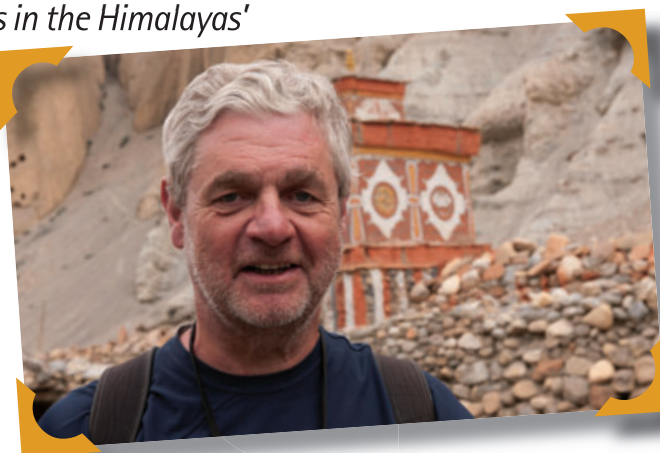


Nepal Trek Raises Funds for Prostate Cancer Research

'There are no easy walks in the Himalayas'

How do you get urologists to sleep in tents with sleeping bags and bed rolls, go without bathing for days and walk breathlessly up and down mountains and valleys? All it takes is a good cause, the fond memory of a patient and an adventurous spirit. This past September, urologists joined gynaecologists, patients and family members for an incredible 10-day trek through the once forbidden Kingdom of Mustang in Nepal. The Richard Macaire Memorial Challenge Kingdom of Mustang Trek honored the memory of one of Roger Kirby's patients who died of prostate cancer earlier this year. Proceeds went to Prostate Action (www.prostateaction.org.uk), a well-respected charity devoted to supporting research and education in prostate cancer. Recently, Uroscan sat down with four of the happy but tired trekkers, including BJUI Editor-in-Chief John Fitzpatrick, to hear about their adventure and what touched them the most about



Above right: The intrepid John Fitzpatrick takes a hike
Below: Sherpas and trusty mules with the group at the Buddhist temple in Luri Gompa.

From left to right: John Fitzpatrick, gynaecologist Mark Charnock, Roger Kirby, patient Andrew Etherington, Roger Plail, John Dick, patient Harley Atkinson, guide John Shipton, Alistair Dick (John Dick's son), gynaecologist Marcus Setchell and Simon Carter.

Nepal. The others are fellow urologists Roger Kirby, Roger Plail and gynaecologist Marcus Setchell.

Before we get into some of the details of your adventure, what are some of the adjectives you would use to describe your experiences?

John Fitzpatrick: Completely breathtaking! The scenery and countryside was most magnificent, like nowhere else in the world. Every day was challenging as we walked.

Marcus Setchell: Mysterious. There has been so little about the Kingdom of Mustang that has been described and studied, including the cave dwellings and drawings. No one can tell you how old a monastery is! The people were so sweet, lovely and unselfish with few expectations.

Roger Kirby: Amazing! It was



exhausting yet exhilarating at the same time.

Roger Plail: I found the wind-blown sculptural shapes in the mountains to be fantastic. You felt you were in a cathedral sometimes.

Roger, please tell us about the man in whose honour you made the trek.

Kirby: We did it in memory of Richard Macaire, who died 6 months ago. He was a very brave guy. I removed his prostate then he underwent radiotherapy, hormone therapy and chemotherapy during a 10-year period. Richard was an important business man, who founded the investment management firm called 'The Mann Group'. It is one of the 10 top companies in the UK and it made him a multimillionaire.

At one stage of the trek, when we were at the highest point of 4,200m, we had one minute of silence not just for Richard but for all of the other patients we have looked after. It was a touching moment.

Before you started the trek, how did you get there?

Plail: First, we flew into Kathmandu where we spent one night. The next day we flew to Pokhara, spending another night there. After that, we finally flew to Jomsom where we started the trek. You fly up the valley of the Kali Gandaki river from Pokhara to Jomsom with mountains beside you on both sides and clouds obscuring the view. Suddenly, you end up over Jomsom, which resembles a lunar landscape. Then, the aircraft takes a quick 180° turn and lands on a short runway. Jomsom is at the bottom of the Kingdom of Mustang. That's where our walk started.

Kirby: Basically, we flew over the north side of the Himalayas. This is a more desert environment than rainforest. The monsoon winds come up from the South of India and all the rain falls on the Southern side of the Himalayas. We had the Annapurna peaks in sight all the way through our trek. Tell us about the team that helped you along the way.

Fitzpatrick: Two guys guided 14 mules with enormous skill. The mules carried our luggage and equipment. Another team of people included a cook, a guide and a leader, plus several other helpers for the cook. The cook and helpers went ahead of us to set up camp, each walking and carrying 40 kg of kitchen equipment on their backs. We carried our day bags.

It was very hot during the day and very cold at night.

Setchell: One day, I sort of stirred the pot by saying: 'This isn't right! We stopped sending ponies down the coal mines in our country 50 years ago. Yet, we are letting these animals go on and on as beasts of burden'. But, they were well cared for. You never saw anyone whip one of them.

