

Will targets be met?

One of the key planks in the present Government's election manifesto related to improvements in the National Health Service. The electorate wants things to get better and so do we. If the Labour party fails to deliver on its promises, its re-election prospects could be slim. But how will we truly know that matters have improved when so much of what we read is passed through the hands of clever 'spin doctors'?

We must see quantifiable, measurable results. Fortunately, the Department of Health agrees with this view and has already established many targets that it hopes to achieve in the next four years or so. Obviously, as a special interest group the **Prostate Research Campaign UK** would like to see even more but as a start let us examine what improvements have occurred recently and what is being promised.

Research funding

The Department of Health has acknowledged that there is a serious shortfall in prostate cancer research funding relative to the scale of the

problem and how little we know about the disease. It, therefore, decided to progressively increase the resources devoted to prostate cancer. This should result in the direct expenditure on research rising at a rate of £1 million each year to £4.2 million in 2003-04. Last year's expenditure of £1.2 million was still substantially less than the £9 million spent on breast cancer, but the relative position is a great deal better than the 88 to 1 ratio we reported on three years ago.

Waiting times

Alan Milburn, the Health Minister's great new idea is to focus on waiting times rather than waiting lists. Last year a two-week waiting time standard was set for patients referred urgently by their

general practitioners with suspected cancers of any sort. That was, of course, good news. The bad news is that this standard is not currently being reached in the case of prostate cancer, where a fifteen week wait appears to be the current norm.

Another new waiting time standard is that from urgent general practitioner referral to the start of treatment. The declared aim, part of the National Cancer Programme, is to get this down to two months by 2005. Linked to this is the introduction of booked admissions for cancer patients by 2004. All good news, if achieved.

Meeting these targets is the very least that the **Prostate Research Campaign UK** expects to see in the life of this Parliament.

David Steel wants no fuss

David Steel, who carries the title Lord Steel of Aikwood, is undergoing treatment for prostate cancer.

Tests showed that the disease is in an early stage and Lord Steel, 63, is expected to make a full recovery. He was first tested in April after feeling tired but was given the all-clear after a routine blood sample. A second test on May 24 revealed that he had cancer. Following a further scan, he will either undergo surgery or a course of radiotherapy.

Lord Steel, former leader of the Liberal Party, co-founded the Liberal Democrats in 1988 and came out of

early retirement to stand for the Scottish Parliament as a member for the Lothians in 1999. He is the presiding officer of the Scottish Parliament. Doctors expect him to complete his treatment during the Parliament's summer recess and be fit and well in time for the reconvening in September.

Friends of Lord Steel said he was keen *not to make a fuss*. One said: 'He just wants to get on with it and return in good health for the new parliamentary term. It appears that it has been caught at a

very early stage, so he is remaining very positive.' His spokesman said Lord Steel was feeling well and was not suffering side-effects.



David Steel, Presiding Officer of the Scottish Parliament

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Benign Enlargement

We examine some of the recent research and improvements in treatment.

BPH (Benign Prostatic Hyperplasia) is much more common than prostate cancer. To a rough approximation 60% of men over sixty and 80% of men over eighty show some symptoms of BPH. There are over ten times as many cases of BPH compared with prostate cancer seen each year by the average GP. Yet BPH receives far less attention. Research to improve the lot of BPH sufferers is more limited as well. However, that does not mean that all is understood about BPH nor that the treatment options are not changing and improving over time.

Drug treatments

The main cause of BPH is growth of the prostate gland which as men get older eventually leads to some degree of urethral obstruction. There is an ongoing study in the US to test whether the drugs finasteride, which inhibits the prostate growth hormone, and an alpha blocker (doxazosin), which relaxes the smooth muscle of the prostate, alone or together, can delay or prevent further prostate growth in men with BPH. Seventeen US medical centres recruited 2931 BPH sufferers between 1996 and 1998. The study has been following these men's progress on a quarterly basis and is scheduled to end with publishable results in November this year. This is the largest and longest study ever to test whether such drugs can stop non-cancerous prostate growth.

