

Patients sought for Cancer Vaccine Trial

The first clinical trial of a new vaccine designed to treat prostate cancer was initiated in January this year by Mr Roger Kirby, Consultant Urologist at St. George's Hospital, London. So far over 20 patients have been enrolled and a further 40 will be added over the next six months.

The trial is a combined Phase I, Phase II trial in which both drug efficacy and potential side effects are assessed amongst a small group of patients.

Should the results of this trial be successful it would be necessary to carry out large scale Phase III trials over a longer period before the new treatment could come into general use.

To be eligible for the trial patients must already have somewhat advanced

(metastatic) disease. They should be exhibiting a PSA level of over thirty which is rising as an indication that the disease has become resistant to hormone therapy. The volunteer patients must not currently be taking any drugs which affect the immune system.

The aim of the vaccine, derived from human prostate cancer cells, is to stimulate the immune system to destroy the live cancer cells which are already in the patient's body.

At present patients can be enrolled for the trial only by a referral to Mr Kirby through their oncologist, urologist or GP.

Although it is too early to tell whether the vaccine is effective, so far it has been well tolerated and safe. To learn more call the information line on 0181 682 9494.



Roger Kirby FRCS

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Prostate Research Campaign UK
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Editorial - Shamed into Action: Success for Update

Articles in previous issues of *Update*, notably our 88 to 1 article in the last issue of *Update* highlighting the disparity between the Government's support for research into breast cancer relative to prostate cancer, seem to have had some effect. Several MPs have written to Baroness Hayman and have been kind enough to send us copies of the replies they received. In a recent letter to Dr. George Turner, MP for Norfolk North West she admits "There has in the past been lack of research into prostate cancer". This is a most welcome statement and, we suspect, something of a shift in the Government's position.

Cancer Forum at Number 10

In mid May, Tony Blair chaired a

Cancer Forum at 10 Downing Street at which he met with a small group of eminent cancer specialists to hear their concerns at first hand. He was brought face to face with the fact that UK cancer survival rates are amongst the lowest in Western Europe, that we spend less on cancer drugs than most other countries and that, in the UK, more is spent on constipation than on cancer. Tony Blair did not promise any more money at this stage, an outcome which the Press derided as another example of *sound-bite* politics. Nevertheless, the raised profile of the topic can do nothing but good in the longer term.

The Prime Minister was made aware that the British Association of Urological Surgeons has proposed a randomised

trial of up to 140,000 men aged 55 to 69, to resolve the debate over the benefits of routine screening for raised serum levels of prostate-specific antigen (PSA). This is likely to go ahead because the Government's Health Technology Assessment programme is currently considering 5 proposals for a trial of treatments for the spectrum of prostate cancers likely to be identified by a screening programme. The average cost of these proposals is £2.5 million.

The debate on this important issue - whether to launch a screening programme in the UK - is at last being considered seriously at the highest level and is likely to receive sufficient funding to resolve the main issues fairly quickly. Thanks in part to *Update!*

Minister ignores Expenditure disparity

The first international conference to bring together patients, politicians, medical experts and journalists was held at the end of March at the Royal Institute.

Opening the Conference - Shaping the Future of Prostate Cancer, Dr Jonathan Waxman, chairman of the organising Prostate Cancer Charity said "There is this myth that prostate cancer is a disease of old age and doesn't actually kill people. This is clearly not true."

The Keynote address was given by Baroness Hayman, Parliamentary Under Secretary of State, Department of Health. Despite telling the conference that, as the mother of four boys, she anticipates one or two of them will have prostate trouble during their lifetime, nevertheless she had to deliver the Department of Health's current line that, at present, evidence suggests that prostate cancer does not meet the strict

criterion for screening. See panel for a review of these criteria.

The main session, chaired by Dr Tom Stuttard OBE reviewed the major treatments available today. Superb presentations were given by top surgeon, Mr Tim Christmas, brachytherapy and radiotherapy expert Dr Daniel Ash and oncologist, Dr Stephen Harland. Epidemiologist, Professor Michael Coleman presented the latest research findings which show that cases of prostate cancer have increased by 50 per cent in the last 20 years in men under the age of 60. Survivors from both the UK and the States spoke of their experiences in setting up support networks. A mock debate resulted in an overwhelming majority in favour of prostate screening and members of the press were quizzed too.

Altogether a great success and something to be repeated.

World Health Organisation screening programme criteria

The five criteria which any proposed screening programme should meet are:

1 The condition to be screened for should represent an important public health risk.

No question, prostate cancer represents such a risk.

2 A screening test exists.

Yes, it does. The PSA blood test has been in use for a decade.

