



Weekly Newsletter – 17 June 2016

Hello All

NEW MEMBERS

A very warm welcome back to Ben Greetham who has rejoined the club this week.

CANCELLED - CLUB TRACK CHAMPIONSHIPS 17th June at 8.15pm – Palmer Park Velodrome, Reading

Rather disappointingly there were only 3 entries for the Club Track Championships so Dick has reluctantly had to cancel this.

CLUB RIDES

Unfortunately the previous weekend's glorious weather was all too brief and Sunday's weather at the other end of the spectrum with heavy rain and cold temperatures. However that didn't deter 6 of our hardy members – kudos to you all.



PROSTATE CANCER

Inspired by his own experience and that of a close friend, Andy Hale has penned a thoughtful and informative article on prostate cancer and the danger of not acting on the first sign of any symptoms.

Although not strictly cycling related it is something that's very likely to touch many of our lives sooner or later and I urge to you read it in the Appendix.



OPEN TT RESULTS

The FCCC TT Team were out in force on Saturday with David Ogden, John Norton and Tim Duncan-Booth on the P881/10 course at Liss and Vernon Schutte and Richard Brooke on the H25/8 course on the A31.



David, John and Tim in action

The new Bioracer TT suits must be working as David, John, Tim and Richard all recorded new PBs! Well done!

Vernon's TT Chronicles continue in the Appendix this week with his reports on the Redmon CC 25 mile on the H25/8 and last week's North Hants CC 10 mile open on the H10/8.

TT KIT ORDER

Kelly Miller, our Clothing Sec, will be posting details next week on both Facebook and the Forum of kit options and how to order so stay tuned to both and get your order emailed in to Kelly.



HYPOTHERMIA

Alas with the weather unexpectedly cold and with torrential rain falling from his very early start time of 7.26am on Sunday morning Dave Triska suffered hypothermia in the Newbury 12 hour TT and took the sensible decision to withdraw after about 3 hours. Dave will now focus on another summer 12 hour race but has asked me to express his thanks to those supporting and encouraging him on his aborted effort.



CLUB TIME TRIAL RESULTS

9 June 2016 - Last Thursday's Club TT on HCC257 20k

Posn	#	Time	Plus	Name	Club
1	13	0h28'51"	+0h04'13"	Mr J Goward	Four4th
2	11	0h29'56"	+0h03'19"	Mr T Carman	Farnborough & Camberley CC
3	16	0h31'04"	+0h01'42"	Mr S Hunt	Farnborough & Camberley CC
4	10	0h31'34"	+0h01'52"	Mr G Lock	Farnborough & Camberley CC
5	4	0h31'56"	+0h01'08"	Mr R Cudlip	Farnborough & Camberley CC
6	15	0h32'41"	-0h00'01"	Mr J Gubb	Tri20
7	5	0h33'00"	+0h00'04"	Mr S Smith	Farnborough & Camberley CC
8	9	0h33'02"	+0h02'46"	Ms M McDowell	Farnborough & Camberley CC
9	8	0h33'40"		Mr C McQueen	VC Meudon
10	7	0h33'42"	-0h00'21"	Mr R O'Hara	Farnborough & Camberley CC
11	3	0h34'10"		Mr J Theobald	Farnborough & Camberley CC
12	2	0h35'34"	-0h02'19"	Mr D Flesch	Farnborough & Camberley CC
13	1	0h39'08"	-0h04'37"	Mr M Vandersluis	Farnborough & Camberley CC
	12	D.N.F.		Mr P Stratford	Farnborough & Camberley CC
	6	D.N.F.		Mr A Ellisoa	TBW Bottecchia Wigmore RT
	14	D.N.F.		Mr L Stratford	Farnborough & Camberley CC

10 JULY 2016 - FARNHAM MALTINGS 'BIKE: A FESTIVAL OF CYCLING' and PEDAL HEAVEN HILL CLIMB

On Sunday 10 July 2016 Farnham Maltings is organising 'Bike: a festival of cycling', 10am-5pm. As well as exhibition stands for merchandise there'll be competitions, workshops, roller racing, films, talks, a cycle jumble, fitness taster classes, a theatre production of 'Ventoux', Go-Ride stuff for kids and adapted bikes for people with disabilities - something for all ages and for all types of cyclist.

