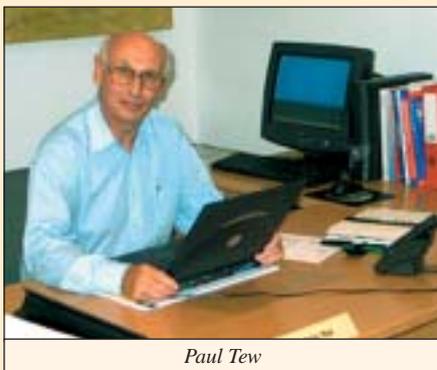


# Charity on the up and up

## Income up, research grants up, supporters up and now our first offices and our first full time employee

*Update* is delighted to report significant developments in the expansion and effectiveness of **Prostate Research Campaign UK**. The acceleration of activity, mounting public awareness and growing funds have resulted in the Trustees appointing their first full-time employee and opening an office in Swindon.



Paul Tew

“We live in exciting times” said Anthony Kilmister, Founder and Chief Executive of **Prostate Research Campaign UK** in telling *Update* how pleased he has been to welcome Paul Tew as our charity’s first salaried official and Deputy Chief Executive. “Paul will share the considerable load that Sheila and I have carried thus far. We are immensely gratified by the impact the Campaign has made. This must now be placed on a more permanent footing and the opening of an office in Swindon will be part of that process. Sheila and I will continue to be very much involved but, thanks to Paul’s enlistment, can shed some of the many day to day duties.”

Paul Tew said: “I am delighted to join the Campaign. We all need to work together not just to raise money for research and the spreading of information but also to pressurise the Government into stepping up its prostate-related research”.

Paul’s first career was as an officer and navigator in the RAF. However, he has been working in and with charities for over 17 years – much of that time furthering medical research. The Campaign is now taking on staff who can build upon what has already been achieved and carry it forward with mounting confidence. The opening of the new office in Swindon shows that we are well and truly open for business and ready to launch new initiatives.

Amidst all this excitement, in June the Archbishop of Canterbury, Dr Carey, conferred a Master of Arts degree on Tony Kilmister in recognition of his contribution to religious, academic and public life. The Archbishop’s right to grant the degree – a real academic award not an honorary one – derives from an Act of Parliament of 1533. This empowered the Archbishop to grant exemption from examination and from the residential requirements necessary



© Tim Reder

for a degree. Neither the Plague nor a stone in the hoof of a horse Tony might have ridden were responsible for this latest example of use of these powers!

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## New Address

PO Box 2371  
 SWINDON  
 SN1 3WJ  
 Phone: 01793 431901  
 Fax: 01793 486901  
 Email: [info@prostate-research.org.uk](mailto:info@prostate-research.org.uk)

# Roger Kirby thanks and congratulates the fit fo

There are some new faces this year at Wimbledon station where my London Marathon journey traditionally begins and where I'm meeting some of this year's *fit fourteen* team. Diane Carter and her friend Julie are there, looking keen but nervous. Both are first-time marathon runners and are facing the thought of a 26.2 mile jog with some trepidation. My urologist colleague

frame has eased itself out of bed (remember, only six months ago Peter was weighing in at over 18 stone!). No problem, he's up and raring to go and already on his way to the red start at Greenwich. At the start we meet up with Dler Besserani, Urology Fellow at the London Clinic and Elizabeth Usher from Amersham Healthcare. Dler's also a novice and has had a hip problem



Bright and early in Greenwich park

from St George's Nick Watkins looks relaxed; he's run several marathons before - usually in under 4 hrs - but he's low on training this year. And of course we have our veteran campaigner Andrew Etherington, one of the *three men - one prostate* team who helped us raise £97,000 in the London Marathon 2000, who is running his 25th marathon today!

We clamber on the train to Waterloo and call Peter Amoroso on his mobile to make sure that his new-style, mean, lean

during training in Richmond Park, but is still determined to run. Elizabeth is a seasoned marathon runner, but only had her first baby a few months ago so is not expecting her fastest time ever!

