

Latest Research Funding Score! Ted Clucas 42 : Government 47

Ted Clucas was so disgusted with the Government's contribution towards research into prostate cancer he had contracted that he decided to raise personally the equivalent sum by himself. As readers of *Update* will know, the Government's spend on Prostate Cancer research in 1997/98 was just £47,000, eighty eight times less than the sum spent on breast cancer. It was this target that Ted set himself early this summer after he had completed a course of radiotherapy.

Ted Clucas, 58, was born in Lancashire and raised in Yorkshire, to which he attributes much of his stubborn determination to succeed in what he undertakes. He has been a runner all his life, used to play rugby



Ted Clucas after finishing the Gloucester Half Marathon

football and still goes skiing every year. He is also a Fellow of the Institute of Directors and Founder/ Chairman of the Herald Trust Group. He, therefore, decided to play to his strengths when it came to raising money for his chosen charity, by obtaining sponsorship, much of it from his wealthy business contacts in Jersey where he now lives, for running in a number of half marathons.

On October 20, at the **Prostate Research Campaign UK's** annual luncheon at the London Hilton, he presented a cheque to the charity for the money he had raised to date, the magnificent sum of £42,000. When others at the gathering heard his story, a further £5,000 was instantly donated to bring the total up to £47,000.

Editorial - Time for Government action

Men are notoriously bad at going to the doctor for a checkup or when they exhibit symptoms. *It's just part of the ageing process; It's not serious; I cannot spare the time off work; There is nothing they can do anyway.* These are all part of the male denial process. And all this is doubly true if the symptoms are below the waist and not in the legs!

The Department of Health has pushed over the years (and been pushed by women) into raising the issues of health amongst women and notably amongst the over 50s age group. The same cannot be said of men (who are their own worst enemies, in that there

are few if any lobby groups of men). And yet the need to raise awareness amongst men that early presentation of symptoms to a GP is the assured way to increased health and quality of life and leads towards a longer life span is arguably greater for men than for women.

Whilst drug companies, charities and academics all make a major contribution to research funding and activity so that progress is made despite (scandalous) lack of Government funding the same is not true of awareness campaigns. These are 100% down to Government. Is it not time to ask the Department of Health what it is doing about this?

Ted Clucas

Editorial

Viagra and potency

Sandy Lodge Golf Day

BPH Starter Pack

Would you join a trial?

Prostatitis, a review

Birthday present surprise

Away with the knife

Away with the needle

Are you taking selenium?

Publications

Does Viagra enhance your potency?

by Roger S Kirby, FRCS, Consultant Urologist at St George's Hospital London

1998 was the year when sex dominated the headlines. Viagra battled to displace Monica Lewinsky from the front pages of the tabloids and broadsheets alike. The extraordinary (and often misleading) publicity associated with Viagra has had several consequences. First, it provoked Frank Dobson to allow its prescription on the NHS (at least initially) in *exceptional circumstances* only, though, unhelpfully, nobody defined what *exceptional circumstances* were. Second, it has encouraged some to try the drug recreationally in discos and night-clubs as an aphrodisiac. What has been the result of this?

Viagra is a breakthrough therapy for the treatment of erectile dysfunction. It works to produce an erection of sufficient rigidity for intercourse. Effective within one hour of dosing, the



Roger S. Kirby FRCS

drug appears to be effective in more than 70% of men suffering from this condition.

Who benefits from Viagra

Erectile dysfunction is a highly prevalent condition. It has been estimated that one in ten men are troubled by this disorder. It is strongly age related, and also associated with many common disorders including hypertension and diabetes mellitus. Many men also suffer erectile dysfunction after treatment for prostate cancer. While it is not life threatening in its own right, it is associated with a very

significant reduction in the quality of life, not only of the men affected, but also their partners. The men lose confidence and often become depressed. Their womenfolk feel rejected and often misinterpret the lack of sexual relations as a sign of transference of affections elsewhere.

