NOT YOUR AVERAGE JOE

JOE PASQUALE TALKS TO US ABOUT LOSING HIS DAD

Spring 2020

Plus...
Stephen Fry, Nile Rodgers and Jemma Redgrave say ‘Men, we are with you’

Meet the researcher at a crucial point in the journey of a new drug

The man who ran the world
This magazine was written before the outbreak of coronavirus in the UK. This is an uncertain time for all of us, but we hope the magazine showcases the positivity, expertise and commitment of our movement during a difficult time. Of course, we continue our work to build the future men deserve. We’re here for you through this uncertainty, and we have regularly updated information and frequently asked questions about coronavirus, as well as tips on how to stay informed and connected on our website and social media channels. Go to prostatecanceruk.org/covid19

“I speak to my son and we’re quite open about everything, we’ve broken that chain”. That’s our cover star Joe Pasquale talking about health.

We’re operating in a rapidly-shifting landscape in 2020. More men are being diagnosed with prostate cancer and living longer, but with potentially life changing side-effects. We also know that as more men become aware of their risk, demand on diagnostic services will increase. Our research is more important than ever. In response we’ve renewed our MANifesto, with the urgent priorities of earlier and more accurate diagnosis, better treatments and better support for all men.

Inside you’ll see how we’re addressing these priorities right now. It’s through our success, and ongoing work, to help roll out improved diagnostic scans across the UK. It’s through success in the development of the world’s first precision medicine for prostate cancer. And it’s through the work of our Specialist Nurses who supported a record-breaking number of men last year.

But the most important part in changing the future for men is you. You’re part of a movement, and the money you raise fuels progress towards a world where lives aren’t limited by prostate cancer. Thank you.

Paul Shiel, Editor

Our support services

If you’re concerned about prostate cancer or prostate problems, we can help. We provide a range of information and support, open to everyone affected by prostate cancer.

INFORMATION ON PROSTATE CANCER AND PROSTATE DISEASE

We have free information on your risk, treatment options, side-effects, emotional wellbeing and lots more. Order or download copies from the publications section of our website, read it online, or call our Specialist Nurses for help choosing the publications you need.

LOCAL SUPPORT

Use our website to find a service local to you and get access to care and support where you need it.

ONE-TO-ONE PEER SUPPORT SERVICE

Open to anyone affected by prostate cancer or prostate disease, whether you’re a diagnosed man facing a difficult decision or family member or friend looking for support, you can talk with a trained support volunteer.

OUR ONLINE COMMUNITY

Join a community of thousands online and share your experiences with people who’ve been there. Ask questions, post information and share your ups and downs.

Get the support you need, your way at prostatecanceruk.org/get-support

PROSTATE CANCER UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company number 02653887.
Prostate cancer now most commonly diagnosed cancer in England

By Danny Willett

back in January, just one week after we learned that deaths from prostate cancer had hit an all time high, news broke that there were 49,029 diagnoses of prostate cancer in 2018 (19 per cent higher than 2017), meaning prostate cancer overtook breast cancer as the most common cancer in England.

Your support helped to drive this increase in diagnoses. You helped us to spread awareness so more men are aware of their risk.

One of the most important factors was Bill Turnbull and Stephen Fry publicly sharing their stories which led to more men going to see their doctor, this has been dubbed the ‘Turnbull-Fry effect’. It’s also due to the fact that men are living longer, when their risk of getting prostate cancer is increased.

We don’t know whether diagnosis rates will remain this high, and these figures only refer to men in England, (UK-wide data will be released in the next few months). We also don’t know how many of these cancers may never have caused men any harm. But we do know that for some men, the earlier diagnosis made possible by this increased awareness could have saved their lives.

Approximately 400,000 men across the UK are living with and after prostate cancer, and this will only increase as our population ages. We’re uniting the best minds in science with the most passionate people, now we need the funds to radically improve testing, treatment and support.

To address these challenges and set out our vision for the future, we renewed our MANifesto. Read it at prostatecanceruk.org/about-us/our-manifesto

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PGA CHAMPION DANNY WILLET JOINS OUR MOVEMENT

Sheffield ace and 2016 Masters champion, Danny Willett joins PGA pros such as Andrew Murray and many more in the golfing community.

