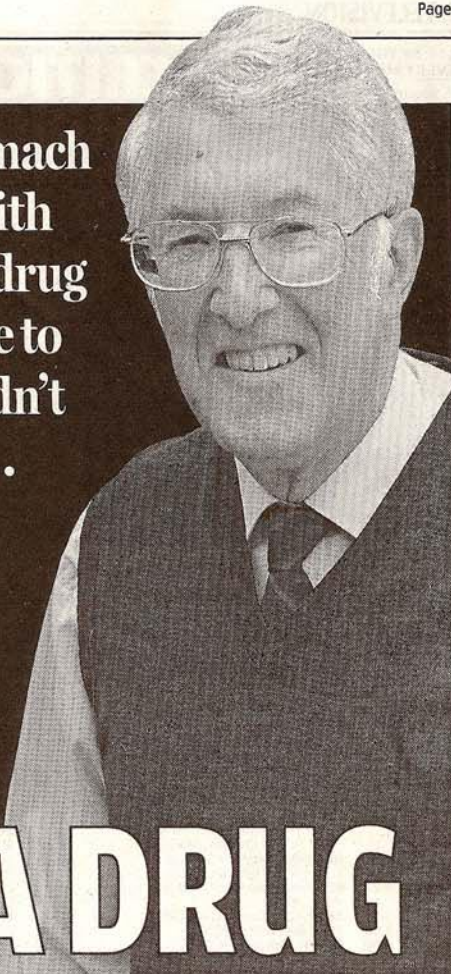


GoodHealth

Malcolm faced major stomach surgery — but escaped with laser therapy, thanks to a drug that made him so sensitive to the sun's rays that he couldn't venture out in daylight...

SAVED BY THE DRACULA DRUG



OVER 30,000 in Britain have Barrett's oesophagus, a condition that can be a precursor to stomach cancer. Conventional treatment — to remove the oesophagus and relocate the stomach — carries a high risk of serious complications. But a new form of laser therapy kills the diseased tissue without the need for surgery. Here, Malcolm Oliver, 69, a retired engineer from Sevenoaks in Kent, tells PAT HAGAN how the treatment has transformed his life, while his doctor explains how it works.

THE PATIENT

THE chronic stomach ache developed when I was on holiday in France. I had no idea what was causing it but it was constant, whatever I ate or drank.

On my return, my GP referred me for tests at the hospital in Sevenoaks. By now, the pains were so bad they kept me awake at night and I couldn't sleep properly.

I'd previously had treatment for a condition called gastro-oesophageal reflux disorder, or GORD, where you suffer persistent heartburn from acid leaking out of the stomach into the oesophagus, or gullet.

But that had always cleared up with drugs prescribed by my GP. This felt different. The pain would not go away and it was really starting to worry me.

I had several blood tests and, at first, doctors thought there might be something wrong with my liver. Then they suggested it was gall stones.

Eventually I had an endoscopy — where a tiny probe with a camera on the end is pushed down the gullet — which confirmed the lining was damaged.

By this stage — six months after the pain first started — doctors diagnosed Barrett's oesophagus. They found cellular changes that meant I either had dysplasia — the step before cancer — or it had already progressed to cancer.

Over the following months, I had CT scans and biopsies to see if it was cancer and whether it had spread to my liver.

All the talk of cancer — including the suggestion that I might have tumours on my liver as well — was like a death sentence. I was preparing for the worst and started shutting down everything in my life in case I was unable to function in the future.

I'm a mad keen motoring enthusiast but I gave away many of my prized motoring possessions in case I didn't survive the treatment.

But the liver biopsy came back clear and that was an enormous relief. It meant if I did have oesophageal cancer, at least it hadn't spread.

The tests on my oesophagus, however, were less conclusive. Apparently, it can be quite hard to tell the difference between the pre-cancerous lesions you get with Barrett's oesophagus and cells that have already turned cancerous.

Whichever it was, I faced the prospect of surgeons cutting out my oesophagus, moving my stomach up into my chest and making the top of it into a tube for food to go down.

This is the standard surgical treatment for Barrett's because there is a significant risk it can turn to cancer.

I went shopping for a blender to pulp all my food — doctors had explained I'd have to learn to eat all over again because my new makeshift gullet would not be able to cope with large pieces of food for a while after surgery.

But just a few days before my scheduled operation, on April 5, 2005, I got a call from my cousin Angela Frier, who is managing director of ITN International. She had been looking on the internet and had come across a new treatment called photodynamic therapy, or PDT.

Patients are given a drug that makes them sensitive to light, and then the diseased area of the

ME AND MY OPERATION PHOTODYNAMIC THERAPY

gullet is blasted with a laser. This destroys the pre-cancerous cells and lets healthy ones grow instead. You can eat whatever you like afterwards — and you don't have to have your gullet cut out.

