



Editorial

Recent months have seen prominent individuals on both sides of the Atlantic talk openly about the dilemmas confronting them as individual prostate cancer patients. Rudolph Giuliani—former mayor of New York—was diagnosed as suffering from localized prostate cancer. George Carman QC, one of Britain's leading barristers and in advocate in many highly publicised trials, such as the recent libel action against Mohammed Al Fayed, is receiving hormone ablation therapy for more advanced disease.

Rudolph Giuliani spoke to the media about the difficulties of deciding between radical prostatectomy and brachytherapy. The lack of randomised controlled data certainly makes this decision more difficult. Surgical excision of the gland seems more likely to achieve long term tumour eradication, but at a higher initial cost of sexual dysfunction. 18 months after radical prostatectomy, erectile function often recovers; conversely with time after brachytherapy around 30% of men report difficulties with erections, presumably due to irradiation of the neurovascular bundles.

George Carman spoke on the Frost Programme about the miserly level of Government spending on prostate cancer in the UK. Only £47 000 was spent in 1998 in spite of the fact that nearly 8000 men died from the disease in the same year. Mr Carman compared this with the recent £47 million allocation provided to keep the Dome open until the New Year.

In breast cancer, prominent and high-profile sufferers have not only provided the stimulus for increased Government spending on research into the disease, but also supported the fund-raising activities of the breast cancer charities. After a lag of a decade or so, at last the same thing seems to be happening for prostatic disease. While our sympathy goes out to Messrs Giuliani and Carman, we can only applaud their willingness to talk openly about their illness. There is certainly no shortage of deserving research projects around the world towards which any extra funds can be directed.

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