RACONTEUR on

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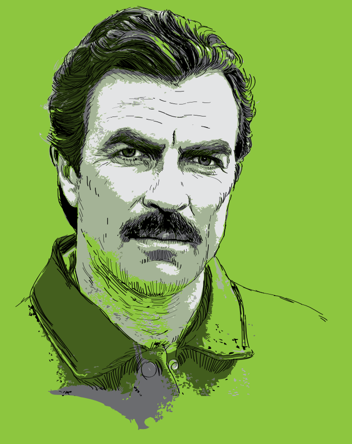
_26. October. 2011

1 in 9

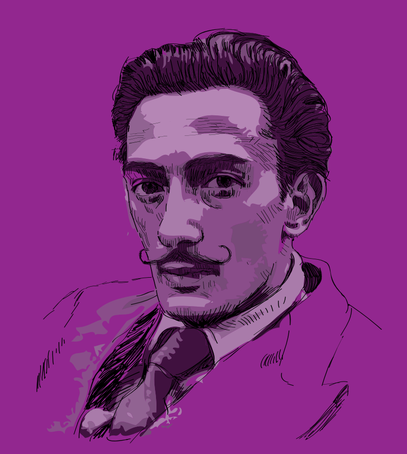
MEN WILL GET PROSTATE CANCER

1 MAN DIES OF PROSTATE CANCER IN THE UK EVERY HOUR



9 out of 10

DON'T KNOW WHAT THE PROSTATE GLAND DOES



MOUSTACHE SEASON

IS NOW OPEN

PROSTATE CANCER

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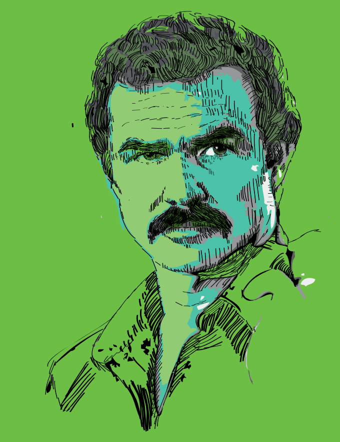
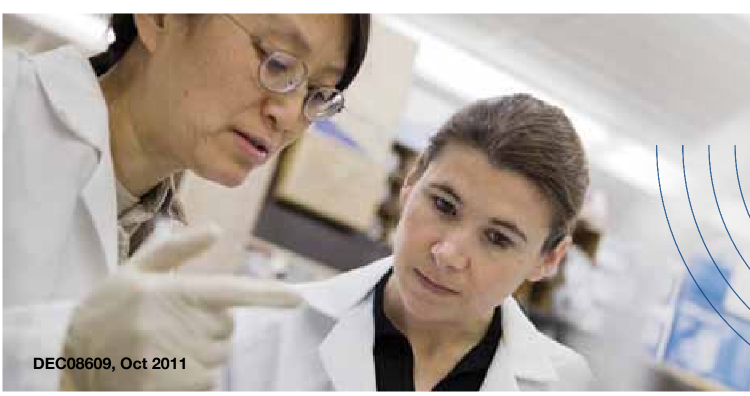
REAL MEN, REAL MOUSTACHES, REAL OUTCOMES



10,000

MEN DIE EVERY YEAR



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Gwyn Williams, 55, had a highly aggressive form of prostate cancer and was treated using TomoTherapy. The Head of Reserves for the RSPB said he originally thought he had type 2 diabetes: "I was diagnosed with prostate cancer at what seems like the 11th hour and hate to think what would have happened had I delayed seeing my GP for longer.

"I am thrilled to be in remission and owe my life to TomoTherapy. I am so fortunate to have been able to have had this treatment over surgery as it was painless. I had minimal side effects, in fact, I managed to continue working throughout. I went to work in the mornings and had my treatment in the afternoons."

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Distributed in THE TIMES

Published in association with

Publisher
Zoe Corbishley

Editor
Peter Archer

Design
The Surgery

Your feedback is valued by us. Please send in your opinions to editor@raconteurmedia.co.uk
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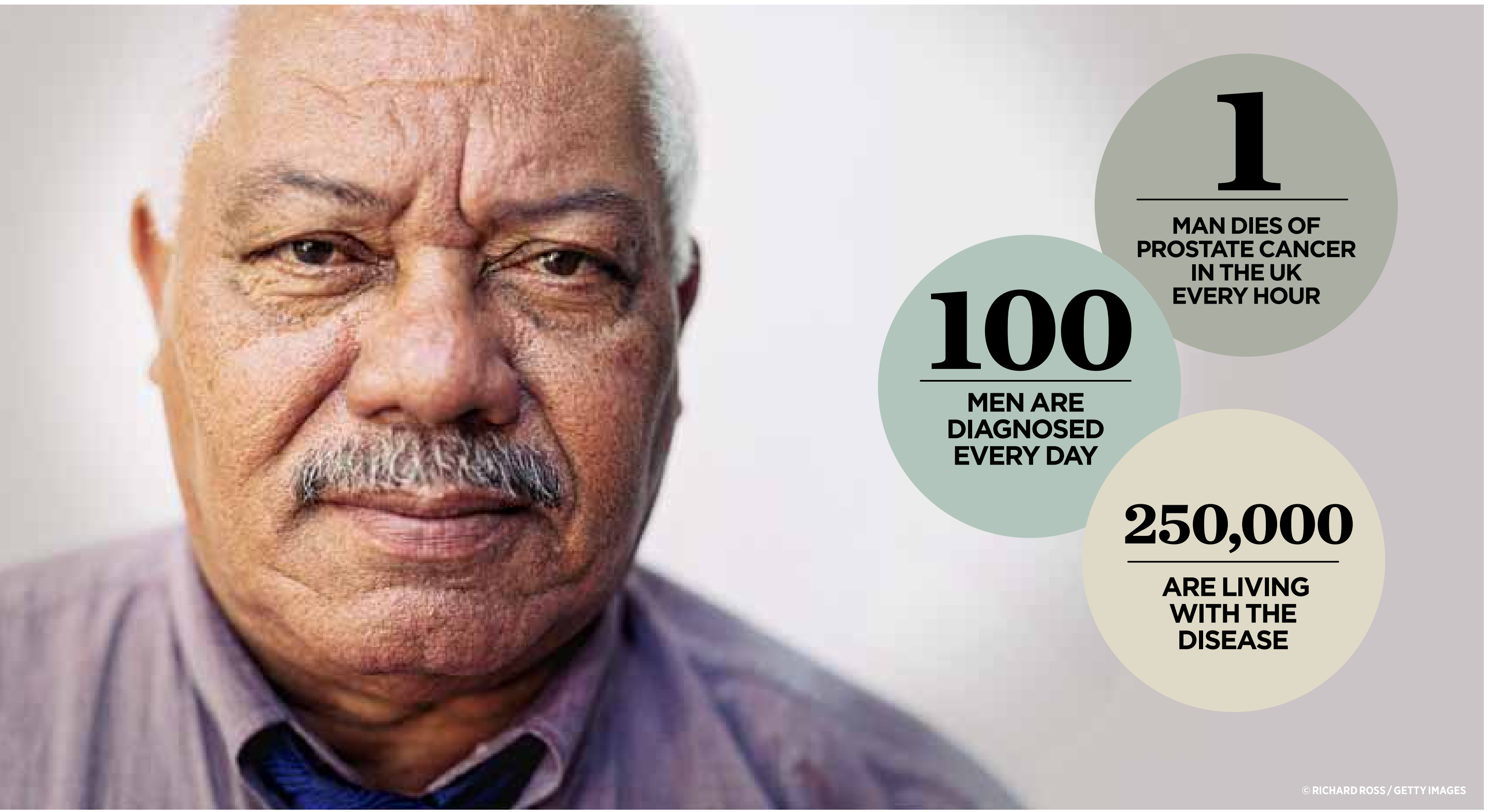


African-Caribbean men are more at risk from prostate cancer

Owen Sharpe, chief executive of The Prostate Cancer Charity, pictured below

RAISING THE PROFILE OF MALE CANCER **BY GROWING MOUSTACHES**

OVERVIEW Prostate cancer kills one man in the UK every hour and 100 men are diagnosed each day. In the past, it has been a neglected disease, but now Owen Sharp, newly appointed chief executive of The Prostate Cancer Charity, is leading a campaign for change, as **Peter Archer** reports

Prostate cancer is the most common cancer among men in the UK. Some 37,000 are diagnosed every year and 250,000 are currently living with the disease. It affects only men – one in nine will get the disease – and, as the UK population ages, the number of cases is set to increase because more than half of those diagnosed are aged over 70.

"It's the fourth most common cancer in the UK, but prostate cancer has been a neglected area," says Owen Sharp, who was appointed chief executive of The Prostate Cancer Charity earlier this year. "We are making progress in raising public awareness, but there is still a long way to go. We are living with a legacy of relatively low investment and a low level of emphasis compared to some other cancers. So there's a big job to do.

"Prostate cancer happens below the belt-line. This is a disease associated with many symptoms and problems that are very personal, and can cause a lot of embarrassment for men who generally are not good at engaging with health issues." One of the ways that awareness of prostate cancer is being heightened is a novel fundraising campaign in November when supporters grow a sponsored moustache. Movember, as it is called, last year raised almost £12 million in the UK.

"It's a tough time for all charities, but we are continuing to expand due partly to our successful partnership with Movember, which is a campaign many people feel extremely passionate about," says Mr Sharp. "In the current economic climate, we need to work even harder to get every penny we can because prostate cancer is a difficult disease to deal with. It's difficult to diagnose – it can be a very aggressive and severe disease, which can affect men very quickly."

Movember is a key part of pushing research forward. Survival rates for prostate cancer have been improving and more than three-quarters of men diagnosed now live beyond five years. This compares with a five-year survival rate in the 1970s of less than a third. Forty years ago, just two out of ten men diagnosed survived for at least ten years. Now it's nearly seven in ten.

> Public awareness of prostate cancer is being heightened by a novel fundraising campaign in November when supporters grow a sponsored moustache

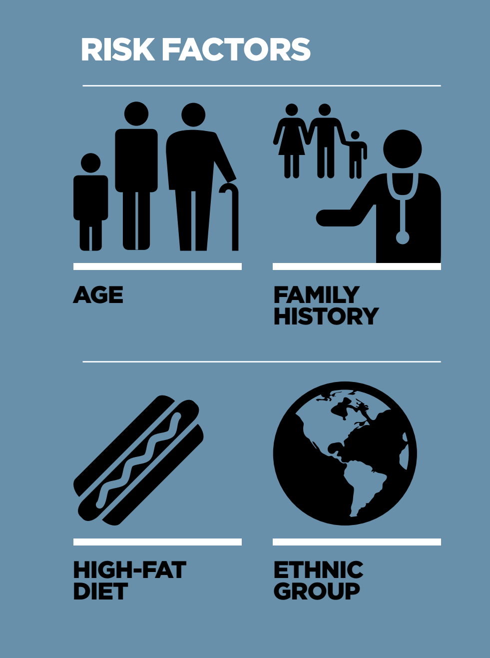
"I think it's important to highlight that there is good progress being made in researching the disease," says Mr Sharp. "Although there's still a big gap to fill, research funding has been increasing and there have been some positive steps forward.