Non invasive treatments

Because drug treatment is not effective in all cases, researchers have, in recent years, developed a number of procedures that relieve BPH symptoms but are less invasive than surgery. One of these, which has been used in the US for five years or so is transurethral microwave thermotherapy. This involves sending computer-regulated microwaves through a catheter to destroy (with heat) selected portions of the prostate and uses a cooling system to protect the urethra. The procedure takes about 1 hour and can be performed on an outpatient basis

without general anaesthesia. It has not been reported to lead to impotence or incontinence.

Another similar approach to improving urine flow and relieving symptoms with fewer side effects than surgery is TUNA, not something one puts in sandwiches but an acronym for Transurethral Needle Ablation. The concept is broadly similar to microwave thermotherapy but the burning of tissue is achieved with low-level radio-frequency energy.

Surgery

Most doctors recommend removal of the enlarged part of the prostate as the best long-term solution for patients with BPH. A procedure called TURP (transurethral resection of the prostate) is the 'gold' standard used for 90 percent of all BPH surgery. During a TURP operation, an instrument called a resectoscope is inserted through the penis. The resectoscope, contains a light, valves for controlling irrigating fluid, and an electrical loop that cuts tissue and seals blood vessels. The procedure to remove unwanted tissue takes about 90 minutes.

Laser Surgery

In the past four years, a surgical procedure that employs side-firing lasers to vaporise obstructing prostate tissue has been developed. This is known as TUVP (Trans-Urethral Vaporisation of the Prostate). The technique is to pass a laser fibre through the urethra into the prostate and then to deliver several short bursts of energy. The laser energy destroys prostate tissue and causes shrinkage. Like TURP, the patient requires anaesthesia and a hospital stay. Advantages of the technique are that laser surgery causes little blood loss and allows a quicker recovery time. A recent study which followed up 104 men over three years has shown the two techniques to be comparable. The long-term effectiveness of laser surgery is, of course, not yet known, because its first use was so recent.

Department of Health changes stance on PSA

Until recently prostate cancer has been something of a "Cinderella" condition. GPs have been discouraged from using the PSA blood test, even in men specifically requesting them to do so. But now there appears to be a significant change of attitude in the Department of Health. It is preparing to inform GPs that all men should have the right to undergo a prostate specific antigen (PSA) blood test, but only after they have been provided with an information leaflet and they have given written informed consent. How sensible is this approach?

Currently no data exist to confirm that prostate cancer screening results in either benefit or harm. Although randomised screening studies are under way both in the USA and Europe, the results are not expected in under three years. Evidence as to which treatment strategy is most effective is also lacking. Randomised trials examining these questions are under way, including a new £13 million study in the UK but again no results are expected for some years.

Broadly sensible

The approach of the 'prostate cancer risk management programme' seems, therefore broadly sensible. Men should be informed that PSA testing is capable of detecting prostate cancer at an early, potentially curable stage. A discussion about the potential harms and benefits should then occur so that they can make an informed choice about screening for themselves. This discussion should include the following points: the likelihood that cancer will be diagnosed, the possibility of false positives and negatives, the anxiety associated with a positive test, the diagnostic tests and treatment options available. Studies have indicated that routinely providing such information reduces the number of men who decide to be tested, although a substantial number still elect to do so. GPs and urologists need to be prepared to provide this information and should be broadly supportive of whichever choice their patients make.

'Magnificent Seven' complete London

Roger Kirby's account of a great day

Five am Sunday April 20th, another day, another London Marathon! I rise from bed and pull on my running shorts and top. I can't believe that a whole year has elapsed since Andrew

Etherington, Doug Davidson and I completed the 2000 London Marathon, all in less than 4 hours 30 mins raising £93,000 for the **Prostate Research Campaign**.

