

## Urgent cases to be seen by consultant in two weeks

The consultation process is over. The guidelines on what constitutes an urgent case have been published. The date is set when the new regime starts. So, from December all patients suspected by a GP of possibly having prostate cancer should be seen by a consultant within two weeks. This is something we welcome, particularly as the guidelines have been amended to take account of comments and suggestions made by the **Prostate Research Campaign UK**.

Now it is up to the hospitals and the NHS Trusts to deliver. But are they able to do so? Are all GPs aware of the new

guidelines? They should be, although the volume of paper dropping through their letterboxes makes it quite possible that they will need reminding.

Are there enough consultant

urologists? This is a serious issue. Their work load is set to increase not just because of the new guidelines relating to cancer of the prostate but to cancers of the bladder, kidneys and testes as well, for

which new guidelines are set to be introduced at exactly the same time. The number of consultants specialising in this field has been roughly constant at 850 for a number of years now. We

already know that there are serious shortages in some parts of the country (Wales, for example). So we must question whether the new target will itself be met throughout the country. Furthermore, we wonder whether in meeting the set time for a patient to see a consultant the delays before treatment actually starts will, in the event, increase rather than decrease.

The new guidelines underline the importance of PSA testing. Indeed they are quite meaningless if PSA tests are not to be used. However, a footnote to the guidelines again states the current position regarding screening and states that 'PSA testing of asymptomatic men or screening for prostate cancer is not national policy. It is recommended that a PSA test, except in men clinically suspicious of prostate cancer should only be performed after full counselling and provision of written information.'

### THE URGENT REFERRAL GUIDELINES

- **An elevated age specific PSA in men with a 10 year life expectancy.**

*(The age specific upper limit of normal for PSA rises from 2.8 at age 50 to 5.3 at age 70.)*

- **A high PSA (over 20) in men with a clinically malignant prostate or bone pain.**

## [www.prostate-research.org.uk](http://www.prostate-research.org.uk) is up and running. *Click now!*

**Prostate Research Campaign UK** has been a little tardy in entering the dot com age, but now it is proud to announce its web site. The immodest aims of the web site are to be the most authoritative, accurate, up to date and reliable UK web site dealing with all diseases of the prostate. This is a site where patients and those who love them can obtain the information they need rapidly and free of charge. It is a site that GPs can glance at from time to time to keep abreast of the latest developments. It is a site which

medical journalists can depend upon to provide background information for stories they write. It is a web site where you can make comments and ask questions in emails to the charity, although it must be stressed that the site does not offer an on-line diagnostic service nor a consultation service on individual cases. Naturally, the web site also includes a button telling the visitor various ways to help the charity.

Visit [www.prostate-research.org.uk](http://www.prostate-research.org.uk) now. Tell us what you think of the site and how it might be improved.

### *In this issue*

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# Advances in radiotherapy treatment dramatically reduce side effects

There was a time when a prostate cancer patient might go home and tell his family that he was going to have a course of radiotherapy treatment. Now things are not quite so simple. Radiotherapy can be delivered in several ways.

## Traditional radiotherapy

There is the traditional radiotherapy treatment in which straight beams of X-rays are aimed at the location of the cancer. Usually there are three beams fired from different angles. Where they meet in a roughly box shaped location the intensity of the radiation is at its highest. Inside this high intensity space there should be the cancerous tissue which gets burnt away. Regrettably, the cancerous area is never box shaped and therefore healthy tissue also gets burnt away as well causing nasty side effects such as diarrhoea, bleeding and bowel incontinence.

## Conformal radiation therapy

Alternatives to the traditional treatment include conformal radiation therapy in which the beams are 'bent' to some extent, thereby greatly reducing the possible side effects. Another approach is to generate the radiation from radio active pellets inserted directly into the cancerous tissue. This radiation from inside technique, called brachytherapy, also reduces the side effects. Both conformal radiation therapy and brachytherapy are available in the UK but not at every centre.

## Intensity Modulated Radiotherapy

Now there is an even newer treatment - Intensity Modulated Radiotherapy (IMRT). The new treatment is specifically designed to help the 40% of cases where the cancer spreads to the pelvis. When this happens the tumours often have

complex shapes, curved and wrapped around healthy tissue. Trials of IMRT are currently taking place on 90 patients whose prostate cancer has spread to the pelvis. The trial is taking place at the Institute of Cancer Research and the Royal Marsden Hospital. Dr David Dearnaley, senior lecturer at the Institute of Cancer Research said: "We finally have the technology to tailor radiotherapy treatment to complex 3D tumour shapes. We will be able to mould radiotherapy to convex shapes like those of a ring doughnut or a cup shape, to precisely target these tumours"

## Patient advice

If you are or know of a patient for whom radiotherapy has just been proposed, suggest to him that he shops around to find a centre where the best treatment is available.

