

# Awards top £600,000

**Prostate Research Campaign UK** is delighted to announce that in 2006/07 it awarded £607,000 to research and training projects. This is a 24% increase on last year, which was also a record being a third more than the year before. The proportion allocated to training, including scholarships for surgeons and the funding of our seminars, was also a record at £239,500.

The Trustees have been concerned that there have been so few applications over the years for research into either

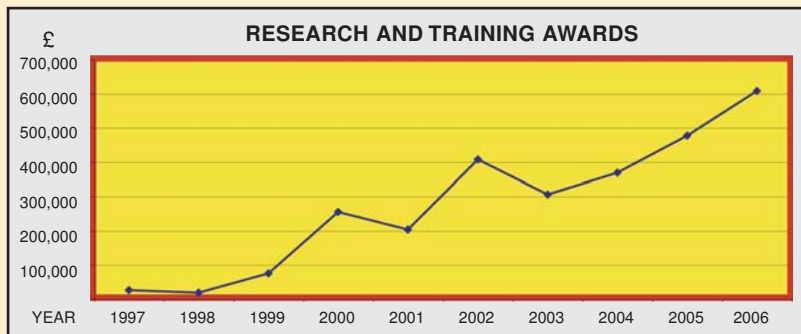
that most common of conditions, Benign Prostatic Hyperplasia (BPH) or the painful and ill-understood condition, prostatitis. In 2005 there were no applications at all, so this year we took the step of advertising grants specifically for research into these two diseases. On the BPH front the initiative was successful and we are pleased to have awarded four grants in this round. However, we received only one application relating to prostatitis. We are therefore pursuing a new strategy and will be organizing a one-day workshop on prostatitis, with all the country's

leading experts present, in London early in 2008. From this we hope to encourage greater interest in the disease.

deciding on their recommendations to the trustees.

Four members of our Medical and Research Panel volunteered to rank the applications. Two people reviewed each application with the pairings being randomized as far as possible. Using a standardized scoring system this gave a highly consistent ordering of the applications that the Medical Trustees found invaluable in helping them to make their final recommendations.

Full details of all the successful grant applications will be posted on our web site, [www.prostate-research.org.uk](http://www.prostate-research.org.uk)



The number of applications for research grants (25) was fewer than in previous years. Relevant to this drop in numbers is the fact that fewer doctors are now undertaking research projects as part of their training. Paradoxically, the standard was higher than ever and the team had a hard job

## Research Grants were awarded to

Mr Alastair Lamb	<i>Western General Hospital, Edinburgh</i>	BPH
Dr Tahereh Kalamati	<i>Imperial College</i>	Prostate Cancer
Dr Hayley Whitaker	<i>University of Cambridge</i>	Prostate Cancer
Mr Mark Feneley	<i>University College, London</i>	All Prostate Diseases
Dr Charlotte Bevan	<i>Imperial College</i>	Prostate Cancer
Prof John Masters	<i>University College, London</i>	BPH
Dr Ros Eeles	<i>Institute of Cancer Research, Sutton</i>	Prostate Cancer
Dr L Buluwela & Prof Simak Ali	<i>Imperial College, London</i>	Prostate Cancer
Dr Martin Rumsby & Prof Norman Maitland	<i>University of York</i>	BPH
Mr Simon Gamble	<i>Imperial College, London</i>	Prostate Cancer
Mr Ken Anson & Dr Uday Patel	<i>St George's, London</i>	Prostate Cancer

Details of all our training grants will be published in the next edition of **Update**

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## Dawn of Robotic Surgery era

Robotic surgery for prostate cancer has well and truly arrived. From about 750 robotic prostatectomies performed worldwide using the da Vinci™ robot in 2002, this number looks set to reach 48,000 in 2007. Robotic-assisted surgery will account for 40% of all radical prostatectomies performed in the USA this year. Unfortunately, access to this technology is much more limited outside the USA. There are six da Vinci™ robots in the UK, two of which are in private hospitals. Each machine costs over £1 million with running costs of £100,000 per annum.

**Prostate Research Campaign UK** is a strong supporter of robotic surgery in the UK. It is funding ongoing research through a grant at Guy's Hospital in London, specifically looking at the ergonomic aspects of robotic surgery.

