

Women & Children First

Breast cancer deaths are in decline. Childhood leukemia is a far less frightening diagnosis than it used to be. But the prostate lags behind. It is time for men to be afforded the same treatment as women and children.

It is not just charities like ours saying this. There is now unanimity across the political spectrum that the prostate and prostate cancer in particular deserves a higher profile.

In the first ever *audio day motion* in the House of Commons at the beginning of November, Tony Blair, Michael Howard and Charles Kennedy recorded messages, quotes from which you can read beneath their pictures. The initiative for this unprecedented step came from the Prostate Cancer Charter for Action, a grouping of some 22 charities of which the **Prostate Research Campaign UK** is a founder member. A clearer demonstration of the power which can be released when charities co-operate and work together towards a common end it would be hard to find.

Seven years ago the amount spent by the Government on breast cancer research was 88 times that spent on prostate cancer research, a fact we reported in a very early edition

'comparable resources should be devoted to diseases with similar impact'

of *Update*. Thanks to our efforts and those of other charities in the field the gap has narrowed. Recent figures show that some £36.8 million is spent on breast cancer against £9.7 million on prostate cancer. Part of that £9.7 million comes from Government sources (£4.2 million) and the rest from charities.

Every year about 41,000 women are diagnosed with breast cancer while 30,000 men are diagnosed with prostate cancer. The numbers of deaths from these diseases are also comparable – 12,500 women die from breast cancer while 10,000 men die from prostate cancer. One would think that comparable resources should be devoted to diseases with similar impact. Regrettably, that is still not the case.

As well as the disparity in research funding, similar differences can be found on the treatment and patient care side. For example, there are 264 Macmillan nurses



The cancer remains a 'taboo subject', with low awareness and understanding. It is important that action is taken to put this right.

Levels of public understanding of prostate cancer are not as high as they should be, and too many men still don't get the best treatment.'

Sufferers receive a worse deal than those with comparable diseases. Patients receive inferior treatment, an inequality that has been getting worse since the turn of the century.

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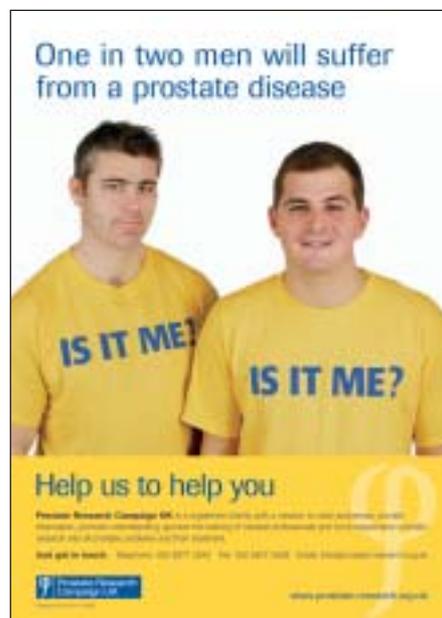
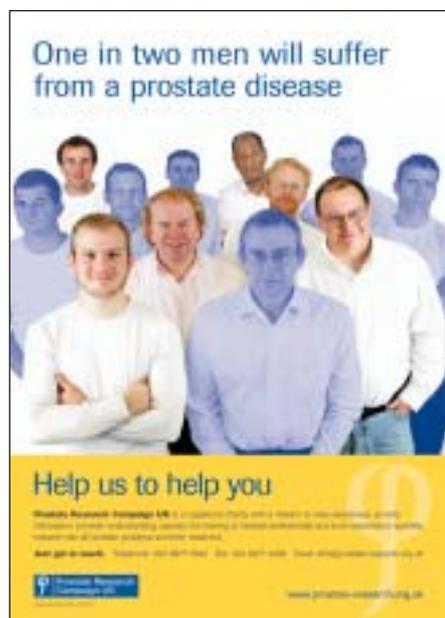
On top of that there is the issue of screening. There is a well developed screening programme for women that costs some £72 million per year to run. To date, successive Government's have resisted a screening programme for men based on the PSA blood test arguing that current evidence does not justify such a scheme.

