

Patient story: Prostate cancer

Bill Lee

KILLING  cancer

Bill is a winner with first PDT prostate trial

When 75-year old Bill Lee marched himself in to see the consultant to receive the test results on a possible cancer scare, he knew one things for sure. He didn't want to die. He didn't want to face the surgeon's knife either, and had already come to the very real conclusion that his likely quality of life following any treatment with chemotherapy or radiotherapy would probably leaving him feeling worse and not better.

"At my age, any major treatment for cancer was something that terrified me. I've seen enough friends die while having treatment that I knew. I wouldn't have chemo or radiotherapy, regardless of what I was told," he says. He also cared for his wife as she died of cancer.

A year ago Bill knew he had some waterworks problems, and guessed is was either bladder or prostate cancer. He was told he had the latter, and while he was going to be OK in the short term, complications and possibly a secondary cancer might follow and he would eventually die unless they did something.

He would also have to cope with the increasing pain and continued lack of bladder control. He knew he would need some treatment. But what would he decide upon? In truth, he wanted none of them.

Bill remembers uttering the words: "Haven't you got any experimental things you can try me on?"

With barely a week gone by after the initial consultation, Bill received a letter. Would he mind popping around to the National Medical Laser Centre at UCL? Given that one of the four pubs he and his family run around London was just yards from his door, it didn't strike him as much of a hardship. They wanted to talk to him about something new. That something was PDT – Photodynamic Therapy.

"I sat down and they explained what the treatment was all about. I had never heard of it before, and while it was obviously many years since I'd been to school and any science lessons, it did seem to be logical enough. I didn't need any time to have a think about. I signed up on the spot," he recalls.

A week or so later, and Bill was in hospital at the

National Medical Laser Centre. He was to be one of the first patients to be included on the drug trial for Tookad – a drug that is activated by light. When light is delivered, the tiny blood vessels are shut down and so deprive the prostate tissue (normal and cancer) of oxygen. While some PDT treatments use drugs that remain in the body for days or weeks and make the whole body sensitive to light, the Tookad clears from the body so fast is that it never gets out of the blood stream into the individual cells.

In that respect, Tookad is a drug that medics at the centre feel could have successful applications with other types of cancer in years to come.

The drug is injected into his prostate under a general anaesthetic, while the light is delivered via optical fibres passed through needles positioned in the prostate under guidance from ultrasound scanning.

It was a month after his treatment that Bill went back for his check up. He knew the results before the clinicians did. The pain had virtually disappeared, and his visits to the toilet for a wee had returned the frequency prior to the cancer taking hold. "I had never felt better. I had no pain from the treatment whatsoever, and I was obviously feeling great. It had taken years off me," he says.

The clinical results exceeded all the expectations from the team at the NMLC. They offer yet more reasons to believe that Tookad may have a valuable role to play in the treatment of prostate cancer.

"I am just amazed," says Bill. "I just feel that I am so very lucky. Everyone else who queued up with me in the clinic that first day I went to the hospital has obviously been through something far worse than me. They will have been on different drugs or having surgery and all that that entails. I feel just so bloody marvellous."

If all goes well with the drug and therapy trials, within a year or so patients could be walking in off the street for out-patient PDT treatments for prostate cancer, with surgery regarded internationally as the least favoured treatment of choice.

Bill agreed to enter this study knowing it was early days for this new treatment and that although he was helping the research programme, he was unlikely to get any personal benefit. He was happy that he tolerated the treatment so well with minimal discomfort and delighted that it actually improved his symptoms. The doctors had told him not to expect any direct benefit, so the results for him have surpassed expectations.

Bill hopes that as experience with PDT is gained, it will be possible for doctors to treat larger areas of cancer within the prostate gland and so keep the disease under control.

