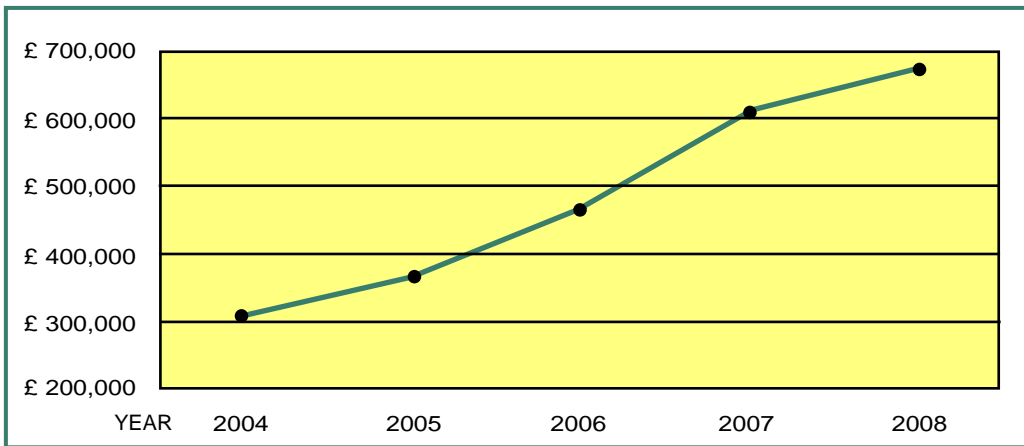




# Grants hit record £673,000

On 4 March our Trustees met to consider a total of 38 applications for the funding of research projects and for training grants. They were guided by the detailed comments and gradings from the eminent members of our Medical and Research Sub-Group and the trenchant views of our Medical Trustees and in the end a total of 17 awards were made at a cost of £672,967 – which will represent more than half our total income and is an 11% increase on last year’s grants. The graph shows the steady growth in research/training grants awarded over the past five years. Since 2000 we have awarded grants of over £3.4 million.

Our Chairman bemoaned the dearth of research projects covering Benign Prostatic Hyperplasia (BPH) and particularly Prostatitis, and noted that we would continue to encourage research into these two neglected diseases. He was, however, delighted at the standard of the applications in spite of the fact that they made decisions very difficult. It is of interest to note how certain establishments are beginning to dominate the field, as illustrated by the list of research grants awarded (*to be found on our web site*). Training grants range from assistance with the establishment of a Federation of Support Groups (see back page) to bursaries for Urological Nurses. The training of medical professionals rightly dominates these awards and, for example, we have two young urological surgeons studying Robotic Surgery in Australia. We hope to send a team of four to Strasburg for similar training later this year. We are also helping to fund the post of a Prostate Cancer Nurse in Leicester General Hospital. None of this would be possible without the dedication and support of our readers, who are helping us to improve our knowledge of prostate disease and the treatment available, and on behalf of all those who will benefit, we thank you.



## INSIDE THIS ISSUE

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*Ros Eeles and researchers round the world have made exciting discoveries.*

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### The PSA Test

*We devote a whole page to short articles relating to this essential but controversial test.*

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in partnership with  simplyhealth

This year Pants in the Park is even bigger and even better as our annual fun run takes place across the UK in four new locations. To support this expansion of our activities and to prepare for possible additional locations for Pants in the Park in the future, we have developed a new Pants in the Park logo, here unveiled for the first time. See *Pants in the Park goes nationwide* on page 5 for all the details.

# Prostatitis Symposium - Finding a Way Forward

Prostate UK held its Prostatitis Symposium at the Institute of Physics in London in January. We believe this was the first event of its kind in the UK. It was a highly interactive day where world experts from various disciplines, including research, primary and secondary care, patients and urologists, met and debated how to take forward management of the condition.

J. Curtis Nickel from Queen's University, Canada, the leading world authority on prostatitis research and



J. Curtis Nickel from Queen's University, Canada

management, gave the keynote address. He noted that at least 15% of men aged over 50 will have had a diagnosis of prostatitis and that it is a common diagnosis in men presenting to their GPs in North America.

