



## 2011 LONDON MARATHON – 17th APRIL 2011

**This year we have five entrants in the Virgin London Marathon. Sadly one of our runners, Peter Horrell, a long term supporter of the Trust, had to drop out due to a hip injury. We hope you get better soon, Peter.**

**This is our 2011 line up:**

**Sue Fell**, a Urinary Diversion CNS at UCH, who ran for us last year, has volunteered again.

**Joanne McCaffrey**, a radiographer at the Royal Free, who had to pull out last year due to an injury.

**Peter Walsh**, who says “I am running for St Peter’s Trust as one of my work colleagues ran for you last year and I feel it is a very worthwhile cause. I’ve done two half marathons in the past but I’ve yet to do a full one so I’m really looking forward to it.



*Peter Walsh*

**Darren Miller** says “This is my first marathon. I’ve been running for over five years now and I wanted to

run for a small charity to help gain awareness for that charity and the work they do. I also wanted to help with a charity that assists diabetes and the effects of diabetes. I found out about this charity through another committed runner who is also running for St Peter’s Trust this year. As an insulin dependant diabetic myself, the challenge and the learning curve for such a long run is quite steep. A lot of preparation is required for me to run in excess of three hours and maintain my blood sugar levels. I hope to do the Trust proud and spread the word of their good work.



*Darren Miller, running in the Watford half marathon!*

And finally, **Dr Nicola Connolly**, the wife of one of the consultant Nephrologists at The Royal Free Hospital has put on her running shoes for St Peter’s Trust.

**We wish you all luck and let’s hope the weather is perfect for running!**

## BUPA LONDON 10,000 – 30TH MAY 2011

Ever fancied competing in the marathon but the thought of running over 26 miles fills you with complete horror? Well worry no more! The BUPA 10,000 (10k) race gives you a fantastic opportunity to run around London’s famous landmarks without having to do the distance of a full marathon! We still have 10 guaranteed places for the event to be held on 30th May 2011 which starts and finishes in St. James’s Park and passes many of London’s famous sights, including Big Ben, The Houses of Parliament, Bank of England and St Paul’s Cathedral. If you fancy giving it a go and joining Rajinder, Adam, Stephen and Milkan then call or email Katy ([katyhenderson@nhs.net](mailto:katyhenderson@nhs.net)) for more info.

**The Duchess of Gloucester has recently informed us that she will renew her patronage of St Peter’s Trust for a further five years. We remain so grateful to Her Royal Highness for her enduring support of our most important work.**



## PROSTATE CANCER

Researchers at University College London, backed by funding from St Peters Trust, have successfully used High Intensity Focused Ultrasound (HIFU) treatment, to target only the cancerous tumours in the prostate in order to minimize the damage caused by traditional surgery or radiotherapy. This could represent a 'paradigm shift' in the treatment of prostate cancer since the standard of care has been to target the whole prostate regardless of how much cancer there is or where it is in the gland.

The new findings will be published in the top urology journal, the Journal of Urology, and represent a formal trial that was part of the National Cancer Research Network portfolio. This is the first trial of its kind to test the idea of a 'male lumpectomy' – called focal therapy - for treating prostate cancer. At present, men with low to medium risk prostate cancer choosing to have treatment can undergo surgery or radiotherapy. Both of these destroy the whole prostate regardless of how much cancer there is. By so doing, considerable collateral damage can be caused to sensitive tissues like nerves, blood vessels, back-passage and muscles that control urine flow. This leads to side-effects such as urine leakage needing pads (in 5-20% of men), impotence (in 30-60%) and back passage problems (diarrhoea, bleeding and pain in 5-20%). Overall, only 50% of men undergoing surgery can achieve the trifecta perfect result.

The Hemi-HIFU trial shows significantly reduced harmful side-effects and positive results in terms of cancer control. In 20 men with low and medium risk prostate cancer HIFU was used to target the side of the prostate that had the cancer. After 12 months, 90% achieved the perfect result – called the trifecta status - of having no urine leak, having good erections and cancer free. In fact, 95% of the participants were able to maintain erections sufficient for intercourse and no participants reported back-passage problems. Early cancer control was also very promising. 90% of men had no cancer on tissue samples taken after treatment, while 100% had no important cancer.

