Gland on the Run

Prostate cancer is the most common male cancer in the UK. But that statistic can be beaten.

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There are several ways a middle-aged man may find he has a problem with his prostate gland - difficulty in peeing, getting up a lot in the night - but the way Tony Elliott found out was rather different. In mid-January, he attended the opening of the Turks: Journey of a Thousand Years exhibition at the Royal Academy with his wife Janey. As the founder and publisher of Time Out, he gets asked to these sorts of events regularly and he knew many of the other guests, or thought he did.

'It was very crowded,' he remembers, 'and the rooms were quite dark and claustrophobic, and I began to feel slightly odd.' Then he went outside, and wanted to introduce someone to Alan Yentob. The BBC executive is an old friend, as is the person he wanted to introduce. Elliott began, 'Do you know ...' but then his mind went blank. The same thing happened when he tried to tell his wife about the conversation he had just had with Tessa Jowell, but he couldn't remember her name either.

Elliott, who is 58, went to see his doctor the following day, the first visit for several years. His doctor thought it was probably just a lack of blood getting to the head, and arranged for a specialist to check his heart; he quickly found that everything was fine. He also did all the usual urine and blood samples, including one for something called PSA, which is used to monitor the health of the prostate gland.

Elliott knew a small amount about the prostate, such as where it was (at the exit of the bladder and surrounding the urethra) and its size (described variously as the size of a hazelnut or a walnut), and he had had a PSA test several years before. That result was relatively low - about 2, he thinks, on a scale where a measurement below 3.5 is considered acceptable for a man of his age.

'At the time, my doctor probably said, "We should keep an eye on that," but, of course, we never did,' Elliott says. 'Janey did notice I was maybe peeing more, but I drink a lot of fluids. The only thing I had noticed occasionally was that I would go and pee in the evening, and then a few minutes later would want to go again. She would periodically say I should have another test, and like most men I'd go, "Sure, I'll do that soon..."'

PSA stands for Prostate Specific Antigen, the component of the fluid in the prostate that liquefies the sperm before ejaculation. It is when PSA enters the bloodstream that warning signs begin, because cancerous cells within the prostate may destroy the membrane walls, allowing fluid containing PSA to leak out. The presence of a high level of PSA in the blood is certainly not a definite sign of prostate cancer and the results can often be inaccurate, but it should be a

definite reason for further investigation. Elliott went for his new results a few days later.

This time his PSA was 5.4, and he arranged for a further examination at the King Edward VII hospital, near London's Baker Street. This involved the use of an ultrasound scope through which a doctor can see round the prostate and, if there's a sign of swelling, it's usually followed by a biopsy. 'The doctor took about eight samples all round the prostate,' Elliott told me over lunch at his home in St John's Wood. 'It feels like they're pulling back an elastic band and letting it go, and it grabs a sample. It doesn't hurt, but it feels odd, and after eight I didn't like it particularly.'

Then he flew to America. The Time Out empire encompasses weekly and monthly magazines and consumer guides in several cities, and publishes paperback guides to many more. On this trip, Elliott was on his way to New Jersey to see his distributors when his doctor rang him on his mobile. He said: 'The results are back and they're all bad.' Elliott thinks he may have said, 'Oh, fuck!'

He was advised to make an appointment with Roger Kirby, honorary professor of Urology at St George's hospital and one of the leading figures in prostate medicine. 'I think I knew then that there was probably no alternative to a radical prostatectomy, where they take it all out. I then rang Janey, who was obviously terribly worried, but I felt, "Well, we just have to get on with this."'

That evening he flew to Chicago, where Time Out was soon to launch another edition. He visited the local Borders bookshop to read more about his dilemma and he learnt that he was far from alone.

In the United States, everyone knows someone who's had prostate cancer, not least because many public figures who survive it - including Robert De Niro, Colin Powell, John Kerry, Arnold Palmer and Rupert Murdoch - are keen to lend their name to prostate charities. No sooner had Tony Elliott told some American colleagues of his diagnosis than someone suggested he should seek out the experiences of 'one of the top five men in Nike'.

In the US, about 70 per cent of men over 50 know their PSA scores, compared with 3 per cent in the UK. In this country the incidence of prostate cancer is higher than any other (in 2001, 30,140 men were diagnosed, accounting for 22 per cent of all new cancer reports in men), but death rates are still some way behind those of lung cancer, due to the relatively successful rates of intervention if detected early. Here, the celebrity list is a little smaller - Corin Redgrave, Dr Thomas Stuttaford, the Times's medical columnist - and includes several fatalities (Lord Runcie, Sir Harry Secombe, George Carman QC). There is a specific attribute to prostate-cancer statistics that does not apply to other cancers: a very large amount of men over a certain age will get it. The strongest risk factor for prostate cancer is getting old, and the lifetime risk of developing it is about 10 per cent.

