

New guidance for PSA tests



Our Chief Executive, Amanda McLean, with (left to right) Sandy Tyndale-Biscoe, John Dwyer and Mike Lockett, all from the Patients Support Federation

On 20 April the Prostate Cancer Patient Support Federation and **Prostate UK** released new guidance to be given to men to help them make informed choices when considering a PSA test that can help to detect prostate cancer.

The existing guidance was published in 2002 by the Department of Health. It was considered out of date before the results of the two major studies (see below) were published this spring. The Chief Medical Officer has alerted all GPs to the new research findings. Unfortunately he has also delayed issuing new guidance that was expected this spring instead referring back to the 2002 guidance despite its acknowledged flaws.

In the absence of revised guidance from the Department, we are concerned that out-of-date information will continue to be given to patients who request a PSA test. We believe it is important for GPs to be aware of the new evidence, of its implications for men who are deciding whether to have a PSA test to which they are entitled, and of the need for men to make up their own minds about it.

Any man over the age of 50 or 45 where there is a family history of prostate cancer is entitled to an annual PSA blood test that can help detect prostate cancer at an early stage before other symptoms become known. (See www.pcrmp.org.uk web site for the new seven point guidance.)

Screening for prostate cancer

The publication of two landmark studies on screening for prostate cancer might have settled the debate on this issue. Unfortunately, they came to different conclusions. The European study (ERSPCS) involving 182,000 men demonstrated a 27% reduction in mortality in the screened arm of the study while, by contrast, the US based PLC screening study of 76,693 men reported no difference between the two arms at 9 years. However, there are several important differences between the two studies that may account for the discrepancy.

The European study was based on a PSA cut-off point of 3.0ng/ml rather than the 4.0ng/ml value selected for the US study as a trigger for further investigations. This may have allowed the Europeans to identify more cancers at a stage when they were still curable. Another problem with the US-based PLC study of 76,693 men is the pre-existent widespread use of PSA screening within the population. This has led to the contamination of the non-screened arm by men who went and had their PSA tested outside the study. Clearly this will have significantly reduced the power of the trial to detect a difference between the two arms, especially since the US study recruited less than half the number of patients than the European group.

Thus the jury remains out on this issue, but urologists and oncologists whose aim it is to reduce the death toll from prostate cancer will be encouraged that in the UK alone on the basis of the European study data 2,700 lives could potentially be saved each year. The discouraging fact that both the Department of Health and the European Association of Urologists have noted is that for every life saved, 1400 would undergo screening and 48 would be treated for non life threatening cancers. The UK national screening committee is due to consider these findings in the next two months.

In the meantime men are left with some hard decisions to make on personal risks and benefits when considering whether to ask for a PSA test.

In response to this situation **Prostate UK** have supported the Prostate Cancer Patient Support Federation in publishing new guidance for men on this matter.

For more detail on the studies please visit our web site.

INSIDE THIS ISSUE

Michael Short - Living with erectile dysfunction

Page 2

Timothy Hoare's prostate cancer journey by his wife

Felicity

Page 3

Pants in the Park 2009

Please try and support at one of the six venues next month

Page 4

Hike for Hope - Sinai

We report on the successful joint challenge

Page 7

Reducing cancer risk

We report on the REDUCE trial and the potential of dutasteride

Page 8

Living with Erectile Dysfunction by Michael Short

It is now nearly ten years since I had a successful radical prostatectomy in November 1999. Although the best nerve-sparing techniques available at that time were used (robotic surgery had not yet arrived), I was left with erectile dysfunction, but fortunately no other disability, such as incontinence, which does occur with some patients. As subsequent regular PSA tests confirmed, the cancer had been completely removed by this operation, and no further treatment was needed, for which I shall always be most thankful.

