

Prostate Cancer placed last in two week referral priority

The Government has set a target that all urgent cases of suspected cancer should be seen by a specialist within two weeks of referral. Further, they intend that this target be met for all cancers by the end of this year.

This is a most commendable step forward. Already the target is being met

in the case of breast cancer. When it is implemented for all cancers, it will be a great feather in the cap of the cancer Tsar, Mike Richards. One wonders, however, whether the timetable can be met. Implementing it for breast cancer, by putting in place specialist teams in Hospitals, has cost the NHS a great deal

of money. The customers seem happy but are the book keepers of the NHS?

We are doubtful whether there is enough money to repeat this sort of exercise for all cancers. If there is not, then the sufferers will be those at the back of the queue, which includes men suspected of having prostate cancer. We also wonder whether there will be enough consultant urologists to meet the demand in the specific case of prostate cancer. Even if this is a problem, the Department of Health must not lower the criteria which determine the urgency of cases simply because of a shortage of urologists. Far better to put back the implementation date, while maintaining standards.

Government timetable for implementation of two week standard	
IMPLEMENTATION DATE	TYPE OF CANCER
April 1999	Breast
April 2000	Lung, Leukaemia and children's cancers
July 2000	Gastro-intestinal
September 2000	Gynaecological, Brain and Skin
December 2000	Prostate, Urological and all other cancers

Prostate Research comments on the DoH guidelines

In preparation for implementing the two week referral standard, the Department of Health has drafted some guidelines to help GPs to identify those patients who are most likely to have cancer and who therefore require urgent assessment by a specialist. Equally it is hoped that the guidelines

will help GPs to identify patients who are unlikely to have cancer and who may appropriately be observed in a primary care setting or who may require non-urgent referral to a hospital.

Our comments can be found in full on page two of this newsletter.

- * The draft guidelines offer nothing to men with curable cancers.
- * A PSA greater than 20 is too high to pick up curable cancers.
- * The standard of PSA for urgent referral should be under 10.
- * Current views were deplorably under-represented in committee.
- * GPs should be given helpful, practical guidance on PSA testing.

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We comment on referral urgency guidelines

Prostate Research Campaign UK have read the Department of Health guidelines most carefully, consulted as widely as we could and sent in our comments by the due date of January 7 this year. This is the full text of our comments:

1 These guidelines offer nothing to the many men under 70 who have clinically significant but largely asymptomatic prostate cancers that are amenable to cure. Many studies have demonstrated that at least 1.5% of men in the 50 to 70 age range are in this situation (*Chadwick et al 1991*) and further studies using more refined PSA assays indicate that this percentage is more likely to be in the region of 3% to 5% (*Partin et al, Urology 1996 and Catalona et al, J. Urol 1997*)

2 To restrict the guidelines for urgent referral to:

a) Bone pain, abnormal DRE and/or PSA over 20

b) Abnormal DRE and PSA over 20 will, except in rare cases, simply identify men with metastatic or locally extensive disease where cure is no longer achievable. It will do nothing to address the appalling statistic that overall 5 year survival in the UK is only half of that in North America. It also ignores that for the first time mortality rates are declining in the USA. It would be foolish, not to say churlish, to deny the probable role of early detection and pro-active management in this regard.

3 The relationship between PSA levels and pathological stage have been well defined. (*Partin et al, J.Urol 1993*) have shown that for PSA of 4-10 53% of cancers are confined within the prostate but this falls to 23% for a PSA over 10 and to 7% for a PSA over 30. It follows that in order to adopt a curative rather than a palliative management strategy we need to have a standard of PSA for urgent referral of less than 10. A guideline of over 20 is absurdly high.

Again the evidence from large scale screening studies is that 22% to 27% of men with a PSA of 4 to 10 have

significant prostate cancer (*Hudson et al 1989 and Blower et al 1992*).

The guideline for GPs and primary care professionals, should be to view all PSA assays over 4 with suspicion and, if accompanied with evidence of abnormality on DRE, should, without question, be considered as urgent from the point of view of referral from primary to secondary care professionals.

