



New drug gives new hope

Men with hormone refractory prostate cancer will soon have the opportunity to live for longer and with a better quality of life, according to new data presented on the chemotherapy Taxotere® (docetaxel) at the June meeting of the American Society of Clinical Oncology.

Two large-scale, international trials involving 1,776 men, with advanced metastatic prostate cancer demonstrated that docetaxel significantly reduced the risk of death by 24 percent and increased overall survival by 20 percent, for men with hormone-refractory prostate cancer. This is the very first time that a chemotherapy treatment has been proven to improve survival in advanced prostate cancer patients.

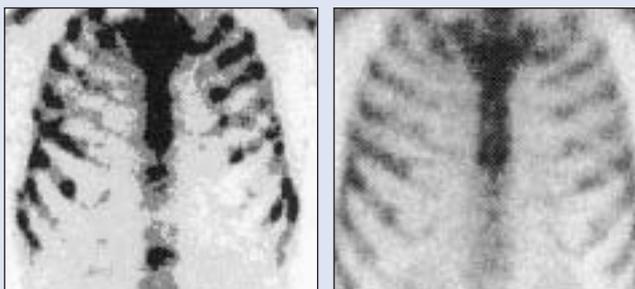
The standard treatment for advanced or metastatic prostate cancer is currently hormone therapy. While decreasing the levels of testosterone in the body causes the tumours to shrink in 85-90 percent of patients, eventually, the prostate cancer often escapes hormonal control and starts to grow again. At this stage of the illness, the cancer is called hormone-refractory prostate cancer (HRPC).

There are few treatment options available for HRPC. Current treatments, including chemotherapy, such as mitoxantrone, manage symptoms of the disease, particularly pain. Now, there is mounting evidence to suggest that a certain type of chemotherapy treatment can improve life expectancy.

Commenting on the significance of the clinical trial data, Professor Nick James, Professor of Clinical Oncology at the University of Birmingham, and project leader for the UK centres involved in the docetaxel trial in HRPC, said *'The results of these trials are a significant milestone in the treatment of hormone refractory prostate cancer.*

Until now, treatment was aimed at maintaining quality of life but there was little we could do to improve survival or reverse, even temporarily, the progress of the disease, which is frustrating and distressing for the patient, their families and for us as their doctors.

Now there is evidence that these patients can be helped to live longer and at the same time have a better quality of



View from the front of a patient's chest before treatment (left) with docetaxel and after (right). Some of the dark spots on various ribs and the lower spine indicating cancer sites are much reduced in the after picture.

life. In other words improved survival is not "bought" at the expense of excessive toxicity. Even though around three months may not seem a very long time to the healthy man on the street, to these patients it means everything - especially because the quality of their life is also improved on Taxotere'

About Taxotere

Manufactured by Aventis, the chemotherapy agent docetaxel is already licensed and commonly used to treat patients with locally advanced or metastatic breast and lung cancers (non-small cell). Research is ongoing in a number of types of cancer and in addition to early and advanced breast, lung and prostate cancer, is also being conducted into its use in patients with head and neck, gastric and ovarian cancers.

Docetaxel is not yet licensed for the treatment of HRPC in the UK and the rest of Europe, but it has already been approved, in June of this year, for use in

the United States. In the USA, it's approval was fast-tracked and took a record 113 days from submission to the FDA, which confirms the significance of the evidence from these new studies and the potential benefits docetaxel can possibly offer men with HRPC.

In terms of UK and European approval for docetaxel's use in HRPC, a decision is pending with the European Medicines Evaluation Agency, following a submission in February this year. The decision process usually takes a year following submission.

On a positive note, the Department of Health has announced that docetaxel will be reviewed, as soon as it is licensed in the UK, by the National Institute for Clinical Excellence (NICE). NICE was established to provide patients and health professionals with guidance on current 'best practice'. Should the NICE review result in a positive opinion for docetaxel, the NHS would be required to make Taxotere freely available throughout England and Wales, to all HRPC patients, where appropriate.

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The Golden Road to the Presidency

Anthony Kilmister recalls a spectacular event

Whenever I have visited St. James's Palace I have found it splendid in the best sense of that word and, indeed, have felt that the history of England runs like a golden thread through its corridors.

A Reception to mark the Tenth Anniversary of the founding of **Prostate Research Campaign UK** was held there last November but on 15th June this year the evening was most especially humbling for my wife Sheila and me. Thanks to our Patron it proved possible for

a very special Dinner to be held there when Sheila and I were presented with commemorative gifts that we shall treasure for the rest of our lives.

