Worcestershire
Prostate Cancer Support Group

PSA Screening What now?

SUPPORTER

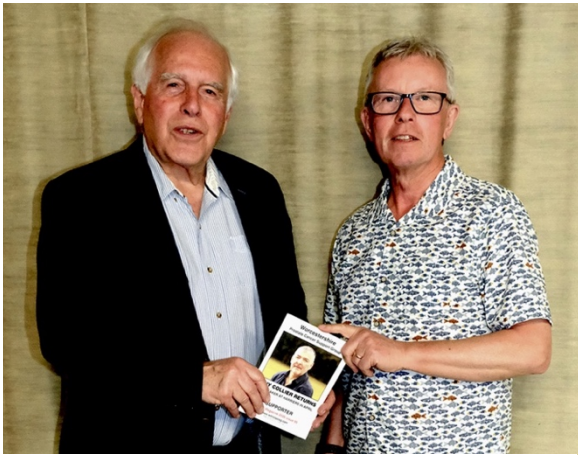
September 2026 Magazine – Issue 101

www.worcspcsg.com

Reg Charity no. 1100718

EDITORIAL

Hello and welcome to this my first ever magazine as editor. It's a bit daunting to be honest. Reading through the last issue (number 100), and in doing the handover from Peter Corbishley, I've been struck by how much care, attention to detail and hard work go into putting these together. I'm beginning to wonder if it was the right thing to volunteer for this. We'll see.



Peter hands over the editorship to Paul. Note Peter's very firm grip on the Magazine. I'm not 100% sure he wants to let go.

Of course, there are a lot of people behind the scenes making sure we have plenty of content for each issue and that there are no factual errors or omissions. But the biggest thanks must go to Peter himself for tirelessly producing and growing the magazine over the last five years. It was even produced during COVID – those editions must be collectors' items by now.

My approach with how to edit the magazine is very much one of "If it ain't broke … don't fix it". I'm sure you'll spot a few minor changes I've made along the way, but for the most part I hope you will see that it's very much business as usual.

As some of you may know, a small group of us have been giving Awareness talks for employers in the county (See "What we do" for further info.). In all the sessions I've run recently I've made a point of asking the audience if they've heard of BRCA1/2. I haven't found a single person who has. Which makes the NSC's decision on the group to be eligible for a national PSA screening programme seem very strange. More on this story and the reactions to it in the PSA Screening article. While the outcome is at the very least disappointing, we are looking at what we need to do, as a charity and as individuals, to save as many men's lives as we can.

I've included in full, my discussion with one of Worcestershire's most recent recruits to Urology – Mr. Ankur Mukherjee – in this issue. It's slightly longer than our normal articles but I think it's worth it. I found it very informative and it's great to have someone at his level who is so keen to get involved with our charity and the work we do.

Paul Hanson

Is there anything missing from the magazine?

Are there things you'd like to see less of … or more of?

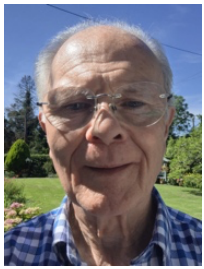
While I can't promise to implement every suggestion (and the Editor's word is final), I'd love to know your thoughts on the format & content.

Please email me using the QR code or
magazine@worcspcsg.com

ALISON'S ANGLE

This quarter has been another busy one for the WorcsPCSG. As always, our achievements wouldn't have been possible without the unwavering support and dedication of our committee. There's a bit more detail about them later in the magazine. We're also grateful for the tireless efforts of our dedicated volunteers who spread the word about our charity and the importance of early testing and diagnosis. This year we've been particularly fortunate to have a band of dedicated fundraisers who help us achieve our goals. Thank you all, we couldn't do this without you.

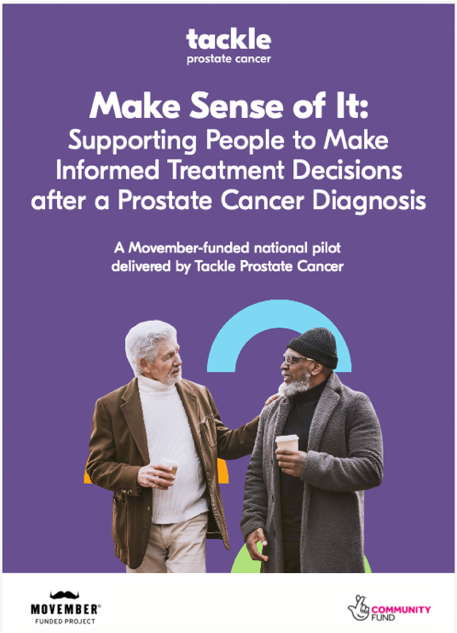
Thank you, Derek



Derek Scully

After years of dedicated service, Derek Scully has retired from the committee of WorcsPCSG. Born in Flintshire, Derek built a career in facilities management across Worcestershire hospitals before retiring at 70. He joined the committee as Membership Secretary, later becoming Support Contact Co-ordinator — matching new members with support contacts throughout their prostate cancer journey. Following his own prostatectomy at the Alexandra Hospital, Derek brought real empathy to the role. Outside WorcsPCSG, he's Chairman of Storridge Village Hall and still enjoys gardening and DIY. Thank you, Derek, for everything.

Make Sense of It: Helping Men and Their Partners Navigate Prostate Cancer



A prostate cancer diagnosis can leave men and their partners overwhelmed, facing unfamiliar terminology, multiple treatment options and decisions that will shape their future quality of life. Clinical teams provide expert medical advice, but many struggle to absorb so much information at an already stressful time.

Tackle Prostate Cancer has responded with **Make Sense of It**, a structured peer support coaching programme helping men and their partners understand their diagnosis, prepare for consultations and approach treatment decisions with greater confidence.

The programme rests on a simple premise: informed people make better decisions. Rather than steering patients toward any particular treatment, it provides trained peer coaches (Treatment Decision Buddies) who offer confidential, non-directive support alongside NHS care. Their job isn't to give

medical advice, but to listen, help participants identify what matters most to them, and encourage the right questions for their clinical team.

Each Treatment Decision Buddy has lived experience of prostate cancer and has completed specialist coaching training through **Tackle Prostate Cancer**. Using recognised coaching techniques, they help participants weigh their priorities, consider how different treatments might affect their lives, and build confidence in taking an active role in shared decision-making.