## Fund raising keeps bowling along



Early in June the Shrivenham Bowls Club staged a match between the President's team and that of the Club Captain. £110 was raised for **Prostate**

**Research Campaign UK** with our thanks to all concerned, particularly President Esme Haste and Captain Bill Morse.

## Bridging the gap

Four dozen bridge enthusiasts, but not, we are told, experts, filled the club room at Chorleywood Golf Club for a Charity Bridge competition on an afternoon last April when they raised £400 for **Prostate Research Campaign UK**. Many thanks to them.

## Our new Logo



The **Prostate Research Campaign UK** has a new image. We hope you like it.

The way in which the charity's name was written on our letters and publications had become somewhat dated so our *spin doctors* have come up with the above. It is certainly cleaner and crisper and yet preserves the curly 'P' which, if you have the right imagination, not only stands for the prostate, but looks somewhat like it as well. It also looks much like the Greek letter *phi*, which gives the charity a certain gravitas. Well, we think so anyway!

## Thanks to golfing friends from the Rotary Club of Langley and Iver

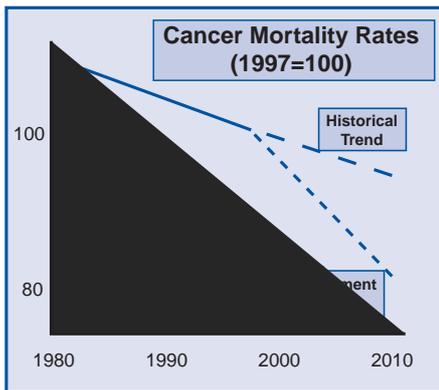
For holding a charity Golf Day last June in aid of the Leukaemia Research Fund and the **Prostate Research Campaign UK**. Organiser, Roy Bain presented the campaign with a cheque for £500 on the day. John Rees, the Club's Hon Treasurer and related by marriage to Brian Barnes,

a Trustee of our Campaign, forwarded a further £400 a few weeks later. The Charity Golf Day with teams of four competing for the Mark Foley shield, is held at Richings Park Golf Club near to Heathrow airport and is now an annual event.

# Will the Government's target for fewer cancer deaths be met?

## - Our analysis gives grounds for optimism

In July 1999 the Government set a target to reduce mortality from cancer in people under 75 in England by at least 20% by the year 2010. A recent British Medical Journal article asked the question 'Can the Government's target be met without special actions? Would relying on the year on year improvements which have occurred over the past 20 years or so be sufficient?' The answer, derived from an analysis of statistics on all cancers, diagnosed in the period 1981 to 1990 is no. That would only achieve about one quarter of the Government's target.



### Variations between cancers

Overall the study showed that survival rates had improved by 3.3% every five years. Breast cancer showed the largest reduction numerically. Melanoma and testicular cancer exhibit the largest in percentage terms, since these two have now become largely curable diseases. Prostate cancer, historically, showed one of the smallest, improvements, a paltry 1%. However, we believe that this disappointing result is no guide to the future where the outlook is much more rosy.

### Conservative analysis

We have been conservative in our analysis in only looking at treatments and technologies which are available today. On top of that one might anticipate some impact by 2010 from treatments currently in the research phase; drugs which slow a tumour's

growth by cutting off its blood supply; drugs which harness the body's immune system more effectively; drugs tailored from knowledge of prostate cancer specific genes and so on. There may even be some impact from the increased number of consultants promised by the Government although since they take about seven years to train it will not be large by 2010.

### Why will things improve?

The study reported in the BMJ looked back at data from 1981 to 1985 and compared that with the next five years data. So the results reported relate to a period effectively ten years ago. Factors introduced since that time should, therefore, have a positive impact on the situation. So what are these?

- **Raising awareness amongst men in the 'at risk' age group.** One of Prostate Research Campaign UK's aims is to make men aware that, if caught in time, prostate cancer can be cured.

