

## Prostate charities work together because men's lives matter too

Look out for the launch of *The Prostate Cancer Charter for Action* at the end of January. All the major organisations active in the field, sixteen in all, have signed up to a common action plan that will be developed during 2003. Focussed charities such as **Prostate Research Campaign UK**, large general cancer charities including Cancer Research UK, Patient Support groups and the Associations of both Urological Surgeons and Nurses are included.

The five point action plan calls for the Government - to be open about how the targets in the NHS Prostate Cancer Plan 2000 are or are not being met, - to institute an ongoing male-friendly health education awareness campaign, challenging the notion that prostate problems are an inevitable part of

ageing, - to ensure patient care is co-ordinated using a multi disciplinary team approach, - to take action on resources particularly in the areas of prostate pathologists, specialist nurses and research into more reliable test regimes, - to work more closely in partnership with the voluntary sector.

Agreement on the Charter for Action by all the major organisations in the field will ensure a common voice when speaking to Government. All concerned are most grateful to the Great Universal

Stores Group who are generously funding this joint endeavour to the tune of £100,000. Their concern before contributing to the five point action plan was that for so long the various interested parties had not been able to work together in a meaningful way. Now for the first time they will be able to do so.

We are hopeful that this initiative will herald an era when male prostatic and urological issues are allocated the attention and the resources they deserve.

## Twelve new research grants and there are more to come

At the annual Luncheon of the **Prostate Research Campaign UK**, Neil O'Donoghue was pleased to announce the award of twelve

new research grants worth in total over a quarter of a million pounds. This amount is a record for the charity, only made possible through the generosity of our many supporters. If **you** are one of them, *Many thanks.*

"We reviewed over 30 applications. As usual the standard was extremely high. However we are delighted the Campaign is able to fund these twelve outstanding projects. Most seek to improve our understanding of prostate cancer. Two are continuing work on chronic prostatitis". A brief profile of the awards is contained within this copy of *Update*.

The Trustees reviewed the charity's finances in December and found that we had raised as much in the first six

months of the current financial year as had been raised in the whole of the previous 12 months. Good news indeed. They decided to invite applications for a further £150,000 of research grants.

This is the first time that the **Prostate Research Campaign UK** has been able to award two *tranches* of research grants in one year - and none of it possible without the continued generosity of our very loyal supporters.

By the end of our financial year in March the total of grants presently pledged will amount to almost £600,000.



Neil O'Donoghue FRCS announcing the awards at the Savoy luncheon

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# Some researchers you he



Jonathon Coxon of St George's Hospital, Tooting receives £25,000 to further investigate the finding that biphosphonates slow down the invasion of bone by cancer cells.



Simon Bott also at University College, London receives £20,000 to use the database to identify genetic factors which might predict whether the prostatectomy operation has been successful.



Jonathan Cohen receives £6,670 for the maintenance and build up a database at University College, London of clinical information on over a thousand men who have had prostatectomies.



Dr Eugene Tulchinsky (left) and Professor Killian Mellon of the University of Leicester receive £21,800 to identify genes which are influenced by the loss of a cell-cell adhesion molecule - an event which occurs in the malignant transformation of tumour cells.



Dr Steve Harper (left) and David Gillatt at Bristol Urological Institute receive £24,338 to explore the idea that turning back on an inhibitory factor, that tumours turn off to allow new blood vessels to grow, may form the basis of a future cancer treatment.

Professor Dylan Edwards and colleagues at the University of East Anglia receive £25,000 to study enzymes believed to be involved in tumour growth. The objective is to identify new markers for prostate cancer and to reveal molecular mechanisms which contribute to malignancy.



Rono Mukerjee and colleagues at Glasgow Royal Infirmary receives £25,000 to investigate factors which stimulate the growth of cancer nourishing blood vessels and the changes which occur when conventional therapies fail.

Dr Rosalind Eeles and colleagues at the Institute of Cancer Research, Sutton receive £25,000 to study the damage to genetic material in blood cells in men who are at high risk of developing prostate cancer.



# Up to finance

## Controversy from Swedish trial results

Richard Batstone and colleagues at Addenbrookes Hospital, Cambridge receives £25,000 to attempt to prove that chronic prostatitis has an auto-immune cause.