The trial was deliberately small as it was a proof-of-concept trial asking the question: can treating just the cancer really lower side-effects? The lead author of the study, Hashim Uddin Ahmed, Clinical Lecturer in Urology: "By targeting and destroying only the cancer areas, damage is minimised. As a result of the findings from this study, a larger study in over 120 men is now being run across the UK, lead by our group, to test whether these results are reproducible across the NHS. We are grateful to St Peter's Trust for providing support to our research programme which is looking to help men receive better means of diagnosing and treating prostate cancer".

Another study supported by St Peters Trust, the Focal-HIFU study, which is also part of the prestigious National Cancer Research Network portfolio, has recruited 43 men and will complete within the next few months. Once the results are ready to be published in a journal, we will keep readers updated.

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## Phd studentships

We are very pleased to report that this year the Trust is supporting three PhD studentships over a three-year period.

Dr Mark Little was awarded a studentship under the UCL's internal **Grant Challenge scheme**, which required the recipient to find an external contribution towards the costs. (Dr Little had also been granted a UCL Impact studentship in 2009, for which the Trust is already providing supplementary funding.)

Professor Robert Unwin has been awarded a Kidney Research UK studentship but still needed running costs, which the Trust has undertaken to fund.

Professor John Kelly has also been awarded a UCL Grant Challenge studentship which the Trust is supporting for three years.

The Trustees had considered the principle of supplementary funding for PhD studentships and it had been unanimously agreed that they represented very good value for money. The research findings would extend scientific and physiological/clinical knowledge; the educational aspects of the studentships and the successful completion of projects would enhance the students' career prospects.

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## Professor Robert Kleta writes:-

With the support of St. Peter's Trust, my colleagues, Prof. Steven Powis, Dr. Henry Stephens, Dr. Detlef Bockenhauer, Dr. Horia Stanescu and Computer Scientist Alan Medlar at Royal Free Hospital, Centre for Nephrology, have been able to shed light on why patients may develop membranous nephropathy, using state of the art genetic technology and analytics to find which genes are involved in this potentially life threatening disease. This work has just been published in the world's No 1 medical journal, the New England Journal of Medicine (Stanescu et al. Risk HLA-DQA1 and PLA2R1 alleles and idiopathic membranous nephropathy. New Engl J Med 2011; 364: 616-626). An accompanying editorial in the same volume highlighted the importance of this work. This work placed the UK at the forefront of renal genetics and was a collaboration of renal physicians within the UK, France, and the Netherlands.

Membranous nephropathy is a serious kidney disorder, affecting mainly adults, where for unknown reasons the immune system seems to have a detrimental influence on kidney function. Membranous nephropathy is the leading cause of nephrotic syndrome (losing excessive amounts of protein in the urine) in adults. Over the years, many pieces of evidence have supported this notion. However, real insights into why all of this happens in the first place have not been forthcoming.

Their work shows that variants in genes related to immune system function may be able to change the bodies' immune response in a way that makes other genes within the kidney be targeted by an immune response, leading to development of the disease.

This research has several implications, reaching far beyond membranous nephropathy. Our immune system is still considered to be the most complicated network of genes interacting in our body. Understanding why membranous nephropathy develops will ultimately help our understanding of other immunologic disorders, which put a huge burden on patients and doctors alike. In addition, new diagnostic tests for membranous nephropathy can be developed thanks to these insights. Furthermore, understanding the basis of an illness, like membranous nephropathy, will enable doctors and researchers to develop more appropriate and better medicines.

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## New strategies for treatment of acute kidney injury and transplantation

Acute kidney injury is a common problem, especially in hospitalised patients, and is associated with a much higher risk of dying. There are many causes of acute damage to the kidney; most often it follows surgical procedures or the use of certain (nephrotoxic) drugs. With supportive care, the injury frequently improves, and normal kidney function is restored. However, delays in diagnosis or persistent damaging factors may lead to a more prolonged and sometimes permanent state of kidney failure. Nephrologists often encounter kidney injury in the context of

kidney transplantation where the removal and manipulation of the donor organ sets in motion a series of events, which result in inflammation within the donor organ. Again, delays in getting the donor organ working are associated with poorer long term kidney function and shorter survival of the transplant.

