

## Welcome to the first edition!

### Editorial

Welcome, dear reader to the very first newsletter of the Prostate Research Campaign UK. We imagine you to be a middle aged or older man with an interest in the prostate for personal reasons. That certainly typifies your editorial board! But we recognise that amongst our readers there may be wives or relatives who think it is about time the male in their lives did something about his 'waterworks' problems. And some of you will have already made a financial contribution to the charity's work, for which many thanks.

Whoever you are, we intend this newsletter to be an informative and interesting read. It can never be a substitute for the sort of comprehensive information one can get from medical experts or specialist publications but it should bring you up to date and may serve as a starting point for obtaining literature of a more detailed nature. It should be the sort of publication you would feel happy about handing on to a friend, who may have a prostate problem, at work or in the golf club or wherever.

In this edition there are no letters from readers for the simple reason that it is the first. We would dearly like to have a letters column in the future, so why not drop us a line?



*are pleased to have financed this issue of Update as a service to the community. The views expressed are not necessarily those of Zeneca 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**

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## Microchip man's quest for the right treatment

Andy Groves was the Chief Executive Officer of the largest microchip company in the world, when in the autumn of 1994 his family doctor of 20 years retired. His new doctor gave him a routine 'well man' check up. The only abnormality was a PSA blood test result, slightly higher than normal (5 rather than 4).

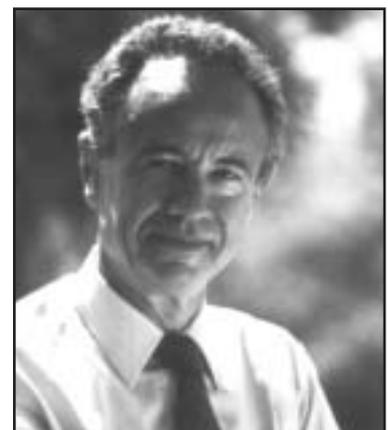
The doctor did not seem too concerned, so Andy didn't get anxious either and put off the whole issue without much thought. He did, however, happen to tell one of his daughters, who is a health-care professional. She told a doctor friend of hers and eventually some six months later at the age of 58 just after Intel had published its results showing sales of \$13.5 billion, he had his PSA tested again. Twice, at two different labs because he was a suspicious soul. 6.0 and 6.1, which ended his procrastination and led to a series of tests which confirmed the presence of a tumour.

### **What to do now?**

As the patient, Andy had to make some choices about what, if anything, to do. None of the choices are good. None of

the treatments work all the time, and all of them can have unpleasant side effects. So, should it be surgery, radiotherapy or doing nothing?

Andy decided to do his own research just as he had in silicon device physics 30



years before. So he talked to more than 15 doctors and half a dozen patients over a five month period.

He finally chose a recently developed variation on the radiation theme. In this technique, a radioactive seed is attached to a wire that is momentarily inserted into the patient's prostate through a

number of hollow tubes, one after the other. The procedure is performed with the patient under local anaesthesia.

### Andy's own words

I headed up to Seattle on the evening flight. Although my wife was with me, I didn't feel like talking. The next morning, I got on the conveyer belt. It was no different than any outpatient procedure: questionnaires, routine tests and finally, anaesthesia.

I later saw the film of my body with the 16 parallel needles in it; it reminded me of a porcupine. Computations were done to figure out how long the radioactive seed should take traversing in and out of each of the hollow needles. They used an Intel 286, a product that we introduced 13 years earlier and stopped producing four years ago.



Three weeks after the end of radiation, I was scheduled to give the keynote speech at Telecom 95 in Geneva, Switzerland. The preparations for the speech were demanding, and the speech itself was the most high-profile of my career but I felt fine and it all went well.

### Andy's advice

"First, tumours grow. Sometimes they grow quickly, sometimes very slowly, but they do grow. I think you should hit a tumour with what you believe is your best shot, early and hard. In my case, it was a combination of hormones, high-dose-rate implant radiation and external radiation. For others, like Senator Dole and General Schwarzkopf, it was surgery.

All the debates notwithstanding, PSA tests are a godsend. They give you the next best thing to not having cancer: They give you time.

I feel very strongly that if you are a middle-aged man, you should have this test done regularly. Given the rapid rate at which some prostate cancers grow, I would opt for a frequency of once a year. What PSA gives you is the chance to act early. Don't blow it."

### Bringing the story up to date

Andy Groves is in good health and still working at Intel, now as Chairman of the Board. More than 2000 patients have now received the sort of treatment he had. The first from the UK flew to Seattle for his four hour session in October of last year. In this country, brachytherapy as it is known is now available at a few NHS hospitals.

# New Screening Hope

After years of frustration, indecision, lack of professional consensus, and the apparent unwillingness of Government to fund a prostate screening programme, it now seems likely that a new feasibility study may soon offer a fresh approach to the issue of early prostate cancer detection.

