

Inequalities in PSA testing

When a patient has a PSA test, if the result is above a certain cut-off level, further tests will probably be needed. If it is below that level the patient is reassured with regard to the likelihood of having prostate cancer.

Bristol based researchers sent a questionnaire regarding PSA cut-off levels to urologists in the UK. 47% replied, giving rise to some interesting findings.

The Department of Health (DoH) published recommended cut-off levels in 2002. The most commonly used age-related PSA cut-off values are, however, somewhat higher than the Department of Health recommendations. In addition, it was apparent that lower PSA cut-off values are being used in private practice as opposed to the National Health Service. The results are shown in the table.

Not only is there a difference between the cut-off levels the DoH recommends and those actually being used, there are also large regional variations. Respondents to the researchers questionnaire came from ten regions. One region had 44% of its urologists following DoH guidelines whilst another had just 7%.

Age	Dept. of Health recommendation	Median value reported by urologists in NHS	Median value reported by urologists in private practice
50-59	3.0	3.5	3.5
60-69	4.0	4.5	4.0
70+	5.0	6.0	5.5

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Strong team moves into new offices

Prostate UK finally moved into the new offices off the Upper Richmond Road in Putney in mid January. The building was purchased last summer and has been renovated to provide a practical working environment that will support growth over the next five to ten years.

During 2009, the team will be undergoing some gentle expansion. We will be recruiting an Events Manager to help with our range of events, especially the expanding Pants in the Park and growing number of runs, marathons and challenge events and a Communications Officer who will gradually take on the editorship of *Update* as well as our range of information and promotional leaflets and, of course, the web site.



The Prostate UK team in the new offices.

Back row (left to right), Mark Harman - Trusts and Corporate Manager, Ann Rolfe - PA to the Chief Executive, Amanda McLean - Chief Executive, Lucy Mackay - Head of Events and Regional Fundraising
Front row (left to right), Nikki Bliss - Administration Manager, Norma Ma - Accountant, Barbara Gregory - Administration Officer, Marisa Hartley-Brown - Events Assistant, Geraldine Taunton - Office Manager

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Robotic Surgery - Farewell dear prostate! - Peter

On day 50 following my radical surgery I thought it might be helpful to tell my story particularly for those who may have strayed into USA sites where hugely optimistic claims are made about post operative recovery. Robotic assisted prostatectomies are almost the norm in the USA where they account for 65% of surgeries but are still rare in the UK which has only eight of the fabulous da Vinci robots.

I started my journey in the summer of 2008 when I developed a sudden urinary tract infection. I am a strapping farmer and unused to being laid low by a trivial infection. However, it was serious and put me in hospital for a week, feeling very poorly. The urologist very sensibly did some tests and soon discovered an enlarged prostate and a PSA value of eight that soon led to the inevitable biopsy.

My wife and I were confident that there was little to worry about so it came as a bit of a shock to learn that it was not benign but cancerous with a Gleason score of six and T1c staging. My urologist gently opened up the Pandora's box of options available to deal with the problem. Each seemed to have several sub offers and an array of side effects and outcomes. The information was, to say the least, confusing.

The look on his face when I asked the inevitable question 'What would you do in my circumstances?' told me that even the specialists are placed in invidious positions 'In view of your age (65) and previous medical history (heart attack and quadruple bypass plus diabetes on insulin), you should consider your own life expectancy,' he said. 'Surgery is a major operation, radiotherapy has

"The Kegel pelvic floor exercises; they really do work."

excellent results but you will still need surgery to deal with the enlarged prostate'.

Eventually surgery seemed the best personal choice and I was referred to a wonderful surgeon. Yet again I was offered a bewildering array of options – retro pubic radical prostatectomy, laparoscopic, or the new robotic technique.

My surgeon was an expert in the conventional radical. However he was

most generous in helping me to be referred to Mr. Chris Ogden at the Royal Marsden, who has considerable experience in robotic procedures,

I was seen quickly and put on a list in just ten days. After a ten hour wait the operation had to be cancelled due to an emergency that left the team exhausted. So I got permission to leave the hospital for the night and return the next day. I can report that we enjoyed a very long dinner at a top restaurant that evening!

The following day I walked down to theatre and was shown the surprisingly large robot that was to get



inside me and follow the minute instructions given by the surgeon who operates via remote controls as he views the procedure in 3D at his console in the corner of the room.