At times, I felt guilty exploiting these people for carrying our burdens, doing so much for us for what must have been very little money. But, if they didn't have us and the other travellers, all they would have is selling a few things they grow.

Kirby: Our guide was UK-based John Shipton. He is a botanist and geologist who was interpreting what we were seeing along the way.

What was it really like walking all the time? Did you have problems with the altitude?

Fitzpatrick: We walked at heights between 3,000 and 4,200m for the 12 days we were hiking. That's extremely high! The effort of walking, where oxygen was 60% of normal, was definitely a challenge. You feel the thinness of the atmosphere and actually try to get air into your lungs. When you are going up hill, which most of it was, you really had to breathe carefully and take it slowly.

It took us a long time to get acclimatised to the air. We all got some degree of altitude sickness. I would wake up breathless at night. At other times, I would suffer from headaches, a lack of sleep, and a loss of appetite. It was very noticeable. No one got altitude sickness severe enough to need oxygen.

Plail: We walked on a real mix of ground surfaces, even finding our way across various rivers in order to go up and back down again. You had to wade through rivers. At one



The Nepal trek honoured the memory of philanthropist and long-time prostate cancer survivor Richard Macaire.





Far left: Roger Plail balances on a makeshift bridge spanning the Kali Gandaki river.

Above: Dramatic, cathedral-like spires greet trekkers along their spectacular journey.

Left: Trekkers make their way along a narrow path near the place where cave dwellers once lived.



point, someone actually built a bridge so we didn't need to take our shoes and socks off. Sometimes, we were up against gale-force winds with dust. There were little hamlets and small villages along the way.

The gorge is one of the deepest in the world. At cliff bases, there were numerous caves created from water and wind erosion. The Himalayas got pushed up by tectonic plates. Behind them, we encountered this basin of geological structures where the waters were once high and then eroded the hill sides and cliff dwellings. The rock formations were basically fluvial deposits and sculptured into these huge cathedral rock spires.

The only lush vegetation was where they organised irrigation projects. You'd come to the edge of a plateau and look down into a valley where you'd see these oases of green. In Mustang, it is all pretty bleak. There were a few birds around but not much else in terms of wildlife. We didn't see any yaks, as they tend to live

way up high. In Lo Manthang, we joined flocks of goats and sheep. There were also herds of cows being dispersed about by Buddhist monks dressed in bright orange garb. The Buddhist monasteries set the scene for where one was, the epicenter of where Buddhism started. It was very spiritual in a back to roots kind of way. You had to pinch yourself to remind you where you were.

Setchell: For 8 days, you never saw any kind of vehicle, not a tractor, motor bike or jeep, nothing! The only way you could get to where we were going was on foot.

Certainly, the uphill climbs left you breathless. We could not talk when it got steep. That is how you knew it was getting tougher, everyone started breathing heavy!

Kirby: We walked almost up to the border of Tibet and down the other side of the valley. Each day, we walked from 08.00 to 17.00 hours. Along the way, we slept in tents. You'd just be walking, walking, and walking up and up. Then, you would hit a pass and go

down the other side and up and down again.

We stopped in Muktinath, where there was this amazing temple with sacred waters. We bathed in them. By that time, we needed to bathe in sacred waters as we were pretty smelly and dirty!

Tell us about the people of Nepal. What were your impressions of them?

Setchell: They'd be looking to see if your cup of tea was half empty, topping it up. They were watching out for you all the time. Their expectations of life are so straightforward. No one is on the make. They just exist in this very simple life where they are so used to walking and carrying things.

They co-exist with each other, Buddhists with Hindus, residents with foreigners and visitors, without wanting anything. You didn't feel like they wanted to get close to you because one day you'll get them a job or an exit visa. We never felt that way at all.

In Katmandu, we went to a sophisticated hospital. I was

surprised to see how large and commercially successful it was. We also visited a surgeon who worked at the hospital there. You went up the street and didn't feel like you were anywhere in particular. Then, suddenly, we saw this Hollywood-style house behind these big gates. But outside the gate, there were cows roaming! There is a divide between the rich and the poor separated by barriers like fences, gates, etc.

Fitzpatrick: The people were beautiful. The majority of people in Nepal are Hindu, but those who live in the Kingdom of Mustang are mainly Buddhist. We had the chance to see the Buddhist monasteries and were hugely impressed with the monks. At one of these, we met the Rinpoche who is the 17th reincarnation. All I can say about him was that the look on his face was extraordinarily serene. We were really edified by meeting him. It was like seeing the Dalai Lama.

While in the Kingdom of Mustang, you met the King in Lo Manthang. What was that experience like?

Plail: The King is quite an iconic figure and obviously revered there. He used to be a horse man and dealer of some repute. We spoke to him through an interpreter and he acknowledged our presence. He is always seeing groups going through. He spent most of the time yawning through the proceedings!