After arriving at the Palace and making our way up The Grand Staircase, through the Armoury and the tapestry room to the Queen Anne Room we found the most enormous floral arrangement which appeared to reach the ceiling. The rich red and gold décor provided a wonderful setting. After Professor Kirby and I had broken away



Her Royal Highness greets Sheila Kilmister

to greet Her Royal Highness at the Sovereign's Entrance and escort her to the waiting assembly of approaching 150 diners – a *walk-about* began. Large numbers of those attending were able to speak with The Duchess of Gloucester during the pre-dinner Champagne Reception that concluded when a Warrant Officer 1st Class (an RQMS, Welsh Guards) in scarlet tunic and pace stick marched up to me, saluted and sought my permission to signal *Dinner Call*. On cue, a bugler from the Welsh Guards (complete with a towering bearskin) blew the necessary notes. The company then made its way into the



Chief Executive, President, Patron, and Chairman pictured at the event
Brigadier John Anderson, Anthony Kilmister, HRH The Duchess of Gloucester and Professor Roger Kirby

Picture Gallery for dinner where choristers from Wells Cathedral sang the *Grace*.

I was reminded of a line from Sir Robert Grant's 19th century hymn which runs '*Pavilioned in splendour and girded with praise*' – though that, of course, referred to the Almighty not poor mortals like Sheila and me. It was both important and reassuring to us that the cost of the evening did not fall on the charity but was borne by the diners generally and generous sponsors in particular.

Not long after I had proposed the Loyal Toast, Roger Kirby, in a delightful speech, conveyed very kind tributes to which I endeavoured to reply.

I wanted to thank *Toilers in the vineyard* who have helped to make **Prostate Research Campaign UK** what it is and to thank Her Royal Highness who has been so assiduous in furthering our cause. As I pointed out, Roger Kirby and Neil O'Donoghue knew the problems at the outset. 'They', I said, 'knew what they were talking about. I hadn't a clue what a urethra was, what

An enthusiasm warmly shared

team Gleason played for – nor his score. If I thought about it at all – then a transition zone was about sportsmen in the process of finding their feet. But, you do get to learn don't you?

I wanted also to thank most particularly Brigadier Roy Kendrick, Brigadier John Anderson and Mrs Jennifer Sheldon for organising this spectacular event.

On concluding – Roger Kirby and The Duchess, on behalf of all, presented Sheila and me with the most lovely keepsakes – and completely bowled us over with their kindness.

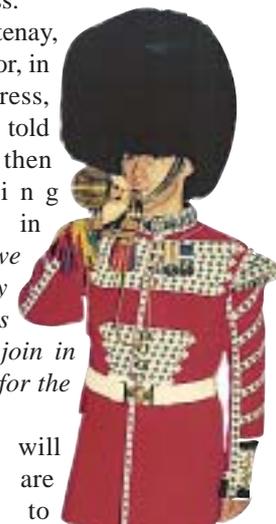
Sir Tom Courtenay, the celebrated actor, in a moving address, warmly received, told us of his then forthcoming brachytherapy in Leeds. (*Happily we have subsequently learned of its success. All will join in wishing him well for the future.*)

As the reader will appreciate we are deeply grateful to everyone. As we lay down day-to-day responsibilities I am happily taking up the role of President with an enthusiasm Sheila warmly shares.

In the lead up to this memorable and wonderful occasion a certain trepidation had played its part but, as I said in my speech, I remembered a Mayor of Blackpool fifty years ago saying: 'May I leave you with what I have quoted on many occasions and which is perfectly true – that there is more bother about one thing and another than there is over owt else'.

How true and many renewed thanks!

The Trustees wish to thank all those who supported this memorable event by their attendance and/or with donations or gifts in kind.



Life is for living... says Clive Turner

Yes, I suppose I was one of the lucky ones back in 1995 when through some recurring problems with kidney stones I was routinely examined for any prostate troubles, and after a few tests, found to have some differentiated tumours which, it was suggested, could be of little account, but then again, might be of considerable account! Off I was sent to this Roger Kirby, then a mere non-professor, who I clearly recall asked, one Thursday, what I planned to do the next Tuesday. Well, I thought, I would normally get up and go to work as usual. I was 64.

'Not the best idea' said the man, adding his now very familiar and favourite line about 'if you were my dad I would have that thing in the bucket - see you next week'.

And so it was, close towards that year's Christmas, that out the wretched thing came. I was recording a PSA of 7.7 with a Gleason score of 4+3, so it was timely that I said goodbye to my prostate. The London Clinic was at its faultless best, and after five days I went home for the recuperation, which for me, took about eight weeks.