Willett was inspired to join our movement after learning of fellow Yorkshireman John Brownless’ tireless work in golf. Brownless has raised over £50,000 for Prostate Cancer UK through various golf days after being treated for prostate cancer.

Danny was posing proudly with the ‘Man of Men’ badge ahead of his opening tee shot.

“With your generosity, my research wouldn’t be possible. It really will go such a long way to improving prostate cancer immunotherapy treatment for men and ultimately, saving lives.”

Professor Helen McCarthy

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Marching to the tune of a million pounds

Last September our ambassador and Sky Sports presenter, Jeff Stelling marched four marathons in four days in four nations, completing his quest to raise £1 million to help stop prostate cancer being a killer. Here’s what Jeff has to say about this massive achievement...

“To raise £1 million across three years of Jeff’s March for Men events, alongside 1,253 walkers has been incredible. Everyone who played their part deserves special praise: the clubs across all four countries and every single marcher, the support staff, and my celebrity pals. Then there are those who have donated, from large corporate contributions to kids running up to me with their pocket money.

“I was proud to walk side-by-side with many inspirational people affected by the most common cancer in men, some with an uncertain future, some who have lost loved ones, some who remain beacons of hope. Thank you so much!”

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Join the Marchers!

Since 2016, more than 10,000 of you have walked with us and raised over £3.3 million to beat prostate cancer. But we need so much more to bring about the better testing, treatments and care that will dramatically reduce prostate cancer deaths in the UK.

Find out how you can do your march, your way at: marchformen.org

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Professor McCarthy takes next steps to deliver prostate cancer vaccine, thanks to you

Our Christmas appeal asked you to help Professor Helen McCarthy, from Queen’s University Belfast to deliver a prostate cancer vaccine. Helen has built a clever system that helps immunotherapy treatment to break through certain barriers in the body so it can be delivered direct to the immune cells, which then can be tweaked to target prostate cancer. The next step is to develop it to a stage where she can test it in men.

Immunotherapy is an exciting development in cancer treatment: a radical approach that can tweak our body’s immune system to target cancer cells. It’s precise and very effective, but because of a lack of funding, and the complexity of prostate cancer, it’s difficult to train the immune system to target prostate cancer cells. There are currently no immunotherapies available to treat men in the UK.

We’re delighted to say that our 2019 Christmas appeal has just smashed through our fundraising target to raise over £1.2 million to fund researchers like Helen who need to take these experimental treatments to the next step.

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"The disease sadly still exists in every golf club, and one man dies from prostate cancer every 45 minutes. When I first heard that statistic in particular, I was shocked – that’s one man every three hours, or six men over the time it takes to complete a round of golf."

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Join the team at: prostatecanceruk.org/golf

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Recent data shows there’s been a substantial roll-out of mpMRI scanning across the UK in the last three years. Now, as prostate cancer becomes the most commonly diagnosed cancer in England, and with demand for testing set to increase, we’ll be asking for all radiology units to receive the resources they need to provide the best possible service.

A multi-parametric Magnetic Resonance Imaging (mpMRI) scan offers a superior-quality image of the body to current scanners.

In January 2017 results from the PROMIS study, led by researchers at UCL, showed that giving men with suspected prostate cancer a mpMRI scan before a biopsy (when a sample of tissue from the prostate is removed for testing) can hugely improve our ability to detect harmful forms of the disease and can enable some men to avoid unnecessary biopsies. This was the biggest breakthrough in prostate cancer diagnosis for decades, however, at the time only 51 per cent of areas across the UK were providing the scans to the standard set by the trial.

We’re proud to have been instrumental in highlighting the importance of this breakthrough technique, securing government commitments, and developing tools and resources to help health providers make the necessary changes to their service.

72 per cent of areas across the UK are now providing the scans to the standards set out by NICE guidelines, an increase of 15 per cent on figures we released in 2018. But 1 in 10 eligible men in areas offering the scans still don’t have access. We estimate that 37 dedicated scanners are needed across the UK over the next 10 years at a cost of £48 million, and we need many new radiologists to address a shortfall over the next 10 years.

We’ll continue to work with health providers across the UK to ensure they meet these guidelines and help them address any barriers they face so that all men who could benefit can access pre-biopsy mpMRI wherever they live.