- **Widespread use of available diagnostic tools, notably the PSA test.**

PSA testing became widely available from 1986 and was enthusiastically used in the USA. In the UK, however, its adoption has been very slow and its impact cannot show up in the BMJ article figures. Indeed, as recently as 1997 the Health Technology Assessment panel concluded that 'PSA testing should be limited to men with clinical evidence of prostate cancer who have a life expectancy of at least 10 years'. Now, at last, one finds the majority of GPs using the test when there is a suspicion of cancer and of course counselling the patient about the treatments and possible side effects. This is saving lives.

- **The impact of modern treatment techniques.**

These include radical prostatectomy, of which the first was carried out in this country in 1987; radiotherapy, which, though available since the 1970s was

little used to treat prostate cancer before the PSA era began in the early 1990s; brachytherapy which has been available here in just a few centres for about two years and conformal radiotherapy first described in 1995 but still not widely available in the UK, even today.

- **Improvements in hormone drug therapies.**

Anti-androgens have had an impact both in slowing down the growth of the disease and reducing tumour size to make other treatments more likely to succeed. One of the most frequently prescribed, has only been licensed for use for about four years.

- **The ability to afford and use expensive scanning equipment to assist diagnosis.**

Computer Aided Tomography became available in the early 1990s whilst Magnetic Image Resonance (MRI) scanning was introduced about five years later.

### Screening

This Government, like its predecessors, adopts a negative attitude to screening. If the Department of Health were to accept that the findings of studies carried out in North America and now in Austria, are more likely to be applicable in the UK than not, then we might, as a society, decide that the cost of a national screening programme was justified by the significant decrease in deaths which would occur.

### Conclusions

We conclude from the evidence that there are extremely strong grounds for believing that the five year relative survival rate for prostate cancer will rise substantially over the coming decade from the 1986 to 1990 figure of 41.4%.

Whether that will be sufficient to meet the Government's target or, indeed, to beat it by a substantial margin we cannot say. What is certain is that ignoring the screening option will reduce the likelihood considerably.

# Orchidectomy - John Whale talks about his experience of this treatment for advanced prostate cancer

Orchidectomy: the removal of the testicles (which ancient Greek gardeners thought an orchid bulb resembled). It happened to me in 1994 as treatment, plus a daily pill, for a prostate cancer that had gone too far. Life since then has been a lot better than I expected.

A lot longer, too. *Mean overall survival time* said the expert booklet given to me, was about three years. I've had six. That says little, perhaps to others in the same case: to keep the figure true, there must be people who draw an allowance a good deal meaner than three. More telling than length, though, is quality.

Many good things in life persist. You can still take your chosen exercise: I can walk half a dozen miles at a stretch or swim in a cool sea for half an hour. Your mental powers hold up: I read no less attentively than I did, write no worse. Your tastes don't change; nor does your voice. You feel the same person as before. Above all if you are well married you can still love your wife as you ought.



*John Whale has been a journalist, head of BBC religious television, and editor of the Church Times. He is 68. Here he is seen after a swim in the Baie de la Seine on the Normandy coast.*

There are of course, before I take that up, things that do change. You can put mind or body to serious use for less long at a time than before, and you need an afternoon sleep. That doesn't go with full time work; I left mine as soon as might after the operation.

You are more readily moved. That has its good side; you respond more fully to music, say, or pictures. But you are also more often irritated. That might follow, I suppose, from plain old age; as might the pessimism that can visit you when you're tired.

Your body changes. The hair disappears from your chest, your arms, your legs. You grow breasts; not big ones, but big enough to bounce tiresomely if you run. You're troubled by hot flushes in the top part of your body; perhaps four in the latter part of every day, each lasting a couple of minutes. (wear a jacket or cardigan instead of a jersey and you can peel quicker). And you can get only half way to an erection, and even that hurts.

Yet that turns out to matter less than you might suppose. What has stirred you in the past will continue to stir you. You still want to kiss, to caress. Love is not made only with the body; and if with the body then with hands as well as other parts. You are denied climactic physical joy yourself; but you can bestow it.

There is natural selfish disappointment in that, certainly. To take as much pleasure in giving as you would have done in getting calls for a better character than most of us men possess. But pleasure of a kind is still there to be taken.

