

Government announces policy on Prostate Cancer Screening

The National Screening Committee has been considering the strength of feeling about testing for prostate cancer. It recognised that many men are asking general practitioners for a PSA test and that the previous policy did not give clear guidance about how to respond.

The Committee advised that the policy of not testing any men who have no symptoms should change. As a result, Ministers made the decision that men who ask for a PSA test are now eligible for a test, and any follow up necessary, from the NHS.

There is evidence that men are not always fully informed about PSA testing and prostate cancer. Research in the United States found that a proportion of men given full information about the absence of clear evidence of benefit from screening and the evidence that a proportion of men treated as a result of a positive test have side effects, chose not to have the test. The National Screening Committee therefore recommended that the first response to the request for a test should be to provide full information to ensure informed choice.

If a patient requests a PSA test, the GP or nurse will offer the man information about the PSA test and the treatment options if it turns out to be cancer. There is a short leaflet, a longer leaflet for those who wish to know more, and a web site for those who wish to explore the subject in depth. Details can be found at www.nelh.nhs.uk/psatesting/

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Two largest cancer charities to merge

The Cancer Research Campaign and the Imperial Cancer Research Fund are to merge. Barring any last minute legal hitches, by the time you read this the Charities Commission will have ratified the move and the new charity - Cancer Research UK - will have come into being.

The merger will bring together 3,000 of the country's top researchers and doctors in the new organisation with an annual scientific budget of 130 million pounds.

Heading the new charity will be Sir

Paul Nurse, who shared this year's Nobel Prize for Medicine with Briton Timothy Hunt and American Leland Hartwell for their ground-breaking work on cell division. The Co-Director is Professor

Gordon McVie, an oncologist who has headed up the Cancer Research Campaign for the past five years.

The merger brings the two charities, which started as one in 1902, full circle. The Imperial Cancer Research Fund was the first independent institute in Europe devoted to cancer research. In 1923 a group of doctors broke away and formed what became the Cancer Research Campaign.



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Between them these two charities, now to be one, fund two thirds of all cancer research in the UK with annual funding of around £130 million.

Cancer Research UK will be the

largest such charity outside the US. There is very little overlap between the two merging charities but an estimated 130 jobs, mainly administrative and support staff, will be lost.

Why are they combining in this way? To achieve more effective fund raising, to create a more effective voice with Government and to eliminate confusion among the public.

These are three ambitions shared by much smaller, focussed charities such as the **Prostate Research Campaign UK**. The merger gives us much to think about.

Prostate Research Campaign awards more research grants

Helping to finance promising research projects with the money you have raised

Prostate Research Campaign UK has recently awarded a new round of financial grants for research. Some of the titles are a bit daunting so we have asked one of our trustees, Neil O'Donoghue, to add a sentence or two in *Plain English* for the benefit of the majority of our readers.

Dr S.J.Harland *PSA negative prostate cancer*

In the late 80's and early 90's a worryingly high proportion of patients undergoing operations for Benign Prostatic Enlargement were found to have cancer even though their PSA was below 4.0. PSA negative prostate cancer, remains an important issue in the context of early detection in that we can't absolutely guarantee a man that he does not have a risk of prostate cancer on the strength of his low PSA reading. The problem has been addressed to a certain extent by refinements in PSA testing. The use of age related PSA ranges is helpful. Free total ratios have also added to the predictive value and reduced the incidence of false negatives. The rate of change of PSA over time is perhaps the most single most useful assurance where a man attends for regular PSA testing on an annual basis and one establishes a profile of his PSA levels.



Neil O'Donoghue FRCS

Dr Ricky Sharma et al *Gene expression associated with oxidative DNA and protein damage in the pathogenesis of prostate cancer*

One of the most favoured theories for the initiation process of cancer is tissue damage by free radicals. Free radicals are positively charged particles that can damage tissues and have a potential role in the causation and development of cancer. Anti-oxidants are now quite widely recommended as preventative measures, particularly in relation to the pre-cursor of high grade PIN. We have very little evidence as yet in relation to this, and I think it is an important and quite exciting area of research.