Professor Anthony Flynn of Cookridge Hospital Leeds receives £25,000 to explore the relationship between the planned and achieved dose distributions in brachytherapy.



Santhir Mehta and colleagues at the Royal Hallamshire Hospital, Sheffield receive a grant of £21,200 to apply 3-dimensional image processing technology to the identification automatically whether prostate cancer has or has not spread outside the gland.



Dr Abbas Khadra at St. George's medical School receives £10,000 to investigate new diagnostic and management tools for non bacterial prostatitis.



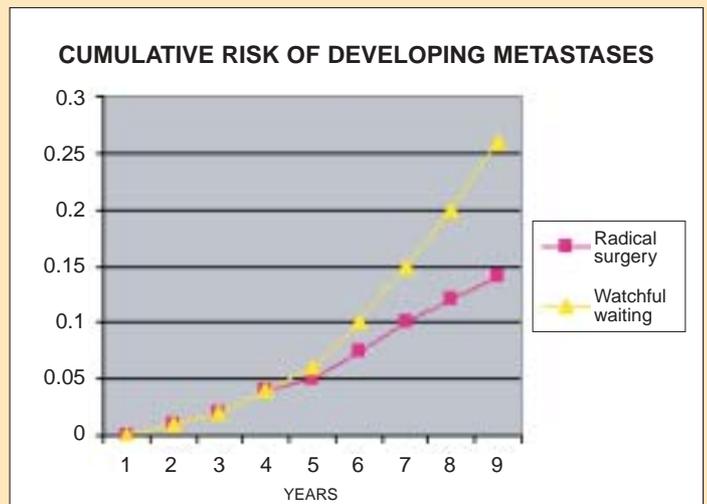
Radical prostatectomy is widely used in the treatment of early prostate cancer. It is often argued, however, that the benefits are unclear and unproven. The results of a Scandinavian study into this question were published in the *New England Journal of Medicine* recently producing amazingly diverse press reactions. Headlines were largely positive in the US and negative in the UK.

The trial followed the progress of 695 men over seven or eight years. All had been diagnosed with prostate cancer that had not spread outside the gland. These patients were split into two groups at random. Half had their prostates removed surgically and half did not.

Significantly more men died of prostate cancer in the watchful waiting group (31) than in the prostatectomy group (16).

The risk of the cancer spreading to produce metastases in the bones and elsewhere was also tracked by the study and showed some clear benefits of surgery but only achieved convincingly after a number of years.

Deaths from all causes were not so very different in the two groups. One in every five and a half men died in the watchful waiting group compared to one in six and a half of those who had received surgery. 62 compared to 53. It was this fact which



led to contributions to the *British Medical Journal* carrying the headlines “Watchful waiting as good as surgery” and “The operation was a success (but the patient died)”.

All this seems to us to confirm that the lobby against PSA testing and, indeed, against acting to cure prostate cancer in the UK is thriving.

We asked two very experienced surgeons to comment on this landmark trial. John Fitzpatrick and Roger Kirby explained that the selection of patients much older and less fit than would be typical today accounts for the surprisingly high overall death rate. “The mean age of our own last 100 cases was 61” they said. “The mortality from all causes of recent patients should be considerably lower than that seen in the Scandinavian sample. The reduction in cancer mortality and the rate of development of metastases would be likely to have a more significant impact, especially over a longer follow-up period.”

## Be full of beans to beat BPH

Men in Western countries have very much more prostate disease, benign as well as cancerous, than men from the orient.

Is that because of genetic differences? No. Immigrants from China to the US exhibit Western rates of prostate disease within one or two generations.

Is something in the Western diet harmful predisposing us towards prostate disease? Maybe. The usual suspects have been meat and animal fats. Despite extensive studies the jury seems to be still out on this theory.

A third option, that there is something in the Asian, vegetarian diet which inhibits the progression of latent prostatic disease into full blown disease is gaining credence. That something seems likely to be available from legumes, such as soya, beans, chick peas or lentils. A recent study found that Chinese men in Hong Kong (mainly vegetarians) had seven times higher levels of isoflavonoids, (the product of digesting legumes) in prostatic fluid compared to caucasian men in the UK.

