

# All systems go for new unit

We've got the money in the bank. Now comes the time to put it to use. The Norfolk and Norwich University Hospital announced in December that the Targeted Radiotherapy Appeal had reached its £600,000 target and that triggers our donation towards the cost of specialist equipment for the new brachytherapy unit – and we have more than £45,000 to hand over.

Brachytherapy treatment has in fact been available at the hospital for several months, so our funds will be used to provide an additional set of equipment so that even more patients can be treated. It means that prostate cancer patients for whom brachytherapy is a suitable treatment will no longer have to trek to London or Cambridge. The appeal got off to a slow start but received a big boost when our chairman, Noel Warner, got together a host of local dignitaries to "Sign the Pledge" in support of the campaign.

They included the Bishop of Norwich, the Chief Constable, the Mason's provincial grand master, and our patron, Martin Bell. As a group, we received contributions from a variety of individuals and organisations. They included £1,000 from a golf club that was closing.

The treasurer, a prostate cancer patient, donated the balance of the club funds to us. Then there was the family who run a hotel at

TARGETED  
**RADIOTHERAPY**  
APPEAL

Yarmouth who organised a fund-raising event to celebrate 40 years in business – another £2,500 donated to us. And, of course, the wonderful Terry Chappelle – 80 years old, a long-time prostate cancer patient, yet staging two spectacular revues at Sheringham which have raised more than £2,000.

Frequently, families of men who have succumbed to the disease have asked that collections taken at funerals should be in aid of our charity and we have received some welcome contributions.

All that has added up to more than £15,000 – and it's almost overshadowed by the incredible £30,000 that has been given to us for the TRA appeal by the Brundall Cancer Community Chest.

We are planning to present the money to the hospital at our annual general meeting on Monday, April 13, and your committee is looking at how our group's contribution might be acknowledged, perhaps by a plaque on the new equipment.

## Meet and Chat – our welfare officers



Our welfare officers, David and Adrienne Capp (pictured right with gold sashes), introduce themselves to members at one of our Meet and Chat evenings and explain their role in offering advice and guidance, particularly to newly diagnosed patients.

Our next evening is on Monday, February 2 (7-9pm) at the Big C Centre at the Norfolk and Norwich University Hospital.

Why not come along and meet "the experts" – members who have been through a whole range of treatments and are all too ready to share their experiences in the hope that it might make your "cancer journey" a little easier?

## Food for thought – benefit of those tasty nuts

We are what we eat, they say. So how about trying walnuts? A study published in the Journal of Medicinal Food claims that a handful of walnuts a day could stave off prostate cancer. Scientists found that a diet rich in the nut or its oil slowed tumour growth in mice and increased levels of chemicals that are linked to a lower risk of the cancer. Walnuts are naturally high in a host of health-boosting chemicals and the latest findings show that they cut levels of the hormone IGF-1 which has been implicated in both prostate and breast cancer.

# Costly drugs to be denied funding

The Cancer Drugs Fund is running out of money and some expensive, life-saving treatments are likely to be removed from the list of therapies that are now funded.

Despite a big increase in the fund – up from £200,000 to £280,000 – NHS England will now look at the price of new drugs as well as how well they will work before deciding whether or not they can be accessed through the fund. It will also be looking again at some drugs currently available through the fund to consider whether they should continue to be funded.

A total of 42 drugs are being reassessed and up to 25 might be removed from the list because, says Professor Peter Clark, chairman of the fund, in some cases “they offer at best a modest or no impact on survival, and uncertainty as to whether quality of life is improved or not. While the fund currently funds drugs of good benefit to patients, it also includes a minority of drugs with much less clinical value.”

Prostate Cancer UK says: “We have been told that anyone currently receiving drugs through the CDF will not be affected by these changes. In terms of the effect on prostate cancer drugs, we understand that they will be reviewing whether the drug Cabazitaxel will continue to be available to new patients.

“We know the CDF isn’t an unlimited money pot, and it is not surprising that it can’t afford to keep funding every effective cancer drug, regardless of price. Unfortunately the current system of assessment has given very little incentive for pharmaceutical companies to consider lowering their prices. Why? Because when effective cancer drugs are too expensive for NICE to recommend them for routine use on the NHS, they know that they can sell them via the Cancer Drugs Fund at any price.”

PCUK chief executive Owen Sharp puts it bluntly. The CDF, he says, has created

“perverse incentives” that mean that drugs companies do not need to make their medicines affordable because the fund will pay.

“Whilst we welcome the clarity provided by these proposed reforms, the huge deficit that has brought the Cancer Drugs Fund to the brink is the result of a failed drug appraisal system that continues to deny thousands of cancer patients access to effective drugs that they clearly need.

“A long-term solution is urgently needed that delivers an overhaul of the way new cancer drugs are appraised. To work there must be greater collaboration with the pharmaceutical industry to develop measures that combat the over-pricing of new cancer drugs and make them affordable for the NHS. We will be holding NHS England, NICE and the government to their commitment to work closely with patients and clinicians to make this happen.”

