



Fighting cancer by advancing precision surgery

Johnnie Walker launches Pelican's 10th anniversary fundraising appeal

This summer, Pelican Cancer Foundation launches a campaign to raise £50,000 voiced by Radio 2 DJ Johnnie Walker, himself a cancer patient who has benefited from Pelican's work.

Walker voices a series of hard-hitting radio appeals broadcasting on Classic FM radio throughout July. The campaign aims to raise awareness of 'below-the-belt' cancers, and to raise funds for vital clinical research and training to improve cancer detection and surgical treatment.

Pelican aims to help lower bowel, liver, prostate and bladder cancer patients survive their diagnosis of cancer for longer, and to have a good quality of life after cancer treatment.

Listen to our radio appeal on
www.pelicancancer.org



Radio DJ Johnnie Walker, MBE, voices Pelican's campaign.

Treatment of prostate cancer on verge of change

Some fifty eminent professionals interested in the diagnosis and treatment of men with prostate cancer gathered in New York for the Third Pelican Prostate Colloquium this May. The consensus was that if imaging (MRI) were placed in the prostate cancer diagnostic pathway, it could provide a strategy by which some of the problems of over-diagnosis and over- and under-treatment of men may be corrected.

'This represents a sea change in managing prostate cancer'

Mr Mark Emberton,
Reader in interventional oncological surgery, UCH, London

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Pelican Cancer Foundation is dedicated to improving survival and quality of life for patients with pelvic (lower bowel, prostate, bladder) and liver cancers (PE-LI-CAN).

Pelican is a world leader in pioneering research and education for precision surgery. Surgery cures more patients than any other cancer intervention.

With your generous support, Pelican trains surgeons and cancer teams in the latest life-saving, life-enhancing surgical skills and sponsors pioneering clinical research.

Focus on prostate cancer



Prostate cancers: tiger or pussycat?

Any diagnosis of cancer is intensely worrying. Prostate cancer is one of the 'big four' cancers (prostate, bowel, lung, breast) – and it is the most common cancer in men.

But is it always the same disease? Over half of men in their 60s, and the great majority in their 80s, have cancer somewhere in their prostate. The lifetime risk of dying of prostate cancer is about 2-3 percent (10,000 deaths in the UK annually). Aggressive, high-grade prostate cancer (known as a 'tiger') is dangerous and can cause death, yet the majority of prostate cancers are 'pussycats', unlikely to cause harm during a man's lifetime. So the important question is not 'have I got prostate cancer?' but whether a prostate cancer is *clinically significant*. Does it need to have urgent treatment?

Pelican believes that many men are being over-treated - they have low-risk disease which needs to be watched and managed, rather than be radically treated with the associated high risk of impotence, incontinence and rectal problems (diarrhoea, bleeding, pain). What we want is a way to identify whether a man has *clinically significant* prostate cancer, and then have precise and appropriate treatment.

DID YOU KNOW?

Pelican is supporting research to accurately identify the 'tigers' from the 'pussycats', ensuring the most appropriate response to every diagnosis of prostate cancer.

Pelican's role

Pelican Cancer Foundation was created to improve bowel cancer treatment. Prof Bill Heald OBE realised that more precise surgery could dramatically reduce the number of patients dying from lower bowel cancers. His findings involved a change in practice and more operating time. Yet today his procedure - TME - is accepted throughout the world as the gold standard. His insistence on precision treatment has also led to MRI being used to plan all lower bowel cancer surgery.

Pelican believes that we are now in a similar situation with prostate cancer, where precision diagnostics and treatment could make a difference, avoiding unnecessary treatment that can cause psychological and physical harm.

'The patient pathway for prostate cancer needs to be refined.'

Sarah Crane, CEO,
Pelican Cancer Foundation



Calculating your risk of prostate cancer

Many of us assess risk every day – for instance, when we're driving, or in our working life. Risk-calculators are being developed to estimate an individual's risk of high-grade prostate cancer. The calculator looks at a man's PSA level, rectal examination findings, age, ethnicity, family history and previous medical history to estimate risk. If the calculator finds that the risk is low, then a patient can avoid having any further investigation (ie a biopsy).

Risk calculators have been shown to successfully reduce the number of men having invasive and painful treatment while *not* having an impact on the number of *significant* prostate cancers treated.