After six months or so the desire for sex returned and I was delighted to experience my first post-operative orgasm, gently stimulated by masturbation! So I realised that some form of sexual activity might once more be possible with my beloved wife. At first we tried the vacuum device, which proved completely ineffective; although it successfully stiffened my penis, the

“ The effect I found frankly wonderful ”

thing became quite cold and blue and not at all attractive for lovemaking. So that didn't work! Next, I tried Viagra and Cialis, but these didn't work either. Obviously, they do for some people, for the effect of surgery on the penile nerves varies with individual men, but they certainly didn't work for me.

Mind you, we were still able to enjoy oral sex – which we called Plan B –requiring no drugs whatsoever, and we found this delightful! But penetrative intercourse did not become possible until I began to use a drug directly inserted into the penis. I didn't fancy using Caverject, a well-known licensed product which injects alprostadil into the penis, preferring to use MUSE, which is also alprostadil, contained in tiny white tablets inserted gently through a fine tube in the mouth of the penis into the urethra. Quite easy to do and not uncomfortable! The tiny tablet simply dissolves in the urine of the urethra, before penetrating quickly and stimulating the spongy tissue all around it. Using this product we were able to enjoy penetrative sex, though our lovemaking was somewhat marred by the slight penile ache that accompanied it.

In August 2007 I was introduced to

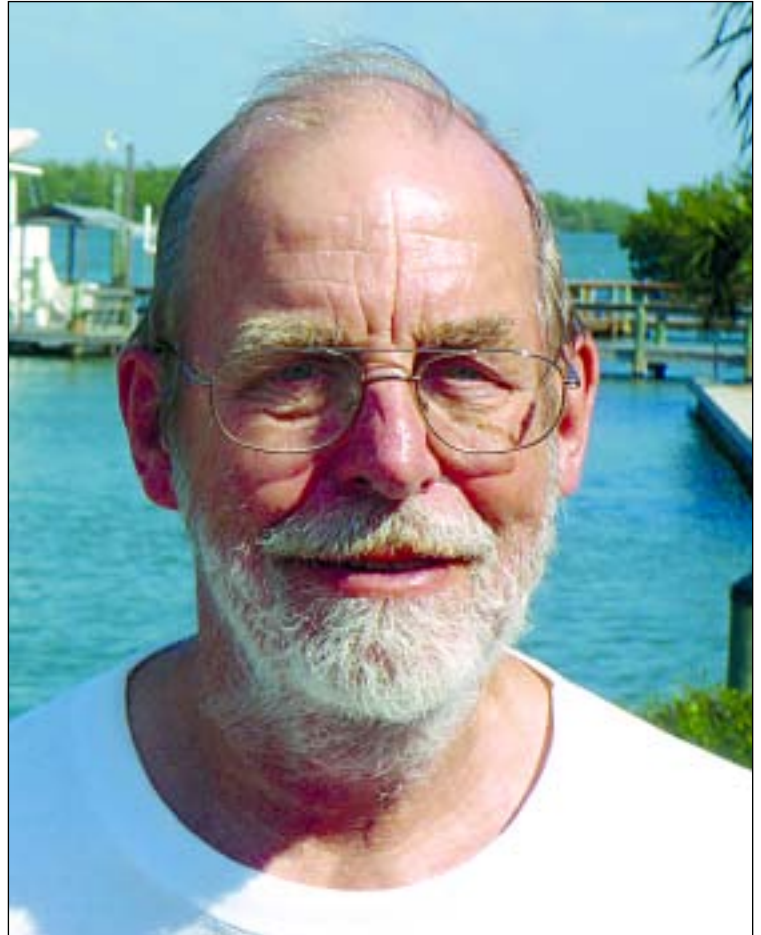
Dr John Dean, a specialist in sexual medicine. After first trying one more oral therapy (Levitra) a few times, again unsuccessfully (my penis lengthened slightly but wasn't rigid enough for penetrative sex), I accepted his suggestion that I use Invicorp.

