

## Enthusiasm of our Patron

If all goes to plan, as we have every reason to expect, Her Royal Highness The Duchess of Gloucester will attend our Annual Luncheon to be held at The Savoy on 15th October. Her intention to do so is an example of a mounting number of engagements that clearly show the enthusiasm of The Duchess of Gloucester for the support of our cause.

No sooner had Her Royal Highness become Patron of **Prostate Research Campaign UK** than she set off for

America to see prostate research being undertaken at Cornell University's New York Presbyterian Hospital and Memorial Sloan-Kettering Cancer Center. Her host on that occasion was Dr E. Darracott Vaughan.

In April The Duchess of Gloucester visited the Institute of Urology in London to see work we are funding



*HRH The Duchess of Gloucester with Professor Roger Kirby and Mr Tony Kilmister*

there. This includes the establishment and use of the largest database in the country of tissue samples and associated patient details obtained from over a 1000 radical prostatectomies carried out in the UK over recent years. This work was set up by Professor John Masters, who heads the laboratories and showed Her Royal Highness around. She also talked

with Charlotte Foley who is carrying out research into stem cells which may possibly be the cells of origin of prostate cancer. If that turns out to be the case, further discoveries are likely to emanate from her work.

In early September our project at the Royal Hallamshire Hospital in Sheffield had a royal visit. There she was shown work which aims to improve the quality of diagnoses by providing enhanced images arising from ultrasound and magnetic resonance imaging.

Before the year end Her Royal Highness is expected to host a spectacular event in London for us. This event in late November clearly shows what a hands on and committed Patron we are fortunate to have. We are deeply grateful.

## Two new appointments



*Mr Brian Barnes*

It is a great pleasure to report that Brian Barnes has accepted a Vice Presidency of **Prostate Research Campaign UK**. He has more than

earned the title of Vice President after eight years of valiant service as a trustee of the charity.

The Trustees are also pleased to

announce that Brigadier Roy Kendrick has accepted their invitation to become one of their number in succession to Brian Barnes. We know what an

enthusiast for the cause Roy is and he will be a splendid new Trustee of **Prostate Research Campaign UK**.



*Brigadier Roy Kendrick*

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# Urology Conference highlights advances in research

The annual conference of the British Association of Urological Surgeons, held in Manchester in June, was faced with a welter of papers and poster presentations. From the abstracts of these we have picked out a number of prostate topics which together illustrate where much research of quality is focused and where change and progress is being made to the diagnosis and treatment of prostate diseases. We also highlight the hospitals where the research is being carried out - not just the London teaching hospitals and large research centres, but units right across the country.

## Diagnostic issues

How many biopsy *cores* are needed?

A trial showed that taking just six samples could miss 37% of cancers. By increasing the number and distribution to 10 only 4% were missed. *Leighton Hospital, Cheshire*

It appears that just four variables - age, number of positive biopsy samples, PSA reading and grade of cancer when viewed under the microscope - can be combined into an effective predictor of eventual outcome. *Institute of Urology, UCL, London.* This was funded by

**Prostate Research Campaign UK.**

In view of the proportion of not completely successful radical prostatectomy operations in patients who have high initial PSA readings, is there some PSA reading above which one should decide not conduct such operations? In the US, patients with a PSA higher than 10 are often advised not to have the operation. In the UK such patients are still accepted although only 34% of them will be PSA recurrence free after five years. *Royal Free Hospital, London*

The free to total PSA ratio is useful in finding cancers in young men who would benefit from curative treatment. *St. Mary's Hospital, London*

## Surgical techniques

Evidence from 1000 laparoscopic (keyhole) prostate operations shows the technique is comparable to conventional surgery in its mid term outcomes. We now need a longer term follow up. *Institute Montsouris, Paris*

In the last edition of Update we wrote about Declan Cahill, whom **Prostate Research Campaign UK** had supported while he became skilled in the operation in Paris. He now practises at *Guys Hospital, London.* It is clear that there are a number of surgeons in the UK now

Cryoablation (a freezing technology) of the prostate appears to be an effective alternative for patients with localised prostate cancer and for those whose cancer has recurred following radiotherapy. *Medical University of South Carolina USA*

## Treatment options

What treatment would the patient choose? Evidence from 356 patients with treatable prostate cancer, all of whom were informed about the choices

*high quality research  
right across the country*

open to them in the same way, showed that 43% elected for surgery, 37% for external beam radiotherapy, 17% for brachytherapy and just 3% for watchful waiting. *Stepping Hill Hospital, Stockport.*

For patients with a good prognosis conformal radiotherapy gives results comparable to surgery. Patients in poorer prognosis groups are now being treated with intensity modulated radiotherapy. *Christie Hospital, Manchester*