Prostatitis places a huge economic burden on society, as a patient with this condition will cost the health service more than a patient with type-one diabetes.

Prostatitis is, in fact, several disorders under one name: acute bacterial prostatitis, chronic bacterial prostatitis, asymptomatic inflammatory prostatitis and chronic non-bacterial prostatitis. This last is the most common, the least understood and is confusingly referred to both as Chronic Prostatitis (CP) and Chronic Pelvic Pain Syndrome (CPPS).

The first line treatment for bacterial prostatitis, both acute and chronic, is antibiotics. Daniel Shoskes (Cleveland Clinic) explained that antibiotics must cover an adequate spectrum of typical bacteria. Therapy should last four to six weeks. More work is needed to identify drug delivery systems that penetrate the physical barriers found in the prostate.

Michel Pontari from Temple University, USA noted that although the word *prostatitis* implies a problem associated with the prostate, men with CP/CPPS are significantly more likely to

have abnormalities not related to the prostate including other urological conditions, unexplained somatic symptoms and psychiatric conditions.

Mike Kirby (University of Hertfordshire) gave a UK Primary Care perspective and noted that GPs are given about 200 guidelines each year to follow but none on prostatitis. GPs in the UK are good at screening for prostate cancer and treating BPH but are unsure about prostatitis. However, physicians in North America have been educated on how best to diagnose and treat prostate problems. Most are confident at dealing with all conditions of the prostate, including prostatitis.

Lord Winston, Imperial College London, chaired the final discussion session. It was noted that if CP/CPPS is indeed so prevalent in the UK, health care professionals are letting their patients down. Comparisons were drawn between the reluctance of people to discuss fertility problems several years ago and prostatitis today. It should be a priority to gather UK specific prevalence and incidence data on CP/CPPS as none currently exist. Funding for this might be sought from the Medical Research Council and perhaps the NHS. The



Lord Winston

consensus was that pharmaceutical companies have little incentive to fund research into this condition due to lack of business opportunities. The lack of NICE guidelines to advise GPs on how best to treat CP/CPPS was also seen as a priority. Prostate UK, as the only charity seemingly interested in the condition, might take the lead in developing a first draft of such guidelines.

# Breaking Bad News Workshop

In late February Prostate UK (supported by Simplyhealth) ran the first *Breaking Bad News Workshop* in London, with the help of Dr Nigel Sykes (Medical Director and Consultant in Palliative Medicine) and Isobel Bremner (Counsellor and trainer) from St Christopher's Hospice.

Kate Holmes, a Urology Nurse Specialist and trustee of Prostate UK, writes:

'We have all faced the difficult challenge of communicating significant news to patients, particularly given the uncertainties concerning diagnosis and treatment options for prostate cancer, and



Kate Holmes,

Dr Sykes began by stressing how important it is to break bad news well.

He showed us two video clips of prostate cancer patients talking through their own feelings on receiving the diagnosis of prostate cancer. Following an interactive discussion on techniques for breaking bad news better, we role played both the part of the patient and that of the health care professional telling the patient he is suffering from early prostate cancer.

This forced us to address how we conduct such interviews in a sympathetic and effective way, while using certain techniques to find out how much the patient already knew, to respond to the patient's feelings and to help plan the future. The need for information material for the patient to take away with him, plus useful contact numbers and websites ie [www.prostateuk.org](http://www.prostateuk.org) was strongly emphasised.

I left feeling more confident and ready to apply the lessons in my day-to-day work. The watchword remains: If we break bad news badly we will not be forgiven: if we break it well, we will never be forgotten!'

# Jon Cole's story of active surveillance

My prostate cancer journey has been both convoluted and lengthy. I had non-cancerous prostate problems in my mid 40's with PSA readings as high as 12 - 16 and constant prostatitis plus an inflamed bladder (the most vivid scarlet the urologist had ever seen) all plaguing me for years. Over this period, my brother developed prostate cancer and had a radical prostatectomy. I visited BUPA to see my urologist. A mix up saw me ushered into the wrong man. I made my apologies, but he was anxious to discuss my case. I gave him a rapid potted history and heard, 'as your brother has had prostate cancer, it's a racing certainty you will too.' Thanks pal! Querying this with my consultant, I enquired whether he would perform the op if I developed prostate cancer? 'I'm not very good at prostatectomies' he said - bit unfortunate for those he'd done! Adding 'I would advise radiotherapy.' Hmmm. He left (somewhat unsurprisingly) to teach sailing abroad!



