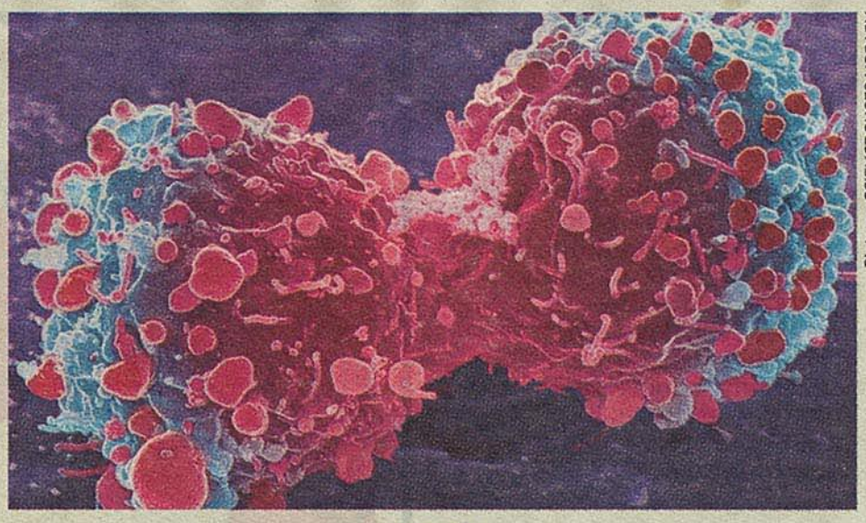

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A ray of light can kill cancer cells without leaving terrible scars — so why are so few offered it?

By JEROME BURNE

ONE of the most frightening aspects of being diagnosed with cancer is that the treatment can be harsh. You may be disfigured by surgery or damaged by radiotherapy and chemotherapy.

Imagine your relief, then, to discover that there is a properly tested, officially approved treatment that avoids the worst side-effects. Now imagine your anger when you discover that only a very few people can get this treatment on the NHS.

That's the emotion powering a celebrity-backed appeal, launched last week, to increase the availability of a treatment called photodynamic therapy (PDT).

PDT involves taking a drug that becomes active only when laser light is shone on it. Cancer cells absorb the drug and are destroyed when the light, which is carried on a flexible tube that can be put anywhere in the body, is focused on them.

The whole procedure can take as little as half-an-hour and for many patients only one treatment is necessary. Another benefit is that any healthy tissue that is affected grows back normally without scarring.

This isn't just kinder to patients — it's also, remarkably for a breakthrough — cheaper. PDT avoids the risks of surgery, cuts the use of hospital beds and removes the need for repeated hospital visits required by chemo and radiotherapy.

Indeed, it could save the healthcare system between one and two billion pounds a year, according to estimates by cancer specialists at University College Hospital, London. But, despite the National Institute for Health and Clinical Excellence (NICE) approving the use of the therapy for cancers such as skin, mouth, oesophagus, head and neck, less than 1 per cent of those who could benefit actually get it.

Skin cancers are the most commonly treated, but even then the numbers are still tiny — only a few thousand of the 76,000 new cases of skin cancer a year receive PDT. The vast majority are treated with surgery, which can involve skin grafts and leave scars.

'All this can be avoided with PDT,' says Colin Hopper, a surgeon at the National Medical Laser Centre at University College London. 'It doesn't damage nearby tissue and there's rarely any scarring. It's also far cheaper: surgery can cost £6,000 if reconstructive work is needed compared with £1,000 for PDT.'

If the number of patients receiving the new treatment for skin cancer is low, for other types of cancer it is even worse. Just 300 cancer patients out of more than 300,000 were treated last year. Many are never even told about it or they are told (incorrectly) that it is experimental and doesn't work.

But it's in the treatment of head and neck cancer where the lack of PDT is possibly most keenly felt. These are vulnerable areas and treatment such as radiotherapy can leave patients unable to eat and in pain for months.

For others, surgery can be devastating where it involves the removal of the tongue and voice box.

Virtually all of these horrendous side-effects can be avoided with photodynamic therapy, which involves no surgical destruction or burning by radiotherapy.

Even though it was approved by NICE for head and neck cancer six years ago, out of 8,000 operations performed for it last year, just 180 patients got PDT, nearly all at University College Hospital.