"There's good evidence around what is the right treatment for some types of tumours and there are improvements in some of the diagnostic testing later down the line. In addition, we are now starting to see some end-of-life drugs come onto the market."

However, one of the most urgent and important advances needed is the development of a better diagnostic test that can provide a more reliable indication of prostate cancer than the current PSA (prostate-specific antigen) test.

"We need to continue to increase the level of investment in research rapidly to get better diagnosis, better treatment and better outcomes," says Mr Sharp. "We need to raise awareness among men so they know what to look for early on and what they can do about it. We need to ensure that a 'gold standard' of treatment is available throughout the UK. We know there are areas of good practice, but it is not universal and we need that to be the case.

"There are going to be a growing number of men living for a long time affected by prostate cancer and we know it has a residual impact on their lives, be that erectile dysfunction, incontinence issues, other physical side effects or some mental health problems. We need to ensure that men have access to a high level of support."



WHAT YOU SHOULD KNOW **ABOUT A KILLER IN OUR MIDST**

FACT FILE Men can be unaware of prostate cancer and have no symptoms until the disease has reached an advanced stage and spread to the bones, writes **Judy Hobson**

The good news is there may be pointers that indicate which men are most at risk of developing this insidious disease. Scientists are working hard to establish which of these biomarkers are the most reliable in determining who is at risk so that these men can be monitored regularly, screened and have treatment while the cancer is in its early stages.

WHAT IS THE PROSTATE?

The prostate is a walnut-sized gland sitting under the man's bladder. Its main function is to produce liquid to carry sperm.

HOW DOES PROSTATE CANCER DEVELOP?

Cancer occurs when the cells within the prostate gland divide and grow in an uncontrolled manner, forming a lump – a tumour – in the gland. Without treatment, prostate cancer cells can potentially spread outside the prostate, commonly to lymph glands and bones.

"Testosterone, the principal male hormone, is the main driver, but we don't know why in some men and not in others," says Malcolm Mason, professor of oncology at Cardiff University and prostate cancer spokesman for Cancer Research UK.

SYMPTOMS

Unfortunately, there are often no symptoms of a cancer until the tumour in the gland becomes large enough to put pressure on the urethra (water pipe) and the man has problems urinating. But having problems urinating does not necessarily mean he has prostate cancer. More commonly, such problems can be caused by the prostate gland getting larger, a non-cancerous condition, known as benign prostate enlargement, which is more frequent than prostate cancer.

Rarer symptoms of prostate cancer may include problems getting or keeping an erection, or blood in the sperm or urine. Later symptoms may include new pain in the lower back, hips or pelvis.

Any man experiencing problems urinating should visit his GP to be checked out. If the doctor suspects cancer, the man may be offered a PSA (prostate-specific antigen) blood test and, if the resulting PSA level is abnormal, the GP may also need to feel the prostate for possible abnormality. The man may then need to be referred to a consultant urologist for further investigation, which may include prostate biopsy.

Men who are over 50, or younger men who are known to be at risk, should be able to make an informed choice whether to take a PSA test which is available through their GP.

RISK FACTORS

Some men are more at risk than others of developing prostate cancer.

Age is the greatest risk factor. Although rare before the age of 45, after 50 a man's chances of developing the cancer rises with incidence peaking in the mid-70s.

Having a close relative with the disease increases risk. If your father or brother is diagnosed then you are two-and-a-half times more likely to develop it than someone who has no relatives with prostate cancer. If a close relative is affected by prostate cancer (under the age of 60 at time of diagnosis), your risk increases fourfold. Men with two or more affected close relatives are at even higher risk.

African-Caribbean men have a three-times greater risk of developing the disease.

A study published in *Cancer Prevention Research* (Philadelphia) in July concluded there was decreased prostate cancer-specific survival of men with BRCA2 mutations from multiple-breast-cancer families and that men in families prone to breast cancer are at risk of developing aggressive prostate cancer.

> Men whose index finger is longer than their ring finger may be less likely to develop prostate cancer

Curiously perhaps, the relative length of index and ring fingers may identify men at risk of prostate cancer. Researchers at Warwick University and the Institute of Cancer Research reported in the *British Journal of Cancer* in December 2009 that they believe the relative finger length is set before birth and is thought to be connected to the level of testosterone a baby is exposed to in the womb. Less testosterone equates to a longer index finger. Being exposed to less of the male hormone before birth, the researchers believe, helps protect the man from prostate cancer in later life. So, on this basis, men with shorter index fingers, compared to the ring finger, may be more at risk. This finding may help identify those men for ongoing surveillance.

SEX AND PROSTATE CANCER

The jury is out on whether highly sexually active men are more at risk of developing prostate cancer. Research so far has proved inconclusive.

But a small study led by Nottingham University, (Dimitropoulou et al, British Journal of Urology, 2009), suggested men who are highly sexually active in their 20s and 30s, and also masturbate frequently, are at greater risk of developing the disease. Findings were based upon the recall of sexual activity throughout each decade of their lives by 431 men diagnosed with prostate cancer before the age of 60 and 409 men without the disease.

The study further suggested that men with prostate cancer were more likely to have had a sexually transmitted disease. The sample was small and findings relied upon men accurately recalling information from 20 to 30 years ago.

However, an earlier study, conducted by researchers in Melbourne and reported in the New Scientist (July 2003), claims that the more men masturbate between the ages of 20 and 50, the less likely they are to develop prostate cancer. The research team believes ejaculation prevents carcinogens building up in the prostate gland.

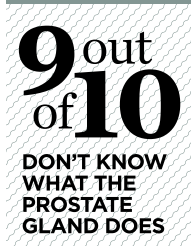
Cardiff University's Professor Malcolm Mason says: "There isn't just one thing involved here. The more sexually active a man is, the more likely he is to have more partners and get sexually transmitted infections. It is not impossible that this cancer has an infective cause contributing to it. Where masturbation is concerned, the hypothesis is that carcinogens concentrate in the prostate and ejaculating flushes them out."

However, a large prospective study of prostate cancer (Cancer Epidemiol Biomarkers Prevalence, 2008) showed no consistent association with specific sexually transmitted infection and a borderline association with infection compared to none.

PROSTATE CANCER IS **THE MOST COMMON CANCER** AMONG MEN IN THE UK

1 in 9 MEN WILL GET PROSTATE CANCER

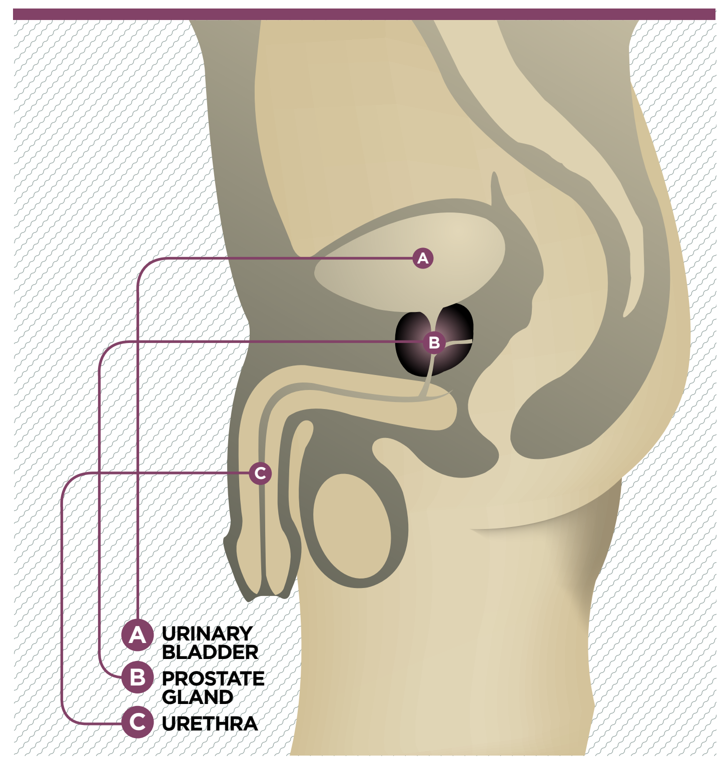
37,000 MEN ARE DIAGNOSED EVERY YEAR



9 out of 10 DON'T KNOW WHAT THE PROSTATE GLAND DOES

YOUR ARE **2.5** TIMES MORE AT RISK IF YOUR FATHER OR BROTHER HAS BEEN DIAGNOSED

10,000 MEN DIE EVERY YEAR



The prostate lies underneath the bladder and surrounds the urethra

OVERCOMING **MALE RELUCTANCE TO GET HELP**

TESTING AND DIAGNOSIS Men are slow to seek medical help, but early diagnosis, when dealing with a disease as serious as prostate cancer, can add years to a man's life, as **Roger Dobson** reports

Research shows that nine out of ten men, whose prostate cancer is caught in the early stages, will be alive in five years time, compared to around five out of ten, whose disease has spread.

But men are often slow to seek help, as they are with a number of other medical conditions, even when they experience uncomfortable symptoms.

One theory is that men are more fearful than women of getting bad news about their health and prefer to avoid health issues, rather than confront them.

"Traditionally, British men are very stoical and don't like to talk about problems relating to their urinary tracts or sexual health," says Mr Raj Persad, director of Bristol Urology Associates, and consultant urologist at Bristol Royal Infirmary and Southmead Hospital.

"Barriers are slowly being broken down through greater publicity of how important it is to do early detection," says Mr Persad, who is also a senior clinical lecturer at Bristol University. "The problem with prostate cancer is there are no symptoms that present early in the disease and we largely depend on the use of PSA [prostate- specific antigen test].

"When a man presents with symptoms related to his lower urinary tract, these are nearly always due to benign prostate enlargement or overactive bladder. If prostate cancer is detected, this is nearly always a coincidental finding in this scenario and is not what caused his symptoms."

Getting a diagnosis can involve a number of tests. One of the first is the Digital Rectal Exam or DRE which involves a doctor inserting a lubricated, gloved finger into the rectum and feeling the prostate through the rectal wall to check for hard or lumpy areas. If the prostate gland is larger than expected this could be a sign of a BPH (benign prostatic hyperplasia or enlarged prostate). A prostate gland with hard bumpy areas may suggest prostate cancer.

A PSA blood test looks at levels of prostate specific antigen, a protein produced by the prostate gland. There have been suggestions this could be the basis of universal screening, in much the way as mammography is used to detect breast cancer in women, but the test has its flaws.

Two out of three men found to have a raised PSA will not have any cancer cells in their prostate biopsy and up to one in five men with prostate cancer will have a normal PSA result. A high PSA level in the blood can also be caused by other conditions, including infections, enlarged prostate and inflammation.

"Whether or not there should be routine UK screening is really a question of yield and cost effectiveness, and whether society prefers to spend its money on prostate cancer or on other areas of health care, such as decreasing cardiac risk," says Mr Persad.

"In the UK, we don't know the answer and the ProTect study, which I am involved in, is looking at the massive area of whether screening impacts on survival. It is a crucial trial.