3 The test should be safe, acceptable and valid.

Safety and acceptability are no problem. There may be some question about validity. The PSA test does produce some, not many, false positive results. We would argue that these are no more severe a drawback than one finds in other screening programmes such as cervical smear testing and mammography.

4 The screening test should catch the condition early.

Yes it would. Mr Leslie Moffatt, Chairman



From Mice to Men



Just a year ago, The New York Times splashed a story across its front page that Bostonian Dr Folkman had demonstrated a drug in laboratory mice which stops malignant tumours. Since then, one of the two drugs he demonstrated has proved too difficult to manufacture and the other, Endostatin, is expected to move to human trials later this year. Folkman first suggested that tumours cannot grow without inducing the growth of new blood vessels back in the 1970s. But it has only been in the past five years that scientists have been able to isolate the cellular mechanisms which control the process.

Behind this media hyped work which led to the *Miracle Cure for Cancer just around the Corner* type headlines, there are numerous research projects, all of which are following the strategy of looking for treatments which starve tumours by cutting off their blood supply. Growing cells produce chemicals which stimulate the growth of blood vessels, a process known as *angio-genesis*.

With new capillaries and a local blood supply the cells can grow rapidly, which is exactly what we do not want cancer cells to do.

Also with a direct feed into the body's veins, the cancer cells can migrate to new sites and set up secondary growth points, again highly undesirable. Researchers are, therefore, looking for *angio-genesis*

inhibitors. The good news is that they are well along the road to finding a fair number, some of which are now in clinical trials.

The current situation is set out in the table. This shows that there are four drugs which are in large scale controlled trials (Phase III), normally the last phase before requesting approval to market the drug.

Trials of drugs which inhibit blood vessel growth

| TRIAL STAGE | CANCERS TARGETED | DRUG NAME | COMPANY |
|--|---|--------------------|---------------------|
| III | Prostate, Lung | AG3340 | Agouron |
| III | Pancreas, Lung, Breast | Marimasat | British Biotech |
| III | Lung | Neovastat | Aeterna |
| II/III | Prostate, Lung, Breast, Colorectal, Renal | Anti-VEGF antibody | Genentech |
| II (Early trials on efficacy) | Advanced solid tumours | TNP-470 | TAP Pharmaceuticals |
| I (Small scale trials for drug safety) | Solid tumours in children, lymphomas, acute leukaemia | TNP-470 | TAP Pharmaceuticals |
| I/II | Colorectal and others | SU5416 | Sugen |
| I | Advanced cancers | PTK787/ZK | Novartis |
| I | Solid tumours | Endostatin | Entremed |

of the Urological Cancer Services Working Party in Scotland is quoted as saying that screening would gain five years in diagnosis and could save many lives.

5 Following positive screening results, there should be an effective treatment available.

This is the problem criterion as far as the Department of Health is concerned. That and the hidden agenda item, cost. The majority of those who have been diagnosed with prostate cancer and have been treated for it whether by radio-therapy, surgery or hormonal drug therapies are satisfied that they did the right thing in having their condition treated and that their life expectancy is significantly extended as a result. So how can the Department of Health suggest that effective treatments do not exist? Well it does not do quite that but rather points out that some cancers are slow growing, that many men die with the cancer but not of it, that the side effects of all the treatments adversely affect the quality of the patient's life, and that it is currently very difficult to separate the slow growing from the fast growing cancers.

Unaware of Awareness Week

Yawn of the year so far would appear to have been the Prostate Awareness Week during March. We failed to notice which week as did almost the entire British public. There seems to be an awareness week for something or other almost every week which nullifies the whole point of the exercise. Just for the record there is a men's cancer awareness week coming up - or have we just missed it?

New approaches are needed to deliver the important messages which the Awareness Week was attempting to get across. Messages like:

Do men avoid their doctors? Yes.

Are many in denial of conditions they know they have? Yes.

Do men pretend that there is nothing wrong with them when they know full well there is? Yes

Ever thought about going to your GP for a "Well Man" check? Well, think about it NOW.

Marathon Man Rex Willoughby is living life to the full.

Hats off to Rex Willoughby! He successfully completed the London Marathon on 18th April and raised around £2,000 for *Prostate Research Campaign UK* a charity in whose aims he passionately believes. Our thanks too to those who sponsored this fit 55 year old.

The London Marathon brings together the world's top runners and many, many others like Rex seeking merely to complete the course and finish wearing a *Prostate Research Campaign UK* T-shirt.