Later at 6pm on the evening of the festival, VC Meudon is organising a hill climb, sponsored by Pedal Heaven and have asked us to enter riders and especially teams of three to promote FCCC to potential members and to compete in the inter-club competition. The climb is short and less than 5% so even those who have competed earlier in the day or ridden the club run should complete it with ease.

It's a good opportunity fly the flag for FCCC, also there excellent opportunities for spectating, and more importantly the bar will be open at Race HQ.



More information about the Bike festival is available from Ali Ford on design@emspace.co.uk or by visiting this page: <https://farnhammaltings.com/events/bike-a-festival-of-cycling/>

You can keep up to date with developments by checking out the event page on Facebook https://www.facebook.com/events/1201494746544635/?active_tab=posts

More information about the hill climb and how to enter can be found here: <https://farnhammaltings.com/events/pedal-heaven-hill-climb-2/> or by contacting Andrew Milner by email on a2milner@btinternet.com

Let me know if you sign up.

UPCOMING RIDES

Club Time Trials

The next few club TT races:

<u>Date</u>	<u>Time</u>	<u>Course (click for link to courses)</u>
16-Jun-2016	19:00	HCC175
23-Jun-2016	19:00	HCC255b
30-Jun-2016	19:00	HCC175
07-Jul-2016	19:00	HCC216a

For those members who may have missed the full list of the club time trials in an earlier newsletter the full list can be found by following [this link](#)

No experience or special equipment is required to enter these club races, just turn up on your road bike 15 minutes before the start time and give it a go. And it's free for FCCC members.

Sunday 19th June - Club Social Rides

The Social, Café and Mid-Paced rides all start at 09.30am at Speedy's in Cove this weekend. Keep an eye on the [Facebook](#) page and the [Forum](#) for more details.

Midweek Rides

There is a Chain Gang ride on Tuesday from the BP garage in Mytchett starting at 7.15pm (register your interest on the weekly FaceBook event) and the usual Wednesday Social Ride (09.30) from Speedy's.



Quote of the week: “Give a man a fish and feed him for a day. Teach a man to fish and feed him for a lifetime. Teach a man to cycle and he will realise fishing is stupid and boring” – Desmond Tutu

NEWSLETTER HOLIDAY – I shall be away on holiday for the next 2 weeks so there will be no newsletters during this hiatus.

Safe riding!

Jeff Davis - FCCC Newsletter Editor





APPENDIX

Vernon's TT Chronicles

North Hampshire Road Club H10/8 04/06/2016

Following on from the 100 it was another short 10 mile TT on the Bentley course.

The weather was a bit cloudy with a light northerly wind blowing. Good, a bit of tailwind on the Chawton bound section would help me on that long incline.

My approach to this race was "give everything you've got ". Having found out how much I could push myself last week I was feeling confident I would do well.

I arrived earlier than normal and gave myself a longer warm up, ready for the off. I was number 58 towards the back of the field. Tejvan Pettinger was 2 minutes behind me and he is fast. I was hoping to hold him off for about 10 minutes.

Off I set and pushed myself along the bypass and the climb towards the H&C. Everything was going well and I managed a faster speed up the hill and along the flat then down the dip and on towards the waste transfer station.

I can normally hold my minute man for 6 ½ minutes, today there was no number 59 so I was holding off Pettinger. He came past me on this section 8 1/2 minutes in, he was flying!

I concentrated on keeping my speed up and made the turn at Chawton. Checking my time I saw I was slightly quicker than normal so the plan was working.

So far I had managed to maintain my aero position even on the hills and was determined to keep it all the way.

On back towards the H&C glancing at my speed every now and again , I had been faster along this section but often a steadier pace is better than bursts of speed that tire you before the hill.

Down the dip and up the other side, could not hold aero and just pushed as hard as I could. Onto the bypass and again a steady pace maintained, over the rise and onto the downward slope to the finish giving it all I had.

I had got a new Personal Best of 25:34 knocking 25 seconds off my previous 2 times.