My case was passed to the kindly avuncular Mr. Walmsley. Biopsies commenced with 10 then 12 specimens taken - both clear. Recurring infections and the repeated mantra from medics that the PSA test was the only diagnostic tool available but not 100% reliable, plus my brother's cancer, saw me seek a media hyped but unproven test called PCA3. This cost me £300 and took 10 excruciating minutes. The test came back positive two weeks later. Although the

*'as your brother has had prostate cancer, it's a racing certainty you will too'*

test was not approved by NICE, it focused all our minds. Mr. Walmsley organised yet another biopsy (18 samples) and this time the result was positive. This third biopsy was stressful; I bled heavily front and back for several hours, with poor backup from the

hospital staff. My insurance company would not pay £300 for the test insisting it was only genetic and not a diagnostic tool and unrecognised. The lab who processed my sample told me the test was widely used and that my company had paid for this before! After weeks of persistence they capitulated and paid up. My consultant suggested I download

information on the various treatment options and decide which I preferred. A quick consultation (cancellation) with Prof Stephen Langley was obtained. After digital examination, internal scan and checking my history, he asked if I had a preferred treatment. I had chosen freezing or heating! 'Sorry Jon,' he said, 'neither are any good for you, your prostate is too large', adding 'not quite a prizewinner but still very large!' I laughed, but my heart sank - a holiday had been booked - radical surgery loomed! With perfect timing, he swiftly added, 'I prefer active surveillance' From the start, Prof Langley radiated

*'an advocate and pioneer of perineal biopsy'*

confidence, his reassurance carefully interwoven with good advice and hope for the future.

In 2007, just prior to leaving my check-up, I casually mentioned I had hip/groin and back pain. He asked me to have an MRI scan immediately. In addition, a full bone scan and yet another biopsy, this time with thirty samples. After my brutal bleeding before, I was wary of another even bigger biopsy. Prof Langley had the answer. He was an advocate and pioneer of perineal biopsy, ideal for large prostates and reducing blood loss. He also acquiesced with my request for a spinal enabling me to remain conscious. Perfect, no post op pain, minimal bruising, scant blood loss and drove myself home the next morning. Over a period of 3 weeks (overlong to the anxious patient) the procedures were

complete and at last my appointment for results arrived. Prof Langley was direct and reassuring once more. The MRI was clear, the head to toe bone scan likewise and my 30-piece biopsy revealed just one small tumour grade 1c (two shown before). As he said, despite the anxiety created, very reassuring that this vast check-up also discounted many other illnesses, specifically in the abdominal, kidney, liver, lymph gland regions. At age 73, a good result.

I supplement my excellent care with a very healthy diet and weight train three times a week. I drink wine (I'm a food/wine writer) possibly more than I should. I also drink pomegranate and tomato juice daily that may contribute to my first fall in PSA level in four years to 8.1. It now seems that with reasonable luck I will die with prostate cancer and not because of it (his words). A long and winding road, a roller coaster journey, with fear and joy, trepidation and elation and so far luckier than many. I'm in good hands - whatever.

## Watchful Waiting

Watchful Waiting is traditionally for men who are slightly older and asymptomatic. Cure is not the aim of this treatment and you re-check their PSA every three months to six months. They are treated with palliative means (hormones) if and when they get metastases or symptoms, or when their PSA goes up.

## Active Surveillance

Active Surveillance is applicable to men who one thinks one can cure (eg, those with slow-growing cancers), but wants to avoid unnecessary treatment and side-effects. The aim is to ensure they have the same chance of being cured if the disease becomes more significant in the future as they would do if they were treated immediately. Patients are monitored very carefully with repeat scans, blood tests, and biopsies. If the PSA goes up to 10 or the doubling time is less than three years, they should immediately receive treatment with curative intent. Active surveillance should not reduce the chance of the cancer being cured. It is only for people with very early cancer.