This year the weather is

perfect for running and at the start the atmosphere is superb, 35,000 runners applying lashings of Vaseline to all moving parts! Everyone's cheery now, but how will they feel as they come up Horse Guards Parade towards the finish? Peter Amoroso (an expert in pain relief) is handing out Vioxx anti-inflammatory tablets like Smarties. Our other runners, Chris Nunn, Debbie Field (both from the London Clinic), Steve Watts, Dan Wood and Richard Killick's daughter, Sue

Howson, are assembling at the other start. Soon we enter our allocated pens and await the starter's gun at 9.30 precisely.

The race begins and our experienced runners are away speedily, the novices, especially Peter Amoroso, move off more cautiously, aware of the dangers of burning off too much energy in the first stages of the marathon. By the half way stage just beyond Tower Bridge everyone's legs are beginning to hurt, but our new recruits are going well and soaking up the atmosphere (as well as the bottled water and Lucozade energy drink). Then comes the seemingly



Roger feeling the pressure at Tower Bridge

endless circuit that takes us round Docklands and finishes along the (painful) cobbles beside the Tower of London. Under Tower Bridge and the Houses of Parliament and Big Ben come into sight. Only 4 miles to go; but after

## Aggressive or slow growing cancer test

A simple test can now be used to identify patients with the most aggressive prostate cancers, even among patients whose tumours are at the same stage, according to research at the University of Minnesota.

The degree to which prostate cancers have progressed is currently quantified using the Gleason grading system, which is based on the shape and microscopic appearance of tumours. Patients with higher grades of tumour are in more advanced stages of the disease. Sadly, the grade does not tell how aggressively the tumours have been growing or spreading. The new test was developed by cancer researcher Akhouri Sinha, a professor of genetics, cell

biology and development, at the University of Minnesota Cancer Centre. The work is published in the June 15 issue of *Cancer*. Donald Gleason who developed the Gleason grading system, is a co-author.

### How does the test work?

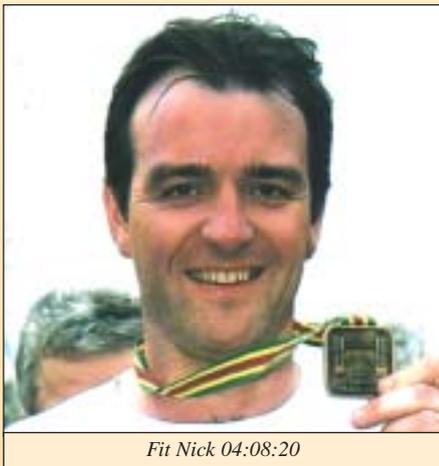
In order to invade surrounding tissue and escape to blood vessels, cancer cells produce high levels of an enzyme called cathepsin B (CB), which destroys proteins in the connective tissue that holds cells in place. But cells also produce natural inhibitors of CB called stefins. The researchers reasoned that prostate tumours in which levels of inhibitors were equal to or higher than CB would

be less aggressive. Conversely, if CB was higher, the tumour would be more likely to spread.

Working with prostate surgery samples from over a hundred patients, the researchers confirmed their hypothesis.

"If this test were done on tumours of newly diagnosed patients" said Sinha "we would have an indication of which cancers were most aggressive, requiring aggressive treatment. Those patients whose tumours show CB to stefin A ratios of one, or less, may require less aggressive treatment. This approach could also be used for breast and colon cancer." This is precisely the sort of work the **Prostate Research Campaign UK** needs to support.

# Fourteen marathon runners who raised £169,000



Fit Nick 04:08:20

the 22 preceding ones that seems a very long way! Chris Nunn stumbles over a discarded water bottle and falls into the arms of an elderly spectator, who instead of admonishing him, says "come on, you can do it!" Peter Amoroso, bathed in sweat, but wreathed in smiles, surges down the Embankment like a conquering hero gratefully accepting sweeties from cheering onlookers only five hours after setting off (accompanied by two men dressed as trees and a pantomime horse!).

