

ROYAL PARKS HALF MARATHON



Running for gold

Here is our account:

Reason: The reason that we first decided to do the run, was through Royal Bank of Scotland. Mark works there and had some colleagues doing the run. Our friend John's mother had recently passed away and we wanted to dedicate the run to the memory of Lindsay, John's mother. We witnessed how this shocked John and his family and came about so suddenly. We were so thrilled with the response from family and friends for this event and were thrilled we hit the £2000 mark from sponsor donations.

Training: We have been training throughout summer. The run in total was 13.1 miles – half a marathon. We did our main training on a Saturday morning and slowly built up the distance. 2 weeks before the actual run we did nearly the whole distance. However, we live in a hill area of London and the actual course on the day was to be a flat course around the parks. We did a short 20 minute run in the last week to keep our legs going. We also followed a dietary plan and was so happy when we realised we need to eat as many carbohydrates as possible in the week up to the run. So we happily munched through pizza, chilli, pasta – all the things we're told not to eat!

Day: The day itself, we woke very early and it was still very misty over London. Jeff had hit his head the night before and nearly concussed himself! But he felt fine on the day. The weather was a glorious autumnal day. The run itself was beautiful. We ran around 3 Royal parks – Regents Park, St James Park and Hyde Park. Also the roads were shut down for the event, and we ran along the Thames, past Buckingham Palace and along by the Millennium Wheel and Parliament.

Mark completed the race in 1.56 and Jeff completed it in 2.00 exactly and neither of us had to stop at all. Energy levels were kept up during the race with Power Gel's to give an energy boost whilst running and the iPod helps you to forget the pain!

We are so pleased to have raised this money for LCSA and know it will be going to a good cause to help other families and research to improve care for families and patients affected by liver cancer.

Mark and Jeff

Congratulations to Mark and Jeff who have raised the staggering amount of £2,830.54, far beyond their expectations

MONT BLANC TREK

Michael Smith, an osteopath from Sunningdale, wrote

Weather stopped us climbing Mont Blanc on the final night so we went to plan B, to climb the easier, but still hard Gran Paradiso.

Tough climb, especially the last 100 metres – although there was a general feeling of disappointment that we had not been able to climb Mont Blanc, there was some understanding that dangerous weather and avalanches had claimed the lives of quite a few climbers over the previous month.



I made it!

The night before our planned ascent of MB we had seen helicopters circling the summit, trying to locate some stranded climbers!

So Grand Paradiso was easier, but still no walk in the park.

Editor's Note

Gran Paradiso is a mountain group in north-west Italy. The peak is close to Mont Blanc on the nearby border with France. It is the only mountain whose summit reaches over 4,000 metres that is entirely within Italian territory.

Michael hoped to raise £1000 and has exceeded his target to date with a total of £1,116.67. This is great news.

NICOLA BRUMFITT WRITES.....



Run for life

The run went well and I was pleased I was able to finish in under an hour. My exact time was 57 minutes 33 seconds.

The event was the Jane Tomlinson 10K Run for Life that her husband set up in memory

of his late wife aiming to raise funds for Jane's appeal and other cancer charities. The race had 11,000 runners so as you can imagine it was a little busy getting started.

It was a nice sunny day, a little hot for running but there was a great atmosphere, with various musical acts and people egging you on along the way. The race was started by Nell McAndrew, originally from Leeds.

I am quite pleased that I managed to raise £843 in total.

Update: Nicola's total to date is £972.87 – a stunning amount as her target was £500.



During year 7 at Guildford High School, Ellie Barker's woodwork project was to design a charity box. Her mother had had a liver operation fairly recently and so she decided to make a charity box to support the LCSA.

HELEN'S GARDEN PARTY 13TH JULY 2009

We were very lucky with the weather – the sun shone! Neighbours and friends joined us for afternoon tea and a potter around the garden. Eclectic selections of stalls were set up selling clothes, jewellery, life coaching and homeopathy. The raffle prizes were amazing! Thank you to all who contributed to a fun and inspiring afternoon – in total we raised £630 towards the Liver Cancer Surgery appeal.

Editor's Note. In addition to this magnificent sum Helen's JustGiving page has raised £505.32 to date.