The books Tony Elliott bought in Chicago contained clear explanations of the treatment options he now faced, some of which may be used in combination. There is the surgery he thought he would probably have, a serious two-hour operation calling for great dexterity. There is the laparoscopic radical prostatectomy, expensive and not yet widely available, in which slender viewing and cutting instruments are inserted into a number of sites around the prostate

and the gland is cut away and removed; increasingly, this operation is performed robotically. There is external radiotherapy, a 40-day course in which beams are directed at the cancerous cells. There is internal radiotherapy called brachytherapy, a relatively new treatment in which pellets are inserted strategically into the prostate with the aim of killing the tumour from within. Other recent developments include cryotherapy, which involves freezing the tissue by inserting liquid nitrogen through probes, and high-intensity focused ultrasound (HIFU), still in its experimental stages, whereby a rectal probe delivers a localised beam. There are hormone drugs, most commonly administered if the cancer has spread or recurs after treatment. And then there is watchful waiting, which demands further PSA and other tests and assumes that there is no immediate danger of the cancerous cells spreading to the lymph nodes, bones or other organs.

Before his return to England, Elliott's wife and sister did some research of their own. 'All the feedback said that if you were in the hands of Kirby that was a very good thing,' he says. 'I knew within 30 seconds of meeting him that this was all going to be straightforward.'

Elliott told Kirby that he had stopped smoking in 1983 and stopped drinking in 1985, and that he ate healthily and went to the gym a couple of times a week. He also told him that it wasn't a great surprise that he had something, because there was a long history of cancer in his family (both of his parents died with lung cancer, other family members had breast and stomach tumours). 'There was one funny moment in the conversation, which he may not remember because he sees so many people, where he was about to run through all the options for me and I more or less took the words out of his mouth and said, "Well, we're about to do the operation, aren't we?"'

I had known Tony Elliott since I had started working at Time Out in the early Eighties. He always struck me as highly pragmatic and a good delegator, and possessed of a great visual imagination. It didn't really surprise me when, on a recent walk in Regent's Park with his family dog, he said he had this vivid but illogical picture in his mind of his prostate being tugged out from his body and being cut away on his chest. He had never undergone major surgery before, and was understandably anxious about the outcome. With three teenage boys, he was less concerned about the prospect of infertility after the operation than he was about the ability to remove all traces of cancerous cells in one go.

After the first consultation, he had a lengthy telephone conversation with Peter Amoroso, the anaesthetist with whom Kirby performs almost all his operations, who advised about the importance of losing weight and getting fit before surgery. There was some discussion about whether Elliott could go to America before the operation to attend the Chicago launch in early March, and Kirby and Amoroso thought that a week or two wouldn't make much difference, and would give him more time to prepare. At the InterContinental in Chicago, he went to the pool where Johnny Weissmuller used to train.

The operation was arranged to take place on 8 March at the London Clinic, next door to Professor Kirby's office in Harley Street. The Elliotts arrived at 10, bringing lots of newspapers and books that never got looked at. He went to his room, had the usual X-rays and other checks, and then Kirby and Amoroso

turned up and said they were probably going to take him down at about 1.30, but they had something else to do first. 'But nothing was happening even by 2.30,' Elliott remembers, and you're waiting there in your gown and stockings, and it's nerve-racking, probably what it feels like when you're about to be executed...' And then someone came up and said, 'I think we'll get you to walk down to the operating theatre.'

'We operated through a transverse lower abdominal incision, which is my specialty,' Kirby told me when we met at a coffee bar near his office. He was on his way to the Royal Society of Medicine to give a talk on his experience of funding new urological research. He used his pen to demonstrate the position of his usual cut - a vertical line of about three inches just below what he called the bikini line. 'A lot of surgeons do it up and down, a bloody great hole,' he said.

Kirby, who has performed more than 1,000 radical prostatectomies, told me Elliott's operation was fairly routine. It lasted a little under two hours, and he lost only about a pint of blood. It began with a sampling of the surrounding lymph nodes to check that the cancer hadn't spread. The results were clear, but if there is a serious problem not previously picked up by an MRI scan, the surgeon may sometimes sew the patient up without removing the prostate, in the belief that it would be pointless. 'It's very bad for the patient's morale to do that,' Kirby said.

