

My husband died of prostate cancer – why are we so bad at diagnosing it?

A year after her loss, City ‘superwoman’ *Nicola Horlick* is campaigning for more awareness of the deadly disease

I can hardly believe that it is a year since my husband, Martin Baker (the journalist and author), died of prostate cancer.

There were more than 500 attendees at his funeral service, held at the Brompton Oratory; they came to honour a man who had always been larger than life, witty and fun, the centre of any party. I don't think they could believe he was gone.

After the funeral I was left alone, without Martin, in a house that was now too big. It seemed so empty; I could almost hear the silence. No booming voice, no television on at full volume and no aromas of curry (his favourite meal) coming from the kitchen.

A stream of letters came, telling me how much Martin had meant – to people – his childhood friends, fellow supporters of his beloved Preston North End, journalists and people who admired his ebullience. Each letter moved me to tears.

I am so unused to being alone. I was married at 23 and had my first child at 25. Having had six

children, I have been constantly surrounded by people and noise.

I am fortunate in that I still work full-time; meeting new people alleviates the grief.

But during the past year, I have been through everything for the first time – as the bereaved must all do. This is horribly familiar territory for me – my daughter Georgina died from leukaemia at the age of 12 – and it doesn't get easier. The milestones must be passed. The first Christmas without Martin, the first Valentine's Day; last Sunday would have been his 65th birthday.

Recalling Martin's illness is still painful. He was diagnosed in September 2018 when we returned from a holiday in France; the cancer had already spread from the prostate to the local lymph nodes and then to the remote lymph nodes and the bones. He was stage 4 and his disease was incurable. We felt numb.

We feared Martin might not make Christmas 2018, but were lucky to find an oncologist who took a creative approach to dealing with advanced prostate cancer. He put Martin on abiraterone, a drug that stops the production of testosterone in a different way to most hormone treatments. It is usually used as a last resort after chemotherapy and radiotherapy have failed to stop the progression of the disease.

Martin's consultant decided to use it as a frontline therapy. During treatment, the PSA (prostate-specific antigen) level is tested regularly. The normal range is 0-4 and Martin's was 286 on diagnosis. After a few weeks of taking abiraterone, administered orally, his PSA level had fallen to 0.2. It was absolutely remarkable and even the consultant was astonished by how effective it was for Martin. His PSA stayed at that level for more than two years.

Eventually, Martin's PSA level began to rise. He had two rounds of chemotherapy, which did not halt the progression of the disease. He then saw a consultant specialising in nuclear medicine and was given Lutetium-177, which has had promising results for



LUCY YOUNG; SHUTTERSTOCK

patients with advanced prostate cancer that has gone into the bone. He was scheduled to have six rounds of Lutetium, but after the third, Martin had a scan, and it was evident that the cancer was rampant and that he was going to die. We were told this terrible news on August 1 2022.

Looking back, Martin was lucky to live for more than four years given his state when diagnosed.

The abiraterone gave him a three-year period where we were able to do pretty much everything. He had been told that walking would be good for his bones and so he would take our dogs out every day. He was desperate to travel, and we had trips to Iceland and Mexico. We drove through France to Spain to attend my daughter's wedding in Seville. There is no doubt that we had three years of relative happiness, despite the dagger of death hanging over Martin's head.

In the last year of his life Martin developed lymphedema and his legs filled up with fluid, eventually making it impossible for him to walk. His weight increased from 175lbs to 273lbs as his body gradually took on water. Eventually, fluid got into his lungs, and he effectively drowned in front of me and four of our

children who were present when he died. It was a horrible end.

It is shocking that one in eight men in the UK will get prostate cancer and that one man dies from it every 45 minutes. Since Martin's death I have become involved with charitable endeavours to try to reduce the number of men affected by it.

Every man should have a PSA test annually, even though these are not perfect. Beyond that we need a national screening programme involving MRI scanning. I have been working with The London Clinic, an independent hospital with charitable status, to fund a new rapid diagnostic centre. This will include an MRI scanner with the ability to show if the prostate is abnormal after a 15-minute scan. We need these machines throughout the country.

With early diagnosis, non-invasive treatments like focused ultrasound can be effective. The Focused Ultrasound Foundation was established in 2006 in the United States and the UK Foundation was established in 2021. Focused ultrasound uses ultrasound energy guided by realtime imaging to treat tissue deep in the body without incisions

or radiation. These devices have been cleared to treat the prostate in approximately 50 countries, including the UK, but it has yet to be a frontline treatment here due to lack of awareness and treatment centers. Its non-invasive nature means patients do not have to have the prostate removed and there is minimal recovery time compared to surgery.

Abiraterone, the miracle drug that extended Martin's life, is available to men in Scotland and Wales on the NHS, but not in England. Clinicians must be able to use abiraterone for advanced prostate cancer in England and I would urge the Department of Health to allow wider use.

Women are routinely screened for breast and cervical cancer. It is wrong that men are not screened for prostate cancer. The economic consequences of late diagnosis are profound – treatment costs for advanced disease are extremely high and premature death takes men out of the workforce. We can do better than this as a nation.

Join Nicola's fight against prostate cancer by supporting The London Clinic and the Focused Ultrasound Foundation, to which the fee from this article will be donated



Nicola Horlick, main, and with her late husband Martin, above