So I cancelled my operation and instead was referred by my GP to Dr Laurence Lovat at the National Medical Laser Centre at University College Hospital, London, as part of a PDT investigating trial.

I had the treatment on July 6, 2005. Nurses woke me early to give me a drink containing the light-sensitive drug. It's a powder dissolved in orange juice.

Then I was covered head-to-toe with a blanket, because the drug means your skin can burn if you are exposed to too much daylight, and that means even avoiding the sort of daylight you get in a ward waiting for surgery.

A few hours later, the procedure was carried out.

Although I was awake I was heavily sedated, so I remember very little. When I came round I felt fine, apart from a little pain and discomfort which soon went away. The next day I was allowed home because the effects of the light-sensitive drug wear off after 36 hours.

I've had regular tests since and they have all shown my oesophagus is healthy. Yet I had no idea PDT even existed, never mind being available on the NHS. Now I want to make sure those who come after me know all about this wonderful treatment.

THE DOCTOR

DR LAURENCE LOVAT is consultant gastroenterologist and honorary senior lecturer in laser medicine at University College Hospital, London. He says:

The oesophagus, or gullet, is the tube that carries food to our stomachs. Barrett's oesophagus is a condition where the bottom end of the tube changes from being a nice healthy pink to a nasty red, as the cells that line the gullet become damaged.

This is most common in people over 60 and is usually caused by strong acid coming back

up from the stomach. In a healthy body, the acid is prevented from flowing back up the oesophagus by a small muscle that controls the flow of food into the stomach. But if this muscle does not work properly, acid can leak in to the gullet, causing the pain of heartburn.

A small percentage of people with Barrett's oesophagus go on to develop cancer. We can spot who is at risk by looking inside and taking biopsies. And to treat them with surgery to take away the bottom half of the gullet, we move the stomach up into the chest wall and reshape it to make a new swallowing tube for food to go down.

But this is major surgery and involves cracking open the chest wall and opening the abdomen. Around half of all patients end up with complications such as pneumonia, and even in the best surgical centres, some will die.

Although many patients are eventually able to eat normally again, in the period after surgery they can take only liquids or soft foods until doctors are sure the tissue has healed where the stomach joins the oesophagus.

In my opinion, many of these patients would be better off having PDT. The concept of it is rather beautiful. First, you give the patient a drug that makes all the cells in the body sensitive to light. This means that, once they are exposed to a high-intensity laser, they are destroyed.

Although the drug also sensitises healthy cells, they come to no harm unless they are exposed to incredibly strong light — such as a laser. The worst that can happen is the skin can burn if exposed to sunlight. But eventually, the drug passes out of healthy cells and they return to normal.

The idea is that you only apply the laser to the small area where there are potentially cancerous cells. That way, the risk to healthy cells is minimised. In time, healthy new cells grow in place of the diseased ones.

Malcolm came to me for treat-

ment as part of a clinical trial I am involved in testing a new type of PDT drug. The standard treatment, called Photofrin, works well but leaves the patient sensitive to light for up to three months after the procedure.

For the first month, they are not allowed out in sunlight for more than a few minutes at a time or they will burn. The new drug, called 5-aminolaevulinic acid, or ALA, cuts that down to 36 hours.

Malcolm came into hospital the night before his procedure and we used an endoscope to check the damage in his oesophagus.

To have time to penetrate the body's cells, the light-sensitive drug has to be given five hours before treatment. Malcolm was given a sedative to make him relax, and I inserted a catheter with a balloon on the end into his gullet.

Once the balloon had reached the bottom of the oesophagus, it was inflated. This held up the walls of the oesophagus and flattened out any folds where potentially cancerous cells might be hiding.

Next, I inserted a thin laser fibre. Most lasers fire a focused beam of light in one direction. But with this, the end of the fibre has a diffuser which scatters the light 360 degrees. This allows me to move the laser along the bottom five to seven centimetres of the gullet, treating the inner lining as I go.

The laser light activates the drug and prompts it to kill harmful cells. The procedure took 40 minutes. Malcolm was kept in hospital for a day to make sure he was okay and was then sent home. His recovery from surgery would have taken months.

Trials showed PDT can halve your risk of getting oesophageal cancer. Even the National Institute of Health and Clinical Excellence, the Government's NHS spending watchdog, has ruled that it is an acceptable treatment.

■ FOR details of centres using PDT to treat Barrett's oesophagus e-mail patient.killingcancer@virgin.net or go to www.killingcancer.co.uk

My Lifesaver

TV presenter Zoe Ball, 36, lives in Brighton with her DJ husband Norman Cook and son Woody, six. She says: 'I've always had troubles with my digestion and I tackle it with colonic irrigation. I have a session every two months — it's not the most enjoyable thing in the world, but it works for me!'