At last, the Finish Line. One by one (except for Julia and Diane who come in hand in hand) we cross to receive our medals and space blanket and the standard issue of cheese sandwich and banana. Gratefully we accept these and change to all meet up with relatives and supporters in Tutton's Restaurant in

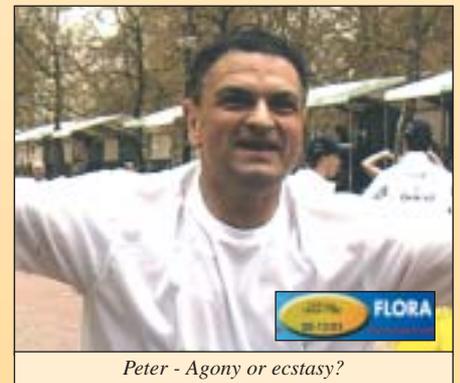
Covent Garden, where we have celebrated after the two previous marathons; Peter joining us on both those occasions for the food rather than the race. This time he's wearing a medal as he arrives to a hero's welcome and a well-earned meal.

This year efforts made in the London Marathon have raised more than £169,000 and donations continue to come in - any others of course welcome. Included in the total are, for example, a most welcome sum from Mrs Dill Harris of Winterbourne, near Bristol whose friend's father had prostate cancer and Mr B.W. Bartlett of Shepton Mallett a patient determined to show he is made of stern stuff who was very strongly sponsored by his admirers.



Sue, Great to sit down!

Rex Willoughby, who was one of the first to run the marathon for us in 1999 did not do so this year. However, he managed to run in the Stockholm marathon and sent us a welcome contribution from his sponsorship in that event which was run in a blistering 28 degree heatwave. He has now displayed



Peter - Agony or ecstasy?

the **Prostate Research Campaign UK** logo in Prague and New York as well as various half marathon venues. Now he has bought a house in Auckland we are hopeful of having our first runner in the southern hemisphere shortly.

We will be announcing the final amount at this year's Annual Luncheon at the Savoy Hotel on Wednesday 16th October. Do plan to be there. And next year? The London Marathon for an appetizer and Kilimanjaro for the main course is what we have in mind at present. All will be revealed at the Savoy Luncheon in October.

## Importing keyhole methods to the UK

**Prostate Research Campaign UK** has awarded a grant of £12,500 to 34 year old Dr Declan Cahill MBBS, MSc, FRCS, who will be undertaking a Clinical Fellowship in Laparoscopic Urology in Paris for six months between September 2002 and March 2003. Dr Cahill will be attached to the Department of Urology, Institut Montsouris, University Pierre et Marie Curie where he will be working under Professor Guy Vallancien.

Prof Vallancien has pioneered the use of laparoscopic - through a telescope - surgery for removal of the prostate for men with prostate cancer. This technique is still in its infancy, but the results look very promising and match the more

common procedure which involves a cut in the lower abdomen during an operation lasting one or two hours.

As laparoscopic - keyhole - surgery involves only having to make a small incision, patients suffer less pain and are able to return home sooner.

Dr Cahill will assist Professor Valencien in a number of operations during his six month stay. He expects to be one of the first to bring this new technique to the UK. This grant from **Prostate Research Campaign UK** will not only enable Dr Cahill to be trained. It will also permit his experience to be passed on to others upon his return as such experience is extremely limited in the UK.

## In Memoriam

We were saddened to learn of the deaths of Edward Scott and Peter Sutch both from prostate cancer. Each of them was a senior director within the Swire Group, and we extend our sincere condolences to their families, friends and colleagues. Donations in their memory and in lieu of flowers amounted to over £74,000 for which we are deeply grateful. This will be used to fund crucial research that will, we hope, eventually lead to a cure for all prostate conditions.

Please consider including **Prostate Research Campaign UK** in your will. If you need further details, please write to Paul Tew who will deal with your enquiry in strict confidence.

