

Climbers Conquer Kinabalu

The team is assembled; the hardened veterans of Kilimanjaro, and seven new recruits, already having proved their worth; Andrew Ball with £51,000 worth of funds raised before the trip

even began, Professor Jay Smith from Nashville, Tennessee, with tales of hardcore conquests of the Grand Canyon and Julia McKenzie, the foster daughter of a recently treated prostate cancer patient. In addition, Dr Peter Amoroso, anaesthetist and incredible shrinking man is there, expensively kitted out with climbing gear newly purchased from Snow and Rock. Seton Kendrick and two friends of his make up the group of eager mountaineers. Professor John Fitzpatrick has already undertaken the Kinabalu

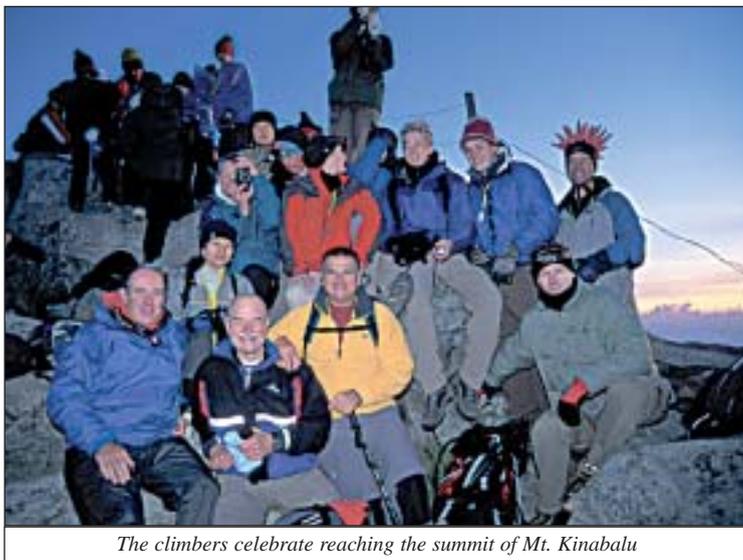
climb one week before, because of time pressure and other commitments. My Dad and I make up the sixteen volunteers.

The Looming Challenge

Looking up at the mountain the day before the climb, it is easy to see why the locals hold it in veneration as a resting place of departed spirits and a dragon's home. It is illuminated by an eerie pink glow, and the summit is wreathed in mystery and cloud. Its

imposing stature and looming beauty make it look unassailably steep. The challenge that lies before us is a daunting one.

Yet amongst the team, confidence is high. There is none of the



The climbers celebrate reaching the summit of Mt. Kinabalu

extreme nervous tension that pervaded the group before Kilimanjaro. But never underestimate a mountain. The lightly-taken, consensus decision to walk the extra five km to the gate and entrance to Kinabalu national park is now looking increasingly naïve. The first day is tough, the humidity is high. Sweat pours off us, and we become hot, sticky, flustered and uncomfortable. Lunch brings hearty banter and reminds us of the team spirit that will get us up the mountain. The gradient is becoming exponentially

steep, and when the mists set in, expletives are muttered under the breath, and weary listlessness sets in amongst the group. After climbing a vertical mile up the steepest of pathways, beset by fatigue and aching limbs, we arrive at a most welcome sight; the mountain refuge. We are above the cloud line, and a spectacular sight awaits us. The clouds spread outwards below us like billowing bed of cotton wool, and the sun's red haze

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PSA not worthless

says Professor Roger Kirby

You may have seen a flurry of headlines recently along the lines that *the PSA test is worthless*. Such irresponsible reporting appears to stem from a recent article published by Professor Tom Stamey who undertook much of the early work on Prostate Specific Antigen (PSA) testing for prostate cancer. His original work demonstrated that the PSA value in the bloodstream correlated rather well with the size and grade of the cancer removed at subsequent radical prostatectomy. His recent analysis of patients operated on

over the last five years shows that this close correlation has been lost. Furthermore, another study reported by Dr Ian Thompson, has shown that prostate cancer occurs in up to 17% of men who have a PSA less than 4.0ng/ml. In fact, these data come as no surprise to those of us who have used this blood test very extensively for the last decade and a half. We have long known that there is no precise relationship between the size of the tumour and the preoperative value of PSA and we have also been aware