### Research feasibility study

Following a critical meeting in June of the Health Technology Assessment (HTA) Steering Committee it has been agreed that, as a first step, there will be funding of £200,000 made available for a 12 month feasibility study to be conducted by a team from Bristol University.

The full title of the study is "The feasibility of conducting a multi-centre randomised trial of treatments for localised prostate cancer, early detection, recruitment strategies and a pilot study" Moreover, it is expected that the feasibility study will lead to further HTA funded research in this area.

### Disproportionate drain on resource

Successive Governments, and certainly including this one, had consistently made clear where they stood on this matter,

with the Department of Health at the time advising that there was no special advantage in such testing, particularly as many tests gave false results. And it was also claimed that raising awareness of prostate cancer incidence could result in a disproportionate drain on NHS finances.

### Lives saved

Happily the surprising but welcome news of the study may ultimately alter the outlook for many thousands of men who would not otherwise be made aware of the wisdom of early detection, which in turn can lead to a complete cure.

What so many of us feel who have been diagnosed early enough to have survived is that although PSA tests can unquestionably lead to difficult choices, it is all we have at present. The plain fact is that taken together with digital rectal examination, biopsies and other well established medical techniques, it can and does save lives.

It is true that there is still a very small possibility of continence problems, and there is the likelihood of sexual dysfunction, but with the latter being responsive to treatment with the new drug Viagra, the future for prostate cancer victims may not be as bleak as it once was.

### New research streaming in

There is now significant research streaming in from the US and Canada. And it is supported and paralleled by some very interesting UK research at a hospital in South Wales. All of this points to the success which early cost effective screening can bring in terms of reducing the awful and unnecessary death toll among men whose lives could in truth be saved.

It is hoped that the study will be examining this new research in depth, since it may mean that eventually one of the Prostate Research Campaign UK's objectives can be achieved. We feel that all men over 55 should be offered tests as a matter of routine, with such routine to include all men over 45 with a family history of prostate problems.

### Cancer peak sadness

It has to be remembered that although breast cancer all too frequently affects relatively young women, so making dispensation of resource more attractive to a sorely pressed NHS, prostate cancer hits many uncommonly productive men in their late 50s at the peak of their careers - and sometimes in positions of awesome responsibility.

### Watch this space!

We intend to follow the Bristol study as closely as possible and will be bringing you reports as information and conclusions emerge.

## Annual Luncheon - 28 October

Hosted by the Prostate Research Campaign UK and held at the London Hilton, this is one of the most eagerly awaited and enjoyable events in the charity's calendar. It has the serious purpose of raising funds for our research and patient information programme. Last year's event was notable on both scores.

The ticket cost is £55 and includes a superior quality lunch (excluding wine) following the reception at which you can mingle with and meet other supporters.

Tickets from: Prostate Research Campaign UK, 2 Wimpole Street, London W1M 7AA (Tel: 0171 499 2861 or Fax: 0171 499 0455)

All other enquiries should be directed to Northwood, Middlesex.

**Don't delay - book today!**

# The Drug Scene

Possible pills for cancer - and how they work

The figure for cure rates for cancer in adults has improved year on year for the last 14 years. On average 5,000 fewer people have been dying of cancer each year since 1990. There has been a 12-14% increase in cure rates in breast cancer whilst children's cancer treatment is increasingly successful.

Breakthrough treatments have been in rare cancers such as testicular cancer, childhood leukaemia, Hodgkin's disease and lymphoma. But cancer researchers anticipate that within 10 to 15 years new drugs, based on molecular biology, should be available that will tackle all the big cancers - lung, breast, colon and prostate.

### Cell killing

One promising line of research is into ADEPT, an acronym for antibody-directed enzyme prodrug therapy. This is a two stage therapy. In the first stage, the patient is injected with antibodies which have the characteristic that they bind onto cancer cells. The antibodies have an enzyme attached to them as it were *piggy backed* on the antibody. A few days later comes stage two, in which the patient is injected with a toxic cancer

drug. This toxic drug is activated by the enzyme which is already on the cancer cells but not attached to healthy cells. The idea is that the cancer cells are killed in a matter of minutes leaving the healthy cells alone. ADEPT has been worked on for the past eleven years and clinical studies have just started at the Royal Free Hospital, London.

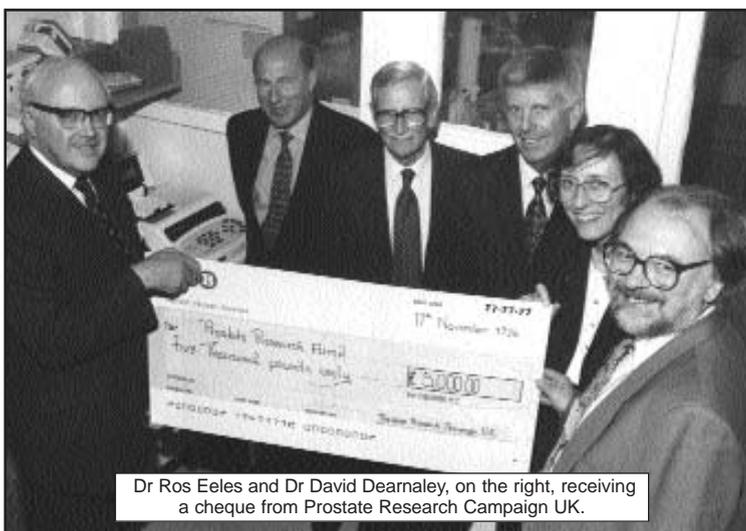
cut off the blood supply to tumours, causing vascular shutdown and so shrinking them to a manageable size.