"In Sweden, where the trial has reported its early results, it looks as though screening is justifiable in terms of saving lives at the cost involved. But in Sweden there is a prostate-cancer death rate, at the age of 70, of 7 per cent, so it may make absolute sense. But the mortality rate is not as high as this in the UK, so it may not be suitable to screen here. Only the ProTect trial will give us the answer in a few years time."

A PCA3 urine test homes in on PCA3 genes in the prostate cells which make the cells produce a protein. It's thought this test may be most suitable for men with raised PSA levels, following a negative prostate biopsy, where it could be used to provide additional information on whether a repeat biopsy is needed. However, this test is only available privately in the UK.

> British men are very stoical and don't like to talk about problems relating to their urinary tracts or sexual health

Computerised tomography or CT scans can be used if there is a risk of the cancer spreading and may show whether it has spread to the lymph nodes near the prostate.

Magnetic resonance imaging or MRI scans create a detailed picture of the prostate and surrounding tissues, and may also be used where there is a risk of the cancer spreading.

Bone scans can show whether cancer cells have spread from the prostate to bone, the most likely part of the body that these cells spread to.

Any of these scans may be preceded by a biopsy, where small samples of prostate tissue are removed and tested for cancer cells. Where such cells are found, they are graded to determine how aggressive they are. Gleason scores run from two to ten. A score of eight, nine or ten means that it is an aggressive cancer; seven is less aggressive and six is the slowest growing.

SYMPTOMS

Many men will not have symptoms, but those who do may experience:

- Need to urinate frequently, especially at night
- Difficulty starting urination or holding back urine
- Inability to urinate
- Weak or interrupted flow of urine
- Straining or taking a long time to finish urinating
- Feeling that the bladder has not emptied properly

Less common symptoms include:

- Painful or burning urination
- Difficulty in having an erection
- Painful ejaculation
- Blood in urine or semen

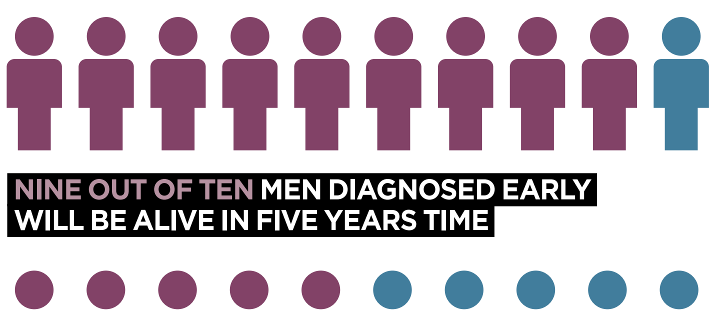
QUESTIONS FOR YOUR DOCTOR

Being diagnosed with prostate cancer can be scary and stressful, and patients have many questions and concerns. Your doctor is the best source of information about your situation, but it helps to know what to ask.

Key questions include:

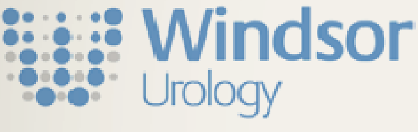
- What type of prostate cancer do I have?
- What is my PSA level and what does this mean?
- What is the cancer's clinical stage and grade (Gleason score), and what does this mean?
- What are my chances of survival?
- How much experience do you have treating this type of cancer?
- What treatment choices do I have?
- What treatment do you recommend and why?
- What is the goal of my treatment?
- How long will treatment last, what will it involve and where will it be done?
- What risks and side effects should I expect?
- What are the chances of incontinence or impotence and other side effects?

SOURCE: THE PROSTATE CANCER CHARITY



NINE OUT OF TEN MEN DIAGNOSED EARLY WILL BE ALIVE IN FIVE YEARS TIME

COMPARED TO FIVE OUT OF TEN WHOSE DISEASE HAS SPREAD



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STEELY DETERMINATION TO BEAT THE CANCER

INTERVIEW Politician, author and former speaker of the Scottish Parliament, Lord Steel has enjoyed an illustrious life in politics. As David Steel he became Britain's youngest MP, representing Roxburgh, Selkirk and Peebles, at the age of 26. From 1976 to 1988, he was Leader of the Liberal Party and steered through their merger with the Social Democratic Party. He was knighted in 1990 and elevated to the House of Lords in 1997, and became the first Presiding Officer of the new Scottish Parliament in 1999, retiring in 2003. A year earlier, he had been diagnosed with prostate cancer which, as he tells **Liz Bestic**, was like being "poleaxed"

> Like many men, I had very little idea where the prostate was or indeed what it did

"I think everybody must feel poleaxed when they are told they have cancer. Somehow that word can still have quite a devastating effect on ordinary people like me who are not medics. The cancer was discovered after a routine check-up with my GP. He suggested a PSA [prostate-specific antigen] test which indicated I needed to go for a further test. A scan then confirmed I had prostate cancer.

There were no symptoms – I was just very lucky to have an excellent GP who happened to spot it. I am eternally grateful to him. Like many men, I had very little idea where the prostate was or indeed what it did. I think this is fairly typical of men who tend to be way behind on health matters. Women have no worries about going for breast screening, but men are more reticent about their health and need to be encouraged to talk about it more freely. I was very lucky that my cancer was discovered early enough to do something about it – a friend, who helped me a lot when I was first diagnosed, was not so lucky.

At first I was offered a revolutionary treatment called brachytherapy at a time when it was just starting in this country. The only specialist doing this particular treatment was based in Leeds and my brother, who is a cancer specialist, said he would arrange for me to go and see this guy. However, my oncologist, who I got on extremely well with and in whom I had great faith, said there was no need as this guy had already been up to the Western General in Edinburgh and trained some of the doctors there.

In order to be a suitable candidate for the treatment, it was necessary to shrink the gland with a specific type of drug. So I took this stuff for a couple of months and it didn't work so brachytherapy was ruled out. I can't say I was very upset as I was not terribly happy about being one of the first guinea pigs in Scotland.

I found the range of treatments on offer for prostate cancer quite baffling, but discovered later it is quite normal practice. One of my close university friends has just been through the same process and rang me up for advice and said it felt as if there were all these people competing for his body. In the end, for me it boiled down to what was most convenient – radiotherapy or surgery. As I was presiding over the Scottish Parliament at the time, I knew I couldn't be off work for very long which is why I chose radiotherapy.

I did feel slightly trapped because the Scottish Parliament at the time had no powers to appoint a temporary Third Deputy so everyone was run ragged, not just chairing parliament, but doing all the other myriad things the Speaker has to do. This was a major problem but, as a result of that experience, the law is in the process of being changed. In the event, I managed to combine the treatment with the Easter recess and I was only off for two weeks.

I am very keen to encourage men of a certain age to have a PSA test. The other thing I must speak up for is the importance of support groups which I think are invaluable. This is a place where you can go and get practical advice and support from others who have gone through the same experience. It is completely different from medical advice which can be so confusing. Here you can find out about practical things like how tired you can feel after radiotherapy, for example, or what the side effects of surgery are.

It is ten years on now and I feel absolutely fine. I have regular check-ups every six months and, touch wood, so far there are no problems. I am afraid I do work as hard as ever and keep meaning to retire properly, but I am just so busy. Last month I was a speaker at a conference in Nairobi, this month in South Africa, and next month in Canada. In between I have my Private Member's Bill on Lords Reform which has strong all-party support. Occasionally I do manage to take some time off to do a spot of fly-fishing and we have just returned from a two-week holiday in France. I am getting a little older but, apart from that, life goes on and, aside from the initial drama, I can't say it has changed my life. The only difference perhaps is that nowadays I tend to keep one eye on where the nearest loos are."

There are prostate cancer support groups throughout the country. To find your local group visit www.prostate-cancer.org.uk or call The Prostate Cancer Charity on 0208 222 7622 or 0141 314 0050

CELEBRITIES WHO BEAT THE DISEASE

Oscar-winning actor Robert De Niro discovered he had prostate cancer after a regular check-up at the age of 60. The disease was detected early and, following treatment, he made a full recovery.

It was not the first time cancer had affected the screen star's life, as his artist father died of the disease. Among those to send a message of support was US movie-world peer Sidney Poitier who had beaten prostate cancer nine years earlier.

Former South African president and Nobel Peace Prize winner Nelson Mandela discovered he had early-stage prostate cancer in 2001, at the age of 83, after a biopsy.

He underwent seven weeks of radiotherapy, attending daily 15-minute sessions at a private clinic in Johannesburg, and made a full recovery.

Desmond Tutu, the retired Anglican Archbishop of Cape Town, who had been diagnosed after a routine examination in 1996 and was treated with hormone therapy and radiation, told Mr Mandela: "There is life after prostate cancer."

American soul singer James Brown was diagnosed with prostate cancer in 2004 and survived. A decade earlier, James Bond star Roger Moore underwent successful surgery in 1993. Golfer Arnold Palmer was diagnosed in 1997 and, eight weeks after surgery, was back on the links.

Former racing driver Sir Stirling Moss had surgery in 1970 and has spoken of subsequent erectile dysfunction. "Men worry that admitting they have the problem will reflect on their masculinity, but it has nothing to do with masculinity," he says.

Composer Lord Lloyd Webber experienced similar problems after he had his prostate removed in 2009. Doctors have said he is free of the cancer, because it was caught in the early stages, but he still has regular health check-ups.

Strictly Come Dancing judge Len Goodman had a successful operation two years ago to remove a tumour in his prostate gland, which was spotted during an annual check-up.

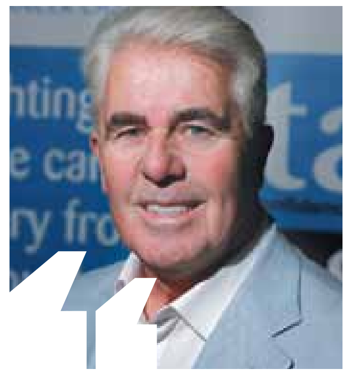
He admitted to fearing the worst when he was diagnosed, but remained upbeat during his treatment: "I was obviously worried at the start. We all worry if we get something like this. You do feel a bit vulnerable, but as long as you come out the other side all right, why worry?"

World-renowned chef Ken Hom decided to speak out about his brush with prostate cancer in a bid to ensure other men become more vigilant and act upon any concerns.

"It is terribly important to catch aggressive prostate cancer early. All men need to know that prostate cancer exists. Let's not walk around with blindfolds on and let machismo be the death of us."

‘THE TEN-MINUTE TEST **THAT SAVED MY LIFE’**

OPINION Prostate cancer kills more than 10,000 men in Britain every year, but many of these lives could have been saved by a simple blood test, writes press and public relations consultant **Max Clifford**



Women talk about and regularly have tests for breast cancer but, when it comes to us males, it often seems to be a case of what you don't know won't harm you. However, a blood test, known as a PSA test, is the first step along the road to diagnosing prostate cancer.

When I had just turned 60, my GP, a wonderful and wise lady called Dr Ann Coxon, told me I had an enlarged prostate and was a likely candidate for prostate cancer. She suggested I have regular PSA tests every six months, which I did. It's an easy blood test that takes just minutes.