Setchell: The Kingdom of Mustang is geographically remote. Until recently, it was closed to outside visitors. Now, they only give a permit to 250,000 people to enter each year. That's why the King offers to receive anyone who

goes. The season for trekking in Mustang is quite small. When we were there, for the locals it was fall or autumn. Some of the people and the King were preparing to go down to a lower area because it is so inhospitable to live there in the dead of winter.

The King has quite a bit of respect, but his actual power and authority are quite limited. He is the 25th in the direct line of Kings in Mustang. He has more horses than probably anyone else in the town! His palace was quite modest, like a tea house, and had a very ancient television in one room. This was the only place where we ever saw a television. He is quite an old man and just sitting there. Having worked as surgeon/gynaecologist to HM The Queen for the past 20 years, I made a little speech announcing who we were and so on. I said if our Royal Family knew we were there, they would send their greetings. At the end of the trek, we had a ceremony where prizes are given out for who is the loudest snorer and other fun things. I got the prize for giving the most underwhelming speech - so underwhelming that the King fell asleep!

In closing, some of the money you raised will go to places in Nepal in addition to Prostate Action. Who will be the beneficiaries?

Kirby: So far, we have raised £420,000, which is more than \$600,000. The money will go to Prostate Action to further research and education in urology. Money is still coming in. We are hoping to hit £500,000 when all the contributions are finalised.

We'd like to give some money to the Buddhist monasteries we encountered along the way and to the Urology Society of Nepal to improve prostate care there. We spotted a little clinic in Lo Manthang - they'll be receiving some funds to improve healthcare too.

PEOPLE AND PLACES



Lahey Clinic Medical Center in Burlington, Massachusetts has announced two new faculty appointments to its Institute of Urology. **Daneil C. Kufftinec, MD** has joined the general urology group. She did her residency at Boston University Hospital Medical Center and is a graduate of Tufts University School of Medicine in Boston. **Alex J. Vanni, MD** has been appointed to the reconstructive surgery group. He comes to Lahey after a residency there and a fellowship in trauma and reconstructive urology at the University of Washington, School of Medicine in Seattle. He is a graduate of the University of Colorado School of Medicine in Aurora.



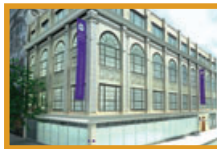
Mahul B. Amin, MD gave the keynote address at the 2011 Pathology Visions Conference, held 30 October to 2 November in San Diego, California. A national authority in genitourinary pathology, Dr. Amin's address highlighted how personalised medicine is being revolutionised by digital pathology. Currently, he is the Chairman, Department of Pathology and Laboratory Medicine, at Cedars-Sinai Medical Center in Los Angeles, California.



The Kimmel Cancer Center at Thomas Jefferson University in Philadelphia, Pennsylvania, is celebrating its 20th year of providing ground-breaking cancer care and research. A National Cancer Institute designated cancer center, Kimmel opened in October 1991 as the Jefferson Cancer Institute. It changed

its name after businessman and philanthropist Sidney Kimmel made a donation to expand its research activities. Kimmel has well-funded basic and clinical science programmes in prostate and genitourinary cancers.

The Joan H. Tisch Center for Women's Health has opened in New York, NY. Located on the Upper East Side of Manhattan, the Center is part of New York University's Langone Medical Center. It will provide comprehensive, state-of-the-art personalised, patient-centered primary and specialty



care, including urology, exclusively to women. The three-floor, 1672 m² facility will use an electronic medical record system safeguarded by palm scanning technology. Patients will be able to access their own medical records and test results, as well as make appointments and request prescriptions, online through a secure website.

Clinical Trial

STUDY OF PRX302 FOR LOWER URINARY TRACT SYMPTOMS (LUTS) DUE TO BENIGN PROSTATIC HYPERPLASIA (BPH)

PROTOCOL ID NCT 01454349

SUMMARY This is a randomised, dose-escalation, multicenter safety and efficacy study of PRX302 for LUTS secondary to BPH. It will evaluate the safety, tolerability and efficacy of a single treatment of PRX302 given via the transrectal intraprostatic route. Participants will receive a single injection (with an ascending dose per cohort) of 0.75, 1.5, 3.0 and 6.0 µg/mL of PRX302 or matching placebo. Safety and tolerability will be assessed at 3 months using physical examinations, electrocardiogram, vital signs, serum and urine analysis, hypersensitivity monitoring, PSA levels, erectile function and measurements of other adverse events.

ELIGIBILITY Eligible participants will be men aged 50–80 years. Among the inclusion criteria will be an IPSS of ≥ 12, a prostate volume of 30–100 mL (determined by TRUS), a maximum urinary flow rate of 4–15 mL/s and PSA levels of ≤ 10 ng/mL. In addition, the men should be refractory, intolerant or have refused the use of α -blockers and/or 5 α -reductase inhibitors.

LOCATIONS AND CONTACTS Sites are located in Long Beach and Newport Beach, CA; Aventura, FL; Garden City, NY and New York, NY, USA. Contact Michelle Resler, Protox Therapeutics at (858) 255-4705, e-mail: mresler@protoxtherapeutics.com. Contact Bristol-Myers Squibb at clinical.trials@bms.com/.