## Jubilee Concert

The fifty years since The Queen's Accession was celebrated with a magnificent concert at the Royal Festival Hall on 2nd June. The performance took place in the presence



Dr Sue Barnes, wife of Brian (the Campaign's Hon Secretary) is presented to HRH The Duke of Gloucester by Mrs Felicia Pheasant of Guildford Choral Society.

of Their Royal Highnesses The Duke and Duchess of Gloucester and was held in aid of **Prostate Research Campaign UK**

The principal choral item of the evening was Carl Orff's dramatic *Carmina Burana* but this was preceded by Dove's *In Praise of London*, Walton's evocative *Coronation Te Deum*, Elgar's *Crown of India Suite* and the wonderful anthem *I Was Glad*. Guildford Choral Society and the City of London choir were supported by the Children of HM Chapel Royal, St James's Palace and Tonbridge School. Hilary Davan Wetton conducted the BBC Concert Orchestra. The concert was recorded and broadcast a few days later on BBC radio.

Our thanks go out to Felicia Pheasant and all those who worked hard to make the event such a success.

## October music

What promises to be an enchanting evening on Saturday 19th October is a feast of music at St James's Church, Park Road, Hampton Hill beginning at 7.30pm. Held in aid of **Prostate Research Campaign UK** tickets at £15 and £12 are obtainable from 73 Waldegrave Park, Twickenham, Middlesex. Telephone 0208 892 8151.

As well as the Faure Requiem there will be a new work by Geoffrey Bowyer, *A Pilgrim's Requiem*.

## Enlarged prostate worsens sex life

Findings from the largest survey ever conducted to evaluate sexual and prostate health in older men were presented this year at the 17th Congress of the European Association of Urology. The 14,000 men questioned were drawn from 50 to 80 year olds in the US, France, Germany, Italy, the Netherlands, Spain and the UK.

This survey, carried out by Dr Rosen of the University of Medicine, New Jersey, clearly shows that sexual activity is an important quality of life component. 83% of men in this age group had experienced sexual activity in the previous four weeks and 65% of the over 70s said they were still sexually active.

90% of those surveyed said they were affected by the symptoms of an enlarged prostate, the most common being the need to get up during the night. More than 30% said they experienced moderate to severe urinary tract disorders. Sexual activity in this group was reduced by about 45% compared to the men with no symptoms.

A high proportion of men see their sexual behaviour as a major contributor to their quality of life. This aspect needs to be considered when prescribing treatment for men with benign enlargement of the prostate (BPH). The different treatments available vary considerably in their impact on sexual function. Surgery has the worst record in this respect although much depends on the skill and experience of the particular surgeon. The drug finasteride can result in a significantly higher incidence of impotence, decreased libido and abnormal ejaculation. Abnormal ejaculation is a recognised side effect of tamsulosin. The alpha blockers terazosin and alfuzosin, on the other hand are associated with a much lower rate of sexual dysfunction.

An alarming finding of the survey was that only 24% of Europeans with symptoms and 15% of US men sought care to correct the problem.

The study was funded by the French based pharmaceutical company Sanofi-Synthelabo.

## Prostate Cancer Charitable Trust May Ball an outstanding success

This inaugural event was held at the Savoy Hotel on 23 May 2002. Under the chairmanship of Mr Clive Bourne it took the form of a Dinner and Ball - preceded by a Reception. 275 guests attended.

Through a direct appeal from Mr Edward Clucas, an Auction under the skilful hammer of Mr Eric Knowles and advertising in the ball's brochure a sum



Eric Knowles of the Antiques Road Show conducting the auction

in excess of £126,000 was raised to be divided between the Prostate Cancer Charitable Trust and the **Prostate Research Campaign UK**

Our grateful thanks are due to AstraZeneca as the major sponsor and to all those who individually donated so generously prior to the event and on the evening. It was good to welcome AstraZeneca's guests from health care groups in France, Italy and the USA. We were especially grateful to those who sponsored our Brochure and to those individuals and Corporates



The Guest Speaker, Mr Steven Norris at the Ball

who kindly offered items for the Auction. Initial responses from those who attended strongly favour this becoming an annual event with autumn 2003 as the next preferred date. Please watch *Update* for further news.