# Obesity risk of aggressive cancer

Men who are overweight or obese are at greater risk of developing an advanced or aggressive form of prostate cancer than men of healthy weight, according to a major review by the World Cancer Research Fund. About ten per cent of men diagnosed with advanced prostate cancer in the UK each year could be prevented from developing it if they kept their weight down.

Analysis of studies involving 9.8 million men, including 191,000 with prostate cancer, found clearer links than have been detected before between the cancer and waist size and body mass index.

Dr Matthew Hobbs, deputy director of research at Prostate Cancer UK, says: “Maintaining a healthy weight and staying active can protect against many diseases, including cancer. The link found in this research between being overweight and the risk of aggressive and advanced prostate cancer is an important finding.

“Prostate cancer often has no symptoms in the early stages when it is most treatable and so awareness of risk is crucial. We already know that men over 50, black men and men with a family history of prostate cancer are more likely to develop the disease. This report shows there is growing evidence that BMI and waist size may be another tell-tale sign. Importantly, unlike other known risk factors, this is something that men can do something about.

“The current process of diagnosing prostate cancer fails to distinguish aggressive from harmless forms of the disease, so GPs have to decide whether it is worth a man being tested. We must get to a point where doctors can identify and test those men who are most likely to develop aggressive disease, while sparing others unnecessary treatment. This research may give doctors an important new warning to look out for.”

# A book at bedtime – but make it a real one

There’s nothing like a good read as you snuggle down under the duvet and try to forget the problems of the day. But scientists in America have found that reading an iPad or Kindle instead of a printed book can cause sleep deprivation and increase the risk of cancer. Reading from a screen disrupts normal sleep patterns and can lead to waking up earlier and drowsiness the following day. The light from the devices suppresses the hormone melatonin, low levels of which have been linked to increased risk of prostate, breast and bowel cancer. Researchers found that the body’s normal rhythms are interrupted by the short-wave-length enriched light, otherwise known as blue light, from electronic devices. People taking part in the study took longer to fall asleep and were less alert in the morning than when they had read a printed book. The results were felt to be of particular concern because of recent evidence linking chronic suppression of melatonin secretion by nocturnal light exposure with the increased risk of breast, colorectal and advanced prostate cancer associated with nightshift work.



# Dame Mary tells of her cancer journey

Patient, scientist, "boss". When Dame Mary Archer was given the bad news that she had cancer, she found herself in Addenbrooke's Hospital, Cambridge, wearing three hats. As a patient, she faced the prospect of deciding which of several possible advanced treatments she should opt for to tackle her aggressive and relatively rare bladder cancer when it failed to respond to initial treatment.

At our December meeting, she told us what she believed had caused the cancer. Dame Mary - Dr Mary - is a research chemist who worked in some pretty unpleasant situations, including the nuclear operation at Harwell in the days before 'elf'n'safety' was obligatory. "I regard my bladder cancer as a kind of industrial accident," she said.

Here her many years of study and practice as a scientist came into play because she had the expertise to research and evaluate the choice of treatments, several of which are still barely out of the experimental stage. The treatment she opted for was removal of her bladder and its replacement with an artificial one made from a section of her small intestine. That was in 2011. It clearly worked. "I regard myself as cured," she said. But it was not as easy as it sounds. It involved rigorous training of her new bladder. But Dame Mary is a very determined lady.

And the third hat – the "boss"? She was chairman of the hospital trust! "I don't think I got any special treatment," she said with a wry smile. But she was able to observe at first hand not just how superb were the medical and nursing staff but also failings in the system, inefficiencies and waste to be taken up at board level when she was, very rapidly, "back in the chair".

Dame Mary is no stranger to our aspect of urology. She became all too personally involved when she had a small but very painful kidney stone and, after successful treatment, was drafted on to a group called Action on Urology with a particular interest in prostate cancer. That led on to involvement with Prostate Cancer UK of which she is



*Dame Mary Archer pictured with David Haines, our founder-chairman and now president.*

now one of a small group of distinguished patrons.

Even closer to home – and this was an object lesson to our lady members – she insisted that her husband, novelist and politician Lord (Jeffrey) Archer – should have a PSA test, then further tests which showed that he had prostate cancer. Just over a year ago he had a radical prostatectomy – "and he's doing fine", she said.

## Promising prospects from drug trial

"Exciting new results" have been reported from a clinical trial of a drug to treat men with advanced prostate cancer.

The trial, part-funded by Prostate Cancer UK and the Movember Foundation, is being led by Professor Johann de Bono and his team at the Institute of Cancer Research and Royal Marsden Hospital.

The drug, Olaparib, is one of a class of drugs called PARP inhibitors. It is already licensed for use against ovarian cancer and is proving very effective.

PARP inhibitors work by cancelling out the effect of mutations in the genes responsible for repairing DNA when it gets damaged. In normal cells, damaged DNA is quickly repaired but when the genes responsible for repairing the broken DNA are mutated this damage goes unchecked and can lead to errors in the DNA which can eventually cause cancer. PARP inhibitors prevent

tumour growth by killing cells with damaged DNA.