## Ronnie Corbett Charity Golf



Calling all supporters who want to take part in this 18 hole 4-ball competition, which includes a three course meal, prizes, charity auction and raffle with Mr. Ronnie Corbett as speaker. Cost? £495 per team of four. When? 18 June, Where? Addington Golf Club, Croydon, Surrey. For information please call Oliver Peel on 020 8777 1055 or email [oliver.peel@addingtongolf.com](mailto:oliver.peel@addingtongolf.com) Closing date 11 June 2008 and tickets will be allocated on a first come first served basis.



*Roger Plail, Consultant Urologist and major fundraiser for Prostate UK pictured here receiving a cheque from members of the Dehaviland Dance and Drama Studio who raised £500 from their annual charity show at the Stable Theatre in Hastings.*

## David Graham's art sale

David Graham, who kindly donated his Water Lilies painting which we auctioned last year and raised a fantastic £5,000 is once again fundraising for **Prostate UK**. David is donating ten per cent of all sales at his next exhibition. This will be held in the historic setting of Lauderdale House, Waterlow Park, Highgate Hill, London NW6 (nearest underground Archway) from Tuesday 13 May to Sunday 8 June, 11am – 4pm, closed Saturdays. A private view will be held 14 May, 7.30 – 10pm.

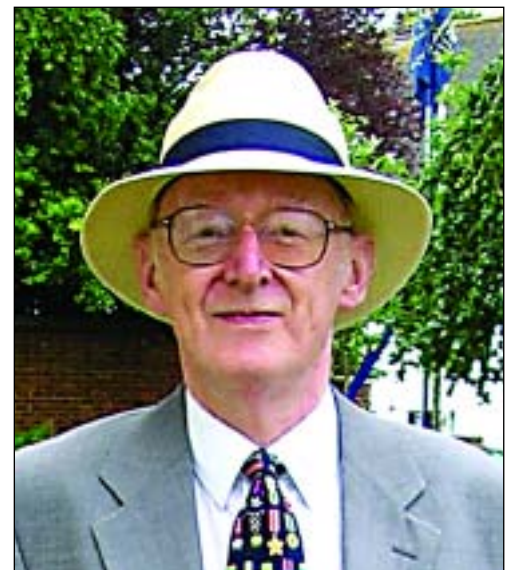
## Our thanks to . . .

**Surrey National Golf Club** for their donation of £900  
**Kent and Surrey Golf Club** for £330, which was raised as a percentage of Golf Competition entry fees  
**Andrew Kneen** for raising £522 by giving a set of lectures in his local area.  
**Crewkerne Methodist Church** for raising £50 from their recent coffee morning.  
**Darlington Operatic Society** for raising £200 from two performances at the Darlington Civic theatre.  
**Colin Neve and Phil Cook** for raising £437 by taking part in the beard shaving fundraising last November and to all of those space prevents us from mentioning.  
 . . . and to **Mr Whyman** who dropped into the office while we were writing this and donated £20.

## Valuable Volunteers

Jim Cable has for many years been helping behind the scenes at **Prostate UK** in the preparation of information for our website. Every three months Jim puts the published *Update* newsletter onto the website and then painstakingly disassembles each article into a separate web page so that when people search for information the articles will be included in the results. A search for 'NICE' *National Institute for Health and Clinical Excellence* illustrates the value of this work.

**Prostate UK** would also like to say thank you to Julian Ashby who has been a tremendous help at our office in Putney by sending out **Prostate UK's** information leaflets, books and DVDs to supporters, GPs and hospitals.



*Dr Jim Cable*

## Valentine's Dinner a success

This sparkling evening of entertainment took place at Lord's Cricket Ground in aid of **Prostate UK** and Wellbeing of Women, with a champagne reception and dinner. During the reception many guests joined in the fun and had a go at learning the art of sabrage – how to open a bottle of champagne using a sabre! Everyone who took part, successfully managed it. The event was expertly compèred by Henry Kelly, and Jo Brand provided hilarious after dinner comedy. The auction and fundraising game was a



*Long term supporter Andrew Ball pictured here with the Maître-Sabreurs John Hough (left) and Malcolm Noblett (right) after successfully completing a champagne sabrage.*

success and the event made £6,500 for each charity. Our thanks to all who attended the event and to those who donated and bid for auction items.