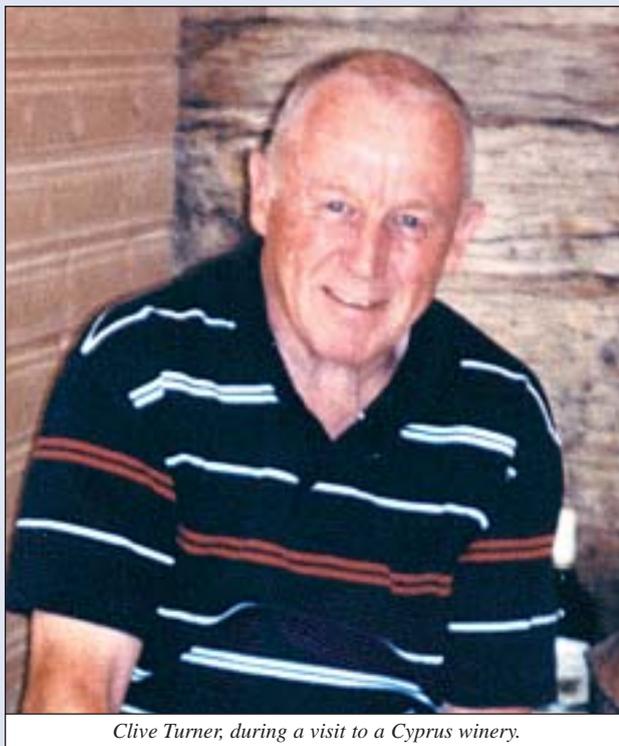
The years passed, and after three, I remember being told that with the PSA stabilising at 0.1 a cure was more or less guaranteed. And after six years with 0.1 still being the norm, a cure was to be taken for granted. But at seven years six months, I had my usual annual check, and the PSA had moved up to 0.2, and

86% chance of no recurrence after treatment

then a few weeks later, to 0.3, and then a few weeks further on, to 0.5. This was not good news.

Roger sent me to Mount Vernon Hospital's Dr. Peter Hoskin, an oncologist at Northwood, who after an MRI and a bone scan, pronounced that their conformal radio therapy department would give me 22 sessions which in his opinion would do the business. There is an 86% chance of no

recurrence after treatment of this kind, and those odds seemed pretty good to me. Actually the treatment was given a little earlier than would be usual because we were moving to live permanently in



Clive Turner, during a visit to a Cyprus winery.

Cyprus, and our home in Pinner had been sold by then, with all sorts of financial commitments in Cyprus pressing in upon us.

Nevertheless, Peter Hoskin considered we could safely and effectively get on with it, and so through most of October, I scootered the eight minute ride every morning to Mount Vernon, thankful that we lived so close.

The experience was of course quite painless, with efficiency, time keeping, and professionalism reflecting the fact that Mount Vernon is a recognised cancer centre of excellence, and I felt very fortunate that the threatened move away of this centre had yet to take place. It serves a huge area and sadly is distressingly busy every day.

There were no side effects of consequence, other than a little tiredness towards the end of the treatment, and an occasional loose bowel, and the only seemingly permanent effect has been a sense of urgency from time to time, but even that may eventually fade.

In the middle of March I had a PSA test and the number had dropped back to

0.1, which is where I hope it will stay henceforth. But the effect of radiation treatment continues for up to 18 months after the course is completed, and so further PSA tests will be necessary every six months or so to make sure the position has stabilised - as certainly seems to be the case so far.

I knew the form when the PSA numbers started to climb again, because having telephone-counselled many hundreds of prostate cancer patients since 1996, I had gained the knowledge to understand exactly what was happening, and although disappointed, I realised all was by no means lost, and that prompt and appropriate treatment, as ever, was the way forward.

There is Casodex and there are other drugs which inhibit further encroachment, but if the prostate bed has now been sufficiently irradiated, those drugs should be only a backstop and an unlikely one at that.

Positive thinking will play its part as well, and in the sunshine and calm of Cyprus in the hills above Paphos, life is for living!

Many of our readers will have encountered Clive Turner. For many year's his was the voice of experience talking with newly diagnosed patients helping them to make informed decisions about their future treatment. He eventually became such an authority doing this invaluable work that he wrote the Frequently Asked Questions section on our web site.

Many owe him a deep debt of gratitude. We shall miss him and wish him well, in every sense of the word, in Cyprus.