We asked Rex just how hard he had to train in the 26 weeks preparation. The statistics make your eyes water. 600 miles covered in training, 75 days when he went running and 26 when he trained in the gym. An estimated 380 training hours in total.

Rex Willoughby is a New Zealander living and working in England, who had a radical prostatectomy in March 1995 after early diagnosis. For three weeks over Christmas he returned to his roots and was able to train in New Zealand sunshine rather than English damp and cold.

The Start

Rex takes up the story: "On the big day, it was up at 5.30am to have an early breakfast and allow myself plenty of time to get to Greenwich. My plan was to run 12 minute miles and so achieve a time of around five hours. As the start gets closer, the incredible atmosphere of 32,000 runners assembling makes you anxious and eager to get under way. At 9.30am the race started but it was 14 minutes later before I crossed the line. The first few miles are downhill and I cover the first six miles in the first hour. Too fast I tell myself but one gets carried along by all the people around you and the cheering crowds."

Half Way and muscle trouble

"Past The Cutty Sark and on towards Tower Bridge. The crowds around and on Tower Bridge are incredible as indeed they are all along the 26.2 miles. A mile after the Bridge you see the half way sign. 2 hours 18 minutes! Better than I had planned. Some people have already finished! The pace slows dramatically. The right adductor muscle on the inside of my thigh feels as if it is going to ping and I try to massage it as I shuffle along.

Passing the Tower of London I get a new lease of life."

Now the other muscle

The excitement mounts. "Just three miles to go along the Embankment. I am nearly there! Then the left adductor goes. Horrors! I must finish the course as all those people have pledged money. As I round the corner into Parliament Square I realise it is almost over. Along



Birdcage Walk I spot my youngest daughter in the crowd which gives me the final impetus to cover the last half mile. Can I raise my pace for that last 100 metres? No. But who cares? I cross the finish line in 5 hours 28. It has taken almost an hour longer to do the second half"

Would you do it again?

After meeting up with his family and friends he was asked would he run another one? His answer was emphatic "never, never, never.." 48 hours later when the pain had mostly worn off, he was already changing his mind. "Anyway" says Rex, "whether I run another or not, the sense of achievement and the memory will be with me for ever"

And so say all of us.

Prostate Enlargement

We review a condition likely to affect almost all men

Benign enlargement (hyperplasia) of the prostate, known as BPH usually begins in the fourth decade of life. Over 50% of men over 50 have it and 75% of those over 80. So if one lives long enough you are likely to have the condition. The good news is that not all men with BPH have symptoms. Community studies show that 28% of men over 40 and 43% over 60 exhibit symptoms.

The Causes

The exact cause of BPH remains unknown but advancing age and androgens are important factors. The development of BPH requires testosterone. Many other factors including genetic variation contribute to its development. Bladder outflow obstruction, which gives rise to the main symptoms, can develop from either static obstruction - that is the increasing bulk of the gland creating pressure on the bladder and urethra - or dynamic obstruction due to an increase in tension of the smooth muscle in the prostate. Once the bladder fails to generate sufficient power to empty itself, residual urine remains after voiding which reduces the effective bladder capacity and predisposes to other conditions such as urinary infections and bladder stone formation.

The Symptoms

BPH produces two main groups of symptoms, obstructive and irritative. Obstructive symptoms include a reduced urinary stream, hesitancy, intermittency and terminal dribbling. Irritative symptoms, which patients find the more distressing, include frequency, urgency and urge incontinence notably at night.

When a patient goes to his doctor with the symptoms of BPH, he is likely to be asked a number of questions about the precise symptoms and the resulting quality of life. From these a standardised prostate symptom score is derived with results ranging from mild through moderate to severe. Other tests may then follow, flow rate measurements, ultrasound examination, digital rectal examination, biopsy and blood tests. The last two are necessary to rule out a diagnosis of prostatic cancer.

Current Treatments

Quite a high proportion of patients (40%) require no treatment for the time being, just routine check ups. Of these, over half will be no worse five years later, which illustrates how slow to develop the condition often is. About 50% of patients will require some form of medical treatment and 10% require surgery.

The drug therapies which are prescribed have been developed either to attack the increased tension in the prostatic smooth muscle (selective alpha blocker drugs) or to reduce the size of the prostate gland (5 alpha-reductase inhibitors). Selective alpha blocker drugs are usually tried first for patients with mild to moderate symptoms. Adverse side effects of tiredness, stuffy nose and postural hypotension are unfortunately quite common.