I had six tiny incisions in my abdomen through which the microscopic instruments and camera were inserted. My belly was expanded like a balloon with gas and I was tilted at an absurd angle to ensure that all my organs were *out of the way*.

When I returned to my room some seven hours later I felt fine thanks largely to the dose of morphine I guess. I slept very well and awoke to a full English breakfast. The consultant called in and reported that all had gone as planned and that he would see me in two weeks when the catheter would be removed and the pathology results would be available.

Initially, I found the strange discomfort in my butt upsetting as well as leakage from around the catheter. I left two days

after the operation and had to return home via a challenging hour-long train journey.

Recovery at home was swift and I was off all pain relief four days after the operation and able to walk the dog half a mile. However sitting on the incontinence pads became increasingly frustrating, as did the catheter, which was only 85% watertight. After two weeks I hated the catheter with a vengeance and would readily have ripped it out by the time the nurse gently and painlessly removed it.

I then spent a long tiring day trying to get my urinary system to function as it once used to. Strange how you take

things like this for granted. I was fortunate to spend the day with another patient who had undergone the same surgery the day before mine and he reassured me that he had had similar experiences.

My surgeon told me that thankfully the margins had all come back negative. That meant that the risk of the cancer spreading to other organs was much reduced. I enquired if this meant that the tumour was a *Tiger* or a *Pussycat* and he replied, 'Leaning towards a Tiger'. In his opinion I had made a wise choice seeking the extermination of my prostate. He asked me to return in three months with a current PSA result that would hopefully be zero.

I returned home again by rail and heavily padded had a rather wet arrival. I spent several weeks searching for incontinence pads that did not cause a major pain in the perineum and can report that *Tena for men Level 2* provide a level of safety and comfort that is remarkable. The huge pants with which I was sent home are, in my experience, uncomfortable and unfortunately ruck up into a tight ball in a most delicate area and inflict a very real pain in the arse!

Returning slowly to continence is yet another joy, but not without occasional misery on the journey. After two weeks

Barton's story

without a catheter miraculously, I found I was dry all night. My bladder sent out strong and urgent warnings, initially about every three hours. After seven weeks this has improved to perhaps two nocturnal visits.

A most important tip is to stick with the Kegel pelvic floor exercises; they really do work.

All in all I have been pleased with my recovery and a speedy return to something approaching normality. I am now down to one pad per day and one at night for safety. I am playing badminton and squash, swimming and walking. Activities really help rehabilitation but also increase leakage. It has been a tough seven weeks. At times, I wish I had never visited the US da Vinci website where a patient proudly announces he did a full marathon after only four weeks. Post-operative pain in the butt is little referred to in the literature but personally I found it difficult to sit comfortably for much of the time and wooden church pews at Christmas were a nightmare!

Today however the world looks brighter, incontinence is a minor and diminishing problem and as I showered I had the strange feeling that something was stirring in the erectile department. Don't tell anyone, as they will laugh!

Man, this is a big issue for most of us. We know the risks of surgery and weigh them up carefully. As one friend put it, 'Would you rather have a great erection or be alive?'

In conclusion, the big debate on the issue of whether to intervene early in prostate cancer still needs to be resolved so that patients can make sensible decisions.

It is little comfort to be told that most patients with prostate cancer will die of something else when reality shows that 10,000 men will die this year in the UK of prostate cancer, not something else!

One third of prostate cancers found are real killers and at present no one can reliably confirm which is which.

I am extremely grateful to the team at The Royal Marsden and feel that my robotic experience has been hugely beneficial. It is available on the NHS as well as privately and I look forward to the funds being provided to make the £1.5 million robots available across the UK together with the associated huge investment in surgical training.

I hope to do a progress report later.

Gibraltar Everest challenge

Commander Michael Goldthorpe climbed the famous Rock of Gibraltar raising over £3000 for **Prostate UK**. When logistics prevented him from travelling to Nepal to climb Mount Everest, he used his initiative and decided to climb the equivalent height by ascending the Rock of Gibraltar no less than 21 times! The climbs of the rock took between 1 and 1.5 hours daily for 21 days and were completed during cool November and December. Not surprisingly, Michael's daring challenge attracted much media interest with Gibraltar local papers and the Gibraltar News Channel covering the story.

As well as this, he held a number of popular raffles. Prizes were simple and ranged from a Harrods christmas pudding, greatly sought after in

Gibraltar, to a 4.5 litre bottle of whiskey. The bottle was won by a visitor to Gibraltar who realising he could not carry it home gave it back which allowed it to be auctioned! Bottles of wine and port were also donated by Gibraltar based Saccone and Speed.