Scrumptious scones and cream



Rip-roaring raffle

RAG SKYDIVING

Stephanie Chua, a student at Leicester University wrote in her personal message on Justgiving's fundraising page

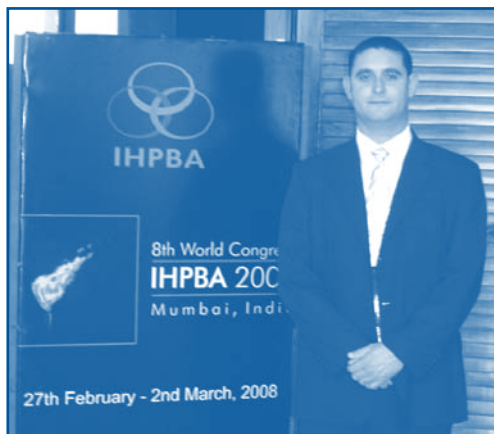
I'm attempting a charity skydiveI'm raising money for the Liver Cancer Surgery Appeal It's a great cause (2 great causes if you enjoy the thought of me screaming my lungs out in a skydive), so please donate.

Editor's Note

Stephanie wrote to say her mother passed away a few years ago due to her colorectal cancer metastasising to the liver.

Stephanie's skydive has raised £117.82 to date.

Jeffrey Lordan in Mumbai, India, 2008



I am a specialist registrar in surgery of the liver and pancreas. My research towards a PhD started in November 2006 and it has been focused on colorectal liver metastases. This is bowel (also known as colorectal) cancer that has spread to the liver. In the world, this is the 4th most common cancer, but the 2nd most common cause of cancer death, and 50% of patients who develop bowel cancer will, at some stage, develop spread to the liver. The thrust of this research is to increase our understanding of the nature of the cancer itself and to improve treatment.

Radio-frequency Ablation

To prove whether radio-frequency ablation (RFA) offers a similar long term survival to that of surgery, but without exposing patients to the same risk as surgery which is the established gold standard of treatment, a randomised trial was required. Before approval, the study was rigorously scrutinised by the ethics committee to ensure patients get the very best of care.

A patient diary has been written which explains the purpose and process of the study, and includes a written consent form, there are also questionnaires for

completion following their procedure. These are designed to closely investigate patients' quality of life and their medical outcome. It has contact information so patients can be supported by the team at any time.

We are recruiting patients randomly into either of 2 arms of the study; either liver surgery or RFA and patients are matched for tumour type, size and other factors. These patients will be followed up for 1 year to note any differences between the two treatments. For any long term survival differences, there will need to be a multi-centre national randomised controlled trial. *However, this study will answer the question regarding RFA and potentially change the face of liver surgery.*

Microarray Analysis

Since 1996, Professor Karanjia has achieved the highest long-term survival in the world for treating bowel cancer that has spread to the liver. One reason is a short course of chemotherapy just before liver surgery. The theory is that chemotherapy can 'mop up' the cancer cells that are unseen by the naked eye.

Chemotherapy shrinks the tumour in some cases leaving behind a 'halo' (this is the area left by the shrunken tumour). In some cases cells nearby can 'function' like cancer cells.

Our study looks at this halo and compares it with the cancer and the liver cells. It involves microarray analysis which allows researchers to look at every gene, and how 'active' or 'switched on' they are. This gives us a 'gene expression profile'.

With ethical approval, we have recruited 30 patients required for this study. Following surgery, samples of the liver, tumour and halo areas have been obtained from each patient and the DNA from each sample processed to allow us to study the genes. Images of each gene have been made and we are currently analysing the data. Hopefully this will lead to a better understanding of the cancer, halo, effects of chemotherapy and the cancer upon the liver.

Histology

There is clear evidence that giving chemotherapy before surgery significantly increases long term survival, but surgeons are concerned about the effects of chemotherapy on the liver as it may impair the liver and potentially increase the operative risks.

As Professor Karanjia has adopted this route for 13 years, there is a unique opportunity to study the liver of patients who have undergone chemotherapy followed by surgery and see the effects of chemotherapy on the liver tissue, and correlate this to the outcome of patients.

A study was designed to quantify the possible changes chemotherapy on the liver and correlate it with the outcomes of patients to calculate any increased risk.