Common to many of these causes of acute kidney injury is inflammation in the kidney caused by the rushing in of white blood cells. There are many different sorts of white blood cell, some of which appear to cause damage and others that stimulate repair and resolution of the inflammation (maybe like hooligans and policemen or litterbugs and street cleaners). We have been trying to work out how we can stimulate the repair and reduce the damage. Traditionally, people have used non specific immune suppressants to diminish the influx of blood cells. However, these are associated with many side effects and they do not discriminate between the good and bad cells. We have focused on some of the proteins that these white cells use. In particular, we have found one specific protein, called mannose receptor, that we believe may serve as a novel target for treatment in acute kidney inflammation and transplantation. The attraction of targeting mannose receptor is that it represents a new way of influencing the immune system, potentially allowing us to treat kidney inflammation, without increasing the risk of infections or malignancies, common side effects of conventional immune suppressive drugs.

Our provisional results show that in the absence of mannose receptor, there is less severe kidney injury. We now wish to test this effect in other models of transplantation and drug induced kidney injury.

The donation from St Peter's Trust will allow us to test the role of mannose receptor in a broader range of kidney injury scenarios including transplantation, and find a way of applying these discoveries to the clinical setting by developing a patient-

friendly way of blocking the mannose receptor. Finally, although we are focused on the kidney (the most important of all organs) our findings may have a broader impact, as they could be applied to other inflammatory diseases which affect other organs and tissues, as well as in other forms of transplantation.

**Alan Salama, Reader in Nephrology.**

### Markovits PhD studentship

In 2008, the Markovits PhD studentship was awarded to Mr Gregory Goodey under the supervision of Dr Brian King to investigate how adenosine 5-triphosphate (ATP) inhibits the uptake of salt when renal tubular sodium is high, yet works in the opposite way when tubular sodium is low (see our paper: Wildman et al., *Journal of the American Society for Nephrology*, Vol. 19, pp 731-742, 2008).

Our new data reveal an important trend dependent on the sodium load in the external fluid. A high sodium load blunts salt reclamation; an intermediate load may stimulate salt reclamation by an action on ATP signalling; a low sodium load may be reclaimed where appropriate levels of acidity or calcium amplify ATP signalling. We have discovered a tight regulatory interplay between sodium, calcium and hydrogen ions on ATP signalling at molecular targets in renal tubules.

Beyond the current period of funding, our future plans include the use of tagged luciferase and confocal microscopy to quantify by light emission the precise amount of ATP released, alongside experiments where the sodium entry channel ENaC is elevated in our experimental model to measure precisely how much salt reclamation is altered by extracellular ATP.

**Dr Brian King & Mr Gregory Goodey (28/02/2011).**



### TOUGH GUY 2011

As reported in our autumn 2010 newsletter we were contacted by James Bardsley, a 25 year-old dairy farmer from Shropshire through our 'become a friend' option on our website. He wanted to take part in 'The Tough Guy' competition, which took place in January 2011. James completed the course and here he tells us of his experience:

'Tough Guy 2011, set among 15 metre-high trees with swinging Tarzan ropes, included fire leaps, a dive through shoe-sucking mud, icy water swimming and includes a section called the Killing Fields.

Within the Killing Fields we were expected to tackle the Brandenburg Wall, Tyre Torture (A very deceptive obstacle - thousands of tyres strewn across your path), Death Plunge (an evil obstacle made up of a series of slippery warped planks stretched out over the lake), the Battle Of The Somme (a series of ditches of varying depth filled with water, interspersed with raging fires!), Deadleg Swamp, the Coliseum, the Torture Chamber and the Vietcong Tunnels (these horror tunnels are a series of 'used' sewer pipes that worm their way through the hillside).

There was the final run, ice pond and a muddy climb to tackle before the finish line and two minutes later I was wrapped in a silver blanket, medal round my neck and drinking a cup of hot chocolate, wandering around traumatized by it all. The actual time it took me to complete the course is unknown at this point but I can say it was over two hours but that's fine because I got what I went for, a strong sense of wellbeing and a medal. Same time next year? Hell yeah!!'

**James raised over £300 for our research, which was well worth the agony!! Thank you, James.**

This year the Trust has signed up with *Do it for Charity.com* an online fundraising site that helps you to raise money for thousands of different charities. They have various events this year, including cycle rides, super hero runs and treks around the world. Please take a moment to visit <http://www.doitforcharity.com/stpeters.aspx> and see if there is anything you'd like to take part in to raise money for us.



