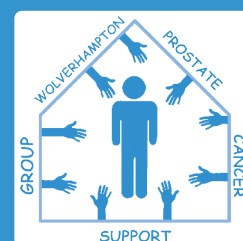


Wolverhampton Prostate Cancer Support Group



Newsletter 2026

Welcome to the latest newsletter from the Wolverhampton Prostate Cancer Support Group. Please see the dates below for our meetings and the venue of **St Patrick's Church, 299 Wolverhampton Road, Heath Town WV10 0QQ** (right by New Cross Hospital).

Meeting will take place in the Church Hall, a building behind the church from 1.45pm to 3pm. There is ample parking available.

Face-to-Face group meetings

Meetings are free to attend as previously, so please come along to have a cuppa and a chat and listen to our talks and presentations about all aspects of prostate cancer management and treatment.

New Committee Member – Welcome Steve Swain

If you do need to talk to anyone for information, help or support please contact the urology specialist nursing team on 01902 694467.

www.wolverhamptonpcsg.com



Programme for 2026

Mondays, 1.45pm to 3.00pm

We have open forums and talks from professionals this year regarding various topics to include the latest developments in prostate cancer treatment and living with the effects of prostate cancer.

19th January 2026

PSA screening and tests
(Steve Allen, Retired Consultant Anaesthetist)

2nd March 2026 - Raffle

Lower urinary tract and continence issues
(Michelle Miletic, Urology Advanced Nurse Practitioner)

27th April 2026

Radiotherapy for Prostate Cancer
(Renita Horton, Consultant Radiographer)

1st June 2026 - Raffle

Health & Wellbeing Event – come and talk to the experts about all aspects of prostate cancer treatment and effects

20th July 2026

AGM
(Mr Kondisetty, Consultant Urological Surgeon)

7th September 2026 - Raffle

(Mr Gupta, Consultant Urological Surgeon)

9th November 2026

(Mr Mak, Consultant Urological surgeon)

It's a "no" to mass screening today – but our vital research will lead the way to routine testing for every man

Cited Prostate Cancer UK - 28 Nov 2025

The UK National Screening Committee has rejected prostate cancer screening for the vast majority of men. But we won't give up. We're on the right path to secure routine testing for every man – and our ground breaking research trial could soon deliver the vital evidence we need.



The UK National Screening Committee has recommended prostate cancer screening only for men with BRCA gene variations – that's a "no" to screening for the vast majority of men.

Following its long-awaited review, the committee says there isn't enough evidence to start routine screening for all men at high risk of the disease – including Black men and men with a family history of prostate cancer.

It's a deeply disappointing decision. And it means prostate cancer remains the only major cancer without a mass screening programme in the UK.

But now is not the time to give up hope. Because we're more determined than ever to secure a screening programme that gives every man the best chance of an early diagnosis.

"The committee's decision will come as a blow to the tens of thousands of men, loved ones and families who've fought for a screening programme," said Laura Kerby, our Chief Executive.

"Today we're deeply disappointed, but we're as determined as ever. And it won't slow us down.

"People are sick and tired of seeing the men they love harmed by this disease. And we won't rest until no man's diagnosis is left to chance."

With our TRANSFORM trial, we're on the right path to reach a screening programme for all men.

A deeply disappointing decision – but it won't slow us down

Prostate cancer is the most common cancer in men. More than 63,000 men are diagnosed each year in the UK – and over 12,000 men die from the disease. When you find prostate cancer early, it's much easier to treat – but most men don't get symptoms in the early stages. And that's why screening is so crucial to saving men's lives.



As the UK's biggest public funder of prostate cancer research, we've driven forward major improvements in the way the disease is diagnosed. Over the last 16 years, we've come a long way – and with better MRI scanning and new biopsy techniques, testing is safer and more accurate today than it's ever been before.