Thank you for helping to make sure all men can benefit from the best diagnostic tools, now and in the future.

**BREAKTHROUGH**

**WORLD’S FIRST PRECISION TREATMENT FOR PROSTATE CANCER**

Thanks to you, the genetically-targeted drug, olaparib is on track to become the first-ever precision medicine treatment for prostate cancer. Precision medicine is an exciting approach to cancer care that uses information about the genetics of a tumour to work out the best treatment.

This is a huge leap forward in treatment for advanced prostate cancer, creating a new option for many men that could slow tumour growth and extend lives. It’s the result of two decades worth of research to unpick the genetics behind prostate cancer.

Olaparib is part of a class of drugs called PARP inhibitors, which target defects in cancer cells’ ability to repair damage to their DNA. A study showed that Olaparib could delay the progression of advanced prostate cancer for over four months. The men who responded well to treatment all had mutations in one of 15 genes in their prostate cancer. This makes it easier to determine which men are likely to benefit from the drug.

Dr Matthew Hobbs, Deputy Director of Research at Prostate Cancer UK said: “This represents a revolution in the treatment of prostate cancer. It finally brings prostate cancer medicine into the 21st century by giving us a therapy that makes use of genetic testing of the tumour to work out which men will benefit. We’ve committed millions of pounds into research to expand precision treatment so more men can benefit. In the meantime, we’ll be working to make sure that this latest medicine and its associated tests are made available in the future for men with hormone-resistant advanced prostate cancer.”

Find out more about the research we fund and our new strategy at: prostatecanceruk.org/research

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**STEPHEN FRY, NILE RODGERS, JEMMA REDGRAVE AND MORE SAY ‘MEN, WE ARE WITH YOU’**

Back in September, 14 legendary names from the world of music, showbusiness and sport shared their prostate cancer stories as part of our campaign.

The campaign made a monumental splash with 117 stories across national news publications and reached millions on social media. Our Chief Executive, Angela Culhane said the campaign “highlights just how many of us are affected, and the real reasons why we need to continue acting against this disease.”

Thank you so much to everyone who helped spread the word.

“Prostate Cancer UK’s fundraising events bring friends and family together in such an amazing way to both celebrate and commemorate. Funding research is absolutely vital to stop prostate cancer being a killer.”

Emmerdale actress, Gemma Oaten

“Thankfully, mine was caught early enough that something could be done but I know that it isn’t the same for everyone. Investing in vital research could help men have a better chance at early diagnosis and therefore give them more time.”

Actor, author and comedian Stephen Fry

“Knowing that you’re at higher risk if you have it in your family or if you’re a black man is the key to knocking prostate cancer out.”

Former boxer and pundit, Johnny Nelson
JOE PASQUALE

DAD DIDN’T SPEAK ABOUT HIS CANCER, BUT ME AND MY SON ARE OPEN ABOUT EVERYTHING

Joe Pasquale

Joe has been doing a lot for our movement. Back in May he stripped off with an all-star cast of men who’ve been affected by cancer for ITV’s The All New Monty: Who Bares Wins. Then in September he joined 13 other celebrities to share their prostate cancer stories as part of our ‘Men, we care with you’ campaign. And Christmas Day saw him casually take the £20,000 jackpot on daytime game show Tipping Point, and donating it all to Prostate Cancer UK.

Insights called the much loved comedian and former King of the Jungle to thank him. He answered on an exercise bike in his boxing gym, with the constant smack of bags being punched in the background.

SO, THE ALL NEW MONTY, GETTING YOUR KIT OFF… HOW DID THAT FEEL? I MEAN YOU HAD A COMPLETE WASHBOARD SIX PACK!

Ha! I don’t think I had a washboard! [Ed note: he did. Google it!] I lost about half a stone before the show. I wanted to look as fit as I could, especially standing next to Ashley Banjo with no clothes on! But then when you put it in perspective, that’s the last thing that matters. The audience don’t care what you look like.

ANY DIETARY OR EXERCISE TIPS FOR OUR READERS?

I’ve been boxing for ten years. So I get beat up a lot. I don’t recommend anyone gets beat up, I don’t like getting punched on the nose, it makes me cry, but it’s good to get the cardio going as well. Good for the head and the body. I’m actually down the boxing gym now…

SPARRING AS WE SPEAK?

