

## MPs probe BPH and Prostatitis

The All Party Parliamentary Group on Men's Health, chaired by Dr Howard Stoate MP, has initiated an enquiry into BPH and Prostatitis. They requested comments from the **Prostate Research Campaign UK** which we were happy to submit on August 28th.

The charity provided committee members with a thorough guide to the ways in which the management of Benign Prostatic Hyperplasia (BPH) has

changed over the past forty years. The key changes have been in medical therapies (pills for the prostate) and in minimally invasive surgical techniques. In the treatment of Prostatitis there has sadly been very little progress in the treatment of this difficult condition. The National Institute of Health has initiated a programme of research and development, but as yet very little useful information has emerged in management.

**Prostate Research Campaign UK's** main recommendations were:

There is an urgent and pressing need for research into prostatitis whose management is current highly unsatisfactory for most men.

Not enough is being done to educate and inform men of the symptoms and

treatments for either BPH or Prostatitis.

In Primary Care, much remains to be done to raise the level of knowledge of family practitioners and supporting health care professionals about benign conditions and malignant disease.

The problems that occur in the treatment and care of men with BPH and prostatitis largely surround the tremendous workload of urologists. There are unacceptable delays and the system of bringing patients back to the clinic to be informed of their diagnosis and started on therapy, is sub optimal.

Government sponsored research could help in assessing the long-term outcomes of medical and minimally invasive therapies and could assist greatly in the independent assessment of new technologies.

## We cannot take this lying down

We were prostrate with remorse at seeing the spelling mistake on the envelope containing the last edition of *Update*. The **Prostate Research Campaign UK** had just taken the step of moving from a cottage industry where envelopes were stuffed and labels stuck around the dining room table to a more professional arrangement using a mailing house. We proof read everything except the envelope return address. Our apologies.

### In this issue

Parliamentary Enquiry  
Gold Medal

Iressa approaches market

Company takes initiative

Epping Rotary Raise £9000

PSA Testing at home

Research report

Flying colours from tax man

Another NHS delay story

Birthday boost

Candidates sought for trial

Last chance for lunch tickets

## No Prostate but Gold Medal

For all the 'derring-do' and stiff upper-lips exhibited at the 16th Maccabiah Games in Israel this summer it would be hard to find a more cheering story than that of 61 year old British gold medallist Michael Davidson of Harrow. Violence in the Middle East had led to a question mark over the Games which can be likened to a Jewish mini-Olympics. The decision was made to go ahead but the number of competitors from all over the world dropped from around 7,000 to about 3,000.

Michael Davidson had a radical prostatectomy at the end of November last performed by Mr Roger Kirby FRCS and was told not to take part in

competitive squash for several months. Davidson determined to clip off from this restriction time as much as possible. He was no stranger to Maccabiah



Michael Davidson at the 16th Maccabiah closing ceremony

success, winning the team silver in 1985 (over 50s) and golds in 1993 and 1997 (over 55s) with him captaining the successful class of 97.

