

Tenth Anniversary Royal Reception

Her Royal Highness The Duchess of Gloucester welcomed some 170 guests to a Reception held at St James's Palace last November to mark the charity's tenth anniversary. In her address, she congratulated Professor Kirby and Mr Kilmister (who, nobly assisted by his wife), with the founding trustees, created the **Prostate Research Campaign UK** nearly 10 years ago.

Her Royal Highness went on to say: 'Public ignorance on the prostate and its potential problems is almost universal, for it is not unusual that men – and maybe women also – don't know where the prostate gland hides and, therefore, many men who experience some sort of trouble fail to realise that it is in fact a prostate problem which must be seen to. It is important to register that by no means is this always a cancer situation, but it can still be serious and can turn very nasty if left untreated; therefore, professional medical advice must be sought immediately.'



Her Royal Highness The Duchess of Gloucester with Professor Kirby at the St James's Palace Reception

We have been remarkably successful in recent years in improving health resources and care for women, and men have helped women. One of the reasons that I have the honour of addressing you tonight is the fact that it made a huge impression on me that The Prince of Wales became involved with one of the breast cancer charities. I thought: how strong, how great to have a man of such standing, supporting, lending empathy

and understanding to this devastating women's disease. I gave it some thought and dared mention at a dinner in aid of the Wellbeing Charity that I should love to support an occasion for prostate research. You hadn't even met me, checked me over or realised how little I knew, before asking me to become your Patron. I was very flattered and accepted by return of post in case you changed your mind! I am so delighted to play this small but important role in your outstanding research and

support scheme and wish to do whatever I can to help increase public awareness and gain the authority to talk about early diagnosis and prompt treatment for better long-term outcomes.

Our research scientists do not work in a vacuum – rather – they are part of a team, even a worldwide team and they need to know of the public support to help them in this hunt for a cure. With the financial support which is the life-line to research, I know that **Prostate Research Campaign UK** will go from strength to strength during the next decade.'



Her Royal Highness greets Mrs Sheila Kilmister, watched by Mrs Jane Kirby

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Jennifer's magnificent year

Sometimes something happens in your life which is so momentous that it makes time stand still, and as if on a precipice you can either grab at life with two hands or fall. So it was for me when my husband died of Prostate Cancer in 2002. Among the many letters that I received was a poem which ended with the words "or you can do what he'd want: smile, open your eyes, love and go on". At every moment of my panic, fright and despair, I kept remembering those words and realised how true they were. How could I even contemplate anything other than grabbing life with both hands. I had so much to be grateful for and with two sons who I now knew were more vulnerable than families without a history of prostate disease, it was obvious, I would channel all my energies into raising money and awareness of problems of the prostate. As always my children were totally supportive of the idea little knowing what they were letting themselves in for.

A target was set which I knew would mean hard work, focus and faith to achieve but which I hoped would capture peoples attention. A £100,000 for **Prostate Research Campaign UK** in 2003. A programme of events were produced, ten in all, which targeted different areas of the county and hopefully different interests. 1400 programmes were mailed in January 2003 with the hope that people would be alerted to my appeal and interested in one or possibly two of the events.

It has been an amazing year with highs and lows and the support and generosity that I have received from so many people has been a humbling experience. If I had ever had any doubts about what I was trying to do they were soon dispelled by the interest, the correspondence, and the

willingness to help. We have had concerts, fashion shows, plant sales, gardens open, a hog roast, and a very successful golf day on one of the hottest days of the year. My younger son

*"smile, open your eyes,
love and go on"*

Marcus ran the London Marathon and my surrogate daughter Fru, the Edinburgh Marathon. My elder son Jeremy climbed Kilimanjaro with Roger Kirby and the rest of the fit fourteen. His fiancée Alex did a Triathlon in Saipan, an Island between Hong Kong and Australia, and my daughter Emma produced food for most of the south west of England!

Now that my target has been reached and my mission has been accomplished my overriding memory of this year is the candlelit performance of Handel's Messiah in Wells Cathedral on 12th December. With a capacity audience, many of whom had been touched by Prostate Cancer, the sensitive performance of this sublime music, given by The Wells Cathedral Chamber Choir was described by some as a most moving experience.