A few days later, Kirby called up Elliott's records on his office computer. 'His PSA was 5.4, so not that high,' he said. 'But when we took his prostate out it was 40cc, and there was quite a lot of tumour present - 7.6cc was composed of cancer. I don't advocate that everyone should have their prostate removed - we use radiotherapy a lot. People say that there is actually no proof that diagnosing prostate cancer early and removing it saves lives, because some people even with cancer may not go on to have much trouble with it. In a case like Tony's it may not have done any harm, but there was also the chance that we may not have removed it early enough. His tumour was quite large and quite close to the edge of the prostate by the time he had been diagnosed.'

Professor Kirby is 54, which means he has already outlived his father, who died of a stroke following a heart attack, by five years. He says his mother found it difficult to cope, 'and we had to support her rather than the other way round, so it left a huge scar on me in terms of what premature male death can do to a family'.

Kirby became a urologist in the mid-Seventies, a time when most people had never heard of the prostate. He would see patients who had a disorder known as BPH, a condition that causes frequent urination and a reduced stream, and affects almost one man in two over the age of 45 (the prostate enlarges naturally over time, and may restrict urinary flow). Others would have prostatitis, an inflammatory disease affecting younger and middle-aged men, usually accompanied by some pain.

The patients who presented to Kirby in the Seventies with prostate cancer faced two primitive surgical options: the removal of the testicles and thereby testosterone, which gave the patient a (usually) brief remission, or an operation that removed the middle of the prostate to reduce severe swelling, a process that often caused extreme bleeding problems.

But the patient's journey has improved. The PSA test came into use in the mid-Eighties, and at the same time a urologist named Patrick Walsh at Johns Hopkins

University in Baltimore developed a method of removing the entire prostate without necessarily causing impotence by preserving the two nerves that run down the side of the gland. Kirby saw Walsh in action, and has since been a firm advocate of radical prostatectomy in the right circumstances, currently performing about 130 operations a year.

The largest wall in his consulting room speaks of nothing but achievement. In addition to the certificates and awards, there is a framed display of the medals he won by completing the London marathon three times in the past five years. He has written more than 200 research papers on the prostate and many books, including one called The Prostate: Small Gland Big Problem, which I imagine few people leave his consultation room without. This book contains a section written by Clive Turner, a man who has undergone a radical prostatectomy himself and now counsels other men considering the same option.

In answer to the question 'Is sexual dysfunction a problem?', Turner writes: 'Yes, for nearly everyone, whatever they claim. However, some ability and sensation, albeit with a dry orgasm (because the seminal vesicles have been removed as part of the operation) can return after a few months, or sooner for a few lucky ones.' It's a trade-off, the author says. 'If the alternative is to die of prostate cancer, it has to be remembered that so far as we know there is not a great deal of sex in the graveyard (although my local vicar, who incidentally has undergone a radical prostatectomy, told me that there is rather too much in his).'

The official line from the Department of Health, supported to some degree by Cancer Research UK, is that we don't yet have clear evidence that PSA testing saves lives. There are very few influential advocates of a national screening programme to mirror that for breast or cervical cancer; the PSA test is not sufficiently accurate, and the infrastructure to support both the worried well and those with indicative results is inadequate. In a talk last November at the National Prostate Cancer Conference in London, Roger Kirby mentioned that some people have taken to referring to PSA as 'promotion of stress and anxiety'. He also said that, unfortunately, the PSA test is not even a good indicator of negative results. Research published last year suggests that of those people in the study who had a PSA of less than 4, 17 per cent did already have prostate cancer. In a few years we will know more, as the results of two large-scale screening studies are expected to report in 2008. There is also a new and potentially more accurate test emerging from the United States called the PCA3 or uPM3, which analyses urine.

'My advice is that we don't know for definite whether having your PSA test done, and then a biopsy and an operation, saves you dying from prostate cancer,' Kirby says. 'But if it's done in a good place you can do it without much morbidity, and if you preserve the nerves the loss of erectile function responds pretty well to Viagra. You would expect intuitively that removing a tumour early, before it spreads, has got to improve the outcome compared to just leaving it there and letting it grow.' In one of his books, Kirby refers to a period of time he calls 'the window of curability'.