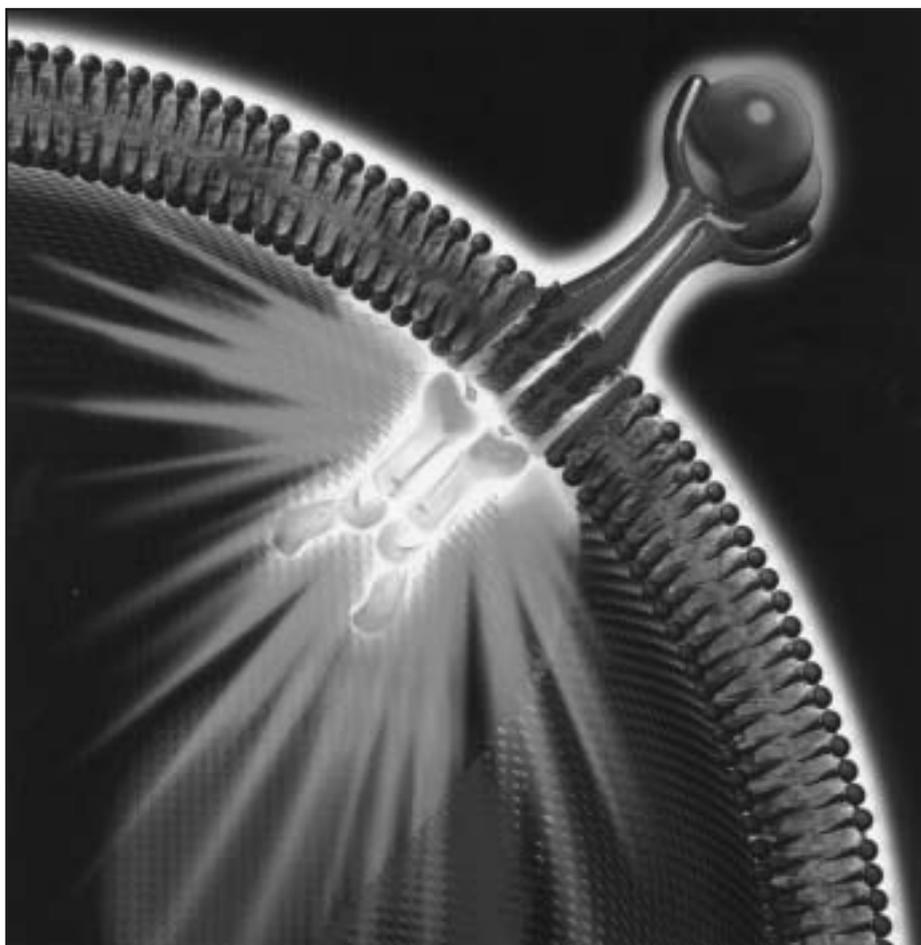
On 12th July this year the British *Wrinklies* (the over sixties) team set off to participate in 'The Masters'. The Games ended on 22nd July with Michael Davidson, sporting a PSA reading of 0.1, being a

member of the British Gold Medal-winning Over 55s team and performing admirably in the Over 60s singles competition where he gained a Bronze for Britain.

# Drugs that target malignant cells close to market **Iressa, an Astra Zeneca drug now in phase III trials**

In the past, drug therapies have failed to capitalise on the inherent differences between malignant and non-malignant cells. Hardly surprising, because so little was known about the way in which tumours behave at the cellular level. This subject has been the focus of intense research over the past decade or so. It has led to the possibility of designing drugs which seek out cancer

angiogenesis - encouraging blood vessels to grow and support the cancer, metastasis - cancerous cells moving to other locations in the body, apoptosis - cells not dying off as normal cells do and evolution to forms resistance to both radio and chemotherapy. Because the drugs are specifically aimed at the cancerous cells and only act upon them, they do not have the toxic side effects



*This photo-reproduction shows the initial contact between the ligand and the epidermal growth factor receptor on a tumour cell surface. The inhibition of EGFR signalling has become a significant target in the fight against cancer.*

cells and ignore normal healthy cells in the body.

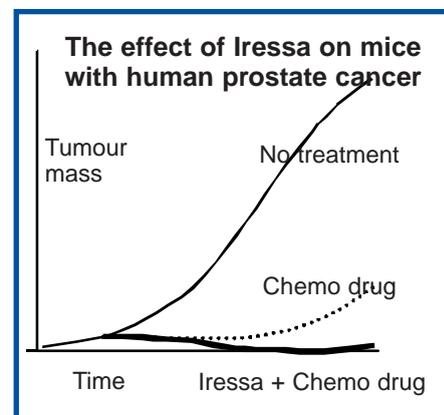
Among the various types of rationally designed agents which target malignant cells those that attack the cell growth signalling pathways appear to offer the greatest promise.

Drugs which interfere with this signal pathway are designed to stop the cells growing and proliferating. They may also inhibit many of the other unpleasant features of malignant cells such as

that, for example, chemotherapy drugs have which unfortunately attack both diseased and healthy cells.