4 It must be deplored that only one Urologist, Mr M. Wallace FRCS comprised the working party on urological cancers, who also sat on the steering committee. This represents gross under-representation of current views. It also makes a nonsense of what is said in the introduction to the document sent out for consultation namely that "...The guidelines for each tumour group were prepared by Working Parties chaired by an expert in the relevant cancer area with input from primary care, public health medicine, nursing, radiology and other disciplines as appropriate...."

In the meantime, the Royal College of Radiologist's Clinical Oncology Information Network (COIN) and the British Association of Urologists (BAUS) guidelines have been published in the December issue of the *British Journal of Urology International*. Whilst Mr Wallace is not a member of the COIN/BAUS working party, it is reasonable to suppose that he had access to the report in advising the DoH. Whilst the COIN/BAUS report is an excellent document it does contain some ambiguities. We would certainly accept, as far as national public health policy is concerned, that population based screening should only be undertaken in the context of a controlled trial (if indeed this is now possible given current and rising public awareness). One needs, however, to make a distinction between population based screening and early detection or case finding activities. There is increasing public awareness and expectation in relation to prostate cancer and increasing litigation in relation to delayed diagnosis. The proposals as currently formulated may not be sufficient to protect individual health care practitioners from the legal process. If improved survival in prostate cancer is to

be achieved the indications for urgent referral need to be revised.

5 The DoH guidelines for urological cancers should have a footnote or a paragraph providing guidance on the issue of PSA testing. We would propose the following:

a) That a PSA assay should be made available to all men over 50 who request it. (There is, indeed, a case to stipulate all men over 40 years).

b) All men over 40 with a family history of prostate cancer (defined as having two or more first degree relatives with proven prostate cancer) should be offered an annual PSA assay.

c) All men over 45 years with lower urinary tract symptoms should have a PSA assay.

Thanks to Stoke Park Golf Club



Stoke Park Club House - one of the settings for the James Bond film 'Goldfinger'

Prostate Research Campaign UK would like to thank the members of Stoke Park Golf Club who have raised £2000 for our campaign during 1999 under the captaincy of Pat Pegram.

The club has some 300 male members over the age of 50. The sad statistical facts are that 150 of these members will experience some sort of prostate problem in the future and 25 are likely to develop significant prostate cancer

The members' support for Prostate Research Campaign UK is thus amply justified and will be suitably repaid.

The support is further evidence of men's increasing awareness of their own health needs and of their desire to do something about it as their women folk have done for many years.

Annual Luncheon raises record sum

For the first time the attractively designed and newly created Wellington Ballroom at the London Hilton on Park Lane was the setting for our Annual Luncheon. Record numbers attended - breaking the 200 mark. There was no lack of intimacy however and the buzz of friendly chatter showed that it was being thoroughly enjoyed.

The Wellington Ballroom has huge picture windows overlooking Hyde



Ted Clucas (left) hands £42,000 cheque to Roger Kirby

Park and the autumn sun streamed in as Jersey businessman Ted Clucas handed over a giant cheque for £42,000 to Roger Kirby arising from his marathon efforts. Quickly, a further £5,000 came from friends so that the Government figure of £47,000 was equalled from this one source. Our hats off to Ted Clucas for a magnificent achievement.

Clive Turner with some deft footwork auctioned tickets to Hong Kong donated by Glen Swire and Cathay Pacific Airlines which were snapped up by David Fawcus of Keevil, near Trowbridge in Wiltshire for £3,500. And so to an excellent after lunch speech by Philip Hammond MP an Opposition Front Bench spokesman on Health. Measured,



Philip Hammond MP Conservative spokesman on Health speaking at the luncheon

well researched and fluent, he was well received by his audience and in turn, was warmly thanked by Dr Thomas Stuttford – a pillar of *The Times* and a Trustee of **Prostate Research Campaign UK**.

The lunch, one way and another, brought in about £60,000 for our charity and already enthusiasts are looking forward to the next event which will again be held at the Hilton, on Wednesday 18th October 2000.

Our trustees award six new Research

The trustees of **Prostate Research Campaign UK** had the difficult task recently of selecting just six projects to support from the two dozen applications they had received. After the meeting one of them said “The standard of proposed research was extremely high. The large number of new ideas and the diversity of research themes illustrate just how much could be spent in worthwhile ways if only the money was forthcoming”. The six selected are:

The impact of comorbidity on outcome after transurethral resection of the prostate (TURP).

