

Mr Jeremy Hunt MP, Secretary of State for Health,
House of Commons, London, SW1A 0AA

Ms Victoria Borwick, MP For Kensington & Chelsea,
House of Commons, London, SW1A 0AA

Dr Helen Neilan, Portobello Medical Centre,
14 Codrington Mews, London W11 2EH

Press Officer, British National Party,
PO Box 213, Wigton, Cumbria, CA7 7AL

Mr Sadiq Khan - Mayor Of London,
City Hall, The Queen's Walk, London SE1 2AA

**Dr Alison Falconer, Clinic 8 - Oncology, Charring Cross Hospital,
Fulham Palace Road, London, W6 8RF**

Sean Bryson
48 Tavistock Road
Notting Hill
London
W11 1AW

Monday 18th July 2016

Dear Dr Falconer,

On Monday 9th May 2016 my 15:15pm appointment with you was dealt with by your colleague, Ms Charlotte Kathleen Kelly. My previous appointment with you in late March or early April, was also dealt with by Ms Charlotte Kathleen Kelly.

At this previous meeting with Ms Kelly in March/April 2016 we discussed my PSA levels and other issues, and the whole meeting with her had a pleasant, friendly, conversational feel about it.

The Clinic 8 test on 9th March, had shown a PSA reading of 5.13 I had another Clinic 8 blood test on 21/03/16 that gave a PSA reading of 4.68 The very next day after the Clinic 8 test on 21/03/16, I paid £100 for a private PSA blood test which gave a reading of 3.91 This would have been on 22/03/16. Ms Kelly asked me why I felt the need to get a private test done. I stated that we are talking about Cancer, and the treatment is chemical castration as Prostate cancer cells feed on male testosterone to survive. She seemed to understand my concern.

We then went on to discuss other things which included my bowel problems due to the effects of the painkiller "Tramadol" that I had recently started taking for a shoulder injury, caused by me over doing my 'Dumbbell' excersises to me help regain the muscle tissue lost by the testosterone suppression treatment.

Ms Kelly prescribed some "MOVICOL" This worked very well.

Alas, I should have been on that product from the outset. Everything moved, but was unable to move enough. It got so bad I could not even pee !

I called an ambulance and was taken to Charring Cross Hospital A&E.

Eventually, everything was sorted out.

Looking back it was all quite comical as the whole situation had all the ingredients of a "Carry On" film.

I spent the night of the 4th & 5th April 2016 in Charring Cross Hospital and got my free breakfast.

The nursing staff as ever, were top notch !

The point of telling you about this recent Hospital stay, is this.

While talking to the Doctor I naturally told him of my prostate situation. This Doctor took 5 tubes of blood from me, and later returned to state a couple of times, that all of my bloods were spot on. I got the impression that he was quite surprised at this ? He did not say anything more specific. What was my PSA on that occasion ?

When Clinic 8 takes my blood they take 2 or 3 tubes for testing. As I say, this doctor took 5 tubes, he knew of my prostate situation prior to taking the blood, and later confirmed that all of my bloods were spot on.

As you know, since that date, I have had another MRI scan, and yet another blood test.

What was my PSA on that occasion ?

At the meeting on Monday 9th May 2016, Ms Kelly showed me this scan, and referred to something on it in a very vague and inexact manner, and stated that it was inoperable. To me the image just looked like someone had spilled a can of grey paint and then rolled about in it. It was meaningless to me.

I did try to get clarification from her about what we were looking at, but either she did not know or did not want to commit to a definitive answer about what she was showing me. One bit of grey just looked like any other bit. She said this combined with my PSA levels showed that the cancer had returned and was therefore incurable. The only thing that could be done was lifelong hormone medication. In other words, chemical castration. Later on if this ceased to have any effect, there was always chemotherapy.

I don't know what has happened in the short period between this visit with Ms Kelly, and the previous one around the end of March 2016. But on this day, Monday 9th May 2016, right from the outset, it was plain she did not like being in the same room as me, and all of my attempts to establish a rapport were constantly parried by her to the point of open contempt, and out and out ill-mannered dismissive rudeness ?

Has the "Marxist" political damage to my life that I have endured for so many years, now found a way to enter into my Cancer treatment programme ?

Perhaps, it is this.

After the recent London Mayoral election result, I highlighted a YouTube video that expressed some concern about this result on my political website. It was outlining the dangers of people with "Universal" values and loyalties, attempting to co-exist with people who have "In-Group" values and loyalties. And I do mean "Attempting" It applies to any group, with "In-Group" values and loyalties. It really is quite thought provoking, and points out the highly controversial demographics and voting statistics that brought Mr Barak Obama to power in the USA. These statistics are seldom spoken of in polite society. Why not ? Then of course here in the UK we had the August 2011 riots, a fine example of solidarity based on race, as opposed to solidarity based on a principle. If the demographics and statistics of these two examples had been reversed, you would have heard the left wing Anti Racist - "Anti-White Hatefest" 24/7. So, why the silence of the left now ?