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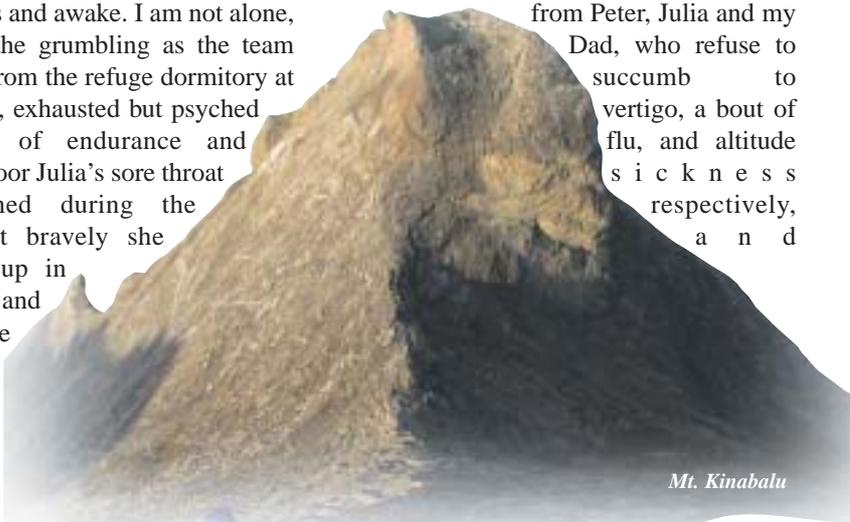
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glows warmly over them. Shattered, we retire to bed, to prepare ourselves for a dawn assault on the summit.

I do not sleep a single wink. The rhythmic epiglottic sounds of the two Rogers (Kirby and Plail) resonate around the room and make slumber impossible. I actually remember every minute of one hellish night, lying wide-eyed, restless and awake. I am not alone, judging by the grumbling as the team drags itself from the refuge dormitory at around 2 am, exhausted but psyched for a test of endurance and willpower. Poor Julia's sore throat has worsened during the evening, but bravely she gets kitted up in thermal gear and joins the group, various folk remedies having been administered by Roger Plail to keep her going.



Mt. Kinabalu

spurring me on; the two Dicks, whose competitive steel and quiet determination was particularly notable; from the chivalrous Roger Plail, who took Julia under his wing, with all the solicitude of a doting father; from Andrew Ball, who buzzed around the back of the group with the enthusiasm and energy of a bumble bee; but most of all from Peter, Julia and my Dad, who refuse to succumb to vertigo, a bout of flu, and altitude sickness respectively, and



Roger Plail

whittled down by Andrew Etherington, whose ripe age, experience and boundless enthusiasm stood him in good stead, but whose

knees did not, and by Rex Willoughby, who would not allow himself to be pressurised, but gingerly picked his way down with the aid of his famous poles. John Dick sweating and bent under the weight of his camera equipment toiled steadily downwards. Even the youthful exuberance of me and Ali Dick was abated, and we hobbled down like a pair of old codgers!

At last the foot of the sacred mountain. As we retired to the massage facilities of the Rasa Ria hotel with aching thighs and blistered feet, bodies and minds drained by physical exertion and mental fatigue beyond endurance, we knew we had climbed, and conquered, the highest mountain in South East Asia. It was an exhausting but exhilarating feeling. Best of all we had managed

to raise more than £275,000 for the Prostate Research Campaign UK. Next year we plan to walk coast to coast across Britain. Anyone care to join us?



Joe Kirby who wrote this excellent account

The Dawn Assault

Like a pack of hungry wolves we are eager to conquer the summit. It seems a very long way off. The climb is impossibly steep, to the extent that we are forced to pull ourselves up by ropes set along the rock-face, a slab of granite at an absurd angle. It is limb-straining, lung-bursting and completely draining. We struggle on, passing the solid and jagged twin peaks of the *Donkeys Ears*, and arrive at the final frontier before the peak: a narrow cliff face with the sickeningly steep 1000m drop of Low's Gulch just 2 metres to our right. This is not for the faint hearted. We clamber, haul and drag ourselves up, the bond of fantastic team spirit keeping many of us going when all energy is sapped. There are many heroics, from the most rugged of men, Jay Smith, who reaches the top first,



Andrew Ball whose fund raising has produced over £60,000 to date.

arrive valiantly together at the summit to the whoops and cheers of the team. Dawn at the top is amazing, glowing with pride and the shared achievement of the whole team.