Of course, he had a little help from his friends - Corporal Dan Bean and Warrant Officer Monty Montana between them covered the majority of the climbs as his witness and Mrs Moira Gomez was particularly helpful in obtaining sponsorship and raffles. Mrs Belshaw also helped greatly with collecting and obtaining sponsorship as well as with the odd Reiki session to boot. Our sincere thanks to you all! We can't wait to hear what he is planning for next year.



Commander Michael Goldthorpe and the Rock of Gibraltar

On the run in 2009 with Prostate UK

This year is shaping up to be a great year for challenges. Since our last *Update* we've had a number of active (and not so active!) runners don **Prostate UK** t-shirts, raise awareness and fundraise for us at their chosen running event.

Helen Thomas and Steve Cloves ran the BUPA Great South Run for **Prostate UK** in October. They decided to run as the result of a bet. It rained and poured but they completed the distance in record time – 1 hour and 40 minutes – well under their 2 hour target. They raised an incredible £1641 also beating their fundraising target of £1500!

November saw Mark Whelan successfully complete the scenic



Dr Ambikapathy

City of Norwich half marathon in 1 hour 40 minutes raising £345 through the Justgiving website.

And last but certainly not least Dr Ambikapathy, who has run for **Prostate UK** in the Windsor half marathon every year since 2005! A great supporter, he promotes the importance of looking after your health and passionately believes that running is a great way to do this. As well as raising awareness, he has raised an impressive £660 this year alone.

Why not take a leaf out of their book and join Team Prostate in 2009?

London 10k

Prostate UK is excited to have secured ten places in this year's London 10k. This wonderful race takes you along part of the London 2012 Olympic circuit and past many of the capital's most famous landmarks. Can you, or can you persuade someone you know to, run in this fun event on **25 May 2009**? All you / they have to do is raise a minimum £300 sponsorship and we will provide a snazzy **Prostate UK** running vest to wear on the day and a sponsorship pack, not to mention all the help and advice you need on training and running tips as well as full support from our dedicated Events team!

We would love you to join us and help stop prostate diseases ruining lives. If you would like a place, please contact us on 020 8788 7720.



After the success of Pants in the Park 08 this year our 5km family fun run Pants in the Park 09 is taking over June to help raise awareness and vital funds.

We kick-start the season on Sunday 7 June and continue with a Pants event every Sunday until 28 June.

Locations and dates this year are:

Sunday 7 June	Bristol (<i>Blaise Castle</i>)
Sunday 14 June	Leeds (<i>Roundhay Park</i>), Manchester (<i>Heaton Park</i>) Andover (<i>Charlton Sports and Leisure Centre</i>)
Sunday 21 June	London (<i>Battersea Park</i>)
Sunday 28 June	Gateshead (<i>Saltwell Park</i>)

This year we also have our very own *Pants* website which will be launched in March and have an online auction of celebrity decorated pants up our sleeves to really get the country talking. Please do join us in your splendidly-decorated underwear and make a difference. Remember, you don't have to run it (we love walkers too!) and it's only £5 to enter (children under 10 are free). We can't think of a better Sunday morning activity in June, can you?



Pants in the Park - Manchester 2008

Evening Recital by Gina McCormack (violin) and Nigel Clayton (piano)

Prostate UK is holding this event in conjunction with the British Urological Foundation at the renowned concert venue, St John's, Smith Square on Friday 3 April. Gina and Nigel will be performing a wonderfully diverse programme including



work by Mendelssohn, Prokofiev, Chausson and Faure.

Tickets range from £10-£25 and can be bought using the booking form enclosed in

this copy of *Update* or by phoning the office on 0208 788 7720.

The concert starts at 7.30 and will last just over an hour and a half. The Footstool restaurant in the crypt below will be open for drinks both before and



during the concert. If you would like to eat we recommend that you reserve a table in advance by calling 0207 222 2779.

Grand National Sweepstake

Peter Blake is organising a Grand National Sweepstake on behalf of The Rotary Club of Colchester Forum in aid of **Prostate UK**. Named *The First and Last Grand National Sweepstake*, there are £500 prizes for the first and the last to finish on Saturday 4 April. Tickets are sold in books for 20 tickets with each ticket £5.00. Any readers that would like a book of tickets or a single ticket can contact Peter by email at p.blake7@btinternet.com or call 01206 230593.