The programme has now launched in Worcestershire, where **Phil Goodall** and I are supporting local men and their partners through this stage of their journey. Our coaching complements hospital specialists' work, offering an additional layer of practical understanding from people who've faced similar challenges.

Quite Interestingly, Stephen Fry is a vocal supporter of the Make Sense of It initiative

Locally, the programme has the backing of **Ankur Mukherjee**, Consultant Urologist at Worcestershire Acute Hospitals NHS Trust, who sees the value informed peer support can bring to men navigating complex treatment decisions. Working alongside clinicians, **Make Sense of It** helps patients feel better prepared for consultations and more confident understanding what they're told.

Every diagnosis is unique, and so are the decisions that follow — two men with similar clinical results may choose differently based on their priorities and circumstances. The programme's aim isn't to influence those choices, but to ensure they're informed and aligned with what matters most to each person and their partner.

Many participants say speaking to someone who's walked a similar path eases anxiety, clarifies complex information, and reassures them they're not alone.

Recently diagnosed men and their partners can ask their consultant, clinical nurse specialist or urology team about a referral — or contact **Tackle Prostate Cancer** directly, which coordinates the national Treatment Decision Buddy network.

A trailer for Band Age

PSA Testing Update

This year we aimed to double the number of **PSA Testing** events we run. In the next issue we'll be taking an in-depth look at how well that's gone, as well as focussing on our many and very generous **donors** – without whom we wouldn't be able to run this vital service. If you get the chance, please go along to support **Band Age**, and the **Worcester Ukulele Club** if you can.

Alison Hanson

PSA SCREENING

By now I'm sure most of us will have seen and read quite a lot about the decisions that have been made regarding a roll-out of PSA screening for at risk men in the UK.

Here's a recap of what has happened, along with some of the responses.

Prostate cancer is now the most commonly diagnosed cancer in the UK, and for the charities and clinicians who have spent years campaigning for a national screening programme, the long-awaited government announcement on 2 June felt less like a breakthrough than a door being politely but firmly closed.

Each year, around 12,000 men die from the disease. Against that backdrop, the news that the government had accepted a recommendation for structured prostate cancer screening might have seemed like cause for celebration. For many of us, it was anything but.

The decision followed a lengthy review by the UK National Screening Committee (NSC), which published its final recommendation in May 2026. The committee recommended that all UK nations implement targeted prostate cancer screening only for men aged 45 to 61 who carry both a BRCA2 gene change (that increases cancer risk) and a family history of breast, ovarian, pancreatic or prostate cancer; with eligible men offered a PSA test every two years.

Critically, the recommendation stopped well short of broader screening. The NSC does not recommend screening all men, on the grounds that the PSA blood test is not reliable enough for population-wide use, and that there is insufficient strong evidence that screening everyone would do more good than harm.

The final recommendation was also narrower than the draft issued in November 2025, which had included men with BRCA1 gene changes. That group was removed after discussions with geneticists concluded that those with a BRCA1 variant are not at a sufficiently elevated risk to suggest that the benefits of screening would outweigh the harms.

James Murray – Health Secretary … briefly (May-July 2026)

The new Health Secretary at the time, James Murray, accepted the recommendation and announced a £20 million package to expand the TRANSFORM screening trial, including — for the first time — an invitation to all eligible Black men to take part. His statement framed the decision as one grounded in evidence: following the science, he said, to ensure earlier answers and better care without causing unnecessary harm. Deputy Prime Minister David Lammy, speaking personally, described the expansion of the TRANSFORM trial as essential for tackling deep-rooted inequalities.

The package is not nothing. Expanding TRANSFORM is commitment. But the

framing of the announcement as a "major step forward" sits uncomfortably alongside the scale of what has not been decided. The programme targets a very limited cohort — perhaps as few as 3,000 men — leaving thousands of others who are at an elevated level of risk without an organised screening pathway.

Notably absent from the recommendation are Black men — who face around double the risk of diagnosis and death. The inclusion of Black men in the TRANSFORM trial is only available for men who have not had a PSA test in the last five years. Also, men with a family history of prostate cancer who do not carry the BRCA2 variant are excluded from the screening programme.

Amy Rylance, **Prostate Cancer UK**'s Director of Health Services, Equity and Improvement, described the committee's decision to recommend screening only for men with BRCA gene variations as "deeply disappointing." The charity acknowledges that TRANSFORM is the vehicle through which the evidence gaps must be filled, but the message is clear: waiting for trial data means more men dying in the interim. Prostate Cancer UK's position is that the TRANSFORM trial must show the way to safely and accurately screen all men at risk.

Prostate Cancer Research (PCR) has gone further in its critique of the process itself. PCR commissioned an independent review by the York Health Economics Consortium (YHEC), which identified structural features in the NSC's modelling framework that the organisation believes materially influenced its conclusions. These are not minor quibbles about methodology. PCR argued that the issues identified were not isolated technical disagreements but related to core assumptions shaping the direction and magnitude of estimated harms, benefits and cost-effectiveness.

A key criticism was that the model didn't account for screening replacing existing informal PSA testing, not just adding to it — meaning the real harm of a structured programme could be much lower than the figures suggest.

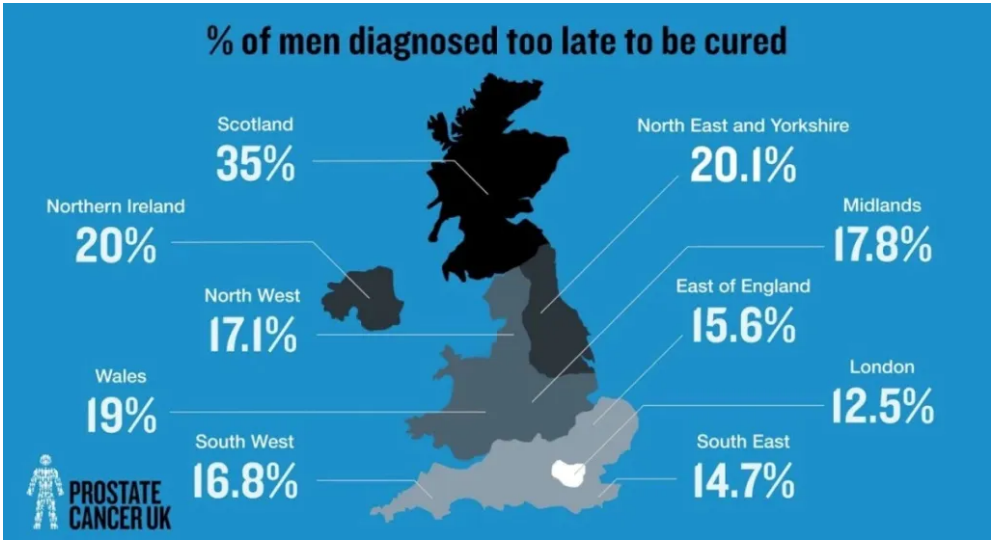
Cancer Research UK has adopted a more measured tone, but its analysis is no less pointed. Dr Ian Walker, Executive Director of Policy acknowledged that the announcement would be disappointing for many people, while maintaining that the PSA test is not currently effective enough to support wider screening, as demonstrated by multiple large-scale trials. The charity's position is essentially procedural: screening programmes should be introduced only where there is clear evidence that the benefits outweigh the potential harms, and the NSC's recommendation reflects the current evidence. But Cancer Research UK also made clear it sees this as a staging post, not a destination, urging UK governments to invest in research that brings us closer to effective screening for more men.