To assess the impact that screening and a wide scale male awareness campaign might have, a localised awareness campaign is to be launched in one Primary Care Trust area at a cost of just £150,000, of which the signatories to the Prostate Cancer Charter for Action are to pay a third. We shall keep you informed of how this significant albeit small study progresses.

Raise awareness, raise funds

We now have a stock of A3 sized posters in the two designs shown. They are ideal for raising awareness of the Prostate Research Campaign UK and

are a valuable help at any fund raising event that our readers may choose to arrange. They may be ordered using the enclosed order form.



Working with BAUN nurses

One of Prostate Research Campaign UK's major goals is to provide information and raise awareness. We have allocated a significant proportion of the money you raised to this end. In an effort to make sure our publications on Prostate Diseases get into the hands of those who most need them, we have developed links with the British Association of Urological Nurses, better known as BAUN. In October we sent every single BAUN member a sample pack of our brochures, together with an order form, and suggested that they might find them useful for both general information and for their patients. The response has been incredible - by early December we had had orders for over 12,000 brochures. We have had to do a major reprint and to cope with an inflated postal bill, but we know that the information we produce is getting into the hands of men that might be vulnerable to, or are suffering from, a prostate disease. And if this saves just one life, it will have been worth it.

Sex like it used to be

A number of *Update* readers suffer from erectile dysfunction as a result of Benign Prostatic Hyperplasia (BPH). Many will have tried Viagra®, the first of the PDE5 inhibitor drugs to reach the market just seven years ago.

Now there are three such drugs competing for a \$2 billion world-wide market. All are available on the NHS.

'sex should be a spontaneous activity'

All are effective in stimulating erections in suitable men but they differ in the length of time for which they remain effective. Cialis™ (Tadalafil), which has been available for only two years, is the best in this regard, lasting for seventeen hours or so. This is so long that some physicians are now suggesting that it become a *once a day* pill with a lower dose rather than be taken when the patient feels the time is right.

Recent research shows that this small change (to a daily pill rather than on patient demand) has significant psychological results and is much preferred by patients. Rather than 'Doctor, every time I take a pill it

reminds me that I am impotent' consultants are now hearing 'Hey Doc, it's wonderful. I'm cured!'

This huge change in perception comes about because men are remembering how their sex lives used to be before they contracted BPH. One of the most important factors for them and for their partners was feeling that sex should be a spontaneous activity. Decoupling the activity from taking a pill can be a truly liberating experience.

Studies are now being conducted to assess the longer term effects of a daily dose. Currently there seems to be no downside. There may even be evidence that a regular small dose of a PDE5 inhibitor works to mitigate the lower urinary tract symptoms of Benign Prostatic Hyperplasia. So, not only a treatment for one of the most distressing symptoms of the disease but also treatment for the cause may be emerging.

Men who suffer from erectile dysfunction as a result of their treatment for prostate cancer do not in general respond to PDE5 inhibitor treatment. We shall publish an article dealing with the treatment of their erectile dysfunction in a future edition of Update.

Why Phi?

Do you know why we have a strange symbol masquerading as the P in the title of this newsletter? Some might think it was the Greek letter Phi, often used in mathematics to represent the *golden ratio* of the length to width of a rectangle as found in the Parthenon and many classical buildings and works of art. But they would be wrong. The symbol represents the male prostate with urethra passing through it, something central to this charity's work.

We now have small enamelled lapel badges in the form of our phi, (shown actual size 22 x 12mm).

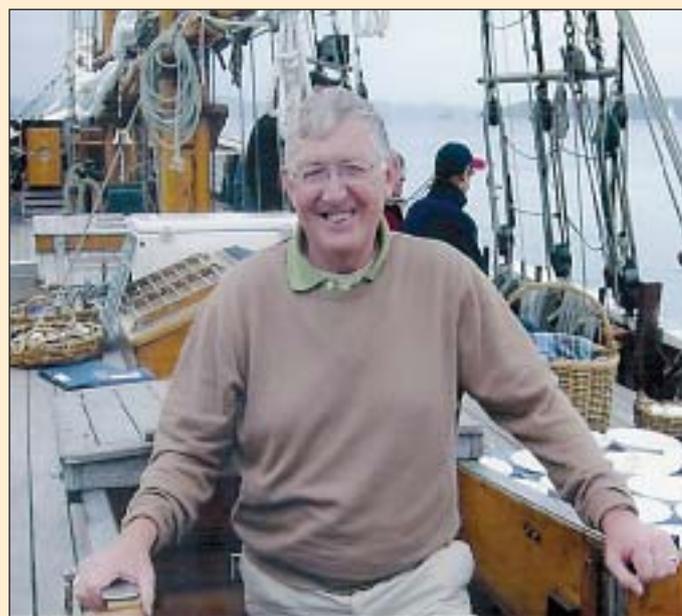
Typically such items are given away on receipt of a small donation. If any reader would like a few for himself and friends to wear or would like a small stock to place on the reception desk at his place of work or on a shop counter, please contact the office. It is an excellent way to raise awareness of the charity's work and a few pounds for Prostate Research Campaign UK.



