

Successful Annual Luncheon



HRH The Duchess of Gloucester with our President, Mr Anthony Kilmister

The eleventh Annual Luncheon at The Dorchester on Friday 12 October was held in the presence of our Patron, Her Royal Highness The Duchess of Gloucester. Thank you to all of our supporters who joined us and also to those who donated the superb auction items. Amongst these, a week's stay at a fabulous villa in Tuscany raised over £5,000, as did a jet fighter flight kindly donated by Century Aviation Ltd. We are extremely grateful to those people who so generously bid and to our auctioneer, Nick Bonham. A fun game of Heads and Tails raised over £3,800 and the lucky winner can enjoy dinner for two at The Dorchester. Our guest speaker, the renowned actor Sir Tom Courtenay, was both interesting and entertaining, sending us all away with a smile on our faces. It was a magnificent event and raised over £37,000. Thank you to everyone who helped make it such a success.

The twelfth Annual Luncheon will take place on Friday 17 October 2008, once again at The Dorchester, so please put the date in your diary.

Noticed our name change?

Please do not put the *mini Update* enclosed with this copy of Update straight into the recycling bin.

It was produced for our Annual Luncheon and used to announce our name change and the new logo that goes with the new name. In an entertaining double act Professor Roger Kirby and Chief Executive John Anderson explained the rationale for the change and tried to answer questions like 'Why change a perfectly good name that has served us well for over a decade?' and 'You did not spend a fortune on your new logo did you?' and 'Does the absence of the word research in the name indicate that less funding is going in that

direction?' and 'Will I have to change the standing order I make to the charity or my will where I have included a legacy?'

The answer to both is 'No', because the new name is simply a working name. Both the old name – **Prostate Research Campaign UK** and the new one **Prostate UK** will find us. And that is true of the web as it is for everything else.

The *mini Update* contains an analysis of last years accounts which are most pleasing reading and a statement about our future plans. So we hope you enjoy reading it.



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A Diplomat's Story by Bruce Dinwiddy

Returning to the UK in November 2005 after my last overseas posting, my thoughts were more on my approaching retirement than my impatient bladder. But I decided after Christmas to see my GP.

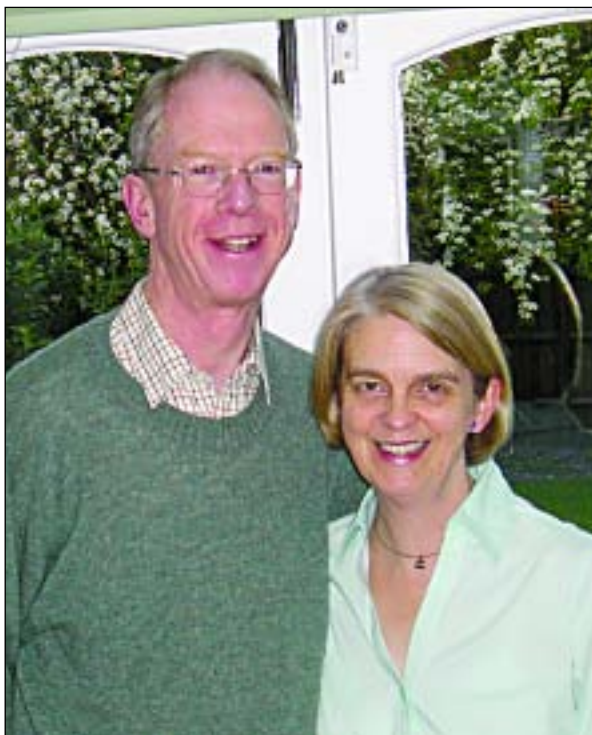
My PSA had risen over two years from 2.2 to 5 which resulted in my being referred to a urologist, who arranged a biopsy. Two weeks later, cancer was confirmed: a Gleason score of 7, which the urologist described as aggressive, bordering on nasty. My PSA had risen to 7.5. An MRI scan was arranged for the next day. The following week, on the eve of my 60th birthday, my wife and I were shocked to be told there was already extensive local spread of the cancer.

At first, it was not clear how best to proceed. For a time we felt as though we were on a roller coaster, playing real-life snakes and ladders. New hope dawned with the suggestion that an MRI done only eight days after a biopsy might not be reliable, he said, because of bruising.