This is injected from a syringe by a super-fine 30 gauge needle directly into the penis anywhere along its length on the upper side, thus avoiding the urethra. So the drug (a combination of phentolamine and VIP) goes directly into the erectile tissue, and the effect I found frankly wonderful! Within two or three minutes my penis became erect and long, with absolutely no aching feeling. Indeed, the feeling

was very similar to the normal erections enjoyed in years long ago. My wife and I were then able to enjoy lovely penetrative intercourse for the first time in eight years!

Dr Dean explained that he had, for

many years, been recommending Invicorp to patients unable to tolerate the side-effects of Caverject, which causes penile aching for around 20% of people. If oral remedies work– Viagra, Cialis,



Levitra etc – they are recommended because there is no risk of penile fibrosis (thickening of the tissue and inelasticity), which can occasionally occur with some people using injection therapy. Moreover, some people find that, after being sufficiently stimulated by Invicorp, they can actually regain erectile function just using oral drug therapy.

Invicorp was originally formulated more than 10 years ago, but is not yet licensed; however, it sometimes can be prescribed on a named-patient basis.

Finally, all I can say is that I have found it very easy to use for more than a year now. So far, I cannot even detect any tiny spot on my penis after the injection, certainly no nodules or penile fibrosis. The only side effect is mild facial flushing. After sexual activity, my penis simply recovers in the usual fashion without any discomfort whatsoever. I wish I had learned about it years ago!



A sign on Almshouses in Castle Street, Farnham, Hants.

Timothy Hoare's Prostate Cancer journey

by his wife, Felicity

Tim was someone who felt he should not waste money on himself which meant that he did not take advantage of private health checks during the crucial years when his prostate cancer could so easily have been diagnosed through a simple PSA test. He was old fashioned enough

most worrying aspect of all those years were the very regular PSA tests which Tim had to have. What a roller-coaster this is for men with prostate cancer and their families and the cause of such anxiety.



to believe that the GP would advise him what to do. He asked for a PSA test over a couple of years but was told it was not necessary. Eventually, he had one in 1996 and the result was a count of 45. Tim was 64. As a family, we were devastated, especially as he was given a very gloomy outlook by our GP who didn't really know what to say.

“asked for a PSA test but was told it was not necessary”

Tim felt disbelief, then anger and then a deep sense of guilt that he had not looked after his health. He was given all sorts of advice from well-meaning medical and non-medical friends and did research himself. He made appointments with two urologists, making copious notes and after reflection, felt strongly that he wanted to be under Professor Roger Kirby.

That was the start of a very happy nine-year partnership with Roger. Tim was so grateful to have his feelings and opinions taken seriously and to be able to discuss what each step along the way might be. Tim responded to the various drugs in a positive way and had a really good quality of life for nine years, before being under an oncologist colleague of Roger's for his final three years. The

Roger's best advice to us at one of our first meetings, was to spend time in the sun each winter if we could. This was to strengthen his bones against the take-up of the cancer cells. Not only are we sure that this

benefited Tim, slowing the cancer down, but just as importantly it strengthened our marriage, being able to spend prime-time together at a time when there can be such pressure and tension within the strongest of relationships.

As a family, we decided to be totally up-front about Tim's prostate cancer. We immediately created a long e-mail list of friends and family giving them regular up-dates over the next twelve years. This became an amazing support base for us as a family, allowed people to feel comfortable when talking to us about Tim's cancer and alerted many to the need for PSA tests.



Tim with his twin daughters Louisa and Kate holding two of his eight grandchildren.

In 2005 I was told about the first Hike for Hope by Marcus Setchell who had decided to team up with Roger and get

together as large a group as possible to raise money for their two charities – Wellbeing of Women and **Prostate UK**. I signed up straight away realising that this would be a great chance to *give back something* after all the expert care which Tim had had.