After a few years, my PSA (prostate-specific antigen) level started rising quite rapidly so Ann sent me for further tests. I had an ultrasound and a biopsy, which showed the very early stages of prostate cancer. These tests served as an early warning to me and undoubtedly saved my life.

There are three stages of prostate cancer, slow-growing, intermediate or aggressive. Mine was intermediate and I was sent for 37 radiotherapy sessions spread over eight weeks at the Cromwell Hospital in London.

My prostate cancer specialist, Dr Nick Plowman, explained that it was important to have the most accurate machine possible, which at the time was only available at the Cromwell and one other hospital in Oxford. Naturally you want the radiotherapy to destroy just the cancer cells without damaging the surrounding areas, which can cause other problems.

I had virtually no side effects from the radiotherapy. I've always enjoyed sport and was still able to swim most days and play tennis a couple of times a week, while continuing to work flat-out during my treatment.

You can see then why, in recent years, I have taken every opportunity to speak out about the importance of men over 50 having a regular PSA test.

Men all too often fail to have any checks for prostate cancer and are usually too embarrassed to even talk about any problems they might be having in this area.

Dr Plowman made it very clear that, without the regular PSA tests that eventually showed up my early prostate cancer, I could have been dead within a few years. So I was lucky, but you can clearly understand why I have been keen to give so many radio, press and TV interviews on this subject. I have also become an Ambassador of The Prostate Cancer Charity.

I know from the hundreds of letters and calls I have received over the past few years that talking publicly about my prostate cancer has save many other lives, something which naturally gives me tremendous satisfaction. Very often it is the women in the lives of the men at risk who have persuaded their partners to get a PSA test.

Some doctors argue that PSA testing can throw up false readings and this can well be the case. But for me and many others, this simple blood test proved to be a real life- saver. And I would stress to every man over 50 to be regularly tested in this way.

So many men have died of embarrassment, please make sure you're not one of them.

THE PROS AND CONS OF TESTING

Dr Sarah Cant, head of policy and campaigns at The Prostate Cancer Charity, says:

"Men can ask their GP for a PSA blood test. Although not a test for prostate cancer, it can pick up problems with the prostate, which might be cancer. This test is available to men at higher risk of prostate cancer – that's men over 50 and younger men who are from an African-Caribbean background or who have a family history of the disease.

"Any man who wants to take a PSA test should first of all speak to his doctor. There are pros and cons to the test, and it is essential that men are given balanced information and support by their GP so that they are able to make an informed choice about whether it is the right thing for them."

ENDORSING THE CAMPAIGN

Celebrities lend their names to The Prostate Cancer Charity to raise funds and awareness of the disease.

Ricky Gervais, star of TV comedy *The Office*, wrote and recorded a radio advertisement for the charity to launch its "Real Men Know All About It" campaign. He was also among celebrities who designed exclusive manbags for auction.

Actor Sir Ian McKellen took part in BBC Radio 4's campaign for Prostate Cancer Awareness Week when he spoke of his encounter with the disease: "I was sitting on a chair in a London NHS hospital. Waiting. Waiting for my consultant to report on my biopsy. Just a check-up he'd said. And then the result – you have prostate cancer. But the good news is we caught it in time. Even so, it felt like a verdict. Nothing too unusual about that though when 37,000 men are diagnosed with prostate cancer in the UK every year. Each of their experiences will be different."

Dave Prowse, Darth Vader in *Star Wars,* was diagnosed with prostate cancer in 2009 and has since joined forces with The Prostate Cancer Charity: "Even though my brother had been diagnosed with the disease, I was completely unaware that I could be at risk too. Much still needs to be done to make men more aware of the disease and the possible risk factors."

Former England cricket captain Michael Vaughan tried out some new batting skills in a unique art project for the charity. "Artballing" involved him batting balloons of paint on to a canvas.

Actress Zoe Wanamaker's father, film actor and director Sam Wanamaker, died of prostate cancer: "It is a disease that only occurs in men, but a diagnosis affects the women in their lives too. My father died after a long battle with the disease when he was 74. I want to help make prostate cancer matter in memory of my father and the 10,000 men who die from the disease every year in the UK."

Star support: Zoe Wanamaker and Ricky Gervais

COMMERCIAL FEATURE

PREMIER PROSTATE CANCER CARE

For more than ten years, Bristol Urology Associates, in association with Spire Bristol Hospital, have provided state-of-the-art treatment and care for men suffering from prostate cancer. Raj Persad, urological oncology surgeon and director of Bristol Urology Associates (BUA), explains why the BUA and Spire Bristol Hospital combine to make the premier private prostate cancer institution in the South West.

"At Bristol Urology Associates, our philosophy is to concentrate expertise in one team effort," says Mr Persad. "We recognise that every patient is different and our range of skills allows us to offer individually focused care.

"The three directors of the BUA clinic operate at the Spire Bristol Hospital, and manage a caring and responsive team, providing all the information patients need to make important decisions about their treatment. Our specialisms and medical experience complement each other, and we treat all types and stages of prostate cancer.

DIAGNOSIS

"We perform skilled and accurate diagnoses using advanced techniques, such as template biopsies and precision MRI imaging. We also offer a comprehensive screening package and, for those men who do not want surgery, we provide a high level of cancer monitoring, targeting those who may need active treatment at a later date."

TREATMENTS OFFERED BY OUR TEAM OF SPECIALISTS INCLUDE:

- Open, laparoscopic and robotic prostatectomy surgery
- Brachytherapy (high and low-dose rate)
- External beam radiotherapy
- HIFU (high-intensity focused ultrasound)
- Cryotherapy

"We are proud to work in a centre that takes an integrated multi-disciplinary approach and tailors treatment to the specific needs of the patient," says Mr Persad. "This produces the best cancer outcomes and minimises side effects.

"For example, we can offer brachytherapy, HIFU or radiotherapy as alternatives to surgery. Or for those who want high-tech surgery, the BUA can provide robotic, precision, minimally invasive keyhole operations.

SUPPORT

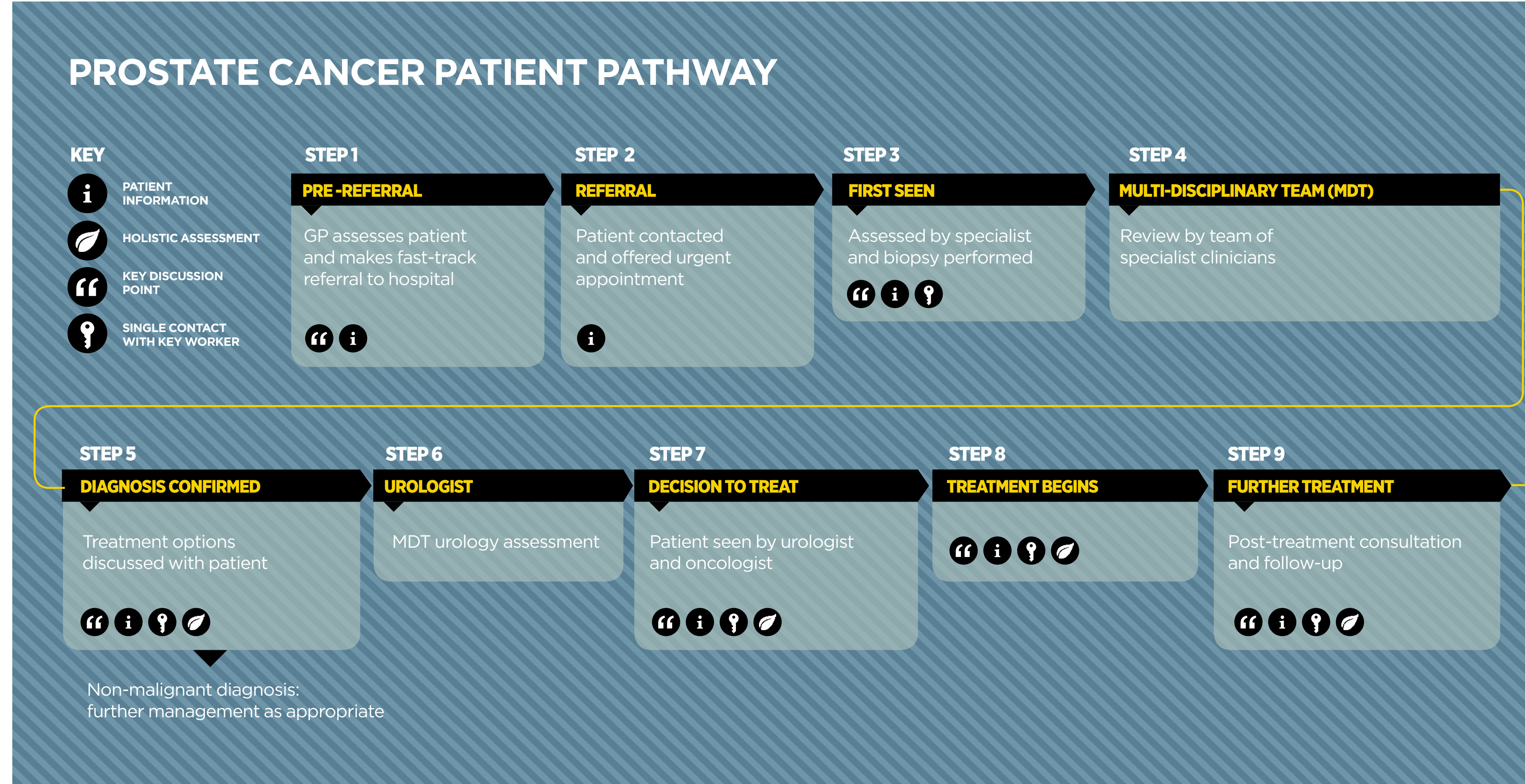
"We offer support for both patients and their families through bladder training and pelvic floor exercises, and counselling for psychosexual issues. Our nurses are fully trained and experienced in managing common problems facing patients."

WHO WE ARE

Bristol Urology Associates, in association with the Spire Bristol Hospital, is the premier private prostate cancer institution in the South West and all our consultants are nationally renowned.

- Raj Persad, BUA director and adviser to NICE with 16 years' experience as a consultant urologist/andrologist: Raj specialises in minimally invasive procedures, including HIFU and cryotherapy, as well as radical prostatectomy for early -stage disease.
- Mark Wright, BUA director and consultant urologist for ten years: Mark has led national developments in laparoscopic surgery for prostate cancer and, with colleagues, is pioneering robotic surgery in the South West.
- Tim Whittlestone, BUA director and consultant urologist for eight years: Tim is one of the top specialists in the UK treating complications of the disease and its side effects, such as incontinence and erectile dysfunction.

For further information visit www.bristolurology.com and www.spirebristol.com or contact the consultants at the BUA (0117 980 4118) or the Spire Bristol Hospital (0117 980 4080)



WHEN 'THE BIG C' SHOCKS AND STUNS DECISIONS MUST BE MADE

TREATMENT Men diagnosed with prostate cancer may be given a range of options and asked to decide which treatments suit them best, writes **Ellie Broughton**

When Chris Herd began to experience problems passing urine, he shrugged off any idea that something was seriously wrong. "Typical bloke, I didn't think I had a problem," he says. But his financée – now wife – Jean persuaded him to go to the doctor who discovered that Chris's PSA (prostate-specific antigen) levels were slightly above average. Chris, 57, was referred to a specialist and, following a prostate biopsy, was diagnosed with prostate cancer.