Round the Island 2009

Sincere thanks to JP Morgan Asset Management who have for the third consecutive year chosen **Prostate UK** as one of their preferred charities for the 2009 Round the Island Race. We will be forming part of the charity squad and as such need to provide a team to race on the **Prostate UK** boat. Do you fancy a day on the waves? Can you take the pace? Are you an ideal candidate to take part in the race of a lifetime and raise awareness and funds for **Prostate UK**? Interested? If so, please call the office and ask for Lucy.

Ben the Prostate UK sheepdog

Frank Butler of Bishops Castle, Shropshire had a unique way of supporting **Prostate UK**. Being an experienced sheepdog trainer, Frank took on the challenge of training a dog that was thought to be untrainable to fundraise for us. Ben the sheepdog must have known he was working for charity as he soon grew into a fully fledged professional sheepdog! His successful sale at market raised £609 for the charity. Perhaps you have an unusual idea or skill you could use to stop prostate diseases ruining lives?



Events Diary

14-22 March 2009

Hike for Hope

Sinai Desert, Egypt.

3 April 2009

Gina McCormack in Concert

St John's, Smith Square, London.

June 2009

Pants in the Park

5 Km family fun run to raise awareness of prostate diseases

7 June - Bristol

14 June - Leeds, Manchester and Andover

21 June - London

28 June - Gateshead

7 June 2009

Annual Walking Challenge

St Bees - Kirkby Stephen

21 June 2009

Round the Island Race

Isle of Wight

Our thanks to . . .

The Adair Lodge for holding a Ladies Festival in aid of our charity that raised £350.

Kate Bewley who raised an impressive £1000 from family and friends for **Prostate UK**.

Speciality European Pharma who raised £334 by making a £1 donation for each electronic Christmas card they sent.

Kate Holmes who ran the Adidas 5K raising £215.

The Lodge of United Friends No. 313 for generously donating £5000 bequeathed by Eric Vaughan and Nick Talbot.

Martin Jones, Simon Murtagh, Ryan Johnston, Glen Compton and Mike Merritt Holmes who all grew sponsored moustaches to fundraise for us.



Calling Triathletes!

Triathlon is the fastest-growing challenge event in the UK and the Mazda London Triathlon is the largest triathlon in the world with over 13,000 entrants in 2008, half of whom were competing in a triathlon for the first time. It is also the second largest on-line fundraising event for charities (after the London Marathon). **Prostate UK** is therefore delighted to be one of the official charities for the Mazda London Triathlon in 2009 which is taking place on the first weekend in August. Entries can be either individuals or teams (one person for each discipline) and there are three distances - sprint, super sprint and olympic. We have just 10 places available. Contact Lucy Mackay (0208 788 7722) for full details of how to apply for a place. Be part of it!

Afghans to grow pomegranates not opium



Pomegranates are said to be beneficial for anything from heart disease to prostate cancer due to the anti-oxidant properties of its juice. World demand is rising fast following Afghanistan's first international pomegranate fair. The hope is that its farmers will become more renowned for producing the ruby-coloured fruit than opium poppies.

Apparently the country has more varieties of the fruit tree than any other part of the world, leading botanists to suggest this is the birthplace of pomegranate cultivation. The seedless bedana variety has been singled out as a potential winner because western consumers prefer seedless fruit.

Why prostate cancer patients fail hormone therapy

The hormone deprivation therapy that prostate cancer patients often take gives them only a temporary fix, with tumours usually regaining their hold within a few years. Now, researchers at Johns Hopkins' Medical Institute in the USA have discovered critical differences in the hormone receptors on prostate cancer cells in patients who no longer respond to this therapy. The findings, reported in the January issue of *Cancer Research*, could lead to a way to track disease progression, as well as suggesting new targets to fight prostate cancer.

Prostate cancer cells rely on androgens, male hormones that include testosterone, to survive and grow. For many years, doctors have taken advantage of this dependency to combat the disease by depriving patients of androgens, either by castration or chemical methods. For most patients, this hormone deprivation therapy causes tumours to shrink, sometimes dramatically. However, it is never a cure. Tumours eventually regrow into a stronger form, becoming resistant to this and other forms of treatment.

Seeking the reason why this therapy eventually fails, the researchers looked to a key player: the androgen receptors on prostate cancer cells.