It has also funded a one-year Travelling Scholarship to enable Mr. Declan Murphy, a senior urology trainee from London, to pursue further training in laparoscopic and robotic surgery at the Royal Melbourne Hospital in Australia. Mr. Murphy looks forward to returning as a consultant urological surgeon in 2008 to offer laparoscopic and robotic surgery to prostate cancer sufferers in the UK. His article on this subject can be found on our web site. [www.prostate-research.org.uk](http://www.prostate-research.org.uk)



## New test helps decision-making

It is standard practice to send a patient with a raised PSA for a biopsy. If the biopsy result is positive, treatment will commence

following discussion of the options with the patient. But what if the biopsy comes back negative? Maybe another biopsy would find some cancer? Maybe there is nothing to find and a further biopsy proves to be both painful and unnecessary?

There is now a new non-invasive test for prostate cancer cells shed into the urine that is starting to be used to resolve this dilemma. A urine sample is tested for a substance called PCA3. Early indications are that the test is an extremely accurate predictor for prostate cancer. The higher the PCA3 value, the higher the cancer risk. Consultants are beginning to use the test to determine whether a repeat biopsy is needed for a patient who has already had a negative biopsy but still shows elevated PSA levels.

Professor Roger Kirby says 'We have found the PCA3 test especially helpful in determining the need for repeat prostatic biopsy in a patient with a previous negative biopsy and an elevated PSA. However the results of more studies are required before we can rely too heavily upon it'.

## Standing Orders

We rely on the support of the general public for all of our funding. Please help us to continue our vital work by setting up a regular gift. These help us to plan a long term strategy of training medical professionals and funding research into all prostate diseases, and it also ensures we can continue to provide information and support to men and their families. Giving through your bank by a regular automated payment saves the charity money as it cuts our administration costs. For you, a monthly gift may be a good option as it is convenient and it 'spreads the load' - a small amount taken out of your bank account each month is a painless way to give.

For example, a gift of £3 a month will pay for 36 prostate cancer patients a year to receive a DVD to help guide them through their treatment options. Or £15 a month, £180 a year, could pay for one practice nurse to attend a free training seminar on all prostate diseases, ensuring that patients receive the best diagnosis and treatment. These seminars are run by some of the top urologists in the UK who give their time for free. For further information on how to set-up a standing order, please call 020 8877 5840 or use the enclosed form.

## Budget change cost

A possibly unintended consequence of the chancellor's decision to reduce the basic income tax rate from April next year is that the Gift Aid income that charities will be able to reclaim also drops - to about 25p per pound. Another good reason to start a modest Standing Order today!

## In memory

We would like to thank those people who have chosen to support us at a time of great personal tragedy. Donations in memory of loved ones help other men and their families in the fight against prostate diseases. These extremely kind and generous donations include £5,000 in memory of Mr Ken Glass of Morpeth in Northumberland and £2,500 in memory of Mr Adam Loxton-Peacock of London.

Recent legacies include an incredible gift of over £34,000 from Mrs Margaret Alker. These donations are a wonderful way to help others and to help stop prostate disease ruining lives. For further information on how to support our work in this way, please call 020 8877 5840.

## Sir Clive Bourne



Clive was an inspirational man.

Diagnosed with prostate cancer at the young age of 47, he spent the next sixteen years battling with the disease before his death last January.

He was a retired freight millionaire who gave back to society in many ways. In 1991, he founded the Prostate Cancer Research Foundation whose excellent work we have supported. He also founded the Museum of Docklands and financed one of the first City Academies in Hackney Downs.

# René Andersen's story

## *How does one start such a story? Maybe with the happy ending.*

21 December 2005, I was diagnosed with prostate cancer with a PSA reading of 210.

My PSA is now down to 0.07 and the cancer in my bones has disappeared. During the year, while I was fighting the cancer, I managed to keep on working the whole time.

Being diagnosed with cancer seemed initially like a *death sentence*, but as long as you believe that you can fight it, you can achieve the almost impossible. I am now convinced myself, that I will die with it and not of it.

## How did it all start?

My doctor booked me an appointment with a well known consultant because, during a normal health check, my PSA came out abnormally high (161) for a person of my age 46.