The very next day, our new-found optimism was dashed. An oncologist advised there was only a 20% chance that the biopsy had affected the MRI. Surgery was unlikely to be successful. I would need radiotherapy too. It would be better to avoid undergoing two treatments with the greater risk of the combined side-effects to my quality of life. Better, to have 3-6 months of hormone treatment, some intensive radiotherapy, and then 3 more years of

hormones. There was a 10% chance that the cancer was already in my bones. I should have a bone scan. If that was clear and I remained keen on surgery, I should first wait four weeks and have another MRI.

The bone scan confirmed my bones were clear. My oncologist stood by his earlier advice, and we decided to consult



Bruce Dinwiddy and his wife

a second oncologist. She advised repeating the MRI but that surgery was anyway a realistic option. I might need follow-up hormones and radiotherapy - but at a lower dose, for a shorter period,

and better targeted than if I relied on hormones and radiotherapy alone.

The second MRI was more promising. The experts agreed that surgery was the best first treatment. I finally had the operation just six weeks after my cancer was first diagnosed - though it seemed more like six months!

The operation went well, and the follow-up biopsy confirmed the earlier assessment. My tumour had invaded the base of one seminal vesicle; but except in one small area the margins were clear. My PSA dropped to 2.0 after two weeks, 0.09 after three, and <0.05 (or *undetectable*) after six.

I quickly regained strength. But my PSA crept up again in the next three months to 0.12. I was prescribed daily Casodex, which brought it back below 0.05. After two months I started six weeks of radiotherapy, followed by another six months of Casodex. This all went more easily than I feared, with no lasting side-effects. Nine months after the radiotherapy, my PSA remains undetectable.

Whatever the future holds, I am sure the best thing I ever did was seek expert advice. The treatment and encouragement I received from the whole team was superb. I have also relied heavily on my wife, a sympathetic and constructive soul mate throughout. We are thankful too that we decided from the start to be fully open about my condition with family and friends. They too have been a marvellous comfort and support.

Sponsored research bears fruit

We sponsored a project at the University of Wales under the clinical lead of Professor Howard Kynaston. His team investigated the interaction between the immune system and prostate cancer cells post treatment. They identified a population of immune cells, termed cytotoxic CD8 cells that recognise cancer cells and inhibit their cell growth. Yet to be determined are the mechanisms that these cells use and possible ways that they can be enhanced.

Importantly, the group have developed a novel laboratory assay for the detection of these CD8 cells in the peripheral blood and can thus determine whether their presence correlates with long-term protection

against disease relapse. The group have published their findings demonstrating that the technique can detect one cancer cell in ten million from a 5ml blood sample. They have applied this approach to monitor the rate of cancer cell clearance following radical prostatectomy and shown significant variation between numbers of cells detected immediately after surgery. Currently, the group are evaluating the number of cells and their impact on long term outcome. It is hoped that by combining the investigation of CD8 cells and the highly sensitive cancer cell screen that those patients who would benefit from additional therapy can be identified at an earlier stage.

Proposals sought for research and training grants

Prostate UK invites applications for grants for research projects amounting to between £10,000 and £50,000 each and for grants for training related to prostate disorders of up to £10,000. The closing date is 17 December. For the application procedure and forms please visit our web site www.prostateuk.org

Symposium

Prostate UK will be funding a National Prostatitis Symposium on 30 January 2008, bringing together the top experts in the UK to decide how to take forward research and management of this much neglected but prevalent disease which can affect men of any age.



GPs rate Prostate UK's Masterclass

Prostate UK held their seventh masterclass on prostate diseases at The Rose Bowl Cricket Ground in Southampton on 5 October 2007. The masterclass was well attended with over 120 participants, almost a third of whom were local GPs. There was also much interest from local nurses and nurse specialists. We hold these free masterclasses in order to raise awareness amongst healthcare professionals,

urology was classed as a sub-specialty of surgery. So if you are not attached to a urological consultant, you may not get very much experience at all. I think it would benefit from more emphasis, especially in the undergraduate curriculum,' said Dr. Green. 'I want to enter the field of General Practice and I'm currently working in a local GP practice as part of my Foundation training. Prostate disease was an area in



Senior House Officers, Dr. Fabian Trevelyan (left) and Dr. Robert Green (right)

particularly those in primary care, of the causes, diagnosis and treatment for prostate diseases. Early detection is the key to successfully treating prostate problems and this often starts with equipping GPs and practice nurses with the knowledge and skills to spot symptoms and signs before they turn into major problems.