For me it was a statement of hope for the future. While I accept that it may be unusual for someone to embark on a mission such as this, the effort involved has been far outweighed by the benefits. **Prostate Research Campaign UK** has benefited from the money and hopefully the publicity, the general public has benefited from the information which I have tried to give at every event and from a personal point of view it has given me the opportunity to rebuild my confidence and face the future in a way that I would never have believed was possible.



Book Review Prostates Bridge Atlantic by Anthony Kilmister

Forty years ago, John Kennedy, was assassinated in Dallas. He and his elegant young wife had created a new 'Camelot' in the White House. Yet, as a new book - *An Unfinished Life* by Robert Dallek brilliantly shows, his was a most complex life-style. Drawing on never-before-opened archives Professor Dallek reveals that Kennedy was secretly in and out of hospitals throughout his life. His back was badly damaged when a Japanese warship destroyed his patrol boat PT109, he suffered with Addison's disease, Crohn's disease, a duodenal ulcer, malaria and, *Update* readers will be surprised to learn, prostatitis.

Kennedy, a regular and compulsive womanizer, was prescribed testosterone resulting in his libido being heightened yet more. For a man with prostatitis this can only have added to his difficulties. Yet, to the outside world the President gave the impression of being in robust good health. The author also writes of the President's charm, his political astuteness and his many successes in a life cut short prematurely. It occurred to me to look at the scene on this side of the Atlantic only a month or so before the President met his death that fateful day in Dallas.

For the British Prime Minister, Harold Macmillan, his prostate gland eventually ended his political career. It was not prostate cancer but acute urinary retention which led to his admission to hospital. There, Mr A.W. Badenoch – the leading expert of his time – performed a prostatectomy. It was this temporary and benign incapacity that Macmillan conveniently used as the reason for surrendering the burdens of office - something he might have later regretted. In the public mind this was all high drama but Harold Macmillan, who was distantly related to Kennedy by marriage, was able to lead a comfortable life as an Elder Statesman for the following twenty-three years.

So, as co-incidence would have it, prostate problems loomed large on both sides of the Atlantic four decades ago.

John F. Kennedy: An Unfinished Life 1917-1963 by Robert Dallek, published by Allen Lane-Penguin, ISBN 07139-9737-0, hard-back, 838 pages, £25

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Richard Rowson's tribute to his anaesthetist

At the age of 44, I had an adverse reaction to a dental anaesthetic which resulted in a hospital visit and side effects which went on for months. Eight years later it happened again. Imagine then my state of mind when I found it necessary to undergo a radical prostatectomy at the age of 61.

With Peter Amoroso, the anaesthetist, I discovered a common passion for Italy. Before the operation my last awareness was him telling me to think of my favourite Umbrian landscape and asking if my face was twitching yet. The next I remember was thinking that my *significant other* (to use a ghastly but politically correct expression), Julian, would be visiting after the operation, and that I should make up a nonsense rhyme to amuse him. (As this is not how I



Richard Rowson

normally greet him I ascribe this thought to the effect of an Amoro cocktail on a logical mind).

During the post-op 8-10 hours I drifted luxuriously in and out of sleep, enjoying the caress of the automatic foot massage, the gentle squeeze of the blood pressure monitor and the quiet and caring attention of Libby. I felt thoroughly pampered and happy. But I also managed to complete the sextet, and when Julian arrived the next morning I greeted him with:

*Don't dote on the goat,
Don't emote over the stoat
Animal passion.
Is out of fashion
Human reason,
Is now in season.*

Since I am a philosopher and spend most of my time exploring the strengths and weaknesses of logical thinking, these sentiments gave him confidence that I was back on track. When Peter Amoroso called the next morning I told him I had had one of the most enjoyable nights of my life.

Amazingly since then, it is now three weeks since the operation. I have not had a moment's pain, and I have not had any painkillers since coming home. Whatever the Amoroso cocktail is, it does its stuff. And it has a liberating effect on a logical mind.