Iressa, the drug which Astra Zeneca have developed and are currently trialing, acts upon the epidermal growth factor receptor (EGFR) found on many types of cancer cells. It is taken by mouth. It acts by blocking the signalling pathways implicated in the proliferation and survival of cancer cells.

In small scale trials Iressa has been



shown to have positive effects for many, but not all, patients. All patients in the early trials had solid malignant tumours known to express EGFR. These include non small cell lung cancer, ovarian, breast, colorectal, prostate and head and neck tumour types. The majority of patients taking part in trials had previously failed chemotherapy. These early trials encourage the belief that Iressa will have application for many cancers.

In the earlier stages of the research process, trials were also carried out in mice using strains of human cancer cells. The diagram shows the results of these tests in the case of prostate cancer. The control curve shows the almost inevitable progression to death in untreated mice. The other curves show the improvement found with a conventional chemotherapy drug and with a combination of this drug and Iressa.

Iressa is now being evaluated in two multi-centre, multinational phase III trials. Both trials are randomised, parallel group, double blind, placebo controlled studies involving more than 1000 chemotherapy-naïve patients with advanced non small cell lung cancer. The primary objective of these studies, which should lead to publishable results next year, is to show that Iressa improves overall survival when compared to placebo. Secondary end points include improvements in disease related symptoms and quality of life.

The **Prostate Research Campaign UK** will publish further information as it becomes available.

## Company taking the Initiative

Male employees at Agilent Technologies are benefiting from Prostate Specific Antigen (PSA) testing provided through their Occupational Health Department and funded by their company.

The South Queensferry site of Agilent Technologies, previously a part of Hewlett Packard and now a global technology leader in communications, electronics and life sciences, is recognised as being one of the leading companies in Scotland for its commitment to Health Promotion.

Its innovative approach to workplace health initiatives earned the company

A series of lectures was given to inform the target group of the intended programme and what to expect. Information packs were then sent out before appointments with the company medical advisor.

The packs contain the International Prostate score, a sample bottle for urinalysis and a set of information leaflets from the **Prostate Research Campaign UK**.

Appointments are timed to allow discussion and the taking of a blood sample for PSA screening. Lab results are returned within ten days and the men then notified of their results. Any



The 'Keep Fit' ethic at Agilent: Colin Deighton tells Ann Yule of the company occupational health team that he is free of prostate problems

the first Gold award in the Lothian area of the Scotland Health at Work Scheme. The PSA project is already proving to be a winner: over 98% of possible candidates have signed up

As a continuation of their Men & Health campaign, all male employees over the age of 40 are being offered a PSA test with the take up being exceptionally high.

abnormal results are discussed and the individual referred to their own doctor for any further followup. Of the first 30 men taking the test within the company, 3 were referred to their own doctors for further tests.

With PSA tests costing much the same as a flu vaccination, it makes complete sense for companies to offer PSA tests to employees.

## Home PSA test kit now available

A testing kit for use at home by anyone concerned about their prostate can now be bought from high street outlets including Tesco, Superdrug and many other independent pharmacies. It costs just £10. The test indicates whether the person tested has a PSA lower or higher than 3ng/ml.

Marketed as a Prostate Disease Risk Assessment Test, the kit comprises a sterile scalpel with which to prick a finger, a plastic pipette with which to pick up a drop of blood and a plastic container with chemically coated paper which develops one coloured stripe if the test is negative and two stripes if it is positive. Within the pack there is an information leaflet, which addresses user's questions such as:

### Is the test safe and accurate?

Yes and it is accurate and simple to use. The test measures the presence of PSA in excess of 3ng/ml and causes a positive reaction over that level. It is not the same test as used in a NHS laboratory which can determine the actual PSA value rather than give a go/no go result.

### What does a raised PSA signify?

A raised PSA can be caused by several factors such as Benign Prostatic Hyperplasia, infection or recent examination can raise the PSA level. It may be indicative of prostate cancer.

### Does a positive test mean Cancer?

A positive test does not necessarily mean the presence of prostate cancer. If the test is positive, it is advisable to seek qualified medical opinion. Only a specialist (urologist) can diagnose prostate cancer. This is normally done by physical examination of the prostate and biopsy.