Two recently qualified doctors who attended our seminar, Dr. Robert Green and Dr. Fabian Trevelyan, both working at the North Hampshire Hospital, found the lectures very useful. They commented on the need for more information on prostate diseases as they were taught surprisingly little about them during their studies. 'During our training,

which I needed to improve my general knowledge. All prostate conditions will normally present to the GP first, so it is important to be able to recognise them and decide what needs referral to secondary care.'

Dr. Green continued 'It (the seminar) has helped with my general knowledge base, which will ultimately help me to give patients a better service. It is also important to give your patients some information about their condition and on the options available to them. The seminar has helped greatly with my ability to do this. I would encourage my colleagues to attend a masterclass too. Everything was explained very carefully

Seminars

Our seminars *The ABC of Prostate Diseases* aimed at medical professionals (GPs, Practice Nurses, Specialist Urology Nurses etc) are proving extremely popular. They qualify as *in service* training and are completely free, an important consideration when training budgets are being squeezed. We have now scheduled the following:

8 February 2008 Cardiff

18 April 2008 Leeds

9 May 2008 Reading

20 June 2008 Plymouth

3 October 2008 Manchester

14 November 2008 Cambridge

6 February 2009 London

17 April 2009 Birmingham

To register please see www.prostateuk.org and click training.

and even the basics were well covered, which was certainly useful. I thought it was a really good day, good location and very informative lectures. We need more seminars like this for other specialities!

Our masterclass was generously supported by PCaSO (Prostate Cancer Support Organisation pronounced Picasso) who also jointly organised the day. PCaSO, is one of the UK's largest patient-led prostate cancer groups, supporting anyone in their area by raising awareness about better diagnosis, treatment and care. If you would like to contact them please use their Help Line: 0845 650 2555 or visit their website www.pcaso.com.

Golfing fundraisers

Those dedicated golfers have been busy again...

Prostate UK benefited to the tune of £12,500 by being nominated as the Royal Eastbourne Golf Club's charity of the year. This amazing amount has been raised through a highly successful Charity Day which this year enjoyed a record number of entrants, with 47 teams taking part. Club Captain Adrian Teulon was overwhelmed by the generosity of the sponsors, members and guests.

A host of celebrities were on hand for a charity golf day in aid of Marie Curie Cancer Care and **Prostate UK**. Held at Surrey National Golf Club on 13 July, the event was organised by Novello Noades, hosted by TV personality Ingrid Tarrant and TV weather forecaster Sian Lloyd, and attended by Ian Wright. A day of golf and dinner was followed by an auction which raised £7,000 for both charities.



Surrey National Golf Club – from left Sian Lloyd, Ian Wright, Ingrid Tarrant and Novello Noades

Pat Bensted, Ladies Captain of Whitstable and Seasalter Golf Club, with the help of the lady members of the club compiled and produced a high quality recipe book of their favourites for home cooking. All the proceeds from the book will come to **Prostate UK** and at the end of Pat's year as Ladies Captain in November a cheque will be presented to our regional fundraiser Paul Grainger. The Club has already raised over £1,300. If you would like to buy a copy of the recipe book and help to raise even more money please call Pat and her husband Tony on 01227 264462.

Tablers tackle South Downs Way



The TReaD team. TReaD stands for Tony Bennett, Roger Croucher, Ed Jenner and David Bennett.

A group of hardy ex and current Haslemere Round Tablers took on the South Downs Way in support of **Prostate UK** in memory of their friend Tim Rix, an ex Haslemere Tabler in his 50's, who sadly died from prostate cancer earlier this year.

The wonderful support and generous donations they received from their families, friends and local businesses encouraged them as they tramped for five days in foul weather with strong winds and heavy rain. Not what was expected in July! We should also mention their wives,

who not only ferried them to and fro but also were on call to cover emergencies.

Commenting on their eventful journey, team leader Ed Jenner said, 'We literally battled wind and rain for most of the 80 miles, but it was worth the effort, both as a tribute to Tim and to raise much needed funds for research into prostate cancer. This is a far more common disease than is realised with up to 30% of men over 50 having histological evidence of prostate cancer'.