RIGHT now, however, the gap between the number of cancer patients who could benefit from it and those who actually get it is huge,' says Colin Hopper.

'It's a criminal injustice that this form of treatment is not available to everyone in Britain,' says musician Robert Plant, who is backing the new campaign. 'I have a friend receiving PDT, but only because we pushed to get it. None of his doctors told him about it.'

So, given its obvious advantages, why is it so little used? Partly it's because some medics consider it experimental on the basis there are no full-scale controlled trials for some of its uses (despite NICE approval for other uses).

Funds for research are a big issue. 'We haven't been able to raise enough money from the traditional routes,' says Dr Stephen Pereira, a gastroenterologist at University College Hospital. 'For some reason, the U.S. National Institute of Health has been more receptive than British charities and agencies, and it has joint ventures with teams from Harvard Medical School.'

That's not to say there is no funding at all — Cancer Research UK has recently supported a clinical trial on PDT's effect on bile duct cancer as well as helping work at London's Imperial College to develop PDT for other cancers.

But funding is patchy at best. Red tape also plays a part in poor uptake. 'Some health authorities require approval every time PDT is used,' says David Longman, of Killing Cancer, the charity behind the new campaign.

'Then they may refuse it, even though it's cheaper than chemo, because any treatment beyond the norm shows up as an extra expense.'

This is borne out by the experience of Keith Webster, a consultant surgeon at University Hospital, Birmingham. He specialises in head and neck cancers and has been frustrated by having to make a fresh application for PDT for each of his patients.

'This is one of the major centres in the country and yet we have to keep seeking approval,' he says. 'When we say it's appropriate, we should be listened to.'

When this was put to the Department of Health, a spokesman said it was up to clinicians, 'using their judgment, to decide on the most effective treatment, and then for the relevant Primary Care Trust to decide'.

Clinicians and campaigners feel the NHS has been dragging its feet. Two years ago, the Department of Health commissioned a review of PDT — 'but it's not going to be finished for another seven months,' says David Longman. 'I thought we were getting somewhere, but the lack of urgency by the Department of Health has been astonishing.'

The Department of Health said: 'We are committed to ensuring that newer treatments are made available as widely as possible, and a review of the evidence will be published in spring 2010.'

The aim of the Killing Cancer campaign is to raise funds to pay for PDT treatment and equipment, and to help fund more research. What makes PDT potentially even more exciting is that it could transform the treatment of nearly all cancers, including those far inside the body.

'We can use fibre optics to put a light down a hollow needle — this enables us to treat solid tumours deep inside the body,' says Hopper. 'Improvements in ultrasound mean we can guide the needle to precisely the right spot.'

This means hard-to-treat cancers such as prostate, lung and pancreas are all within reach.

Indeed, early evidence suggests that PDT may work well with prostate cancer, reducing surgical side-effects such as incontinence and impotence. Later this month, a trial is starting to test the effectiveness of PDT on breast cancer.

WHAT is frustrating is that even though British researchers pioneered PDT, we are falling behind Europe in making it available. By Christmas, Mr Hopper will have trained 40 Italian doctors in how to use it.

'By comparison I've trained a total of 60 British doctors in the past ten years,' he says. 'Soon Italy's use of PDT drugs will be double that in Britain.'

Making sure the therapy is more widely available is one reason Manchester United manager Sir Alex Ferguson is also backing the campaign. 'My mum and dad both died from cancer,' he told the Mail. 'One in three of the magnificent fans watching a match at Old Trafford will also die of it.

'The thought of getting it fills me with dread. I reckon both me and the fans deserve a better deal than is on offer.'

■ *www.killingcancer.co.uk*

HEALTH SIGNS High cholesterol

IF you have high cholesterol you might be deficient in vitamin E. Research has shown it might limit the effects of bad cholesterol and help prevent the formation of blood clots which could cause a stroke. Other research has shown that people with high vitamin E intake were up to 40 per cent less likely to have heart disease. Foods high in the vitamin include sunflower seeds, almonds, spinach and olives.

■ *THE Body Language Of Health by Forensic Scientist Hamish MacGregor (£12.95, www.mybodylanguage.com).*