Hobbling Down

The way down is even harsher than the climb up. Having reached the summit,

No one mentioned ropes to me. A nice walk they said!

we were desperate to get off the freezing mountain face. The seemingly endless descent was gradually but bravely



PSA not worthless

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that PSA provides very limited information about how aggressive an individual cancer is likely to be. What PSA is able to tell us is whether or not something is amiss within the prostate and therefore who should and who should not undergo a prostate biopsy. The biopsy itself will confirm the presence of cancer and also give us important clues about the grade of that tumour. This in turn provides information about how likely the cancer is to progress and eventually spread

New markers, such as the uPM3

certainly not yet at the end of the PSA era

(sometimes known as PCA3) urine based genetic test seem to be a significant advance in the detection of prostate cancer. This gene is expressed 43 times more vigorously in cancerous compared with benign prostate cells. Other molecular markers also seem likely to provide a better indicator than the Gleason score of how the tumour is likely to behave, and therefore whether

the patient should be treated by active surveillance or more radical treatment such as prostatectomy or radiotherapy. More research is, however, needed before these can replace the current testing methods.

While PSA may eventually be surpassed as a diagnostic and screening tool, its value in monitoring the response to either surgery, radiotherapy or hormone therapy is likely to remain pivotal for the foreseeable future. It is also increasingly used as a means of estimating prostate size in patients with benign prostatic hyperplasia (BPH) and also is of value in selecting which type of medical therapy an individual patient is most likely to respond to.

In conclusion, contrary to Professor Stamey's suggestion, we are certainly not yet at the end of the PSA era. However we are at the beginning of what promises to be a bright new future. New, more sophisticated molecular tests will soon be available to give us important information about the way individual cancers in the prostate are likely to behave. This should eventually improve the outcome for the very many sufferers of all forms of prostate disease.

Can you make our book better?

We are about to embark on a fully updated, revised edition of our popular and widely acclaimed handbook *The Prostate - Small gland, Big problem*. This title has sold over 10,000 copies and we were delighted when this year it was commended in the BMA Book Awards. The author and our chairman Roger Kirby is about to put finger to keyboard (practising the much underrated *Hunt and peck technique!*) and would welcome any suggestions you have to make this book even more useful to our readers. Is it pitched at the right level for you, too alarmist or understated in places, missing sections or answers to questions you or your patients have - or just about right? Professor Kirby advises that *Criticism is a gift*, so please give generously!

Congratulations

To our Vice Chairman, Neil O'Donoghue FRCS who has just become President of the Urological Section of the Royal Society of Medicine.

Herbs for the Prostate by Peter Amoroso

Medical herbalists have a great deal to offer conventional medicine. The goal is to restore function using products from nature. I recently met with a colleague and enjoyed a wonderful breakfast while learning more about the extensive skills of the medical herbalist. We doctors



Saw Palmetto plant

should embrace these principles in order to enhance our own care standards.

In the case of prostatic symptoms caused by benign enlargement or hypertrophy of the gland (BPH), the

medical herbalist has a great deal to offer. Many of us have heard of the herb saw palmetto (*serenoa repens*, *sabal serrulata*) which is a plant native to the southeast United States. This herb has been shown to inhibit the action of 5 alpha reductase, growth factors and inflammatory substances responsible for the common symptoms of BPH. These are urgency, nocturia, incomplete emptying, prolonged voiding and dribbling. Overall 85% of subjects will experience an improvement in symptoms. Other useful herbs include cernilton (an extract of flower pollen), pygeum africanum (evergreen tree bark native to Africa) and *urtica dioica* (stinging nettles).

The prescription will vary from person to person but something we can all do to promote health is improve our diet. We can add substances which will promote prostate health and withdraw products which are harmful to our health (eg

gluten, saturated fats). All we men should take zinc in our diet as this is highly beneficial to the prostate gland. Zinc is abundant in pumpkin seeds. Many of us know about the benefit of eating cooked tomatoes (particularly the skin) and nuts



Saw Palmetto berries

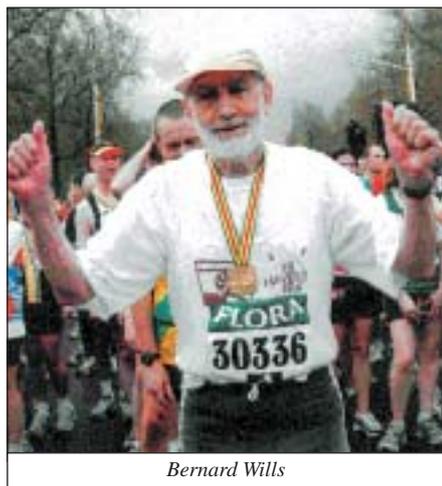
(especially hazelnuts, almonds, brazils).