This year Doug and I are aiming to better not only our times but also the

amount raised (Andrew is excused this year since he is moving house). To help us we are joined by 5 other runners, making us the *Magnificent Seven*. I'm only hoping that our survival rate will exceed that of the seven heroes in the classic cowboy film!

I peer out through the window: a dry, but cold and rather grey morning. That's good, it means I won't be needing to wear the black bin liner with 2 holes for



Tony Armstrong celebrates beating Steve Redgrave

my arms that I have prepared the keep dry while we wait to start at Blackheath. Not my favourite designer outfit! The same breakfast as last year, namely muesli and banana – the fruit that is reputed to release its calories towards the end of the race when the glycogen stores of the muscles have been exhausted - then a lift down to the station from my wife to catch the train from Wimbledon to Waterloo, and on to Blackheath. I get talking to a runner who is competing in his first marathon. He is agonising about whether to wear his old running shoes, which look in

danger of imminent disintegration, or a new pair bought only a few weeks ago. I advise the former, and worry all the way round the course that he will appear barefoot and bloodied at the



From the left, Jeff, Dan, Roger and Doug looking pleased with themselves

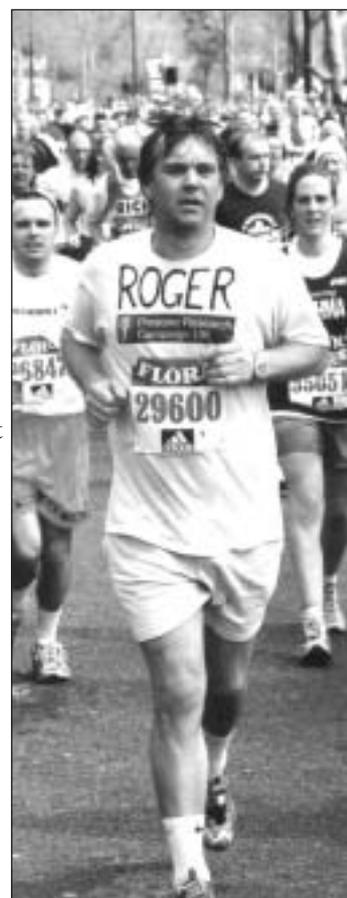
he's a little anxious (for anxious read panic stricken!), as his training regime has not been especially rigorous. I try to reassure him that 26.2 miles isn't that far – it just feels a very long way! Doug Davidson is also at the start, looking much more confident than last year and sporting a Yul Bryner hairstyle! He underwent a radical prostatectomy three years ago and has made a perfect recovery (PSA still < 0.1). His training has included running 20 miles home from his office in the City to Kingston once per week as well as joining me on a weekly circuit of Richmond Park (at least until the Foot and Mouth crisis diverted us to the rather soggy Thames towpath).

The remainder of the seven include Rex Willoughby, another prostate cancer survivor, Brian Basham, a patient of mine with BPH and Tony Armstrong, the Deputy Headmaster of a school in Kettering. Our most improbable performer is another radical prostatectomy patient, L - (I can't mention his name because he still hasn't told his 86 year old mother about his prostate cancer problem and the surgery it necessitated!). He only had his prostate removed in the London Clinic eight and a half weeks ago, and is running strictly against doctor's orders! We have one back-up runner (in case of casualties!), Dr Dan Wood, Urology Research Fellow from the Institute of Urology, who's also a first time Marathon man.

finish!
On Blackheath Common I meet up with my younger brother Jeff who has flown in specially from Boston, Massachusetts for the London Marathon. It's his first Marathon and

He looks fit and ready to go, but how will he look at the finish?