For further information, visit <http://www.nomogram.org/>

*Continued from page 1:
Treatment of prostate cancer
on verge of change*

News from the Pelican Colloquium

Mark Emberton,
Reader in interventional oncological
surgery, University College London



At Pelican, we believe that:

- ♦ Too many men are over-diagnosed and over-treated for prostate cancer
- ♦ More precise detection and treatment options should be made available for patients
- ♦ Funding for precise prostate cancer detection and treatment is a priority

The Third Pelican Colloquium, jointly hosted with the Peter Michael Foundation from California, was designed to discuss the Active Surveillance and Focal Therapy treatment options for low-to-medium risk prostate cancer patients.

However, the undercurrent of the meeting was how technology and ideas are changing to better categorise the men who have high risk disease from the majority who have low-to-medium risk disease - particularly through risk calculators, improved use of MRI and future combined imaging and treatment technologies.

See pages 4-5 for more details

Focus on prostate cancer

How MRI can refine diagnosis before biopsy

What we all want is an early way to identify whether a man has clinically significant prostate cancer, and then to treat it accurately. We want to avoid unnecessary treatment that can cause both psychological and physical harm.

Advances in MRI are producing good results as a 'triage' for men with a raised PSA. Patients have an MRI *before* their first biopsy. Those patients who are identified as low risk at this stage (approximately 25 percent) can avoid a biopsy. They will be advised to contact their doctor if they are concerned in the future.



MRI may provide a 'triage' for men with a raised PSA, before biopsy.

Men who are identified by the MRI as having cancer lesions greater than 0.5ml (a characteristic of clinically significant cancer) now have a map of where the cancer is situated. This map provides sufficient detail so that their biopsy can target the correct part of the gland (below).

There is resistance to using MRI before biopsy – it is a change in practice, radiologists are struggling to get good results and there is a lack of scientific evidence. However, the Pelican-supported unit at UCL has had excellent results and we would like to support further research in this area.

Mapping: accurately targeting cancer treatment

Most men with a raised PSA are offered a biopsy, perhaps even repeat biopsies. A transrectal ultrasound guided biopsy (TRUS) takes an average of 6-14 samples. TRUS has a notoriously high 'false positive' result – it provides no evidence of the exact position or size of any tumour, and 25 percent of the prostate gland cannot be reached at all by TRUS biopsy.

However, rather than a TRUS 'blind' biopsy, a template biopsy could be carried out for precision diagnosis and mapping of the cancer. During a template biopsy, a 5mm grid guides on average 60 biopsy needles into the prostate. Samples, still in this grid pattern, are sent to a histopathologist to investigate whether there is cancer in each sample, thus precisely mapping the diseased area.

The template mapping biopsy (TMB) method gives a very precise map of any disease in the prostate. This can inform the surgeon about how to treat the prostate most effectively - and whether focal therapy, such as HIFU (opposite), might be an option, avoiding more radical treatment.



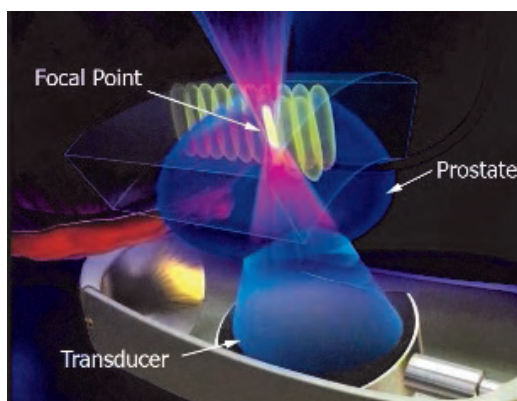
NEW Pelican-sponsored prostate cancer research

There is some evidence that the size of a prostate tumour influences the progression of cancer. About 80 percent of men with prostate cancer have a dominant/larger tumour (called the index lesion). Frequently only the index lesion is clinically significant cancer.

A new Pelican-supported research trial will use High Intensity Focal Ultrasound (HIFU) to 'ablate' (zap!) only the index lesion and leave any smaller tumours as long as they are 'low grade' and clinically insignificant.

Patient recruitment has been rapid for the index lesion trial (see page 6); men are keen to avoid the negative side effects of more radical treatment. The entry criteria for the trial are judged using MRI and template biopsy to get a thorough map of the prostate. There will be active surveillance to follow up patients for 12 months after treatment.