Win the holiday of a lifetime. A week's Caribbean cruise for two in the luxurious sailing catamaran, *Adagio*

Currently being built in Belgium, *Adagio* is due to be launched around Christmas time. After proving trials, her owner/captain John Todd will sail to Gran Canaria and thence to Tobago leaving early in February. To join John Todd somewhere in the Caribbean Islands between December 2004 and

March 2005 for a wonderful experience for two people with free return flights from the UK, sailing, snorkelling, swimming in 80 degree water and fine cuisine on board his boat *Adagio*, all you have to do is make a donation of £10 to **Prostate Research Campaign UK** and guess how long it will take John to cross the Atlantic from Las Palmas (Gran Canaria) to Scarborough, Tobago.



John takes time out from navigating to smile at the camera

The distance is approximately 2,800 nautical miles and should take between 10 and 20 days depending on wind and weather conditions. You can guess your time in days, hours and minutes. Enter by using the coupon below or directly on the *Adagio* web site

www.sailadagio.co.uk where payment by credit card is enabled. The web site will also show all the guesses made and the boat's daily position throughout the voyage. But you must enter before he sails, that is by the end of January.



Adagio is a 52 foot speedy, state of the art, luxurious sailing catamaran with 3 en-suite double cabins, all modern navigational aids and sports tender.

My guesses for Capt Todd's time for the transatlantic trip are:

Days.....	Hours.....	Minutes.....	I ENCLOSE £10 FOR EACH ENTRY
Days.....	Hours.....	Minutes.....	

Please notify me that I have won the prize at:

Title First Name Surname

Address

..... Post Code

Tel No E-mail

Conquering Kilimanjaro

When our fundraising team set themselves an awesome dual target this year – to reach the top of Mount Kilimanjaro and to raise a quarter of a million pounds for Prostate Research Campaign UK – they met with resounding success.

But, as the youngest member of the team Joe Kirby relates, it was no picnic



Conquering Mount Kilimanjaro was the goal for an intrepid team of fourteen linked in some way by prostate cancer and brought together by my Dad, the leader of the expedition. The diversity of the group was one of its principal strengths – six consultant urologists would always ensure the conversation and jokes would revolve around the urogenital tract; the three former patients, minus their prostate glands, would have their patience tried by the opinions of six fussing doctors whenever any symptoms appeared; and the youthful exuberance of the four students

withstood the often embarrassing probing and grilling administered with relish by the adults. With the youngest member of the group 18, the oldest 68, the team boasted an impressive range of years – and, perhaps most importantly, a wealth of medical expertise.

Yet the build-up did not bode well. Two of the original 16 were forced to withdraw, one with a heart attack, another with a broken leg. Secondly, the damning figures were announced: only 50% of climbers make it to the top. Our last meal in Rivertrees, a nearby hotel in Arusha, was suffused with tension as we



sat around the big, round table, glancing at each other with quiet, nervous smiles. The banter of that morning seemed inappropriate as night fell.

Through the tropical zone

The next morning, disaster strikes. I have

diarrhoea, or the Zanzibar revenge, which over the course of the first day's trekking does its best to hamper my appetite, drain me of all bodily fluids and utterly exhaust me. However, I soldier on without whingeing – the price for this heinous crime in this macho group (with thirteen of the most rugged men alive) being testicular excision – and, in a reversal of fortune, lunch seems to bung up the dreaded shits, and I begin to enjoy the trekking through the tropical zone, clambering over strange projectile roots, dodging hanging creepers and avoiding slippery moss. The Machame campsite turns out to be a big success. We arrived to tents already set up, and a fantastically huge, yellow Geodesic Dome, or mess tent, nicknamed *the Mother Ship* in which group meals are eaten throughout the climb.