No, I’m just sitting on the exercise bike. Some sparring after.

YOUR DAD INSPIRED YOU TO TAKE PART IN THE SHOW. HOW DID IT FEEL SHARING HIS STORY WITH THE PUBLIC?

Everybody on the show had some sort of association with cancer. Thankfully I don’t have it myself but my dad did. He got it for the first time about 25 years ago, then it cleared up, I don’t know what the treatment was. But it came back more aggressively about five or six years ago.

I spoke to Dad about the show and he said “if it can help anyone, then do it”, and that was it really. Sadly he never got to see it because he died in the interim of filming and it going out. He’d been very ill for a long time and I’d said goodbye to him over the last three or four years, maybe once every three months, because he was in hospital in a bad way. But he wouldn’t give up. He had the constitution of an ox.

I remember once my sister rang and said “He’ll be gone by lunchtime,” so I got to the hospital and sat with him for a couple of hours. I went out to get fresh air, then my phone went and it was his mobile. I thought ‘Oh God, he’s gone’ but it was him saying “Where are ya? I’m hungry, can you get me a sausage roll?” I said “I thought you’d be dead by lunchtime”. He went “well I bloody ain’t” I got him a sausage roll and he got better.

I went through the emotions of losing him so many times, and in the end when he went it was totally unexpected. I was working away in Italy at the time. And I asked “should I go or stay?” and he said “Go”. It was only for three days. So I went on the Friday and was in a church in Venice on Easter Sunday. The priest was going ‘Pasquale this, Pasquale that’ all through the service (pasquale means Easter).

I came out of church and my sister went “he’s just gone”… Oh, bloody hell.

DID YOUR DAD SPEAK ABOUT HIS CANCER?

Not the first time, hardly at all. He didn’t like talking about it, he just kept completely quiet. That’s what most parents do if cancer is mentioned. And particularly most blokes. But I think attitudes are shifting. I showed my Dad a lot of affection. He wasn’t shown a lot of affection from his Dad, so he didn’t know how to deal with that. I speak to my son Joe and we’re quite open about everything, we’re broken that chain. It’s an area we talked about a lot, because of the hereditary side of things.

AS A COMEDIAN, DO YOU THINK HUMOUR IS A GOOD TOOL TO ENGAGE PEOPLE WITH HEALTH ISSUES?

Blokes always use humour to deflect – down the pub talking about their balls and having a laugh – but there’s a serious side too. I think The Full Monty opened a load of people’s eyes to that, seeing 10 people off the telly and sixteen blokes, some that have lost testicles or going through treatment for prostate cancer, that really brought a serious issue home with humour, it changes views slightly.

You’d think it’s the last thing people want to talk about down the boxing gym. But since the programme, everyone is talking about it.

YOU’D THINK PROSTATE CANCER IS THE LAST THING PEOPLE WANT TO TALK ABOUT DOWN THE BOXING GYM. BUT SINCE THE PROGRAMME, EVERYONE IS TALKING ABOUT IT.

Yes, it’s had a dramatic effect. I think people want to talk about it now, and see it as a bit of a joke. It’s like ‘ok, it’s not going to kill me’, and I think that’s a good thing.

YOU’D THINK IT’S THE LAST THING PEOPLE WANT TO TALK ABOUT DOWN THE BOXING GYM. BUT SINCE THE PROGRAMME, EVERYONE IS TALKING ABOUT IT.

Joe is currently touring the UK with a hilarious stage version of everyone’s favourite 1970s classic TV comedy, Some Mothers Do ’Ave ’Em. He plays the lovable but hapless Frank Spencer and calls it “the greyhound of comedy and probably the best thing I’ve done in my life.”

Grab your tickets at: somemothersdoaveem.com
I was given excellent health information at the time. Once I understood the options available, I was able to make a choice about the treatment that was right for me.

Nile Rodgers

Most people don’t know that 1 in 4 black men in the UK will be diagnosed with prostate cancer in their lifetime, double the 1 in 8 risk faced by all men. Prostate cancer is most common in men over 50. Black men and men with a family history of prostate cancer have a particularly high risk. The PSA (Prostate Specific Antigen) blood test is the first step towards diagnosis and black men are encouraged to start speaking to their GP about their risk from the age of 45 – five years earlier than other men. If more men know their risk, they’re more likely to go see their doctor. That’s something our dedicated supporters talking to men on the streets have experienced first-hand.