Recommend our Web Site

For trustworthy advice on all prostate diseases

www.prostate-research.org.uk

MISSING MAIL

We suspect that not all our mail reaches us. If you send us money and do not get an acknowledgement within two weeks please contact us urgently

Fundraising climb of Mt Kinabalu

by our chairman Professor Roger Kirby

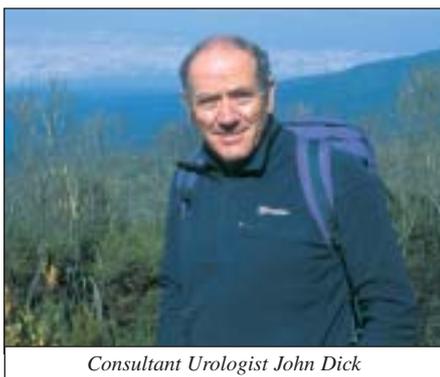
The rumours after last years Operation Mt Kilimanjaro have come true. This year's fundraising expedition for the **Prostate Research Campaign UK** involves an arduous trek through the leech-infested rain forests of Borneo and the ascent of hazardous Mount Kinabalu during the rainy season!



Roger Plail (left) and Roger Kirby in climbing gear

At 13,429ft Mt Kinabalu is South East Asia's greatest challenge for climbers. It was born one and a half million years ago, when a mass of granite rock that had been cooling and hardening under the surface for several million years began to rise and break through the overlying crusts of softer rocks. Erosion by heavy rains and, later, by ice and glaciers shaped the new mountain. Kinabalu is still rising – one estimate is 5mm per year – and the landslides on its slopes are evidence of the still continuing erosion. Once again, physical strength and mental toughness will be needed to complete our attempt on the summit. Even with landmarks we are well aware that it is all too easy to lose our way.

Several members of the team that successfully conquered Mount Kilimanjaro for **Prostate Research Campaign UK** are again up for the challenge. My son Joe, just back from his gap year in Africa, Consultant Urologist John Dick and his son Alistair,



Consultant Urologist John Dick

as well as two radical prostatectomy survivors and hardened marathon runners, Andrew Etherington and Rex Willoughby together with Prof. John Fitzpatrick who got to the top of Kilimanjaro first. New to the rigours of mountain climbing are Andrew Ball, a keen supporter of **Prostate Research Campaign UK**, Dr. Joseph Smith, an American Urologist, and Dr. Peter Amoroso, the anaesthetist who shed 40kg to run the London Marathon for **Prostate Research Campaign UK** - and who has successfully managed to keep off the weight! Another Consultant Urologist and Kilimanjaro hero, Roger Plail from Hastings, is accompanying us and using the event to launch his *Million Prostate Miles* Campaign, which will feature a coast to coast walk across Britain in September 2005.

Thanks to you and others like you we raised over £289,000 last year but we need your help to raise even more money this year. Please support us by giving generously, every



Mount Kinabalu

penny of your donation will go to the charity as all costs for the trip will again be self-funded.

We are hoping one of the climbers will be able to give a short account of our adventure at the Lord Mayor's Reception on 29 September so come

Every penny goes to our funds

along and hear how we got on. Tickets are available to both this event and our annual Savoy Lunch on 20 October 2004, at which we will present a cheque for the funds raised: it is hoped that our Patron, HRH The Duchess of Gloucester will be able to attend both events.

Who is having f

Fathers' Day Fete

Jane Jacobs organised a Fathers' Day Fete at the Hertfordshire village of Little Berkhamsted to help raise funds for the local Senior Citizens Christmas party, to improve village amenities and **Prostate Research Campaign UK**. A great deal of fun was had by all, including a rope pulling contest between the two village pubs and a *Stars in their Eyes* competition which was a resounding success as you can see from the picture of the Supremes, courtesy of Hertfordshire Mercury. Sandie Ash, the Chairman of the Recreational Committee said 'the villagers were very pleased to raise



funds for **Prostate Research Campaign UK**. £200 is on its way to us.

A big thank you goes to the Villagers of Little Berkhamsted.

A Marathon a day for 4 days!

This July, Mrs Jan Roberts and 47,000 others from all over the world completed the 4 x 40km (105 miles) Nijmegen Marches. That's the equivalent of a

Sponsor any of these individuals if you wish

marathon a day! The Marches were started 93 years ago by the Mayor of Nijmegen, who decided the populace was unfit and needed to get walking. Jan, a gym instructor, got involved through a local Shropshire walking group. She decided to raise money for us when a symptomless male friend in his 50s was diagnosed with cancer. Thank you, Jan.

Cooking for cancer

Keith Rashleigh writes: 'Having been diagnosed with prostate cancer at the age of 52 and had a radical prostatectomy, I was spurred into wanting to join the fight by raising money for **Prostate Research Campaign UK**.'