Following a biopsy, MRI and bone scan, I was told the daunting news - all the tests were positive. My PSA had gone up even further to 202 and the cancer had already spread to several bones. I was immediately put on the hormone treatment Casodex. It was unreal what had just happened - within 36 hours I was investigated, diagnosed and starting my hormone treatment - I felt I was in good hands. However, it was not the greatest start to our Christmas holiday. But we got through it with fantastic support from our closest friends.

## The start of a long climb

My PSA had dropped to 43 after less than two weeks on Casodex. Hereafter, I was also prescribed Zoladex the combination of drugs being considered the most effective there is.

Besides that I had three other vital *weapons* in my arsenal - a healthy diet, exercise and maintaining a positive mindset.

The plan was to ensure that all my troops (the good radicals in my body) were provided for in the best possible manner, so that they were in the best possible shape to fight and kill the bad radicals, which temporarily had occupied my body.

## The healthy diet

My new healthy diet excluded all dairy products, animal fat, sugar, processed food or alcohol. It was supervised by dietician, Cristina Howard, and meant that I ate more fish, fruit, vegetables, sweet potatoes, brown rice, pasta - basically anything, which is as close to its *original identity* as possible, as opposed to processed food. Pomegranate juice and blue & black berry smoothies became my daily drinks, as well as white and green tea.



## Exercise

Sport is an important part of my life. I have always believed physical fitness leads to mental fitness.

After my diagnosis, I first started running then weight training and finally got back to tennis.

Before my diagnosis, I had to stop playing tennis, because my right shoulder hurt so much that I could hardly lift the racket. At the time I regarded it as strained muscle but shortly afterwards the bone scan showed that it was the cancer that had caused it. So it was a thrill to be able to pick up a racket and hit some tennis balls again.

I ran my first half marathon in Copenhagen in April. Though my muscles have weakened a bit due to the

hormone treatment, it has only highlighted the importance of maintaining a good level of fitness. Without the exercise I am convinced that my mental attitude would have deteriorated too.

## Maintaining a positive mindset

I told my boss that I had been diagnosed with prostate cancer. First, he politely asked me how I was feeling. Then he wanted to know if I had asked the doctor how long I had to live! I was lost for words. A couple of weeks after my diagnosis, I saw another specialist, for a second opinion. He focused on the statistics, which suggested I had just five to eight years. He recommended that I started to enjoy the rest of my life as much as possible . . . . . but shouldn't we all do that every day, anyhow?

I quote these two instances because they taught me to value people who support me and give me hope. It has been equally important to distance myself from people who were not supportive or encouraging about what I was going through. It has all been about selecting the good from the bad and maintaining a positive outlook. Although it sounds easy, this has not always been the case.

Mentally it has been a bit of a roller-coaster. The uncertainties about the outcome tortured my mind in the beginning. But the positive results I had from my monthly blood test boosted my confidence and convinced me that I was on the right track, and this helped me to focus even harder on my diet and exercise regime. Being able to run for an hour, do weight training or play tennis for an hour or two - makes me realise that I am very much alive. It gives me a positive injection of *yes-I-can-beat-this* vitamins.

## What next?

When I reflect on the last year it is clear that the cancer has been at the forefront of my mind for most of that period.

My goals for the next year include ensuring that my PSA level stays low through healthy eating, exercising and staying positive. Also to live without needing the hormone treatment anymore. Above all, to ensure that we as a family continue to enjoy our lives without thinking about the cancer anymore.

## Round the Island Race



We are delighted to have been chosen once again as one of JPMorgan Asset Management's preferred charities for this year's Round the Island Race on 23 June 2007. The race is one of the largest and most famous yachting races in the world and

attracts over 1700 boats to Cowes in the Isle of Wight.

If you are thinking of taking part in the race or know someone who is, then why not raise money for the **Prostate Research Campaign UK**. For further information about how to take part and how to get sponsored, please take a look at [www.roundtheisland.org.uk](http://www.roundtheisland.org.uk)

### Lifetime opportunity

This year the renowned Gipsy Moth IV is taking part in the Round the Island Race and we are fortunate enough to be able to

offer one lucky supporter the chance of a lifetime to sail on board this splendid yacht.

Gipsy Moth IV was famously sailed around the world by Sir Francis Chichester in 1966 and is about to complete a second circumnavigation at the end of May, this time with young people on board as crew. Once back, Gipsy Moth IV is set to continue her good work from her new base at UKSA in Cowes, taking young people on sailing trips in the Solent and beyond.