The 5 alpha-reductase inhibitors take at least six months to become effective, so it is important not to give up on the treatment. The adverse effects include loss of interest in sex, delayed ejaculation and tiredness. In patients with severe symptoms and those who have not

responded to drug therapy after a few months, surgery is indicated. The 'gold standard' remains transurethral prostatectomy. Unfortunately, this procedure is associated with an 8% to 10% risk of complications and a significant proportion of patients (as many as 20%) are likely to be dissatisfied with the results.

New Treatments

Several new, much less invasive, treatments – electrovaporisation and laser enucleation – have been developed in recent years in response to the high risks associated with the normal operation. These endeavour to achieve the same as the conventional operation but with reduced risk of bleeding and a shorter hospital stay. As with all new treatments the short term results are good but the long term results have not yet been established. The Department of Health is currently funding a systematic review at the University of Newcastle of research into minimally invasive therapies for BPH. These minimally invasive treatments are available at some but not all NHS hospitals.

Unlock the Magic of Tomatoes



A good diet is essential for good health. One reason why death rates from coronary heart disease are high in the UK is because the average diet is so unhealthy. Fat intake is too high and fruit and vegetable consumption too low. We do eat 35% more fruit than we did in the mid 1970s, but vegetable consumption has not increased at all.

From fruit and vegetables, we get

antioxidants. There is strong evidence that antioxidants protect our body's cells and boost our chances of living longer and healthier. The ACE vitamins (vitamins A, C and E) are the main source of antioxidants. One of the most powerful antioxidants is found in tomatoes and is called Lycopene.

Research has already indicated that those who frequently eat tomatoes and tomato products have a lower risk of certain cancers, particularly prostate cancer. Lycopene is even more effective when the tomatoes have been processed or cooked because heating with a little oil releases the lycopene which is found in the tomato skin and makes it easier for the body to absorb.

It is no big surprise, therefore, that Heinz is sponsoring a number of studies which focus on Lycopene's potential in the fight against cancers of the digestive tract, breast and prostate.

Counsellor Questions

Clive Turner has talked to scores of patients and shares some of his experiences

Clive Turner had a radical prostatectomy in 1995. He has counselled scores of patients and himself witnessed an operation. He is well equipped to help people who have had tumours diagnosed to deal with the dilemma of which treatment to have, by whom, and where, and, more significantly, in what state they will emerge. He notes that it is not just the top specialists who are short of time; local GPs are almost never able to give extensive advice and time either. Here is some of the objective, dispassionate and wholly practical advice which he gives.

Is there much on the Internet about prostate cancer? Yes, heaps. Much of it is of US origin. Some is unvalidated and fringe in nature, but you can certainly learn a good deal if you are selective in your reading. A reliable UK web site is www.prostate-cancer.org.uk. **Prostate Research Campaign UK** which will have its own website by the autumn of this year, has reliable leaflets and other publications available and the address is in this newsletter.

Should I have radiotherapy, surgery or should I 'watch and wait'? That depends upon many factors, including your location, age, results of biopsies, PSA levels and general health. Expert opinions do differ, so get more than one, and weigh them up carefully before making any decision.

If I go for surgery, is the operation painful? Not really because any pain is expertly controlled.

Is there much loss of blood? No.

Do I need to have some of my own blood taken beforehand? No, unless it will buy you peace of mind, but if there are no exceptional circumstances there is no need.

Is there any risk that I will die during the operation? There is always such a risk, but I have yet to hear of an example.

How long will I be in hospital? Normally, some five days, followed by a day and a half for the catheter removal about a week later.

How long should I be off work? Between six and eight weeks is recommended, although reading, telephone calls and stress free activity are all fine.

Can I exercise after the operation? Yes, but listen to the body, it will tell you how much is sensible and when to rest.

Will I suffer any loss of energy? Yes, a marked loss, but it recovers fully after a few weeks.

Will I lose my continence control? Not unless you are very unlucky. Most patients recover control as soon as the catheter is taken away, but yes, it can take up to a few weeks. The good news is that things almost always dry up sooner rather than later.