The need for a second opinion

Nine years ago, aged 54, I had no concerns when I attended the company sponsored annual medical.

Everything was fine, explained the doctor, except that my PSA reading had risen to 7.0 from a normal of less than 4.0. I was totally naive about these matters but learnt that I probably had the start of a small benign tumour in the prostate. This was quite common in older men but it also indicated the remote chance of cancer. He told me not



Tony James, the author of this article, looking fit and well.

to worry and referred me to a local Consultant Urologist in Bristol.

Following ultrasound and biopsy, he explained that a small number of abnormal cells were found; not malignant, probably the start of a benign growth. I agreed to return in six months for repeat tests.

Six months later my PSA had risen to 13.9. Another biopsy revealed more abnormal cells but no cancer. Further tests were set up in four months time. These revealed that my PSA had risen to 14.6. Again, the biopsy revealed no cancer. Would I like to repeat the exercise in six months time?

I was, by now, extremely concerned. My wife and I had read articles and talked with friends and colleagues, notably one who had suffered prostate cancer, resolved by a prostatectomy.

The time came for the next meeting with the Bristol Consultant (20 months from our first meeting). My PSA reading was 12.9. He said there was no need for ultrasound or biopsy tests and that we

should review matters 6 months later. Although my medical training was non-existent I had by this time read much about the prostate and was concerned about the management of my case. I lost confidence in my Consultant and asked for a second opinion. Previous research had highlighted Roger Kirby as a leading expert in the field.

Roger agreed to see me within a week and immediately organised PSA readings and biopsies. I returned a week

later to be told that cancer had been found. From all the options available to me, I selected radical prostatectomy, which was carried out a week later at the London Clinic. Unfortunately the tumour had spread to the margins of the prostate so *mop up* radiotherapy was recommended. A 6-week course was completed at the Cromwell Hospital.

As I was unhappy with the management and assessment of my case in Bristol I asked

if it was possible to review the biopsy slides taken in Bristol. Subsequently, two separate reviews were completed and adenocarcinoma was found in slides from all the Bristol biopsy procedures. This was of course totally different to the *no cancer* results found initially by the Pathologists in Bristol and reported by my Consultant.

'different to the no cancer results found initially'

Seven years after the operation I am fit and well, thanks to Professor Roger Kirby, and my PSA is less than 0.1, which is excellent news.

The initial 20-month period in Bristol of ineffective pathological assessment clearly led to a delayed diagnosis of cancer allowing it to spread unnecessarily. So, in conclusion, I advise anyone to seek a second opinion if his PSA is continuing to rise significantly and corrective action is not being recommended.

When the PSA rises...

Though radical prostatectomy is always performed with curative intent approximately one third of patients will develop a PSA rise indicative of cancer recurrence within 10 years of their operation. It would be useful to be able to tell such men whether they can be spared intervention or whether they need aggressive additional treatment.

Dr Alan Partin has looked at the survival prospects of such men. He feels that the exquisite sensitivity of the PSA test means that recurrent disease is detected years in advance of symptoms. In fact one study of his patients with PSA relapse showed that a median of eight years passed before they developed metastases, with a further five passing before they died of it.

New aid to decision making

Three risk factors influence the likelihood of such men dying of prostate cancer. Patients are at high or low risk respectively if their cancer was Gleason grade above 8 or below 7; if their PSA rose more or less than 3 years after surgery; or, particularly, whether the timespan over which their PSA level doubled was under 3 or over 15 months. Based on his data, he has developed a table giving the chance of surviving prostate cancer for each combination of these variables.