9.30 am arrives at last, the gun sounds and we are off. A slow walk at first because of the crowds, but soon a gentle jog and finally the pace I will need to sustain for the next 4 hours. The support from the crowds is incredible. An estimated half a million spectators line the route and the noise, especially at Tower Bridge (the half way point) and Horseguards Parade (the finish) is deafening. Our resident medical officer at the London Clinic (and a PRC grant holder) Dr Simon Bott is waiting to cheer me on at Tower Bridge. He later pointed out that if you stay in one place as a spectator and watch all 35,000 runners go by you can witness the full spectrum of human athleticism - from the elite Kenyans, who are at the half way point in a little over an hour, to the octogenarians and the runners dressed as trees who bring up the rear.



Roger Kirby, F.R.C.S., author of this article

Like last year, the first half of the Marathon is fairly easy and it helps to have done it before. The difficult part is around Canary Wharf when the legs begin to hurt and the finish seems a long way away. My family are stationed there to help me to stave off despair. Under Tower Bridge and along the Embankment – the Houses of Parliament suddenly come into view. The last 6.2 miles hurt a lot, and sadly the bananas do not seem to have replenished the glycogen stores of my leg muscles, which are complaining rather bitterly. Vaseline has protected me against 'jogger's nipple' but my toes are hurting badly.

At last, the Finish Line! I cross it at 4 hours

London Marathon



Rex Willoughby - thumbs up at the finish

18 mins 23 seconds – phew, 7 minutes faster than last year. Doug Davidson has improved by more than half an hour and come in under 4 hours. One by one my other heroes

come in and some of them join us for concerted rehydration and sustenance at Tuttons Restaurant in Covent Garden. My brother Jeff staggers home in just under 6 hours, accompanied by a man dressed as a Viking, complete with long boat! Dan Wood comes in a little earlier alongside Sir Steven Redgrave, to tumultuous cheers.

After that, home for a long soak in a hot bath. My toenails look in considerable jeopardy. I have a feeling I may be waking up tomorrow to find them in bed beside me!

After the pain, the fun comes seeing the donations come in. Thanks to the sterling work of Brian Basham, Rex Willoughby,



Brian Basham nears the finish

Tony Armstrong and Stephen Newall, and to the fantastic generosity of my patients, we have so far raised £97,007, and with the help of Gift Aid and some further donations (any welcome!), we are confident that we will exceed £100,000. We will present the final cheque at this year's PRC UK luncheon at the Savoy on October 17th. Don't miss this event! See you there, and perhaps in next year's London Marathon!

Freezing treatment shows much promise

A non surgical treatment for prostate cancer is proving a successful alternative to conventional surgery or radiotherapy. Based on the concept of cryotherapy, the new technique freezes away tumour cells with fewer side effects than other treatments. It is a minimally invasive treatment and therefore it can be repeated if necessary.

Dr Gary Onik, an interventional radiologist and director of surgical imaging at Celebration Hospital in Florida, USA, who is pioneering the procedure, says: 'The idea of using cryosurgery to treat prostate cancer is not new - it was tried in the Seventies and used on patients not suitable for regular surgery. Then, it was an open procedure, had a lot of complications and never caught on.'

Imaging and Ultrasound

'Today's cryosurgery uses imaging guidance and ultrasound in a procedure that can be done through the skin. Patients can come in, have it done and go home the same day'

During the two hour procedure, there are two twenty minute sessions of freezing. Fine needle like probes are introduced into the prostate. Through these, argon gas at a temperature of minus 140°C is passed. This kills of the cancerous tissue.

Conventional treatments involve surgery to remove the prostate gland or radiotherapy. Both of these can cause nasty side effects - incontinence and impotence being the most common. Furthermore neither option permits a second course of treatment if the cancer recurs.

An approved US treatment

Cryotherapy is an approved treatment for primary prostate cancer in the US and has proved effective in treating advanced tumours, although there are few hospitals which offer this alternative. At Celebration Hospital in Florida it is also being used to treat much smaller growths. Early diagnosis from routine PSA tests mean that tumours as small as 5mm are routinely detected.

'In cases like these,' says Dr Onik, 'we can simply freeze the side of the prostate the tumour is on, and leave the other side alone. If necessary we can always come back and do more. We don't have to be totally aggressive and cause problems to patients. These kinds of patients are doing fine. they have no incontinence, no impotence and basically they are totally functional.'