'Unlike many of the dare devil feats undertaken by some of our better known

Fun fundraising?

associates my wife Karen thought of a suitable way of raising money and entertaining our friends and work colleagues at the same time, by holding dinner parties where I do the cooking.

'The exciting thing is that if many readers of Update magazine did this (yes, you can cheat with M&S meals)



Keith Rashleigh in his kitchen

just think of the additional funds the charity could earn in a year.'

After three dinner parties, a matching contribution from his company and gift aid, Keith is on track to raise £2,000 in his first year.

First Fund Raiser

Michael Hancock, who had a radical prostatectomy a year ago, intends to cycle on the pilgrim route from Beckley church in Sussex through France to Santiago de Compostela, a distance of some 1,200 miles to raise funds for **Prostate Research Campaign UK**. This incredible feat will take him five weeks to complete. In doing so, Michael is likely to become our first contributor to a Million Prostate Miles.

The Sheldons run and run

We've written about Jennifer before. She is now a valued Trustee of the **Prostate Research Campaign UK**. Her son Marcus raised £8,000 running the London Marathon last year. Daughter in law, Alexandra completed an incredibly difficult triathlon to raise some £5,700 and now surrogate daughter Fru Hazlett has sent a cheque for £5,500.20 raised by running this year's London Marathon. That is, of course, on top of the £3,000 she raised through the Edinburgh Marathon last year. Only two questions –what's next? And who gave the 20p?

Travel a Million Prostate Miles

In our last edition we explained how we wanted to give our supporters the opportunity to become more involved in helping to raise funds for medical research, and how Roger Plail, one of our intrepid Kilimanjaro Climbers, had devised a project that could be as challenging as individuals wish to make it. He christened it 'A Million Prostate Miles' and proposed the logo - .

is simple, all-inclusive, and open to everyone, irrespective of age or gender. The event is straightforward:

Supporters would aim cover one million 'prostate miles' in any way possible: walking, flying, swimming, skateboarding, driving, whatever takes the imagination.

A 'prostate mile' is simply one mile sponsored for one pound. But if you can persuade 5 people each to sponsor you for £10 to swim one mile, you will actually have done 50 prostate miles. Unfortunately, if you are unlucky enough to be sponsored for only 10p a mile by only one person, you will have to cover 10 miles just to get one prostate mile! At its simplest, a prostate mile boils down to £1!

We previously talked of Group Leaders organising Team Leaders et al

Have you decided how to participate?

as one way of achieving our target, and many readers felt, quite rightly, that this was too prescriptive. It was only intended as an example, and we urge our readers to think of innovative, exciting and fun ways to raise donations and to encourage their

families, friends and supporters to sponsor them or even organise their own sponsored events.

We have already had some tremendous offers and a few examples might give you some ideas:

One supporter is urging all the members of his golf club to pay him £1 for each hole they play on a particular day. If he gets 16 golfers playing 18 holes to 'sponsor' this, he will achieve 288 'sponsored miles'!

A second supporter is busy persuading his gym to sponsor the miles he, and others, runs on the treadmill. Over a long period this could be a significant amount of money.

Another is gathering sponsors for a long swim, some plan to run marathons while others are preparing for cycle rides.

will be formally launched at the annual Savoy Lunch on 20 October, and all of our charity staff are already planning their own events and seeking sponsors.

But what has this got to do with you? Simple – we want you to get involved in whatever way you can, either as a volunteer raising money from your own sponsors, or by sponsoring someone else, or by persuading others to do the same.

If you want to help us - and we do need you - please contact Lesley Catterall with your outline plan. We can offer advice and will send you a personalised sponsorship form which will allow us to boost your fundraising efforts by claiming Gift Aid - 28p per £1 from the Government.

Above all, we want you to help us stop prostate diseases destroying lives.

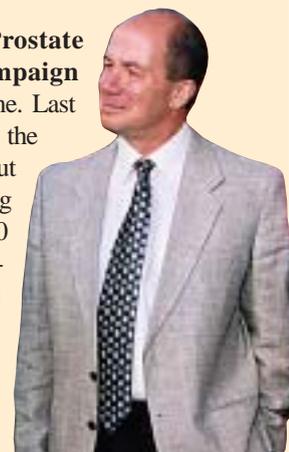
5,000 metre swim

Richard Brading, the head of a large primary school in Tooting, returned from his prostate operation just in time for an Ofsted inspection. He still had time to join the Swimathon at Putney Baths where he swam five kilometres and raised £550 for **Prostate Research Campaign UK**. Thanks to him and all who sponsored his swim.

Variety Evening

A group of prostate sufferers and their wives in Chorleywood have been raising

funds for **Prostate Research Campaign UK** for some time. Last April they hired the village hall and put on a variety evening and supper for 140 people culminating in a splendid sing-song raising over £2,000. They are now planning their next event.