Useful research tool

A patient's so called *PSA doubling time* may be a useful way of judging the effectiveness of an intervention in future research as it would be measurable far sooner than their survival.

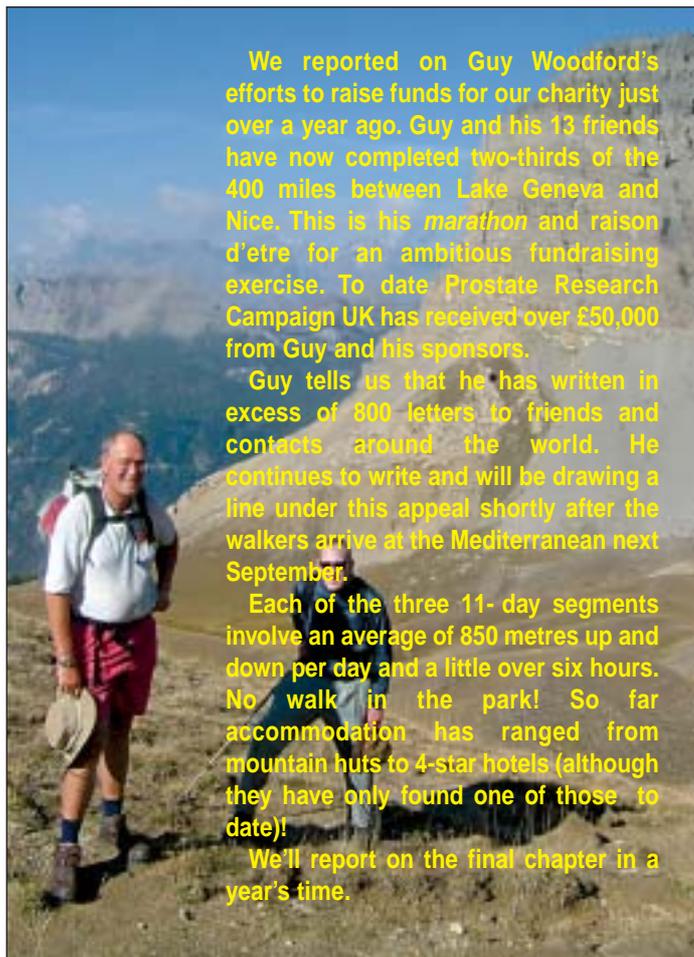
PSA Testing

The Graham Fulford Charitable Trust believes that there should be free screening for men at risk of contracting prostate cancer. It is running a testing programme in the Midlands. For details contact Graham on 07831 156071

For trustworthy advice on all prostate diseases recommend our web site

www.prostate-research.org.uk
www.prostatecare.org.uk

Three year trek continues



We reported on Guy Woodford's efforts to raise funds for our charity just over a year ago. Guy and his 13 friends have now completed two-thirds of the 400 miles between Lake Geneva and Nice. This is his *marathon* and *raison d'être* for an ambitious fundraising exercise. To date Prostate Research Campaign UK has received over £50,000 from Guy and his sponsors.

Guy tells us that he has written in excess of 800 letters to friends and contacts around the world. He continues to write and will be drawing a line under this appeal shortly after the walkers arrive at the Mediterranean next September.

Each of the three 11-day segments involve an average of 850 metres up and down per day and a little over six hours. No walk in the park! So far accommodation has ranged from mountain huts to 4-star hotels (although they have only found one of those to date)!

We'll report on the final chapter in a year's time.

Uphill struggle

Mr Vanner writes: 'The idea of raising funds by riding my bike up Mount Ventoux first occurred to me at the launch of the Million Prostate Miles campaign. Mt Ventoux is 6263 ft high, the climb itself being about 15 miles long. My son assured me that the gears on my bike would be plenty low enough but he had a rather optimistic view of an old man's fitness. I was standing up in the pedals on each steeply banked hairpin which made the two hour climb a tougher challenge than I had anticipated. My wife Anne's comment when I reached the top was that I looked like being the fittest corpse in the graveyard. I finally managed to raise £1,500 from sponsorship including 5 Euros from an anonymous French cyclist I met en route'.