A patient's story

Retired dentist, Eric Joseph, from Cardiff has been to Florida for the treatment. In May 1999, during one of his regular check ups, his PSA was found to be raised and a biopsy confirmed that he had the disease. Despite being 73, he was told that he could have surgery or radiotherapy and the choice was left to him. He read a few articles about the pros and cons of these procedures but was not convinced about either. So he tried surfing the web to look for alternatives.

He was already taking a course of hormone therapy prescribed by his UK consultant and supplemented it with the Chinese herbal remedy PC-SPES, which a number of our readers have found efficient in lowering PSA levels. He also found two doctors in the US practising cryosurgery and flew out to see them. After talking to them both, he decided to go ahead with the new procedure.

He returned to the States with his wife, Wendy, in February last year and the cryosurgery was carried out under general anaesthetic. He was allowed out of the hospital the next day with a catheter in place. He was uncomfortable to start with, especially when he sat down, but gradually the sensation eased.

'Wendy and I stayed in Florida for five weeks, until it was time for the catheter to come out, but we could have come home sooner.

'Six months later I went back for a biopsy and a PSA check, both of which were fine. All the indicators have stayed that way ever since.

If I do have any further problems, the important thing is that the treatment is repeatable which is great.'

Humphrey Burton's Dream Birthday Performance

Humphrey Burton CBE, former Arts Supremo at the BBC, tells how his dream performance at the Royal Albert Hall became a gala event to raise funds for Prostate Research Campaign UK. This combined, under his baton, the Philharmonia Orchestra and nearly 600 voices from five choral societies in a magical evening and made £70,000 for our charity.

Dreams are elusive things, and I can't remember any more where or why I conceived the crazy notion of conducting the *Verdi Requiem* for my seventieth birthday. Indeed Ned Sherrin dubbed me 'the virgin maestro' when I appeared on his Radio 4 programme. All the same, the Requiem, this grandest and most awesome choral fresco of the Last Judgement, is in my blood like no other piece of music: I was still a schoolboy when I first heard it at the Royal Albert Hall and I was overwhelmed by the drama. This was to be re-enacted in March this year.

Only minutes before this year's memorable event someone came to tell me that there would have to be a delay because there were so many 'walk ups' – theatre jargon for people who arrive at the last minute for a performance. There were hundreds of people still trying to get in. The delay gave me ten more minutes of revision time. The box office told me they were overjoyed.

To be realistic, I doubt whether I would have persevered with my birthday concert had it not been for the discovery back in 1996 that I was suffering from prostate cancer. In a way I was fortunate: the cancer was detected early after a routine blood test. Then I had a stroke of luck. When I was researching my best option I received considerable help from **Prostate Research Campaign UK**. It publishes books and pamphlets and has a website.

Men tend to be ridiculously *stiff-upper-lipped* about this horrible illness.

I liked the Campaign's no-nonsense style. So I approached its organiser, Tony Kilmister, with the idea of turning my birthday concert into a fundraising gala. Tony knew about mounting big charity concerts at the Albert Hall from his days in the Film Industry and once he and his committee of Trustees agreed to back my dream, I swing into action



Sir Humphrey Burton, the Philharmonia Orchestra and massed choirs stand at the start of Verdi's Requiem

with my plan to mount the *Verdi Requiem*. I wanted my concert to be special, something close to the occasion when the composer himself conducted the British premiere in 1875, at what was then the newly opened Albert Hall.

An old friend, Hilary Davan Wetton, offered me the two big choirs he directs in Guildford and London: that was a nucleus. Then I approached the London Symphony Chorus, who sang in the first *Verdi Requiem* I televised, Leonard Bernstein conducting, back in 1970.

The London Choral Society was just as responsive, and a few weeks later the Leicester Philharmonic Choir asked if it, too, could take part.