One advantage of HIFU is that, unlike radiotherapy, it can be repeated if the need arises. Patients are treated and return home on the same day. If you would like any further information please contact Sarah Crane at s.crane@pelicancancer.org



The Sonablate® 500 medical device uses ultrasound to ablate only the 'index lesion', minimising the negative side effects of more radical treatment.



Photo: International HIFU

Case studies

Participating in a trial: the HIFU experience

Determination to find the best treatment led Mervin Ward to University College London, to be treated by Hashim Ahmed and Mark Emberton using High Intensity Focal Ultrasound (HIFU) in a new way supported by the Pelican Cancer Foundation.

Mr Ward, 70, was deeply shocked when after a slightly raised PSA test and rectal biopsy (TRUS), he was told that he had prostate cancer and had three options: do nothing, have a radical prostatectomy, or have radiation therapy.

After some thorough research, Mr Ward asked to be referred to UCL, where he cannot praise the urology team highly enough. 'They were kind and helpful, taking time to explain my options,' he says. Like many patients, Mr Ward was worried about the more radical treatment options, 'I was concerned that they would open the door to other problems like incontinence and impotence'. He felt that active surveillance was too high risk for his situation, due to earlier back pain.

At UCL, Mr Ward had an MRI scan and template mapping biopsy (TMB). During the template biopsy 71 samples were taken painlessly while under a general anaesthetic. This template mapping led on to Mr Ward being the first patient recruited on to the Index Lesion HIFU trial.

Mr Ward had few problems associated with his treatment, and his PSA has remained low. He has recently been back to UCL and is due to have some follow-up treatment. A good thing about HIFU is that patients can have more than one treatment if necessary, and are treated and return home normally within 24 hours. We wish Mr Ward a long and healthy life free of prostate cancer.



Mr Mervin Ward



Pelican faculty member Dr Gina Brown, Consultant Radiologist, Royal Marsden NHS Foundation Trust

'The programme pioneered and advanced by Pelican for members of the multidisciplinary cancer team (MDT), achieves exceptional levels of communication and learning to improve practice and outcomes.'

Dr Gina Brown

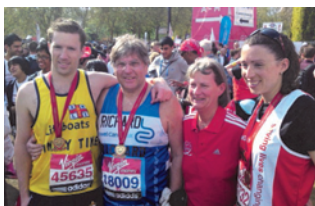


Sharing skills, improving treatment

As part of its work training surgeons and cancer teams, Pelican faculty members travel worldwide disseminating best practice. In 2004, a Danish report on rectal cancer treatment highlighted the need for postgraduate multi-disciplinary training (MDT), based on the pioneering Pelican MDT TME programme model.

In West Denmark in 2007, a series of five two-day MDT TME courses were organised, involving the Pelican faculty in the design and delivery of the programme. A major Pelican contribution is explaining the importance of MRI images for planning rectal cancer treatment: how surgeons can demand more information from radiologists and pathologists and maximise its use to improve practice and outcomes; and teaching radiologists how to maximise information useful to surgeons. Early results from the Danish programme show that the average number of scans of satisfactory technical quality three months before the courses was 18 per cent, compared to 74 percent afterwards.

Irrigation works



The Allardyce family (left to right): Tim, Richard, Rosamond and Nikki.

Read Richard's full account of his London Marathon experience on www.pelicancancer.org

In October 2007, Richard Allardyce was diagnosed with rectal cancer, undergoing radiotherapy, chemotherapy and surgery, leaving him with a permanent colostomy. By May 2010, he was running the 26.2 miles of the Virgin London Marathon.

Richard explains, 'I've been irrigating for the past 15 months - what a transformation in my life! No longer was I changing bags four times a day; no longer did I have sore skin. Initially I was concerned about what might happen during running, but my colostomy bag and the irrigation held up: no residue left behind, no problems, and no worries during the run'. Richard completed the marathon in an admirable 5 hours 55 minutes. His special thanks go to his family for their massive support which made running the marathon a possibility, and to his stoma nurses, Jan Beard and Anna Wallace from Beckenham Beacon, for their initial irrigation instruction and help in getting him started.

Course news

Pelican's international training reach

Pelican's focus is on the professional development of clinicians to widen understanding and knowledge of colorectal, liver, bladder and prostate cancers. The patient pathway for all cancer patients is discussed by a multi disciplinary cancer team (MDT) and Pelican Cancer Foundation courses include all members of these teams – surgery, oncology, radiology, pathology and nursing.