What emerges from all of this is a decision that is technically defensible but politically and morally uncomfortable. The NSC has applied its criteria conscientiously. The government has accepted the recommendation and sweetened the announcement with research investment.

But campaigners point to evidence of a 13% reduction in prostate cancer deaths with screening, and data suggesting that roughly one death is prevented for every 456 men screened — figures comparable to other established cancer screening programmes. At those rates, the decision to wait for further trial evidence carries a human cost that deserves acknowledgement.

Further to this, Tony Collier a stage 4 prostate cancer survivor and patient advocate (who spoke at our April Open Meeting) put together a very powerful response to the NSC decision:

- ***The human cost of late diagnosis:*** *Roughly 10,000 men a year are diagnosed at stage 4 (incurable), In some UK regions, 35% of men are terminal at diagnosis. Tony describes the harsh realities of hormone therapy including loss of muscle, libido, bone density, and premature death.*
- ***Treatment has improved:*** *The diagnostic pathway has changed dramatically (eg: MRI scans before biopsy, trans-perineal rather than transrectal biopsies reducing sepsis risk, robotic prostatectomy, and more targeted radiotherapy) meaning the overtreatment risks the NSC cites are outdated.*
- ***Disputing the NSC's risk calculations:*** *Citing NPCA audit data, Tony contends that overtreatment harms (a few thousand men affected by side effects or interventions) are dwarfed by the harms of late diagnosis.*
- ***Flawed modelling:*** *He claims the NSC's modelling relied on outdated data, and contrasts it with PCR's independent analysis, which produced very different outcomes. He was a co-signatory to PCR's consultation response via* ***Tackle****.*
- ***TRANSFORM trial:*** *Tony is sceptical of TRANSFORM as a near-term solution, warning it could take 15+ years before any screening programme materialises — potentially costing 180,000 lives in the interim. He quotes Professor Alison Birtle's radio comment about being "fed up" attending patients' funerals.*



While England plans to begin rolling out the targeted programme in 2027. Scotland, Wales and Northern Ireland are still considering their positions. For the small group of men with BRCA2 variants and a relevant family history, that is progress. For the much larger number of men who fall outside that narrow definition, the wait — and the risk — continues.

Worcestershire Prostate Cancer Support Group

As a local charity who have been providing free PSA testing for many years now, we have some questions to answer:

Will we keep putting on free PSA Testing events?

Yes – absolutely. These are even more important now, in the absence of a national screening programme. We are now working more closely with PCNs to provide joint testing events.

The Government/NSC say that a National Screening Programme would do more harm than good. So, is there any point in continuing with PSA Testing?

Yes – absolutely. Looking at the arguments from both sides, we don't concur with this view. PSA is the only test we have at the moment, and although it can produce some inconsistencies in isolation, when used with other tests, it definitely saves lives.

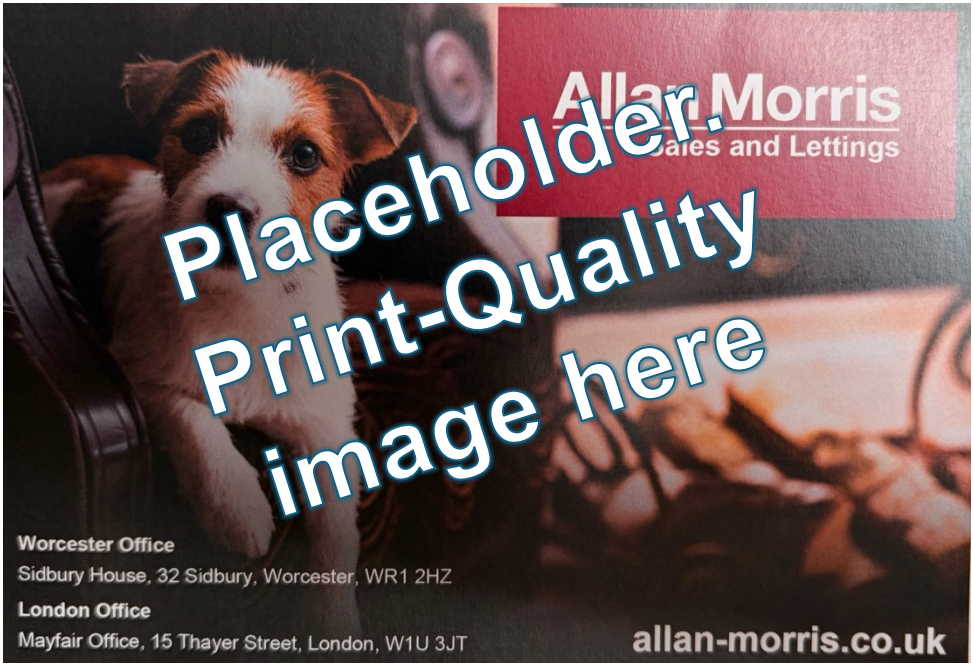
What else will we be doing?

As Tony says in his response, we will continue to press for stronger GP guidelines on proactively engaging high-risk asymptomatic men, better GP training on the harms of late diagnosis, and a shift in public messaging away from "Screening does more harm than good".

What next?

The petition to debate the need for a national screening programme has exceeded 100,00 signatures. See the **News & Views** section (on page 17) for what this means and likely outcomes.