What did I enjoy with my colleague for breakfast? The most wonderful smoothie - *the quickest, most delicious and healthiest breakfast in the world!* It consisted of natural yoghurt, banana, apple with skin, pear with skin, berries, oatmeal, linseeds, sunflower seeds, nuts, accompanied by green tea with fresh ginger: Delicious. Eat well, stay healthy!

Who is having fun fundraising?

Bernard Wills tells us how he ran in the 2004 London Marathon in aid of the **Prostate Research Campaign UK**. 'It was my 10th marathon so perhaps I should have been supporting Mental Health!! My first marathon was back in 1981 when I was nearly 52.

'Late in 2000 I was diagnosed with prostate cancer and after much thought and discussion decided on radical



Bernard Wills

prostatectomy. The operation was scheduled for the Tuesday after the 2001 London Marathon. My surgeon-to-be suggested that I watch it on television instead of running because he wanted me fit *on the table*. He (Roger Kirby) ran in that marathon to get fit to operate on me!

'In 2004 I found conditions for decent times were not there. It was cold and wet. The T-shirt I wore under my running vest rubbed my shoulders raw so the last five miles were rather unpleasant. I felt then that it might be my last marathon. However, Roger reminded me that 2005 is the 25th anniversary of the London Marathon and he and colleagues are thinking of another group run so perhaps I will do just one more.'

You may remember in the last edition of *Update* we mentioned that Mrs. **Jan Roberts** was taking part in the Nijmegen Marches - the equivalent of four marathons a day.

Well she did it, and in difficult circumstances, read on . . .

This year was Jan's 3rd year at completing this arduous challenge. When she flew out to Holland she didn't realise at the time that she had a stomach problem which unfortunately lasted longer than the event. It was lucky they

didn't perform drug tests or she may have been disqualified for high levels of Imodium! But with lots of little bits of food, rehydration sachets and isotonic drinks she managed not to give up and actually clocked up 112 miles over the 4 days. Naturally she was left



Jan Roberts

completely exhausted and feeling every one of her 56 years!

All Jan's courageous efforts were not in vain. She collected £1005. Well done Jan and thank you for all your efforts!

Thanks to all those and especially the **children** who raised £1183 in memory of **Harry Robinson**. He taught music at **Telferscot Primary School** in Balham, London where the children took part in a sponsored Skip-It-Up-Day, raising £743 in memory of a much loved teacher.

Semi-retired Optometrist **Mike Hancock** successfully completed his pilgrimage from All Saint's Church, Beckley, near Rye to Santiago de



Mike Hancock outside the cathedral

Walking away from Chocolate!

Yes I know, it's totally unthinkable but when I joined **Prostate Research Campaign UK** back in June as the Events Manager I realised I would have to get my running shoes on or something. Having run the London Marathon in 2000 and vowed never to repeat it, I had to think of something that would be even harder to do. 'Walking Away from Chocolate' for three whole months was born.

This is my contribution to our Million Prostate Miles campaign and the launch at the Savoy will mean I have completed two months successfully - 2136 hours of acute hardship. Needless to say there was no chocolate pud at the Annual Savoy Lunch this year, sorry!

The last two months have been hectic, what with Mt Kinabalu and all the generous donations you have made, the organisation of the Lord Mayor of Westminster's Evening Reception and the Annual Lunch. I really needed chocolate to get me through! So I have to say a big thank you to everyone in **Prostate Research Campaign UK**, for putting up with me going through cold turkey... not a pleasant sight.

I did think I would feel healthier, but I still feel miserable and miss my daily chocolate bar very much.

I hope my friends forget the foolish offer I made to double the time (not six months!) if they would double the sponsorship. If **you** would like to sponsor me please contact the office.

Lesley Catterall (*a chocolate deprived Events Manager*)

Compostela in Galicia, northern Spain.

He left at the Church fete at the end of August and reached his destination one month and 1431 miles later. His trusty bike proved to be perfect and only once did he have to get off and walk. He had just one rainy day and thoroughly enjoyed the whole experience - the varying countryside, the fascinating people he met - all, culminating in Santiago's magnificent cathedral set in its beautiful square.