To be able to raise money for research which would benefit others in the future, seemed incredibly important and became a crusade during the next nine months! Our friends were enthusiastic and amazingly generous. That Hike (Hike for Hope 1) raised an incredible £600,000 shared equally by the two charities for vital research. Our family felt so thankful to others who had funded research in the past, which enabled Tim to have the drugs which prolonged a really good quality of life for those

“strengthened our marriage, being able to spend prime-time together”

twelve precious years and which enabled him to see our three children happily married and to rejoice in getting to know eight wonderful grandchildren. Tim was the most uncomplaining of patients, more concerned about others than himself. Always cheerful and very courageous he was loved by all and we miss him so terribly.

The first Hike was challenging, with varied terrain and very beautiful. The organisation of the whole event very efficiently carried out in a low key way and I wouldn't have missed it for anything. I was immensely grateful for the support Tim, my family and friends gave me.

Before he died in January 2008, Tim urged me to sign up for Hike for Hope 3 from which I have just returned. The nights in our Bedouin camps under star studded cloudless skies with minimal light pollution were magic. I definitely earned my sponsorship climbing vast sand dunes and walking for many hours each day on very dry loose volcanic rock. We had minimal holes in the sand for *loos* and a couple of very makeshift showers. All in all, a wonderful weeks experience with a lovely group of friends and interesting new acquaintances.



This June sees the return of Pants in the Park, our annual 5km family fun run. To mark the fifth anniversary of this increasingly popular event, we've added an additional five locations to the original London run through Battersea Park making 2009 the biggest one yet. We have launched an exciting new website at www.pantsinthepark.org where you can register to take part, find out more information and help to raise funds.

The starter's orders will sound from a different location each Sunday in June (See panel on facing page for details). You can see we've got a very busy month planned! Last year raised over £30,000 for **Prostate UK** as well as the increased awareness of all prostate diseases that around 1,000 runners wearing their pants Superman style on the outside of their normal clothes can bring.



Once again, we're asking everyone taking part to decorate their pants in whatever style they like. We've already had some interesting efforts from celebrities such as Chris Tarrant, Trevor Nelson, Rachel Stevens and Andrew Castle. There will be prizes on the day for best male pants, best female pants, best children's pants and best team pants so the crazier and more eye catching the better. Simplyhealth are continuing their generous support of Pants in the Park

which promises to be a great day out for all the family with music, face painting and a carnival atmosphere. Fingers crossed for good weather!

If you think you can help in any way, be it taking part, fundraising, putting posters up in your local area or coming along to cheer the runners on, please call the Pants in the Park hotline on 020 8394 7979.

Our thanks to . . .

Mrs Jacky Lee who raised an astounding £1870 for **Prostate UK** through holding various fundraising activities.

Heather Ashton for a generous donation of £1950 raised during her tandem *Bike Ride* and other events.

Mr Roger D Young for holding *A Night of Nostalgia* pancake night and raising a tremendous £740.

Mr Owen R Clarke who donated £40 from the sale of his acrylic painting.

Crescent Committee who, on behalf of Mr Irving's 70th Birthday, collected £85 for **Prostate UK**.

Shrivenham Bowling Club for holding a short mat indoor Bowls, Dinner & Presentation evening and raising a wonderful £60.

Natalie Sheer who raised a fantastic £463 through a sponsored slim.

Some more thanks to . . .

Imagine running 151 miles through the Sahara Desert in 6 days, with temperatures hitting a high of 150°F. Sounds like an impossible task to most, but not for **David Kemp**. David recently took part in Marathon des Sables, which must be one of the toughest footraces on Earth! Carrying only the essentials on your back, this race takes you through the ultimate experience of a lifetime. David raised £3,690 for **Prostate UK**.

With 35,000 participants and a distance of 109 km, Cape ARGUS is the largest cycle race in the world. This year **John Crawford** took part in this challenging event. Cycling from the centre of Cape Town down the eastern side of the Cape peninsula to Cape Point then over Chapman's Peak along the west coast and returning to Cape Town. John raised a staggering £490 for **Prostate UK**.