Paul Hanson



WHAT WE DO

A list of up-coming events is always printed on the SUPPORTER Magazine's back cover. In this section we recap on some of our recent activities and look forward to what's next, as well as discussing some of our behind-the-scenes work.

Coffee & Chat

These popular sessions are organised throughout the county. It's an opportunity to sit with others and discuss a variety of topics in an informal setting. Hot drinks and cakes are provided, and it's all free! Everyone is welcome.

Bewdley Pines Golf Club (May)

45 members turned out, including Colin Maisey, Phil Barrett and Phil Rudd with their partners - a good showing given the cool, wet and windy weather.

I ran through our 2026 events calendar with the group, and Phil Bowden from Bewdley Rotary dropped in, giving me a chance to chat through volunteer duties for the PSA screening at the Pines on 18th July.

The cakes, Paul Markall and his audience.

Feedback was really positive — lots of thanks from members who valued the chance to share their prostate journey with others. The Pines was a great venue as always, shame the weather didn't play ball. *Paul Markall*

Worcestershire County Cricket Club (July)

Alison and Colin try to find a cool spot in the room for their updates

In response to the poor weather for the Bewdley event, the sun shone on the righteous in Worcester. Despite the heat, nearly 50 people turned out and enjoyed the event. It was an opportunity to discuss recent events and developments in the world of Prostate Cancer, including living with a Stage 4 diagnosis.

As we were very close to the closing date for the petition to have a PSA screening programme debated in parliament, we took the opportunity to make sure everyone present had added their names. See the News & Views page for an update on this. *Paul Hanson*

Open evenings

Every year we put on a series of talks that are of relevance and interest to the group. We try to provide speakers who are authoritative and up to speed with the latest developments, while still making the evenings informal and accessible. Again, they are free to everyone.

Wychavon Civic Centre, Pershore (June)

Standing room only for this excellent presentation

Professor Robert Thomas gave a fascinating talk on Diet, Lifestyle and Self-Help Strategies after Prostate Cancer.

Unlike a lot of material we are bombarded with nowadays, the information here was all backed by recognised and published scientific studies. There was something of use for everyone, whether you want to know about the efficacy of Omega-3, Ultra-Processed-Foods or developing a healthy Circadian Rhythm.

A video of the session is available on our website, as is a precis of the points made. Scan the QR code here to access these resources. Definitely worth a look. Some of the main points are listed below, to whet your appetite.

Paul Hanson

Here are some key points from Professor Thomas's article:

1. **Exercise regularly** — Aim for 2–3 hours a week of enjoyable activity (walking, cycling, swimming). It reduces fatigue, aids weight control and can slow cancer progression and lower relapse risk.
2. **Improve diet quality** — Eat plenty of fruits, vegetables, wholegrains, nuts, seeds and beans. Cut ultra-processed foods and refined sugar, which drive inflammation and damage gut health.
3. **Look after your gut** — Support your microbiome with prebiotic foods (artichokes, beans, mushrooms) and probiotic foods (kefir, kimchi, miso). Reduce alcohol and avoid artificial sweeteners.
4. **Prioritise vitamin D and omega-3** — Supplement vitamin D through winter months. Get omega-3 from oily fish, walnuts or flax seeds — it has been linked to slowing prostate cancer progression.
5. **Be selective with supplements** — A 2025 trial showed the phytochemical supplement YourPhyto slowed PSA progression by 44%. Avoid high-dose vitamin E, vitamin A and isolated soy extracts, which show no benefit or possible harm.
6. **Minimise carcinogens and improve sleep** — Avoid smoking, limit alcohol, and reduce exposure to microplastics and burnt/smoked foods. Support sleep through good sleep hygiene and foods rich in natural relaxants such as citrus, pomegranate and turmeric.

Walk & Talk

If sitting down and chatting isn't your thing, then this might be. We organise a series of short walks throughout the year, and around the county. We usually meet where there are parking and toilet facilities available, staying for a drink and to continue the chat afterwards.

Knapp & Papermill (May)

This is a great little walk if you haven't been. It's not a huge place but very enjoyable to walk around. Despite the threat of rain and the damp conditions, a group of stalwarts enjoyed walking and chatting.

We were lucky to have Pete Doncaster with us. Pete was brought up on the estate and provided some fascinating insights and local knowledge.

It only rained when we took the picture, honest!

Mike invites us all to take a dip in the river.

Pershore & Wick (June)

What a difference a month makes. On a scorching June morning we walked from the Ship Inn, (Pershore) to the charming village of Wick. This time our local expert and guide was Mike Gordon – who lives in the village.

It was good to meet some new members and catch up with old friends, but the weather meant we cut short the walk, and returned to the shade of the pub garden to continue the chat.

Shrawley Woods (July)

We had a total of 12 people and two well behaved dogs join us at Shrawley. Everyone enjoyed a lovely stroll through the picturesque woodland scenery. We covered around 3km, choosing to turn back at a "Beware of the Bull" sign.

The paths were good and mostly flat, with just one stile to negotiate — which everyone managed successfully. Conversation flowed easily and covered many topics over the hour or so that we walked. We rounded off the outing at The New Inn, where we enjoyed a welcoming setting along with good food and drink.

The group after encountering an empty field - no bull!

Partner Meetings

A prostate cancer diagnosis impacts partners too. Listen without judgement, attend appointments together, encourage open conversations, and seek support. Prioritise your own wellbeing. Our partner group meets bi-monthly at Perdiswell Young Peoples Leisure Club. Contact Alison Hanson for details.

PSA Testing

In 2026 our free PSA testing programme expanded to eight events across the county, each catering for 250 men. Costing us around £50,000 in total, these are only made possible by generous donations from other organisations and contributions from men tested.

Prostate Cancer Awareness

We give talks at employers on prostate cancer awareness, attend NHS patient groups to offer support, and liaise closely with GP surgeries. We also operate a stand at events such as the Evesham Fayre, handing out leaflets and talking to visitors.

Communication

We operate a Facebook group and a WhatsApp community, which are well-supported, growing, and host discussions amongst members. We send out by email a short Newsletter, roughly every two weeks summarising up-coming events and the quarterly **SUPPORTER** *Magazine (that you're reading now) is a space for in-depth articles and useful information.*

New Member contact & Buddy System

New members receive a welcome email and a phone call to discuss their diagnosis and charity benefits. We can put them in touch with members who have had a similar experience or suggest they join the 'Make Sense of It' programme for support and to feel less alone.