## Round the Island challenges



June 2008 will forever be remembered as the month that **Prostate UK** took the Isle of Wight by storm. Well hopefully not by storm as both events will be far better in the sunshine!

Once again **Prostate UK** has been chosen as one of JP Morgan's preferred charities to benefit from the annual *Round the Island Race* on 28 June 2008. This year there is also a charity squad boat which means that one of our supporters will have the chance to race in our name with a **Prostate UK** branded boat - all in aid of raising awareness and vital funds! We will also have a presence in the regatta village where all sorts of activities have been planned including *Raise the Sail* and a *Treasure Map*. If you are thinking of taking part in the race, why not raise funds for **Prostate UK**. For further details please call the fundraising team.

If that wasn't enough, this year's annual walking challenge led by both

our Chairman and our Chief Executive. They and their loyal group of trekkers will be walking the Coastal Path around the Island. Rather than the traditional six days it usually takes, this intrepid group will be completing the route in just 3 days, which is over 23 miles a day! All supporters are welcome to join them for any or all of the days – please call 020 8877 5840 or email [fundraisingteam@prostateuk.org](mailto:fundraisingteam@prostateuk.org) for further details.

## Events Diary

**11 June 2008**

*Ambassadors' Dinner*  
Goldsmiths' Hall, London

**15 June 2008**

*Pants in the Park*  
Battersea Park, London  
Charlton Leisure Centre, Andover  
Roundhay Park, Leeds  
Wythenshawe Park, Manchester

**22 June 2008**

*Pants in the Park*  
Ashton Court, Bristol

**28 June 2008**

*Round the Island Race*  
Isle of Wight

**28 June – 2 July 2008**

*Wight Walk Challenge*  
Isle of Wight

**17 October 2008**

*Annual Luncheon*  
The Dorchester Hotel, London

**1 December 2008**

*Carol Concert*  
St Paul's Church, London

## Pants in the Park goes nationwide



As well as our flagship event in Battersea Park on Father's Day (Sunday 15 June), *Pants in the Park* will be held simultaneously in Andover, Leeds and Manchester and on the following Sunday in Bristol. All this thanks to the generous support of *Simplyhealth*. Not only does this mean we hope to raise more than £15,000 for **Prostate UK** but we will be raising awareness of all prostate diseases up and down the country! We are looking

forward to a colourful display of decorated pants worn superman style over running clothes. Once again we will be awarding prizes for the best male, best female, best child and team pants. Each of the parks offer plenty of activities so if the sun shines we hope *Pants in the Park* will be a fun filled day for all the family. Please either register using the enclosed form or online at [www.prostateuk.org](http://www.prostateuk.org) and follow the link. We hope to see you there!



Database and Donations Assistant at **Prostate UK**, Izu Nwa-Chukwu got into the spirit of our Movember fundraising month last November and collected £85 in sponsorship to grow his beard. Here he is before his well earned shave.

## Two's Company



Heather Ashton and friend Adam Batha will cycle across seven counties from Shropshire to Northants on a tandem bicycle this summer in memory of their friend Ken Hassle who sadly died from prostate cancer. If you can offer them any support by raising awareness of their trip in your local area or by sponsoring them, please let us know.

## Better Brochures

Many will be familiar with our series of four free brochures led by *Prostate Problems? An Introduction* and individual brochures on *Prostate Cancer*, *Prostatitis* and *Benign Prostatic Hyperplasia*, all of which are generously funded by the Freemasons Grand Charity. In a major undertaking all four have now been completely re-written and redesigned: many of our readers who keep a small stock at home to pass onto friends may wish to order some of the new brochures via the enclosed order form: we do commend them to you.