Kirby gets his own PSA checked every year, and says it currently stands at 0.6. But PSA should only be one arrow in the bag. When men over 50 come to see him with prostate problems he advises them to get their cholesterol and other

cardiovascular risk factors checked, to take an hour's exercise every other day and eat as much vitamin E, selenium, broccoli and tomatoes as you can get your hands on. And then there's the usual, ever-important stuff about controlling one's weight and reducing the intake of eggs, cheese, full-fat milk, butter and red meat.
'It's wired-up London,' Kirby says. 'Men are stressed. When I say to people, "Your prostate's fine, but aren't you worried about your big abdomen?", they go, "Well, I'm stressed at work, I'm stressed in my marriage, and I'm stressed out by my kids because I don't get to see them and when I do we always have a big argument. And men internalise all this stuff.'
Previously he had told me, a little harshly I thought, that when Elliott first came to see him, he struck Kirby as 'a great example of a highly intelligent, highly successful man who has ignored his health until suddenly this bolt from the blue comes along. Men can delude themselves by doing 20 minutes in the gym and saying "I do exercise, I'm OK," but unless you also have the blood tests done to detect diseases, then these things grow inside you.'
To educate men further, and to boost research into the causes and best treatments of these things, Kirby is a founding trustee of Prostate Research Campaign UK, which last year raised about £800,000, slightly less than the other significant organisation in this field, the Prostate Cancer Charity. But his main concern at the moment is the Prostate Centre he plans to open in a few weeks, on Wimpole Street. This will offer a far broader range of services than he is able to supply at present, including the less invasive laparoscopic prostatectomy and the latest treatments from other specialists. It will also take a more holistic approach, advising on all areas of men's health, including nutrition and fitness.
His partner in this venture is his anaesthetist Peter Amoroso, whom I first met with Kirby at Pizza Express before a Chelsea match (they are both season ticket holders). He told me that if men have prostate problems, they usually have other medical complaints as well. 'The prostate is the doorway to men's health - it's not the heart. There is good medical evidence that the first sign of coronary artery disease is failure to get an erection. Not everything starts in your pants but... it is incredible. The prostate will affect a man's wellbeing, his marriage and partnerships, his sense of worth. When a guy can't pee properly he can't sit here like us and have a chat, he won't go to the theatre or cinema or anywhere he doesn't know exactly where the loo is at all times. And if he has to get up six times a night, he's not going to function well at his job.'
Dr Amoroso has a little personal experience of radical health improvement - in 2002 he lost about six stone to run the marathon. He tells the story of a friend who ran a half-marathon a few years ago after a radical prostatectomy and raised £47,000. 'Why that amount? Because that was the amount of money put in that year by the government for prostate cancer research.' He says it again: '£47,000. That's crap, that's enough for a tiny project. Now it's about £4m, which is still a drop in the ocean. Every hospital in the UK is littered with men with prostate cancer and secondary deposits, who are put on hormones, which gives them big boobs, no sex life, and they are going to die in two years. This could have all been avoided years ago.'
'The next thing I knew I woke up in the post-op and thought, "Oh, it's done."' In the early evening of 8 March, Tony Elliott vaguely remembers Roger Kirby

coming in to check he was OK and saying that he and Amoroso were off to the Chelsea v Barcelona match.
The following day his surgeon told him that there had been no problems, and that he thought he'd got it all. The recovery period was swift. Elliott was walking around after a day, and home after five. He found the catheter a bit of an ordeal, and he was careful to rest as much as possible and to hold a towel against his scar if he felt he was about to sneeze. They removed the catheter 13 days later with a little difficulty, and then did another PSA test. The levels were undetectable. There will be another test in a few weeks, and possibly a course of radiation to mop up any errant cells. Elliott is slowly getting back to fitness, and believes he has recovered about 80 per cent of his bladder control. And Kirby has told him that if necessary he will supply him with Viagra in a few months.
He feels that surgery was definitely the right decision for him. 'At one meeting with Kirby after the operation,' he told me, 'he said that he thought the age of the tumour was about nine months old, and had it been left for another six months it might have spread and been too late. So there was obviously a fantastic feeling of luck that it had been caught. But it also dawned on me that there was a 15-month period when it went from nothing to something that could have killed me.'
He returned to work part-time two weeks ago, 12 weeks after he received his diagnosis, seven weeks after his operation. I sent him an email asking what it was like being back. He replied, 'Everyone was pleased to see me.'

Postscript: A few weeks later, Tony Elliott's PSA was undetectable.

www.prostate-research.org.uk
www.prostate-cancer.org.uk
www.cancerhelp.org.uk