Using a large database, the researchers led by Jun Luo, an assistant professor at Johns Hopkins' searched for variations of the nucleic acid RNA that prostate cells use to create androgen receptors. Eventually they identified seven RNA sequences different from the *normal* androgen receptor already known to scientists. When they looked for these sequences in cells isolated from 124 prostate cancer patients, they found over-production of these outlaw variants in prostate cancer cells taken from patients whose disease had become resistant to hormone deprivation therapy.

Luo believes that we may eventually be able to develop an assay to test for these androgen receptor variants, giving us a way to test which patients are good candidates for hormone deprivation therapy and providing a way to monitor disease progression in patients already on this therapy.

One of these seven variant sequences, known as AR-V7, was also prevalent in a select group of patients who had never taken hormone therapy, but whose cancer aggressively regrew after surgery to remove their tumours in patients already on this therapy.

Examining the differences between these androgen receptor variants, particularly AR-V7, and normal receptors may provide researchers with new ideas forming a basis from which to develop prostate cancer-fighting pharmaceuticals.

Are black men disadvantaged?

A major study called PROCESS, carried out mainly in Bristol and London NHS Trusts recently published their answers to this question in the *British Journal of Cancer*.

Black men in England have three times the age-adjusted incidence of diagnosed prostate cancer as compared with their white counterparts. The study found that black men were diagnosed an average of 5.1 years younger as compared with white men. Men of both races were comparable in their knowledge of prostate

cancer, in the delays reported before presentation, and in their experience of co-morbidity and symptoms. Prostate Specific Antigen levels were comparable at diagnosis, although black men had higher levels when compared with same-age white men. The study concluded that there was no evidence of black men having poorer access to diagnostic services. Differences in the run-up to diagnosis are modest and seem insufficient to explain the higher rate of prostate cancer diagnosis in black men.

Disappointing trial results

SELECT (the Selenium and Vitamin E Cancer Prevention Trial) is the largest-ever prostate cancer prevention trial, with 35,534 participants. Small studies in the 1990s suggested that selenium and vitamin E (alone or in combination) might reduce the risk of developing prostate cancer by 60 percent and 30 percent, respectively, but only a large clinical trial such as SELECT, which began in 2001, could confirm those initial findings.

It is a huge disappointment that independent review of data from SELECT, carried out last autumn,



shows that selenium and vitamin E supplements, taken either alone or together for an average of five years, did not prevent prostate cancer. The trial was to have continued until 2013 but now participants have been told to stop taking their study supplements.

Prostate UK has in the past encouraged *Update* readers to take both Vitamin E and Selenium. We felt that the evidence supporting the initiation of SELECT was sufficiently strong to warrant taking the supplements. It seems we were wrong. Our apologies.

See the online *Journal of the American Medical Association* 9 December 2008

Did you know?

Men who ejaculate regularly are less likely to develop prostate cancer or have a stroke. Having sex once or twice a week increases levels of the immunoglobulin A, which boosts your immune system. Sex exercises the pelvic floor, preventing incontinence, staving off depression and releasing pain-relieving endorphins.

From *The Times Online*

Credit crunch thoughts



The credit crunch has been pretty bad news for pensioners and all who are living off their life time savings. But all is not bad news as I shall explain.

I am 74 years old. I draw down income from a Self Invested Personal Pension (SIPP). I was anticipating, like everyone else, that I would have to use my pension savings to buy an annuity by age 75. I was not expecting that my pension 'pot' would ever form part of the estate, which my children might inherit.

My pension savings have declined significantly in value as a consequence of the 'credit crunch'. Do I really have to buy an annuity in a few months time and guarantee a reduced income for the rest of my life?

No. There is now another option, an Alternatively Secured Pension (ASP).

An ASP is a form of income drawdown. Instead of buying an annuity at age 75, an individual can continue to invest their pension savings and draw an income from their fund within laid down limits. This I now plan to do.

When I die, unless I time it very cleverly, there is likely to be a residual fund left over. This can a) provide any dependents with a pension or b) if there are no dependents, may be paid to a charity I nominate or c) if there are no dependents, it may become part of my estate and 'willed' wherever I wish. This option would attract a tax charge of up to 70% plus a further possible 40% Inheritance Tax. (A net tax rate of 82% - not very attractive!)

You may be pleased that I am going for option (b) and including **Prostate UK** amongst my nominated charities.

Hoping that it is many years before you see any of the money, I remain, etc.

A **Prostate UK** supporter

New advert

You may have seen advertisements which appeared in *The Times* last autumn raising awareness and exhorting men to consider the possibility of having a curable prostatic disease.