Dr O'Connell. Sunderland Royal Hospital.

Comorbidity is the situation which occurs with older people where other clinical conditions exist as well as the illness condition being treated - in this instance, benign enlargement of the prostate. A scoring system has been developed of patients' assessment of the severity of all their symptoms from

whatever cause. One question to be answered in this study is whether the scoring system can be used to determine the impact of comorbidity on the patient's perception of post operative outcome following TURP.

The role of Adamalysin thrombospondins in prostate tumourigenesis.

Mr Riddick. University of East Anglia.

The aim is to understand more about a family of enzymes that facilitate tumour growth. This research might help the identification of patients with early stage prostate cancer who are at greatest risk of progression to metastatic disease.

Non-invasive diagnosis of bladder outlet obstruction.

Dr Robson. Freeman Hospital, Newcastle

A study will be carried out of a technique for measuring bladder pressure during urination. The aim is to determine its efficacy in routine use in prostate assessment clinics. If successful the treatment would significantly lower the

percentage of men who have operations for bothersome lower urinary tract symptoms without a successful outcome.

The potential application of NK4 as an anti prostate cancer agent.

Dr Jiang, Prof Mason. University of Wales.

NK4 is a recently discovered potential inhibitor of both growth and spread of prostate cancer. It is thought to operate by inhibiting the supply of blood to the cancer cells. This study will take the work further forward by testing prostate cancer cells extensively for invasiveness and growth in vitro and in mice.

Treatment of chronic abacterial prostatitis with Zafirlukast.

Dr Goldmeier. St. Mary's Hospital, London.

Zafirlukast has a treatment licence in the UK for the treatment of asthma, where it has distinct anti-inflammatory effects as acting as a bronchodilator. The hypothesis to be tested in this study

PSA halved in six weeks with new herbal remedy

There is a promising new therapy for prostate cancer, PC SPES (spes is Latin for "hope"). This combination of eight herbs was developed by Sophie Chen, Ph.D., a Chinese-born scientist educated in the United States, as a remedy to help a friend who had prostate cancer. It worked, and subsequent laboratory studies have shown that this herbal formula appears to check the growth of prostate cancer. It is available from a California based company, Botanic Lab (Botaniclab.com or 2900 Saturn Street, Brea, CA 92621).

It has now been tried by an estimated 3000 patients mostly in the US who report that it is effective in about 70% of cases including many patients who have metastatic disease. Now, results are beginning to come from the handful of patients in the UK who have tried it. One of these, reports that following a prostatectomy in 1996 his PSA had been rising slowly and steadily while taking a prescribed anti androgen. Just before Christmas 1999, he started taking PC-SPES without changing the dosages of any other substances he was taking.

By mid February his PSA had halved.

PC SPES appears to work, at least in part, like conventional hormone therapy. Patients who have become resistant to conventional hormone therapy respond to PC SPES, indicating that it has other anti-cancer activity as well. Minor side effects that have been reported mirror the sort of side effects experienced with conventional hormone therapy namely breast tenderness and lowered libido. Some patients have also reported cramps and in a small percentage (<2%) thrombosis in the legs.

In the USA, as in this country, herbal remedies can be sold without the rigorous evidence of safety and efficacy that is required before a conventional drug is licensed for general prescription. The only legal requirement in the US is that herbal products may not be promoted as preventing or treating disease. To comply with that stipulation, their labelling has risen to an art form of doublespeak of which the name PC-

SPES is a good example. In the UK, PC-SPES can be bought from a few pharmacies, mostly associated with private medicine, but cannot be bought without a doctor's prescription, even though it is not a prescription drug. It can, however, be bought directly via the Internet. It is expensive bought direct from the supplier and extremely expensive when bought from a UK pharmacy.

Over 3000 patients have used PC-SPES and many of them are euphoric about the results (see the testimonials posted on the web at pcspes.com, a site created by patients themselves for exchanging ideas and comparing notes). That does not sound like a quack medicine. PC-SPES needs to be brought into the main stream of treatment possibilities for prostate cancer. That means it must be extensively evaluated. Once a treatment has been tested rigorously, it no longer matters whether it was considered alternative at the outset. If it is found to be reasonably safe and effective, it will be accepted.

ch Grants

is that Zirfulakast can decrease the symptoms of patients with antibacterial chronic prostatitis by decreasing the inflammation in the prostate. The double blind trial will involve some 60 patients 30 of whom will receive placebo and 30 the drug.