I trained as if I were going in for a marathon. I used my exercise bike every day from Christmas until our concert, for half an hour, and running from West Kensington to Hyde Park Corner and back. I also lost one and a quarter stone.

During the performance I concentrated on being as efficient as I could be. But it also had to be a performance with spiritual vigour and intellectual continuity. I wasn't nervous and I didn't tremble.

Above all, the experience thrilled me.

I was lucky to discover that a fellow Bernstein scholar, the American Bob Mandell, who lives in semi-retirement in Leicester, is a superb master of the art and craft of stick-wielding. I couldn't have done this concert without his lessons – we met twice a week or more for two months. I was never given conducting lessons by Bernstein, but in the past I did hundreds of programmes with him and I think some of his quirks may have rubbed off on me because several people told me both feet left the rostrum more than once. That is something he used to do. I was unaware I was doing it.

When I was able to take a swig of my water the tenor, Rhys Meirion, whispered, 'it's going bloody well, boyo.' Just like a manager at a rugby match! Over the months of study I had come to think and behave like a conductor and to feel like one. Wherever I looked they were looking at me. This is power. Naked power. They say all power corrupts but the power of the baton does not corrupt. I was inflamed by it.

Prostate Research Campaign UK salutes Humphrey Burton and warmly thanks him for his splendid result. It also thanks Nycomed Amersham (who are heavily involved in brachytherapy for prostate cancer) for their financial support of the event. Thanks, also to Mr John Studzinski of the Genesis Foundation for his generous sponsorship.

Christmas Cards

We just hate receiving charity Christmas cards in high summer. However, we shall be sending you a leaflet in a few months time advertising Christmas cards being sold to aid **Prostate Research Campaign UK**.

So, if you would like to have your Christmas cards, or those sent by your firm, printed complete with name and address then plan ahead and wait for our leaflet. Sending Prostate Research Campaign cards to your friends and/or to other firms and suppliers helps this charity financially and also serves to make the needs of **Prostate Research Campaign UK** better known - they are colourful recruiting sergeants.

Huge demand expected for annual luncheon

So great has been the success of our Annual Luncheon each year that a change of venue has become a necessity. This year we shall be holding this hugely enjoyable event at The Savoy on Wednesday 17th October.

The ticket price, the same as last year, includes the pre-lunch reception and wine at the table.

Master raconteur and humourist Ned Sherrin will be the principal after-lunch speaker. In his early days, his show *That Was The Week That Was* was required viewing by the nation and through radio, television, films and books he continues to entertain us skillfully today – for example with *Loose Ends* on Radio 4.

Fun our lunch will certainly be, but it also has the serious purpose of raising funds. Last year the occasion was

notable for its warmth and friendliness while dramatically increasing over the previous year, the sums raised.

The Luncheon to be held at The Savoy Hotel, London WC2 on

Wednesday 17th October, 2001

will help to heighten public awareness and will raise funds for this vitally important cause. Tickets are available at £70 each from

Prostate Research Campaign UK, 36

The Drive, Northwood, HA6 1HP. If you can

come you will be helping us to enable researchers to push forward the frontiers of knowledge and

bring nearer the day when the conquest of prostate disorders comes within our grasp.



Ned Sherrin, who will be the main speaker at the annual luncheon

Our Publications

The Prostate: Small Gland, Big Problem.

Lavishly illustrated in colour throughout its 100 pages, this book has the latest angles on all of the three prostate diseases. A consultant urologist on seeing it for the first time hailed it as 'the best you will find on these subjects'. Awarded five stars on the nhsdirect web site. Complete in its coverage, up to date and user-friendly. A bargain at £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 a C5 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.

Rallying to the cause



Hats off to the Pembrokeshire Vintage Car Club. Peter Fletcher accepts a cheque for £120 from Nevill Pugh, the car club's president. Looking on are Erma, Peter's wife and his 1939 sports car - an MG TA

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