



Serving men of all ages, and their partners, through a programme of support before, during and after diagnosis  
Newsletter Summer Newsletter Issue No.45

Hello One and All,

Welcome to yet another edition of our Newsletter as we now approach the summer and as I write this missive. I trust you are all getting over the rather changeable Spring weather and now look forward to much drier and enjoyable Summer conditions. I have no further news at this stage regarding our next big project but smaller ones are on the cards but not yet finalised. Members, family and friends at our last members meeting really enjoyed an excellent presentation. We are now endeavouring to arrange our next Members meeting, again at the Redcliffe Hotel. We will publish the details as soon as possible – We will have a poster produced if possible please display prominently if possible to inform others. Again please let us know if you would like to receive your Newsletter by email since you will all appreciate that the cost per year is rising and on top of the printing, postage costs are a real consideration. Your help in this context would be very much appreciated.

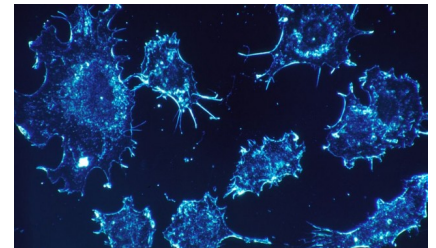
Sincere Best Wishes to Everyone

**Peter Hosking**

Chairman

## Weizmann-developed drug may be speedy prostate cancer cure, studies show

**In a trial, a photosynthesis-based therapy eliminates cancer in over 80% of patients and could be used to attack other cancers, too**



scientists at the Weizmann Institute may have found the cure for prostate cancer, at least if it is caught in its early stages – via a drug that doctors inject into cancerous cells and treat with infrared laser illumination.

Using a therapy lasting 90 minutes, the drug, called Tookad Soluble, targets and destroys cancerous prostate cells, studies show, allowing patients to check out of the hospital the same day without the debilitating effects of chemical or radiation therapy or the invasive surgery that is usually used to treat this disease.

The drug has been tested in Europe and in several Latin American countries, and is being marketed by Steba Biotech, an Israeli biotech start-up with R&D facilities in Ness Ziona. The drug and its accompanying therapy were developed in the lab of Weizmann Institute professors Yoram Salomon of the Biological Regulation Department and Avigdor Scherz of the Plant and Environmental Sciences Department.

Based on principles of photosynthesis, the drug uses infrared illumination to activate elements that choke off cancer cells, but spares the healthy ones. The therapy was recently approved for marketing in Mexico, after a two-year Phase III clinical trial in which 80 patients from Mexico, Peru and Panama who suffered from early-stage prostate cancer were treated with the Tookad system. Two years after treatment, over 80% of the study's subjects remained cancer-free. A similar study being undertaken in Europe showed similar results, Steba Biotech said, and the company had submitted a marketing authorization application to the European Medicine Agency for authorization of Tookad as a treatment of localized prostate cancer. The approved therapy was developed by Salomon and Scherz using a clever twist on photosynthesis called photodynamic therapy, in which elements are activated when they are exposed to a specific wavelength of light. Tookad was first synthesized in Scherz's lab from bacteriochlorophyll, the photosynthetic pigment of a type of aquatic bacteria that draw their energy supply from sunlight. Photosynthesis style, the infrared light activates Tookad (via thin optic fibers that are inserted into the cancerous prostatic tissue) which consists of oxygen and nitric oxide radicals that initiate occlusion and destruction of the tumor blood vessels.

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# PSA Consensus

A more informed approach. Maligned, misunderstood and imperfect it may be, but the PSA test is the only currently approved initial test for prostate cancer. Opinion is divided as to whether screening should be introduced, but this is unlikely to happen in the short term. What everyone agrees is needed now is clearer advice for health professionals so that we can improve early diagnosis and reduce the risk of prostate cancer remaining undetected.

As a result of collaborative working between many of the agencies involved in and around prostate cancer\*, (including Tackle) a new set of PSA testing guidelines have been produced. These were published earlier this week and you may well have seen reports in the national press. The guidelines deal with whether to have a PSA test or not, when to have the test and how often it should be repeated. There are 13 statements in total and you can find them on our PSA Consensus page. Not everyone is going to agree with every statement but they are an incremental step forward. Some of the wording could have been stronger and Tackle takes exception to the final statement saying the PSA test should not be used for a national screening programme, particularly as we are seeing increasing emphasis on active surveillance as a preferred option for many men. Stating a lack of support for screening also seems to undermine some of the earlier statements.

Professor Frank Chingwundoh MBE, a member of the group developing these guidelines and Chair of Tackle's Clinical Advisory Board (CAB), had this to say: "These revised guidelines on PSA testing may not satisfy those who think screening should be introduced, but by recommending a risk based assessment and a more informed approach to PSA testing I believe this will contribute to improving early diagnosis. It is a step in the right direction". Dr Chris Booth, another of our CAB members said "This is an excellent piece of work which I sincerely hope has the clinical impact that we hope for". Dr Jon Rees, a GP specialising in urology and also a CAB member had this to say in *The Pulse*, a GP journal "These consensus statements offer us some much needed support and guidelines. We consistently fail to make decisions on whether to test or whether to refer for prostate biopsy that are based on an individualised assessment of risk, relying instead on the PSA "normal range" alone. But prostate cancer risk factors are the greatest weapon we have. These statements make a strong case for better risk assessment in primary care, and hopefully better targeting of high risk men, while at the same time reducing unnecessary interventions for those at low risk."