### Why pay for a test? Can I not be tested for free under the NHS?

This is the only PSA test easily available from pharmacies and particularly suitable for men who might be self-conscious about asking their GP about problems with their prostate.

### Will a GP take a positive test result seriously?

A GP should take the evidence seriously and offer to run a test to check the patient's PSA levels.

## Epping Rotary raise £9000

Last February, the Rotary Club of Epping held an Auction of Promises. A local restaurant offered a dinner for four; one individual offered the use of his holiday cottage for a week; a lady offered an iced birthday cake; the local estate agent even offered house conveyancing for free.

When the great day dawned there were some eighty lots for local auctioneer (and Rotary Club member), Trevor Johnson to knock down in impressive and amusing style to the 150

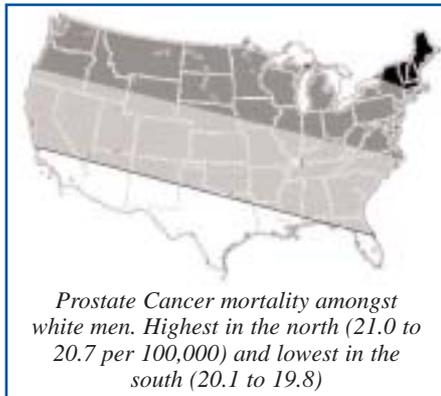
or so attendees. One of the tricks of the trade is to make sure that the auction follows an enjoyable supper party. "It is much easier to push the prices along amongst a group of suitably mellow bidders" explained Trevor.

The proceeds amounted to the splendid sum of £9000. Club members had debated beforehand to whom the proceeds should be sent and decided upon the digital mammography appeal at St. Margaret's Hospital Epping and the **Prostate Research Campaign UK**.

# Vitamin D and Prostate Cancer - Gren Oades talks about the research he is doing at St. George's Hospital

Despite the vast amounts of time and money spent on researching treatments for prostate cancer over the past 30 years there has been little impact on overall survival with this disease over this time. Prostate cancer remains the second most commonly diagnosed malignancy in men in this country and as the population ages its incidence is rising. There is now a shift in emphasis in prostate cancer towards earlier diagnosis and treatment. It is widely accepted that there is a natural progression of prostate cells from normal through hyperplastic and a recognised pre-cancerous stage to frank malignancy and metastatic disease. As a policy of prevention could conceivably lead to less morbidity with an improved survival, arresting this pathway has become a very attractive target for therapy.

Vitamin D is, like testosterone, a hormone. Its precursor is produced in the skin from cholesterol under the influence of ultraviolet energy from

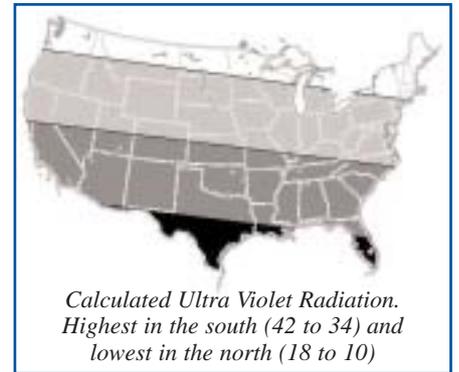


sunlight. It is altered by the body's metabolism first in the liver and then in the kidney to produce an active form, 1,25-dihydroxyvitamin D<sub>3</sub>. Classically, vitamin D has been thought to act solely upon bone, intestine, kidney and parathyroid to regulate calcium and phosphate levels in the body. Only recently has it been noted that a number of other organs, including the prostate, express the vitamin D receptor. By binding to this receptor vitamin D has recently been shown to have wide ranging effects on growth and differentiation in many different organs.

