



PROSPECT

Bristol and District
Prostate Cancer
Support Group

Summer 2023

Newsletter

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PROSPECT is a local support group for prostate cancer patients, their carers and friends. We provide help support and information and our newsletter is published four times a year. Any articles you think would interest our members please email to David Casley at: prospect.bristol@gmail.com



SUMMER MEETINGS

Summer always used to be the time Prospect went into hibernation. The AGM in April was our last BAWA meeting and members had to wait until September for meetings to start again. Not anymore.

We now have two monthly daytime meetings, one at Penny Brohn and one at Macmillan, with extra individual meetings such as walks, lunches and events thrown in for good measure.

The coffee mornings at Penny Brohn are as popular as ever.

We re-started our Macmillan afternoon meetings in the middle of April this year and are delighted with the number of new patients and experienced members who regularly turn up.

All credit must go to our active committee who organise and support these activities. So if you are hesitant in joining us please do come along and see what we can offer.

BOTANIC GARDEN TOUR

Following a successful visit last year our secretary Martin Webb and his wife Carole organised another tour of the Bristol Botanic

Gardens in May. This was a week earlier than last time in order to see the paeonies still in bloom within the Chinese herbal medicine garden display, which is part of the “useful plants to mankind” series of displays at the Garden.

Martin gave a brief introduction about the history of the Garden (this site being the fourth incarnation and location of the garden since its original establishment in 1882). He explained that the garden had moved to Stoke Bishop in 2005 from its previous location at Bracken Hill, near Leigh Woods, where it had been since 1959. The university decided to sell the Bracken Hill site for high-end residential development, although the central area of the botanic garden has been retained as a communal leisure resource. Carole informed us that the move, whilst unwelcome to some initially, had created opportunities for reconsideration of layout and displays. There are now four main collections: displays about the evolution of plants; local and rare natives; plants from the five mediterranean climate areas of



Our group flanked by Carole and Martin

the world; and useful plants to mankind. There is also a modern glasshouse divided into four climatic zones.

Martin and Carole then took the group on a tour of the garden displays.

The evolution of plants was demonstrated by: an evolution dell following a time line of the evolution of plants on land over 500 million years of the earth's existence; an angiosperm phylogeny of the evolution of flowering plants, arranged in accordance with latest research from DNA analysis; a flowering diversity display showing *mutualism*, the evolution of flower shape, colour, texture, scent in relation to their pollinators; and the New Zealand flora display showing the unique evolution of plants with bird species, which were the only fauna originally present when NZ was created.

The local and rare native plant species display covers Bristol, Gloucestershire, Somerset and the south west of England and particularly showed the Cheddar pink from the Mendips, the white rockrose, Bristol onion and examples of whitebeam (*Sorbus*) tree species endemic to the Avon Gorge.

The mediterranean climate displays (some yet to be developed) introduced the concept of *convergent evolution*, i.e. the adoption of similar strategies by plants to cope with similar climatic conditions, albeit in geographically widespread locations in the world. Separate displays show/will show the European Mediterranean, the southwest cape of South Africa, parts of south and west Australia, the north and central coastal strip of Chile and the western seaboard of California.

The useful plants were exhibited mainly in the Chinese medicinal herb garden, the Western herb garden and in the

tropical section of the glasshouse, where there are vanilla orchid, cocoa tree, sugarcane, bananas, rice, taro, and various exotic species like sacred lotus, *Aristolochia* and jade vine.

In other parts of the glasshouse, the warm temperate zone's main display is South African plants, including an extensive collection of pelargoniums, and succulents from the old and new worlds, again demonstrating convergent evolution. The sub-tropical section reproduces the conditions of the under-storey of a rain forest and shows epiphytic orchids, bromeliads, tree ferns, cycads and tea and pepper plants. Finally, the cool temperate zone displays plants of the Macaronesian region (Canaries, Madeira, Azores) such as echiums, aeoniums and lavender.