If the option of switching to a 100% vegetarian diet does not appeal, one could take isoflavones in tablet form. But would that do any good? A Canadian trial reported two years ago significant improvements in the quality of life including nocturnal frequency of men with benign prostatic enlargement

(BPH) after taking a supplement derived from red clover for a matter of just three months. One formulation of this supplement is marketed under the name Trinovin and is distributed in the UK by Novogen Ltd, Castle Hill House, Windsor, Berkshire SL4 1PD. The product itself was researched and is manufactured in Australia by Novogen Laboratories Pty.

We would emphasise that by mentioning a supplier of Isoflavones, **Prostate Research Campaign UK** is not endorsing or recommending the product in any way.

## In Memoriam

The Campaign has learned of a number of its supporters who have died from Prostate Cancer. Our deepest sympathy goes to the families and friends of those have been bereaved in this way

We are most grateful for the generosity of those who have supported **Prostate Research Campaign UK** through legacies and donations in memory.

Since 1st April 2002 we have (in 9 months) received almost £51,000 in *in memoriam* donations.

## What happened to PC-SPES?

Readers may remember that in May 2000 we announced the success of the herbal supplement PC-SPES in lowering the PSA of patients with hormone refractory prostate cancer. At that time there were known to be some 3000 men taking the product. The word was rapidly spreading about its effectiveness.

Last February the California Department of Health Services warned consumers to stop using PC SPES because it had been found to contain undeclared prescription drug ingredients, whereupon BotanicLab, recalled supplies of PC-SPES.

Further research revealed the contaminants to be diethylstilbestrol (DES), which is a synthetic oestrogen; indomethacin, a potent anti-inflammatory drug; and warfarin, a blood thinner.

These findings verified what many had long suspected — that this supplement was effective not because it contained active herbal extracts, but because it contained a form of the female hormone, oestrogen.

At first BotanicLab said that they would continue to market PC-SPES as soon as they had tracked down the source of the contaminants. Unfortunately, the economic realities caught up with the company which went out of business last June.

The good news, if any can be found in this sorry affair, is that attention has been refocused towards the value of diethylstilbestrol (DES) as a hormone treatment for prostate cancer.



Your nearest stockist? Teodoro's in Amalfi

## Run for your life!

Already the London Marathon runners are pounding the streets preparing.

Please encourage your friends and colleagues to run in aid of **Prostate Research Campaign UK**. Just as importantly, prepare to sponsor our team. Can we beat last year's magnificent total of £170,000?

## Dr Ros Eeles saw a ghost

I had got to know Paul Jennings well. I had tried hard with others, to stem his particularly aggressive prostate cancer. It was a great sadness when he died early in 2001. Imagine, then, how I felt when he "appeared" in my consulting room last summer! Eerie. It almost changed my disbelief in ghosts.

It was of course Anthony Jennings, Paul's 100% identical twin - the product

over fifty years ago of one human egg splitting after fertilization to produce identical twins. Although his cancer was nowhere near so advanced as Paul's had been, there was little doubt in my mind, knowing what I do about the strong genetic influence on people's propensity to develop cancer, that Anthony's cancer should be treated immediately.

## Anthony Jennings' Experience

Five years ago, in October 1997, my twin brother Paul was diagnosed with prostate cancer. Tests revealed that his highly aggressive cancer had spread beyond his prostate, and did not respond to chemotherapy. Despite the best efforts of his medical team, and his own determination to live, sadly he died four years later in February 2001. He was 53 years old.

As a result of my brother's diagnosis, my GP immediately referred me to Mr Brian Ellis, a consultant urological surgeon based close to my Chertsey home.



Paul (left) at Tony Jennings' (right) wedding in 1986

For three years my regular PSA and DRE tests were normal. However, Mr Ellis was always cognisant of my twin brother's history, and as my PSA level increased marginally earlier last year, he advised a six sample biopsy in July 2002. Despite the low PSA reading of 0.68, the biopsy revealed the presence of high grade PIN, which greatly concerned Mr Ellis.