On April 10, **Edward Brown** and **David Middleton** took part in a 125 mile Canoe Race from Devises to Westminster over a 4 day period. Felicity Brown, David's sister and friends formed the support crew. Felicity and David decided to take part and raise funds for **Prostate UK** in memory of their grandfather who passed away late last year from prostate cancer. Edward and David completed the course and have to date raised £925 for **Prostate UK**.

Annual Walking Challenge reaches tenth year

While some people are running around in their underwear at Pants in the Park for **Prostate UK**, a group of 16 will be taking a much longer route to raising funds. Those rising to the Annual Walking Challenge will set off from St Bees in Cumbria on 6 and 7 June and around 100 miles and five days later arrive in the small town of Kirkby Stephen.

The walk is part of one of the most popular walks in the world, the famous Wainwright Coast to Coast. It was the subject of a BBC4 programme featuring Julia Bradbury broadcast this spring. The route covers sea cliffs, hills, fells and moorland and reaches 2,560ft at its highest point.



Last year, the challenge raised £100,000 for **Prostate UK** and we wish the best of luck to everyone involved this

time – particularly the ten walkers who have risen to every one of the last ten annual challenges.

Kilimanjaro conqueror

Kate Lerche has recently returned from her climb of Kilimanjaro. She was raising funds for **Prostate UK** to support her dad, John, who is a prostate cancer sufferer and survivor.



Kate, at the summit. She took off four layers to show the T-shirt in the minus 20 temperature.

She raised just over £5,500 which, 'Seems pretty good to me' says John. Seems pretty good to us, too! Thanks Kate and well done climbing the mountain.

Kate is not alone amongst fund raisers who get involved supporting a near-relative patient. The money she raised will go towards helping us to support more

people like her dad and invest in specific research projects. More information about the projects we are involved in can be found at www.prostateuk.org/research

Can we win the Charity Challenge Cup?

This year **Prostate UK** will be competing against the three other chosen charities at the 2009 JP Morgan Asset Management Round the Island Race as we aim to win the inaugural Charity Challenge Cup. Each of the chosen charities (**Prostate UK**, Breast Cancer Care, Macmillan and the Ellen MacArthur Trust) has been given an identical Oceanis 37 and three qualified crew members to help them get started. **Prostate UK** has a cracking team of supporters lined up including Philip Cave and Jim Meacham who between them have more than enough sailing experience to give the professionals a run for their money! We are also thrilled to announce that the comedian Dave Spikey and his wife will also be joining us on our boat. Go **Team Prostate**. We'll let you know how they get on in the next edition of *Update*, but in the meantime if you would like to support them and help reach their £2,500 target please go to:

www.justgiving.com/challengeprostateuk

And if that wasn't enough this year we are lucky to have our sailing stalwart Robin Wood once again racing in our name as well as brothers Bill and Matthew Price! Look out for photos next time.



Sebastian Kendrick, aged eight, has a grandfather, Roy, Treasurer of **Prostate UK** and one of the charity's Trustees. Sebastian decided to forego presents this year and put all the money he would have received into a cheque for **Prostate UK**. Here he is with many of his friends in Singapore, with the grand cheque he produced.

Events Diary

25 May 2009

Bupa London 10K Race

7 June 2009

Annual Walking Challenge

St Bees – Kirkby Stephen

21 June 2009

Round the Island Race

Isle of Wight

1 - 2 August 2009

London Triathlon

16 October 2009

Annual Luncheon

The Dorchester

2 December 2009

Carol Concert

St Paul's Knightsbridge

For more information please call the events team on 0208 394 7965

Locations and dates for this year's Pants in the Park are:

Sunday 7 June

Bristol (Blaise Castle)

Sunday 14 June

Leeds (Roundhay Park),

Manchester (Heaton Park)

Andover (Charlton Sports and Leisure Centre)

Sunday 21 June

London (Battersea Park)

Sunday 28 June

Gateshead (Saltwell Park)

Save the Date

The 2009 Annual Luncheon will take place on

Friday 16 October
at

The Dorchester

Please use the enclosed form to book tickets

Donald Gleason

Most men with prostate cancer know their Gleason score, a measure of malignancy. The scoring system was invented by Donald Gleason who has died aged 88. He proposed the system in 1962 as a young and unknown head of pathology at the Minneapolis Veterans Association medical centre.