"According to the doctor, there was no desperate panic," he recalls. "But it's the big C, isn't it? Some things you just don't want to hear." Tens of thousands of men share Chris's reaction every year. As he says, the shock of "the big C" can often make men unreceptive to initial medical advice.

Meg Burgess, a nurse specialist at The Prostate Cancer Charity, says this can make it difficult for men to make sense of their options after diagnosis: "One of the things we find is that men go into an element of shock," she says.

"Once they've been told their diagnosis, they're given a huge amount of information about the way it's going to be treated and the impact that will have. They often leave appointments feeling overwhelmed by the volume of information they've been given and often don't hear a lot of what's been said."

Patients are usually given a few options, depending on whether the cancer is contained within the prostate, has grown just outside the gland or spread to other parts of the body. Treatment also depends on factors, such as general health, Gleason score (likelihood of cancer spreading), PSA level and the cancer's rate of growth, as well as the patient's opinion on preferred therapies.

When prostate cancer is localised – that is, contained within the gland – treatments are available which attempt to cure the cancer.

The most well-established treatments are surgery or radiotherapy. Surgery is more precisely known as radical prostatectomy, because it removes the prostate gland in its entirety.

> Men may be overwhelmed by the volume of information and often don't hear a lot of what's been said

In some UK hospitals, keyhole surgery is offered as an alternative to open surgery and occasionally there is the option of robotic surgery. Both these methods reduce blood loss and recovery time compared with a conventional operation.

Like surgery, radiotherapy also has new alternatives available in some areas. Patients can either have low-dose radioactive "seeds" implanted into the prostate or a high-dose source of radiation inserted temporarily.

Two other treatments, high intensity focused ultrasound (HIFU) and cryotherapy, use intense heat and cold to damage cancers. Although both have been approved by NICE (National Institute for Health and Clinical Excellence), patients would need to join a clinical trial in order to pursue these options as the regulator considers these treatments lack strong evidence of their long-term efficacy and effect on quality of life.

Chris Ogden, consultant uro-oncologist at The Royal Marsden in London, says there are a few reasons why men might opt for a prostatectomy over radiotherapy. "Surgery is the more definitive treatment," he says. "You'll find out what the cancer is and where it has got to, which radiotherapy doesn't.

"Surgery is also ruthlessly followed up by PSA testing," he adds. "Whereas, with radiotherapy or ultrasound, you may have residual tissue you need to monitor for 18 to 24 months. With surgery, it's clear in three months whether the cancer has been eradicated."

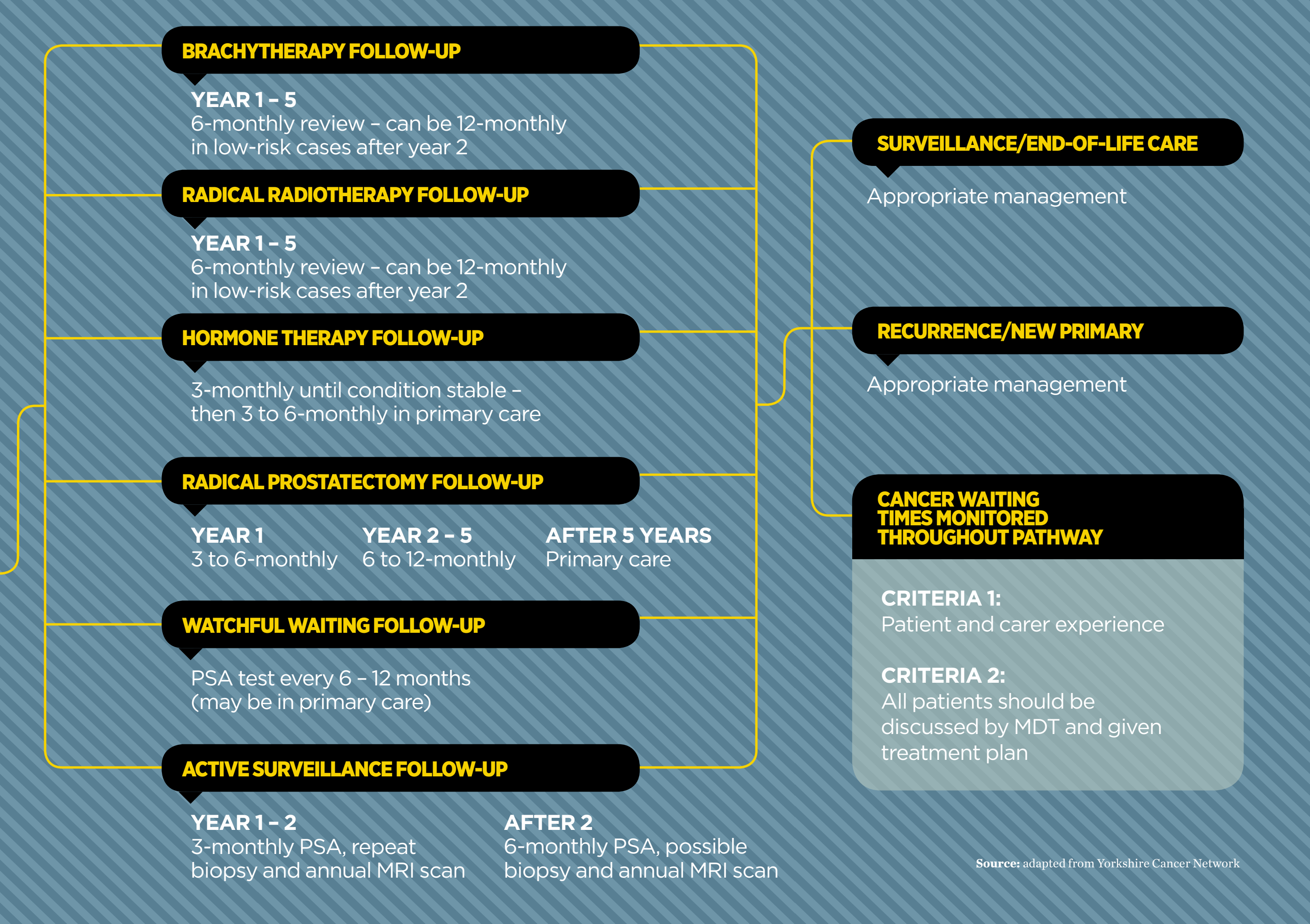
Men can also choose to delay treatment, especially if their cancer is slow-growing. Unlike watchful waiting, active surveillance is a strict observation of the cancer that aims to cure, rather than control, the cancer if it develops. Patients who choose active surveillance will be those with a low Gleason score and for whom the side effects of treatment may be worse than living with the disease.

Localised prostate cancer can also be treated using hormone therapy, but this choice tends to be more common among those with locally advanced or advanced cases. Treatment can be drastic – lower testosterone levels put men through menopause-like symptoms – so patients should be fully informed of the potential changes beforehand.

Some men with localised cancer will be offered the option of a clinical trial, which may involve one of the newer therapies mentioned here.

But one new drug, approved and licensed in the UK since July, is Jevtana (cabazitaxel) that offers hope for those with advanced (metastatic) prostate cancer, which is resistant to other treatments. For many years, this patient population has not had any new treatment options that significantly extend life. In the past three months, more than 80 men in the UK have been prescribed Jevtana, which can be provided by clinicians through the Cancer Drugs Fund, set up by the current government to allow better access to cancer medicines.

If prostate cancer is no longer localised, but has spread outside the gland, treatment is usually aimed at controlling the cancer and its symptoms, rather than curing it. For cancers that have spread just outside the gland, clinicians may recommend radiotherapy or high-dose, temporary brachytherapy alongside hormone medicines; for



TOP TEN FACTS

01_ Prostate cancer is the most common cancer in British men, accounting for 24 per cent of male cancer diagnoses.

02_ Of all the cancers, it claims the second most lives, after lung cancer.

03_ Many men live with the disease – five-year survival rates are around 70 per cent.

04_ Over the last 30 years, prostate cancer rates in the UK have almost tripled, mainly due to better detection.

05_ Prostate cancer mortality rates in the UK have fallen by around 20 per cent since the early-1990s.

06_ Very few cases are registered in under-50s and around 75 per cent of cases occur in over-65s.

07_ African-Caribbean men are three times more likely to develop prostate cancer than white men of the same age.

08_ Risk increases 2.5 times for men with a father or brother diagnosed with the disease.

09_ Unlike other cancers, it is not thought to have a strong association with smoking, drinking or obesity, although a healthy lifestyle is recommended.

10_ Men are more likely to die with prostate cancer than of it – it kills around one in every twenty six sufferers.

advanced cancer, hormone therapy is the gold standard.

Once Chris Herd had received his diagnosis, he was given four options. After researching the possible choices, he decided that he would feel uncomfortable "doing nothing" under active surveillance and, as a self-employed printer, both radiotherapy and surgery would be time-consuming. So he chose to go private and have brachytherapy. The procedure involved one overnight hospital stay, followed by a week in bed at home, and Chris was able to return to work within a fortnight.

He subsequently suffered some loss of urinary function as well as problems achieving an erection. The former cleared up after surgery and the latter responded positively to a few months' use of Viagra.

"I really must stress that I think I've been very lucky," says Chris from Sheffield. "The problem was diagnosed and seen to, and I've not had an awful lot of trauma thereafter."

SIDE EFFECTS

According to the Prostate Cancer Foundation, there are six broad categories of side effects typically associated with the disease – urinary, bowel, erectile dysfunction, loss of fertility, and the side effects of hormone therapy and chemotherapy.

One of the most common side effects of all treatments is loss of erectile function. This is one of the reasons why men opt for active surveillance as treatment can often damage the delicate nerves and blood vessels around the gland that control erections.

Men who undergo surgery, both open and keyhole, and those who go through external radiotherapy, all regularly report loss of erection afterwards.

Treatment also affects a man's ability to produce sperm and ejaculate, so it's natural to expect treatment will affect fertility, although preliminary research suggests brachytherapy may be less damaging to both fertility and potency.