250 patients who have undergone liver surgery for bowel cancer that has spread to the liver have been recruited for this study. The liver tissue of each patient has been analysed and we have developed a scoring system for surgeons and pathologists to carry out risk assessments on patients with this condition. This study has been completed and analysis is almost complete.

Support

These studies will hopefully improve our understanding of bowel cancer that has spread to the liver and improve our abilities to effectively treat patients. The aim is to offer real long term survival and even cure and also to decrease the risks to patients.

None of this research would have been possible without the unstinting support and expertise of my 2 supervisors, Professor Nariman Karanjia and Professor Colin Smith, a molecular biologist at the University of Surrey. *Due to the help of the LCSA, we hope to extend our knowledge of this devastating disease further, and influence treatments, so patients can have real hope.*

I had a conversation with Jeff about being our 1st Research Fellow

What is the most rewarding aspect of research?
The feeling is incredible when a paper is accepted. It is new and recognised by peers and then there is a sense of making a difference on a grand scale.

Chronologically HPB (Hepato-Pancreatico-Biliary) is a young speciality and there is lots to be done. Ways of treatment are making leaps and bounds. 20 years ago patients wouldn't survive surgery. Now there is a 1% mortality rate. Patients expect to get well and quickly.

What are the ups and downs?

Ups

- On the threshold of finding something new
- Treading a new path
- Finding the answer to a question never been asked before
- Only 3 out of 20 tissue samples didn't work
- Clear crisp data

Downs

- Frustrating at times
- Organising ethics paperwork
- Red tape in getting agreement
- The pace is very slow and quite a cultural shock
- No timetable, therefore, must set personal deadlines
- In the beginning no feedback therefore no results

The Workload

Reviewing liver slides following resection since 1996. Questions to be answered. Does pre-op chemotherapy damage or affect the liver? If so, does this affect survival?

Patients with long term data.

To determine

- Whether pre-op chemotherapy is safe.
- The dose.
- The risk/benefit. To discuss with patients.
- To say whether safe/unsafe.

Where next?

Back to South West Thames Rotation. Possibly king's College Hospital (with its world-renowned liver unit) or the Royal Marsden (a centre of excellence for oncology). Plan to do a fellowship in Australia, the USA or Edinburgh post-exit exams.

Do you feel it has been worthwhile for your career?

1 million%

Do you miss the clinical aspect of training?

I miss talking to patients but I now feel able to lay out the facts logically.

Editor

Since its inception 12 years ago, the Appeal has raised £850,000. The Hepato-Pancreatico-Biliary (HPB) Unit at the Royal Surrey County Hospital (RSCH) has state of the art diagnostic and surgical equipment bought by the LCSA. All the data is collected from liver surgery and may be used in research at our expense. The Liver Cancer Surgery Appeal's 1st research fellow was appointed 3 years ago.

NOW AN EXCITING CHALLENGE FOR THE LCSA

To recruit a medically trained academic oncologist to join the HPB team at the RSCH. This post would be developed in conjunction with the expanding department of Oncology in the St Luke's Centre and the University of Surrey.

This person would bring the basic foundations for a research team involved with molecular biology of liver cancer and pancreatic cancer, as well as interests in other medical aspects of liver and pancreatic disease. The role would also set up a regional tissue bank. Such a bank would have huge potential for providing research material for molecular biological research and drug research.

Together with a team of researchers the post holder would be involved with the molecular effects of chemotherapy on colorectal cancer secondary in the liver and the effects of chemotherapy for patients with pancreatic cancer. This person would also be expected to look at potential gene therapies.



FROM WHERE I AM STANDING



Lyn with her son, Luke

My very precious son Luke died in December 2007 from bowel and liver cancer which had spread to his bones, brain and lungs. He was 26.

The cancer was diagnosed when he was 23 and suffering from a persistent unforgiving headache which failed to respond to all anti-migraine treatments. We had 12 weeks of being seriously worried about a possible cause. Was it physical? – we looked at necks and posture: or it may be anxiety, stress or depression?

In the middle of this came my husband, Paul's diagnosis of stomach cancer which had spread to the oesophagus and lymph glands and we all went into total shock and I wanted to freeze time while I got my head round the situation which obviously was not an option.