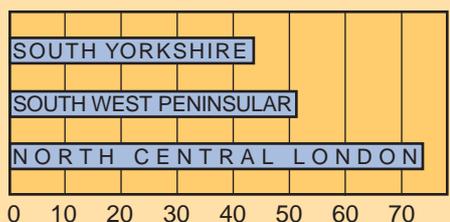
Headmaster, Richard Brading

Wrong place wrong gender

Figures recently published by the Office for National Statistics show that the post code lottery is still a major factor in the health of the nation. From a mass of detailed information we looked at the five-year survival rates for prostate cancer. The figures show that if one lives in the North Central district of London there is a 75% chance of surviving five years whilst in South Yorkshire the figure drops to 44%. Devon and Cornwall are also ill served at 52%.

There are many possible reasons for this large disparity. At one end of the spectrum, the most favoured regions are those where the teaching hospitals are to be found and a higher than average proportion of patients are seen privately.

PROSTATE CANCER 5 YEAR SURVIVAL RATES



Figures are age-standardised relative survival percentages by strategic health authority and relate to patients diagnosed with prostate cancer between 1994 and 1996 and followed up until the end of 2001

At the other end, it is known that the socio-economic mix is an important factor. It is a regrettable fact that cancer survival in adults is generally lower among patients in more deprived groups than those in affluent groups. The reasons

why the large regional differences in survival rates occur have not been definitively established. The quality of primary care, the speed of referral, the quality of treatment services, even the persistence of outmoded practices are all possibilities.

Survival rates in the UK are, taken as a whole, lower than in comparable western European countries, a fact that, at least in part, can be attributed to patients having more advanced disease at the time of diagnosis.

But that is not all the bad news for men. Studies carried out by the Men's Health Forum have established that, regardless of where you live, men are more likely than women to suffer from the most common forms of cancer affecting both sexes. Despite these alarming figures, there appears to be an almost complete absence of strategic thinking within the Department of Health about the relationship between cancer and gender. None of the various national targets relating to cancer makes any mention of the specific need to reduce the incidence of cancer in men. Consequently there is virtually no planning at either national or local level that takes into account the clear need for policies, programmes or other dedicated forms of action targeted at men. All the evidence suggests that men think differently from women about their bodies and their health – for example, in

relation to what and how they eat and drink; their reasons for smoking; how they respond to health education messages or use health services; and how they act when they become aware of symptoms

MORTALITY RATES

TYPE OF CANCER	MEN	WOMEN
Lung	55.8	28.4
Colorectal	24.0	14.7
Bladder	9.1	3.0
Stomach	10.9	4.3
Head and neck	5.9	2.0
Non-Hodgkins Lymphoma	7.5	4.7
Oesophagus	13.0	5.1
Leukaemia	6.8	4.3
Kidney	6.1	2.3
Pancreas	9.6	7.3
Melanoma	2.7	1.9
ABOVE 11 TOGETHER	151.4	78.0
Prostate	27.0	

Mortality is deaths per 100,000 in England in 2002
Stats from Cancer Research UK

The Men's Health Forum proposes action at two levels.

Nationally, the Department of Health should take the lead by developing policies that take gender specifically into account. Locally, Primary Care Trusts should develop targeted, male specific, programmes for the prevention of cancer. It is in this locally determined provision that the Men's Health Forum see the greatest potential for improvements to be made.

Meanwhile, for us men there is nothing we can do about our gender and, for most of us, little we can do about where we live.

New guideline for management of BPH

The British Association of Urological Surgeons recently launched guidelines for GPs to help in the diagnosis, management and monitoring of Benign Prostatic Hyperplasia (BPH patients). Benign enlargement of the prostate is one of the most prevalent conditions affecting men beyond middle age. One in seven between 40 and 49 and one in two in the 60 to 69 group has the condition. Key management objectives are to provide lasting symptom relief

and reduce the risk of disease progression to acute urinary retention or BPH related surgery. Over the past decade the prevalence of prostatic surgery has decreased whilst medical therapy has become increasingly popular. There are two lines of medical attack on the problems posed by benign enlargement. The class of drugs known as 5 alpha-reductase inhibitors work to shrink the prostate by inhibiting the enzyme that causes growth of prostate

cells, whilst alpha blockers work by relaxing the smooth muscle tissue at the bladder neck, thus reducing outflow obstruction.

The guidelines recommend the use of 5 alpha-reductase inhibitors in men who are judged to be at risk of progression whilst alpha blockers are recommended for men at lower risk or in combination with a 5 alpha-reductase inhibitor if the symptoms are particularly bothersome.