Links

The field of Prostate Cancer and support evolves quickly, so it's important that the charity maintains close ties to other appropriate organisations. We therefore have links with "Living with Advanced Prostate Cancer" and "Tackle". We are also involved with Leapgate Farm and sponsor Active Always to provide fitness sessions.

Fundraising

The many and varied activities that we run to support those affected by Prostate Cancer are only possible because of the generosity of a variety of individuals and organisations. To maintain and expand our work, we continually need to develop these sources of income.

Governance

Alongside funding, we rely heavily on another vital resource: the time and commitment of our volunteers, especially our Committee.

We are a registered charity (no. 1100718) and are affiliated with Tackle Prostate Cancer.

FEATURE GUEST

The Surgeon Who Listens First

Consultant urologist Ankur Mukherjee has built a career on slowing down — taking the time to ensure every patient truly understands their choices before making the most consequential decision of their life.

AHEAD OF HIS TALK TO US IN SEPTEMBER'S OPEN MEETING, I WAS LUCKY ENOUGH TO TALK TO ANKUR ABOUT HIS LIFE, CAREER, AND THE FUTURE.

Ankur Mukherjee BMedSci (1st class Hons) PGCert (Clin Res) MBChB MRCS (Eng) FRCS (Urol)

There is a moment in a cancer consultation — Ankur Mukherjee knows it well — when a patient looks across the desk and simply wants to be told what to do. The diagnosis has arrived like a thunderclap, the medical terminology feels impenetrable, and the instinct is to hand the whole frightening business over to someone else. Ankur, a consultant urologist specialising in prostate cancer, refuses to let that moment pass unchallenged. "My job," he says, "is to make sure patients feel genuinely empowered to make a decision — not just handed one."

It is a philosophy shaped by years of watching men occasionally arrive at the wrong treatment for the wrong reasons, and one that has driven him to build tools, training programmes, and clinical relationships that keep the patient's voice at the centre of care. But before all of that, there was a circuitous journey that took him from India, through Ireland, across Scotland, and eventually to the operating theatres and cancer clinics of the Midlands.

FROM KOLKATA TO KENT, VIA GLASGOW

Ankur was born in Kolkata, India and moved to Ireland as a small child when his father — a colorectal surgeon — took up a post as an international medical graduate. The family relocated frequently as his father's career moved them across Ireland before eventually settling in Kent. "I changed schools a lot," Ankur reflects, "which was difficult at the time. But it taught me how to read a room, how to adapt — and I think that has been genuinely useful as a clinician." He completed his A-levels in Kent and then headed north to Dundee University to study medicine, later intercalating an anatomy degree before relocating to Glasgow, where his father and brother now live.

Medicine, he admits, was not his first instinct. "Architecture and graphic design were what I really wanted to do. But when those opportunities fell through, I ended up arranging hospital work experience as a kind of fallback." The fallback turned out to be a revelation. Something about the precision of surgery — its combination of technical skill, human stakes, and scientific enquiry — hooked him. His father's surgical career had always been in the background; now it began to feel like a map.

"I changed schools a lot, which was difficult at the time. But it taught me how to read a room, how to adapt — and I think that has been genuinely useful as a clinician."

He initially considered following his father into colorectal surgery but was daunted by the length of the training pathway. Urology found him instead, during a junior doctor rotation in Glasgow, where he encountered Professor Hing Leung, a researcher investigating the PTEN-loss gene in prostate cancer. "That was the spark," Ankur says. "I hadn't really considered the scientific side of urology before, but the research questions were fascinating, and the field was moving so fast." He applied for an Academic Clinical Fellowship, a programme that weaves research opportunities into clinical training at leading centres across the UK and was accepted.

LEARNING FROM THE BEST

Between 2013 and 2019, Ankur was mentored by several internationally renowned leaders in prostate cancer surgery and urology, including Professor Prokar Dasgupta, Guys Hospital, London and Professor Ash Tewari, Mount Sinai, New York City. During this period, he had the opportunity to visit their units and gain valuable insight from these pioneers in robotic and uro-oncological surgery.

Ankur with colleagues at a UCLH Robotic team - Professor Greg Shaw (right) and Consultant Anaesthetist Dr Zak (left)

He was also involved in research at the Northern Institute for Cancer Research, focusing on the development of a self-care diagnostic and monitoring pathway for patients with prostate cancer. During his urology training within the Northeast England Training Deanery at Freeman Hospital, he was strongly influenced by the late Professor Rob Pickard and Professor Naeem Soomro.

Following completion of his training, he undertook a prestigious Robotic Uro-oncology Fellowship at University College London Hospitals, one of the UK's highest-volume centres for robotic pelvic cancer surgery. During this fellowship, he was mentored by leading surgeons including Professors Greg Shaw, Professor John Kelly and Professor Sooriakumaran and many others, all of whom had a significant influence on his development as a robotic uro-oncological surgeon.

He is characteristically modest about this period, but equally clear about what it gave him — not just technical fluency, but an understanding of how great clinicians lead. "You learn by

watching," he says. "Not just the surgery itself, but how they handle a difficult conversation, how they build a team, how they manage uncertainty." That model of mentorship now shapes his own supervisory work, with responsibilities at the University of Worcester and his NHS trust. "I try to pass on what was passed to me," he says simply.

A THURSDAY IN THE CANCER CLINIC

Today, Ankur runs cancer clinics at Worcestershire. Typically, in surgery in Redditch on Wednesdays and seeing patients on Tuesdays and Thursdays. The Thursday clinic is where his philosophy of patient empowerment is most visible. Patients arrive having already been discussed at a multidisciplinary team (MDT) meeting, where a panel of specialists will have reviewed their case and identified the range of appropriate treatment options. Ankur's job — as he sees it — is then to help each patient truly understand those options, rather than simply ratifying a clinical recommendation.

With colleagues at Hereford County Hospital Robotic Theatre Team

He describes a patient who had been referred for radical surgery but, after careful conversation, opted instead for active surveillance. "He wasn't in denial," Ankur clarifies. "He understood his risk profile, he understood what monitoring involved, and he made a fully informed choice. That's what we should be aiming for." The alternative — a patient who agrees to surgery because they feel they have no choice, or because they didn't understand the alternatives — represents a failure of the consultation process, however technically successful the operation might be.

MISCONCEPTIONS AND THE SILENT DISEASE

One of the most persistent challenges Ankur faces is the gap between what patients expect prostate cancer to feel like, and what it actually does. "They often expect symptoms — weight loss, pain, something that announces itself. When I tell them they may have felt nothing at all, they struggle to understand how something so serious could arrive so quietly."