Pathologists tend to think in pictures, and quickly grasped his graphic approach. 'The grading system,' he wrote, 'spread rapidly through the urological/pathological world and many reports have appeared, confirming the results.' Gleason's drawings were reproduced repeatedly.

It was not until 1987, that the Gleason grading system became standardized and applied uniformly in all publications on prostate cancer. The system persists to this day.

After his distinguished medical career, Donald Gleason spent his last 20 years sailing, baking bread and playing bridge. He died of heart failure, and is survived by his wife of 62 years, Nancy, and three daughters.

The Gleason grading system explained

The tissue samples taken from a prostate biopsy are examined under a microscope. Grades of one (low grade) to five (high grade) are assigned to the two most common patterns of cancer seen under the microscope. These are:

- 1) How the cells look (on a scale of 1 to 5).
- 2) How the cells are arranged (on a scale of 1 to 5).

These two numbers are then combined to give a Gleason Grade score of 2-10. Low grades, 2 to 4 are correlated with slow growth rate cancers. The cells look most like normal prostate cells and are well differentiated. High grade cancers (Gleason 8 to 10) are quick to spread, have cells that look least like normal cells and are poorly differentiated. Intermediate grade cancers may behave like low or high grade cancers.



Prokar Dasgupta (left) and Peter Amoroso finishing together. The running vests kindly designed by Charles Ward Photography

Breast reduction ops on the increase

The British Association of Aesthetic Plastic Surgeons recently revealed its figures for 2008. They showed a large increase in the number of breast reductions operations on men. In 2008, 323 gynaecomastia corrections were carried out by Association members, 44 per cent up on 2007, and 15 times as many as in 2003, when just 22 procedures were carried out.

The extent to which this increase is associated with the rise in hormone therapy use to treat prostate cancer and hence this most unwelcome side effect is unclear. NICE guidelines state that men starting long-term bicalutamide monotherapy should receive prophylactic radiotherapy to both breast buds within the first month of treatment. If these guidelines are being followed, we would hope the number of male gynecomastia corrections will fall.

A marathon effort

We would like to say a huge thank you and congratulations to our four wonderful marathon runners who ran the Flora London Marathon this year in aid of Prostate UK. Andrew Allen did extremely well in the men over fifty age group finishing in 3h 29m. The other three were clearly fun and charity fund raising runners who are probably still immensely proud of their personal times. Wendy Larke stayed out in the unseasonably hot weather the longest. All our runners did a fantastic job. We are particularly grateful to Dr Prokar Dasgupta, and Dr Peter Amoroso, surgeon and anaesthetist, respectively. They also ran the New York marathon just five months ago, continued in training and completed the London course together raising a fantastic £14,500 between them.

If you have been inspired and would like to undertake a challenge for Prostate UK we have places in the London marathon 2010 or this summer's London triathlon. Please call Kerry on 0208 394 7969.

Sinai Hike for Hope Trek report by Roger Kirby

The third, highly successful Hike For Hope, organised specifically to raise funds jointly for **Prostate UK** and Wellbeing of Women (WoW), turned out to be one of the most spectacular and varied of desert treks. Unique in its wild beauty, the Sinai desert has wide open spaces, mountains, narrow wadis and a labyrinth of colourful canyons. The challenge began on Mount Sinai itself. All 75 trekkers were awoken around 2am to climb to the summit (2265m) for sunrise. Mount Sinai (Jebel Musa) is the spot where Moses received the Ten Commandments and when we reached the top we held a tearful minute's silence to remember dear, departed loved ones – the reason that many of the team were on the trek. After a long and arduous descent, we enjoyed a private visit to St Catherine's Monastery, supposedly built on the exact location of the burning bush, and home to an incredible collection of ancient texts and manuscripts. In fact our route virtually passed over part of the 40-year biblical trek taken by Moses some 3000 years ago. Thereafter, we set off through the area of the Nawamis, one of the burial sites of the Children of Israel, and the Rock of Inscriptions as we headed towards the stunning White Canyon. The high lime content in the rock has resulted in an incredibly beautiful white landscape. As we exited the Canyon we were greeted by the sight of the Ein Khudra, meaning Green Oasis. After another 4 hours of arduous trekking we reached our overnight stop at Wadi Chudra, where we camped in the wilderness under the stars either in Bedouin tents, or simply in sleeping bags out in the desert.