### Gene therapy

Destroying cancer cells through gene therapy is yet another promising approach. Dr Ros Eeles and Dr David Dearnaley, at the Institute of Cancer Research in Surrey have undertaken a nationwide search for prostate cancer genes. The project will be examining the DNA of large numbers of men. To deal with the volume of results, Prostate Research Campaign UK has helped finance a new gene sequencer which can analyse DNA samples 36 times faster than earlier equipment.

The team at the Sutton based institute has already been responsible for discovering an important breast cancer gene,

BRCA2. For prostate cancer Dr Eeles is looking for two kinds of gene - a high risk gene which is likely to show up from the study of families with a history of prostate cancer and a low risk gene which is likely to be more prevalent in the general population. If the genes are found, it opens up the prospect of screening to detect those at high risk.



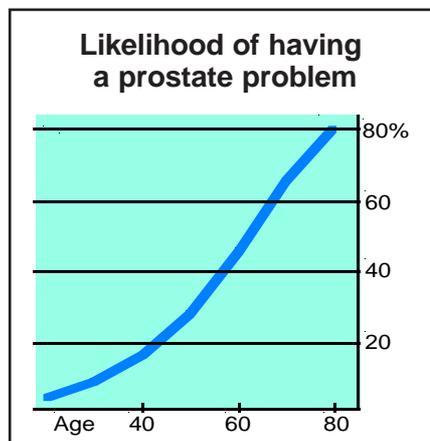
Dr Ros Eeles and Dr David Dearnaley, on the right, receiving a cheque from Prostate Research Campaign UK.

### Starvation

Another line of research about which many experts are enthusiastic is vascular targeting. Tumour cells like other cells cannot multiply without a blood supply. In aggressive tumours blood vessels grow rapidly and chaotically. Now, drugs have been developed which aim to

# Majority of problems are benign

Our charts shows that although the likelihood of getting a prostate problem increases rapidly with age, more than 80% of prostate problems are non cancerous.

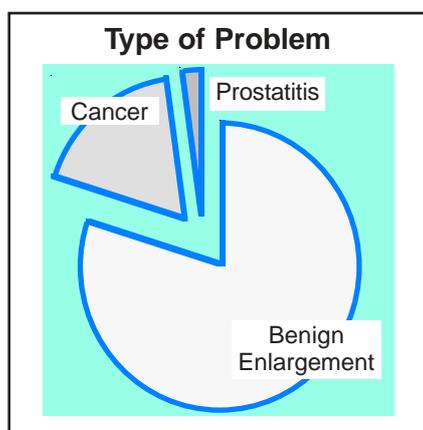


The majority of men with prostate problems have enlargement of the prostate which constricts the urethra which passes through it and thereby produces the well known problems of having to get up in the night, of urgency, frequency, hesitancy and intermittency. This benign prostatic hyperplasia (BPH) is not cancerous and not life threatening. It is, however, a damned nuisance.

So what can be done for people with BPH (Benign Prostatic Hyperplasia)? Quite a bit either with surgery or through the use of drugs.

The standard surgical technique involves 'reaming' out unwanted tissue using an instrument which is passed through the opening at the end of the penis and along the urethra. A less invasive treatment called Thermex, burns off some of the unwanted cells rather than cut them away surgically.

These days, many GPs see the medical management of the BPH as an option in its own right, rather than a stop gap measure for men waiting for the operation. There are two classes of drug for those with only moderate symptoms - Alpha blockers and 5-alpha reductase inhibitors - and they work in quite different ways. Alpha blockers work by relaxing the smooth muscle in the prostate thereby relieving the pressure on the urethra. They do not affect the enlargement process but they do often relieve the symptoms very significantly.



The second group, the 5-alpha reductase inhibitors carry out their work by blocking the production of the main hormone responsible for prostate enlargement.

Herbal and non prescription remedies are also worthy of consideration. Almost 50 years ago, it was discovered that prostate enlargement is almost non existent in Transylvania a phenomenon which has been attributed to the high intake of zinc in that country through the consumption of pumpkin seeds. So, if all else fails...!



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### In the next issue:

- ◆ Viagra - the wonder drug for impotence; or is it?
- ◆ Case history of major UK celebrity.
- ◆ Tax effective giving made simple.



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