Prof. John Masters *Outcome following radical prostatectomy.*

This refers to the database which now includes approximately 1000 radical prostatectomy specimens. We have supported the setting up of this database which is now the largest of its kind. It represents a very important basis for further research.

Prof. John Masters and Charlotte Foley *Prostate Cancer Stem Cells*

Professor John Masters' group at the Institute of

Urology have identified a group of cells taken from benign prostatic tissue which divide and multiply actively on tissue culture. The potential significance of this finding is that these may possibly be the cells of origin of prostate cancer. If this indeed proves to be the case, it is obviously a very useful prospect as a laboratory tool and could lead to further discoveries.

Dr George W Yardy et al *Characterisation of loss of heterozygosity on chromosome 18q and alterations in the wnt signalling pathway of prostate carcinogenesis*

This project, of course, refers to a search into the underlying genetic predisposition to prostate cancer. Unlike breast cancer, identification of a causative gene in prostate cancer remains elusive.

Dr Abbas Khadra *Proinflammatory cytokine levels in semen and urine in men with chronic prostatitis*

Mr Richard Batstone et al *Auto-immune Prostatitis*

We supported both of these projects in prostatitis because it is a somewhat neglected "Cinderella" area and there is no doubt that men with intractable prostatitis suffer a great deal. The first project is studying substances which mediate an inflammatory reaction and should increase our understanding of the mechanisms involved in this disease. The second project is looking at auto-immunity where the body mounts an inflammatory reaction against its own tissues. This would seem to be a possibility in some forms of prostatitis.

Mrs Pamela Barker *Modulation of protein expression by conjugated linoleic acid in prostate cancer cells.*

There is widespread interest in the possible role of diet in the development of prostate cancer. This study is looking at the role of fats in prostatic cancer tissue culture lines.

Dr Patrick Stone et al *Evaluation of the quality of life of patients receiving hormone therapy for prostate cancer.*

The title of this one should be more or less self explanatory!

Mr A A G Bryden et al *Development of cell culture systems to study bone metastasis in prostate cancer*

Prostate cancer, tends to spread preferentially to bone. Secondary deposits in the skeleton are a characteristic feature of late prostate cancer. Anything which increases our understanding of this mechanism is potentially of great importance and could lead to new forms of treatment for men with advanced disease.

'Out of the Water Closet - Its time to tackle Benign Prostate Disease'

The *All Party Parliamentary Group on Men's Health* has received a report with the above rather unfortunate title. It was prepared for the committee by the Men's Health Forum, a charity that provides an independent voice on men's health. **Prostate Research Campaign UK**

contributed to the report whose major findings were:

- That benign enlargement of the prostate (BPH) has a major impact on men's quality of life.
- By the age of sixty, about half of all men will have urinary problems caused by BPH, a figure which rises to 80% by the age of 80.
- The impact of BPH is a greatly neglected issue.
- The majority of men are ill informed about the workings of their own bodies.
- Little work has been done to increase men's awareness of prostate health
- There is an urgent need for greater publicly funded health promotion activity on benign prostate disease.
- Health professionals in Primary Care



Ronnie Corbett and Howard Stoate MP attempting to locate the prostate

require further education on the diagnosis and treatment of BPH.

- There is a great need for more research into the causes, diagnosis and treatment of benign disease.

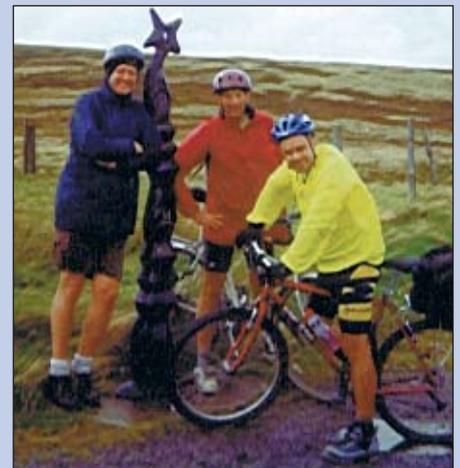
Ronnie Corbett entertained those attending the launch of the Men's Health Forum report. Referring to his own history of BPH he advised all men to go to their doctor at the first sign of trouble. "I know from personal experience that there is no point in ignoring the symptoms and avoiding the doctor. The sooner you go and seek help the better".