In October 2019, during Black History Month, former England Rugby star Ugo Monye joined the fight against prostate cancer, sharing that he “was shocked to discover that I’m at a higher risk because I’m black.”

Ugo is far from alone. Our public awareness survey in 2018 found that 70 per cent of black men weren’t aware that black ethnicity is a risk factor for prostate cancer. We have to change this. Because the more men are aware of their risk and take early action by speaking to their GP, the better the chance of positive outcomes.

Our ‘Men, we are with you’ campaign saw celebrities across the worlds of showbiz and sport sharing their stories. We were delighted to have disco legend and three-times Grammy winning musician Nile Rodgers on the team. Talking about his diagnosis, Nile said: “When my doctor told me I had an aggressive form of prostate cancer, everything in my happy music universe imploded in an instant.”

Such high-profile support is a huge boost, but we still have so much work to do. We need a lot more than just famous faces speaking up if we want to break down barriers to men seeking help. We need to be active in communities across the country having real conversations. So we’ve been on the ground with our incredible volunteers at events like Ghana Party in the Park in London, Simmer Down Reggae Festival in Birmingham and the UK Black Business Show UK.

“While I was working, I was startled by a man waving a leaflet in my face.” That man was Errol McKellar, a mechanic working in Hackney at the time who had been diagnosed with prostate cancer himself.

“My boss will never know how grateful I am that he insisted I went to inspect that sign. It was a simple job, but it saved my life.”

“Errol said that black men have double the risk of prostate cancer and that I should really think about speaking to my doctor. After reading a few leaflets I booked an appointment with my GP for peace of mind.”

After a high PSA blood test reading, followed by a biopsy, Thomas was diagnosed with prostate cancer.

“We struggled to come to terms with my diagnosis, but things have improved since I got the all-clear. I’m just lucky it was caught early, because I could have died if I hadn’t gone to my GP when I did.”

Now Thomas is keen to spread the word to friends, family and his wider community. Inspired by Errol, the man he says saved his life, he took on March for Men in Leeds this year, joined The Lord Mayor’s Parade and in November organised several events at work.

“It just goes to show how important it is that we keep speaking about these issues. If more people know about prostate cancer, then together, we can make a difference.”

Join Thomas, Nile and Ugo to help spread the word: prostatecanceruk.org/getinvolved
April 2016, The Marathon des Sables, Sahara Desert — a gruelling six-day challenge in blistering heat. In a tiny tent, ultra-runner Nick Butter meets ultra-runner Kevin Webber, one of our most dedicated supporters. The two men click. Nick shares ambitious plans to run marathons all around the world. Kevin shares that he’s recently been given two years to live.

“Don’t wait for a diagnosis to do what you love” says Kevin. Nick takes these words to heart.

Fast forward three years to the present moment. Fifteen pairs of trainers later. Over 400 flights, erupting volcanoes in Guatemala, a torn Achilles, 60°C heat in Kuwait, tropical rain in Hong Kong, a mugging in Nigeria, bites from ferocious Tunisian dogs, kidney infections, battlefields in Syria, food poisoning (four times), and thousands of friendly faces. Nick has done it!

He’s the first person to run a marathon in every country in the world. 196 countries, over 8,000km of running and over £100,000 raised for Prostate Cancer UK. And the best part? Kevin crosses the finish line with him.

Let’s take a look at some seminal moments from this incredible trip.

4 January 2018
Marathon 1 – Toronto, Canada

And so it begins. Nick arrives in Toronto to be greeted by the freezing Canadian winter. Logistics have been expertly planned but for Nick’s first marathon, he endures (and enjoys) a literal breaking of the ice.

8 April 2018
Marathon 35 – Pyongyang, N. Korea

Nick’s in the North Korean capital for the Pyongyang Marathon. He’s already run in countries that many of us have never dreamed of visiting but North Korea is truly the final frontier.

“When our lines finally formed, we were moved into the stadium like lemmings, to the roar of 40,000 North Koreans clapping and cheering – it was loud, scary, brilliant, mesmerising.”