Alternatives to Viagra

Traditionally, treatments for erectile dysfunction have involved the use of injections or intraurethral insertions of prostaglandin, vacuum devices or penile prostheses. Many men are put off at the mere thought of these alternatives. Viagra now offers, for the first time, a safe and effective, oral therapy for the condition. Sadly, because of the reluctance of the Department of Health to permit doctors to decide for themselves who should and who should not receive the drug, many patients are being denied this option. The result has been frustrated patients, confused General Practitioners and unnecessarily overloaded hospital outpatient clinics.

Recreational Use

But what of those optimists with normal erectile function who take Viagra in the hope of enhancement of their sexual performance? This practice should certainly be discouraged. Firstly, there are no UK data to support the claim that Viagra does in fact enhance the normal erection or alter orgasmic sensation. Second, there have already been reports in the media of priapism (which is defined as a persistent and painful erection) developing in young men using Viagra as a recreational substance. Priapism may result in ischaemic damage to the intracavernosal smooth muscle, which may, in turn, lead to permanent erectile dysfunction.

Side Effects

The other side-effects of Viagra should also serve to deter those with normal erectile function from experimenting with the drug. Headaches are common after dosing and may persist for a number of hours. Facial flushing is not uncommon and some

individuals complain of heartburn. The effect of Viagra on the retina may also result in abnormalities of vision and the perception of a *blue haze*. Viagra should never be used in conjunction with compounds that serve as nitric oxide donors. Drugs of this nature are often used as vasodilators in patients suffering from angina pectoris. Their combination with Viagra has been reported to result in a precipitous decline of blood pressure and risk of myocardial infarction or stroke. Not many clubbers suffer from angina(!) but the nitric oxide donor amyl nitrate is sometimes used as an orgasmic enhancer. The combination of this with Viagra is potentially extremely hazardous.

Can Viagra help women?

What effect does Viagra have on the female? Virtually no data are yet available to answer this question but the female vagina and clitoris certainly possess erectile tissues. Nitric oxide induced vasodilatation of these might be enhanced by Viagra. This could provide the explanation for early reports of women with sexual dysfunction responding favourably to the drug. Clinical trials are already in progress.

Summary

In summary, Viagra has little to offer the normally potent male and usage by them carries certain inherent risks. As a consequence its recreational use should certainly be discouraged. By contrast, for men whose erectile function is waning, either as a result of prostatic or other diseases, or the passage of time, the drug now offers new hope.

Prostate Research Campaign UK
thanks



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Sandy Lodge Golfers raise £17,000



Every year Sandy Lodge Golf Club holds an 'Am-Am' charity golf day. "It's a bit like a Pro-Am but with 100% of the proceeds being available for charity" explained Don Reap, the organiser and Club Vice Captain. This year Don chose two charities to benefit

BPH Starter Pack Launched

One of the standard treatments for benign enlargement of the prostate is to prescribe an alpha blocker drug. This relaxes the smooth muscle in the prostate, thereby relieving the symptoms. Unfortunately it also relaxes other involuntary smooth muscles. This frequently gives rise to side effects of which a drop in blood pressure is the most frequent. To correct this, the dose of the alpha blocker has to be raised progressively over the first few weeks of use while the body adjusts to the presence of the drug.

Abbott Laboratories have recently introduced a new packaging of their alpha blocker with different doses of the drug for each day of the first month of use. The patient is led by the packaging to take the right pill on each day. In this way the low blood pressure problem is overcome.



from club members and local businesses generosity - Hillside, a local residential home run by MenCap, and **Prostate Research Campaign UK**.

This followed Don's recent experience of prostate cancer. He was successfully treated with radiation therapy at Bart's

Hospital earlier this year. At Bart's Hospital the radiation treatment given is of the modern conformal type whereby the radiation beam is focused more closely than with earlier methods, thereby preventing nearby tissue from being irradiated with an increased possibility of adverse side effects. Don reports a much reduced PSA, no adverse side effects and that he was back on the golf course within a few weeks of completing the treatment.

Sandy Lodge is one of the oldest Golf Clubs in the South West Hertfordshire area. In its early days, it numbered many titled people among its members.