Volcanic dust and bare rock

Trekking continues the next day through a landscape of volcanic dust and bare rock, with wildlife becoming ever more sparse. A short, steep ascent for the day ends quickly at Shira Camp and group morale is high; our legs, energy and stamina looking good, feeling strong. Poor Jeremy Sheldon, whose foot is swollen with nine sea urchin spines embedded and infected, is inspected by six different consultants with six different diagnoses and with six different prescriptions – medical opinions from those desperately unqualified and uniquely ill-placed to





spectacular scenery is all the more enjoyable for the sense of achievement; much mutual celebration and self congratulation takes place, and an overwhelmingly positive mood pervades the

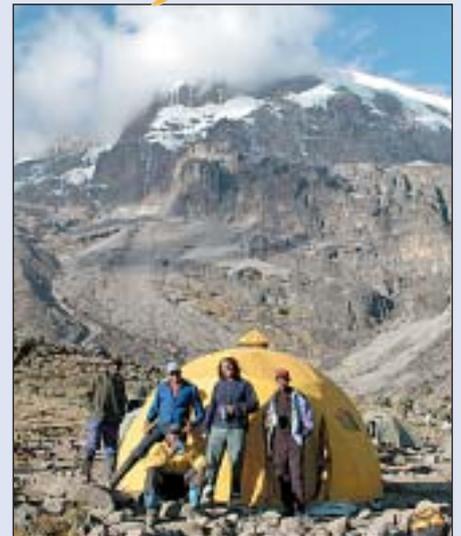
deal with foot problems. I sympathise with him not knowing which way to turn, as I had the same problem when I had diarrhoea!

Day Three brings up a literal high point for most of the group after a fantastic lunch of exotic salads and delicious fruits – all lugged up the mountain by our terrific support team of 44 porters. Only Chris Anderson looks unwell, who, perhaps a little naively, is not taking Diamox to combat the Acute Mountain

Barranco camp that night. Chris, however, looks nervous about the effects of altitude, worried he will let the team down, and a little annoyed that everyone except him had such a great day - much as I felt on the first day.

A twelve hour climb

We brace ourselves to leave camp early on day four for a twelve-hour climb to the high camp, Barafu, a notorious *hell-on-earth*. A long, steep



Clambering over the top we see another on the horizon, and with a groan trudge on. This deceptive, mirage-like process continues for about ten ridges, every one a *false peak*. Much swearing and cursing accompanies the worn-out line of trekkers. When we finally arrive, we are too tired to allow our achievement to sink in. We realise we have six hours before the next and final twelve hour assault on the peak, starting at midnight. Hunched up against the cutting cold in our tiny sleeping bags, we try to get to sleep.

The final assault

We all sleep badly, but I honestly do not sleep a wink. Tossing, turning, with the sheer quantity of volcanic dust enforcing constant sips of water and with the diuretic Diamox inducing frequent getting up and urinating, all mean that any rest is impossible. Annoyed, I wake up at midnight and the team congregates in the Dome. I will never forget the nervous energy that crackles around inside that tent like electricity. Some silently and mentally prepare themselves, some psyche up the team, some try to crack jokes, but the atmosphere that overwhelmingly pervades is one of extreme tension and apprehension. During the muted *breakfast*, I personally feel nervous but excited, worried I will let the team down but paradoxically convinced that this is not an option. I am also worried for my Dad, whom I have prevented from sleeping with my restlessness: he has lost his appetite, is not pre-hydrating and is not as vociferous and inspiring a leader as usual. With these converse and mixed emotions I set off.

The odds this far have been stacked



Sickness which can hit anyone, no matter how young, fit and athletic, and is the dangerous foe that we will be facing as we approach Lava Tower today - at 4630m, higher than almost anywhere in Europe. By lunch Chris' visage has a deathly pallor and with severe appetite

loss and a cracking headache, he descends to camp, accompanied by Richard Macaire, a cautious fellow, made nervous by the banter, the altitude and Chris' predicament, while the rest of us move onwards and upwards in our bid for Lava Tower before descending to sleep low with Chris and Richard. Reaching Lava Tower is a great moment. The

walk uphill lasts all morning before a welcome lunch, and Chris, now on Diamox and steroids, appears in good form and experiences less altitude-related problems. After lunch a biting cold wind sets in, and despite having tramped along for what seems like days, we are told there are still six hours to go. Finally, almost dead with fatigue, we see the final ridge.





against us. Chris has been disastrously affected by altitude, Jeremy by the stubborn sea urchin spines. I feel drained of all stamina and energy by the effects of the diarrhoea from the first two days. I feel as if I have had no food because of appetite repression. I am exhausted by the twelve-hour climb and the impossibility of sleep. But there is one thing in my favour. I am determined. I have decided I am going to get to the top.