Prostate UK now has a new 'stand up' poster that we use at our seminars and other occasions when a number of supporters or interested parties gather together. It features Paul Grainger exhorting men to know the health of their prostate gland.

Should any of our supporters wish to make use of it, please let us know.

Save the Date

Our 2009 Annual Luncheon will be doubly different this year - a new venue and fresh entertainment.

Sinatra at the Savoy

Friday October 16 2009

Seminar Speaker Profile

Heather Payne MBBS, FRCP, FRCR

I have spoken at seven Master Class seminars and have found them to be relaxed and informative sessions. Particularly enjoyable has been the interaction with the doctors and nurses in primary care where there have been valuable exchanges of information and ideas relating to the different stages of the management of prostate cancer.

I was appointed as a Consultant in Clinical Oncology at University College Hospital, London in 1997. My training to be a doctor was at London University in St Mary's Hospital Medical School and after qualifying I spent some time working in general medicine and surgery, paediatrics and psychiatry. I then worked as a volunteer doctor in the Caribbean island of Haiti where conventional medicine was mixed with voodoo practices.

After returning to London, while training as a Clinical Oncologist, I developed an interest in urological oncology. I now have a busy practice specialising only in the management of urological malignancies at University College Hospital and the Prostate Centre in London. My major interest and passion is the treatment of prostate cancer.

My work involves the management of all stages of prostate cancer as part of a multi-disciplinary team. Each stage of prostate cancer has its own particular challenges and problems. I treat men with radiotherapy, chemotherapy and hormone therapy and am also involved in clinical trials looking at new drugs. We have pioneered a programme of High Dose Rate Brachytherapy at University College Hospital which has allowed the delivery of higher, and potentially more effective doses of radiotherapy for men with high risk or locally advanced prostate cancer. The academic challenges of these new technologies are fascinating but this is balanced with the very human side to my job, which is caring for men and their families at a very difficult time.

Some men are reticent about seeking help for what can be rather embarrassing problems relating to their urinary

function or potency. It is not unusual for them initially to attend the doctor's surgery at the prompting of their wives or partners. A diagnosis of any cancer affects not only the patient but also all the people who care for them and about them and it is one of the challenges of my job to try and understand the particular worries and concerns of not only the patient but also their families and loved ones. I often feel very humble at the way in which my patients cope with this disease and I am privileged to share in the many joys of successful treatments.

We started the British Uro-oncology Group (BUG) as a professional organisation to support oncologists with a specialised interest in urological tumours. I am now its chairman and also serve on the Prostate Cancer Charter for Action and the Department of Health's Prostate Cancer Advisory Group for the United Kingdom.

I am also proud to be a trustee of **Prostate UK**. As well as starting and running the Master Class seminars, it



provides invaluable help and information to men and their families when they are diagnosed with prostate cancer. It also funds and supports new developments and clinical research both in the laboratory and in the clinic that could make a very significant impact on the lives of men with this disease.

Prostate UK hopes that these discoveries will make the journey from *bench to bedside* a reality and improve further the outcome for men with prostate cancer.

Seminars

Our seminars *The ABC of Prostate Diseases* are completely free CPD accredited training seminars for medical professionals and qualify as in service training. They are aimed at GPs, Practice Nurses, Specialist Urology Nurses etc and are proving extremely popular. We have now scheduled the following:

17 April 2009

Birmingham

Sponsored by AstraZeneca

8 May 2009

Belfast

Sponsored by simplyhealth

5 June 2009

Nottingham

Sponsored by simplyhealth

9 October 2009

Edinburgh

Sponsored by simplyhealth

20 November 2009

Southampton

Sponsored by AstraZeneca

To register please see
www.prostateuk.org
and click **Training**

Inequalities in PSA testing - continued from front page

Why should this be? A lack of awareness of the guidelines may well be a factor. However a majority of urologists were aware of the Department of Health's PSA related guidelines but less than a third were using them in clinical practice in 2008. Perhaps a more significant factor, mentioned by several participants is the paucity of evidence supporting the recommended age-related PSA cut-offs.

Whatever the reason, we deplore these variations in the application of the PSA cut-off values among urologists. They may lead to inequality in men's healthcare related to PSA testing. Furthermore, additional problems arise when GPs are working to different cut-off levels from the consultants to whom they refer patients. The transition of patients between primary and secondary care needs to be as efficient as possible - something facilitated if both urologists and GPs are working to the same referral guidelines.