Another very popular brochure is the guide to prostate diseases designed especially for women. Entitled *For the man in your life . . . ignorance isn't bliss*, it has been out of stock for several months but the revised versions arrived in February and all back-orders - some 4,000 - have now been filled. This brochure is funded by the friends of Kit and Susie Hobday, who were behind the huge *Ignorance isn't bliss* awareness campaign in 2004. While it is always invidious to single out individuals, special thanks must go to Sir Peter Bonfield, Sir Saxton and Lady Tate, Annie Barker, Sir Donald Gosling and many others for their support with this project.

## Genes linked to prostate cancer

Scientists have found seven new sites in the human genome that are linked to men's risk of developing prostate cancer. Their findings are in a recent edition of *Nature Genetics*.

Dr Ros Eeles, who led the study at the Institute of Cancer Research, said: 'These exciting results will help us to more accurately calculate the risk of developing prostate cancer and may lead to the development of better targeted screening and treatment.' The study involved collaboration across the UK as well as with scientists in Australia.

One gene called MSMB could possibly be used in screening for prostate cancer and disease monitoring. Another of the sites on the human genome harbours a gene called LMTK2 which might be a target for new treatments. The data suggests these newly identified genetic alterations are present in over half of all prostate cancer cases. They each increase a person's risk of the disease by up to 60 per cent.

**Prostate UK** funding supported the collection of data on the clinical status of the prostate cancer cases in the study. This enabled Ros Eeles' research



Dr Ros Eeles



Scientists at the Institute of Cancer Research

team to concentrate on those with early disease onset and on those with a family history. Early onset disease is clinically significant as it will progress within the lifetime of the individual. The genetic variant on chromosome 7 that is in the LMTK2 gene gave the clue that this gene is important in the development of early onset disease.

The gene codes for a protein, called a kinase, that is involved in cancer cell signalling. Ros Eeles told us, 'Before this discovery we had no idea that this kinase could be involved in prostate cancer. This therefore has already given us a drug target, which was the primary aim of the **Prostate UK** part of the funding.'

## BPH among Bangladeshis

**Prostate UK** sponsored Gillian Bentley (Wolfson Research Institute, Durham) to carry out research comparing the incidence of BPH among the immigrant Bangladeshi community with that of the rest of the population in the UK. With her co-worker Kesson Magid (Dept of Anthropology, UCL), she discovered that younger Bangladeshi men (aged below 40 years) experience a significant increase in salivary testosterone levels on migration to the UK while older Bangladeshi men report a higher number of more severe lower urinary tract symptoms. These findings would indicate that risks for BPH are indeed raised for migrant South Asians. Gillian's report can be found on our web site.