So far Mike has raised over £4,000 for the **Prostate Research Campaign UK** and over £2,000 towards re-shingling the steeple of All Saints Church.

... and now start walking!

... As part of our Million Prostate Miles campaign we have joined forces with Wellbeing for Women to create a unique new fundraising event – Hike for Hope, which will take place in Spring 2006. This will be a trek in an exotic location – we have yet to make the final decision as to location - and all funds raised will go towards supporting medical research to help find cures for both prostate and gynaecological cancers.

You may ask why we have teamed up with a very different charity, but the reason is very simple - we are both determined to stop cancer ruining lives. Furthermore, by working closely together, we dramatically cut our overhead costs and thus can devote a higher percentage of income to where it is needed.

We will be publishing further details of Hike for Hope, which will be organised by Action for Charity later. Both men and women from across the UK will be invited to join together for this Hike that promises the adventure of a lifetime in an exciting and unusual overseas location. Participants need not be experienced walkers, but will need to be fit and be prepared to raise a minimum of £2,500 each, including tour costs. Watch this space!

Happy Christmas

We would like to wish all our readers a most enjoyable Christmas holiday.

If, by any chance you have not yet bought your Christmas cards please consider buying them from **Prostate Research Campaign UK**.

Details in your last copy of *Update* or from the Office.

Guy Woodford's long walk

Guy Woodford's prostate cancer was initially diagnosed in 1997. Following radical surgery he hoped the problem was eliminated. Regrettably, it has resurfaced and subsequent radiotherapy has not helped, so now he is suppressing the problem with hormonal therapy.

He has now embarked on an ambitious fund raising mission. With a group of friends, he has started to walk the 660 km of the GR5 walk from Lake Geneva through the Alps to the

originated from Hongkong in the early 70's where they formed friendships

either on the rugby field at the Hongkong Football Club or whilst hashing on a Monday night around the foothills of Hong Kong Island and Kowloon. The group is now widely dispersed and meet up annually from



Guy's thirteen friends

as far afield as Australia, New Zealand, California and more locally in Europe.

The treks are organised by a core group of individuals who plan and arrange the logistics involving a recce by 3 or 4 of them to ensure that the distances and accommodation are appropriate! This is not always totally fulfilled!

The first third of this trek was completed in early September this year over a period of 10 days walking the 170 km to Bourg St Maurice. The team spent 3 nights in refuges at 2600 metres and it was cold, close to the snowline. The scenery was spectacular and the view of Mont Blanc shimmering in the distance well worth all the effort. Early next September the group will rejoin the trail at Bourg St Maurice to complete the second stage, which will take them closer to the Mediterranean.

Prostate Research Campaign UK has already received over £20,000 from Guy and his sponsors. Many thanks and good luck with the next stage.



Guy Woodford (the tall one!)

Mediterranean. This three-stage walk is being undertaken by Guy Woodford and thirteen friends. The group who

Setting their sights on the *Below the Belt* campaign

Most men don't know where their prostate is, never mind what it does. But thanks to NHS plumbers, fitters, electricians and builders, this could all change in Wirral in 2005.

The Works Department at Wirral Hospital will be running a 'Below The Belt' campaign to raise funds to fight the disease and to raise awareness in the area.

Jimmy McGannon, plumber, said: 'As

a male dominated team we want to mark the anniversary by having some fun and doing our bit for men's health.

'All the lads are up for it and are keen to hold lots of events during 2005 to celebrate our 25 years of service to the hospital, its staff and the local community.'

The men will be working with Prostate Charities to run a charity golf

day, fashion show and a Benefits Ball. Money raised from the events will be spent on posters, badges and leaflets to be distributed throughout Wirral.

The Department is keen to hear from anyone who can offer their support or has their own ideas as to how messages about prostate cancer can be promoted. We are happy to forward your suggestions.

Only an old man's disease? Sergio de Oliveira tells his story

Instead of enjoying a warm bright August in this country, I decided to move to Germany. It is becoming a tradition of mine to change my life in August. I trust that I can do it and trust is so often fundamental.

However, the last time around the changes in my life were of a different nature. I was told I had a 60% chance of having prostate cancer in December 2002 at the age of 36. Some unusual symptoms led me to start investigating my prostate in the summer of that year.

As nobody expected somebody of my age to have such a disease, I was prepared to believe that something or someone must be incorrect about the malignancy. Nevertheless, I decided to inform myself as much as I could about both the disease and what to do about it. It has been said that it is the most difficult choice a man has to make.