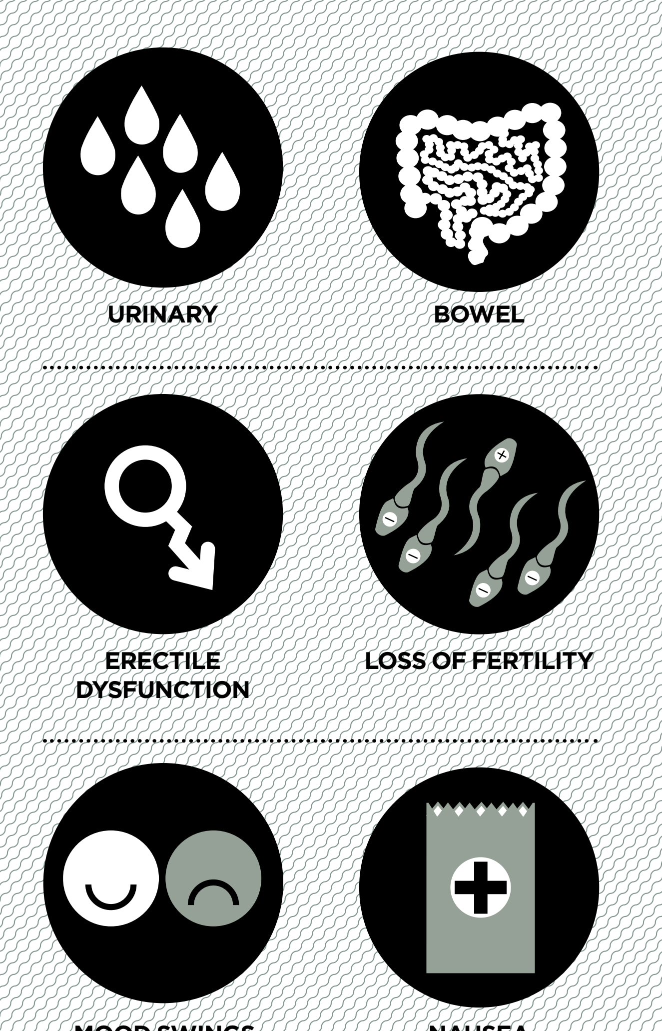
It should be pointed out that sexual function and libido wane naturally as a man ages, so men should not overestimate the effect treatment will have on sex life. Likewise, they should not underestimate the usefulness of drugs such as Viagra, Levitra and Cialis.

Loss of urinary function is another common side effect of surgery, external radiotherapy, brachytherapy and HIFU. Problems can range from serious leakage to dribbling after coughs or sneezes and some men even find it more difficult to pass water after treatment. Radiotherapy, both internal and external, can also inflame the lining of the bowel, but this problem is not typical. For those men who opt for chemotherapy, common side effects tend to be vulnerability to infections, easy bruising and bleeding, fatigue, nausea and hair loss. However, chemo is not an option for many and is one of the limited number of treatments available for men with advanced disease when hormone therapy is no longer effective.

Hormone therapy – controlling the cancer by taking away its energy source, testosterone – presents its own raft of side effects, which many men say they find difficult to adapt to. The problems which follow hormonal changes are several – loss of libido, hot flushes, mood swings, fatigue, weight gain and bone thinning being the most common – and because of the nature of the treatment, there is often no immediate alternative.

Not everyone develops all side effects and, when something arises that is unexpected or inconsistent with treatment, the patient should seek medical advice.

Men may want to discuss symptoms and side effects with a partner, friend or family member, but it may help to turn to impartial helplines or forums to talk about the more intimate consequences of seeking treatment.



CONFIDENCE GROWS AS RESEARCHERS MAKE BREAKTHROUGHS

RESEARCH The key to beating prostate cancer is innovation and research into new treatments. **Jane Hilton** reports on the latest developments

These are exciting times in prostate cancer research with several big breakthroughs in the last few years. While there is still much more to do, scientists are becoming increasingly confident about their ability to solve the difficult questions which remain unanswered in prostate cancer.

Current studies are focused on all aspects of the disease, including diagnosis and genetics, but one of the most talked-about areas is new therapies. The disease is more treatable when it is confined to the prostate, but very difficult to tackle once it spreads outside. For this reason, researchers are determined to find ways to delay or stop cancer cells spreading and develop new drugs for men with advanced disease.

One of the most significant discoveries during the last 50 years has been abiraterone, a drug which can improve survival in patients whose prostate cancer has spread to other parts of the body. While hormone therapy can lower levels of testosterone in the testes – thereby slowing the growth of tumours – the disease almost always becomes resistant to treatment. Using an idea first discussed in the 1980s, a team at the Institute of Cancer Research (ICR) developed abiraterone to overcome this issue. Launched in the UK last month, it is currently being appraised for widespread use in the NHS.

David Dearnaley, professor of uro-oncology at the ICR and The Royal Marsden, says development of the drug has changed the way clinicians think about prostate cancer. By inhibiting the pathways involved in the production of testosterone, abiraterone blocks its generation in all tissues, including cancer tumours.

"Prostate cancer depends on its fertilizer – testosterone – to grow," he says. "What we have learned over the last ten years is that a fairly high proportion of prostate cancers become sensitive to very low levels of testosterone. The cancers become cleverer – they use a small amount to grow and some even produce their own testosterone. We have to push those testosterone levels even lower and that's what abiraterone does." New research will establish why abiraterone may stop working and what can be done to prevent this, while another study will investigate whether it could be used at an earlier stage in the disease.

Radiotherapy has long been a treatment for prostate cancer, but it too is benefiting from new research and technology. "Radiotherapy has probably changed as much as any approach to cancer over the last decade," says Professor Dearnaley. "We have been able to take advantage of a number of technological developments that have come together. During treatment we try to work out where the cancer is in the patient and take radiotherapy beams there as accurately as possible. If you go back a decade or so, we did not have a good way of shining a light on the cancer, but imaging techniques are now much better. One of the main reasons is that we've had a huge increase in computing power."

Advanced technology means doctors can now track the cancer and target radiotherapy much more closely. "Because the cancer is being so much more precisely identified and treated, we can avoid all the normal bits of body around the cancer and so side effects go down," Professor Dearnaley says. "And if side effects go down, you can put the dose up and get better cancer control."

One of the biggest challenges in prostate cancer therapy is how to identify men with aggressive tumours that need treatment and separate them from those whose slow-growing tumours could be monitored. A Cancer Research UK-funded study published in February found that a genetic pattern may predict how aggressive prostate cancer is and whether it is likely to come back in men who have already been treated. Researchers found that men with the highest number of cell cycle progression (CCP) genes – which encourage cells to grow – were three times more likely to have the aggressive form of prostate cancer. Among patients who had undergone surgery, those with high CCP levels were 70 per cent more likely to see their disease come back. If the results are confirmed in large clinical trials, a routine test for CCP could help doctors assess the aggressiveness of tumours.

> Researchers are determined to find ways to delay or stop cancer cells spreading and develop new drugs for people with advanced disease

Another new project that is causing a stir in the research community is the molecular target HSB90. Professor Paul Workman, deputy chief executive of the ICR, who works on smart drugs to target the genes and pathways that cause cancer, is excited by its potential. Androgen receptors (to which testosterone bind) ultimately fuel prostate cancer and rely on HSB90 to function. Research has already shown success in inhibiting HSB90 in breast cancer and Professor Workman hopes clinical trials in men with advanced prostate cancer will produce similar findings. "If you treat breast cancer patients with HSB90, you get a dramatic response," he says. "We think exactly the same thing might happen in prostate cancer. An HSB90 inhibitor could wipe out the androgen receptor."

The development of new treatments might be expected to follow a linear process – from basic research in the lab using cells, through to animal experiments and finally clinical trials on humans. But what happens in reality is much more fluid than that, according to Professor Dearnaley. "Often there's a little bit of inspiration that comes along the way," he says. "We might say, 'Let's see which enzyme is producing this effect'. Frequently it means looking at how we know the disease works in patients, going back to the lab and then going back to the patient. It's very much a backwards-and-forwards process."

One thing is certain, pumping more funds into research is vital if experts are to beat cancer. In the UK, the National Cancer Research Institute (NCRI) provides a strategic overview of studies and has 22 member organisations who are all major funders. These include The Prostate Cancer Charity, Cancer Research UK, the Medical Research Council, the Association of the British Pharmaceutical Industry, the Department of Health and Macmillan Cancer Support. NCRI members spent more than 500 million on research in 2010, with 40 per cent going on examining the biology of cancer and 25 per cent directly on research related to new treatments. Of these studies, 60 per cent were relevant to all types of cancer, about 20 per cent looked at breast cancer and 8 per cent examined prostate cancer. Out of more than £332 million spent by Cancer Research UK on research activity in 2010/11, some £18.5 million went on prostate cancer.

Meanwhile, over at The Prostate Cancer Charity, nearly £2 million has been spent on research projects this year and the intention is to spend a significantly higher amount on research in the next round of funding. Dr Kate Holmes, the Charity's research manager, says it backed 14 projects in the last funding round. "Last year, we received 69 applications for funding and all went through a rigorous external peer-review process," she says. "We have experts nationally and internationally who review each project, then the projects are evaluated in detail by our own research advisory committee. This process makes sure we're selecting the highest quality projects."

Prostate Action is another charity aiming to fund almost £1 million of research each year into prostate disease. According to its chief executive, Emma Malcolm, there's a real shortage of funding for prostate research in the UK. "We suspect that prostate gets about a tenth of the funding breast cancer gets and is about ten years behind in terms of knowledge," she says. "Things are getting better and there's more going in, but it's frighteningly slow. However, one thing that is heartening is that, in the UK, we're at the forefront of prostate cancer research."

Professor Paul Workman of The Institute of Cancer Research

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EARLY SUCCESS BRINGS NEW HOPE

Doctors at The Royal Marsden in London have ceased a phase-III study of a new therapy for advanced prostate cancer because the drug performed so well.