So my life changed dramatically – although I had 4 children spread over 14 years they were all working or at school and Luke was the only one really based at home: suddenly I was the wife of a cancer sufferer and mother of an ill child. While Paul started chemotherapy and went into 'life organisation mode' – I became chauffeur, nurse, secretary and cook; having just broken my shoulder too.

The appointment where we heard the devastating news about Luke was the second worse day of my life – only superseded by his funeral; and still it all felt so unreal.

The other children all rallied and coped and when I read a short article in the Surrey Advertiser about the LCSA, it seemed that here was the answer to part of the equation. We could help a local charity which would benefit people like Luke and all I felt was if someone else could be spared from losing their child, any input we could give might help. I refused to accept that the odds were stacked against him and he most certainly gave life a good bashing before he gave in graciously and with acceptance.

Paul had died the previous April when Luke was comparatively well and it comforts me to know they have each other now. The time I had with Luke afterwards was happy and humbling as he never ever complained about his lot or his pain.

No life, however short, is wasted – they say and I will always be so proud of him and grateful for the love and care he gave to us all

Lyn Winkworth

JustGiving has attracted some famous JustGivers, household names, which has stimulated so many people into giving charitable donations.

SIR STEVE REDGRAVE has raised £1,807,564 for his charity

PHIL PACKER has raised £1,101,278 for Help for Heroes

JANE TOMLINSON has raised £69,782 for Jane's Appeal

RICHARD HAMMOND has raised £194,375 for Yorkshire Air Ambulance

Details of donating direct to the LCSA, with the click of a button, can be found on our website www.liver.org.uk

There is something very special about donations. Often there is a story . . .

A party was held to celebrate a birthday with all the invited guests being asked to donate to the LCSA instead of bringing a present. £500 was raised.

Last Christmas, the staff of Ecolab Ltd chose to send a cheque to our Appeal instead of sending each other Christmas cards. Also donations arrived from Weybridge and Shoreham instead of buying the family Christmas presents.

During the year contributions are sent by patients as a 'thank you' for their medical care.

A chef's widow organised a generous donation to the LCSA after seeing our Appeal leaflet on Frensham Ward in the Royal Surrey County Hospital.

A cheque was sent as a token of thanksgiving and to mark the life of a brother who died of cancer.

Two very loyal supporters from Birmingham regularly send cheques during the year to the LCSA in memory of their daughter.

A doctor requested his fee for signing an insurance form should be sent as a donation to the Appeal.

We are extremely grateful to companies whose directors have chosen to support the Liver Cancer Surgery Appeal with donations. Six have arrived from Hull, one from Northumberland, Nottingham, Hertfordshire, Middlesex, Essex, Buckinghamshire and Hampshire. They range from haulage to upholstery and from marine services to medical.

Several donations were received in lieu of funeral flowers by the family and friends, one of which amounted to almost £8,000.



Celebrating with family and friends



JUSTGIVING for charities

Its aim is to enable any charity, however small, to use the web to raise money at very low cost. The LCSA is just one of 8,000 member charities of this 'online platform' for charity giving and our donations are part of the sum of over £450 million pounds raised by charities in the last 10 years.

Of course, there are gifts in kind. In our search for funds to support an academic post at the Post Graduate Medical School, Surrey University, the cost of printing the prospectus was kindly gifted by A3 Design and Print Limited. They have been responsible for printing all our publicity material since LCSA's inception.

WITH THANKS to

Colin Brumpton and MF Global for sponsoring Pro-am Golf Days to raise funds for the LCSA and Prostate Projects and Ian Mitchell, as President of Clandon Regis Golf Club for his organising skills in putting on these events. The days had a special ambience with competitive golf played in teams of four, three keen amateurs and one professional and

everyone enjoyed a stunning demonstration of 'trick golf' by a very skilled professional. In the evening supper was served interrupted by an auction with fabulous prizes and very generous bidders.

Those two words, THANK YOU, express the LCSA's deep appreciation for Colin Brumpton and Ian Mitchell. They have done so much to enable the LCSA to achieve its aims - with all the diagnostic and surgical equipment purchased, a first rate liver service was established at the RSCH culminating in the regional centre for liver cancer surgery - quite an achievement against fierce competition.