Surgery I discarded initially as I never managed to trust the surgeon who initially diagnosed the malignancy. Even his delivery of the diagnosis was faulty.

While considering radiotherapy I encountered Dr Huddart, a professional I trusted. He guided me through the options, helped me gain some time to reach a decision, and explained the situation to me as nobody had before. However he did not believe radiotherapy would be the best option in my case. Had he been a surgeon he would probably have operated early in 2003.

I continued the search for a solution to

*trust is so often
fundamental in life*

my problem. Throughout this time I kept the idea that, being a cancer or not, it was simply a problem that required a solution. Somehow that helped me to focus and avoid major depression.

During my search, I found some quite odd techniques but among them I was quite taken by Ablatherm (the idea of using focused microwaves against the tumour and thus avoiding damage to nerves, etc).

I decided I needed a second opinion. I met Professor Kirby in June 2003 and

we decided on a second biopsy (more unpleasant than any surgery). We spoke little but on that first meeting I felt I trusted him, especially because he was not pushing any option. He very kindly



Sergio de Oliveira

found some material on Ablatherm for me to read and was prepared to do a follow up if I decided for the microwaves.

The second biopsy confirmed malignancy and early in July surgery was booked for 19th August. I did not fear it as there was trust not only in the surgeon himself but also in his excellent team and I knew they would do the best they could.

Almost a year on I have memories of superb treatment at the London Clinic, of constant follow up after the event and having received help when needed. There was a period of wearing pads but those five months were amusing (learning about different brands at any Boots always caused odd looks from women nearby). The so-feared erectile dysfunction is very much still here but I have tried a few options on treating it and have not had problems. It is odd to achieve orgasm without an erection, but possible. All may change in a few months time. What really matters is that I am alive and the PSA of 0.03 keeps reminding me that the worst has passed. I trust I made the right decision as much as I trust I had the right help in reaching that decision.

Lies, damned lies and statistics

In our last edition, we drew attention to the five year survival rates published by the Office of National Statistics of patients diagnosed with prostate cancer between 1994 and 1996. We noted that patients in South Yorkshire and the South West peninsular had significantly lower survival rates than those in London. Quite wrongly, we implied that patients in Devon and Cornwall were relatively ill served, for which we apologise. Mr R. D. Pocock, Consultant Urologist at Royal Devon and Exeter NHS Foundation Trust put us right on this point and writes:

I think what appears to be a relatively poor survival of patients (diagnosed 8 to 10 years ago) reflects the fact that we were not diagnosing many people with very early prostate cancer. The majority of people being diagnosed would have had locally advanced or metastatic disease. We also have a relatively low predominance of privately insured patients so the patient requests for PSA screening has been much lower than you would see in other areas. We are beginning to see a marked increase in the number of people with localised prostate cancer being diagnosed but I am sure I do not need to tell you there is enormous debate about how many of these patients should be treated and unfortunately until the European Screening study and ProtecT starts to produce results, that question will remain unanswered.

Of the studies Mr Pocock refers to, ERSPC, a European wide randomized study, addresses the issue of screening directly whilst the UK study, ProtecT compares the merits of the treatment options - radical prostatectomy, conformal radiation therapy and watchful waiting. Neither will produce definitive results for a number of years during which many men will, unfortunately, contract prostate cancer. Raising awareness, so that men with even minimal symptoms visit their GPs at an early stage, remains one of the **Prostate Research Campaign UK's** objectives. So too is the aim of providing all the relevant information so that patients can make informed choices about treatment.

Stem cells may hold the key

Professor John Masters explains

Stem cells are often in the news, bringing hope for curing conditions such as Parkinson's disease, Alzheimer's, heart problems and diabetes and for replacing broken bones, severed nerves and burnt skin.

So what are stem cells? We consist of cells, billions upon billions of them, making up our bones, brain, lung, heart, prostate and every other organ in our body. And within each of our organs a tiny fraction of cells, maybe one in a



Professor John Masters

thousand, are stem cells. Most of our cells only live for a few days or weeks, but the stem cells are very long-lived, perhaps lasting throughout our lives. The stem cells give rise to all the other cells and will try to repair an organ when it is damaged.

So, how about prostate stem cells? Well, unfortunately, prostate cancer research has not been very good at attracting funds and lags well behind most other types of stem cell research. But progress is beginning to be made, and we and other research teams have grown in the laboratory what we think are stem cells from prostates.