Kesson Magid with Bangladeshi volunteer

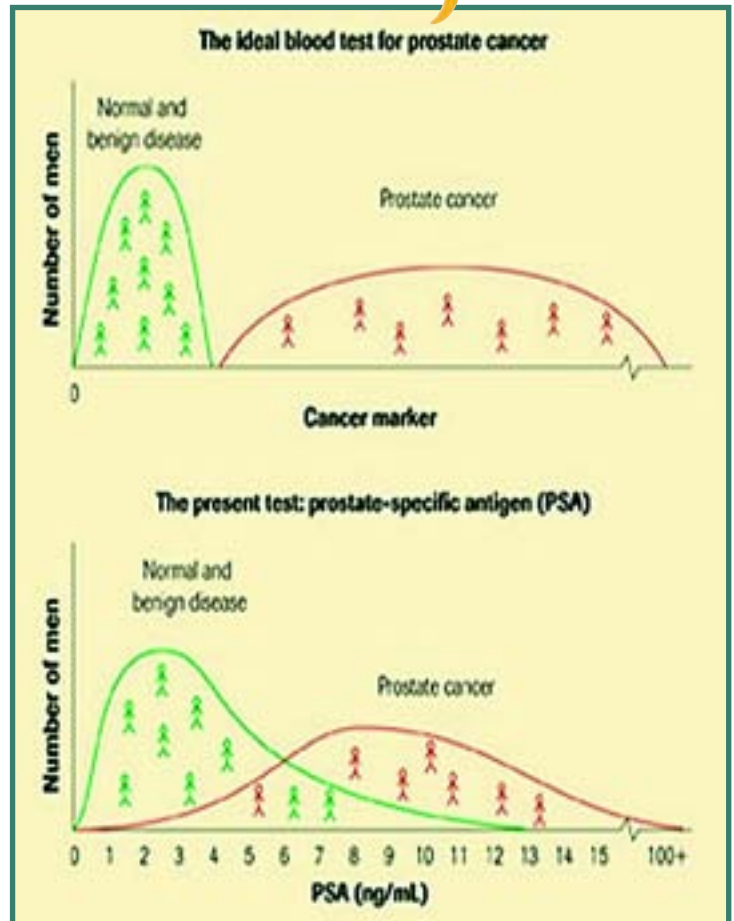
## The PSA Page

Here we bring together a number of short articles relating to the PSA test and diagnosing prostate cancer via a non-invasive test.

The diagram shows an ideal test - on the one hand, what researchers are looking for and on the other the current PSA test which with a *cut-off* of 4 ng/mL leads to a few cancers being missed by the test and some men feeling unnecessarily anxious.

## Early PSA test predicts advanced cancer

A research team from Memorial Sloan-Kettering Cancer Centre, New York and Lund University, Sweden set out to investigate the ability of a single PSA test to predict a diagnosis of advanced prostate cancer in later life. They studied blood samples collected between 1974 and 1986. The study cohort included 161 men who had been diagnosed with advanced prostate cancer by 1999 and men of a similar age who had not developed cancer by that time. The results showed that the total PSA level was an accurate predictor of advanced cancer diagnosis in later life. The researchers concluded that a single PSA test taken before age 50 is a very strong predictor of advanced prostate cancer to be diagnosed up to 25 years later.



## If the State cannot run a screening trial then the Graham Fulford Charity can

Since October 2005 a small charity has been organising free sessions for men where they can receive information about prostate cancer. These have been for the most part in the Kidderminster, Leamington area. At these sessions, should they wish it, men can have an immediate PSA test. All results are passed to retired consultant urologist David Baxter-Smith who sends the results to the patient. Results fall into three categories: *green* - the PSA result is in the normal healthy range, *amber* - PSA is slightly raised and *red* - PSA significantly raised. When follow-up action is required this is through the patient's General Practitioner.

Graham Fulford has organised about fifty evenings where small groups of men have been counselled on the pros and cons of having a PSA test, using the NHS's own guidance. Many have chosen to have an on the spot PSA test carried out by a qualified nurse or phlebotomist. To date nearly 4,000 PSA tests have been carried out with a *find* rate of cancers of 2.75%. This can truly be described as a charity funded PSA screening trial whose

results are now becoming significant and consistent.

Graham tells us that they have only once had an evening where a cancer wasn't found. Some of the men attending, in their early fifties, were found to have an aggressive form of prostate cancer, so Graham felt his team's efforts to have been worthwhile.

The next step for the Graham Fulford Charitable Trust is to purchase transportable testing machines and invite others to join him in running successful local awareness/ testing evenings.

## PCA3 test now available on the NHS

We understand that Broomfield hospital, near Chelmsford, is the first in the UK to provide the new PCA3 test. This test is particularly useful in determining what to do for patients with a raised PSA who have negative biopsy.

## What men think of the test?

An Oxford research team led by Alison Chapple has explored men's understanding of the PSA test, their perceptions of the information they received, the factors that they said influenced them when deciding whether to have a test, and their understanding of the results.

Three aspects dominated the views of the men interviewed;

- \* that PSA is perceived and approached by men and doctors as *just another blood test*,

- \* that any testing for cancer is responsible health behaviour,

- \* and that there is a lack of communication about the uncertainty that is inherent in the test and treatment options.

## If it's good enough for MPs . . .

Last November, at the invitation of Prime Minister Ehud Olmert, 100 members of the Israeli Knesset had their prostates checked for cancer.