Don't miss out on this exciting opportunity. We would like to offer this place to a man who has been affected by prostate cancer and is happy to share his story. If you are interested, please contact the fundraising team for further details on 020 877 5845 by **Monday 14 May at the very latest**.

## Our thanks to . . . . .

**Niel Kelly** who sold the remainder of his prints of the Royal St David Golf Club and raised a further £423, which brings his fundraising total to £4,500.

**Steve Riley** who ran the Marrakesh Marathon at the end of January and raised £930.

**Old Olavian's Masonic Lodge** who raised £135 from their fundraising raffle.

**Lynn and David Deacon** and the villagers of Tadmerton for raising £292 from their fundraising Lent Lunch.

Our London Marathon runners **Anthony Braddon** and **Kate Willoughby** who ran the gruelling 26 miles on Sunday 22 April in aid of the **Prostate Research Campaign UK**. It's still not too late to sponsor our runners through their online Justgiving website at [www.justgiving.com/prostate-research/raisemoney/](http://www.justgiving.com/prostate-research/raisemoney/). You can also sponsor **Joanna Ward** who unfortunately had to postpone her place in the London Marathon due to injury, but will run in 2008 for the **Prostate Research Campaign UK**.

**Claire Laidler** who very bravely took part in the Tough Guy Challenge and raised £530.

All of you wonderful supporters whom space prevents us from mentioning who make our work possible.

## Rotary Golf Day

One of our longest supporters the Rotary Club of Langley & Iver are holding their annual Golf Day at Richings Park Golf Club on Thurs 14 June 2007. The Golf Day will be in aid of the **Prostate Research Campaign UK** and Leukaemia Research Fund. Individual Entry is £45, or you can enter a corporate team and sponsor a tee for £240. For further details or to enter please contact Tom Moloney on 01753 652936.

## New Pants in the Old Park

On Sunday 9 September 2007, Grandparent's Day, Pants in the Park will also take place in Old Deer Park in Richmond. This is the first year for this new location and we hope that it will grow to be as big as Battersea. You can register using the enclosed form or contact the fundraising team for more information on 020 877 5845.



## Fathers' Day 17 June 2007



Our third annual Pants in the Park fun run will take place on Sunday 17 June. We are asking people of all ages to run, jog or walk 5km around Battersea Park wearing fancy dress pants over their running clothes to raise funds and awareness. Last year's event was a great success with over 180 people taking part and it raised over £22,000.

With live music, balloons, face painting and prizes for the best pants, it will be great fun for all the family. You could even make a day of it by having a picnic or visiting the other attractions in Battersea Park. Please tell all of your friends and family about the event and help to make it even bigger and better than last year.

You can register using the enclosed form or contact the fundraising team for more information on 020 8877 5845.

Sponsored by



## Prostate Cancer Awareness Week

Prostate Cancer Awareness Week (19-25 March) was a great success. Thanks to all who used our Awareness Week packs and held awareness or fundraising events. One example was a Men's Health Day held at Newcastle General Hospital, where their information stalls and fundraising went a huge way to raising awareness. Another example was where Burton Joyce and Bulcote Women's Institute in Nottinghamshire held a successful luncheon which raised £300.

Here at the office we held a cake bake and had a swearing box, which raised almost £200. Our local paper also helped by distributing 75,000 mobile phone recycling envelopes (more are still available from the office). The Prostate Cancer Charter for Action (PCCA), which is a coalition of all the prostate charities, mounted a display of our materials in Parliament and attracted over 600 visitors.

Please remember that your fundraising and awareness doesn't need to be restricted to just the Awareness Week, you can hold an event any time throughout the year. For further information please contact the fundraising team on 020 8877 5845.



## Vintners' Hall success

Over 100 people attended a very special fundraising event on Tuesday 20 March at the spectacular Vintners' Hall in London. *The Give or Let Die* gala dinner and auction was hosted by Scott Cormack of KPMG who has given a tremendous amount of time, effort and support in making this event a huge success, and raising vital awareness and funds in the fight against prostate cancer.

The evening raised over £72,000 for the charity and we would like to thank

everyone who attended this very special event, those who donated the superb auction items and those who so generously bid for them. We would also like to thank Vintners' Hall for donating the use of the venue for free.