Margaret Taylor, Appeal Organiser
Nariman Karanjia, Appeal Director



President of Clandon Regis Golf Club



Colin Brumpton Director of MF Global



Playing around



Colin Brumpton and Ian Mitchell

A patient writes

As someone diagnosed with liver metastatic colorectal cancer in 2002, I'm pleased to support your campaign. Since my diagnosis and the original bowel resection, I've had three liver resections and several treatments with radio frequency ablation (most recently in July 2009). I've also been interested to read about the studies at the RSCH into resections margins and the pros and cons of right hepatectomies (which I had to have in 2007). Chemotherapy treatment with Cetuximab continues.

Until my mother's recent stay at the Royal Surrey for a bowel problem (adhesions, not cancer) I didn't know that Guildford was a centre for liver treatment. I live in London and my liver surgery has been at King's College Hospital. I have firsthand experience of the benefits of new treatments for secondary liver cancer and my recent celebration of seven years since my diagnosis is proof of what can be achieved by new techniques, skilled surgeons (and a very determined patient).

I am happy to enclose a cheque for £... in support of your appeal.

Alison Michell

Editor's Note

Journeywoman Poems and Alphabet Alison has written about her journey which starts with a diagnosis of Cancer to a 'land with no maps' bringing uncertainty and waiting, fear and laughter too - as she works out her 'etiquette' for living with cancer. It is available from bookmark@pbmail.co.uk.

STOP PRESS

www.liver.org.uk

Our website has new and updated detailed information on our latest research into treatment options and gene therapy and, of course, the recently purchased equipment.

News of fundraising events and the way to donate are all on the website.

Please visit www.liver.org.uk, if you have a moment. I hope you will find it helpful and interesting. If you wish to write or ring me, please do so.

Margaret Taylor

Our Newsletter, it is hoped, will keep you in touch with the work of the Liver Cancer Surgery Appeal. Please write to me, the Appeal Organiser at The Old Farm House, Epsom Road, Mewrow, Surrey, GU4 7AB if you would like more information or wish to send a donation. Fax: 01483 453698 E-mail: livercancersurgeryappeal@yahoo.co.uk
Nariman Karanjia Professor of Surgery - Appeal Director Margaret Taylor - Appeal Organiser
Registered Charity No. 1061703

The LCSA is always looking to purchase the latest equipment which will enhance the skills and expertise of the surgeon. Just recently a diagnostic tool was purchased and within the last few weeks a piece of equipment for use in surgery.

MICROMAXX SYSTEM



This is a hand carried ultrasound system. It incorporates the latest technology and its design evolved from the need for a portable system for use by clinicians on the battlefield and in disasters. It is the size of the average laptop weighing 3.7 kg, and comes in its own black carrying case. Its clear image quality is of immense importance for imaging tumours, some of which are deeply embedded in the liver, and there is a specially designed probe for this purpose.

MICROWAVE ABLATION SYSTEM

This is a cutting edge medical device. Apart from open surgery, it may be used laparoscopically or percutaneously. Microwave ablation is a state of the art energy-based system which uses heat to destroy tumours. The antenna radiating heat is placed directly into the tumour without risking the patient's safety. Most of the disease could be removed surgically and then the remaining inaccessible nodules could be destroyed by microwave ablation.



Professor Karanjia and Margaret Taylor with the latest equipment

Just a quick reminder. Our 100+ Club is thriving but we should be delighted if you would like to become a member. If so, please complete a standing order or send a cheque.

Registered Charity No 1061703

LIVER CANCER SURGERY APPEAL LCSA 100+ CLUB

This is a new venture for the LCSA. Apart from realising a regular income for the Appeal, it is a way of keeping in touch with our supporters and we hope you will join our 100+ Club.

- Membership is £24 per annum for each 'chance' and it is possible to purchase more than one. Each 'chance' is represented by a number.
- There will be four prize draws a year, each with three cash prizes.
- Membership is restricted to those over 16 years of age.

If you wish to join the 100+ Club please fill in the standing order mandate with the appropriate amount or send a cheque for this amount:

Margaret Taylor, Appeal Organiser, The Old Farm House, Epsom Road, Mewrow, Surrey GU4 7AB