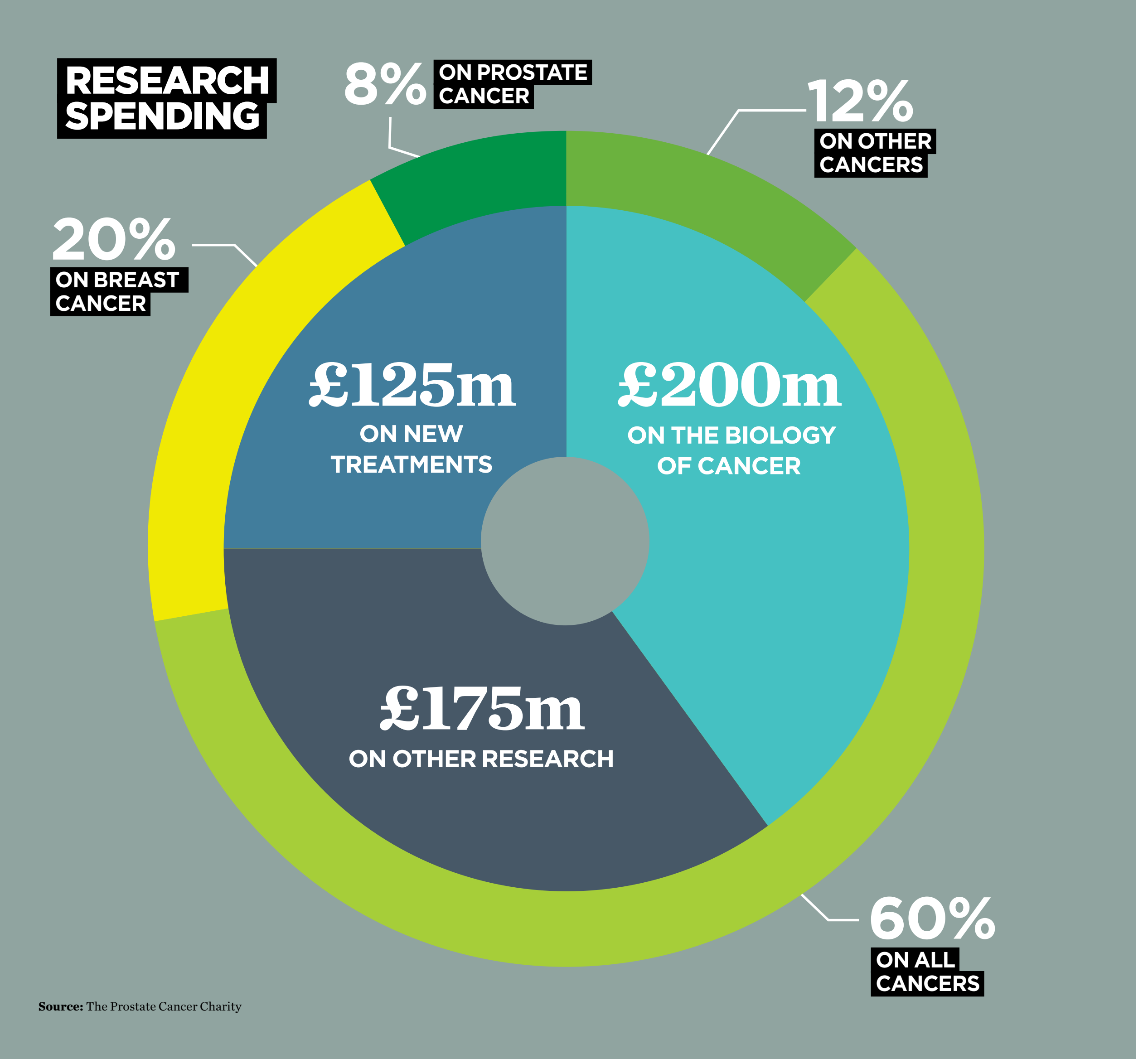
Dr Chris Parker, consultant clinical oncologist at The Royal Marsden, says the results were so promising "it would have been unethical not to offer the active treatment to those taking placebo [dummy treatment]".

Radium-223 chloride (Alpharadin TM) is an alpha-pharmaceutical, which works by delivering tiny, targeted doses of radiation to secondary tumours in the bone. The radium sticks to the bone, where it only takes a single alpha particle to kill a cell.

A total of 922 prostate cancer patients – all of whom were resistant to hormone treatment and whose disease had spread to the bone – took part in the phase-III trial.

An interim analysis, presented at the European Multidisciplinary Cancer Congress, found that the drug significantly prolonged survival when given alongside standard treatment.

Patients who received the best standard treatment plus radium-223 had a 30 per cent lower death rate than patients who received a placebo and had a median survival of 14 months, compared with 11.2 months for the placebo group.



Source: The Prostate Cancer Charity

TREATMENTS ON TRIAL

Clinical trials are essential to discover how patients respond to treatment and to compare how therapies work.

The ProSTART trial, in the UK, Canada and the United States, is for men whose prostate cancer is thought unlikely to grow or spread for some years. The trial will compare active surveillance therapy with radical treatment – surgery or radiotherapy – for patients whose cancer is contained within the prostate.

The STAMPEDE trial, which is taking place at dozens of sites across the UK, is examining the use of hormone therapy in combination with either zoledronic acid or docetaxel, for men whose cancer has spread. The aim is to find out if using other treatments at the same time as hormone therapy may work better than hormone therapy alone. A new aspect, which has just been added, will examine whether abiraterone can also be used.

Another interesting development is the CHHIP trial, led by The Royal Marsden, which will compare different ways of delivering radiotherapy.The aim is to determine whether giving patients fewer, higher doses, is more effective. At present, patients have 37 fractions (treatments) in total, but the trial will examine whether 19 or 20 fractions work better. Although the dose per treatment is higher than standard radiotherapy, the total dose will be lower.

For more information: www.sanofi.co.uk

HUMAN COST OF DEADLY DISEASE

FEMALE VIEW Prostate cancer is a male disease, but it devastates the lives of women left behind. Former Labour health spokeswoman Baroness Royall tells **Judy Hobson** of her husband Stuart's decline

Baroness Royall with her husband Stuart

Watching the man she loved, the father of her three grown-up children, die from prostate cancer is something Baroness Royall, the former Leader of the Opposition in the House of Lords, will never forget.

Before her husband Stuart, a European Union representative of the Electricity Association, was diagnosed, Lady Royall – who prefers to be called Jan – admits prostate cancer never crossed her radar, not even when she was the Labour Government's health spokeswoman in the Lords from 2005-7.

She is now evangelical about it. Her mission began at Stuart's funeral in Blaisdon Church in the Forest of Dean, where the couple were married 30 years earlier.

Jan, 55, says: "The church was packed. Fifty per cent of the congregation were men, so I seized the opportunity to urge them to go to their doctors for a PSA [prostate-specific antigen] test and discuss what their results indicated.

"I want alarm bells to ring when a test shows that a man has a raised level of the prostate-specific antigen that can be a marker for the disease.

> Because the cancer hadn't been picked up, it was too advanced for surgery

"Although Stuart had a PSA test, which showed he had a raised level, this wasn't picked up.

"What really concerns me is that I'm still hearing horrific stories about GPs who refuse to do PSA tests. One friend this happened to sought a second opinion and thank goodness he did because he has prostate cancer. It is in the early stages and can be treated.

"I know there are more efficient tests in the offing but, until they arrive, the PSA test is all we have. I would have preferred Stuart to have had false positives and undergone unnecessary treatment rather than see him die at 62 from such a painful disease."

Stuart had always been healthy with no history of prostate cancer in his family. In the spring of 2008, he started to complain of excruciating back pain. His doctor gave him painkillers and referred him to a chiropractor. It was a work colleague who suggested Stuart's backache needed further investigation and recommended a urologist.

Jan says: "After doing a biopsy and rectal examination, the urologist told us Stuart had prostate cancer. He was immediately referred to an oncologist and within two hours was having radiotherapy.

"Because the cancer hadn't been picked up in the early stages, it had spread to his spine, hips and thigh bones, and was too far advanced for surgery. I was shellshocked but knew I had to stay strong. Somehow, when you're given bad news like this, your practical side kicks in and you get on with taking your partner back and forth to hospital, caring for them and loving them.

"Being open and honest with our children meant we got huge support from them on our difficult journey. It also helped Stuart and I to plan things we could still do together and that summer we went to the States for a three-week holiday."

She adds: "When you live with a disease like this every day, you don't always realise how very ill your partner is getting. One December evening, I found Stuart lying in bed in excruciating pain and unable to move. His bones were in such a bad state as a result of the cancer that, just turning over, he'd broken his hip. Four days after his hip was pinned, his back was scanned and we were told he needed a plate inserting to support his lower vertebrae, otherwise he would be in a wheelchair.

"In spite of this, Stuart was determined to make it home for Christmas. I think he realised it might be his last. With Stuart on morphine, I drove him from London to our home in the Forest of Dean, where the children had prepared Christmas."

After Easter, Stuart grew weaker and, on the morning of May 4, he started having dreadful sickness and diarrhoea. He died that evening.

PSA SCREENING AND PREVENTION

There is concern that widespread PSA (prostate-specific antigen) screening would lead to over diagnosis and unnecessary treatment for some men. This is because it does not differentiate between cancer and non-cancerous conditions or between those with aggressive disease and those who would never have symptoms or need treatment.

Genetic profiling could help identify those known to be at high risk and could lead to earlier diagnosis improving their chances of cure.

Malcolm Mason, professor of oncology at Cardiff University, predicts that, within ten years, the approach to PSA screening will be very different.

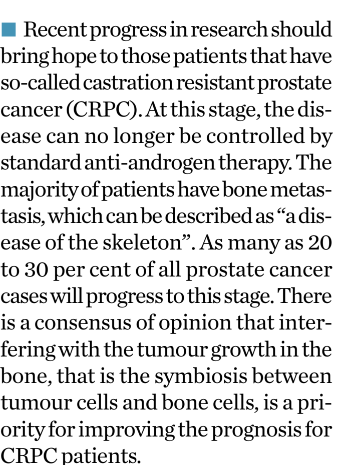
"We won't be screening everyone because we will have a way of identifying which men need it," he says. "We'll have a blood test that will pick up a genetic marker that'll indicate which men are at high risk and need to be screened.

"We're currently working very hard to unravel the genetic basis of this cancer and scientists have recently found a link between the disease and a protein that affects cell behaviour, called MicroSeminoProtein-Beta. The genetic make-up of men at low risk was compared with that of men with significant disease. The difference was the presence of this protein in those with the disease."

Scientists already know that if a man has mutations in the BRCA1 and BRCA2 genes, it predisposes him to prostate cancer. Early findings reported last year from the IMPACT study, led by the Institute of Cancer Research and The Royal Marsden NHS Trust, show that PSA screening of men with these mutations is reasonably accurate at predicting aggressive disease in those at high risk due to genetic predisposition.

HOPE FOR ADVANCED PROSTATE CANCER PATIENTS

MEDICAL RESEARCH **Dr Anders R. Holmberg**, lead investigator at Cancer Center Karolinska in Sweden , outlines some of the latest developments in the treatment of prostate cancer patients



Recent progress in research should bring hope to those patients that have so-called castration resistant prostate cancer (CRPC). At this stage, the disease can no longer be controlled by standard anti-androgen therapy. The majority of patients have bone metastasis, which can be described as "a disease of the skeleton". As many as 20 to 30 per cent of all prostate cancer cases will progress to this stage. There is a consensus of opinion that interfering with the tumour growth in the bone, that is the symbiosis between tumour cells and bone cells, is a priority for improving the prognosis for CRPC patients.

Bisphosphonates (bpns) have been used for decades to strengthen the skeleton in individuals with osteoporosis. Bpns are also frequently used in the management of CRPC to delay so-called "skeletal-related events" (SRE) or fractures caused by the bone metastasis and progressive bone destruction. Accumulating data now show that bpns seem to have a direct anti-tumour effect in addition to the effect on bone resorbing cells. Results indicate significant clinical benefits especially when combined with chemotherapeutic agents.

A Swedish research company specialising in prostate cancer (www.dextechmedical.com), established by researchers from Karolinska Institute, has recently developed an entirely new class of bpns (ODX) with unique properties. In contrast to regular bpns, ODX is a macromolecule with several inherent attributes. It has high affinity to remodelling bone, inhibiting bone resorption at the same level as the bpn class leader; it is tumour-specific securing intracellular entrance through a metabolic pathway; and, once inside the cell, a "Trojan horse" kills the tumour cell either with direct toxicity or by induction of apoptosis (cell suicide). Preclinical results have been extremely promising with superior anti-tumour efficacy compared to the class leader zoledronic acid (Zometa®). This drug candidate currently enters clinical research on CRPC patients (phase 1-2a) and first results will emerge early in 2012.