The following day, after an early rise and breakfast all 75 of us, from literally all walks of life, started trekking across partly sandy, partly mountainous terrain. That evening we camped near to Ein Om Achmad, the largest oasis in southern Sinai and home to hundreds of date trees and had supper around a camp fire.

The next day, setting off through Ein Om Achmad, we climbed to an observation point some 350 metres above the oasis. From there our route took us over sandstone, sand and pretty tough mountainous terrain. We took in the beauty and special atmosphere of a land formed and shaped by nature over hundreds of millions of years, when the pain from our blisters and joints was not distracting us. We descended to the oasis of Agola for a

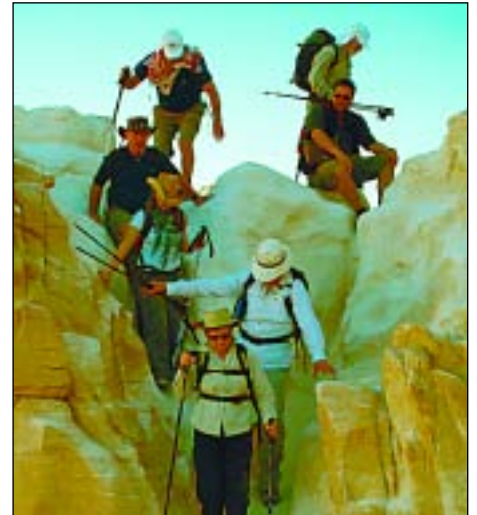


late lunch. That afternoon was spent trekking along the riverbed of a wide wadi to Bir Zayid for our overnight camp.

By then it was Thursday, and some of us had aches and pains that the team doctor needed to take care of, in spite of these we trekked along the hard surface of the Wadi El Ein. Around lunch time we reached Bir El Biryra, where Moses reputedly found water for the Children of Israel only to discover that it was too bitter to drink. Fortunately for us, our camel train had plenty of water and provisions! We spent our last night under the stars at Ras El Abrag.

On the final morning we set off through the Coloured Canyon. We walked in single file along this most beautiful narrow sandstone canyon with its multi-coloured stones of every shape and size. We continued through the impressive Wadi Malacha towards Ras El Sitan. From there we took the short but tiring walk to the finishing line at on the shores of the Red Sea. Champagne, hugs and not a few tears were shared. This year's *Hike for Hope* has so far raised over £350,000 for the two charities. Plans are already advanced for *Hike for Hope 4* in Kerala, India in November 2010. Anyone care to join us?

More information about this and the next *Hike for Hope* is available on www.actionforcharity.co.uk.



Raising Awareness

Led by former teacher, Bob Arthy, a group calling itself Friends of the Prostate has been distributing information in the streets and pubs of Chorleywood to raise awareness of prostate cancer its symptoms and what men can do about them.

Bob, 68, was diagnosed with the disease last year. Like many men he put off going to the doctor for months, passing off the disease's uncomfortable symptoms as merely a consequence of his advancing years. This mistake, he says, almost cost him his life.

Residents have enjoyed Bob's composition:

*Doctor, doctor don't delay,
In giving me a PSA.
Oh doctor, doctor don't delay.
I need a PSA
Today.*

At the time of going to print it was on the Watford Observer web site as a video. Have a listen. It's an excellent aid to spreading awareness.