## Seminars

Our seminars *The ABC of Prostate Diseases* aimed at medical professionals (GPs, Practice Nurses, Specialist Urology Nurses etc) are proving extremely popular. They qualify as *in service* training and are completely free, an important consideration when training budgets are being squeezed. We have now scheduled the following:

**9 May 2008 Reading**

**20 June 2008 Plymouth**

**3 October 2008 Manchester**

**14 November 2008 Cambridge**

**6 February 2009 London**

**17 April 2009 Birmingham**

To register please see  
[www.prostateuk.org](http://www.prostateuk.org)  
and click **Training**

### NEWS FLASH

*Mike Slade, monohull record holder of the Round the Island race, will this year be skipping the Supermaxi, Leopard and representing Prostate UK amongst the charity squad of boats.*

## Postcode lottery

In England, the average annual death rate for prostate cancer is 26.6 per 100,000 members of the population.

However, figures obtained by the Prostate Cancer Charter for Action from the Office of National Statistics reveal that in different Parliamentary constituencies, the death rates vary wildly.

At one end of the spectrum we find that in Chelsea, Kensington and Southwark death rates are as low as 15 or 16, while at the other, the London boroughs of Lewisham and Brent have death rates of 38 per 100,000.

**Prostate UK** supports the Charter for Action in their statement that such palpable inequalities of health care are totally unacceptable. All patients have the right to a uniform level of quality controlled health care irrespective of where they live.

## Obituary: Sir Timothy Hoare

### A Vice President of Prostate UK

Being told that he had prostate cancer when only just into his sixties brought out the best in influential churchman Sir Timothy Hoare who, secure in the love of his wife Felicity, their son, twin daughters and eight grandchildren, died in January this year aged 73.

Sir Timothy Hoare was one of the earliest Vice-Presidents of Prostate Research Campaign UK now **Prostate UK** and showed a great interest in its development and effectiveness. His wife Felicity took part in the first Hike for Hope in Jordan and plans to be involved in the third in the Sinai desert. Tim himself came from a family whose name is closely related to banking. One was Oliver Cromwell's banker and another founded Ireland's first bank in Cork. William Pitt the Elder the 18th century Earl of Chatham and Prime Minister was also among his forbears. Tim, who succeeded his father Sir Edward Hoare as the 8th Baronet, was born in Bangkok. Educated at Radley, where he played cricket in the



school 1st XI with Ted Dexter (later the England Captain) and at Worcester College, Oxford.

Tim became a Business consultant and from a very early age took a huge interest in the governance of the Church of England for which he received the OBE in 1996. He served for ten years on the Church Assembly and a further thirty years on the General Synod which the Assembly became. This change followed legislation suggested by the Church and State Report which Tim and his colleagues on the Chadwick Commission had drawn up. In addition to a hard working and successful career Tim was involved with many

charities beside our own.

In the last twelve or so years, he cheerfully fought prostate cancer but this had so taken hold that he was unable to benefit from radical prostatectomy. He managed by medical therapy to valiantly ward off the worst ravages for quite some time but eventually they made their mark and he is now at one with his Maker.

*Tony Kilmister*

## Support groups working together

There are many patient-led prostate cancer support groups. For a long time people have asked why they cannot work more closely together. At last the long mooted Prostate Cancer Support Federation launches on April 28th with an inaugural conference to be held at Imperial College, London.

The Federation includes four of the major patient-led support groups, (PCaSO, PCSA, PCS and PSA). It has a constitution that reflects well the aspirations of the original founders, whilst maintaining the essential independence of member organisations; as a result, registration as a Charity is imminent. In addition the Federation aspires to launch a National Help Line and a Newsletter.

The sole aim of the Federation is to support its member organisations, all of which are patient-led support groups. It is not the intention to exercise control over member groups. Its founders know how unpopular this can make them.

**Prostate UK** funded the management effort leading up to the launch and provided resources for it. The charity have also agreed to offer small grants (of the order of £250) to member groups of the Federation to assist their work.

If you are involved in a patient-led prostate cancer support group, and did not receive an invitation to the launch event, contact Sandy Tyndale-Biscoe, the Acting Hon Secretary of the Federation on 01243 572990, email:

[secretary@prostatecancerfederation.org.uk](mailto:secretary@prostatecancerfederation.org.uk)