Pants in the Park

Why not join in our second annual family fun run in Battersea Park on Father's Day, Sunday 18 June 2006. Back by popular demand, is the 5K fun run or walk, but this year we are also adding a 2.5K and a 10K run or walk, so whatever your age or ability there are many different ways to get involved and help raise awareness and funds in the fight against all forms of prostate diseases.

This is a family fun day and we want to raise the profile of the event and get the campaign noticed, so once again we are asking the participants to dress up *superman style* with their pants on the outside of their trousers. There will be prizes for the most outrageous.

This year will be even better than last year. We plan on having a sporting celebrity to kick off the day's proceedings.

For more information or to register your interest please contact the office.

Grateful thanks to

Bill Latto, a commentator at the 1948 London Olympic Games. His memorabilia from the games are to be auctioned in aid of the **Prostate Research Campaign UK** next June.

John and Eileen Horwood from Somerset who exhibited John's paintings and raised £1750.

John and Muriel Clark, who held a Ceileidh at their Golden Wedding Anniversary and raised £505.

Jan Roberts, who again has walked the Nijmegen Marches raising £340 making her total in the two years £1345.

Dr Ambikapathy, who raised over £1,100 by running the Windsor half marathon.

Nicola Perkins who ran a sponsored 10K and raised £225.

Rex Willoughby for completing the Great North Run as well as walking Hadrian's Wall with the Kirby Klimbers

Mrs Tanner for her coffee morning. With its, tombola, raffle and guess the cake weight she raised £816.

Mr and Mrs Robert Kennedy who organised a fashion show with Jennifer Sheldon that raised £1,000.

Tim Ingram who, with friends, walked the Suffolk Coast path and raised £7,000 shared between three charities.

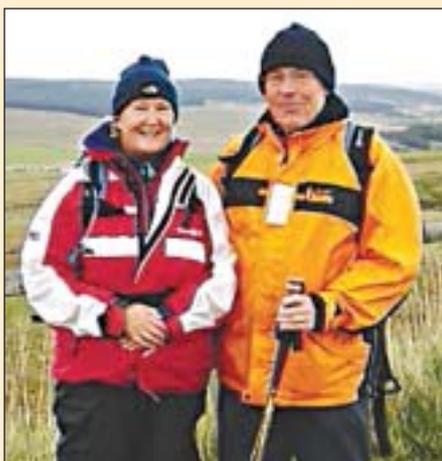
Graham Guthrie aged 55, had a scrape with Prostate Cancer and went under the much trusted and in demand knife of Professor Kirby. Three years later he decided it was pay back time. He and his mates took to their bikes.

Twenty hours in the saddle saw the four exhausted riders plummet their way on day two off the 106 mile South Downs Way into a well earned sundowner drink at Eastbourne Pier. A big thank you for over £1,000 raised.



The wall again

Bob Yates, had made a speedy recovery from his prostatectomy a year ago and chose the 84 mile Hadrian's Wall as a suitable challenge for sponsored fundraising. Wife Sue writes 'It was a good decision since the central part of the trail is truly breathtaking. We crossed in 7 rather than 5 days, giving us time to inspect the mile-castles and



temples en route - We paced ourselves by cutting down the mileage on the rugged central terrain but clocking up 16 to 18 miles on the flatter sections. We also took a day off in Chollerford and used the bus to visit Chester's Fort and, our favourite, Vindolanda, where the famous writing tablets were found.

The B&Bs were wonderful, providing hearty breakfasts, packed lunches and chauffeuring us to and from the pub — pretty good service.

Thanks to family, friends and colleagues in the city and elsewhere, (and a huge admin effort from Dawn at the office), we raised an amazing £40,749. Good news for the charity and the most memorable holiday we've ever had.

