

Eleven years on, Jim looks back on how PDT changed his life

Eleven years ago I was in a really bad way. I had had surgery some months before in my local hospital for a small cancer of the mouth, followed by intensive radiotherapy. So the entire left side of my mouth and neck was actively compromised.

There was then a lot of concern when an area of ominous redness started to appear and spread inside my cheek over a period of months, not at the site of the original cancer but from a tiny patch of radiotherapy burn, which, oddly enough, the radiology consultant could not see.

Several biopsies at first revealed no cancer cells, but suspicions mounted as the area grew slowly but inexorably in size until it became a circle of dysplasia at least an inch and a half in diameter.

You can imagine how concerned I was. No-one seemed to know what to do. "Laser?" asked one surgeon of another. 'Could make it worse,' muttered the second. 'We don't know what's underneath,' he added, in answer to my query as to why it could make it worse. It was then that I knew I was in trouble.

Desperate at the apparent absence of a solution, I returned home and sent off an urgent e-mail to a distinguished professor of medicine, Jay Levy, formerly a cancer specialist but now the Director of a leading HIV research team in San Francisco's School of Medicine.

Strangely I knew of him only because he was a mutual friend of the Nobel prize-winner for literature, Samuel Beckett, author of the famous 'Waiting for



Godot', whose biography I had just written.

Jay consulted his oral surgeon friend and the next day an email arrived for me saying that they thought from my symptoms that I probably had radiotherapy burn but in any case to get myself off immediately to the team at University College, London and the Eastman Hospital.

Almost the next day I think it was, I met with the lead clinician, Colin Hopper, who performed a biopsy and reassured me that, if cancer cells were indeed to be found, they could get rid of them.

Most important for me, and one reason for my agreeing to go public on my treatment, I learned from Colin Hopper that it could work on my cheek, even though I had had radiotherapy there.

This began my own acquaintance with the power of Photodynamic Therapy. I was patient 81 (I think) on a funded pilot scheme which was examining the efficacy of this treatment for cancers of the mouth.

If I am here talking to you today, instead of deformed or perhaps dead, it is because of that email and the subsequent encounter with Professor Bown's and Mr Hopper's research on PDT.

I learned a lot about the technique: how it worked, combining a drug (Foscan in my case) with low level laser light. I even read some of the publications on the subject and became a total PDT bore to my friends, talking of the regeneration of cells treated in this way.

I can't pretend that the treatment was a pleasant experience: the area was much too large to be pain free and it naturally took longer to heal because of the compromised nature of my cheek. Though I have a little scar tissue from the operation, I speak normally, eat normally - cutting up my food into only slightly smaller portions than I did before - and look normal, or at least as normal as I ever did.

Eleven years later, after reading about the work being done in various centres throughout the world and the huge potential of PDT for other cancerous or pre-cancerous conditions, I am quite simply astounded that we still have to draw attention to the need for more funded research in an area which has had so many successes (and I am but one of many) and so self-evidently cries out for government and public support.