## Lyke Wake Walk annual challenge

A group of ten fundraisers will be taking part in our annual challenge event on 23 June 2007 - a 42 mile walk in one day across the North Yorkshire Moors. A separate group of ten people, led by the Chairman of George Wimpey plc, will also be attempting the challenge two days earlier. This will require serious commitment and training - they will be walking for at least 16 hours over difficult terrain to complete the formidable Lyke Wake Walk - and they will have to cope with aching limbs, exhaustion, blisters and the inevitable injuries!

If you, or your friends and family, would like to sponsor the walkers please donate online at

[www.justgiving.com/lykewakechallenge](http://www.justgiving.com/lykewakechallenge) or use the enclosed form.

Please note that all costs are paid for by the walkers so we will receive every penny of your sponsorship.

## Hike for Hope 2

Over 70 people are already signed up for our second Hike for Hope trek from 24 November to 3 December 2007 along the Rift Valley in Kenya in aid of Wellbeing of Women and **Prostate Research Campaign UK**. The Rift Valley shears through Kenya creating an extraordinary and dramatic landscape. Extinct volcanoes, steep canyons, spectacular gorges and various wild animals and birds will make this an incredible journey and a truly once-in-a-lifetime experience. A limited number of places are still available if you would like to take part and raise vital funds to help find cures for prostate and gynaecological cancers. For further information, please call 0845 408 2698 or visit [www.actionforcharity.co.uk](http://www.actionforcharity.co.uk)

## Events Diary

6 May 2007

**Pink Peacock Walk**  
Sherborne Castle, Dorset

18 May 2007

**The ABC of Prostate Diseases**  
Free seminar for medical professionals  
Edinburgh  
kindly sponsored by



17 June 2007

**Pants in the Park**  
5km fun run in Battersea Park, London  
generously sponsored by



23 June 2007

**Lyke Wake Walk**  
N. Yorkshire Moors Challenge Event

23 June 2007

**Round the Island Race**  
Isle of Wight

9 September 2007

**Pants in the Park**  
5km fun run in Old Deer Park, Richmond

5 October 2007

**The ABC of Prostate Diseases**  
Free seminar for medical professionals  
Southampton  
Generously sponsored by the  
Southampton Patient Support Group

**PCaSO**

12 October 2007

**Annual Luncheon**  
The Dorchester Hotel, London

24 November – 3 December 2007

**Hike for Hope 2**  
Rift Valley Trek, Kenya

14 February 2008

**Valentine's Fundraising Dinner**  
Lords Cricket Ground

## Dangers of obesity

Obese men with prostate cancer are much more likely to die from the disease when compared to men of normal weight at the time of diagnosis, according to results published in the March edition of *Cancer*.

The study followed 752 recently diagnosed middle-aged, Seattle-area prostate-cancer patients for about 10 years. 17% of the participants were classified as obese, with a body-mass index of 30 or more.

The study concluded that if a man is obese at the time of diagnosis, he faces a 2.6-fold greater risk of dying compared to a normal-weight man with the same diagnostic profile. This is regardless of whether he has a radical prostatectomy or radiation therapy, whether or not he gets androgen-deprivation therapy, whether he has low- or high-grade disease and whether he has localized, regional or distant disease.

There is also a 3.6-fold increased risk of cancer spreading into other organs, or metastasis.

'I think this study represents the first good piece of evidence that losing weight may in fact reduce the risk of dying of prostate cancer' said Alan Kristal from the US Fred Hutchinson Cancer Research Center, who led the project.

## Cancer-fighting supplements

Researchers worldwide are discovering a cornucopia of compounds in foods and dietary supplements that show promise for preventing cancer. More than a dozen research papers on this topic were presented during a one-day specialist symposium at the annual meeting of the American Chemical Society.

A dietary component found in most whole grain foods, beans, nuts and other high-fibre items shows promise in animal studies as a potent weapon for preventing prostate cancer. The compound, inositol hexaphosphate, was fed to animal models of prostate cancer and resulted in up to a 66% reduction in tumour size in comparison to control animals. The compound, which is sold in stores as a dietary supplement, adds to a growing number of products - including lycopene, milk thistle extract, vitamin E and selenium - that also have shown promise against prostate cancer,

## Cancelled events

It is with regret that due to a low take-up we have had to cancel this year's sponsored walk along the South Downs Way in July and the charity golf day at Basingstoke Golf Club on 11 May.