Reporting on the progress of the trial, Prostate Cancer UK says: "We already know that inheriting mutations in DNA damage repair genes, for example BRCA 1 or BRCA 2, can increase a man's risk of developing advanced prostate cancer. But new research has shown that mutations in these genes can still develop over the course of advanced disease in men who didn't inherit them.

"That's why Professor de Bono and his team are testing Olaparib in men without inherited mutations in DNA damage repair genes in a clinical trial. So far the results have been positive, with some patients with advanced, aggressive prostate cancer having an impressive response to the drug."

Research by Dr Gerhardt Attar, a colleague of Professor de Bono at the ICR,

has enabled the trial to be taken even further.

It is now possible for the researchers to test for mutations in DNA damage repair genes throughout the course of the disease which means that treatments like PARP inhibitors can be targeted at the earliest possible time to those patients who are most likely to respond.

"These are still very early results, so it is too soon to say for certain that these treatments will definitely be beneficial but it is really exciting to see clinical trials investigating new uses for drugs that we already know work well for other cancer types," says Prostate Cancer UK.

"Finding existing drugs that will work for prostate cancer alongside searching for new ones will speed up the process of getting treatment to men who need it enormously – and not a moment too soon."



# Balanced is better

You have really got to like tomatoes to stick to it but researchers are claiming that a diet including at least ten helpings of tomatoes a week can reduce the risk of prostate cancer by up to 20 per cent, probably because of the lycopene content.

The study by teams at Bristol, Cambridge and Oxford Universities found that men who ate at least ten portions a week were 18 per cent less likely to develop prostate cancer than those who ate little or no tomato. A portion was defined as 150g of tomatoes, half a tin of baked beans, a portion of pizza with tomato puree, tomato-based pasta sauce or a glass of tomato juice. But, say the researchers, don't over-indulge on the beans and pizza because of the salt content.

And other experts are not convinced. Dr Iain Frame, of Prostate Cancer UK, says there is not yet enough evidence to make a concrete recommendation on which foods men should eat to reduce the risk. "What we do know is that men should not rely too heavily on one type of food such as tomatoes," he said. "A healthy, balanced diet with plenty of fresh fruit and vegetables, together with regular exercise, is by far the best option."

■ Dates are a Christmas treat – but scientists writing in the International Journal of Clinical and Experimental Medicine say they have found that they contain high levels of antioxidants, chemicals that block free radicals in the body causing damage to cells which might lead to cancer. Dates also contain high levels of potassium which is known to prevent high blood pressure. So the scientists suggest that, because of the beneficial effects, we should consider eating dates all year round.

## Switching off tumour "fuel"

Researchers at two British universities have found that the growth of prostate cancer tumours could be halted by cutting off the nutrient-rich blood supply they need to survive and grow. Scientists at Bristol and Nottingham have discovered that a single molecule that plays a key role in prostate cancer by the formation of new blood vessels can be neutralised by injecting a drug called Sphinx. The treatment worked on mice and the scientists believe it will work on humans. They hope to test it on patients within two years.

Dr Sebastian Oltean, author of the study, said: "This could form a completely new class of drugs. Tumours all need blood to survive and grow, to differing degrees. If this is shown to work in clinical trials it could be used to inhibit all kinds of cancers."

Dr Matthew Hobbs, of Prostate Cancer UK, which helped to fund the study, said: "Prostate cancer continues to kill over 10,000 men annually and there is an urgent need for new treatments. Each finding like this represents a crucial block in building up our understanding."

## Our thanks

We are pleased to acknowledge a bequest of £250 on behalf of the late Mr Bernard Rogers, of Waldemar Avenue, Norwich. If you wish to make a donation or bequest to the group, you can now do so via our website page, [www.prostatesupport.org.uk](http://www.prostatesupport.org.uk), and click the link to [www.mydonate.com](http://www.mydonate.com).

### Dates for your Diary

Mon 2 Feb. . . . . . 7-9pm

**"Meet & Chat" at Big C Centre, NNUH**

*An opportunity for newly diagnosed patients to chat with members who have already been through the same journey*

Wed 4 Feb and 4 Mar. . . . . 5.30-7pm

**Radiotherapy Department**

Open Evenings, Big C & Colney Centre, NNUH. Meet at Big C.

Call 01603 288779 to book.

Mon 13 Apr. . . . . . 7-9pm

**Open Meeting, including AGM, at Benjamin Gooch Theatre, NNUH**

Tuesday, December 2 2004 | THE TIMES

### Physical examination is best prostate test

The best way to detect prostate cancer is to have a digital rectal examination, because blood tests are not always an accurate indicator, according to research by doctors at St James's Hospital



in Dublin. In its study it gave a rectal examination to 74 men whose blood tests had been normal, and 39 per cent of them were then found to have the disease. Of those, 76 per cent had "clinically significant disease".

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#### ■ Help or Advice – Our Welfare Team:

**We have over 30 members available to help.**

**There is probably one near you.**

For more information please call our Welfare Team, David and Adrienne Capp, on 01603 712601

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