Dietary phyto-estrogens, prostate cancer and gene environment interactions; an epidemiological study.

Professor Alexander. University of Edinburgh.

1000 men in Scotland will take part in the study - 400 with prostate cancer, 400 from the general population and 200 with BPH who have already been examined to rule out asymptomatic cancer. Two questions will be answered. First, whether plant estrogens are lower in the diet of men with cancer than in the general population and second, whether ethnic variation in the incidence of cancer is explained in part by genetic and dietary factors working together.

No Fooling—An April Bonanza

The Chancellor of the Exchequer will add at least 23% to any gifts you make to **Prostate Research Campaign UK** – or indeed to any registered charity – under a new scheme beginning in April.

The Chancellor is planning to reform the Gift Aid system, which currently is available on *one-off* donations of £250 or more. (At the moment we cannot reclaim the income tax you suffered on single sums donated if they were less than £250.)

In this year's Budget Mr Brown will make charitable gifts of any size effectively tax free. Charities (and that includes **Prostate Research Campaign UK**) will be able to reclaim 23% on gifts received from basic-rate taxpayers and 40% from higher earners. A £20 gift will therefore be worth £24.60 to us and £28 from a higher-rate taxpayer.

Anyone who wants to donate shares, rather than money, will also benefit from changes due in the Budget.

Under existing rules, you are liable for Capital Gains tax on profit on the

shares. The new scheme will, apparently, also give you extra income tax relief. If, for example, you give £1,000 worth of shares to **Prostate Research Campaign UK** you will get an extra £1,000 added to your annual tax-free allowance.

Exactly how all this will work will, presumably, be made clear in the Budget but it certainly looks as though the tax recoverable should be of enormous help to charities.

Needle-less injection progress

PowderJect, the company we reported on in the last issue of *Update*, has reported encouraging results from its phase two trial of the erectile dysfunction drug alprostadil with actual sufferers. There is now clear proof of the clinical concept. The company has also strengthened its commercial opportunity in this growing market by securing the rights to a low cost, high quality source of the drug alprostadil.

Men's Health - Closing the Gender Gap

Shorter lives

Men live on average 5 years less long than women. Currently the average expectation of life in the UK is 74.5 years for men compared with 79.7 years for women. This difference has been termed *the gender gap*. For many years this phenomenon has been attributed to some intrinsic difference in overall disease susceptibility between the sexes. Of late, however, it has become apparent that at least some of the difference in life expectancy between the sexes reflects the fact that men look after themselves much less well than women.

Greater susceptibility

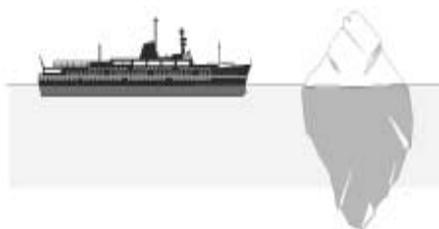
Men's greater susceptibility to heart disease has generally been ascribed to a lack of the protective effects of oestrogens. Yet, most of the preventable risk factors for myocardial infarction or stroke, such as smoking, central obesity and hypertension, are considerably more common in men than women.

Fewer doctor visits

Men in the UK visit their doctor on average four times less often than women and are, as a result, less likely to have their hypertension or diabetes diagnosed and treated.

Less education

Men everywhere read fewer magazines and watch health programmes on TV less frequently than women and are consequently less frequently exposed to information which encourages healthy choices in diet and lifestyle.



Blissfully unaware

Reduced awareness amongst men of the malignant diseases to which their bodies are prone may also be a factor. Lung cancer can largely be prevented by abstinence from smoking, a habit much more commonly and more heavily indulged in by men. Colon cancer,

by Roger S Kirby and Michael G Kirby

especially in those with a positive family history, can be detected early and cured with little morbidity by the use of faecal occult blood testing and flexible colonoscopy. Prostate cancer, which also has a familial link in about 9% of cases, can be detected early by means of PSA testing, combined with digital rectal examination and cured by surgery or radiotherapy.