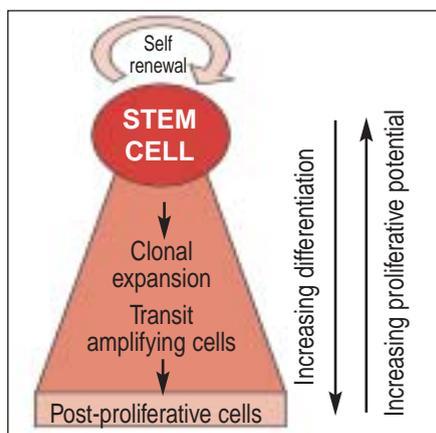
So why should men with prostate cancer be interested in stem cells? We think that stem cells not only hold the key to how cancer develops, they may be the route to effective cancer treatment. And that is because we think cancer usually develops in stem cells.

This stem cell theory of cancer has very important implications for cancer therapy. Treatments for advanced cancer such as hormone therapy and chemotherapy tend to kill more specialised cells. We think that this may

be why advanced prostate cancer almost always relapses after a median period of about 18 months of hormone therapy. The hormone therapy kills the more specialised cells that depend on the hormones, but leaves the stem cells untouched to carry on growing and develop further genetic changes that make them resistant to hormone therapy.

So we think that the therapy that is currently available for advanced prostate and other types of cancer may be killing the wrong cells. If we could attack the stem cells and kill them, then there is the possibility that we could turn off the tap that supplies the cancer and cure the disease. It is even possible that using cancer stem cell therapy we could also replace surgery and radiotherapy for early disease with a much gentler medical treatment for prostate cancer. However, all this is just a gleam in the eye of a laboratory scientist and is at least 10 years away from being applied in the clinic.

So how can you help to make it happen? Firstly, please be generous to



cancer research charities, notably the **Prostate Research Campaign UK** - for every pound spent on treating men with prostate cancer, less than a penny is spent on research in the laboratory, and most of that as a result of your donations. Secondly, if a scruffy character in a white coat claiming to be a scientist comes to your bedside before your prostate operation asking you to donate some of your tissue, please say yes. Scientists are only trying to find better treatments for cancer and most of them are very dedicated and may need a little bit of your tissue for stem cell or some other type of important research.

From Treasurer to Vice President

Donald du Parc Braham, the veteran enthusiast who had been our Hon Treasurer ever since our Trust Deed was signed and **Prostate Research Campaign UK** began, has been unanimously elected a Vice President. We all owe Donald, who relinquished the Treasurership in September, a great debt of gratitude. The Chairman, Professor Roger Kirby, recalled with particular affection Donald's pioneering of our Annual Luncheon - first at the



Donald du Parc Braham

London Hilton on Park Lane and in recent years at the Savoy. Mr du Parc Braham is a Town Planning and Real Estate Consultant and for many years devoted himself to a myriad of charities including the Council for Christians and Jews. After serving as a senior Councillor on Westminster City Council he became an elegant and hard working Lord Mayor of Westminster who was popular with electors of all persuasions. Doubtless Donald's shrewd counsel will continue to be available to **Prostate Research Campaign UK** in the exciting period ahead.

Recommend our Web Site

www.prostate-research.org.uk

Savoy Lunch

This annual event was a better than ever success upon which we shall report at length in the next edition of *Update*.

Lord Mayor's first class Reception

We were extremely honoured to accept Cllr Catherine Longworth, Lord Mayor of Westminster's invitation to hold an Evening Reception on the top floor of Westminster City Hall on Wednesday 29 September 2004.

Her Royal Highness the Duchess of Gloucester was in attendance at what was an informal and friendly gathering. The views were even more spectacular than expected, with dusk falling over the wonderful London sites; the London Eye, The Mall, Westminster Cathedral to name a few.

Roger Plail gave a witty and entertaining account of the ascent of Mount Kinabalu to the seventy strong gathering.

We took the opportunity at this event to launch two new brochures:

Prostate Problems? Benign Prostatic Hyperplasia (BPH) and Prostate Problems? Prostate Cancer. We have produced these specific brochures as our supporters have requested more and more information regarding these two prostate diseases. They, along with our other brochures, are available free of charge from the **Prostate Research Campaign UK** offices.