Other unique running locations include the tiny, remote Pacific islands of Naura, war-torn Syria and the world’s smallest country – the Vatican City.

3 May 2018
Marathon 41 – Tunisia

Superman has kryptonite, Nick Butter has dogs. That’s why he’s at the doctors, having some rabies jabs. Nick’s made it to the north African gem of Tunisia, but his marathon mission has been scuppered by man’s best friend. “I was in mile 24, five dogs attacked my friend Andy and I, who has run a few marathons with me over the course of this trip, and they jumped up and bit my left bumcheek.”

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November 2019
Marathon 196 – Athens, Greece

The record breaker! Nick’s family, friends, and plenty of press have descended on the marathon’s birthplace of Athens for the finale. Most importantly, the man that inspired Nick to start this epic adventure, Kevin Webber, joins him. Like Greek gods, they hold hands, arms aloft as they cross the finish line together.

I crossed my two-year finish line today hand-in-hand with my brilliant friends – and Kevin Webber! He promised me he would stay alive to be here at the finish – I’m so pleased we could share today celebrating life, and this wonderful world we live in!

Inspired by Nick’s feat? Whether it’s something epic or something easy, you can use your passion to stop prostate cancer being a killer. Head to: prostatecanceruk.org/get-involved
Pharmaceutical drugs can take decades of research to get from the lab to the clinic. That often means countless lab hours, failed experiments, billions of pounds, and thousands of tests in people across several countries before they're fully understood, effective and safe. It's a long and perilous process, but with your help, we can make history.

Let's make PROSTATE CANCER history

Professor Simon Mackay at Strathclyde University has been working on developing a new drug for prostate cancer for the past 10 years. Now he needs our help at a critical step in the process.

The stakes are high in drug development. Get it right, and it could transform the lives of thousands. Get it wrong, and you stand to lose decades of work, millions of pounds.

To help lower the stakes, researchers follow a strict process to decide on the next steps to take when developing a drug. From finding an initial ‘target’ within the body, to building a chemical and then testing it in clinical trials, the project is constantly evaluated for safety and effectiveness in a series of ‘go’ and ‘no go’ points.

Professor Mackay recalls how it all started, almost 10 years ago. “I came across a protein called IKK alpha, which was found at high levels in some men with prostate cancer. It seemed to be involved with how prostate cancer develops, how it evolves into an advanced form of the disease, and how it becomes resistant to treatments.

“So, I thought if I could create a chemical to hit and disable IKK alpha, we could stop prostate cancer from growing and also help men respond to treatments for longer.”

But ‘hitting IKK alpha’ is easier said than done. The IKK alpha protein was like a lock that could open the door to a whole new way of treating prostate cancer, and Professor Mackay’s goal was to find a chemical ‘key’ to fit it. The problem was, he and the team only had a rough idea what the IKK alpha ‘lock’ looked like.

The process is purposefully challenging. But we’re at the half-way point now, and closer than ever to reaching clinical trials.
Because we don’t know what IKK alpha looks like, we couldn’t design a chemical ‘key’ with a specific structure that would fit it. Instead, we had to create a library of thousands of chemicals and hope that some might fit the target.

“We managed to find some chemicals that hit IKK alpha. They weren’t very effective, but they gave us somewhere to start.”

FROM TARGET TO DRUG

With a handful of chemicals in tow, Professor Mackay was awarded funding, including £250,000 from Prostate Cancer UK, to develop one into something that would be closer to an effective drug.

Professor Mackay said, “over a number of years, we worked on our chemical to hit IKK alpha, and stop prostate cancer cells from growing. The only sticking point was how badly it was absorbed into the blood. It could stop the growth but couldn’t get to the prostate cancer.”

To correct this, Professor Mackay made a small change to the chemical’s structure, adding a single atom. It worked at improving its delivery to prostate cancer cells, but the chemical became completely inactive. Years of work suddenly went down the drain, forcing the team to go back to the drawing board.

ON THE HOME STRETCH

Now Professor Mackay has the team, the target and a chemical that’s ten-times as strong as the one he had before. Together, they’ve taken him halfway through the drug development process. In his current project, he’s adding the finishing touches to his chemical so he can hopefully take it into clinical trials, where it can be tested in men.