From here on it is a battle that your mind must win against the mountain and against your own body, which is screaming, every inch of it, that you must go down. Whereas the first four days, it is a team game, now you have to concentrate on getting yourself up the mountain, and it is an intensely personal experience.



My experience is of forcing myself onwards and upwards. I keep the pace relatively well for four hours, staying with the main group, and overtaking a highly competitive and efficient band of Germans, which is a great boost to morale. The

tiredness sets in about 5 o'clock in the morning. I am finding it enormously difficult to keep my extraordinarily heavy eyes open, after the lack of sleep, and to keep placing one foot in front of the other, after the intensive walk of just a few hours ago. I fall behind the main team, and the Germans overtake me. I find myself alone, isolated and tired, unsure of the best route to pick my way up the shale. It is dark and extremely cold. Luckily I am rescued by Lawrence, the head guide, who appears out of the night to save me and the day. My exhaustion limits me to a crawling pace, pervades every sinew of my body, and is exacerbated by low oxygen and the slippery volcanic scree and shale, which make each uphill step a struggle. Lawrence hauls and prods me along, alone, and finally I reach Stella Point. All that is left is the hour-long walk to Uhuru Peak. Gritting my teeth, I am experiencing tiredness on a scale I never would have thought possible.



Suddenly, after an eternity of struggle against the mountain, I reach it. I am there! I have beaten the mountain into submission. It takes a long time to sink in, but when it does, it is the thrill of pumping adrenaline and the elation of unbelievable

achievement. With all the odds stacked against me, I have triumphed through sheer will power, determination and refusal to succumb to low oxygen, high altitude and extreme fatigue. The crater and glacier stretch below me. I feel on top of Africa. I have conquered Kilimanjaro!

Despite the final ascent being more of an individual struggle, what made the



trip such a success – and indeed how we got to the top – was the absolutely phenomenal group effort and team spirit. All fourteen of us achieved our goal: an exceptionally remarkable and unusual result, considering the 50% prediction. Everyone, without exception, was determined not to let the team down and not to let themselves down. We wanted it for each other and for all of us, and for the **Prostate Research Campaign UK**, as much as for ourselves.

Someone once told me that when you climb Kilimanjaro, the biggest thing you take away with you is the group of people you did it with. This is true. I genuinely couldn't have wished for a better team to be with. I doubt I will ever get a similar team, so diverse yet with a common aim, united by their goal, their

determination and their leader. The bonding and banter of the first four days, and afterwards, is something I will never forget, despite not knowing anyone beforehand. Over the course of the ascent, sheer determination, against all the odds and against all adversity, and an irrepressible desire to push to the limit meant that individually and as a team we achieved enormously. All the jokes aside, a well-focussed, well-driven and well-led team is what I will take away from this trip. Everyone got up – 100% success – and that just doesn't get any better.

To add icing to the cake we raised £287,000 for the cause, and had the opportunity to present a giant cheque to The Duchess of Gloucester at the Annual Luncheon at the Savoy in October. All in all a wonderful experience. I wonder what my Dad is cooking up for us next year? Rumours of a jungle trek in Borneo have surfaced, or could it be Mount Ararat in search of the Ark?



The Climbers

Mr Christopher Anderson
 Mr Michael Bailey
 Mr Alistair Dick
 Mr John Dick
 Mr Andrew Etherington
 Professor John Fitzpatrick
 Mr Jonathan Kirby
 Professor Roger Kirby
 Mr Richard Macaire
 Mr Roger Plail
 Mr Jeremy Sheldon
 Miss Julia Wallace
 Miss Sophie Wallace
 Mr Rex Willoughby