In 1990 Gary Schwartz and his colleagues proposed that a low level of

circulating 1,25-dihydroxyvitamin D<sub>3</sub> was a risk factor for prostate cancer. Epidemiological evidence suggests that many of the major risk factors for this disease can be explained by Schwartz' hypothesis. Mortality rates in the United States are higher in northern latitudes and inversely correlate with the availability of ultraviolet light and hence levels of vitamin D in the body. People of older age have lower circulating levels of this hormone and suffer more from prostate cancer. The hypothesis may also offer a potential partial explanation for the increased risk of African American men to develop prostate cancer as a result of their darker skin pigmentation impairing vitamin D synthesis.

Changes in the vitamin D receptor, which alter its function, may contribute to an individual's risk of prostate cancer. The gene for the vitamin D receptor has a number of recognised polymorphisms. This means that there are a number of distinct genes for the vitamin D receptor with potentially different functions that, like eye colour, can be inherited within a population with each person receiving only one



type. Research here at St. George's Hospital, South West London aims to identify if these different types of vitamin D receptor alter an individual's risk of getting prostate cancer or of developing a more aggressive form.

In future it may be possible to identify people at high risk of prostate cancer and reduce this by modifying the vitamin D content of their diet. The vitamin D receptor type of a person with early prostate cancer may help decide the correct form of treatment they should be offered. If analogues of vitamin D can be developed that have less effect on the body's calcium levels they may even lead to new treatments for advanced disease.

## Barbie Boys toast absentee

Northwood forms part of a pleasant outer London borough with a NATO headquarters on its outskirts. It was from Northwood that the Task Force to recapture the Falkland Islands received its orders. Grove Road is one of the very friendly roads in the neighbourhood. For many years the lady residents have enjoyed getting together for a *Pub Lunch*. This, in turn, has led to an occasional *Husbands' Day* and one such was scheduled as a Barbecue in August.

Alexander May, a Grove Road resident himself and a volunteer serving on the **Prostate Research Campaign UK** committee, found that on this occasion he had to put duty before pleasure as he completes the Claim Forms for

reclaiming income tax recoverable under the Gift Aid scheme. The Inland Revenue had chosen the day of the barbecue to undertake a searching Audit of our Gift Aid documentation at 36 The Drive, Northwood. As it transpired the Inland

Revenue were well satisfied with the system which Sheila Kilmister, with the help of Alex, had devised.

And Alex had earned an unexpected prize. *The Grove Road husbands* were keen to slap Alex on the back and that evening their leading light, Neil Peet, called with a donation of £50 for **Prostate Research Campaign UK** collected

from *the husbands* at their barbecue. Our thanks to all concerned.



Alex May

## Another story of NHS delay

Sadly, we are learning of many examples of unacceptable delays in the time NHS patients are having to experience both prior to completion of diagnostic tests and whilst waiting for treatment. This example is a cutting from the *Daily Telegraph's* letters page of August 14th.

### Operation delay

Sir - The Labour Party fought the last two elections with promises to improve education and the NHS. We are told by doctors that one of the biggest killers to modern man over a certain age is prostate cancer.

At 64, I have been told by a hospital specialist that I need a biopsy on my prostate to test for cancer. So if this is such a killer and the health service has been improved so much, why do I have to wait until some time next year to get an appointment? We have one of the latest hospitals in Durham to be built with private funding. Is this the taste of things to come?

Robert Elder  
Durham

## Birthday Boost for Campaign

When you reach 50 years of age – a gentle half century – there are ways and ways by which such a landmark birthday can be celebrated. Keith Hunter of Kettering who teaches at a school in Wellingborough decided on a most unselfish way of marking it. He asked family and friends not to give him presents, but instead to make donations to **Prostate Research Campaign UK**.

As a result Keith Hunter was able to hand over to Brian Smith of Aldwincle (a staunch East Midlands supporter of **Prostate Research Campaign UK** as the local representative of the charity) no less than £860. Keith was also instrumental in encouraging a teacher at the same school, to run in this year's London marathon. Keith Hunter has set up his own awareness website [www.keithhunter.co.uk](http://www.keithhunter.co.uk) and is studying ways by which he can raise the profile of the Campaign locally.