Thanks so much to all of the team who managed to raise an amazing £3,500!

Celebration fundraisers

Thank you to everyone who has kindly asked for donations instead of gifts for a special occasion such as their Birthday or Anniversary, we are so grateful to all of you for your generosity. Unfortunately space prevents us from mentioning you all, but here are just a few examples. **Leon Schater** and **Michael Dobrin** collected an amazing £1,700 and £1,500 respectively in donations from their friends and family in celebration of their 70th Birthdays. Other special occasions include **Roger Turner** who collected £605 for his 60th Birthday and **Julie and Michael Davidson** who collected £240 at their Ruby wedding anniversary celebrations.

Dan and Emma Woodhouse got married in September this year and decided to give **Prostate UK** charity pin badges to their guests as wedding favours. Emma says 'We felt that the badges would be an

interesting and worthwhile gift, whilst being a different and fun way of raising awareness of prostate diseases. We would definitely encourage others to do the same!'

Karl Monahan did a 15,000 foot sponsored skydive for his 30th Birthday and



has so far raised £600. He said: 'The dive was amazing and I wanted to go straight back up as soon as I landed. I can't wait to book another one!'

Xmas cards

Christmas cards have been on sale since the summer edition of *Update* and sales are going well. You can still order cards using the enclosed form. However, please note that there is limited stock left of the design *Winter on Hampstead Heath*. If you would like to order this design please write a second choice option on your form, in case we are unable to fulfil your order.

Hike for Hope Kenya

Good luck to all the trekkers who will be embarking on the second Hike for Hope, this time through the Kenyan Rift Valley, from 24 November to 3 December. The trekkers will be hiking

for an average of 26km per day, reaching altitudes of 2,700 metres and camping under the African skies in their bid to raise over £1 million for Wellbeing of Women and **Prostate UK**.

Pants in the Park – Richmond

Our first Pants in the Park 5km fun run in Old Deer Park in Richmond on Sunday 9 September was a great success with over 60 people taking part. It was a fun family day with face painting, balloons, and deck chairs, games and music provided by the Heart 106.2FM Ground Patrol team. Prizes were given for the best male, female, child and team fancy dress pants and, as you can see from the photo, there were some amazing outfits! Our



The Arnells – from the left Ben, Jade, Ian and Debbie

fourth annual Father's Day event will take place in Battersea Park on Sunday 15 June 2008, so please put the date in your diary.

Our thanks to...

Roger Sterry who raised £200 by competing in the Newent Triathlon.

Alistair Macintosh who competed in the London Triathlon and raised almost £1,000.

Darlington Operatic Society for holding a stroll, soup and scone evening and raising £100.

The Kent & Surrey Golf Club (formerly Edenbridge) who collected £170 as part of the Captain's Charity.

Simon Deane Johns, who competed in two Rowathlons and raised over £1,000.

Mr & Mrs Eric Hobden for raising £365 in donations by opening up their Showmans Living Wagon to the public at Vintage Vehicle events this summer.

Phil Goswell who has now completed his bike ride from Land's End to John O'Groats and raised £2,000.

All of you whom space prevents us from mentioning.

Mobile phones

Thinking of getting a new mobile phone for Christmas? If so, then please keep hold of your old one as every phone you recycle **Prostate UK** receives £3. You will receive a mobile phone recycling envelope in the January edition of *Update*.

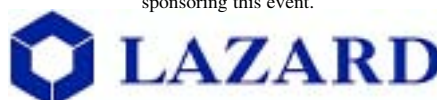
Carol Concert

Our Christmas Carol Concert is taking place on Thursday 13 December at St Paul's Church, Wilton Place in Knightsbridge. This year we will have a full and varied musical programme with carols sung by the famous Sheldon Consort and the London Oratory School Schola and music from the Emerald Ensemble. Christmas readings will be performed by Corin Redgrave, Anthony Andrews and Ken Loach. Please join us from 7pm for a glass of mulled wine and a mince pie before the concert starts at 7.30pm. Tickets cost £15 per adult and £10 per child. To order tickets please complete and return the enclosed form or call 020 8877 5840.



Oratory School Schola at a concert at St John's Church, Smith Square.

Our grateful thanks to Lazard Asset Management for sponsoring this event.