## Television coverage to raise awareness

Some of our readers may have watched a series on Channel 4 last year entitled *Embarrassing Diseases*. This covered subjects like testicular cancer, sexual health and like subjects. The response from the medical profession was tremendous and there was a wonderful review in the *British Medical Journal*. The company which produced the series, Maverick Television, received an award for the series from the Royal Television Society for the best educational documentary. The subjects also had a real impact on viewers and helped a lot of people realise that they were not alone and that help in many forms is available to them. This is a recurring theme in the work of **Prostate Research Campaign UK** so we would ask readers to look out for the the follow up series - *More Embarrassing Diseases*, which will probably be shown shortly after

Christmas in January 2001.

The thirty minute programme dealing with Prostate Diseases will draw the distinction between serious and benign disease. It will follow three or four individuals over the course of several months to portray an idea of what it is really like to live with their 'embarrassing' illness.

This fly on the wall style of documentary which films people in their homes as they go about their daily lives and tracks them through any medical consultations, operations or treatments is notoriously difficult to make. To help the individuals concerned to relax in front of the camera the company uses very small hand held digital cameras and a filming team of just one or two. Nevertheless it will be quite a challenge for the TV company, since it is notoriously difficult to persuade men to talk openly about anything even vaguely embarrassing.

## Austrian Success

The findings from a prostate-specific antigen (PSA) screening study started in 1993 in the Austrian Tyrol have just been announced. The study began in 1993. By 1997 there was 32% decrease in prostate cancer deaths in that area of Austria, a figure which improved to 42% in 1998. Elsewhere in the country cancer deaths remained substantially unchanged.

Professor Georg Bartsch reported some of the findings to the American Urological Association in Atlanta Georgia last May. At least two thirds of Tyrolean men aged 45 to 75 were tested at least once in the first four years of the study. Elsewhere in the country there was no screening programme. The incidence of prostate cancer peaked in the area in 1994 and then declined.

The study certainly suggests that making PSA testing available to men in the Tyrol led to the detection of more potentially curable cancers as well as a reduction in prostate cancer mortality.

# Three Marathon Men: One Prostate

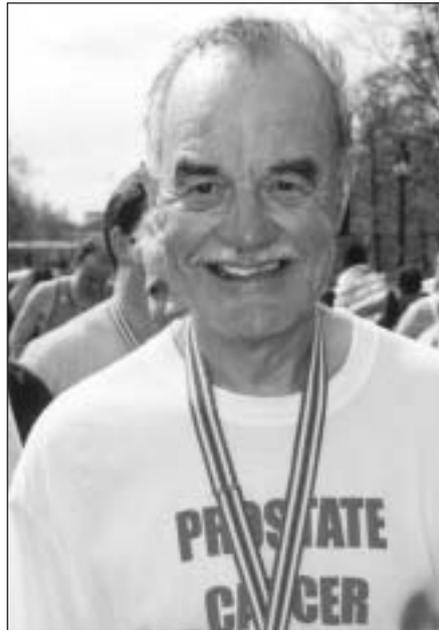
After months of training in Richmond Park with my fellow runners Doug Davidson and Andrew Etherington the day of the London Marathon finally dawns. Five thirty am Sunday 16th April; my alarm clock spurs me into action. I get up and eat my usual breakfast of muesli and toast, swilled down with coffee and orange juice, but supplement it with two bananas and a pint of water. After all, you need a few calories and a lot of fluid on board if you have to run 26.2 miles that day! My wife, Jane, drives me down to the station. I catch the 6.30 train to Waterloo and then join a host of fellow marathon runners jostling to get on the specially laid-on trains to Blackheath. The 7.10am arrives - standing room only. I



Roger Kirby, author of this article, at Tower Bridge

am relieved to see many other runners of my age, or even older! Marathon running is obviously a *mid-life crisis* activity. Unnerving though to overhear a group of rugged northerners talking about sub three hour times. Not much fat on any of them I observe - and every one of them munching a banana.

We leave the train at Blackheath station and walk up the hill to the heath itself. A glorious spring morning, everything is organised with military precision. I put my post-ordeal clothes into a numbered bag which goes on a specified lorry. I may collect it on



Andrew Etherington, pleased with his efforts

Horseguards Parade (if I'm still alive!). Between 7.30 and 8.30 the compound fills up with more and more fellow victims, - at last the order comes to move to the start positions. How on earth can so many runners leave in an organised manner? But it happens and after a slow walking start we are off - only 26 miles to go.

With 72 pubs open on the route, many with live music, and crowds lining the streets almost all the way, the atmosphere is very special, although for the first few miles I'm regretting that second banana! I find myself running alongside a man dressed as Batman. Together we overtake four runners decked out as a giant birthday cake!