An analysis of the records of 624 men who had received prostatectomies showed that the grading of their cancer as estimated before the operation from biopsy results did not correlate particularly well with the grading measured using the whole excised tumour. A worrying finding since so many key management decisions are made on the biopsy results. *Institute of Urology and MRC Clinical Trials Unit.* This was funded by **Prostate Research Campaign UK.**

Tamoxifen, the drug used to treat breast cancer, reduces the problem of breast enlargement and tenderness in bicalutamide therapy. *Queen Elizabeth Hospital, Kings Lynn*

## Benign Prostatic Hyperplasia

High powered lasers can be used as an alternative to surgery for removing obstructive prostatic tissue. Evidence shows that the technique produces results equally as good as the classical TURP operation. *Auguste-Viktoria-Hospital, Berlin*



*HRH The Duchess of Gloucester during her visit to the Institute of Urology, University College London*

practising this technique. There were papers at the BAUS conference from teams at *Kings College Hospital, London, Wexham Park Hospital, the Royal Hallamshire, Sheffield and the Freeman Hospital, Newcastle* and we have seen press coverage of a patient receiving treatment at the *Hampshire Clinic, Basingstoke.*

Brachytherapy is a relatively new technique in the UK. Evidence was presented that showed results in the UK comparable to those achieved in the US when measured over up to four years. *St Luke's Cancer Centre, Guildford*

# Marathon rowing for the campaign on a machine - and in the water

## John Chadwick

“My prostate problem will not go away. So I have regular consultations with Professor Roger Kirby. During our meeting earlier this year, after the crisp diagnosis and plan of action we moved on to how well I was looking. Innocently I said I was keeping fit on my rowing machine.

## James Gilchrist

“I am currently training for the Boston Rowing marathon. That is Boston, Lincolnshire not the US. This takes place on September 21st this year. I am rowing the 31 miles in a coxless four and have already banked over £1,000 in sponsorship support which will be paid over to **Prostate Research Campaign UK**



James Gilchrist (second from left with his rowing colleagues)

Now persuaded and willing, I am in my attic, about to row 42,198 metres in under four hours to raise funds for **Prostate Research Campaign UK**.

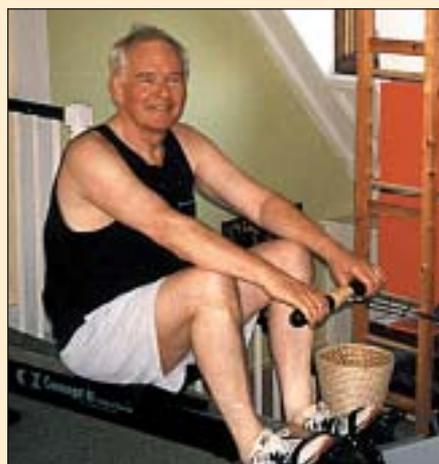
The training has been pain and gain. The guide book to successful marathon preparation says one must become a fat burning machine. We can all recall how dramatically Peter Amoroso changed shape for his first marathon attempt (*See Update 11*). He still looks as young and fit. I too am coming down to my optimum weight.

My row will take place shortly after a six month long training plan and the reason for it all - funds to go to **Prostate Research Campaign UK** - is what has kept me going.

I am looking to all my friends, colleagues and fellow survivors to help the great cause by sponsoring me.”

in due course and once I have collected all the money promised.

I know that my efforts will be small beer by comparison with the Kilimanjaro team but every little helps!”



John Chadwick on his rowing machine



## Welcome Janis

Janis Olohan is supporting **Prostate Research Campaign UK** as a consultant from a new company, *RightAngle Learning*, of which she is a director. She expects to help raise the profile of the Campaign through her many media and healthcare contacts acquired over 12 years working in public relations specialising in prostate disease and men’s health.

Janis was awarded the British Association of Urological Surgeons Certificate of Distinction in June at its Annual Meeting. The Certificate was presented in recognition of Janis’ personal contribution to the development of urological education and the help she has given to the Association

“Over the last decade, awareness and understanding of prostate disease has improved immensely, not only amongst the general public, but also within the medical and healthcare professions,” Janis commented. “Yet there is still so much that can be done to allow men to recognise the symptoms as early as possible. Finding the courage to seek advice and intervention is a big step, but one that can only improve treatment results and save lives”.

## Testing increase

We hear, direct from hospital pathologists working in blood test laboratories, that PSA tests are on the increase. One report suggests that the number of tests has risen from 30 or 40 per week to the same number per day. Can men at last be getting the message?