Titled and with influence, it seems, because the Metropolitan Railway was persuaded to build a halt on the line between Northwood and Rickmansworth especially for the use of members. Sandy Lodge Halt is now the modern Moor Park station.

The club has had three former Walker Cup Captains among its members, a distinction only exceeded by the Royal and Ancient. None of these were playing on September 5th however, when over 160 people played golf and many more contributed to raising the magnificent sum of £17,000, half of which came to **Prostate Research Campaign UK**. Many thanks indeed to all concerned.



Don Reap outside the club house

Would you let your treatment be decided at random by a computer?

In February 1997 the NHS Centre for Reviews and Dissemination in York published a report on prostate cancer, which came down against the introduction of a screening programme. In it they pointed out that there is uncertainty about the effects of the three treatment options (Watchful Waiting, Radiotherapy and Radical Prostatectomy) because no randomised clinical trials have reliably evaluated them. Three years on there is still no current UK data available from a controlled randomised trial.

Some professionals would argue that patients should only have access to treatment by agreeing to abide by the protocol of a trial which would include randomisation. At Stepping Hill Urology Department in Cheshire this was put to the test recently. 20 patients

fulfilling the entry criteria of the prospective controlled randomised trial were identified. Each was counselled by a urologist, a radiation oncologist and a urological specialist nurse. They were then invited to be randomised to the two treatment groups. Only one patient agreed to have his treatment determined by the computer. Of the others, 13 chose surgery, 5 chose radiotherapy and one watchful waiting.

So what was learnt? Simply that men with a life expectancy of 10 to 25 years who develop prostate cancer will not allow their treatment to be decided by computer. They wish to make their own fully informed decisions. The patient must be enabled to determine his own destiny. A study comparing surgery with radiotherapy is still possible but it is unlikely ever to be a randomised one.

Prostatitis

An inflammatory disease which can occur at any time in a man's life

Prostatitis, simply means an inflammation of the prostate. It can affect young men, while BPH and prostate cancer are more typical of older men, although not exclusively so. Because prostatitis varies in severity and because it has attracted little attention from researchers, there are no statistics of how many suffer from it.

It occurs in at least two forms of which acute bacterial prostatitis is the most common. This variant develops quickly, can cause intense pain, fever, and chills and may even require hospitalisation, but usually responds rapidly to antibiotics.

Chronic bacterial prostatitis is less intense, but is not cured quickly by antibiotics alone. Sometimes the condition will become dormant for a while and then return immune to the original antibiotic.

The Symptoms

There are a variety of symptoms and problems associated with prostatitis, which may be continual or may come and go. Many can be caused by other diseases so it is important to consult a doctor.

Look out for:

Urinary problems: Caused by the swollen prostate partially blocking the urethra.

Pain/ache/discomfort: As well as the pain caused by the swollen prostate, itself, there may also be pain some distance from the prostate.

Sexual problems: Besides the obvious problem that it is hard to enjoy sex when ejaculation (or arousal) causes pain it may become difficult to maintain an erection.

Fertility problems: Sperm count and mobility can be seriously reduced by prostatitis.

Chills and fever: Fever should be treated as an emergency and professional help sought immediately.

The Causes of Prostatitis

There are many theories about the causes of prostatitis. The most popular theory among the members of the web based news group we consulted is that the infection is caused by common

bacteria and fungi acquired in a variety of ways: Sex, poor hygiene, contamination during an operation, swimming in polluted water, for example. The prostate has some 20-50 smaller fluid producing glands called acini. When an infective agent enters one of these glands, it quickly becomes blocked. Once blocked, it begins to swell as fluid accumulates.