> *"Patients often expect symptoms — weight loss, pain. When I tell them they may have felt nothing, they struggle to understand how something so serious could arrive so quietly."*

This silence is both the disease's most insidious quality and one of the strongest arguments for screening — a debate that remains genuinely contested within the profession.

On the question of PSA testing, Ankur is firmly in the pro-screening camp, despite the resource pressures and diagnostic uncertainty that have made universal screening politically difficult. "The evidence for its value has strengthened considerably," he argues. "Yes, there are challenges — overdiagnosis, unnecessary biopsies, anxiety. But catching aggressive cancers early saves lives. We need better tools, not fewer tests."

He is equally frustrated by what he sees as an underemphasis on functional outcomes in treatment decisions. "We talk about cancer control — survival rates, recurrence. But patients also need to know about incontinence, erectile dysfunction, the ways their life might change. These things matter enormously, and they're not always given the weight they deserve."

THE ROBOT IN THE ROOM

Ankur performs robotic prostatectomies — a technology that has transformed urological surgery — and has noticed one particular misconception recurring in pre-operative consultations. "Patients sometimes ask how the robot does the operation," he says, smiling. "I have to explain very clearly that I am at the controls. The robot gives me precision and dexterity; it doesn't replace my judgment." It is a small but telling example of how technology, however impressive, can become a source of confusion as much as reassurance — and why patient education matters at every stage of the clinical journey.

Robotic Theatre at Alexandra hospital, Redditch

AN APP, A MISSION, AND A FUTURE

In response to these ongoing challenges, Ankur has been developing a multilingual patient education app — linked to expert clinical intelligence — designed to provide accurate, accessible information about procedures and treatments in plain language. The impetus was straightforward: clinic time is short, and patients who are sent away to research their own condition often find themselves lost in unreliable corners of the internet or misled by artificial intelligence tools that present speculation with the confidence of fact. "We need to direct people to trustworthy sources," he says. "And if I can be part of building those, all the better."

Looking ahead, Ankur predicts that urology will increasingly be shaped by two forces: the growing sophistication of focal therapies — targeted treatments that destroy cancerous tissue while sparing the surrounding organ — and a broader shift toward specialised, technology-enabled centres where patients take a more active role in gathering information and weighing options before they ever sit across a desk from a surgeon.

"The clinician's role isn't going away," he is careful to say. "But it's evolving. We need to be guides as much as decision-makers. The patients who do best are the ones who come in informed, curious, and ready to ask the right questions."

For the men sitting in those Thursday cancer clinics — frightened, bewildered, hoping someone will take the decision out of their hands — Ankur Mukherjee offers something more valuable than a straightforward answer. He offers the tools, the time, and the patience to arrive at their own.

Paul Hanson

NEWS & VIEWS

UK Government petition reaches target of 100,00 signatures

The petition: *Introduce a screening programme for prostate cancer, starting with high-risk men* reached its target before the deadline of 13th July 2026 (thanks in no small part to Phil Goodall for keeping the reminders to sign coming right up to the deadline). Worcestershire was well represented with 369 signatures (West Worcs) and 285 (Worcester). The next step will be for the government's Petitions Committee to decide if and when a debate will go ahead. As at the beginning of August this hadn't happened.

The final number of signatures from the Gov.UK website

We also now have a new Health Secretary, Yvette Cooper, and we don't know if she will have a different stance on screening or change anything. *Paul Hanson*

A new test - better than PSA alone

The Stockholm3 test, developed in Sweden, combines PSA with other blood markers and genetic & clinical factors to spot prostate cancer risk more accurately than PSA alone.

New evidence this year backs this up. In one study of over 12,000 Swedish men, Stockholm3 caught 90% of serious cancers, compared with 74% for PSA alone — without more false alarms. A separate nine-year study of nearly 60,000 men showed it can catch aggressive cancers even when PSA looks normal, while sparing low-risk men from unnecessary biopsies.

This is exactly the balance the UK's National Screening Committee said was missing when it rejected a full screening programme (See the article on page 5). With Stockholm3 now tested successfully in North America too, it's one of the strongest alternatives to the UK's current approach. *Paul Hanson*

New Blood Test Could Speed Up Treatment Decisions for Advanced Prostate Cancer

A UK-wide study called PARADIGM, led by UCL researchers and part-funded by Prostate Cancer UK and Movember, has identified a blood test that could flag failing treatment weeks sooner than current methods.

Around 10,000 men are diagnosed with advanced prostate cancer each year in the UK, most treated with hormone therapy. Doctors currently rely on PSA levels to judge progress, but PSA can linger in the blood for months.

The new test tracks fragments of tumour DNA, which clears quickly once treatment works — so if it's still detectable, that's an early sign the cancer is continuing to grow, allowing a faster switch to more effective treatment.

The PARADIGM team is now working to show how this blood test could be used reliably in larger numbers of men by rolling it out in other clinical trials. Check out the Prostate Cancer UK website for more information. *Paul Hanson*

COMMITTEE UPDATE

The committee of the Worcestershire Prostate Cancer Support Group do a lot of work – often behind the scenes and you may not know who they are or much about them. So, in this one-off section, I'd like to introduce you to them.

Alison Hanson (Chair & Peer Coach) **07484 297 405**

Alison retired three years ago having had a corporate career in Call Centre Leadership and Business Change. With Paul she has three boys and three grandsons. Recently having had a hip replacement this has slowed her down somewhat, but she is regaining her fitness through playing tennis, walking, going to the gym and swimming.

Paul *had an open Radical Prostatectomy in 2023 and then Salvage RT (37 fractions). HT (Bicalutamide) 18 months. He is now living with Chronic Secondary Lymphoedema.*

Nicky Langford (Secretary) **07941 336 811**

Nicky is a Trustee, having joined the committee in 2017. Her current role is **Secretary** to the Group, organising the committee meetings, preparing the agenda and taking the minutes. She works closely with the chair to ensure the charity is complying with Charity Commission requirements. She also organises the annual Boxing Day Tractor Run, working closely with Paul Markall and Ray Attwood from the Far Forest Society to deliver this event.