Please Sponsor  
**John or James**

Send your sponsorship money to the Eastcote Office marked clearly with whom you are sponsoring

## A patient's story... and the treatment he received

Stephen Barry had been having indications of prostate problems for some years but had assumed these to be benign. In January 2001 he was diagnosed with Prostate Cancer after his PSA was found to be increasing. Stephen writes "Like all patients finding themselves in this situation, one is overwhelmed by the possible alternatives. I consulted medical friends and specialists and really attempted a *beauty parade* not only of the type of treatment that would be most suitable for me but also to find out who are considered to be the best specialists in each treatment. Eventually I narrowed the choice to two possible treatments radical prostatectomy and brachytherapy.

Fortunately, as my cancer appeared to be contained within the prostate and my PSA was of a suitable level, the opportunity to have a clear choice between these two treatments was available to me. Eventually I chose brachytherapy. This decision was based on consideration of certainty of treatment and discomfort arising there from and the implications with regard to both impotence and incontinence. After the operation its outcome was monitored

### *No one stop shop for advice on all alternative treatments*

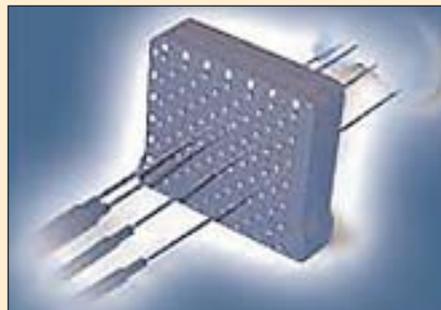
by regular blood tests. Unfortunately my PSA did not fall dramatically but rather declined only gradually. It was then I realised that my own psychological well being, at that time, would have been enhanced if I had gone for the radical prostatectomy solution.

Unfortunately, after 6 months it became clear that the brachytherapy treatment had been unsuccessful, that cancer remained and was growing within the prostate.

After further research I realised that my options were limited to drugs or cryotherapy. Taking the view that drugs did not offer a long term solution, I felt that that option should be retained as a final insurance and that cryotherapy was the route. I then talked to the surgeon who put my mind to rest, particularly as the treatment could be used after my earlier failure and represented a procedure that could be revisited again

Cryosurgery (also called cryotherapy or cryoablation) is used to treat localized prostate cancer by freezing the cells to extremely low temperatures thereby destroying them. Unlike radical prostatectomy and radiotherapy, cryosurgery can treat localized prostate cancer that has advanced beyond the prostate capsule.

The SeedNet™ system with unique IceSeeds™ is specifically designed for use by urologists and presents an innovative alternative to prostatectomy and radiation treatments. Based on the



*The template which guides thin needles into the prostate*

in the future if there were to be a reoccurrence.

When seeking the original advice as to the method of treatment, the question of cryotherapy had been raised but at that time there did not appear to be, in this country, adequate background information as to the success of this treatment.

Fortunately, in my own case although radical prostatectomy was no longer an alternative after the failure of brachytherapy, cryosurgery remained a viable treatment, although with more difficulty than a *virgin* operation. I was lucky enough therefore to pursue this line of treatment. This appears to be a success, as my PSA has now gone down to less than 0.05.

What conclusions do I draw from my own history? Here in the UK we have eminent specialists in their own fields but up to now there would not appear to be one Centre of Excellence that can offer all alternative treatments.

It is useful, clearly, for a patient when speaking to a specialist, if that specialist has the ability to offer a one stop stopping point for advice on all possible treatments and is also able to offer those treatments.

I would like to record my personal gratitude for the assistance and continued advice and patience given by Professor Roger Kirby and Dr Dan Ash here in the UK and to Professor Arie Belldegrun at UCLA in the USA."

brachytherapy setup familiar to many urologists, this procedure is easy to learn and simple to use. Ultra-thin needles guided through a template are inserted into the prostate and generate cancer-killing iceballs that destroy prostatic tissue without damaging collateral tissue.

Cryosurgery is less invasive than radical prostatectomy so there is less blood loss, a shorter hospital stay, shorter recovery period, and less pain than radical surgery. Because the physician can focus cryosurgical treatment on a limited area, he can avoid the destruction of nearby healthy tissue. The treatment can be safely repeated and may be used along with standard treatments such as surgery, chemotherapy, and radiation. Furthermore, cryosurgery may offer an option for treating cancers that are considered inoperable or that do not respond to standard treatments.



*Ice seeds containing liquid argon*

Cryotherapy systems are marketed by ONCURA, a new global company formed by the merger in July of this year of Amersham's brachytherapy business with Galil Medical's urology business.

The bulk of the experience in cryotherapy is to be found in the US. Early results are excellent but as with all new treatments long term results are not yet available.

At least four UK hospitals have already carried out operations using this advanced and minimally invasive technology. These hospitals are the Cromwell, London, the Princess Grace, London, Sunderland Royal and the Royal Surrey, Guildford.

