

By JEROME BURNE

Jean faced death without surgery that would scar her for ever – but a beam of light saved the day

THREE weeks ago Jean Pringle drove 400 miles to her son Sean's wedding. What makes her journey remarkable is that just six weeks earlier she had received devastating news: the cancer in her tongue and neck had returned and the only option was a drastic operation.

'I was told I would probably lose my tongue and voice box, and I would also need an operation on the right side of my neck,' says 64-year-old grandmother Jean. But the former supervisor in ladies' fashion for Marks & Spencer refused.

'I wanted my children and grandchildren to remember me as someone they did lovely fun things with, not as someone dribbling in a corner, who could only grunt.'

Her doctors suggested she needed to sort out her will, as it was possible that she wouldn't live until her son's wedding in August.

But not only did Jean make it to the wedding in Kent but, at the end of the evening, she was well enough to dance with her grandchildren.

'I felt great and I had a fantastic day,' she says. 'I'm not disfigured and both my tongue and voice box are working fine. In October, my husband and I are going on holiday to Capri and Sorrento in Italy – I never imagined I'd be making plans for the future.'

Jean had a cancer treatment that has almost none of the distressing side-effects of conventional options. It is also far cheaper and has been approved by NICE (National Institute for Health and Clinical Excellence).

Yet few cancer doctors know about it, and if they do they rarely recommend it.

The treatment is called PDT (photodynamic therapy), and it relies on tumour-killing drugs that are activated by light.

In the case of skin cancer, the drug is rubbed on in the form of a cream; with internal cancers, the patient swallows the drug, which is then activated by a light at the end of an endoscope (a flexible tube).

FROM the time Good Health first reported on the treatment two years ago, it has advanced, as Colin Hopper, a consultant maxillofacial surgeon at the National Medical Laser Centre at University College Hospital in London, explains.

'In the past, PDT has been used mainly on tumours that are on or near a surface such as ones on the skin, in the mouth or internal cavities because the light penetrates only a few millimetres into the skin and there is a limit to where an endoscope can be placed.'

However, recent developments have allowed the team to treat deeper cancers using hollow needles that are inserted into the cancer; the light is then shone down through these needles. This technique allowed them to

treat Jean because her tumour was a difficult one – in the muscle at the base of the tongue.

Patients are usually injected with the drug, which is then taken up by cells all over the body, but only the tumour is exposed to light.

This triggers the release of a form of oxygen that is toxic to cancer cells – it physically destroys the tumour within a few days.

If any surrounding tissue is affected by the treatment, it usually heals quickly without any scarring because the underlying scaffolding – the collagen – is undamaged. The whole procedure may take no more than half a day.

The fact that the treatment is so simple has caused Jean a lot of anguish. 'Of course, I'm delighted that it has transformed my life, but what about all the other people it could have helped?' says Jean, who lives in County Durham.

'I see them in the oncology department at the hospital I go to – people with head and neck cancers like mine, who are disfigured from the radical surgery.'

'Some of them can speak only with extreme difficulty, and they have all sorts of other distressing

side-effects. PDT probably wouldn't have worked for all of them, but they never even got the chance to find out.'

Jean knew about PDT when she was diagnosed with cancer two years ago. 'I asked my doctors about it, but I was told there wasn't enough evidence that it was effective. I thought that was odd because it is mentioned in the official booklet that everyone with head and neck cancer is given.'

'I had radiotherapy and chemotherapy which was terrible – I was in such pain and felt awful for months. I now realise that all that could probably have been avoided.'

Yet she went into remission.

About a year later, however, Jane learned that her cancer had returned. It was then that she read in Good Health about how PDT could work for people with head and neck cancer who'd previously had radiotherapy.

This prompted her to ask for a second opinion, and she got a referral to the Laser clinic at University College Hospital.

'The contrast with the treatment I'd had before couldn't have been greater,' says Jean. 'I was exam-

ined in the morning, and then the drug was injected.'

'Two days later under a general anaesthetic the needles with light were put in. It all took about four hours, for some people it's much quicker. The next day I was amazed I could eat breakfast and brush my teeth.'

'After radiotherapy, I couldn't swallow properly for months. I didn't brush my teeth for ages because it was too painful.'

'And except for having to keep out of bright light for a week in case it triggered off the drug, that was it.'

STEPHEN BOWN, professor of Laser Medicine and Surgery at UCH, says: 'PDT isn't a cure-all, but for those whose cancers can be treated, it's far gentler, quicker and cheaper.'

'The drastic operation Jean was offered would have cost around £32,000; her photodynamic therapy on the NHS cost £4,500.'

'Also, if the treatment doesn't clear all of a tumour first time around, it can be done again, and if it still doesn't work traditional

approaches are still there as an option.'

Given all these advantages, it is puzzling to those involved as to why it is still not a mainstream treatment.

'There were some overestimates of its abilities in the early days which made people cautious,' says surgeon Colin Hopper. 'But we now have more than 150 scientific papers showing its safety and effectiveness.'

'It's licensed for use on the skin, head, neck and oesophagus (the tube running from the throat to the stomach).'

'So why is it still not widely available? I think it comes down to very human reasons,' says Hopper. 'Oncologists are used to giving drugs, radiologists have invested heavily in expensive equipment, surgeons are skilled at surgery.'

'If someone comes along and says we can treat cancer with cream and a light, it's not surprising there is a lot of resistance.'

'But we aren't a threat. More conventional treatments and skills are all going to be needed. PDT is just another option.'

■ FOR more information, go to www.killingcancer.co.uk.



Amazed: Cancer-sufferer Jean Pringle with her son

PICTURE: BEN LOSTER