“The chemical we have works well but it’s rapidly cleared by the body. What we’re trying to do in this project is make the final tweaks to make sure it stays long enough to be able to be used as a potential drug that can be taken once or twice a day. If the project is successful at this stage and at the next biology stage, I think we’re probably talking four or five years before we can get it into clinical trials. I’ve been working on this for 10 years, and I’m determined to see it through. If I can get this chemical through to clinical trials I’d retire happy, knowing I’d made that difference to men.”

LEARNING FROM FAILURES

“Getting to a point where we thought we had something that could really work, and then realising we had to go back to the drawing board was soul-destroying. I’ve had moments of disillusionment.

“Fortunately I work with some really positive and optimistic people, and we keep going. Those failures have all informed what we’re doing now. That’s one of the things about research. Negative results are just as important as positive ones. Every set back gives you more information. You have to say, ‘we’ve learned something new. We can use that to try something else’.”

The team did just that. They went back to their library of compounds and developed a new chemical. “We made a change to address how quickly the chemical was absorbed in the blood, it didn’t improve that, but we got a ten-times increase in potency. It was a fluke. We try to make out it’s all rational, but serendipity is an important word in drug discovery.”

“Every set back gives you more information. You have to say, ‘we’ve learned something new. We can use that to try something else’.”

I’ve been working on this for 10 years, and I’m determined to see it through.

Thank you to all the people who have donated towards our research, and the research of other scientists, to help us get closer to new treatments for prostate cancer.

It’s research into new treatments that keep me hopeful. It could mean I’m able to function with prostate cancer and live to see my daughters grow up.

Lloyd Pinder

Lloyd was just 44 when he was diagnosed with advanced prostate cancer. With a wife and two young children, the news was devastating.

With a one-off donation or monthly gift you can help take Simon’s research over the line, giving men like Lloyd more time with those who love them. To donate, visit prostatecanceruk.org/spring
I think of the bad things that started then: tears, sleepless nights, chemotherapy, radiotherapy, hot flushes, biopsies, moods, joint pain, cracking nails and hair loss. The dreaded meetings with the doctor. The difficulty of telling my kids about my cancer; and facing my wife knowing that our life plans would change permanently.

Then I think of the good things: being closer to my wife, seeing my kids more, having the best family holidays, loopoing and barrel rolling in an aeroplane, living for the now. I have a sense of doing good through my motivational presentations to others, learning to live and let live, and accepting others’ differences. I know what’s important in life and what isn’t. There’s a sense of freedom. Then there’s the crazy races across the Arctic, Cambodia, Sahara, Spain, Iceland, Albania… over 10,000 miles in amazing places meeting some inspirational people.

In 2016, I sat in a tent in the Sahara on my first Marathon Des Sables listening to a new buddy, Nick Butter, talking about his amazing plans. I told him to get on with his plans now rather than wait for a rubbish diagnosis like I had. What did he do? Well, the 2019 Athens marathon was his 196th in a row. That race finished an epic challenge, a marathon in every country in the world. It was only fitting that I ran it with him.

I wish more people would take a small step and have a go at something new rather than looking back with regrets about what could’ve been. Forcing myself to go outdoors, rain or shine, and push myself as hard as I can is both good for me physically and what mentally keeps me alive. Hopefully it inspires others along the way. Races this year include a 230km race in a tiny island country called Sao Tome in February where the finish line is the Equator, then back to the Sahara for my fifth 250km Marathon Des Sables, and a 230km altitude race in the Eastern Himalayas. So I’m not done yet.

I’m still here because of the support of my amazing wife Sarah and family, my employer NatWest/RBS, the incredible doctors and nurses at The Royal Marsden, and the support of Prostate Cancer UK. The gratitude of my family, and other families, all over you’ll never know. But I promise you, together we’ve made a massive difference now and for the future of many others. Thank you.

My final ‘wise words’: there’s little satisfaction in a journey where the end is certain and every step has been mapped in detail. Living and loving life is about taking a risk, leaving in the dark, when we do not know what’s in store.

You can follow more of Kev’s wisdom and challenges over at: makethemostofit.org

Every step you take brings us closer to beating prostate cancer

Share your passion for helping us. Keep fit and healthy in 2020.

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MEN
THEY’RE WORTH SAVING
One man dies every 45 minutes from prostate cancer