For the first time we had a guest book



HRH The Duchess of Gloucester, with the Lord Mayor of Westminster on her left listening to Roger Plail's account of the climb of Kinabalu.

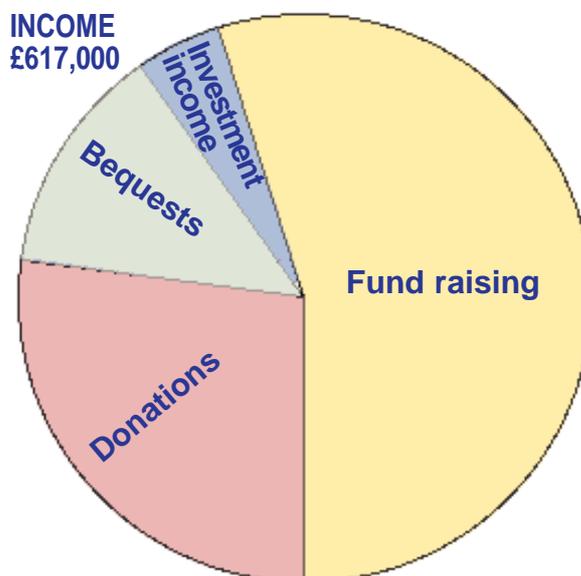
for everyone to sign and make comment. We hope to have this at every event to keep a record throughout the years of how our supporters enjoy the various social and fund raising events we promote.

Some of the comments from this one were: 'Fantastic place to entertain' 'Great view and evening' 'Well done all the climbers, what a view'. We hope all our readers will get a chance to add to our guest book on some future occasion.

2003/04 Accounts break records

Christmas will be upon us before we can pronounce the word *marzipan*.

Yet as each month comes into focus so



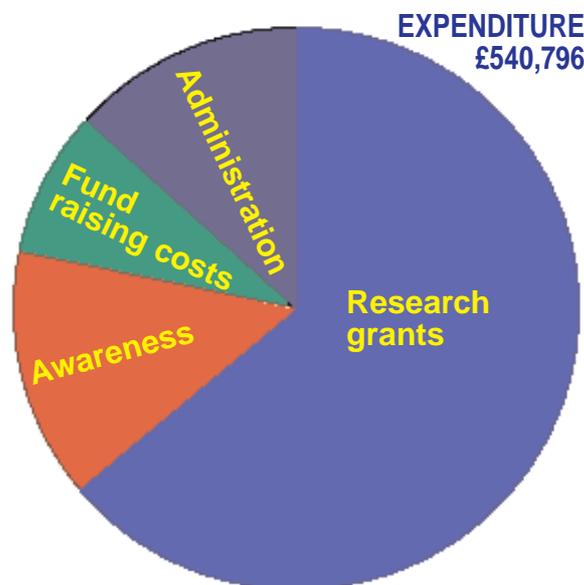
the work and achievements of **Prostate Research Campaign UK** intensifies. The pie charts shown relate to our accounts for the year up to 31st March 2004. They represent income totalling £617,000, of which fund raising events amounted to £339,964. Amongst these, two achievements stand out, namely the ascent of Mount Kilimanjaro by Professor Roger Kirby and his splendid team and the spectacular fund raising in and around Somerset by Mrs. Jennifer Sheldon. Donations plus associated gift aid make up the second largest slice of the pie at £168,656 whilst legacies, bequests and *in memoriam* amounted to £79,414. To all who helped us in whatever way here's a great big thank you.

On the expenditure side, £345,298 was spent on research grants. In recent years we have now spent in excess of £1 million on research seeking the answers to the enigmatic prostate riddles. The second largest expenditure item was £78,395, spent on furthering the charity's important objectives of raising awareness and providing information about prostate diseases and their treatment. Our supporters will be glad to hear that our Administration and Management costs were under 15% of expenditure.

At the time of writing, the research community are being invited to participate in a new and bigger round of research awards. Research cannot be funded on the cheap. It costs money - lots of money that must be found if we are to push the frontiers of knowledge further and further. Needs, however, are unending. That's why your personal enthusiasm and support is vital now and always.

We are going through a period of change and have recruited staff to support John Anderson at our new offices in SouthWest London. It is essential to build on the successes of recent years and to expand. Naturally we must be prudent at such a stage in our development but we must also recognise the well-worn adage that we must speculate to accumulate.

The pie charts tell a story of progress coupled with good housekeeping.



If you would like to see the accounts themselves please contact the office.

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