## 20-year predictor

A single prostate-specific antigen test between the ages of 44 and 50 can reliably predict men's risk of prostate cancer up to 20 years later. Scientists at New York's Memorial Sloan-Kettering Cancer Centre say in the *Journal of Clinical Oncology* (March) that early biochemical changes indicate a predisposition to prostate cancer that can appear two decades before the disease, and may help to identify men who should undergo annual screening.

## Letters

Dear Editor,

*Our 2005 prostate lunch brought a major surprise for me. Confronted during the auction with the chance to have my portrait painted by Johnny Jonas, the renowned artist, my husband gave me the green light to join in the bidding. What excitement and what joy when the prize fell to me.*

*A few days later I met with Johnny Jonas and realised there was much more to a portrait than meets the eye - what story did we want the picture to tell? Who and what should I have in the painting with me? What to wear and what not to wear? Fortunately Johnny was an admirable guide and we soon got our ideas sorted out.*

*Two visits to the house, with many photos, followed by serious sittings. At last Johnny brought the finished painting home - dare I look, would I like it?*

*It is wonderful there are now two of me at home and I have a marvellous record to hand to my children and grandchildren. Grandma back from hunting, with Grandpa coming through the door to pull off her boots and hand her a good scotch, and faithful Honey by her side.*

*And who would have thought all of this would stem from a prostate problem?*

Yours

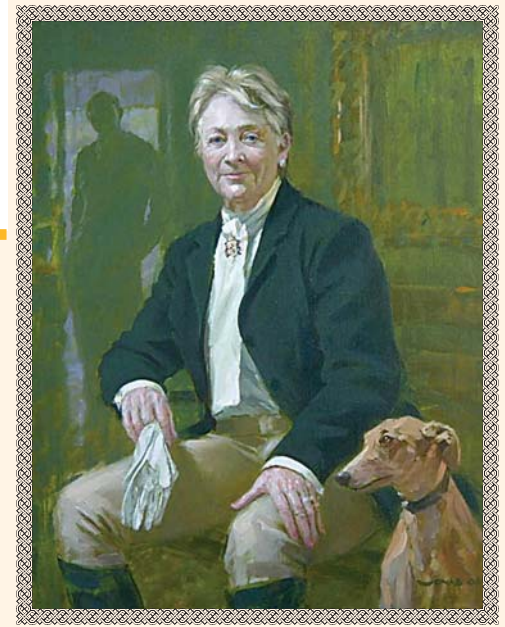
Mary Fretwell

## Green tea benefits

Green tea may delay the onset of prostate cancer. Since prostate cancer occurs later in life, any delay would reduce the incidence.

Studies, carried out by James Thorpe at Leicester Royal Infirmary, supported by one of our research grants, have shown that mice drinking water containing tea polyphenols have significantly smaller prostate cancers than mice drinking plain water.

The next phase of this exciting research is a small scale human trial involving eighteen volunteer cancer sufferers. Six will receive the green tea component catechin, six another component theaflavin, and the remaining six neither polyphenol.



Mary Fretwell's portrait painted by Johnny Jonas

Dear Sir,

*Following your article 'Two drugs better than one' in Update 28 readers may be interested in my story.*

*Several years ago, I experienced all the usual symptoms of benign hyperplasia. My consultant first prescribed Tamsulosin and then, when this was not entirely effective, Dutasteride, in addition. My GP was reluctant to prescribe both asserting that the latter was intended to replace the former. However, after further correspondence, I now take both; one in the morning and one at night. I need only get up once or twice a night now and occasionally not at all. Previously on one occasion I counted nine times!*

Yours

Malcolm Yaffe

# Breaking Bad News about Prostate Cancer

by Professor Roger Kirby

A patient with prostate cancer may never forget the moment he receives the diagnosis. We at the **Prostate Research Campaign UK** have recently resolved to improve this sometimes devastating experience.