Events Diary

13 December 2007

Christmas Carol Concert
St Paul's Church, Knightsbridge

14 February 2008

Alternative Valentine's Dinner
Lords Cricket Ground

10 - 16 March 2008

Prostate Cancer Awareness Week

11 June 2008

Ambassadors' Dinner
Goldsmiths' Hall

15 June 2008

Pants in the Park
Battersea Park

28 June 2008

Round the Island Race
Isle of Wight

28 June - 2 July 2008

Wight Walk Challenge
Isle of Wight

Valentine's Dinner

Tickets are now available for the Alternative Valentine's Dinner on Thursday 14 February 2008 at Lord's Cricket Ground in London – a very special joint event in aid of Prostate UK and Wellbeing of Women. Tickets cost £120 and this includes a Champagne reception from 7pm, a three-course meal with wine and first-rate entertainment by a comedian compère and main act. There will also be the opportunity for guests to watch and learn the extraordinary art of Sabrage where a Champagne bottle is opened using a Sabre. Please don't miss this fantastic evening for two extremely worthwhile causes. Please use the enclosed order form or call 020 8877 5840 or email fundraisingteam@prostateuk.org for further information.

Breaking bad news - patient Hugh Sharp's viewpoint

The experience of being told that I had prostate cancer has stayed with me. It is somewhat like knowing what you were doing when one heard about 9/11 or the death of President Kennedy (for us older ones).

Sitting in the NHS outpatient clinic I watched my Consultant and a colleague enter the room opposite. Two people – perhaps this is not good news, I thought. At first the Consultant said nothing. He was studying the computer screen. Then he spoke. 'The reports on your prostate indicate that we have to take some action'. My immediate words were 'Does this mean I have prostate cancer?' The Consultant replied 'Yes – but it does not mean that you will die tomorrow'. The words *cancer* in one sentence and *die* in the next did not seem to me to be appropriate. He asked if I would like my wife to be called in and I agreed. He went on to explain the Gleason scoring and told me where I was on the scale. The options of surgery, radiotherapy or brachytherapy in Leeds were explained to us. It was clear that the decision on my treatment was mine alone. He gave me a booklet with information and pointed me in the direction of the **Prostate UK's** website, which I found most useful.

Much more happened, of course, not directly related to breaking bad news.

Overall, I felt that my Consultant handled the situation well. I left the clinic a little battered mentally but with enough knowledge to enable me to come to a decision. I appreciated my wife being called in as she could hear the information at first hand.

Breaking bad news can of course be at two ends of a scale. When I was given the news the emphasis was on the curative nature of the treatment. Others I have known with different types of cancer have only been offered palliative care and that must be much harder news to deliver.

Prostate UK will be holding its first pilot workshop on Breaking Bad News, aimed at urologists and their urological nurses on 28 February 2008. More on this in our next edition.

Research finds pomegranates effective

Drinking an eight ounce glass of pomegranate juice daily increased by nearly four times the period during which PSA levels in men treated for prostate cancer remained stable, a three-year UCLA study has found.



The study involved 50 men who had undergone surgery or radiation but who, post treatment, had experienced increases in their prostate-specific antigen or PSA, indicating the continued presence of cancer.

The researchers measured *doubling time*, the time it took for the PSA level to double.

Of the 50 men enrolled, more than 80 percent experienced improvement in doubling times.

Sponsored shave off

It is not every day that the men in your office grow comedy moustaches all in the name of charity. However this is exactly what happened at the architect and design company Conran & Partners during last November. Having spent a whole month growing them, the team held a fundraising day at their offices where they had a sponsored *shave off*. Even the girls joined in the spirit of the day by attaching comedy moustaches. Our thanks to all who took part and raised £600 for **Prostate UK**. Why not encourage the men in your workplace to grow moustaches throughout the month of November as part of a *Movember* event to raise both funds and awareness for prostate diseases.



Conran and Partners Movember Shave Off – Phil and Adele

Research into *third way*

The choice for men who have prostate cancer that has not spread outside the gland is between active surveillance and treating the whole gland with surgery or radiotherapy.

Active surveillance involves monitoring the disease using blood tests and repeated biopsies every 2-3 years. Treatment is given only if the cancer shows signs of progressing.