Chris Marsh (Treasurer) **07734 247 076**

Chris joined as Treasurer in July 2024, taking over from Paul Markall after years of sterling service. He's 74, lives in Droitwich with wife Clare (also a volunteer), and they have three children and four grandchildren spread across Canada, New Zealand and Oxford. Chris retired in 2002 as European Finance Director for a Philadelphia-based American company. These days he and Clare's sporting life is all about golf — with mixed results, though Chris's hole-in-one remains a proud highlight that Clare's still hoping to match!

Peter Corbishley (PSA Testing Organiser) **07876 556 466**

Peter moved to Worcestershire in 1978 after attending school in Cheshire, studying at university and spending a year in Munich. He taught modern languages and ran a language school for EU students on work experience. Since joining the WorcsPCSG committee in 2019, he has edited the *Supporter* magazine and now runs our ever-expanding PSA programme. Peter recently stepped down after three years as a Tackle trustee. He and his wife, Barbara, have four children and five grandchildren.

Colin Maisey (Events Organiser) **07949 723 359**

Colin joined the support group at a coffee & chat meeting in November 2022, having been diagnosed earlier that year. His prostatectomy followed in 2023 and he had an artificial urinary sphincter inserted this year. Joining the committee during the summer 2024 he now coordinates the open evenings and coffee & chat meetings we run throughout the year. Outside of family commitments, Colin enjoys walking and cycling.

Dan Cook (Webmaster and Audio/Visual lead) **01299 887 277**

Based in Worcester, Dan has been supporting the charity for almost 10 years and has been on the committee for several years. Not only does Dan provide all the audio/visual support we use in our meetings, but he is also webmaster for the charity website and email etc. He runs a web design business and spends his spare time learning tennis, guitar, drums and track driving!

Phil Goodall (Social Media) **07845 559 981**

Phil joined the group in Spring 2024. Shortly after, he and I started the WhatsApp Community. In Feb 2025 Phil joined the committee and now looks after WhatsApp, Facebook, LinkedIn, volunteer coordination and awareness. He lives in Worcester with wife Donna and rescue dog Rexie. Phil retired in 2022 from a management role at Telecomms company AT&T, serving large corporate customers.

Diagnosed in 2019, initial treatment was a Prostatectomy. Further spread to distant Lymph nodes meant progression to stage 4, and Phil was treated with Chemo and ongoing ADT/ARPI Hormone Therapy.

Phil Barrett (New Member Support, Comms & Database Management) **07745 010 394**

Following an open radical prostatectomy in December 2020 Phil developed a strong commitment to supporting others affected by prostate cancer. Volunteering with the Edgbaston Foundation and The Bob Willis Fund and serving as a Patient Representative with West Midlands Cancer Alliance as well as supporting various research projects at PCUK, Phil is also a keen sports enthusiast.

Paul Markall (Shed organiser, Fundraiser) **07580 582 205**

Paul joined in 2006 after a symptomless prostate cancer diagnosis at a well man clinic. His initial PSA was low, so was put on active surveillance; when it rose about 18 months later, he had 20 sessions of radiotherapy at Wolverhampton Hospital.

The previous Chair, Mary Symons, talked Paul into taking on the Treasurer role. He committed to serve two years but stayed for 13. Paul set up the Shed at Leapgate Farm, Stourport, and fundraises for the group, including the annual Bewdley Boxing Day Tractor Run. He maintains strong links with Bewdley Rotary.

Paul Hanson

MEMBERS

Living with Stage 4 Prostate Cancer – and Still Crossing Finish Lines

I was diagnosed with advanced prostate cancer in 2019 and underwent a prostatectomy soon afterwards. In 2023, further scans revealed that cancer had spread to my lymph nodes, resulting in a Stage 4 diagnosis.

My treatment included chemotherapy, and I now remain on hormone therapy (ADT and ARPI), which will continue for as long as it effectively controls the cancer.

Like many men on long term hormone therapy, I experience some challenging side effects. The most significant is fatigue, caused by having no testosterone. Testosterone plays a vital role in maintaining muscle strength, aiding recovery after exercise, and providing much of a man's energy. Without it, even everyday tasks can sometimes feel more demanding.

Despite this, exercise is one of the most important parts of my life. It helps combat fatigue, maintain muscle mass, protect bone health and support my heart. The balance isn't always easy, doing too much can leave me exhausted for days, but I would encourage anyone undergoing hormone therapy to stay as active as they can. Every bit of exercise helps.

My wife Donna and I began exercising regularly in 2016 after deciding to change our lifestyle and lose weight. Running soon became a passion, and in 2018 I completed my first Worcester City Half Marathon.

Last year I completed four half marathons. This year, “encouraged” by one of my running friends, I decided to take on my biggest challenge yet, my first marathon at Edinburgh on 24th May. Four of us entered, including my wife, who was taking on her third marathon.

Training, however, was far from straightforward. My 16-week marathon programme was due to begin on 1st February, but lymphoedema in one leg, something that can affect many men following prostate cancer surgery, meant I couldn't train properly until 3rd March, leaving me with just 12 weeks to prepare.

The four of us in the holding pen before the start

My personal trainer and I also knew we had to adapt the programme to suit someone living with the effects of Hormone Therapy and Chemotherapy. We limited training to just two runs each week, alongside one cycling session and one strength session, allowing extra recovery time between workouts.

Then came the setbacks. In week three I caught a cold and missed three training runs. By week eight I had managed a 21-mile run, which gave me confidence, but just one week later I caught another cold and missed another three runs. By then, completing the marathon was looking increasingly unlikely. I simply hadn't logged enough miles, and the fatigue was

becoming harder to manage as the stress of the training schedule took its toll.

Pushing for the finish line

Those who know me know I don't give up easily. My personal trainer and I came up with a new strategy: run for four kilometres, then walk for one. I tested the approach over a half marathon distance, and it worked well enough to give us confidence going into race day.

Then came another challenge. Marathon week coincided with the first heatwave of the year. Heat has never suited me, and it wasn't the news I wanted to hear. Thankfully, Edinburgh wasn't quite as hot as Worcester, but temperatures still climbed from around 19°C at the start to 25°C by the finish.

I set off very slowly and stuck to the plan through the first half of the race. As temperatures rose, conditions became difficult for almost everyone. I made the decision simply to keep moving forward. I walked much more than I'd hoped, my finish time was far slower than I would have liked, but I crossed the finish line. Better still, all four of us did.

Crossing that finish line wasn't about achieving a personal best. It was about proving that Stage 4 prostate cancer doesn't define what is still possible.