Dr Howard Stoate MP, chair of the *All Party Parliamentary Group on Men's Health* said: "As a GP I completely understand why benign prostate disease is described as a cinderella problem. Too many men are leading miserable lives because they know too little about the disease. *The All Party Group* believes it is time for benign prostate disease to be taken seriously and we wholeheartedly back the *Men's Health Forum's* recommendations for action."

Bike Ride raises £895

Philip Weston, a consultant urologist at Pinderfields and Pontefract Hospital, Wakefield has recently completed a 242 mile cycle ride the length of Wales from Holyhead to Chepstow.

His energetic efforts raised £645 for **Prostate Research Campaign UK**. He tells us "The ride, with four others from the Thorp Bridge MOB (Men on Bikes), was never intended to be a sponsored event, but grew from a collection at a 40th birthday party 72 hours before the off. To this was added further donations from the patrons and owner of the Tal-Y-Don B&B where we stayed in Barmouth (*They deserve a plug - Ed.*) and our 'van driver' who donated his 'wages' of £50. Since the ride, BUPA Methley Park Hospital Leeds has donated a further £250 bringing the total to £895".



Philip Weston in the foreground with John Booth and Kevin Alderson

Philip has a passion for old cars. As an encore to his bike ride, he wonders whether a nationally sponsored entry of his Lotus Elite in the Monte Carlo Challenge would be worth trying for **Prostate Research Campaign UK**. I am sure there is one of our readers who would help him organise that (*Please get in touch*). Meanwhile, we send him our heartfelt congratulations and thanks.

Rave in Nave and Chancel

The Big Band Sound filled to the rafters Pinner Parish church in North West London on 6th December. The Top Brass Jazz Orchestra (founded in 1974) under the direction of Lt-Col. Bob Wheel with a full complement of clarinets, saxophones, trombones and so on, produced a night of nostalgia and tribute to one of their founder members, Geoff Carter, who died of prostate cancer. The excitements of traditional jazz and the sweet melody of Glenn Miller's very special sound were hugely enjoyed by all present and raised £800



Looking up Pinner High Street with the Parish church in the background

for **Prostate Research Campaign UK**. Two jazz quartets also played during the intervals.

The jazz world had suffered a great loss with the death in September of tenor saxophonist/clarinettist Geoff Carter whose love of music had been nurtured by the Central Band of the Royal Air Force during his National Service and developed over the succeeding decades. It was the wish of his widow, Yvonne, and his two daughters that the tribute concert should aid **Prostate Research Campaign UK** and this it did in full measure.

Congratulations

Our congratulations to Roger Kirby FRCS on being awarded his professorship at London University.

Roger has been a trustee of **Prostate Research Campaign UK** since its inception. This is a well deserved recognition of his considerable abilities.

Savoy Lunch - Huge Success



The scene in the Lancaster Room

The Annual Luncheon at the Savoy Hotel on 17th October 2001 was a huge success and more attended the event than



Roger Kirby presents the marathon cheque to (left to right) Brian Barnes, Tony Kilmister and Donald du Parc Braham

had ever done so previously. One of the many letters received, said "Congratulations on a truly monumental success at the Luncheon. It was a privilege to be present."

The newly decorated River Room was warmly welcoming for the pre-Lunch Reception and the spectacularly mirrored



Colin Spreckley just after his successful bid of £10,000

Lancaster Room room ensured just the right atmosphere for what was to follow. The meal was excellent with a small reminder of what foods are good for the prostate within each course.

An outsize cheque was presented by Mr (now Professor) Roger Kirby's London Marathon team for no less than £112,000. Following this came a report by Mr Neil O'Donoghue FRCS on the then recently awarded research grants totalling £209,000.

Mr Clive Turner conducted a breathtaking Auction of four Harry Potter books autographed by their author, J.K. Rowling. Eventually they were 'knocked down' to Mr Colin Spreckley for no less than £10,000.

It was then the turn of Mr Ned Sherrin, barrister turned hugely entertaining



Ned Sherrin at the luncheon

broadcaster, who had the whole assembly dissolving in laughter.