*'harrowing to be the messenger of doom'*

In 1961, a landmark paper by Oken revealed that 90% of surgeons in the USA declined to discuss a diagnosis of cancer with their patients. 20 years later, US physicians had completely reversed their attitudes, with more than 90% saying they would definitely tell a patient if they had cancer. However, in the UK, a survey of GPs and hospital consultants in the early 1980s showed that 75% and 56%, respectively, still did not routinely tell their patients the truth about a cancer diagnosis.

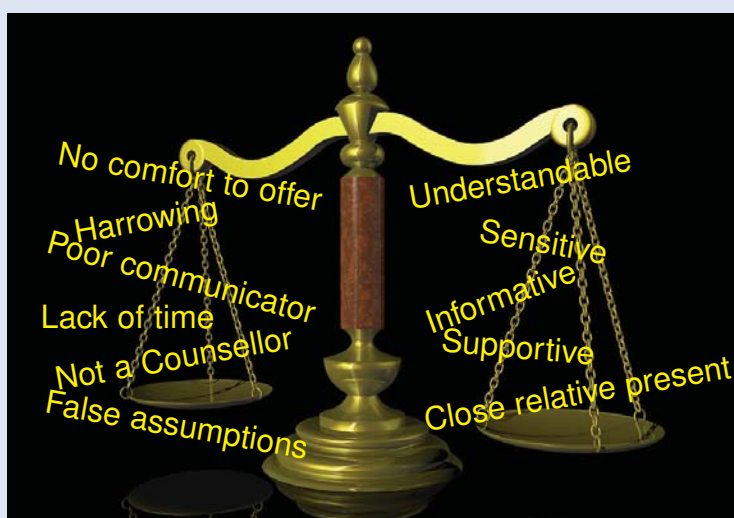
## Avoidance tactics

It is not difficult to understand the main reasons why doctors might wish to avoid sharing bad news with their patients. It can be a harrowing experience to be the messenger of doom, and subsequently have to provide

*'the facts may upset' he doesn't want to know'*

patients with the support they need while they absorb and grapple with the true nature of their illness and prognosis. Traditionally, clinicians have found two main justifications for keeping patients in the dark. First, the facts may upset them. This is undoubtedly the case, but this line of reasoning is not acceptable to any other profession in which news may be bad, for example, stockbrokers or lawyers. Second, doctors, and sometimes close relatives, presume that patients do not really want to know. In fact, several studies have confirmed the opposite to be true. In a survey of 250 patients attending a cancer centre in Scotland, 79% wanted to know as much

as possible about their disease and 96% specifically wanted to know if their disease was cancer. Almost all patients wanted to know their realistic chance of cure and to be given details about possible side-effects of treatment. They also wanted to decide who else should be informed. All patients felt that family members should be informed, provided that the patient had given permission, but nearly two-thirds felt that if the patient did not wish relatives to know, then the



family should not be taken into confidence.

How, then, should a caring doctor break bad news to a patient newly diagnosed with prostate cancer? Many of us have had little or no counselling training, and we are often pushed for time in our busy clinics. The difficulty is to convey the information sensitively and supportively, and in a way that the patient can understand. Ideally, we should not be rushed. Many of my own patients have admitted that they understood hardly anything they were told in the traumatic interview when the bad news was broken: 'As soon as you said the word cancer, doctor, my mind

*'little or no counselling training'*

went blank.' We need to find a quiet, private place, where interruptions are unlikely, to convey the news. Also, attempt to develop a connection with the patient and then offer to share the news with him and his partner, rather than simply blurting it out. It is always important to counterbalance

bad news with support and information.

Having a close relative in the consulting room means there is a second

*'counterbalance bad news with support and information'*

person to absorb the information, as well as to provide emotional support to the affected individual. Providing written information about the prostate cancer, such as that provided by the **Prostate**

**Research Campaign UK**, which can be digested later when the patient has recovered from the initial impact of the news, is often much appreciated. Ideally, specially trained nurses should be at hand to provide counselling and support for patients, both immediately upon disclosure of the diagnosis, and afterwards as the news gradually sinks in. Information on specific patient support groups can also be very helpful - many now have a valuable presence on the internet.

The impact of cancer on a patient's partner and family is another important, but often neglected, area of concern. For example, the treatments used in prostate cancer commonly affect sexual function and these need to be discussed not only with the patient but also with his spouse. Sympathetic, unhurried counselling of the couple about this aspect of their lives, as well as about treatment options and their possible side-effects, is vital.

