

The Northern Echo
The North's campaigning newspaper

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COMMENT

Help to save our library

THERE comes a time when you have to make a stand. We've watched over the past six years as our public services have been brutally pared back. We've railed against the injustice – the North-East is being hit harder by Government cutbacks than the south; the poorest and most vulnerable are bearing the brunt while the richest are getting tax breaks – but we've also understood the need to live within our means.

Many of the cuts have now reached the bone – we think of the carehomes and the DLI museum in County Durham, and of the libraries and buses in North Yorkshire – as the fabric of our caring society is dismantled.

Darlington's latest cuts will have a profound effect on the town, and now many taxpayers feel that a stand has to be made against the closure of the Edward Pease Free Library.

We agree, particularly as it is becoming clear that, in the council's desperation to balance the books in the teeth of a very tight settlement, there is no detailed plan for the library's amalgamation with the Dolphin Centre. With costs mounting, the council is going to borrow money to somehow save money; it has no real idea what important aspects of service provision are going to look like, and it will leave the town with a derelict Victorian ex-library of negligible value at its heart.

And this is supposed to be a beacon of knowledge to inspire the next generation.

We must be able to do better than this.

In recent years, the Civic Theatre and the railway museum have been threatened with closure to save money, but popular opinion has forced a rethink. Now popular opinion is demanding that at the very least the council suspends the library closure until it can produce a proper explanation, and costing, of what the replacement will look like, and a vision of the future for one of the town's historic buildings.

If you agree, please fill in our coupon so we can all take a stand.

 **What do you think?**
echo@nne.co.uk

Write to: The Editor, Peter Barron, Hear All Sides, The Northern Echo, PO Box 14, Priestgate, Darlington, DL1 1NF.

Fax: 01325-360754

email: echo@nne.co.uk

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QUALITY

If you have any comments or suggestions about the print quality of today's copy of **The Northern Echo**, please contact our customer care department on 01325-505151.

Turning tables on killer cancer



BREAKTHROUGH: One-year-old Layla Richards with parents Lisa Foley and Ashleigh Richards and eight-year-old sister Reya, at Great Ormond Street Hospital, London. Layla became the first person in the world to receive a 'designer' immune cell therapy to cure her 'incurable' cancer
Picture: Great Ormond Street Hospital /PA

IN the UK alone there are two-and-a-half million people living with cancer. More than 1,000 individuals are diagnosed with this terrible illness every day. So news from researchers in the United States and Italy of a potential cure will come as heart-warming news to many people who have been touched by the disease.

Traditional methods of fighting cancer have included surgery, chemotherapy and radiotherapy. And while all are excellent treatments, none can promise that the original cancer will never recur. In addition, not every patient is suitable for the treatments, either through frailty or because the disease has progressed too far. Indeed, there are also several potentially serious side-effects.

The latest breakthrough involves the use of T-cells, a type of white blood cell, and part of the body's own immune system. In the normal state, T-cells, so-called because they originate from the thymus gland, located in the upper chest, scour the body, searching out and killing infection. A subgroup of these cells also memorise the infection, so if you are exposed to the same bug a second time, it is eradicated, often without you even feeling unwell.

While T-cells are able to recognise and destroy cancer cells, this ability is naturally quite weak. The newest treatment, known as immunotherapy, has involved researchers removing T-cells from the blood of patients suffering with "liquid tumours", which include cancers of the blood and bone marrow. In the laboratory, the cells were genetically modified to make them recognise, target and destroy tumour cells, once injected back into the same patient's bloodstream.

The American trial, headed by Professor Stanley Riddell, from the Fred Hutchinson Cancer Research Centre in Seattle saw more than 90 per cent of patients with terminal acute lymphoblastic leukaemia, whose illness had not responded to traditional methods, and who were predicted only a few



T-cells are new great hope for a lasting cure for cancer. **Dr Zak Uddin** looks at the treatment's credentials

months to live, become disease-free. Another study looking at different blood cancers, reported success rates of greater than 80 per cent, with more than half of the patients still in remission from the illness 18 months later.

The Italian group had further good news to report. Led by Dr Chiara Bonini, a haematologist from Milan, it was observed that these modified T-cells were still present in the blood of treated individuals, in some cases as long as 14 years after they had been injected into the patient. This is a significant finding, suggesting that through their ability to memorise the initial cancer, the T-cells could activate to fight and destroy any new cancer cells, without the patient ever becoming ill again.

As T-cells may stay in our bodies for our lifetime, in essence this would be a cure.

Closer to home, similar treatments were employed last year by doctors at Great Ormond Street Hospital, London, to treat one-year-old Layla Richards.

There is no doubt that the trials are a landmark and may potentially revolutionise cancer treatment and outcomes, hopefully in the not too distant future, giving us all something positive to look forward to, as well as highlighting the importance of

ongoing medical research.

However, it must be remembered that immunotherapy is still in the experimental stages at the present time. There were only 40 patients in the largest trial, so greater numbers are needed to draw significant conclusions.

In addition, the researchers only looked at patients with blood and bone marrow cancers, therefore more research is needed to see if immunotherapy will work for other tumours, for example lung or bowel cancer. In addition, two patients sadly died in one of the American trials from side effects of the treatment.

This should not detract from the excellent work and dedication of the researchers, as well as the bravery and selflessness of patients undergoing experimental treatments.

However, until a permanent cure becomes a reality, the best cure is prevention. A healthy lifestyle, including not smoking, sensible alcohol consumption, a balanced diet and regular exercise will reduce the chances of developing many cancers associated with not looking after oneself.

In addition, prompt recognition of symptoms such as bleeding, pain, a lump or weight loss will hopefully identify any cancer at an early enough stage that treatment is aimed at curing the individual.

As T-cells may stay in our bodies for our entire lifetime, in essence this would be a cure

Dr Zak Uddin