To complete the proceedings the Toastmaster invited participation in a game known as *Heads and Tails* which brought in a further £3,110. This made a profit (excluding the giant cheque) on the Lunch of £26,000. A good day's work for the charity.

The same rooms have been booked for the Annual Luncheon in 2002 at the Savoy Hotel and the date for the event will be Wednesday 16th October 2002.

Trial report

Does brachytherapy provide patient benefits when used as part of a radiotherapy regime?

The technique of brachytherapy in which radioactive sources are introduced directly into the organ to be treated is now well established but has yet to be subjected to critical appraisal in the UK.

The reason for believing that brachytherapy might be superior to conventional radiotherapy is to do with the dosage of radiation that can be delivered safely. It is known that the higher the dose given, the better the long term chances of survival. Unfortunately the dose which can be given without triggering unacceptable side effects has to be limited. With brachytherapy a higher dosage should be deliverable to the cancer without initiating these unpleasant side effects.

A trial is under way at Mount Vernon Hospital in Middlesex under Dr Peter Hopkins. Patients with localised prostate cancer, who have consented to be in the trial, are randomly put into two groups. The control group receive a five week course of conventional radiotherapy as out patients. They can rest assured that what they receive is currently believed to be the best available treatment. Those selected for brachytherapy, receive a two and a half week course of radiotherapy plus a high dose rate brachytherapy delivered over two days with a one night stay in hospital. They can be pleased that they are in the part of the trial which should confirm that brachytherapy is significantly better than the current best practice.

There are currently over eighty taking part in the trial. To establish the results with the necessary level of confidence over 200 patients need to be enrolled over a three year period. The follow up is straight forward involving three monthly check ups and tests and the completion of a quality of life questionnaire. Because the trial is looking at long term side effects it will be some time before the results can be written up.

We wish Peter Hopkins and his team well with the trial whose results should benefit both the medical fraternity and future patients.

Healthy eating - What men can do to help themselves without calling on the doctor

Much that the medical profession can do for people with prostate problems seems to have negative as well as positive features. Surgery carries risks and for many is associated with adverse side effects. The same is true of radiotherapy. Drug and hormone treatments may work for a time but often fail to deal with the problem over the long term. Yet there is much that men can do to help themselves. And what might that be? Why, to eat the foods and take the minerals and trace elements which have beneficial effects on the prostate. And no side effects.

Selenium



Selenium is *the* essential trace element as far as the prostate is concerned. It is found in grains, nuts and oily fish. It enters the food chain through plants at variable rates dependent on selenium concentrations in the soil. In Great Britain this concentration is low, as it is in other parts of Northern Europe where glaciers washed it out of the topsoil in the last ice age. The average intake in this country is well below the recommended amount. A trial on over 1000 men has shown that the group taking a supplement of 200mg per day have developed one third fewer prostate cancers during the seven years since the trial started than in the placebo group. Selenium may also be effective in delaying the progress of the disease amongst those who already have it. A trial to test this theory has started amongst a group of 260 men. Meanwhile, there seems to be no downside to taking a modest amount of selenium as a supplement. A month's supply of selenium in tablet form costs about £3.50 and can be obtained from any high street chemist. Increasing the dose significantly may not be such a good idea as nail brittleness and neurological problems have been noticed when the dose is above 200 micrograms per day.

Vitamin E



Whilst vital to life, oxygen plays a part in the production of free radicals in the body. Free radicals are a natural product of the body's metabolism but more are produced as a result of pollution, smoking and certain foodstuffs. These are harmful

to healthy cells in the body. They can damage a cell's DNA, causing cancerous cells to develop and spread through the body. Certain chemicals, known as antioxidants can break down free radicals. Amongst the best known and most effective are Vitamin E and Lycopene.

Vitamin E is a complex of eight fat-soluble chemicals. It is found in vegetable oils, nuts and leafy green vegetables. In a Finnish trial involving some 23,000 men over a five to eight year period it was shown that those taking a 50 International Units per day supplement were 32% less likely to develop prostate cancer and 41% less likely to die from it. In the US an even bigger trial involving many more men is just starting but, regrettably, its findings will not become available for another five years or more. Vitamin E can be found in jars in every chemist in the land. Why not get onto the band wagon?