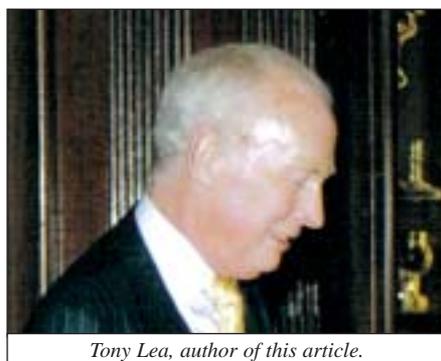
New York run

'Prostate Research Campaign UK is a great organisation that is at the leading edge of research. Having recovered from prostate cancer a year ago, I know that their expertise is very important' says Robert Dunn who recently ran in the New York Marathon raising over £1,000. We liked his garb and Robert says 'I got a great response from the onlookers as I ran in my Union Jack outfit, working the crowd'

Feast of the Five Winemakers

One thing I learnt from my experience of prostate cancer and the ensuing prostatectomy was the almost complete lack of awareness of prostate problems. Questions such as *what does the prostate do?* and *where is it?* were not uncommon. As a result I decided to try and help raise awareness of the disease.

Together with wine merchant Andrew Wilson from Staffordshire who kindly donated his time and wines we organised a Dinner at the Vintners Hall, London on 19 October and called it the *Feast of The Five Winemakers*. Andrew arranged for



Tony Lea, author of this article.

five wine growers to bring and talk about their wines during a reception and five course dinner.

Nicholas Bonham kindly offered to conduct the Auction and this together with a raffle raised about £25,000. I was amazed at the generosity of individuals, companies and corporations who so willingly donated cash, auction and raffle prizes. My former company UBS Investment Bank sponsored the Dinner and in total we raised over £42,000 for the **Prostate Research Campaign UK**.



Events Diary

16 February 2006

The ABC of Prostate Diseases

- a free seminar for Medical Professionals
Manchester Conference Centre

17 February 2006

Charity Golf Day

Pinheiros Altos, The Algarve
Organised by Tim Russell

2 March 2006

One Off Ball

at Marriott Hotel, London

12 - 19 March 2006

Hike for Hope

Jordan Desert Trek

April 2006

Relaunch of

Ignorance Isn't Bliss Campaign

Organised by Kit & Susie Hobday

April/May 2006

Musical Spectacular

Organised by Jennifer Sheldon

3 June 2006

Round the Island Sailing

Cowes, Isle of Wight

18 June 2006

Pants in the Park

Fun Run in Battersea Park
on Father's Day

28 July - 4 August 2006

Walk or Wander the Wall

Sponsored walking on Hadrian's Wall

9 - 17 September 2006

Kirby Klimbers

West Highland Way

6 October 2006

'Loos around the World'

Royal Geographic Society, London
Talk with slides by Peter Voss

20 October 2006

Annual Lunch

Dorchester Hotel, London

6 December 2006

Carol Concert

St Paul's, Wilton Place, Knightsbridge
Organised by Norman Webb

Prostate care

central to good health

Older men do well - could do better

We've all heard of the Government's *Five a Day* campaign to encourage the consumption of fruit and veg, Now statistics have been collected to show how well we are all doing. Across the population a mere 23% are consuming the suggested five a day. Older men, however are among the most diligent at looking after their lifestyle. The 65 to 74 age group are the champions at 29% closely followed by the 55 to 64 group on 25%. We were depressed to learn that as many as nine per cent of us consume absolutely no fruit or vegetables during a typical day.

Some other health yardsticks that the Department of Health keep track of include seeing what proportion of us are taking 30 minutes exercise five days each week. The average is 35% but that means little because of the relationship to age. Half of the under 24s, a third of the 55 to 64s and just 17% of the 65 to 74s take half an hours exercise on five days in the week. Among the over 75s the figure falls away to just eight percent.

Another figure they are keeping tabs on is the body mass index. (See the last edition for details of how to measure yours). There are four categories, underweight, desirable (make of that what you will), overweight and obese. Two thirds of the population are now (2003 figures) overweight or obese while just 28.8% have a desirable shape. One depressing fact is that this is down from 37.8% a decade earlier.

We're fatter, we exercise less and we're developing heart disease, diabetes and cancer at rates unimaginable to our grand parents.



Zinc - Friend or Foe?

by Christina Howard

Clinical Nutritionist at the Prostate Centre

A couple of years ago a friend of mine was diagnosed with an enlarged prostate. Recalling a study published in a nutritional journal, that demonstrated how a deficiency in zinc could be one of the contributory factors leading to prostatitis, he began to supplement his diet with 50 mg of zinc picolinate a day, thus hoping to reduce the discomfort he was experiencing.