The weather remained good during our visit and we were able to enjoy sitting on the Garden's west terrace and taking refreshments from the cafe operated by Chandos Deli before departing at around 1.30pm.

BRISTOL DOCKS WALK

Our annual perambulation around the Bristol City docks took place in June.

Ken Head organised the walk and we met as usual outside of the Cottage Inn at 10am on a fine June morning.

This time we went around the docks in a clockwise direction avoiding the site of the disastrous fire in Underfall Yard.

We made such good progress that Ken allowed us a stop for coffee at one of the dockside bars.

Then, onwards to the Salt & Malt restaurant in Wapping Wharf for lunch where Ken had booked a table for us to enjoy their seafood menu.



Ken, heading the table of diners.



A view from the other end!

YATE AGEING BETTER FESTIVAL

Yate Ageing Better is an initiative set up by Yate Town Council to encourage those aged 50 and over to lead an active, healthy and happy lifestyle.

Bernard Smyth, our website manager, had organised our attendance at this festival. Jeff Allen and I arrived early to meet Bernard and to erect our stand in the middle of the Yate Shopping Centre.

This was the first outside event to raise awareness of prostate cancer that Prospect had participated in for several years.



Bernard and Jeff manning our stand

The festival was very well organised and we were one of about forty groups taking part, all relating to ageing better in an active and healthier lifestyle.

PSYCHOLOGICAL APPROACHES IN RECOVERY

Member Derek Adams has written this thought provoking article.

At the last Penny Brohn meeting I told a story about a trip to Yorkshire to visit some friends. I was experiencing some discomfort and asked Linda, my partner if she would drive. I thought I wouldn't be able to give enough attention to driving and I could be a risk. Linda agreed, but on the journey back she had done enough driving and wanted a break. Reluctantly, I agreed to take over. However, in quite a short time, 15 minutes or so, I found my attention was on my driving and much less on my discomfort. My confidence increased and in no time I found I had been driving for over an hour.

So! All in the mind?

Well not quite, but there are useful ideas that have developed to do with how we think about things, how we feel and how we behave.

These ideas aren't new. In Shakespeare's Hamlet 1602 there is a line **"There is nothing either good or bad, that thinking makes it so"**

In the 1960's there was a growing concern that an increasing amount of tri-cyclic antidepressants were being prescribed to treat depression and patients could remain on this medication for years and suffer side effects.

A psychiatrist called Aaron Beck started to notice patterns of thinking with depressed patients that were similar to each other in that they tended to be gloomy and pessimistic. Building on this he started to look at other psychological approaches that didn't rely on medication.

Beck, a pioneer in this field, is recognised as the founder of cognitive therapy. He recognised patterns in thinking that could lead to different outcomes for his patients.

Cognitive Model

Cognitive Therapy is based on a model of the relationships between cognition, emotion, and behaviour.

Three aspects of cognition are emphasized:

1. Automatic thoughts.
2. Cognitive distortions.
3. Underlying beliefs or schemes.

For example:

Why has Jack phoned me?

He probably needs someone to go to the cinema.

He only asks me when other people have turned him down.

Beck got his patients to record their thoughts in-between therapy sessions. They would discuss these to see if they could be

challenged. Over time the patient started to recover.

Clinical trials started to show Cognitive Behavioural Therapy was as effective as medication and twice as effective in preventing relapse.

CBT is an established approach now and many therapists have been trained to offer it.

The model/theory is reasonably straight forward and many people could recognise aspects in their own experience. The theory was easy to grasp and this led to a lot of self-help manuals, some better some less so.

In my opinion Padesky and Greenbergers **Mind over mood** is the best and most comprehensive.

They explain the basic ideas clearly and there are many worked through examples.

Their model has three inter connecting areas, Thinking, Feeling and Behaving.

Like Beck they get clients to examine their experience and cognitions, but they suggest change can be made in any sector and that will have an effect on the others.

So if you change your behaviour that will have an impact on the other aspects.

For example, if you arrange a meeting you have been avoiding, this will bring about different feelings and thoughts and have some impact on the issue affecting you

A more recent approach that you can find is by Jackson and McCergow, **The Solutions Focus**.

They use many aspects of the cognitive approach and others as well.

Their approach looks at the resourcefulness of clients in solving problems in their life and asks what it is about this problem that makes this more difficult. They help the client identify success in their life and keep

them focussed on what is going well and what success would look like in specific terms.

As an example, rather than something vague like “I would feel better” they would push for something specific such as “I could go swimming on Tuesday and Friday.

So how can this help us?

My hope is that it may have given an insight into the importance of how we think about issues, how we feel about our situation and how we behave and whether we could change any of those aspects and improve our outcomes and be more in charge of our recovery.



Derek Adams

MY MEDICAL RECORD

Bristol Urological Institute at Southmead Hospital has recently started to use a website called My Medical Record (MMR).

This website provides support for patients, who have recently had procedures at the hospital, to self-manage their follow up care.

It enables patients to see blood test results, a blood test monitoring plan, and to access leaflets, websites and videos and to send secure messages to the Urology Clinical Team as needed.

The clinical team uses MMR to monitor patients follow up tests.

If you think you may be able to use this service please telephone your clinical nurse specialist.

WATCHFUL WAITING

Prostate cancer patients survive as long under “watchful waiting” schemes as surgery or radiotherapy a study has found.

The watchful waiting care aims to keep an eye on the cancer over a long period while avoiding unnecessary treatment.

Such patients were more likely to see their cancer progress over a 15-year period but this did not reduce their likelihood of survival. Prof Freddie Hamdy, lead investigator, of the University of Oxford, said his findings show prostate cancer “should not be a cause for panic or rushed decision-making”.

The research, published in the New England Journal of Medicine, also confirms most men with localised prostate cancer are likely to live for a long time regardless of care, with about 97 per cent of the men diagnosed surviving.

A quarter of the men studied on watchful waiting plans had not had invasive care.

NEW P.C. BLOOD TEST

A new blood test for prostate cancer could be the most accurate yet.

Research published in Cancer Medicine suggests a simple blood test, known as a liquid biopsy, could offer new hope.

The Trublood Prostate Test, developed by Datar Cancer Genetics, which work by detecting cells released by malignant growths, were able to correctly identify 91per cent of cases of the disease, without any false positives.

A pilot study of 147 men that combined the blood tests with PSA tests achieved accuracy rates of 94 per cent.

A yearly saving of £50million

could be made by cutting the number of prostate biopsies.

Currently, the test is only available privately, with the Cancer Screening Trust offering it for £1,400.

In 2021 NICE expressed mixed views about the technology calling for further trials.

NEXT MEETINGS

On the first Thursday in every month we hold coffee mornings between 10am and noon at Penny Brohn UK, Bristol Cancer Help Centre, Chapel Pill Lane, Pill, Bristol BS20 0HH.

On the third Tuesday in every month come for afternoon tea and cake between 2 and 4pm at the Macmillan Wellbeing Centre on the Southmead Hospital site.

Please join us and share your experiences of treatment with newly diagnosed patients.

We have organised an additional meeting at Penny Brohn on Tuesday 22 August.

The programme is as follows:
10.30am Meet for refreshments.
11.30 Cookery and nutrition talk.
12.30 Lunch.

1.30pm Garden therapeutic talk.
2.00 Penny Brohn services talk.
3.00 Relaxation.

3.30 Time to chill and explore.
There is no charge for the day but you may like to make a donation to Prospect.

If you would like to come email chrismillett2@gmail.com by the 14 August with any dietary requirements.

Our next BAWA meeting is on the 12 September starting at 7.00pm and of course concludes with the famous BAWA buffet.

Check our website www.prostatecancerbristol.org.uk for details of any update in meeting arrangements.

Contact us by email at prospect.bristol@gmail.com or telephone our “Tackle” helpline 0800 035 5302.