# Operation Kilimanjaro - A mountain still to climb

The boots are purchased, the socks are airing, the rucksacks are standing ready and the team are in intense training for the ascent of Mount Kilimanjaro commencing September 3rd. As you read this, the team may well be half way up or even have reached the top of the highest mountain in Africa. But that does not mean it is too late to sponsor those who have risen to the challenge.

Who is in the team? We now have a grand total of 14 climbers, including 2 professors, Roger Kirby, St Georges, London and John FitzPatrick, Mater Hospital, Dublin. The four consultant urologists, John Dick, Roger Plail, Chris Anderson and Mike

Bailey are all working at different hospitals. That so many professionals are taking part not only reflects well on their profession but it also demonstrates how support for **Prostate Research Campaign UK** is expanding.

In addition to these there are three brave individuals who have undergone radical prostatectomy for prostate cancer, Andrew Etherington, Richard Macaire and Rex Willoughby together with a bevy of other intrepid and stalwart supporters of the **Prostate Research Campaign UK** including Roger's son, Jonathan, Alistair Dick and Jeremy



Photograph by kind permission of Hayes & Jarvis

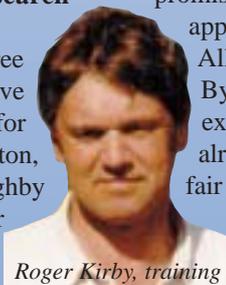
Elephants at the bottom and snow at the top

Sheldon. Two ladies are making the climb - Sophie Wallace and her sister.

Over 4000 fund-raising letters have been dispatched. Dr Tom Stuttaford has promised to give us cover in his much appreciated column in *The Times*.

All we have to do is get to the top. By the time you read this we expect to have well over £150,000 already donated but that leaves a fair way before we reach our target of a quarter of a million pounds.

So we (that means all who read this) still have a mountain to climb! If you have not already done so please donate now.



Roger Kirby, training

We will be presenting the cheque for the final amount raised to HRH The Duchess of Gloucester at our Annual Luncheon at the Savoy on Wednesday 15th October. You'll find out then who did and who did not make it to the top (on average

*'We expect to have well over £150,000 already donated'*

only half of all climbers get there) and how much we succeeded in raising. Please support us and don't miss the *Luncheon of the Year* in October. See you there!

## Congratulations

. . . . to the Rickmansworth and Chorleywood Branch of **Prostate Research Campaign UK** on its inaugural fund raising summer buffet attended by 90 people including local urologists and the press. The committee drawn from people touched by prostate disease aims to raise both awareness and funds for research on an ongoing basis.

## A will's the way

**Prostate Research Campaign UK** is most grateful for money received through legacies and donations in memory. Sadly, this is becoming a significant source of revenue.

If you wish to revise your will mistakes cannot occur if you specify the charity number 1037063,

## Our web site

[www.prostate-research.org.uk](http://www.prostate-research.org.uk)

The web site is for anyone seeking trustworthy information on all diseases of the prostate - patients, health professionals and those thinking about a PSA test. It tells you how we spend the money you raise and is invaluable for keeping in touch.

*Do visit it and recommend it to others who might benefit.*

## Eat more Brazil nuts

One nutrient that seems to have the capacity to protect against cancer of the prostate is the trace mineral selenium. A 1966 study found that men taking 200 micro-grammes of selenium each day for several years had a substantially reduced risk of developing prostate cancer compared to those taking placebo. Recently this study was re-analysed and published in *The British Journal of Urology International*. Its findings are of relevance to many men because the intake of selenium tends to be low in the UK and has fallen considerably in the past few decades. This is, in part, due to the fact that selenium reaches us through the bread we eat, the wheat for which is now grown in selenium poor soil.

Men seeking to boost their selenium intake may do this via supplements, or may prefer to munch on a few Brazil nuts on a daily basis. Just three or four of these relatively large nuts contain about 200 micro-grammes of this precious nutrient.

## Savoy Luncheon on 15th October

The Annual Luncheon at the Savoy promises to be a star-studded event and already demand for tickets has been heavy. Because so many have already been sold and space is finite those who have not done so yet need to apply without delay. The ticket price of £80 is an all in one that includes the Reception in the River Room before Lunch and wine at the table during Lunch itself in the Lancaster Room.

Among those who will be taking part are Her Royal Highness The Duchess of Gloucester, The Lord Mayor of Westminster, the Television Newscaster Martyn Lewis and Christopher Matthew (author of *Now We are Sixty*, *Knocking On* and other humorous books).

Tickets, while stocks last, can be purchased from **Prostate Research Campaign UK**, 36 The Drive, Northwood HA6 1HP. *But be quick!*

## 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 Eastcote 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. For business men or women or for anyone else they can be overprinted with name and address. 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!

Support



**Prostate Research Campaign UK**

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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***

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