After considerable discussion, he referred me to Professor Roger Kirby, who in turn sent me for a further twelve sample biopsy, which did reveal a small cancerous tumour in the prostate. After meeting with Dr Rosalind Eeles, who had dealt closely with my brother during his illness, we all agreed I should undergo a radical prostatectomy. This operation was successfully performed

on 11th October 2002, at St George's, London.

As I write this in November, I am recuperating at home. My bladder is functioning well in the absence of my prostate gland. It is early days, but I am confident I am on the road back to a normal life once again and, thankfully, my PSA is down to less than 0.1.

What have I learnt from this somewhat daunting experience that I can usefully pass on to others? Several things I believe:

If you have a close family

(brother, father, uncle, grandfather) who has or had prostate cancer, be aware that this disease may also be affecting you. You may have NO symptoms at all. My brother had none, and yet when his condition was discovered, it was too late. I had no outward symptoms at all, and my PSA tests showed no cause for alarm. Only through the unerring diligence of Mr Ellis, and the consummate surgical skill of Professor Kirby, am I now able to face the future with confidence.

You can beat prostate cancer, providing you take decisive action. Get the best medical advice you can, talk through the potential problems and the possible solutions, and ensure you have the best health insurance you can afford.

## Diary for 2003

### January 29

Launch of the Prostate Cancer Charter for Action at the House of Commons

### March 8

Concert, Frome, Somerset organised by Jennifer Sheldon



### March 22 - 30

Prostate Cancer Awareness Week

### April 13

London Marathon. A strong team of runners will *need* your sponsorship and support

### June 12

Golf Day at Richings Park Golf Club, Middlesex

### July 9

Golf Day, Burnham & Barrow Golf Club, Somerset



### September 24

7th World Congress on Urological Research

### October 15

Annual Luncheon at the Savoy Hotel  
This diary is just the beginning. Please let us know of any event, however small or large, which you are organising in aid of **Prostate Research Campaign UK**. Let's Make it an Event Full Year.

Visit and recommend our Website  
[www.prostate-research.org.uk](http://www.prostate-research.org.uk)

# Another hugely successful annual luncheon

The Annual Luncheon, held again in the splendour of the Lancaster Room at The Savoy, was another spectacular success. On Wednesday, 16th October, no less than 383 supporters witnessed a



Dr Liam Fox MP at the Annual Luncheon

giant cheque being presented to Mr Tony Kilmister by London Marathon achiever *par excellence* Professor Roger Kirby. The team headed by him had raised no less than £170,000 from this event.

Mr Neil O'Donoghue FRCS

announced the latest batch of twelve research grants awarded earlier that month totalling £254,208.

The two main after-lunch speakers were particularly amusing. Dr Liam Fox MP (Shadow Secretary of State for Health) who resoundingly backed the universal availability of PSA testing also took a side-swipe at hospital waiting lists in the NHS and how numbers are *massaged*. If a patient is parked on a trolley in a corridor the patient is *waiting* so the wheels are taken off his trolley and it becomes a *bed*. Put a screen around that *bed* and it is in a *ward*! A string of stories from 'Blowers' – the broadcaster Henry Blofeld – well known for his cricket commentaries and rib-tickling anecdotes put everyone in a warm and responsive mood. Clearly all were enjoying themselves hugely.

Professor Kirby thanked Aventis, and especially Steve Marsh who was present to represent Aventis, for purchasing a large number of copies of *The Prostate: small gland, big problem* so that every

attendee at the Luncheon could be presented with a copy of the book as a gift from the company. Another innovation was a leaflet describing research presently being supported by



Henry Blofeld, now OBE, entertaining the audience

our charity which was read with considerable interest.

Already plans are in hand for the next Luncheon which will be held at The Savoy on Wednesday 15th October 2003. Make a diary note now.

Support



Prostate Research Campaign UK

with a donation

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

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**Prostate Research Campaign UK** holds names and addresses on computer for the purposes of keeping supporters informed about its work but does not pass information to third parties. Please tick if you do not wish to receive further information

## Publications

### The Prostate: Small Gland, Big Problem.

*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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*An excellent 8 pages.*

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### Fundraising Pack

*Ideas, posters and information to help anyone trying to organise an event to raise funds for Prostate Research Campaign UK*

Order any of these by post, e-mail, phone or fax