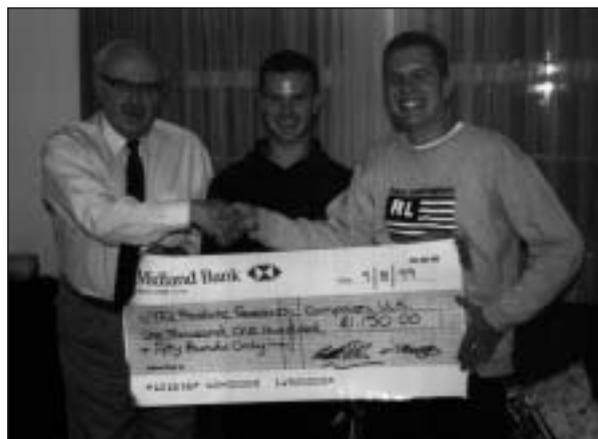
Other theories of how prostatitis is caused include one, based on the discovery that only housebroken dogs get prostatitis, that holding the urine damages the prostate in some way. Another, based on the fact that certain

middle European countries where the diet is high in zinc have much lower levels of prostatitis, is that a zinc deficiency reduces the prostate's ability to resist an infection.

A fourth theory, based on the fact that prostatitis was once known as the monk's disease, is that a sudden reduction in the average number of ejaculations per time period is a triggering event.

The real cause of prostatitis may be some mixture of all of the above and may vary for each patient. The one thing we can be sure of is that it is definitely not . . . *all in the patient's head.*

Birthday present saves father from cancer



Tony Kilmister (left) for PRC UK receiving a cheque from Matthew Parkes (right) and Phil Sayers

Dad was coming up to his fiftieth birthday and the family had the well known problem of what to give a man who has most of the things he wants. They saw an advertisement for half price medicals being offered by BUPA and because Dad was over weight and something of a workaholic they clubbed together and gave it to him as a bit of a joke.

Chris Parkes, the Dad in the story, said "I would never have gone for the medical if the family had not sprung it on me. I thought I would sail through it. I was in total shock when it showed I had prostate cancer. But we caught it so early the doctors were able to treat it effectively. It was an odd present, but it saved my life. I have no doubts about that."

Matthew Parkes, the 22 year old son takes up the story "Dad was so confident that he would pass all the tests with flying colours. He dashed in to pick up the results as he drove me home from work. I waited in the car and when he got back he was in floods of tears. We were all in shock but it was dealt with so quickly and now he's got the all clear."

Within three weeks of diagnosis he had had blood tests, a biopsy and an

operation to remove the life threatening tumour. Now Chris says "It has put things in perspective. I've been given a second chance and I'm going to make the most of it - work less, spend more time with my wife and family and enjoy myself more." An account of Chris Parkes operation and the way it came about was reported in the *Bucks Star*. The lady reporter, who interviewed the family to learn that Chris had had his prostate gland removed, asked innocently "How's his other one?"

Subsequently Matthew Parkes and his friend Phil Sayers who work as Disc Jockeys in the evenings ran a charity fund raising event in a Leicester Square club to raise a most impressive £1150 for **Prostate Research Campaign UK.**

Away with the knife . . .

British Biotech company leads the way towards new treatment

Prostate surgery could turn into an outpatient operation with a new device that can vaporise tissue at the touch of a button.

Invented by Mark Goble, a urologist, the device creates a powerful plasma - a high temperature cloud of atoms - which appears as an orange glow around the end of a fine electrode. The surgeon can use the plasma to vaporise material from an enlarged prostate, without using conventional surgical instruments like scalpels and still clearing the blockage cleanly and quickly. The same technology has also been used in keyhole operations on knee joints and in hysteroscopic procedures.

Simon St Clair Carter, consultant urologist at Hammersmith Hospital says

the device works better than any other technique he has used. "Cells explode into tiny fragments and disappear before your eyes," he says.

The device is made by Gyrus Medical, based in Cardiff and Bourne End, Bucks. Nearly 200 patients have been treated in the past 12 months with excellent clinical results. The company has recently been granted a US approval which will enable it to move discussions forward with a number of potential US partners who have been identified. The company was founded in 1989 to develop radio frequency energy based systems for advanced minimal access and outpatient surgical procedures. Now with products successfully brought to market, Gyrus employs 180 people and

has been quoted on the Stock Exchange since 1997.