To his delight, his condition improved rapidly and his prostate discomfort cleared almost overnight. My friend, though, is of a rather literal turn of mind. So, taking the cautious approach that vitamins and minerals are like money, if some is good, more is surely better, he chose to remain on the same amount of zinc over a number of months,

in addition to his usual daily nutritional regime of vitamins and minerals. Not long after, the old symptoms returned, creeping in slowly, at first and then, at an alarming rate and so, he upped his daily dose of zinc once again. To his surprise, instead of feeling better he began to feel worse. Medical tests revealed that he

now had a serious bacterial infection in the prostate and although he was put on a course of antibiotics (which he took along with his zinc supplementation, of course), his infection continued to get progressively worse. Finally acting upon correct nutritional advice, he removed the zinc from his diet and increased the copper intake. Within a week, his symptoms improved and before long he was back to normal.

So what had happened? A vitamin and mineral profile analysis revealed that the high levels of zinc present in his body had actually created a deficiency in copper and, when low in copper, the human body becomes more prone to a large number of bacterial infections. Such a scenario, inadvertently crafted over a period of several months, may have, in fact, contributed to and intensified his prostate infection.

Like everywhere else in nature, the highly complex and subtle laws of

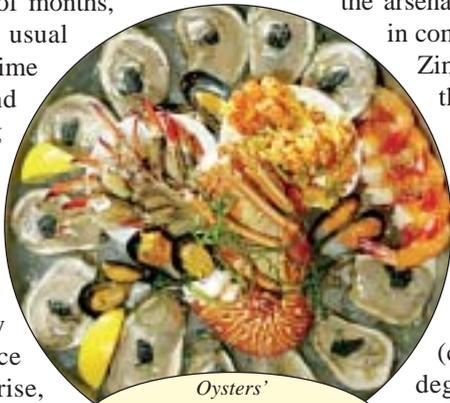
synergy and antagonism also operate between vitamins and minerals, calling for this finely tuned balance to be maintained at all times. When taken in the right amounts, nutrients will co-operate within the cell, they will help absorb each other and work in harmony. On the other hand, too much exposure to one nutrient alone may result in an imbalance, with dire consequences for the overall body chemistry that may lead, in time, to illness and, if left unchecked, in some cases, to cancer.

Taken correctly, zinc is a man's best friend controlling over 70 different chemical reactions in the body. Together with lycopene, vitamin E and selenium, it represents one of the most useful tools in the arsenal of nutrients employed in combating prostate disease.

Zinc will also strengthen the immune system (quite useful during the cold and 'flu season), will heal wounds and burns, will protect the liver from chemical and alcohol damage and will arrest blindness (caused by macular degeneration) in the elderly.

Zinc deficiency can be responsible for prostate problems, impotence, a propensity for diabetes, recurrent colds and flu, skin lesions, impaired vision and hair loss. Low levels of zinc are also a factor in stress, fatigue and decreased alertness. So, where should one look for dietary zinc? Assuming that the absorption levels are good, fish, lamb, legumes, seeds, nuts, poultry all represent excellent sources as does seafood, with oysters as a favourite.

If you get it right, zinc can be a true friend in the defence of many illnesses. Get it wrong and it can turn into a foe!



Oysters' aphrodisiac properties can be traced to the healthy levels of zinc they contain

In development

Satraplatin

Satraplatin, is a new drug being tested for the treatment of hormone-refractory prostate cancer. Platinum-based drugs have become a critical part of modern chemotherapy treatments and are used to treat a wide variety of cancers. Up to now all have required intravenous administration. Satraplatin is the first platinum based drug given orally as capsules that patients can take at home.

GPC Biotech AG the company that owns the drug is currently conducting a Phase 3 registrational trial of its use in hormone-refractory prostate cancer following completion of a Special Protocol Assessment by the U.S. FDA and receipt of a Scientific Advice letter from the European central regulatory authority,

Cancer vaccine

Onyvax-P for prostate cancer has completed a phase II, proof of principle study in patients who failed hormone therapy. It is the lead product of a small start up company of the same name based close to St George's Hospital, London where Professor Dalglish, its research director holds the Foundation Chair in Clinical Oncology. Onyvax is developing new cancer therapies that harness the selective power of the immune system to seek out and destroy tumour cells. Its products specifically target cancer cells, increasing the likelihood that they will be effective while minimising side effects associated with many conventional treatments.