Annual Luncheon most spectacular

The Annual Luncheon, held on 15th October in the splendour of the Lancaster Room at The Savoy was the most star studded and spectacular event of the series to date and hugely enjoyed. Over the stage a huge screen was suspended on which a kaleidoscope of pictures of the Kilimanjaro climb was

congratulation. During the event television personality and businessman Martyn Lewis made a superb speech on the need for funds to finance vital medical research and this was amusingly underlined by comedian and actor Ronnie Corbett who was on top form. Her Royal Highness and The Lord



Her Royal Highness The Duchess of Gloucester receives the cheque from one of the climbers, Miss Sophie Wallace

projected as we lunched. At a signal the screen was *flown* so that the team, one by one, could come up - on a cue from Mr Roger Plail FRCS, and be presented to our Royal Patron. The Duchess of Gloucester thereupon received a giant cheque for £287,000 to great applause and made a much appreciated speech of

Mayor of Westminster at the conclusion of a memorable occasion were escorted from the room by Prof Roger Kirby and Tony Kilmister to prolonged clapping. Follow that as they say ! This we shall try to do on Wednesday 20th October 2004 when our next luncheon is held at the Savoy.

Research into unnecessary biopsies

A high proportion of men with abnormal PSA blood test readings do not have cancer but a benign condition. This results in many men with mid range (4 to 10) PSA values having biopsies which turn out to indicate a benign condition. If a test existed to determine with high accuracy that cancer was not present, even if it failed to identify all such situations, a great deal of unnecessary distress and cost could be eliminated. Two US scientists, Dr David Ornstein and Emanuel Petracoin have announced results leading to such a test in the Journal of the US National Cancer Institute. Researchers analyzed blood from men with prostate cancer and from men without the disease so that their computer software could learn how to identify patterns of proteins which were

characteristic of benign and malignant conditions. In a blinded trial the computer diagnostic got 100% with a benign condition correct. Dr. David Ornstein said, 'This could help significantly reduce unnecessary biopsies.'

While the new findings provide further validation that the protein pattern approach can be effective in cancer detection, Ornstein and his co-authors note that it cannot replace a biopsy as a definitive cancer detection tool. However, they suggest that protein pattern analysis may be used in the future to aid clinicians so that fewer men are subjected to unnecessary biopsies. The diagnostic test must undergo more extensive experiments before it is ready for general use, but a test for ovarian cancer, also using protein patterns in the blood, is being readied for clinical trials.

Meet our New Chief Executive

The **Prostate Research Campaign UK** has a new Chief Executive, John Anderson. He joins us after a distinguished career in the Army followed by three years in the charity field.

Tony Kilmister, Founder of **Prostate Research Campaign UK**, warmly welcomed John Anderson's appointment. 'Sheila and I', he said 'have carried the heat and burden of the day for almost ten years and we could not be preparing over the coming months to hand over to a better successor. Doubtless next June will be an emotional time but in John you will have a truly enthusiastic leader to pick up the baton'.

John Anderson, the son of a soldier, joined the British Army at the age of 18 and was commissioned into the 6th Gurkha Rifles. Up to 1987 he served continuously with Gurkha soldiers in Hong Kong, Brunei, Malaya and Nepal. After commanding his Regiment he was attached to the Foreign Office as a Defence Attaché. He spent the next eight years in our Embassies in Cyprus and



Brigadier John Anderson's feeling about the job
'Immensely privileged'

Rome where, he claims, the diplomats did their best to knock the rough edges off him: he thinks that they succeeded – partially.

John retired from the Army as a Brigadier in 2000 and immediately

became involved in charity work. He spent six months as a full-time volunteer fundraiser for the Ockenden international charity which promotes self reliance for displaced people and refugees overseas. Then followed eighteen months managing the Haven Trust breast cancer charity, where he stood in for the Chief Executive for six months. He is now a trustee of several charities.

John tells us he is, 'lucky enough to have been married to Louise, who has had to put up with him for 33 years and 25 house moves'. They have three grown-up sons of whom they are both immensely proud.

Professor Roger Kirby, who chaired the selection panel, said, 'John Anderson stood out from a particularly fine group of candidates for the post. Every aspect of his CV is relevant and, I am sure, will be immensely useful to the **Prostate Research Campaign UK**, although how we will make use of his colloquial Italian, Nepali and Chisona remains to be seen!'

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