## The essential skills

Learning how to break bad news sympathetically and effectively is a fundamental skill to acquire. Nowadays, there is no excuse for the clinician who simply does not want to perform this important part of the job. It has been sagely said that, 'If the breaking of bad news is done badly, patients and their families may never forgive us; in contrast, if we get it right they will never forget us'. The challenge is to improve and enhance this most important aspect of their communication skills. We, at the **Prostate Research Campaign UK**, are planning some workshops to accomplish just this. All suggestions welcome



## Simply Marvellous!

# simplyhealth

There was considerable disbelief in our office when it was announced that we had unexpectedly received a huge donation of £150,000 from Simplyhealth: our Accountant even suspected that the Chief Executive had got his zeros mixed up, but this was no mistake. In announcing this donation Ken Piggott, Chairman of the Simplyhealth Charitable Committee observed, 'This is an area that desperately needs attention and we know that our donation will make a real difference to the work of the **Prostate Research Campaign UK**'.

This one donation represented well over 12% of our total income this year and had an immediate effect on our annual grant awards: we had expected to increase grants to Research and Training by 10% to £535,000, but in fact were able to allocate over £607,000 - a 24% increase. We could also afford to confirm ambitious plans for a new range of brochures, more awareness projects and better educational projects. On behalf of all those that will benefit, we simply say, 'Thank you, *Simplyhealth*'.

## New test for severe BPH

Millions of middle-aged and older men experience the symptoms of an enlarged prostate multiple times during the day and night. It now appears that the disease known as Benign Prostatic Hyperplasia (BPH) and marked by urgency and frequent urination, is not one but two disorders, and that one of the pair - tied to a newly identified gene - has far more serious implications.

Researchers at Johns Hopkins Hospital, New York reported in February's *Journal of Urology*, finding (in a study of 85 men) substantially higher levels of a protein made by a gene known as JM-27 in men whose BPH is more severe and more likely to lead to bladder-related complications if left untreated. The team also developed a blood test that detects the JM-27 protein in men with severe symptoms.

### BPH - two diseases?

The experiments show that the expression of this marker is related to the presence of the severe form of BPH and not to the size of the prostate or to the presence or risk of prostate cancer. It appears that BPH is, in fact, two diseases: one form that produces more mild symptoms and is less likely to lead

to bladder and other urinary tract damage, and another that is highly symptomatic with increased potential to do damage to the bladder.

The new and, as yet, unapproved biomarker test identifies approximately 90% of the men with the severe form of BPH and only incorrectly classifies men as having this form of the disease in 23% of the cases.

BPH is extremely common with an incidence roughly equal to the age of the men. 50% of men in their 50s have the disease, and this increases to 80% for those in their 80s. Current medical therapy for men who suffer from BPH uses two classes of drugs: alpha-blockers, which relax the prostate and 5-alpha reductase inhibitors, which help to shrink it. Forms of BPH that do not respond to medical therapies frequently require surgical intervention. Should this test become established, it would be most welcome.

## Patient Priorities

A recent study has been completed into the attitudes of 382 men with locally advanced and metastatic prostate cancer from six countries.

All the survey participants had received ongoing hormonal therapy for at least a year. Control of their cancer, outliving their disease and maintaining an active life for as long as possible were the three most important factors the men surveyed wanted from their hormonal treatment. These three factors were considered to be more important than treatment side-effects and symptom relief.

Over one third of the men surveyed said that they trusted their specialist physician *completely* and more than half said this trust had increased since they were first diagnosed. This high level of trust was also reflected in treatment recommendations, although one in five men surveyed felt that they would like to be more involved in treatment decisions. Nearly one in three felt they were not aware of all the treatment options available to them. Furthermore, the survey results revealed that patients' desire for information about the disease and treatment options increased post diagnosis. In addition to their consultant, half of the men surveyed wanted to speak to another patient with prostate cancer who had received the same treatments as them. The Internet was not the most popular or trusted source of information for patients, although it was a more popular source amongst US patients. One would expect this to change in the UK as Internet use rises amongst older men.

These findings should be of interest to all those concerned with fostering patient support networks in the UK.



The Guildhall School of Music string quartet playing at the Vinters' Hall event that raised £72,000. See inside