While Ms Kelly was explaining my situation and treatment I had the overwhelming feeling that I was being sold a duff set of goods by a third rate salesman/saleswoman.

What the truth is I do not know, but I am convinced that Ms Kelly did not believe what she was telling me. And I can assure you that it showed.

All things considered, I am not satisfied as to what the situation is with my Cancer.

I would like a second opinion, another MRI scan with a "clear" explanation of what it shows, another series of blood tests, perhaps even another biopsy, and a far more professional and comprehensive explanation and evaluation of my situation, including future possibilities and options.

Something that I mentioned to Ms Kelly on 9th May 2016 is the new Cancer treatment that has recently been pioneered at St Marys Hospital in Paddington.

There was a deafening lack of reply to my comment from Ms Kelly ?

My initial Prostate Cancer test was done quite some years ago at St Marys Hospital, a biopsy was suggested but I declined. I explained why to my Doctor at that time, Dr John Stride, Portobello Medical Centre, London W11 2EH. My reasoning was that on the meagre evidence available, a biopsy was too invasive and potentially damaging. Doctor Stride agreed, and suggested that we just monitor with regular blood tests for the time being.

After that my whole Prostate question got put on the back burner and forgotten about.

Then in May 2012, at Charring Cross Hospital, I was diagnosed with advanced Prostate Cancer and a PSA of 39 !

Should there not have been follow up appointments from the medical authorities after my initial consultation at St Marys all those years ago ? I thought that this was part of what health professionals were paid to do.

This latest precisely targeted treatment at St Mary's has a very high degree of accuracy for destroying cancer cells. The Individual cells themselves can be viewed in real time. Coordinates are then entered into a computer, and the cancer cells are subsequently "Zapped" Collateral damage to surrounding tissue is either nil, or almost nil.

"If" my cancer has returned, then it is still at the ultra minuscule stage and would seem to be ideally suited to the sort of treatment now being developed at St Marys Hospital.

Chemical (or Political ?) castration, when the above treatment might be available, seems inappropriate. Sledge hammers to crack walnuts comes to mind.

From my perspective, whether or not any sort of further treatment is needed at all, is still very open to question.

Thanks to the early retirement option coming my way, I have time to pursue a number of my interests, and I am always on the lookout for new developments concerning Prostate Cancer. In general I am feeling very fit and well with no noticeable Cancer symptoms at all. Thankfully, my metabolism is slowly returning to normal. It has taken a long time. My Testosterone was suppressed for a period of 30 months or more, and as you know, it is quite some time since my hormone treatment ceased.

I sleep the sleep of the good and the just, my appetite is normal, that means either good or better, and for some time now my waterworks have functioned as normal in every way, with my use of Tamsulosin almost at a complete halt.

Physical fitness is slowly returning via my exercises, with my mind being kept occupied by my computer.

This is my latest computer project <http://www.NottingHillNews.com>

You will find the online version of this letter there. Please feel free to leave a comment.

My next appointment with you has been made for Monday 15th August @ 14:00

The prescription for Bicalutamide 50mg, that I collected from the Hospital pharmacy on 9th May 2016 has not been used. The blister packs are still intact in their original box, and this will remain the case until I have better information about my condition. In addition, the two prescriptions for this medication given to me by my GP on 7th June 2016 and again on 08 July 2016 have not been presented to any pharmacy for collection. I still have them at home. So, any future blood tests should give a true reading.

Earlier in this document I referred to "Marxist" political damage to my life.

For clarification just follow this link <http://www.SeanBryson.com> , many, but not all, of the events are there for interpretation at your leisure. It all stands up by itself and requires no additional explanation from me.

From my previous personal experiences, you will see that it really is only a very small jump, to start to wonder about my Cancer treatment.

(The "PDF" page, provides much additional food for thought. It's a popular download)

Consider this!

In other parts of the world, the people who are quite happy to carry out perfectly legal, state endorsed punishment amputations, have frequently spent many years being trained in and socialised in, western society, Hospitals and Universities. Knowledge and education, are no guarantee of morality, integrity, or anything else. "From anyone"

My tone in this letter to you may sound rather pushy and demanding, but we are talking about Cancer. So I can't afford to take any prisoners.

Naturally, I need to consider all possibilities, and make full use of all tools and options available to me, to safeguard my life, future health, and well-being.

I do not consider any part of what I have stated here to be confidential.

Yours Faithfully

Sean Bryson

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Friday 12th August 2016

Dear Dr Falconer,

Thank you for your email of 10th August 2016.