Other drugs holding promise for the treatment of CRPC are Abiraterone (Zytiga), an enzyme inhibitor, recently approved by the US Food and Drug Administration (FDA) and now licensed for use in the UK, that blocks hormonal tumour growth stimulation, Sipuleucel-T, which is a cancer immunotherapy, and Alpharadin, a radionuclide Radium223-chloride, with bone specificity, which is in registration phase. These new drugs prolong the lifespan of CRPC patients which previously could only be achieved with docetaxel-based therapies. Docetaxel is a widely used chemotherapeutic drug and a derivative of taxol which was originally isolated from the bark of a yew tree.

With an optimistic view for the future and in the perspective of current research, pathologists will be able to identify patients at risk of developing bone metastasis and treatment can be initiated to prevent it. In those cases where bone metastasis is present at the time of diagnosis, new treatment modalities will curb tumour progression and restore near-normal bone health. Patients with advanced prostate cancer should be able to lead a high-quality life, taking medication controlling the disease, and can expect a near-normal lifespan.

RAISING A TICKLISH SUBJECT AND THE HAIRY 'STACHE-OFF

FUNDRAISING In the month of November, men across the UK – and the world – will be growing moustaches as part of the annual Movember campaign, as **Lilian Anekwe** discovers

Movember is engaging men with health issues and raising funds

The Movember campaign – that's "moustaches" in "November" – began down under in Melbourne eight years ago and has grown into a global movement. Now more than a million men and their partners have joined in to raise awareness and funds for prostate cancer and testicular cancer.

"It kicked off in a traditional Australian way as a joke over beers on a Sunday afternoon with the day ending in a challenge to bring back the moustache. 'Mo' is slang for moustache in Australia, so the month November was renamed Movember. You start the month clean-shaven and grow a moustache for 30 days," says Movember co-founder Adam Garone.

"Thirty of us grew moustaches and, since our humble beginnings, more than 1.1 million Mo Bros and Mo Sistas have created an incredible awareness campaign which has raised £106 million for men's health issues. A truly inspiring effort towards our goal of changing the face of men's health,"

Mo Bros are encouraged to make their moustaches as extravagant as possible, so handlebars, waxed tips and intricate designs are common and proudly displayed in an online gallery.

Of the £106 million raised so far around the world, supporters in the UK last year made £11.7 million for charities, including The Prostate Cancer Charity and the Institute of Cancer Research, to improve the early detection, diagnosis and effective treatment of prostate cancer.

Every year Movember changes its creative theme and this year it gives a nod to the country gentlemen and life in the great outdoors. Men with an appreciation of natural quality, craftsmanship and the simple pleasures in life will be roaming proud during November, sporting their moustaches.

Among those joining in this year's Movember are DJs at Gold Radio who are growing Mos in partnership with The Prostate Cancer Charity.

All the Gold presenters will be taking part, competing against each other to grow the best moustache. Throughout the month, they will be posting pictures of their moustaches at mygoldmusic.co.uk. Male listeners are invited to join in and grow a moustache or men and women can sponsor the DJs.

And builders are doing it too. Keyline Builders Merchants have laid the foundations for a two-year fundraising campaign including a promotion to get customers and suppliers growing moustaches. Pictures will be uploaded to the company's website and Movember mugs are going on sale to raise cash.

> A truly inspiring effort towards our goal of changing the face of men's health

The campaign has gathered such momentum that in the run-up to this Movember, calls have grown for Prime Minister David Cameron and other high-profile politicians to abandon their razors for the month and take part, following the precedent set last year by several MPs.

Signatories to an online petition are also calling on Labour leader Ed Miliband to engage in "an epic 'stache-off" with the Prime Minister.

SISTAS ARE DOING IT FOR THEIR MEN

They say behind every good man there stands a great woman – an adage which is certainly true when it comes to Movember. Around the globe, a legion of Mo Sistas are crucially important in helping men nurture, tame and shape the hair on their top lips.

"For many Mo Bros, growing a moustache is something they've never tried before – there are some who are worried about how they'll look and can be reluctant to put themselves through weeks of itchiness. This is where a Mo Sista comes in – their task is to offer encouragement and support," says Movember spokeswomen and dedicated Mo Sista Laura Mair.

Kylie Mordle was part of last year's UK fundraising effort when her dad Robert was diagnosed with prostate cancer and she decided to join in Movember.

Graphic designer Kylie, 28, from East London, is passionate about photography. "I took a series of pictures of famous moustaches painted on my hands which I held in front of my face," she says. "I did it for my Dad and for all those other men who get prostate cancer."

Kylie's website raised almost £600 for the 2010 appeal – and her dad is doing well after surgery.

For more information go to www.movember.com

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'A DAY IN MY LIFE AS A SUPPORT NURSE'

HELPLINE **Alison Rooke** is a support and information specialist nurse at The Prostate Cancer Charity. Along with other team members, she spends her working day supporting often anxious or concerned callers to the Charity's Helpline

A diagnosis of cancer can be a frightening and overwhelming experience, but The Prostate Cancer Charity's confidential Helpline provides independent, unbiased support and information at this difficult time. We provide emotional support, up-to-date information and a wide range of award-winning literature, not only to people affected by prostate cancer but also to those concerned about the risks.

Support and information specialist nurses need specific skills to be able to adapt to any question, comment or concern and ensure communication is on a personal level to the caller, using understandable terms. The nurses are a small team of dedicated professionals who have experience and knowledge of aspects of healthcare including urology, oncology, palliative care, nurse education, counselling and mental health.

Many people calling the Helpline will have their own perceptions of cancer, often through a personal experience affecting a family member or friend. People also see cancer as life- threatening, so it's important they are given time to voice their concerns or anxieties. As a nurse at the Charity, I am in a unique and fortunate position to be able to give dedicated time to people seeking professional support. We do not limit the length of our calls and feel the overriding factor is that people have space to explore issues or questions, and leave with the information needed to take the next step.

Not everyone feels comfortable or able to express their concern without feeling embarrassed and it may be helpful for these people to access our support through alternative channels, other than on the telephone. We say there is no question or concern too silly but understand that people may prefer to get support and information by asking the nurses questions via our email service. Unlike a call to the Helpline, email enquiries can often fail to provide a clear picture of the situation and, with only limited information available, responses require careful thought.

There is not a consistent day-to-day theme of calls to the Helpline, but we are aware of the most common themes that might prompt someone to call. The most common calls we receive are for information about signs and symptoms, understanding the PSA (prostate-specific antigen) blood test, treatment options for newly diagnosed men, living with hormone therapy and support for people affected by advanced prostate cancer. For many of our callers it can often be about piecing together the information they may already have from the internet, their GP, specialist nurse or hospital doctor. We aim to replace the missing or unclear pieces with information that may allow them to help themselves or others.

One in three calls to the Helpline are from women affected by a partner, father, brother or son diagnosed with prostate cancer. The impact, burden and isolation of a cancer diagnosis on family members can not be underestimated, and we acknowledge the importance of extending our emotional support and information so it may cascade to all those affected by the disease.

Waiting for results and receiving a diagnosis of prostate cancer can be an all-consuming event in someone's life and the support that health professionals give is vital to this experience. We appreciate the constraints and limitations that can affect the NHS and as nurses at the Charity we are often able to bridge the gap that may occur in a person's understanding of their diagnosis or treatment. For many, uninterrupted time with an independent source can provide another professional perspective. People also find it useful validating information they have read or been given by their GP or specialist. We are aware through service activity that many NHS health professionals direct people affected by a prostate cancer diagnosis to the Helpline and our literature.

All treatments for prostate cancer have potential side effects that can impact on a man's quality of life. Following a diagnosis of cancer some men are given treatment options, but others may have one option that will either aim to cure the cancer or control it. We hope to provide a balanced view of treatments and their side effects, emphasising the difficulty in understanding who will be affected by different side effects and to what degree. Some 250,000 men are living beyond a diagnosis of prostate cancer and the longer term support that people need should not be underestimated. The emotional support and information we offer can help during a period of recovery, rehabilitation or for people living with the effects and impact of long-term treatment.

We are also able to facilitate a process of peer support for men and women requiring help from people who have also walked in their shoes. Our peer support service offers the caller an opportunity to speak to one of our trained volunteers who has personally been affected by prostate cancer. People may want reassurance about recovering after a treatment, living with the side effects of hormone therapy or the impact on relationships. We acknowledge that this service can be more valuable for some than any conversation with a skilled health professional and is, therefore, a very important aspect of our role.

> I am in a unique and fortunate position to be able to give dedicated time to people seeking professional support

Trying to understand a prostate cancer diagnosis or treatment is often described as being like walking through a minefield of information and emotions. Navigating people through this minefield requires empathy, awareness and skill. Listening is an invaluable aspect of the support we provide, and for many the service gives reassurance that there are dedicated professionals offering clarity and hope.

Call The Prostate Cancer Charity Helpline on 0800 074 8383 www.prostate-cancer.org.uk

CALL FOR HELP

Someone to talk to who understands what you're going through is an essential part of coping with the emotional trauma of prostate cancer.

It may be help for someone diagnosed with the disease or for a friend or family member affected by the news.

As well as an online community forum, The Prostate Cancer Charity provides assistance in finding local support groups, which make up a nationwide network offering helpful information. The charity's website has an online data base of more than 70 UK groups.

Joining a support group can provide the opportunity to meet and talk to others who share or understand your experience of prostate cancer.

But if you need more support, as well as the charity's Helpline run by specialist nurses, there are support volunteers waiting to take your call.

The volunteers have all been affected by prostate cancer, and are trained to listen and offer support over the telephone.

Feeling like no one understands what you are going through and coping with the everyday effects of prostate cancer can be isolating. It can be difficult to come to terms with a diagnosis or to make a treatment choice. Sometimes you simply need an opportunity or space to talk freely about how you are feeling.

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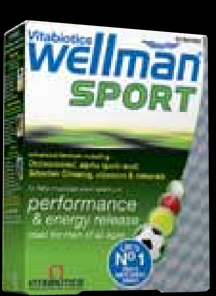
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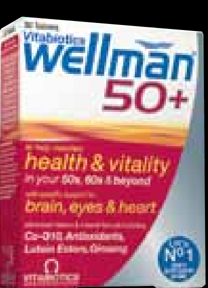
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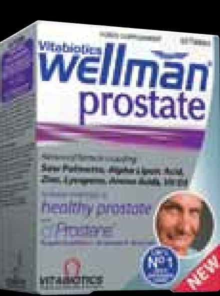
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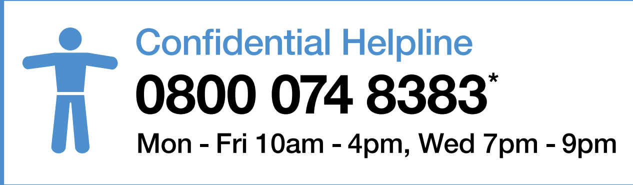
Prostate cancer doesn't only affect men

250,000 men are living with prostate cancer in the UK. It also impacts on their families and friends. The Prostate Cancer Charity is here for everyone affected by this disease.



* Calls are occasionally recorded for training purposes only. Confidentiality is maintained between callers and The Prostate Cancer Charity. The Prostate Cancer Charity is a charity registered in England and Wales (1005541) and Scotland (SC039332). Registered company 2653887.

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