## New Options For Metastasised Prostate Cancer Sufferers

### Candidates sought for Informal Trial of Japanese botanical supplements

To be told that one has Prostate Cancer is bad enough; to be told that it has spread beyond the confines of the prostate gland (or metastasised) is bad news indeed. Current standard UK treatments involve the use of cocktails of synthetic hormones, possibly supplemented by radiation therapy. Regrettably, however, in most instances, the cancer will eventually mutate around the inhibitory properties of the synthetic hormones and their effectiveness declines. The sufferer becomes *hormone refractory*.

Fortunately, there are two treatments available, respectively, from Chinese and Japanese medical practice, that appear to offer metastasised and hormone refractory sufferers some further hope. One of these PC-SPES based on several Chinese herbs we have reported upon in an earlier edition of *Update*. We can now report on "GCP" with "AHCC" which derive from Japanese medicine's traditional use of medicinal mushrooms.

GCP stands for Genistein Concentrated Polysaccharide; AHCC for Active Hexose Correlated Compound. They are botanically based compounds manufactured by the Amino Up Company of Sapporo, Japan. In Japan they have been used in combination to treat prostate and other solid tumour cancers, including breast, liver and pancreatic, with reported significant success, over the past two years.

AHCC is a highly effective immune system booster, in use for over 10 years principally in Japan, Korea and China. Development of AHCC began in the late 1980s under a collaborative research program involving the Japanese universities of Tokyo and Hokkaido. It is an extract obtained from a hybridisation of several species of edible mushroom mycelia. Today, it is claimed to be in routine use by over 700 Japanese hospitals as part of an ongoing immune enhancement programme.

GCP development is more recent, having

commenced in 1998. It is produced by a special soya bean fermentation technique involving isoflavine extracts and medicinal mushrooms. It is claimed to be a natural anti-tumour substance, its principal mode of action being "anti-angiogenesis" – prevention of the formation of new blood capillaries in tumours – combined with apoptosis – the induction of tumour cell death. Various studies and trials, some still ongoing, have been carried out over the past three years into the effects of GCP, on its own and in combination with AHCC, at several far eastern, two US and one New Zealand medical establishments. At present there have been no trials in the UK. As for the costs, they are high - some \$700 per month.

The Amino Up Company is interested to see both an informal and a formal trial (involving a medical centre) take place in the UK. The latter will take longer to get under way. However, they are proposing to support a three month informal trial in the near future for which, of course, they will provide their products at no charge. The informal trial will involve reporting monthly PSA readings and answering a short, straightforward questionnaire. Such a trial may be of particular interest to metastasised and, particularly, hormone refractory prostate cancer sufferers and their medical advisors. If you are interested in participating in the informal trial, please write to Charles Watkins at the **Prostate Research Campaign UK** enclosing a SAE.

More information on CGP and AHCC is available from the Japanese Amino Up web site at: [www.aminoup.co.jp/e/](http://www.aminoup.co.jp/e/), and at the following US sites: [www.gcpresearch.com](http://www.gcpresearch.com) and [www.ahccresearch.com](http://www.ahccresearch.com).

Please note that the **Prostate Research Campaign UK** is not endorsing these products. It currently has no formal advice to give either encouraging or discouraging patients who use them.

# Annual luncheon heading for another big success

By the beginning of September around 350 tickets had been issued for our Annual Luncheon which is on course to be another big success. It will be held at the Savoy on Wednesday 17th October.

The ticket price has been kept the same and, as was the case last year, it is an **all in** price which includes the pre-Lunch Reception and wine at the table. The Reception in the River Room will be at 12.30pm and lunch will be served in the Lancaster Room at 1pm.

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 various series of radio,

notable for its warmth and friendliness while dramatically increasing 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



Ned Sherrin preparing his after lunch speech

television, films and books he continues to entertain us skilfully 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

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. But hurry – before tickets sell out – as they did last year.

## 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.*

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## Support research and information dissemination with a donation



Please look at the enclosed Christmas card leaflet. Sending Prostate Research Campaign UK cards to your friends and/or business colleagues helps this charity financially. It also raises awareness of our cause and may work to recruit new subscribers.

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