I came 50th out of 58. Pettinger came 2nd in 19:26.

Another good ride with more learnt about what I can do to keep on improving to get down to 25 minutes.



Redmon CC H25/8 11/06/2016

Time for another 25 miler, 2 months since the last one and a chance to see if I can get my time down.

I was discussing techniques with the leading TT team members in the run up to this event. The discussion was about large chainring sizes and speed of cadence.

I have a 54 /42 setup on the front with a standard 11-28 10speed on the back. My average cadence is in the low 70's. It was felt that I should up that to around 80 and go up a cog at the back. This would enable me to keep up a good speed but reduce the strain on my knees. As I had been suffering from cramp on my recent longer rides this would be worth trying.

I was allocated number 28 so an early start out of the field of 80.

The weather was warm but cloudy with the wind light and from the north. Another tailwind to Alton to give a slight help on the incline.

I set off with my cadence in mind and kept it as high as I was comfortable with. The drag up from the bypass seemed to go easier and the run across the top and down the dip felt faster than had been on my previous 25.

The run past the waste transfer station also went well and soon I was on the turn and heading back to Coxbridge. A check of my time revealed I had pushed it and covered it in just under 13 minutes, a time that I would be happy with on a 10 miler. I wondered if I had overcooked it as my heart rate was averaging about 157bpm which is at the top end of my threshold zone.

No good worrying just get on with it and keep the cadence up. The run back to the H&C goes without trouble with my heart rate creeping up even higher but I don't feel troubled by it.

On to the small ring for the climb the other side of the H&C to keep the cadence up and then it's on towards the bypass.

My speed is a fraction higher than it was the month previous and I am feeling confident. Once past the Bull my heart rate drops a little as I settle into the higher cadence and steady speed of 24mph. I had just covered the 10 mile course as if I was only doing a 10 so something was working.

The turn is made and I head back to the start line. My speed has dropped slightly but as I go past the next rider getting ready to go I clock it at about 37 1/2 minutes, really happy with that.

Now to push for the last 10 miles.

Along the bypass and up the incline my speed suffering a bit but I am keeping up my high cadence. The H&C and the waste station come and go and it is down to the turn. I am a minute slower than the previous run but still feeling strong.



Now for the climb that has been giving me trouble. I push up it and my knees are feeling tight but sticking with my new found high cadence I am up and over it without incident.

Next the slope after the H&C the knees again feel as if they are stiff but dropping on the small ring keeps me going. 3 miles left and pushing it I head for the bypass and the downward slope.

My cadence is rising as I race down the long slope, I hear the chain rubbing and wonder what the problem is? Idiot! I am still on the small ring!! Quick change up and away I go.

Heart rate is edging back towards the top end of my threshold level as I keep up the push along the bypass over the ridge and down towards The Bull. Up the rise past it and onto the flat section heading for the finish line.

I struggle a little on this section as I want to push for it but I do not want to go too early. I clear my mind and remember exactly where the finish is and know my marker to start the big rush for the line.

Go for it and push with all my might, it's done and I am relieved.

Final time 1:05:48 a whole 1 minute 26 seconds better than my previous time and only 6 seconds off the PB from last year. Still around the bottom 5 but there were a lot of fast riders on the course turning in sub 60 times.

Onwards and upwards, Vernon



APPENDIX

Prostate Cancer – a wake-up call

Please take a few moments to read & digest this article, it may help to save your life or that of another male relative or friend

You may already know that prostate cancer is the most common cancer in men, yet somewhat surprisingly, no national screening programme for this disease exists, which is in stark contrast with the screening programmes in place for breast cancer or cervical cancer in women.

- It's estimated that by 2030, prostate cancer will be the most common cancer overall.
- One in eight men will get prostate cancer.
- Over a quarter of a million men in the UK are living with and after prostate cancer.

Prostate cancer mainly affects men over the age of 50 and your risk increases with age. The average age for men to be diagnosed with prostate cancer is between 70 and 74 years. Younger men (under 50) can be affected, but this is rare.

You are two and a half times more likely to get prostate cancer if your father or brother has been diagnosed with it, compared with a man who has no affected relatives.