Accidents and trauma

Although far less common as a cause of death than either cardiovascular disease or malignancy, mortality from trauma, as a result of accidents or violence, contributes significantly to the total loss of anticipated life years because they so often involve young people. Here again men are very much more susceptible than women; risk-taking behaviour is predominantly the province of young men and could potentially be reduced by focused education programmes. Suicide rates among young men have quadrupled recently and many of these premature deaths must be preventable.

What to do?

What steps should be taken to improve the health of men-folk?

Public information

A campaign of public information seems appropriate, targeted particularly at those less socially and financially advantaged: young men aged 20-24 years in social class five experience the same mortality as men twenty years older in social class one.

Healthier lifestyle

All men should be actively encouraged to adopt a healthier lifestyle, in terms of both diet and exercise, and strongly exhorted to give up smoking.

Health checks

An arranged visit to the practice could reinforce those messages and include a health check for cardiovascular disease, when enquiries should be made about rectal bleeding as well as lower urinary tract symptoms. A physical examination could include a cardiovascular check,

testicular palpation and advice on self-examination, as well as a digital rectal examination of the prostate. In men with lower urinary tract symptoms, it seems appropriate to counsel men about the pros and cons of PSA testing, as well as perform a dipstick examination of the urine. Transitional cell carcinoma more commonly occurs in men, especially those who are heavy smokers, and may present as microscopic haematuria. Erectile dysfunction is associated with significantly reduced quality of life, and can now be safely and effectively treated; therefore discreet enquiry should be made about this symptom.

Regular health checks not only allow the detection of diseases at a stage when they can be treated effectively, but also provide an opportunity for men to be educated on the way to make healthier choices, stay fit as well as to discuss their own particular health concerns.



Ostriches

Men (as opposed to women) have a much greater tendency to bury their heads in the sand with regard to health matters, often hiding behind the excuse that they do not want to bother the doctor. Their mind-set needs to be changed from that of "if it ain't broke don't fix it" mentality, to a more proactive one that accepts "if you look after it, it doesn't break".

Much remains to be done to confirm that these preventative strategies are effective, but while more men are dying prematurely every year there seems no better time than the present to encourage men of all ages to live healthier, happier and longer lives.

Olympic Oarsmen present £15,000 from Hospital Savings Association

A cheque for £15,000 is a delight to receive and last November the Hospital Savings Association arranged for just that through the HSA Charitable Trust.

At The Brewery in London's Chiswell Street, the two Olympic Gold Medallists, Steve Redgrave CBE and Matthew Pinsent MBE, handed this cheque for **Prostate Research Campaign UK** to



Matthew Pinsent (left) and Steve Redgrave (right) make the presentation

Anthony Kilmister. The event was hosted by Major General Brian Pennicott and James Young (HSA Chairman and Chief executive respectively) and Phillip Howard Chairman of the Trustees. Anthony Kilmister, who was accompanied by his wife Sheila, expressed warm thanks on our behalf.

The Hospital Savings Association was founded in 1922 - when there was no National Health Service - to assist those who would have been otherwise

unable to pay for their hospital treatment. In 1948 the scheme was changed to provide cash benefits for contributors and their families and in 1972 the HSA

Charitable Trust was established to make contributions to good causes such as ours. In 1998 the Trust donated over £1 million to deserving charities concerned with Health Care.

Steve and Matthew will be competing in the coxless fours in the Sydney Olympics later this year and we wish them the best of good fortune.



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A folded leaflet explaining ways in which you can help this charity, including Deed of Covenant and Bankers Order. FREE of charge.

A Pledge is a Pledge is a Pledge

During the pre-Christmas bye-election campaign which saw Michael Portillo's return to Parliament, William Hague, promised to set up a national screening programme for prostate cancer, when the Conservatives are returned to power. He said "In some parts of the country GPs carry out the PSA test - in others they do not. Studies are under way to

establish whether this is an effective test in detecting prostate cancer. I pledge that, when we return to office, we will put in place a nation-wide screening programme based on treatment of proven effect. We intend that all men aged 50 to 70 would be screened for prostate cancer."

Source: The Daily Mail of 12th November 1999

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