The first 13 miles to Tower Bridge are real fun and as I cross I feel confident that I can finish. At that point, if we were to turn left down the Embankment to Parliament Square, it would be a doddle. But we turn right and head out to Canary Wharf. On this section the route is two-way and we are faced with the rather demoralising sight of the hot-shot runners racing back from Docklands at an incredible pace. I grit my teeth and press on. I know my family will be waiting for me at mile 17 and I'm already 20 minutes behind my target time. The Docklands stretch is the toughest and my legs are beginning to protest severely, but my feet don't feel too bad. The cobbles around the Tower

of London don't help but it's a great feeling going under Tower Bridge for the second time (22 miles), and seeing Big Ben in the distance. It looks a very long way off though!

The last four miles are completed in something of a haze - lots of runners by the wayside with blisters, cramp or blood pouring from their nipples (the constant rubbing of the shirt traumatises them). At last, the finish line - 4 hours and 24 minutes. *Aaargh, my legs!* Somebody gives me a medal and (oh no!) a banana. Bodies everywhere - St. John's ambulance ladies offering to massage my legs. My main concern is whether my two fellow runners Doug and Andrew - both of whom have undergone surgery for prostate cancer recently - have also completed the course in less than 4 hrs 30 minutes. I call Jane on her mobile. Great news - both are home (and dry!). I limp painfully to the lorry, collect my dry clothes, and change thankfully, removing my shoes with difficulty as leg stiffness settles in.

Then out for a slap-up Sunday lunch with our 3 sets of families. Celebrations,



Doug Davidson. Mission accomplished

and not a few beers. Together we have raised over £92,000 for **The Prostate Research Campaign** - the cheque will be presented at the annual luncheon at the Hilton on October 18th. Next year's target is sub 4 hours for all three of us. Anybody want to join us raising more money for the cause in 2001? Volunteers please get in touch. Application forms will be available from sports shops from this September. Get your running shoes on!

## Ronnie Corbett to speak at Luncheon

So popular has the Annual Luncheon become that many supporters of **Prostate Research Campaign UK** no sooner attend this enjoyable event than they determine to attend the next one – once that date is announced in *Update*. This is double-edged as it soon "sells out" with a "down-side" of would be supporters disappointingly being unable to obtain tickets. With amusing television star Ronnie Corbett



being one of this year's speakers, tickets are as precious as gold-dust. Our Lunch will be held on 18th October 2000 in the Wellington Ballroom of the Hilton with its big picture windows overlooking busy Park Lane and the tranquility of Hyde Park. It was amazing that by the end of July or beginning of August an October function was already "sold out". Should the venue be Westminster Hall next year?!

## Comprehensive new book out now

No thoughtful family or Primary Care Practitioner should be without the superb new book, *The Prostate: Small Gland, Big Problem*. Lavishly illustrated in colour throughout its 100 pages, the book has the latest angles on all three prostate diseases. A consultant urologist on seeing it for the first time

hailed it as "the best you will find on these subjects". The new book is four times as long as its predecessor which, in its day, was given five stars on the nhsdirect web site. It includes sections of "Frequently Asked Questions" and is complete in its coverage, up to date and user-friendly.

## Publications

### The Prostate: Small Gland, Big Problem

*Newly published, this comprehensive 100 page compendium on all prostate disorders is now on sale. With full colour illustrations and "user-friendly" text it should answer all your questions and those of your family.*

Price £8.95 inc. p&p

### Prostate Problems? An introduction

*Brand new. 8 pages. Recently brought right up to date.*

FREE of charge, but please send SAE and donation.

### How you can help us...

*A folded leaflet explaining ways in which you can help this charity, including Gift Aid Declaration and Bankers Order. FREE of charge.*

## Queen Bee's Message

We like to think that our mailing list is *clean and accurate*, but some mistakes are bound to occur from time to time much, as we try to avoid them. Sheila Kilmister, the Queen Bee of our database, would like to hear from any reader of *Update* who has found their name mis-spelt, whose address was slightly wrong or who received duplicate copies by mistake. Also, if you know of others who might like to receive a copy do let her know.

When amending details please remind us of your old and current address.

## Mailing list changes

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If you would like to make suggestions or comments write to the address below or email us at [info@prostate-research.org.uk](mailto:info@prostate-research.org.uk)

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