HIFU

High Intensity Focused Ultrasound (HIFU) as an alternative to surgical treatment of the prostate is gathering momentum. We gather that over 90 patients have now received HIFU treatment for prostate cancer as part of ongoing UK based trials.

Stick to those New Year Resolutions

Christmas is a time for making merry. At New Year, we make resolutions to make up for our over-indulgence. These are worth sticking to as a glance at our web site will show. It shows some nasty figures published by Partnership Assurance. Just one example: a 40 year

old male of 18 stone who smokes 20 a day and consumes a couple of Gin & Tonics and three decent glasses of wine daily is, according to actuarial statistics, knocking nine years off his life expectancy. There are other examples for ladies as well as men.

Another successful luncheon

A most enjoyable Ninth Annual Luncheon took place eight years to the very day after our much smaller but very brave first attempt at a corporate event. The 2005 Lunch was held at the Dorchester Hotel on the 200th anniversary of Trafalgar and was hugely successful.

HRH The Duchess of Gloucester again graced the Luncheon with her presence and was greeted at the Ballroom entrance by the President and Mrs Kilmister.

Sir David Frost, the television personality and businessman, made a most amusing and well received speech.

Delightful table presents (credit card holders) for all attendees were generously provided by Aslam Merchant of the Pelican Manufacturing company of Stanmore which added to the festive feeling.



Joe Kirby, one of the 'Heroes of Hadrian's Wall', presented the charity's patron, the Duchess of Gloucester, with a cheque for £173,000 and thanked all those who had given generously in sponsorship.

STOP PRESS: The total is now over £235,000



The Guest Speaker, Sir David Frost, here speaking to The Duchess of Gloucester, underlined how wonderful it was to see young people getting involved in fundraising. He said it was very appropriate, as it would be the younger generations that would benefit tomorrow from the research being paid for today.



are pleased to have financed this issue of Update as a service to the community. The views expressed are not necessarily those of AstraZeneca Oncology and the company is not responsible for any inaccuracies or statements made. Any queries or comments should be addressed to **Prostate Research Campaign UK**.



Memorabilia from this summer's gripping Ashes series were among the prized items up for auction. Three hundred guests attended and under the masterful direction of the auctioneer, Eric Knowles, they were charmed and cajoled into parting with more than £17,000.

Generous supporters, Andrew Braddon, Bernard Edmunds and Etienne de Villiers were among those who provided very exciting items for Auction.

A game called Heads and Tails raised £3000 and resulted in Bury St Edmunds resident Mrs Serena Wyman winning a magnum of champagne and an hour long flight in a light aircraft piloted by Paul Bazire.

One person whose friends will see plenty of him in the future is veteran diplomat Sir John Fretwell GCMG for he purchased at the auction his portrait to be painted by renowned artist Johnny Jonas who painted the official portrait of Queen Elizabeth The Queen Mother for her 100th year.

To John Anderson and his staff go warm thanks for another memorable Lunch. Great stuff!

Our thanks to Tony Kilmister and Laura Martin for contributing to this article

Something for everybody

Lots of you were inspired by last summer's fund raising wall walk. So we are organising a repeat in which everyone can participate.

To cater for all energy levels we are offering two choices:

Φ Walk the length of Hadrian's Wall from Wallsend to Bowness-on-Solway in 6 days/7nights between Friday 28 July and Friday 4 August 2006. This will cost you £340.

Φ Wander the Wall which will include walking part of the wall in 4 days/5 nights from Wylam to Banks, averaging around 10 miles per day. The **Wander** starts on Sunday 30 July and finishes on Friday 4 August and will cost £255.

We are asking that each person raise at least an additional £500 in sponsorship money.

The prices include full Bed and Breakfast accommodation, baggage transfers, maps and directions. Transport to and from the start and finish of Hadrian's Wall is not included, but further details of planning journeys can be obtained from the office.

You will make new friends, enjoy wonderful scenery, keep fit and help the cause.

So, reserve your places now. We are asking for a registration fee of £100 and the balance to be received no later than 5 May 2006.

If you are interested in taking part, phone Danni in the office.