Getting the new guideline message across to clinicians in primary care is a key challenge. This is where we need your help. We would like to use your excellent networks, influence and experience of our patient-led organisation to help disseminate and promote the new guidelines. A similar exercise is being carried out directly with health professionals, organised by Prostate Cancer UK. They have also asked if our support organisation can help. We hope that groups will help us to ensure their local GPs and men in their area are aware of and encouraged to use this consensus, as guidelines for better use of the PSA test. One useful tool that has been developed by Prostate Cancer UK, with Tackle input, is an online reporting tool aimed at recording instances of where men have visited their GP to discuss a PSA test. We know experiences are varied across the country so trying to identify some of the problems would be really helpful. If you know someone who might wish to provide this feedback you can find the online form on our website at [PSA Conversation](#).

You may also have noticed that in parallel with publishing the PSA Consensus guidelines, Public Health England have revised the guidance given to GPs, in what is known as the Prostate Cancer Risk Management Programme (PCRMP). Although the 13 PSA Consensus Guidelines echo some of what is in the PCRMP, there are other PCRMP statements that Tackle would challenge and we are currently reviewing how to respond to this revision, with the help of our Clinical Advisory Board. Watch this space for more information. If you want to read the revised PCRMP in the interim you can find it on the official web site at [PCRMP](#).

Finally, Tackle remains firmly committed to continue to advocate and campaign for even stronger messages in support of early detection and wider PSA testing. Men need to be offered an opportunity to be diagnosed at an earlier stage to give better outcomes. Rest assured we remain the voice of prostate cancer patients and their families.

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# Weizmann-developed drug may be speedy prostate cancer cure

These elements are toxic to the cancer cells, and once the Tookad formula is activated, they invade the cancer cells, preventing them from absorbing oxygen and choking them until they are dead. The Tookad solution, having done its job, is supposed to then be ejected from the body, with no lingering consequences – and no more cancer. With the drug approved for prostate cancer – and able to reach cancerous cells that are deep within the body via a minimally invasive procedure – Steba believes it may be able to treat other forms of cancer. In fact, the company said, it is also pursuing early stage studies of Tookad in esophageal cancer, urothelial carcinoma, advanced prostate cancer, renal carcinoma, and triple negative breast cancer in collaboration with Memorial Sloan Kettering Cancer Center, the Weizmann Institute, and Oxford University. “The use of near-infrared illumination, together with the rapid clearance of the drug from the body and the unique non-thermal mechanism of action, makes it possible to safely treat large, deeply embedded cancerous tissue using a minimally invasive procedure,” according to Steba. The Weizmann Institute has been working with Steba researchers for some 20 years to develop Tookad, said Amir Naiberg, CEO of the Yeda Research and Development Company, the Weizmann Institute’s technology transfer arm and the licensor of the therapy. “The commitment made by the shareholders of Steba and their personal relationship and effective collaboration with Weizmann Institute scientists and Yeda have enabled this tremendous accomplishment.” “We are excited to bring a unique and innovative solution to physicians and patients for the management of low-risk prostate cancer in Mexico and subsequently to other Latin American countries,” said Raphael Harari, chief executive officer of Steba Biotech. “This approval is recognition of the tremendous effort deployed over the years by the scientists of Steba Biotech and the Weizmann Institute to develop a therapy that can control effectively low-risk prostate cancer while preserving patients’ quality of life.”

TPSA Would like to Thank the Times of Israel for there permission in using said artical Web Link <http://www.timesofisrael.com/weizmann-developed-drug-cures-prostate-cancer>

### Richard Scheffer A Patient’s Perspective



Dr Richard Scheffer Consultant in Palliative Medicine gave a talk to the the Torbay Prostate Support Association on 10th March at 10.30am - at the last members meeting held at the Redcliffe Hotel, Paignton seafront. His talk was called One Man's Journey -Giving a patient's perspective of prostate cancer. The members that could attended would like to say a very big thank you to him for finding the time and to come along.

#### Disclaimer

From time to time in our newsletters we provide information about developments in the diagnosis and treatment of prostate cancer, research articles, documents, presentations and other interesting materials. However, the TPSA Trustees and the editor of this newsletter do not have the medical expertise required to make an informed evaluation of the conclusions and recommendations presented in such materials, and we have not verified such conclusions and recommendations through appropriately qualified medical professionals. The information presented in this newsletter must not be interpreted as being endorsed or recommended by the TPSA Trustees or the editor. Any recommendations made in such materials may not be applicable in your particular case.

**New FREE Telephone Number for the National Help Line** Tackle has a new telephone number for our National Help Line: 0800 035 5302. The Board’s view was that the existing 0845 number should be replaced with a free 0800 number to remove any disincentive to call the Help Line

### Are your contact details up to date?

These details often change over time but not many of you remember to tell us! If we do not have the correct contact details updates and news letters are not delivered so we need to have the correct *details please*  
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**Past issues of our newsletters can be viewed on our website: [www.tpsa.co.uk](http://www.tpsa.co.uk)**

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Peter Hosking (Chairman)	<a href="mailto:chairman@tpsa.org.uk">chairman@tpsa.org.uk</a>	01803	363028
Darrell Fulford (Treasurer)	<a href="mailto:treasurer@tpsa.org.uk">treasurer@tpsa.org.uk</a>	01803	292171
Ray Matthews	<a href="mailto:ray@tpsa.org.uk">ray@tpsa.org.uk</a>	01803	606915
Robin Causley	<a href="mailto:robin@tpsa.org.uk">robin@tpsa.org.uk</a>	01803	311407
Ernest Bartley	<a href="mailto:Ernest@tpsa.org.uk">Ernest@tpsa.org.uk</a>	01626	866936
Mark Smith (Newsletter Editor )	<a href="mailto:newsletter@tpsa.org.uk">newsletter@tpsa.org.uk</a>	01530	481802
Mark Smith (Website Editor )	<a href="mailto:website@tpsa.org.uk">website@tpsa.org.uk</a>	01530	481802