What it's all about - the finisher's medal

Life after a prostate cancer diagnosis is undoubtedly different. There are treatments, side effects and challenges that become part of everyday life. But there can also be achievement, enjoyment, friendship and new goals.

If you're just beginning your own prostate cancer journey, I hope my story gives you some reassurance. You may need to adapt. You may need to slow down. You may not be able to do everything exactly as you did before.

But you can still achieve remarkable things. Cancer changes your life, but it doesn't have to stop you living it.

Phil Goodall

Later this year I'll also be running the Great North Run in support of Tackle Prostate Cancer (who are responsible for the "Make Sense of it" initiative that Alison talked about in her article). If you'd like to support me and Tackle, please use the QR code here or go to:

https://AJBellgreatnorthrun2026.enthuse.com/pf/phil-goodall

FUNDRAISING

Worcester Ukulele Club

Debenhams may be boarded up but it makes a great backdrop for the WUC performers

The people in red shirts continue to raise significant funds for the charity. The total raised as at the mid-year point was £6,422. Fantastic! And if you do get the chance – please go along to see them in action – their enthusiasm and enjoyment is infectious. Also definitely worth going to see are **Band Age**, who are providing tremendous support to us. In the next issue (December) we'll be looking at all the many donors who make all our work possible.

Yoga and Lymphoedema in Malvern

A free beginners' yoga session was recently put on for men with lymphoedema following Prostate Cancer treatment. Delivered in collaboration with Karen Cooper of The Lighter Touch lymphoedema clinic, the session formed part of Lymphoedema Awareness Month and raised funds for WorcsPCSG.

Yoga can play a valuable supporting role for those living with or at risk of lymphoedema. Gentle movement encourages lymphatic flow, while mindful breathing helps reduce stress and supports overall wellbeing.

Warrior III pose, by the look of it

Karen Cooper explained: "It's about helping to get people moving that really supports our lymphatic health — movement makes our bodies work better. I was blown away by the yoga at the charity session. The men enjoyed the session so much that they've now asked for a regular weekly class — with dates already in the diaries".

If you're interested and would like to join the group or have a taster session, please contact Fiona Narburgh at: FionaYogaMalvern@gmail.com or call/text **07855 276 104**.		And if you'd like more information on the Lymphoedema Clinic, you can contact Karen at: thelightertouch4@gmail.com or call/text **07773 973 920**.	

COMMUNICATIONS & NOTICES

QR Codes: A Quick Guide

You may have noticed some QR codes in the magazine — those small, square grids of black and white pixels which have become a familiar sight on everything from restaurant menus to product packaging. But if you've never been quite sure how to use them, here's the short version.

If your phone doesn't respond, check your settings to make sure QR scanning is enabled, or download a free QR reader app from your app store.

Scanning a code

You don't need a special app. On most modern smartphones, simply open the camera, point it at the QR code and hold it steady for a second or two. A notification will appear on screen — tap it and you'll be taken straight to the linked content, whether that's a website, a form, a video or a document.

Peter & Trevor are Community Stars – It's Official!

Peter receiving the award from Cllr. Gregory Wilkins

Peter Corbishley and Trevor Battersby have both been awarded a Wychavon Community Star for their outstanding volunteering work with the Worcestershire Prostate Cancer Support Group. Nominated by Hayley Corbett, this award recognises their dedication to making a meaningful and lasting positive impact on the local community. They were presented with their certificates by the Chairman of the council at the recent Open Evening (See page 10) at Pershore Civic Centre.

Donations over £50 (May – July)

Worcester Ukulele Club	£3,400.00
J.H.Cars Malvern (Bransford Golf Club)	£2,300.00
B.Ince Funeral Director Donation re Olga Bray	£293.50
Trinity Methodist Church	£600.00
K.Balmer, J.Embury. Wharton Park Golf Club	£500.00

WYSIWYG	£475.00
Band Age GIG fee Donations	£1,013.65
Band Age	£1,162.00
"Much Loved"	£355.69
Menith Wood Donations	£135.00

The total donated during the period was **£10,234.84**. This brings the running total since February to **£19,813.40**. A fantastic amount, that will help to fund all of our support work, including the extra PSA Testing events we are running this year. We're really grateful to everyone who has contributed so far.

CALENDAR OF EVENTS 2026

Monday, September 7th (18:30 for 19:30 start)
WORCESTER OPEN MEETING
View Suite, Worcs County Cricket Club, New Road, WR2 4QQ
GUEST SPEAKER: **Mr. Ankur Mukherjee**
Consultant Urologist, Worcestershire Acute Hospitals NHS Trust

Saturday, September 12th (09.30-12.30)
PSA TESTING EVENT: WORCESTER
St. John's House Medical Centre, 299 Bromyard Rd., WR2 5FB
On-line Registration only www.mypsatests.org

Saturday, September 19th (10.30-12.30)
WORCESTER COFFEE & CHAT
Beard Terrace, County Cricket Club, New Road, WR2 4QQ
Free coffee and cake for every member, non-member and partner!

Friday, September 25th (11:00-12:30)
PARTNERS' GROUP MEETING
Perdiswell Young People's Club, Droitwich Road, WR3 7SN
Partners of members and non-members are welcome to attend

Saturday, September 26th (09.30-12.30)
PSA TESTING EVENT: KIDDERMINSTER
Simply Limitless Centre, New Road, Kidderminster, DY10 1AL
On-line Registration only www.mypsatests.org

Monday, October 12th (18:30 for 19:30 start)
KIDDERMINSTER OPEN MEETING
K'minster Harriers Social Club, Hoo Road, Kidderminster, DY10 1NB
GUEST SPEAKER: **Lorraine Grover**
Psychosexual Nurse Specialist

Tuesday, November 10th (18:30 for 19:30 start)
PERSHORE OPEN MEETING
Pershore Civic Centre, Queen Elizabeth Drive, Pershore, WR10 1PT
GUEST SPEAKER: **Paul Rajjayabun**
Consultant Urological Surgeon,
Worcestershire Acute Hospitals NHS Trust

Thursday, November 19th (10.30-12.30)
STOURBRIDGE COFFEE & CHAT
Stourbridge FC Social Club, 85 High Street, Amblecote DY8 4HN
Free coffee and cake for every member, non-member and Partner!

Friday, November 27th (11:00-12:30)
PARTNERS' GROUP MEETING
Perdiswell Young People's Club, Droitwich Road, WR3 7SN
Partners of members and non-members are welcome to attend