Seminar Speaker profile: Declan Murphy MB FRCS Urol

We are delighted to welcome back Mr Declan Murphy as a guest speaker at our forthcoming Prostate Disease Master Class in Southampton on 20 November. He will be talking about the treatment of early stage prostate cancer as he did when he spoke at our London session in February. Our association with Mr Murphy goes back further still; he has been speaking at our events for over two years and was also supported by a travelling scholarship from **Prostate UK** to attend specialist training in Australia in 2007.



Originally from Galway in the West of Ireland, he completed his basic surgical training in Dublin before moving to London to continue higher specialist training on the South Thames rotation of the London Deanery. He was appointed as consultant urologist at Guys & St Thomas' NHS Foundation Trust in 2008.

He is trained in all aspects of open and endoscopic urology and has a particular interest in laparoscopic and robotic-assisted surgery, particularly for the

management of prostate and renal cancer. Following completion of his specialist training at Guy's and having been awarded the FRCS Urol in 2006, he spent a year in Melbourne completing a Fellowship in Laparoscopic & Robotic Urology under the supervision of Professor Tony Costello. He has a strong academic background and has published extensively in the field of minimally-invasive urology for the management of prostate and renal cancer. He is a regular reviewer for the BJU_i, the Journal of Robotic Surgery and the Postgraduate Medical

Journal. Mr Murphy is also interested in the use of information and communication technology for surgical education and has promoted a number of multimedia initiatives at Guy's to harness the power of new technology for patient and doctor education.

In his spare time he is an enthusiastic videographer and a keen cyclist having recently participated in the 109km Cape Argus cycle race in Cape Town, South Africa.

Reducing the risk of prostate cancer

Results of the first ever study of the chemoprevention of prostate cancer have just been announced. The study, REDUCE, an acronym for the Reduction by Dutasteride of Prostate Cancer, lasted four years. It was an international randomised placebo-controlled study of 8,200 men between the ages of 50 and 75 years with elevated prostate-specific antigen (PSA) levels and negative prostate biopsies. Baseline PSA levels ranged from 2.5 to 10 ng/mL.

Patients either received 0.5mg of dutasteride daily or placebo.

There were a total of 659 cases of cancer in the dutasteride group and 875 in the placebo group. This amounts to a 23% reduction in risk through taking the drug.

Dutasteride (Avodart) is more usually

prescribed for benign prostatic hyperplasia (BPH) where it operates by shrinking the prostate gland. Researchers noted that it may be that by shrinking the prostate, dutasteride also shrinks the tumours. Risk was most markedly reduced in the number of high-grade tumours. This important second effect is thought to be related to type 1 receptor inhibition a particular feature of dutasteride not present in finasteride (another BPH drug) that only acts on type 2 receptors.

Lead researcher Dr Gerald Andriole stated 'There is currently no approved treatment for risk reduction in prostate cancer, I would recommend chemoprevention for high-risk men based on these results. It is certainly enough to convince me. I would take it.'

Seminars

Our **Prostate Disease Master Classes** are completely free CPD accredited training seminars for medical professionals and qualify as in-service training. They are aimed at GPs, Practice Nurses, Specialist Urology Nurses etc and are proving extremely popular. We have now scheduled the following:

5 June 2009

Nottingham

Sponsored by *simplyhealth*

9 October 2009

Edinburgh

Sponsored by *simplyhealth*

20 November 2009

Southampton

Sponsored by *AstraZeneca*

To register please see

www.prostateuk.org

and click **Training**

Christmas card competition

Do you know a pint-sized Picasso or a mini Monet? We're calling all budding young artists under 16 to submit designs for the official 2009 Prostate UK Christmas cards. The chosen cards will feature the child



designer's name and a short message about why they would like to help our charity. This competition is open to all children who get their entries in before 31 July, simply send the design to Lucy Mackay at the Prostate UK address or email to lucy@prostateuk.org and complete the following (in no more than 30 words): 'I want to help Prostate UK because'