Now that I've possibly scared the hell out of you, or at the very least, given you cause to worry a little about prostate cancer, let me tell you some more about it, both from my own viewpoint when I was successfully treated for it in 2005 & also from the viewpoint of Dave, a long-standing friend of mine (an ex-cyclist & time trial rider as it happens), who is currently striving to slow the progress of the advanced prostate cancer he is suffering from.

First, some facts:

Signs and symptoms:

Prostate cancer can grow slowly or very quickly. Most prostate cancer is slow-growing to start with and may never cause any symptoms or problems in a man's lifetime. However, some men will have cancer that is more aggressive or 'high risk.' This needs treatment to help prevent or delay it spreading outside the prostate gland & this is key when it comes to arresting or eradicating the disease.

If a man does have symptoms such as problems urinating or having to get up frequently to pee during the night, these can happen over many years. For some men the first noticeable symptoms are from prostate cancer which has spread to their bones. If this happens, you may notice pain in your back, hips or pelvis that was not there before. These symptoms could be caused by other problems such as general aches and pains or arthritis, but it is still a good idea to get them checked out by your GP if you are worried.

Most men with early prostate cancer, as was the case for me, do not usually have any symptoms.

When I passed my 50th birthday, I did give a thought or two to having a PSA test (see further info on



this below), but since I was not experiencing any symptoms, I did the usual “blokey thing” of putting off doing anything about it. Around seven years later, during which time I had thought periodically about having a test but had done nothing, I received a round-robin letter from my GP surgery asking for volunteers to take part in the trial of a proposed drug for delaying the onset of prostate cancer. The first part of such a trial was to have a PSA blood test, so this finally pushed me into having the test.

The results were quite encouraging, a reading of only 4.7, which was high enough for me to continue with the trial (a PSA of 3.0 was the required minimum level) but certainly not high enough to give me any concern, as PSA readings in the 70-100 range are not necessarily indications of any cancer being present, as there could be other causes behind these readings.

The next stage of the trial therefore, was to have a biopsy, to absolutely confirm I was cancer-free. Now I did dither a little about submitting to a biopsy, because it is “not the most pleasant procedure in the world”, but I eventually decided to go ahead as I wanted to continue with the drug trial (you’ve no doubt heard the Mastermind phrase “I’ve started so I’ll finish”) & this turned out to be my life-saver, as seven out of the ten “shots” they took in the biopsy showed up positive for cancer cells.

The same evening that I received the result, I was in my GP’s surgery getting a referral to a consultant at Frimley Park Hospital & all the subsequent tests there confirmed the cancer was still contained within the prostate, the best news I could have hoped for in the circumstances.

In terms of treatment, rather than the possibility of having my prostate removed (as debilitating a procedure for a man as having a hysterectomy would be for a woman) I was allowed to select my preferred treatment option, brachytherapy (see details below), which entailed a 24 hour hospital stay over a Wednesday/Thursday & then back to work the following Monday, followed by check-ups at 3, 6 & 12 months post-op. The target was a PSA level of 1.0 after 12 months, which I achieved & since then my PSA has continued to fall to almost as near to zero as it’s possible to record. The brachytherapy procedure does not harm any of the surrounding tissues as the more general application of radical radiotherapy might do, in fact I don’t believe I even needed to take any post-op painkillers after the procedure.

The procedure definitely did not prevent me from resuming cycling, I just played it slightly safe & delayed my return to riding until after my first 3 month check-up, but I was probably being a tad over-cautious.

Now, let me relate the sad situation that my friend Dave finds himself in. He had experienced some of the classic symptoms on a sporadic basis for a year or so, but it was only when the symptoms persisted that he went for a PSA test & subsequent tests revealed that the cancer had spread outside his prostate, which is the news he definitely did not want to hear. If he had previously been told by his mother that his uncle had died from prostate cancer some years before, Dave would have gone for a PSA test much earlier & might have been able to have treatment before the cancer had managed to spread so far.

His situation currently is that he’s in a lot of pain & taking “industrial quantities” of pain killers including morphine, after having been through a number of courses of radiotherapy & chemotherapy & is now on the latest of several trials of cutting edge, un-released drugs, but his prognosis for a long-term cure is not good, to say the least.