I had expected a reply to my letter of 18th July 2016 before this date.

Given the situation, I thought you would reply to me in writing to address the medical issues that I have raised.

I would still like this prior to any future meeting or further treatment.

Please don't prevaricate, as I wish to know exactly what is what concerning all of the medical issues that I raised in my letter of 18th July 2016, including being "forgotten about" by the Medical Authorities after my initial prostate examination at St Marys Hospital some years ago.

Although you were not involved in my medical care at the time of my initial examination at St Marys, you are most certainly in a position to speak to St Marys Hospital and find out.

Alternatively, take me off your patient list and inform my GP.

Yours Faithfully

Sean Bryson

DEPARTMENT OF CLINICAL ONCOLOGY

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Date: 19 October 2016

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P: 020 3311 1234
W: www.imperial.nhs.uk

Dear Mr Bryson

Re: **Mr Sean Bryson – [REDACTED]**
[REDACTED]
48 Tavistock Road, London, W11 1AW

I write in reply to your letter of 18th July. I am sorry for my delay in replying which was exacerbated by my receiving the letter when I returned from leave.

In order to give a comprehensive reply I have grouped your concerns as expressed and have replied to them in turn.

March/April 2016

In reply to specific questions your PSA on 4 April 2016 was 4.31µg/l. This is the last blood test that we have on record here, and your MRI scan was done on 18 April.

9 May 2016 meeting

In this meeting you describe Dr Kelly showing you the MRI scans and explaining the findings. The scan had been reported by a specialist radiologist and the new abnormalities were subtle. I find it difficult sometimes to explain what the differences are when showing scans to patients, and I am sorry for your and Dr Kelly's sake that this scan was not particularly clear, because of your previous treatment with radiotherapy.

However what was clearly described were two new and abnormal areas on the left of your prostate. Together with the rise in your PSA these indicated return of the cancer. Surgery to remove the prostate after cancer returns following radiotherapy is generally not recommended for the same reasons that we did not recommend surgery to you in the first place. The cancer is not all removed and the damage to local tissue, with problems with incontinence and complete absence of erections, mean that it is not of benefit, and so not undertaken. Standard treatment in this situation is androgen deprivation, and starting at a low dose of bicalutamide was suggested to limit side effects.

I am sorry that you felt that Dr Kelly's communication with you that day was different from your good experiences with her before. She is a competent and well-liked colleague with experience in oncology, and is a trainee in the specialist clinical oncology programme for London.

I assume that the new treatment you refer to at St Mary's is HiFU. I would not expect a clinical oncology trainee to be fully conversant with this; it is a surgical technique and although other centres have used it in the past for prostate cancer relapse after radiotherapy, it has not been widely adopted because of poor results and toxicity. In particular the St Mary's HiFU programme deals with localised prostate cancers previously untreated and so you would not have been eligible even at the time of your diagnosis. This is because the chance of cure for you with HiFU would have been much lower than with other treatments.

Diagnosis of prostate cancer

You describe having a PSA test, then being assessed at St Mary's and declining the offer of a prostate biopsy after careful consideration. In this situation we would not normally follow a patient up as a clear wish not to have intervention has been expressed. I cannot comment on your discussion with your GP but you describe that a plan to monitor PSA had been agreed upon between you. You were ultimately referred, I understand by your GP, with a significantly raised PSA of 39 and subsequent biopsy led to your diagnosis.

Political comments

I confess myself somewhat perplexed by your comments on perceived political damage to your life impacting on your medical treatment. I see little point in rebuffing your comments since you express your views so consistently and clearly in your letter and elsewhere.

You had a high grade prostate cancer with a chance but not certainty of cure, and we have discussed this over the years. It is bad luck rather than inadequate treatment which has brought you to this situation and it was Dr Kelly who delivered the news in a way which you seemed to find objectionable.

The future

I have already suggested meeting but you at present have only communicated by letter. It seems to me that a discussion around your future care with me or a colleague would be constructive. I can offer an appointment in my clinic at Charing Cross in the next few weeks. If you wish a second opinion then I am happy to facilitate it if you let me know whom you would like to see or at which unit you would like review. This would of course need to be within the NHS.

Yours sincerely



**Dr Alison Falconer MA MRCP FRCR
Consultant Clinical Oncologist**

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Monday 31st October 2016

Dear Dr Falconer,

Thank you for your recent letter advising me of my options to have my Cancer situation completely reappraised. I would like this to be carried out at the facility given below.

University College Hospital Macmillan Cancer Centre
Huntley Street
London WC1E 6AG

It should be undertaken by personnel who are as far as possible, not connected with the current team dealing with my medical condition.

Yours Faithfully

Sean Bryson

CC:

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