If you are considering updating your Will and thinking of including a bequest to charity please contact us for our guide on *Leaving a Legacy* which provides useful information

Book Review

Our President spots two new books

The very idea of *Boozy Strawberries* appeals to me and I have it on good authority that they do me good. The actual recipe you must discover for yourself in a book entitled *Eat your way to a Healthier Prostate* (94 pages, £12.99, Euromed Communications, ISBN 1 899015 50 7) by John McLoughlin, a Consultant Urologist.

For the insistent I can tell you that ingredients include fresh strawberries, caster sugar, the rind and juice of an orange and either Cointreau or Grand Marnier – but in quantities you must read yourself. The book explains how diet can improve your chances with prostate cancer and the links between them. Of course diet can influence the actual prostate cancer, reduce cardiovascular disease in men with it and can reduce obesity thereby influencing both. Naturally the magic tomato is not absent from these pages though not all tomato produce are born equal. The actual lycopene content of tomato-based produce varies depending on how it is processed. A chart shows the relative amounts of biologically active lycopene and I see that fresh tomatoes rate *moderate*, cooked tomatoes higher, tomato sauce and tomato purée both *very high* and tomato ketchup *high*. Some of the recipes seem most attractive.

Another, heavier, book by Professor Jane Plant entitled *Prostate cancer: understand, prevent and overcome* is a hardback of over 290 pages (£16.99, Virgin books, ISBN 1 85227 188 4) and is the work of a geologist who believes science is, at heart, an adversarial process.

As a geochemist combining geology and chemistry she seeks to understand the chemistry of the Earth and on the way to probe levels of trace elements in the environment that contribute to disease. She noticed that people in rural China, where once she worked, had a very low incidence of breast (and prostate) cancer. The Chinese diet, rich in soya, and from which dairy produce is absent, has been shown to be protective.

Anthony Kilmister

French Key-hole Lesson

A 35 year old expectant father is off to Bordeaux in mid-September for six months in order to learn the finer art of laparoscopic radical prostatectomy thanks to **Prostate Research Campaign UK**. He is Neil Barber FRCS (Urol) a Specialist Registrar at Eastbourne who lives in Hammersmith and whose wife is due to present him with their first child in October.

Laparoscopic surgery is considered standard in mainland Europe, but is less common here and as a research based

charity we wish to see the skills acquired and brought back here for the benefit of men in the UK. Mr Barber, a highly rated surgeon here, will spend 6 months under the tutelage and training of Professors Piechaud and Gaston at St Augustin Hospital, Bordeaux - a recognised centre of world renown. Doubtless Mr Barber will make several weekend trips home through the tunnel but will need to learn too that *Voulez-vous garder le bébé* means *Will you look after the baby?*

Good luck in both spheres!

This painting could be yours

Two hundred Limited Edition prints have been produced of an outstanding water colour of Harlech Castle and Snowdonia across the links of the famous Royal St David's golf course. The view from the 16th tee has been beautifully captured by locally well known artist Gordon Jones. To support **Prostate**

Research Campaign UK - the chosen charity of Niel Kelly, this year's Captain of Royal St David's, Harlech, North Wales

- prints of this picture (without frame), are available from us. Already over fifty of these 22 x 15in prints signed by the artist have been sold towards Niel's target of £8,000.

Any golfers, supporters of the charity or lovers of the great links courses in the UK are invited to buy one of these delightful prints at a

cost of £40 plus £3 postage from the **Prostate Research Campaign UK's** office on 020 8877 5840.



Largest Cancer trial well under way

SELECT (the Selenium and Vitamin E Cancer Prevention Trial) is the largest-ever prostate cancer prevention trial. Small scale studies have already suggested that selenium and vitamin E (alone or in combination) may reduce the risk of developing prostate cancer by 60 percent and 30 percent, respectively. Now these initial findings need to be confirmed once and for all.

SELECT set out in 2001 to do this by enrolling 32,000 healthy men over 55 in North America and tracking their progress over a ten year period. Initial simple tests confirmed that the men did not appear to have prostate cancer. Volunteers were placed randomly in one of four equal sized groups taking

Vitamin E, Selenium, both Vitamin E and Selenium and, fourthly, placebo. Telephone follow-up occurs every three months and all participants receive an annual medical examination. After ten years, sufficient statistical evidence should be available to confirm or deny the results of the earlier smaller scale studies.

If one judges that a trial of such magnitude and cost would not have been undertaken if the probability of a successful result was not pretty high, then one could take action immediately. There is nothing to lose and much to be gained by taking Selenium (200mcg per day) and Vitamin E (400iu per day). Both are available without prescription at chemists and health food shops.