Lycopene



Lycopene, one of the most powerful antioxidants is found in tomatoes.. Research has already indicated that those who frequently eat tomatoes and tomato products have a lower risk of certain cancers, particularly prostate cancer. Lycopene is even more effective when the tomatoes have been processed or cooked because heating with a little oil releases the lycopene which is found in the tomato skin and makes it easier for the body to absorb.

It is no big surprise, therefore, that Heinz is sponsoring a number of studies which focus on Lycopene's potential in the fight against cancers of the digestive tract, breast and prostate. A recent study has found that taking a tomato-extract supplement (such as Lycomato) significantly lowered the level prostate specific antigen (PSA) amongst patients

with prostate cancer. Another study at Harvard Medical School claims that taking the supplement reduces the chance of developing cancer by 35%.

What other anti-oxidants are there? Vitamins A and C, both to be found in fresh fruit and vegetables are important sources of anti-oxidants as well as Vitamin E.

Cranberries



As early as the 1840s, German researchers were examining the connection between European cranberry species and urinary tract infections. At that time the theory was that the cranberry's acidity was what gave it its effectiveness. Today, researchers are focusing on a different action: cranberry's potential to keep bacteria from attaching to urinary tract walls.

Urinary tract infections are common in both men and women. Infections in men become more frequent amongst those who have enlarged prostate gland, a condition which may be the most common health problem in men older than 60 years

Although these infections aren't considered life-threatening or even a significant health risk for most people, their financial and social toll is considerable.

A 1994 Harvard University study involving 153 elderly women showed that regular consumption of cranberry juice cocktail can decrease the incidence of urinary tract infections.

If you enjoy the flavour of cranberry juice, one way to reap its benefits is to drink one or two glasses a day. Most cranberry juice or cocktails contain between 10 and 20 percent cranberry, and for some individuals such amounts are effective enough to prevent urinary tract infections.

Jubilee Celebration at Royal Festival Hall

To mark The Queen's Golden Jubilee and to aid the funds of **Prostate Research Campaign UK** a spectacular concert will be held at the Royal Festival Hall on Sunday evening **2nd June 2002**. The event will join together – for this programme – the Guildford Choral Society, the City of London Choir, The Children of Her Majesty's Chapel Royal, St James's Palace and the BBC Concert Orchestra.

Richard Baker, the broadcaster and author, who was an announcer when The Queen ascended the throne fifty years ago, will introduce the concert which will feature Orff's

popular *Carmina Burana*, Walton's *Coronation Te Deum*, Elgar's *Crown of India Suite* and Dove's *Overture for London*.

This will be an event to remember and readers of *Update* will want to get their tickets from **Prostate Research Campaign UK**,

36 The Drive, Northwood, Middlesex, HA6 1HP since such sales will directly benefit the charity. Tickets obtained from elsewhere will not. These will be available nearer the



Guildford Choral Society, the City of London Choir and some others at the Albert Hall last year

time, and are priced from £23.50 to £5.50. Start planning your jubilee party and note the date (**June 2nd**) in your diary **NOW**. It promises to be a joyous occasion and will raise funds for our research programme.

Letter to the Editor

Dear Sir,

First of all let me congratulate you and the editorial team for producing interesting newsletters. Their regular appearance is comforting to those of us who have had a brush with the problem.

It occurred to me that it may not be common knowledge that the average PSA rises with age. It might help if you could publish a chart showing the average PSA levels of a healthy male over the years say from 50 to 90(!). This might allay some fears and would give a benchmark, albeit very approximate.

*Stephen Griffiths,
London*

The expert consensus seems to be:

40 to 49	less than 2.5 ng/ml
50 to 59	less than 3.5 ng/ml
60 to 69	less than 4.5 ng/ml
over 70	less than 6.5 ng/ml

Our Publications

The Prostate: Small Gland, Big Problem.

Lavishly illustrated in colour throughout its 100 pages, this book has the latest angles on all of the three prostate diseases. A consultant urologist on seeing it for the first time hailed it as 'the best you will find on these subjects'. Awarded five stars on the nhsdirect web site. Complete in its coverage, up to date and user-friendly.

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