So, between the two scenarios, I think you can gauge the benefits of firstly having an initial PSA test once you reach 50 years of age (or possibly earlier if you have a relative who had been diagnosed with the disease) & then secondly, making sure that you repeat it on an annual basis, or more frequently if your GP recommends it.

And the same situation applies to any male relatives or friends, it is highly advisable for your brother, father, uncle, male cousin or even maybe your grandfather (!) to have their PSA level checked – it's only a simple blood test after all.

The ladies among you are not off the hook with this either – it's time for you to adopt your “she who must be obeyed” persona, as you can play a valuable & active part in getting your menfolk tested.

Here is some additional information about the tests & treatments available for prostate cancer:

PSA test

This is a simple blood test that measures the total amount of prostate specific antigen (PSA) in your blood. PSA is a protein produced by normal cells in the prostate and also by prostate cancer cells. It is normal for all men to have a small amount of PSA in their blood. A raised PSA level may show that you have a problem with your prostate, but not necessarily prostate cancer.

All men aged over 50 are entitled to have a PSA test as long as they have first talked through the pros and cons with their GP & you can have a PSA test at your GP surgery.

A raised PSA level can show that there might be a problem with your prostate. To find out what this problem may be, your GP will ask you about any symptoms and can do a number of other tests.

A raised PSA level can be a sign of prostate cancer. But some men with a normal PSA level can also have prostate cancer.

Some possible treatments:

- Active surveillance or watchful waiting are ways of monitoring slow-growing prostate cancers which might never progress or cause any symptoms.
- Radical prostatectomy is an operation to remove the prostate gland and the cancer contained within it. You may be suitable for this treatment if your cancer is thought to be contained within the prostate gland and you are otherwise fit and healthy.
- External beam (radical) radiotherapy uses high energy X-ray beams to treat prostate cancer. The X-ray beams damage the cancer cells and stop them growing.
- Brachytherapy involves implanting tiny radioactive seeds into your prostate gland. This is also called low dose rate brachytherapy. Radiation from the seeds destroys cancer cells in the prostate. You may have this treatment on its own or together with external beam radiotherapy or hormone therapy



- Hormone therapy helps control prostate cancer by stopping the hormone testosterone from reaching the prostate cancer cells. It does not cure cancer but can keep it under control for many months or years. It can also help to manage symptoms. You might have hormone therapy on its own, or with other treatments such as radiotherapy or brachytherapy.
- HIFU uses high frequency ultrasound waves to heat and destroy cancer cells in the prostate. It's newer than some other treatments, and we don't know as much about how well it works and about the risk of side effects in the long term. Because of this, HIFU is only available in specialist centres in the UK or as part of a clinical trial.
- Cryotherapy uses freezing and thawing to kill the cancer cells in the prostate. It is also called cryosurgery or cryoablation. It's newer than some other treatments, and we don't know very much about how effective it is at treating prostate cancer in the long-term or how it may affect your everyday life. Because of this, cryotherapy is only available in specialist centres in the UK, or as part of a clinical trial
- Hormone therapy can keep prostate cancer under control for months or years. But over time, cancer may start to grow again. If this happens, there are further treatments available.
- Chemotherapy uses anti-cancer (cytotoxic) drugs to kill cancer cells. It doesn't cure prostate cancer but can help to control symptoms. It may also help some men to live longer. You may have chemotherapy alongside other treatments such as palliative radiotherapy, bisphosphonates, pain-relieving drugs, and steroids.
- Abiraterone (Zytiga®) is a new type of hormone therapy for men whose prostate cancer has spread to other parts of the body (advanced prostate cancer) and has stopped responding to other hormone therapy treatments. It is used to help control symptoms and not to cure prostate cancer

Useful hyperlinks: <http://prostatecanceruk.org/> <http://www.prostate-link.org.uk/>

Thank you for reading what turned out to be a slightly longer piece than I originally planned, but I hope I've managed to influence you guys positively towards having either an initial PSA test, or a repeat one.

For any questions etc., do feel free to speak to me personally or to contact me via e-mail at andy.hale@sky.com

Best wishes,

Andy Hale