## PETER RIVERSDALE RIDDLE, MS, FRCS 1933 – 2011

Peter was a much admired surgeon at St Peters from 1973 until 1993 when ill health forced him to retire early. His undergraduate training was at St Georges Medical School; he then trained in General Surgery at St

Mary's and its associated hospitals, before specialising in Urology. He spent three years as a Senior Registrar at St Peters (1967 – 1970) and was then appointed as a consultant to the Central Middlesex hospital. On the retirement of Mr David Wallace in 1973, Peter was appointed to the St Peter's Group with the remit of specialising in the treatment of tumours of the urinary tract.

He was renowned not only for his operative skills in dealing with difficult advanced bladder cancer, but also for his research into the use of chemotherapy for urinary tract tumours.

He was always a gentleman and was much liked by his colleagues, junior staff, nurses and patients alike. He had a love for vintage cars and often arrived at St Peters in his elegant Bentley. He gave a sound urological opinion and was subsequently appointed to the staff of St George's, the Royal Masonic and Manor House hospitals.

He was an ardent supporter of St Peter's and the Institute of Urology and worked tirelessly as Sub Dean to ensure its future. In 1983 he became a trustee of the St Peters Trust and continued to actively support it until his early retirement after a litany of serious medical disorders. He will be sorely missed and our sympathy goes to his wife Rosie.

## A Stitch in Time, Saves Lives

Here at the Trust we are constantly amazed at the ingenuity of our supporters when it comes to raising money, and Heather Morgan is no exception. In recognition of Mr. Philip Ransley's work in helping one of her relatives, Heather has been selling her knitted toys and baby slippers for the Trust for 27 years. She sells them at local craft fairs in Southend-On-Sea and is constantly on the lookout for stalls in Cambridge and Northampton too - any free tables would be wonderful!

100% of all the money that Heather raises is given to the Trust and over 27 years that has amounted to a great deal. Thank you to Linda, Heather's daughter, for telling us this wonderful story.

Without the support and loyalty of Heather and others like her none of what we do at the Trust would be possible. Heather is a great example of what long term giving can do and we are incredibly grateful to her.



### YOUR CHARITY NEEDS YOU! – PLEASE SEE THE ENCLOSED FLYER TO SEE HOW YOU CAN HELP US HELP OTHERS. THANK YOU.

This year we had a successful season, raising £3197.16 from the sale of Christmas cards and £593.80 from the sale of Christmas puddings. We also made £1783 in our Advent Raffle. Thank you to those who supported us by buying cards, puds and raffle tickets and our grateful thanks to Hello! Magazine, Simon Parker Bowles at Green's restaurant, John Bates, Amanda Montague, and an anonymous donor, for their generosity in donating the prizes.

Dates for your Diary – for further information, please ring Sue or Katy on 020 7443 9388 or email us on [spt@ucl.ac.uk](mailto:spt@ucl.ac.uk)

Virgin London Marathon –  
Sunday 17th April 2011

BUPA 10,000 – 30th May 2011

Stop press: Autumn Event date and venue to be confirmed.

AGM November 2011 details to be confirmed.



### St Peter's Trust Sponsorship Form for Virgin London Marathon Runners Sunday, 17th April 2011

Registered Charity Number: 261224

This year we are delighted to have six runners in the Virgin London Marathon supporting St Peter's Trust.

Money raised by such events helps enormously in funding our on-going research into nephrological and urological disease, making a significant contribution to scientific and clinical work in these fields. It also supports junior research fellows, who otherwise would have limited opportunities to participate in research.

**Please help us by sponsoring our runners!** We are extremely grateful to them for all the effort they put into preparing for the event, and to all of you for your continued generous support. A donation form is attached below, with a gift aid declaration. If you are a taxpayer, your gift could be worth 28p per £1 more if you sign on the dotted line.

**Please write your name, home address and the sum that you would like to donate. If you pay UK income tax or capital gains tax at least equal to the amount of your donation, we can reclaim tax on your donation, so please also sign the Gift Aid declaration at the bottom of this sheet.**

(Mr/Mrs/Miss) Forenames

Surname

Address.

Postcode

I am a UK tax-payer and wish this to be treated as a Gift Aid donation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with your donation to: St Peter's Trust, South House A-5, Royal Free Hospital, Pond Street, London NW3 2QG or donate online at [stpeterstrust.org.uk](http://stpeterstrust.org.uk)