# Surviving a PSA of 57! - Bruce Hodgkinson's Story

Men are often hesitant to call their doctor, whereas women will more readily reach for the phone. "For goodness sake, go to the doctor's" exclaimed my wife, tired of hearing me grumble about discomfort in the lower back and groin. My GP ordered some blood tests and suspecting prostate problems included a check of PSA level which, he explained, would be sensible, especially at my age of 59. Two weeks later the worried expression on his face foretold the news he was about to give me; my PSA was a huge 27.4 about seven times the norm for my age!



Bruce Hodgkinson with his wife, Kate

I was referred to a locally based urologist. My prostate was found to be normal size with no abnormal findings on rectal examination. An ultrasound biopsy followed and there was no evidence of cancer. Strangely, I was suffering none of the usual signs of prostate disorder such as getting up frequently at night to urinate or feeble, erratic or painful flow. I was treated for prostatitis. Ten months later my PSA had risen to 35 and a repeat biopsy proved to be negative.

I would like to draw a veil over these ten months and the next three years of potentially life threatening delay when I alternated between a false sense of security and a worrying undercurrent of doubt.

During this period I underwent three further biopsies and was referred to another consultant. All the biopsies, tests and scans were negative or inconclusive - that is apart from an MRI scan which revealed the cause of my original back pain. This was deterioration of discs at the base of my spine! However, by now my PSA had risen to an incredible 57 and I was no closer to having the cause confirmed.

My doctor had retired and I despairingly called my new GP. Now, not before time, I was in a very proactive mood following a family conference and suffering the aftermath of my latest biopsy. Her research and advice led to a referral to Professor Kirby. He told me without hesitation that I was almost certain to have a carcinoma of the anterior zone of the prostate - often difficult to

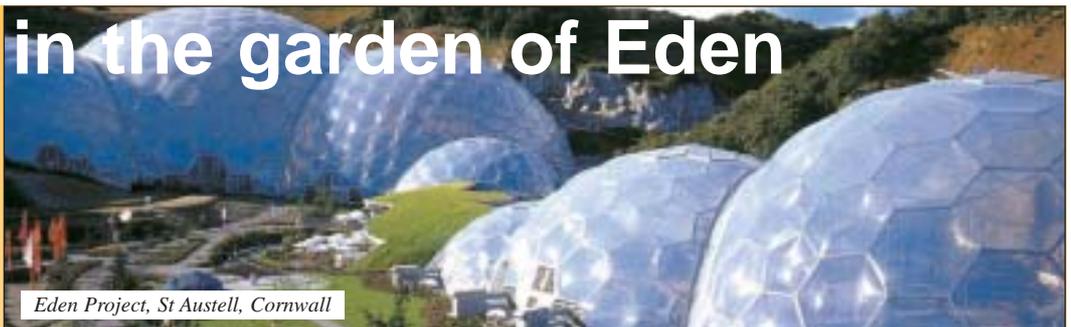
diagnose. He advised further immediate extended biopsies focussed on this area. These were carried out within a few days.

The result of the biopsies - a shock but in another sense a relief after so long was the identification of cancerous cells. A bone scan and MRI scan followed with negative results. The way was now clear for a radical prostatectomy three weeks later. Surgery revealed an unusual 2cm diameter anterior lobe carcinoma, but, defying the odds predicted by my high PSA, the cancer was self contained within the prostate and the surrounding tissue was clear. I would not require follow up radiotherapy.

Now four months on from the operation I am looking well and importantly my PSA is less than 0.1. There are no certainties in life and my PSA will have to be monitored in the future but I appear to be completely cured. What message do I pass on? Firstly, do have a PSA check. If your PSA is high and rising do have very regular biopsies. In some cases like mine initial biopsies may not locate the cancerous cells. Check if your consultant has first hand experience of cases like your own. If not be proactive and don't shrink from obtaining a second opinion; it may save your life.