Whole-gland treatment, on the other hand, reduces the risk of dying from the cancer, but carries the risk of incontinence, impotence and rectal problems.

The programme of research **Prostate UK** has been funding at University College Hospital, under Mr Hashim Ahmed is intended to find out if prostate cancer management can be developed in a similar way to how breast cancer treatment changed two decades ago. Today many women have lumpectomies rather than the whole breast removed. He asks 'for men with prostate cancer that is located to only one side, can we destroy only that side and achieve lower side-effects? At the same time, can we maintain good cancer control? We treated 15 men and so far all have had excellent return of erections (100%, although 3 have required viagra or viagra-like tablets) and no incontinence. These are very promising early results. We need to complete the follow-up of these men to at least one year after treatment and if this shows good results, we can run a larger multicentre trial looking at longer follow-up.'

Readers may find it of interest that Mr Ahmed's team have also set up a focal High Intensity Focused Ultrasound trial (not funded by the charity) evaluating the toxicity of treating just the areas of cancer in men who have bilateral disease.

Sunrise marathon walk by organiser Debbie O'Toole



On 23 June 2007, 35 of us (men, women, children from seven years upwards, and two dogs) took part in our annual fundraising walk in the Isle of Axholme in South Yorkshire.

Participants choose whether to walk 13 or 26 miles. On the day, several participants set off to do 13 miles and were enjoying it so much they kept going and managed to complete 26!!

Despite the horrendous *summer* weather we managed to pick a day when the weather was kind to us and missed all the heavy showers and thunderstorms!

A different route is walked each year for a different charity. This year one of our regular walkers lost her husband to prostate cancer so we decided to raise some money for **Prostate UK**. We have raised in the region of £3,000 this year - we're still collecting the final pennies.

When everything starts to hurt we console ourselves with the fact that the pain we suffer from blisters and painful joints is temporary and nothing compared to the pain that people suffer when they have cancer.

I'd just like to thank everyone who took part this year including the three marshalls who kept us going and were on hand with first aid supplies and words of encouragement!

A huge thanks from Prostate UK to Debbie and all of the walkers.

Satnav in radiotherapy

A new technology offers real-time tracking of the prostate gland during radiation treatment.

It is vital in radiotherapy to aim the beam at the right place. This is done immediately prior to each session using a laser beam that focuses on three tattoos, one on each thigh and one in the centre of the abdomen. This is a good method but suffers from the reality that the prostate can move during the treatment period because it is located near the bladder and rectum, two organs that can change in size and location all the time.

Now a US hospital is pioneering a technology in which three miniature *beacons* each no bigger than a grain of rice are implanted into the prostate during a short outpatient procedure prior to radiotherapy. Each time the patient arrives for his radiotherapy session the *beacons* in the prostate are located accurately by a sort of *satnav* positioning system and the patient's treatment plan suitably adjusted.

The benefit hoped for from this technology is the precision to administer higher doses of radiation to a tumour whilst minimizing side effects to nearby vulnerable tissues.

Better Health for Men Seminar

Three of us from **Prostate UK** were invited to attend the *Better Health for Men* forum in October. The event was the brain child of our very own Professor Roger Kirby and his brother Mike, and generously sponsored by Pfizer Plc. The non-stop agenda from 0900 hours until 1830 hours was pretty daunting but made worthwhile because the subjects covered, such as *sex and the heart* (no, it wasn't funny), stomach cancer, having an overactive bladder, various facets of the prostate and erectile dysfunction, were addressed by eminently qualified speakers, all leaders in their specialist subjects.

As someone with limited medical exposure, I was fascinated to have confirmed to me the reality that diet and stress can seriously upset the apple cart in men's health. I learned that the vast majority of men genuinely don't give a fig about their health until it's, all too often, too little too late, with the medical profession denied the opportunity to deal with men's problems proactively, in preference to having to resort to reactive measures, which is the norm. I also learned that erectile dysfunction is remarkably common and that it is

inextricably linked with cardiovascular disease; in other words all these various states of health have a knock on effect to, and are linked with, other parts of the body. Interestingly, there was some very strong debate on just how men are expected to present themselves at doctors' surgeries for what may be only a 10 minute consultation which, all too often by the time the doctor has been seen, effectively writes off a working day; result - men can't be bothered with the attendant hassle and simply don't go. The solution? Surgery opening hours should suit their male patients better, with late evening or, weekend opening. Just how to achieve that politically is, however, another matter.