Not quite the story of the man who liked the product so much that he bought the company but along the same lines, is the experience of the Chairman of the Gyrus company, Brian Steer. He was diagnosed with benign enlargement of the prostate and was so confident in the company's methods that he elected to have his own prostate treated using the system.

"In less than 48 hours after surgery I was out of hospital" he said. "According to my surgeon, that was two days earlier than would have been expected using conventional techniques. And here I am back at work just four days after the operation"

. . . Away with the needle

Another British success story

PowderJect is a company formed to exploit ideas coming out of Oxford University which may make injections a thing of the past. The company has patented a technology for the delivery of medicines into human tissue without using the long established hypodermic needle.

How can one do this?

Amazing as it may seem, the answer is to have the medicine in the form of very small solid particles and then to blow the powder through the skin or other tissue at high speed with a rapid puff of gas. PowderJect has developed a moulded plastic hand held device which contains inside it a small cylinder of helium gas. Actuation of the system allows the gas at high pressure to enter a chamber at the end of which is a drug cassette containing the powdered drug or vaccine between two plastic membranes. As the membranes break, a

strong shock wave is created which travels at speeds of up to 900 metres per second. This carries the drug particles

Wide application

The PowderJect system can of course deliver any medicine, drug, vaccine or genetic material which can be formulated as a solid particle of the appropriate size, mass density and strength. What the company expects to bring to market shortly is one of the world's most widely used local anaesthetics, lidocaine. Phase 2 clinical trials with children have now been going on for a year.

Other drugs which are being developed in the powder form include alprostadil, which is an effective treatment for erectile dysfunction, whose market acceptance has



Young patient receiving local anaesthetic via needleless injection

straight through the outer skin layer, which consist largely of dead cells, and into the dermis itself, where the highest density of blood capillaries are to be found. All the patient feels is the puff of gas on the skin.

always been held back because the method of delivery was an eye watering, self administered injection into the penis. Also in the pipe line are drugs for the treatment of osteoporosis, acute migraine and prostate cancer.

Selenium offers protection against cancer - Official

It is not just the alternative medicine advocates but such august journals as *The Lancet* and the *British Medical Journal* which endorse the efficacy of selenium as a food supplement which protects against cancer. A recent double blind trial in the US involving 1,312 people showed that among those who took 200 micro grams of selenium per day there was a near 50% reduction in the likelihood of malignant disease and a 40% reduction in cancers of any kind. A much larger study has now been set up involving 52,000 people in seven countries to try to confirm these findings across a much larger population. The good news for men is that we do not have to wait for the findings of this study and the slow process of licensing a new drug. Selenium is available as a food supplement at your chemist right now.

Why is selenium important?

Selenium is a key component in some anti oxidant enzymes which act to maintain membrane structure and inhibit blood clotting disturbances. It plays an important role in maintaining growth rates through its effects upon the thyroid.

Selenium is an essential trace element, related to sulphur, found in grains, nuts, fish and some meats. It enters the food chain through plants at variable rates dependent on selenium concentrations in the soil. In the UK this concentration is low, as it is in

other parts of Northern Europe where glaciers washed it out of the top soil in the last ice age.

A worsening situation

Our intake of selenium is falling. Some 24 years ago selenium intakes in Britain averaged 60 micro grams per day. In a survey conducted by the Ministry of Agriculture in 1994 the figure was found to be 34. This fall can largely be explained by two facts - that imports of selenium rich wheat from the US have been replaced by selenium poor wheat from Europe since the advent of the Common Market, so that the flour used for bread making now contains less selenium than it used to - and secondly, that as a Nation, our consumption of bread has itself fallen.

Time for action

Is it not time to address the issue of low selenium intakes. Our farm animals have been receiving mineral supplements which have included selenium since 1978. In Finland it has been a fertiliser additive since 1984. Addition of selenium to bread flour along with the statutory mineral additives, calcium and iron, might be a possibility. Without Government action improvement of the selenium status for large segments of the population would seem to be impossible. Until it becomes a part of public health policy, the only recourse is to start taking the tablets and to encourage your friends to do the same.



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