## Stinkwood in the garden of Eden

Wandering through the Eden Project's humid tropics biome early in May, your editor happened to spot the Red Stinkwood tree bearing a label saying that it was both endangered and useful for treating prostate disorders. With such a memorable name and thinking it



Eden Project, St Austell, Cornwall

might be of interest to any prostate sufferers there may be amongst *Update* readers, it was time to do a bit of research.

It turns out a product called Pygeum is derived from the tree. This is sold in health food stores as a treatment for benign enlargement of the prostate. acting, we understand, by improving urinary flow rates. The substantial demand for Pygeum in the developed world, estimated at \$200 million per year, is threatening the world numbers of these interesting trees.

The tree itself is a slow growing hardwood inhabiting high humid rain forests in Africa. Pygeum is derived from the bark of trees 10 or more years old. When first discovered to be useful medicinally, small pieces of bark were removed and the standing trees could easily regenerate the removed portion. But as larger quantities of bark are sought, sustainable practices are being overlooked or ignored. Poaching is quite widespread. In Mount Kilim in Cameroon, for example, researchers have

observed that 80 percent of mature trees die as a result of poor harvesting techniques.

The International Centre for Research in Agroforestry (funded to a very small extent by the UK Government) is beginning to help farmers in Kenya, Cameroon and Madagascar to grow the tree and earn a living through sustainable harvesting of its bark.

However, it is going to be quite a struggle to prevent the pessimist's forecasts that the tree will be extinct within ten years coming true.

# Our lunch - an event to enjoy

Our Annual Luncheon is always a *fun occasion* enjoyed by all who attend. Now firmly established at the Savoy Hotel, this year's event will be held on **Wednesday 16th October**.

Those who know of *Blowers* – Henry Blofeld, Cricket Commentator, writer, broadcaster and journalist – will know how amusing his after-dinner (or in our case after Lunch) speeches, in light-hearted vein telling stories from the commentary box, can be. Henry Blofeld was educated at Eton

and King's College, Cambridge and treads very much in the steps of the late Brian Johnson of blessed memory. The Reception at 12.15pm in the River Room will be followed by lunch at 1pm

in the Savoy's beautifully mirrored Lancaster Room. Tickets at £75 each are obtainable not from the Swindon office but instead from **36 The Drive, Northwood, HA6 1HP** as usual. The ticket price is an *all in one*, covering both the Reception and wine at the table. This is a *fantastically enjoyable* event and tickets sell fast so don't dawdle. If you wish to purchase tickets over the telephone, with your credit card, phone 01923 821999.

Among those looking forward to the event and likely to have some words for us is Dr Liam Fox MP, Shadow Secretary of State for Health. Make sure you are there.



Henry Blofeld, who will be speaking at our luncheon

## Will you send our Christmas Cards?

You will find enclosed with *Update* a leaflet illustrating the selection for this year of our Christmas cards. Sales of these cards will aid **Prostate Research Campaign UK**. Do please read the instructions carefully and notice that the order form is returnable neither to Swindon nor Northwood but to the address in **Canterbury** from where our cards will be dispatched to purchasers.

We believe that this year's selection is particularly attractive. You can buy the cards, as they are – in packs of ten – ready to mail to your family and friends or they can be overprinted with your or your firm's name and address if you so wish. If your firm sends such cards here is a golden opportunity.

Sending **Prostate Research Campaign UK** cards to your family and friends – or even to other firms and suppliers helps this charity financially and also serves to make the needs of the Campaign even better known – the cards are colourful recruiting sergeants! Send your order to **Canterbury** now!

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with a donation

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## Gift Aid Declaration (Please complete if you have not already done so)

As a UK taxpayer, I want **Prostate Research Campaign UK** to reclaim tax on my donations. (This will enhance the value of my donations by £7.05 for every £25 I give)

Name of taxpayer ..... Date.....

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## Publications

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*Lavishly illustrated in colour, with over 100 pages, this book has all the latest angles on all three prostate diseases. Complete in its coverage, newly updated and user friendly.*

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