In summary with only 40 or so in attendance, I felt privileged to have been invited and, perversely, rather than lectures dragging along I found myself quite spellbound with the whole day's events; but, gentlemen, the exam question that remains unanswered is *will you go and see your doctor for that little niggling problem that you've put up with for so long or will you, again, put it off just that little bit longer?*

Research into diagnostic tools

Dr. Hayley Whitaker at the Department of Oncology, University of Cambridge is investigating the role of proteins in diagnosing prostate cancer and, in particular, progression to advanced prostate cancer. This research is partially funded by **Prostate UK** and is due to finish in 2008.

However, Dr. Whitaker has already obtained some exciting results.

Prostate cancer is currently diagnosed using a test which detects a protein called prostate specific antigen (PSA). This protein can be measured in blood, and can determine whether a patient's treatment is working. However, the PSA test is not 100% accurate and the **Prostate UK**-funded research is looking for another protein, also referred to as a *biomarker*, to diagnose prostate cancer. To find new biomarkers, the levels

of a particular protein in the urine, blood or tissue of people with cancer are compared to people without cancer.

The biomarkers currently being investigated belong to a family of proteins called peroxiredoxins (Prxs). Prxs act like a molecular sponge in cells, mopping up *free radicals* which can cause cancer by damaging DNA. If cells don't have enough Prxs they may be more likely to become cancerous.

The research has already found that the

level of Prxs are very low in normal prostate tissue but twice as much was present in cancerous prostate tissue. This suggests Prxs may be a good biomarker to identify prostate cancer. There are also more Prxs found in very aggressive cancers compared to less aggressive



Dr Hayley Whitaker in her Cambridge laboratory.

cancers. This indicates that it may be possible to use these proteins to show how far a patient's cancer has developed or how they are responding to treatment.

The researchers are also interested in why hormone therapy that is used to treat prostate cancer often stops working. Hormones, called *androgens*, are required for cancer growth and act on other proteins in the cells instructing the cells to grow, divide or spread to other organs in the body. Such proteins are said to be *androgen-*

regulated and the hormone therapy that is used is termed *anti-androgen*. It is difficult to investigate anti-androgens in patients; so the researchers grow a type of prostate cancer cell that has been modified to grow continuously in a culture dish. These *cell lines* are then manipulated and anti-androgens added to them to mimic prostate cancer growth and its treatment in the body.

While the majority of cells die, a small number survive and continue to grow. It is believed that this is similar to what happens in patients with advanced prostate cancer after hormone therapy. Dr Whitaker has measured the levels of Prxs in surviving cells compared to cells that haven't been treated with drugs. She found that three times more Prxs are found in the surviving cells which suggests that Prxs could be used to indicate when prostate cancer is progressing in patients.

Her research is now focusing on what happens to cells when the levels of Prxs increase and whether it has a direct effect on how cancer cells grow and spread to other parts of the body.

MISSING MAIL

We suspect that occasionally some of our mail does not reach us. If you send money and do not receive an acknowledgement within two weeks please contact us urgently.

Major clinical trial starts

In prostate cancer, surgery alone is a standard treatment and the role of additional radiotherapy and drug treatment is uncertain. The RADICALS trial aims to identify the best way to use radiotherapy and androgen deprivation in men who have had surgery for prostate cancer.

RADICALS (run by the Medical Research Council Clinical Trials Unit, London, funded by Cancer Research UK) is currently recruiting the 4,000 men it needs from all over the UK and Canada.

Good news for BPH sufferers

A working party has recently been set up to work on NICE (National Institute for Clinical Excellence) guidelines for the care of BPH sufferers. As well as health professionals it includes patients with direct experience and relevant communications and teamworking skills. Its results should be published in mid 2009. Prostate UK will be asked to comment on the findings while in draft form next year. If you would like to join in the commenting process please let us know.

The case for specialisation

Research in the US covering some 7,800 prostatectomy patients showed that with inexperienced surgeons 17.9% had a recurrence of cancer compared with 10.7% of patients whose surgeons had performed 250 or more.

The Department of Health here in the UK has taken this and related research on board. It clearly makes sense to have a limited number of specialised centres where such operations take place even if it means patients and their visiting relatives have to travel further.