Invitation to Luncheon @ Savoy

Our Annual Luncheon at the Savoy Hotel is always an eagerly anticipated and splendid occasion - full of fun, good food and good company. The demand for tickets is always heavy and if you have not already booked yours don't dawdle but get in touch smartly! Use the order form if possible, but if you can't find it never mind - just get in touch with Lesley Catterall, the Events Manager at the Putney Bridge Road office and give her your ticket requirement. The ticket price

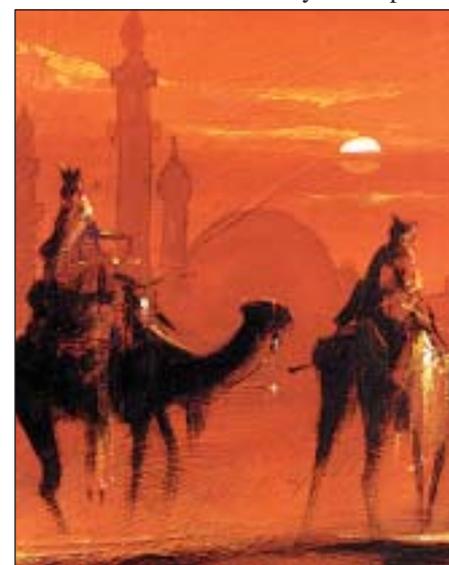


of £85 per ticket is an *all in one*, covering both the Reception in the River Room beginning at 12.15 pm and the Lunch itself in the magnificently mirrored Lancaster Room at 1 pm - as well as wine at the table. We were just getting news of the Guest Speaker as we went to press so a great time will be had by all. We hope that our Patron - HRH The Duchess of Gloucester - may be present too so all is set fair for another fantastic success and don't forget to move fast to secure a place.

Wise men order Xmas cards early

With *Update* you should find an Order form leaflet - on the cover of which the Three Wise Men herald our selection of cards for this year. 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 to our new address at Putney Bridge Road, London SW18 but to the address in *Canterbury* from where our cards will be dispatched to purchasers.

We find this year's selection most attractive - available as they are in packs



The Lord Mayor's invitation

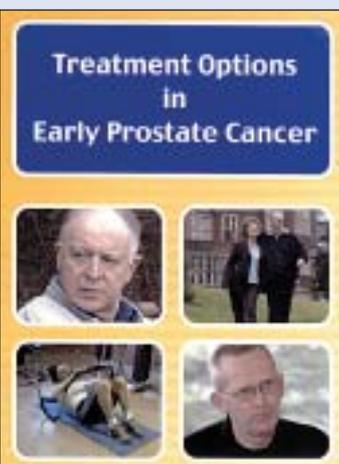
The Lord Mayor of Westminster, Cllr Jan Prendergast has generously invited **Prostate Research Campaign UK** and a small number of our supporters to a Reception in her 18th floor Parlour on 29 September. The Lord Mayor's Parlour overlooks Westminster Cathedral, the Palace gardens and the city of London. We intend to hold the

Reception in the early evening, 6.30pm - 8.30pm when we will get to see the full beauty of dusk over London. We hope that our Patron, HRH The Duchess of Gloucester may be present. There will be a limited number of tickets available at £25 so if you would like to support our charity, please use the booking form enclosed.

Treatment Options in Early Prostate Cancer

Treatment Options in Early Prostate Cancer is a short film for men who may just have been diagnosed with prostate cancer. It is also intended for those family members or friends who become involved in the decision-making process concerning treatment.

A brief introduction provides some general information about prostate cancer. The film then follows a number of men and, in some instances, their partners, through their journey in the process of deciding on the right



treatment option for them. It explains the various alternatives on which minds will need to be made up. The treatment options discussed are watchful waiting, radiotherapy, brachytherapy and radical prostatectomy.

Those interviewed give clear guidance on what to expect from different treatments and how satisfied they are with their decision.

We trust that the film will not only be informative but that you will find it comforting to hear other people's stories of how they have fought prostate cancer.

Treatment Options in Early Prostate Cancer is available on video or DVD and may be ordered from **Prostate Research Campaign UK** using the order form enclosed.

of ten. For business people or for anyone else they can be overprinted with name and address. If you or your firm send such cards here is an ideal opportunity.

Sending **Prostate Research Campaign UK** cards to your family and friends - or to other firms and suppliers, in the case of business purchasers, makes the needs of the Campaign even better known - the cards are colourful recruiting sergeants!

Don't forget to send your order to **CANTERBURY!**

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