The recent Pelican 'Steps of TME' courses have attracted surgeons from around the UK and most of Europe - and even from as far afield as Thailand, Japan, the US and Canada. Pelican enjoys a reputation for organising interesting, interactive courses with the participation of well-known and highly respected presenters.

Many of our courses involve live surgery from the operating theatre, transmitted across to the Pelican Teaching Suite using high-definition cameras and projectors. This allows the delegates watching to see the finest details of the surgery, learning best practice in amazing technicolour!



Forthcoming courses

Date	Course
18 - 20 July 2010	International Liver Surgeons Training Course
12 - 16 September 2010	Clinical Immersion Course for Colorectal Laparoscopic Surgery
October 2010	Steps of TME Masterclass with Professor Bill Heald
November 2010	Expert Nurse Masterclass, sponsored by Coloplast Ltd.

To find the right Pelican course for you, use our online booking facilities for medical professionals.

For further information about any of Pelican's courses, please visit our website www.pelicancourses.org

Keyhole skills for theatre nurses



A recent course in laparoscopic (keyhole) skills for theatre nurses from all over central and southern England, organised with Covidien, proved extremely popular.

Delegates were given the opportunity to use laparoscopic simulators, such as the Lap Mentor, to help them

to understand the surgical difficulties involved in particular operations.

For further information about Pelican's courses, please visit our website www.pelcancourses.org

M25: Intensive colorectal review course

This is an intensive three-day course designed to provide an in-depth review of all aspects of colorectal disease, including controversial and difficult-to-manage problems. It also provides an excellent update for consultants and SpRs (years 4 to 6).

The main part of the course is in the form of lectures given by a superb nationwide faculty, with each session being followed by a panel discussion.

'An excellent, well put-together course - very relevant'

"Very relevant, useful and updated my knowledge"

Comments from course attendees in 2010

For more information please visit www.m25course.org

Fundraising news

Pelican golf day and auction

In celebration of Pelican's tenth anniversary this year, the annual Pelican Charity Golf Day was combined with a dinner and auction at the Donnington Valley Hotel and Spa.

The Donnington Valley Golf Course was looking superb with the greens 'playing very fast'. Unfortunately no-one managed to win the Mazda car that was the prize for a 'hole-in-one'.

Eighteen teams competed for the Pelican Silver Trophy and the winners were the '8.04s' under the captaincy of John Heath. Thanks to the generosity of all those who played and attended the dinner, over £8000 was raised.

Do you know any keen golfers who may like to join us next year?

Or would you or your company like to contribute an auction item for Pelican's future fundraising events?

If so, please contact Juliet Crawley at j.crawley@pelicancancer.org



From left to right, Allan Kennerley; Sarah Crane, CEO of Pelican; team captain John Heath, and Roy Letman of the '8.04s'.

Pelicans visit Highgrove

On a cold but sunny spring day in April a group of Pelican friends and supporters visited HRH Prince Charles' gardens at Highgrove in Gloucestershire.

Because of the previous cold weather the gardens were still full of early spring flowers, making a wonderful

mix of hellebores and snowdrops alongside daffodils and tulips. Even some early magnolias were still flowering. The wild flower meadow was particularly gorgeous with the snakehead fritillaries all in bloom.

Certainly the visit was much enjoyed - everyone said that Pelican should organise a visit each season!





Running for Pelican!