That's why we submitted evidence to the National Screening Committee that showed routine testing for all men at highest risk – including Black men and those with a family history of prostate cancer – would save lives and help bring an end to shocking inequalities in diagnosis.

Today, the committee has decided we don't yet have enough evidence that the benefits of screening for all high-risk men would outweigh the possible harms of unnecessary biopsies and treatments.

But it has recommended screening for a specific group of men who have a high risk of prostate cancer due to variations in their BRCA genes. This is an important step forward, which opens the door to the first prostate cancer screening of any kind in the UK and shows we're moving in the right direction.

Today we're deeply disappointed, but we're as determined as ever. We won't rest until no man's diagnosis is left to chance.

Laura Kerby Chief Executive,
Prostate Cancer UK

TRANSFORM is the key to a screening programme for every man

Now it's more important than ever that we deliver the critical research that will help us secure screening for many more men. And we won't stop until we have the evidence, we need for a safe, accurate and effective screening programme, inviting all men for routine tests.

"The research programme that could achieve screening for all men is already under way. Our £42 million TRANSFORM trial will bring new evidence back to the committee in just two years.

"If everyone who's upset with today's decision joins with us to fund the future of screening, we can get the evidence we need to change it."

Share Your Story and Help Other Men

If you have undergone tests for prostate cancer, or have a prostate cancer diagnosis and undergone treatment, then it would be great to share your story.

Undergoing tests can be very daunting for men and their families. If you feel that you are able to talk about your experience, please get in touch with Clare Waymont, Urology Nurse Consultant or Nicola Stringer on 01902 694467 or clare.waymont@nhs.net. Nicola.stringer7@nhs.net

We are looking to share the experiences of men during their investigations and treatment. This can be published on the support group website, or feature in future newsletters, anonymously if you wish. Once you have met with the specialist nurse and shared your story, she will create the article and approve this with yourself prior to publishing.

Let's do this together and help others to become empowered about their prostate health!!

Frank Eteson

My name is Frank Eteson and I am 68 years old. I started having treatment for prostate problems in 2016; I had an enlarged prostate and ended up in A&E with urinary retention. I had a catheter fitted and started on drugs to shrink my prostate. At that stage it was diagnosed as benign. For the next 9-10 months I had a catheter in most of the time, but eventually I switched to intermittent self-catheterisation for a short while until I finally was able to manage mostly without. I had an

MRI scan in 2018 because my PSA level was quite high and was due to have a biopsy, but when I came for the biopsy, the surgeon had a chat with me and said that there weren't any obvious areas that showed up in the scan to aim for. She also commented that a biopsy of most men my age would show some cancer cells, but in most cases, they would be slow growing and not of concern. I opted not to have the biopsy at that time, just have regular monitoring of my PSA level.

I had PSA tests for a while and then in 2023 my level increased a little and I had another MRI. The MRI this time showed some areas of concern, so I was sent for a biopsy. After the biopsy I saw Mr Cooke and he told me that I did have cancer, that there were two different types of cancer cells found and that one of them was quite aggressive. He suggested that I either had a radical prostatectomy or radiotherapy to treat it and gave me information leaflets about both to help me make a decision which treatment to have.

I opted to have the prostatectomy in part because my prostate was quite large (140ml) and also because I somehow mentally thought I would feel happier with it removed! I had a bone scan prior to the operation to check that the cancer hadn't spread to my bones as if it had then surgery would have been ruled out. This came back clear and at the end of October 2024 I had the surgery. All went well and my recovery has been good. The post op pathology showed that the cancer had spread a little to one of my seminal vesicles, both of which along with lymph nodes were removed, and also that he had been unable to achieve clear margins at the edges of area. He said this meant I maybe had a 50% chance of needing radiotherapy in the next ten years to treat this.

I am now nearly 12 months on from the op and feeling quite well on the whole, my PSA is being monitored regularly and had so far stayed low, so I keep my fingers crossed.

On a personal level I am semi-retired, I have a little 'shop' on eBay where I sell electronic components. This takes up about an hour a day of my time and gives me a bit of pocket money! Otherwise, I enjoy reading, music and visiting new places. I am married and Suzy, my wife, works as a carer. We like to go on holiday as much as we can and spend time with our kids and grandkids.

The support and care I have received from the Urology department at New Cross has been excellent and I send heartfelt thanks to all who have treated me. I have also found the PCSG to be a very informative, interesting and supportive group to come to. The ability to talk to other patients and staff in an informal setting I find extremely helpful and again I send everyone there my thanks.

Barry Jones 'My Prostate Journey'

I had my prostate operation in February 2014. I know 11 years seems a long time ago and procedures etc have changed significantly since then but hopefully my diary of events may be helpful to you and to others bring back memories.

My journey began at the end of September 2013 when I had a PSA blood test taken at my doctors (along with a couple of my routine blood checks). The reason I asked for a PSA test still remains a mystery to me as this was the first time I'd asked for one and was showing none of the symptoms associated with prostate cancer. After a few days I was contacted by my doctor who told me the reading of 9.5 for the PSA test was a cause for concern so he fast tracked me to Russells Hall Hospital (RHH), Dudley...the other blood tests came back as normal!

I had a biopsy at RHH 2 weeks later and it was really painful. After resting for a while I was prescribed antibiotic tablets and allowed to go home. The pain was so bad during the next few days that my partner insisted that I go to the A&E dept at RHH. I was told by the A&E doctor my heart was 'racing' and I was put on a penicillin drip. I stayed in hospital for three days and was told I had contracted a blood infection, more than likely from the biopsy. I left hospital again with more antibiotic tablets. More problems...a week later I was back in hospital suffering from a water infection... was this caused by the biopsy?

It was during this meeting with Mr Anderson I was told that I had prostate cancer but, luckily, it had been caught early, and it was at a low level...so not to be too worried about it!! A MRI scan will be arranged which will indicate what treatment will be required. I mentioned to Mr Anderson about the blood infection, and he told me it was unfortunate as only 2% of men have the infection after a biopsy!

I suffered with the knowledge that I had cancer, and a thousand things came into my mind to such an extent that I became ill with worry...headaches, not sleeping, night time sweating etc. I'm pleased to say this passed after a week or so when positive thoughts came back to me.

After having my MRI scan, I had a meeting with Mr Anderson to discuss the findings. He told me that the scan was showing the pelvic area all clear. For the next stage of my journey, and for the best options for me, I was told I will be transferred to New Cross Hospital (NXH) under the care of Consultant Urologist Mr Peter Cooke.

My first meeting with Mr Cooke took place in December 2013. He went through the options available to me and, after much discussion I decided that the best thing to do was to have my prostate removed. I was given all the information I needed about the operation and all the after care available. I was told the operation will take place in February 2014.

The next few weeks, other than a few informal phone calls, was a waiting game.

At the end of January, I had a meeting with Senior Nurse Practitioner Mandy Loft. This meeting proved invaluable as I was told everything I needed to know about my after care...how to use the catheter, leg stockings, self-injections, exercise, driving, to name but a few. She also pointed out to me that this is a major operation so be very careful during the recovery period...which could be up to 6 months. I signed a form saying I understood all that was told to me. (It was also pointed out to me that some men suffer from incontinence after the operation...I never did)

Confirmation received from NXH confirming the date of my operation 20/02/2014

A few days prior to the operation I attended NXH for pre operation assessment / tests.

The day of my operation...Arrived at NXH at 7am...at 7.45 called into 'bay area'. Here I had blood taken, spoke to the anaesthetists and also to Mr Cooke went through the operation procedure with me. I then signed the consent form.

I was taken through to theatre at 8.50am,

given anaesthetic in my arm and lower back... next thing I remember was waking up in the observation ward at 12.30pm. After recovering sufficiently, I was taken to Ward A14. Here I was constantly monitored by doctors and nurses. I had a light tea (soup, mash, gravy and ice cream) Leg compressor stocking fitted to the lower part of my legs. I mentioned to the staff that I had headache and a sore throat but told this was normal after the operation. I stayed in the ward for 2 days and then allowed to go home.

My recovery period was making sure I injected myself daily, keeping the catheter clean, resting (out of bed) and eating the correct foods (no constipation)

This was all done with the help of local district nurses. The only problems I had during this time was initially trying to get my catheter night bag to work (it had a broken connecting pipe!) and then having trouble going to the loo to urinate. This proved really difficult and when I eventually managed to pass water out came, with great force, some of the 'debris' left in the bladder during the operation. I was pre warned this would happen but the amount of debris left me surprised and worried. On one occasion this happened when a district nurse was visiting me...she was so concerned with what she saw she contacted NXH and I was told to go there to speak to the doctors. After describing what had happened, re the debris discharge, to the doctors they assured me everything was okay and this was normal after this kind of operation. It put my mind at ease.

Over the following weeks / months I got back to my normal self and had a final meeting with Mr Cooke in April 2024. It was at this meeting I was told I was cancer free.

I feel so lucky that I had a PSA blood test taken when I did. Also, at the meeting with Mr Cooke he told me that my prostate, when examined in the laboratory, had more cancer in it than showing on the biopsy results...how lucky am I?

I would like to say a big thank you to Mr Cooke and his team for skilfully performing a successful operation and also to Clare Waymont who has always been there for me in person or via email...also thanks to the Prostate Support group.

Finally, before I finish my prostate journey with you, I want to say a big 'thank you' to my partner Sue who was with me on every step of my 'Prostate Journey'...Thank You Sue

New drug could keep advanced prostate cancer under control for longer – now our £2m trial will test it

Cited Prostate Cancer UK - 8 Dec 2025

The ground breaking clinical trial is set to test a new drug that could extend the effectiveness of prostate cancer treatments. Led by Professor Johann de Bono, the research targets the disease's SOS signals that help it resist treatment.



A new drug that could help men with advanced cancer live longer is about to be tested in a new, £2m clinical trial – thanks to your support.

The drug aims to extend the effectiveness of existing prostate cancer treatments such as hormone therapy.

Initially, these treatments can be extremely effective for men with advanced prostate cancer, preventing their cancer from progressing further for many months, even years. However, these treatments eventually stop working, leaving men with few options.

The new trial, led by Professor Johann de Bono, Dr Adam Sharp and Dr Alec Paschalis from The Institute of Cancer Research, London, (ICR) will test a new drug that aims to target the cause of this resistance and prolong the effectiveness of existing prostate cancer treatments. If successful, the research could transform how we treat advanced prostate cancer by making existing therapies more durable and effective.

Blocking prostate cancer's signals

This new trial builds on previous Prostate Cancer UK-funded work the team did in collaboration with Professor David Waugh, studying how prostate cancer cells interact with the immune system, which is meant to defend the body against illnesses, from flu to cancer.

In men with prostate cancer, however, Prof Waugh and his team found the disease can send out 'SOS signals' that flip a 'switch' on immune cells, encouraging them to protect the cancer cells instead. These signals can stop treatments like **enzalutamide** and **apalutamide** from being effective.

Following that discovery, Prof Waugh worked with Prof de Bono and his team to test new treatments that work a bit like a pair of molecular 'headphones', stopping immune cells picking up these SOS signals. That means both the immune system and existing treatments can go back to doing their job – killing cancer cells. The team's initial results were exciting. When 21 men tested a treatment that blocks just one of these SOS signals, it massively reduced the interaction between the men's cancer cells and the hijacked immune cells.

This new trial will test a new drug called SX-682, developed by Syntrix Pharmaceuticals, that can block two of cancer's SOS signals from reaching the immune cells. The researchers believe that this means that it will work better and allow existing prostate cancer treatments to work for longer. Men on the trial will start taking the new treatment if their current hormone therapy stops working. Using blood tests, scans and biopsy samples, the team will then work out whether the treatment can reverse this and, if so, which dose gives the best response with the fewest side effects.

If they're successful, the team would follow this up with larger trials to find out exactly how effective this treatment approach can be at keeping the disease under control – paving the way for a transformation in how we treat advanced prostate cancer.

Recognising the Importance of Urology Nurse Education

Vicky Julian – Urology Clinical Nurse Specialist



Attending the British Association of Urology Nurses (BAUN) Conference in Edinburgh in November was a truly inspiring experience for me. It gave me the chance to learn, meet others in the field, and feel part of a wider community of people who care deeply about improving urological care and supporting patients.

The two-day conference was full of sessions that were especially valuable for prostate cancer nurses because they help us to stay up to date with the latest treatments, side-effect management, and ways to support patients and families throughout their cancer journey. Prostate cancer care is constantly evolving, and learning from specialists and colleagues allows us to bring new ideas and better approaches back into our everyday practice. Whether it's understanding new follow-up pathways, hearing about emerging treatment concerns, or exploring ways to improve comfort and quality of life, each session strengthens the care we can offer. Most importantly, it helps us continue providing patients with clear information, reassurance, and personalised support at every stage.

I attended a session on the management of radiation cystitis, led by a consultant urologist who provided an in-depth overview of current and emerging strategies for managing this challenging condition. As a clinical nurse specialist who regularly administers intravesical treatments for radiation cystitis, I found the session particularly relevant to my practice. It highlighted the growing evidence behind various intravesical therapies, the importance of early recognition, and the need for collaborative, patient-centred care pathways. Hearing the latest clinical perspectives reinforced how vital our nursing role is—not only in delivering specialised treatments safely, but also in supporting patients through symptoms that can be distressing and long-lasting. The session was both informative and reassuring, strengthening my commitment to improving the experience and outcomes for those living with radiation-induced bladder symptoms. What stood out most for me was the focus on practical, compassionate care and working together across teams to make life easier for anyone living with radiation-related bladder problems. It was a positive reminder that there are treatments, there is progress, and patients don't have to manage this alone, and the potential late effects of radiotherapy are not discussed as much they should be.

Another special part of the conference was meeting charities that support people with prostate and bladder cancer. Speaking with them reminded me just how important their work is—providing education, emotional support, and advocacy for people going through such difficult times. It was a good reminder of how powerful it can be when clinical teams and charities work closely together. I found that the conversations and networking were just as valuable. Connecting with nurses, consultants, and trustees who share the same passion for improving urological care was incredibly motivating.

Overall, the BAUN Conference left me feeling energised, more confident, and even prouder of my role. It reminded me why I love what I do and encouraged me to keep developing my skills and sharing what I learn with my team and the wider service.

New Consultant Urological Surgeon joins the Team



Mr Waleed Elsayed joins New Cross Hospital as a Consultant Urological Surgeon with extensive experience in Uro-oncology, reconstructive urology, and advanced robotic surgery.

He has been practising urology at a tertiary level since 2011, completing full urology training in high-volume centres in Egypt before further specialist training in the West Midlands. His exceptional prior experience was formally recognised by the national urology training committee, resulting in his UK urology training being accelerated by two years — a rare achievement reflecting senior-level expertise.

During his UK training, he developed a strong sub specialist focus in robotic Uro-oncology, with particular interests in robotic radical prostatectomy and robotic radical cystectomy. He has significant experience in the surgical management of prostate, bladder, and kidney cancers, alongside complex reconstructive and open urological surgery.

"I am delighted to be joining New Cross Hospital as a Consultant Urologist and look forward to working with colleagues to deliver excellent, patient-centred care."

Outside work, I have my special talent in cooking, and I enjoy spending time with family, staying active through swimming, running and travelling.