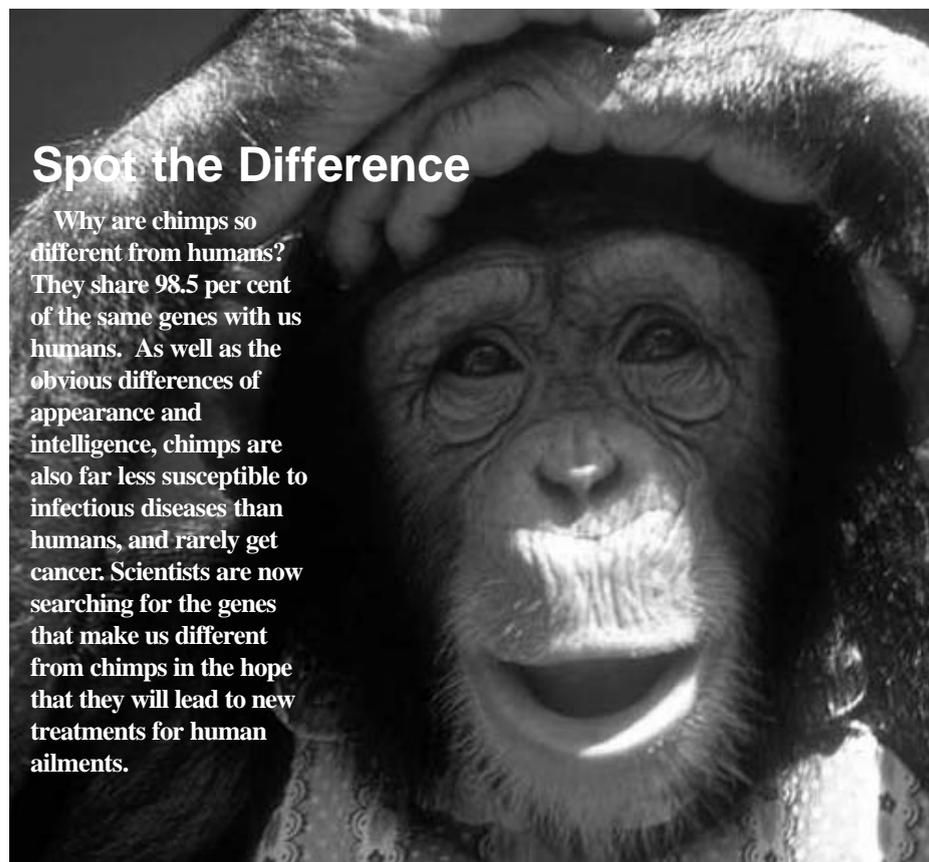
Is sexual dysfunction a problem? Yes, for nearly everyone, whatever they claim. But some ability, with a *dry* orgasm can return after about a year or sooner for a few lucky ones. Ejaculation is impossible after prostatectomy. Sexual desire returns but some months after the operation. Erections are not of the quality they were previously. They may be inadequate for penetration.

Are there things I can do to help me in this context? Yes. There are implants (for those who wish to afford them privately); there are penile base injections;

there are suction pumps; there are penile suppositories (MUSE) which are expensive, but effective in many instances; and now of course there is Viagra. For those with no medical contra indications, Viagra works well and used with common sense, many patients have reported results little short of amazing with very few side effects of consequence.

Should I tell my family and friends I have, or have had, cancer? It's up to you, but why should there be a need for secrecy or shame, and why not become a disciple for regular check ups, possibly saving someone's life, perhaps one of your own circle?

Will the cancer come back? Well yes this has been known, with any of the treatments, but is less likely after skilled surgery, followed by *mop up* radiation in some cases, and current success rates are reassuringly high. There are a myriad questions to be asked and answered, but the more you know and understand, the better prepared you will be. And I am convinced the rate of recovery is hastened, whatever the treatment, through a better appreciation of what is involved.



Spot the Difference

Why are chimps so different from humans? They share 98.5 per cent of the same genes with us humans. As well as the obvious differences of appearance and intelligence, chimps are also far less susceptible to infectious diseases than humans, and rarely get cancer. Scientists are now searching for the genes that make us different from chimps in the hope that they will lead to new treatments for human ailments.

Sunday Brunch in Prospect



Supporters of Prostate Research Campaign UK witness the drawing of the winning ticket by the Editor of Update, Richard Killick.

Although he has a handicap of 15, there will be a Sunday soon when Harvey Rubens will not be on the golf course. He retired recently from running a very successful knitwear and sportswear business but now he and his wife dote upon their grandchildren and this, together with golf and foreign travel keep them very busy.

Harvey's absence from the fairways in the near future will be because he was the lucky winner of Sunday brunch for four at the London Hilton in a prize draw to raise funds for *Prostate Research Campaign UK*. As coincidence would have it he was having lunch with Mr Neil O'Donoghue FRCS (who had successfully treated him for BPH in September 1997) on the very day that his winning ticket was drawn. It was Mr O'Donoghue therefore who broke the good news to him at the request of the draw promoter. Quite which Sunday Harvey Rubens and his companions will be setting off from Woodside Park in North London for the Hilton was not known at the time of going to press.



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Annual Luncheon - 20 October

Following last year's huge success, you will want to be with us this year at:

**The London Hilton on Park Lane
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Tickets are available from the:

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