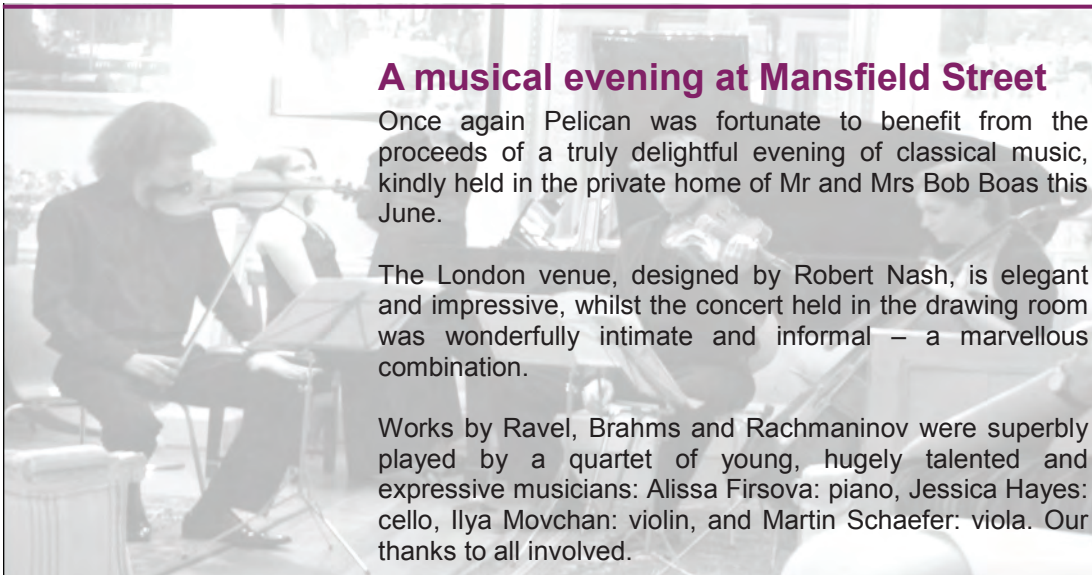
Our heartfelt thanks go to Clare Read of Alresford, a professional gardener and member of local running club, Alton Runners.

She ran the Virgin London Marathon this 25 April and kindly decided to run for Pelican, at the suggestion of Sir Bernard Ribeiro, chair of the Pelican Research Review Panel.

Clare ran the course in an impressive 4 hours 15 minutes, raising £1809.

Clare is 'looking forward to running again next year'. Pelican welcomes all individual fundraising efforts.

Clare Read ran the Virgin London Marathon for Pelican. If you would like to raise funds for Pelican, please call 01256 314 746.



A musical evening at Mansfield Street

Once again Pelican was fortunate to benefit from the proceeds of a truly delightful evening of classical music, kindly held in the private home of Mr and Mrs Bob Boas this June.

The London venue, designed by Robert Nash, is elegant and impressive, whilst the concert held in the drawing room was wonderfully intimate and informal – a marvellous combination.

Works by Ravel, Brahms and Rachmaninov were superbly played by a quartet of young, hugely talented and expressive musicians: Alissa Firsova: piano, Jessica Hayes: cello, Ilya Movchan: violin, and Martin Schaefer: viola. Our thanks to all involved.



Support our work - become a Pelican Partner!

Celebrating its tenth anniversary this year, Pelican is inviting its supporters to become 'Pelican Partners', helping us to raise £50,000 this year to support our fight against below-the-belt cancers. Whatever your interest - golf, coffee mornings, biking, marathons, treks, bridge events - we would love to hear what you would like to do to raise money for Pelican. We are also encouraging local and national companies to sponsor our work by naming Pelican as their beneficiary charity.

If you would like some help with sponsor forms, promotional material, or are considering Pelican as your beneficiary charity, please

Take the Pelican challenge - how much can you raise to support our fight to improve cancer patients' chances of enjoying a long life? All support, whether big or small, is very welcome. Let us know what you're doing and your fundraising achievement could be featured in our next newsletter.

contact Juliet on 01256 314746 or admin@pelicancancer.org



The Pelican Film Society

The Pelican Film Society shows films which either never made it to Basingstoke, or which came and went too quickly for most of us to see. Films are usually shown on the first Monday of the month; membership begins in September; guests are always welcome. Supper is available beforehand in the Ark's licensed Blue Café Bar, often themed to the film.

Likely future films:

Les Choristes
Mugabe and the White African

What film would you like to see at the Film Society? Let us know - 01256 314746.

(all films subject to availability)

Since it began, the Film Society has donated more than £8800 to Pelican. The films shown cover a wide spectrum: both English-speaking and foreign language; some old classics and some thought-provoking, hard-hitting films. Please send all inquiries on membership and future showings to: j.crawley@pelicancancer.org

Help Pelican fight cancer today - make a donation

Even a small donation can make a big difference: £50 would cover the cost for a nurse to attend a surgical training day at Pelican, or the cost of one patient being recruited onto a research trial; £150 would enable a surgeon to update their skills at Pelican. Please donate online now at www.pelicancancer.org

If you or someone you know would like to receive the Pelican newsletter, Pelican Post, please send an address and contact details to admin@pelicancancer.org or call 01256 314 746 - thank you.

The Pelican Cancer Foundation, The Ark, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN