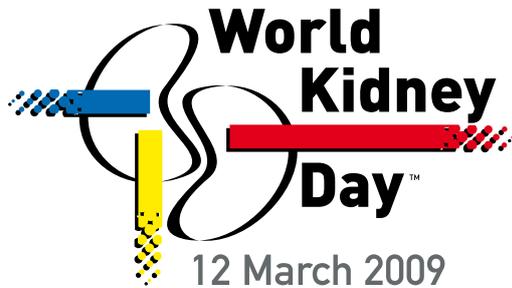


## Celebrating the fourth World Kidney Day



**World Kidney Day (WKD) took place on 12th March this year. A joint initiative of the International Society of Nephrology and the International Federation of Kidney Foundations, the day is celebrated in more than 100 countries over six continents and is going from strength to strength. Celebrity endorers this year include actor Johnny Depp and rugby star Jonah Lomu.**

Although more than three million people in the UK are affected by chronic kidney disease, public awareness remains low with little understanding of what happens when kidneys begin to fail. As the WKD website writes, 'World Kidney Day encourages everyone to learn more about their amazing kidneys and to raise awareness of the fact that kidney disease is common, harmful and treatable.'

The day was established partly as a response to chronic kidney disease being a global public health threat that remained low on government health agendas. Sadly, the situation has not yet changed. You can read more about lack of funding on page four.

The 12th March was, therefore, a vital opportunity for the renal community to inform and educate policy-makers, health professionals and the general public of the importance of kidneys and to help change healthcare systems and practices for the better - all in a fun, informative and extremely visible way!

It is the ideal opportunity to raise awareness of PKD and one we don't

intend to waste. Last year we joined forces with other kidney charities in the UK and with BODYWORLDS4 to hold a national awareness event.

This year supporters, staff and volunteers have been holding store collections around the UK to raise awareness of PKD and to raise funds. In London, chairman of the PKD Charity, Tess Harris held a collection in Camden Tube Station. Tess said "I was delighted at the level of support that we received and to have been approached by people affected by PKD."

Back in the Midlands, new fundraising manager, Esther Wright held a collection with local supporter Lisa West. Both Lisa and her son have PKD and Lisa is also planning on doing a Skydive to raise money for PKD. Esther and Lisa held their collection at the B&M store in Newport, Shropshire and were pleased to have generated a lot of interest in the condition as well as raising funds for the cause. In Colchester, Brian Stronge held a collection in support of WKD and in Berkshire, supporter Sara Meakin took her collection to work. Sara works in a GP's Surgery and created an information point for PKD, complete with posters, leaflets and a collection box. Sara and her husband are also busy training for the Manchester Great Run in May, which they are running in aid of PKD. Meanwhile, in Cardiff, Jennifer James held a coffee morning at her place of work, Careers Wales, and baked Welsh cakes to sell to colleagues.

The final totals for the collections were still coming in at the time of going to press but look set to total more than £300. Esther Wright, Fundraising Manager said, "This is the first time the charity has run a series of collections around the UK and the response has been excellent. Linking the charity's activities to World Kidney Day has meant that we can take advantage of the increased interest in kidney diseases on this day, and focus

our fundraising efforts on just one day. A huge thank you to everyone who took part and here's to even more collections next year!"

[www.worldkidneyday.org](http://www.worldkidneyday.org)

### In this issue



Tess Harris, PKD  
Charity Chairman

A very warm welcome to the Spring 2009 newsletter. We've got information on benefits and entitlements for those who need extra

financial support (including the new Employment and Support Allowance which has replaced Incapacity Benefit). New fundraising manager Esther Wright brings us up-to-date with all the wonderful work you've been doing to raise donations. Our research section features the pioneering work of Dr Coralie Bingham and an article on the current challenges faced by research funding.

We are, however, optimistic about our grant application to the Big Lottery for funds to build the first UK-wide ADPKD Registry and we'd like your help too! Look out for a survey in the post and on the web asking for feedback on your symptoms. Finally, we are delighted to announce that the Charity has two new patrons: Dr Vince Cable, MP (deputy leader of the Liberal Democrats) and Dame Joan Bakewell (world-renowned journalist and broadcaster).

#### Get involved!

If you have any feedback or contributions please email me at [tess@pkdcharity.org.uk](mailto:tess@pkdcharity.org.uk)

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## Could you be claiming financial help?

With talk of the credit crunch constantly in the news, we thought it would be a good time to introduce the benefits available for those whose health can mean they face extra financial burdens. However, it is only an overview so please do follow our suggestions for further information. The Citizen's Advice Bureau and renal social workers are both excellent places to start.

### Sick Pay, Incapacity Benefit, Income Support and Employment & Support Allowance

If you pay National Insurance contributions and have to take time off work because of your health then you are entitled to Statutory Sick Pay (SSP). Previously, if you were not working, were self-employed, or had been sick for more than 28 weeks then you received Incapacity Benefit (IB) instead. If you were not entitled to either (or were but still struggled to manage), you might have been eligible for Income Support.

However, since 27th October 2008, IB and IS paid on incapacity grounds have been replaced by Employment and Support Allowance (ESA) for new claimants. If you currently receive either IB or IS you will initially continue to do so although if you stop claiming for more than 12 weeks then reapply it will be treated as a new claim. As was the case with IB, ESA can also be claimed for days you are unable to work while having haemodialysis.

Most people will receive a basic rate of ESA for the first 13 weeks of their claim – known as the 'assessment phase'. During this time you complete a 'work capability assessment' (except in the case of terminal or severe disability/illness), which entails completing a questionnaire and attending a medical assessment. If this finds that your illness or disability limits your ability to work beyond a certain level, you will move into ESA's main phase from week 14 – receiving a higher rate and joining either a work-related activity group or a support group.

In a work-related activity group you are expected to take part in work-focused interviews and will receive a work-related activity component of ESA in addition to the basic rate. However, if you have a condition that severely limits what you can do, you



will join a support group and won't be expected to take part in work-focused interviews to get the higher rate of the allowance – instead you receive a support component in addition to the basic rate.

If the medical assessment finds that you would have no difficulty working you will not be paid ESA or NI credits. However, if this happens you may be able to get a different benefit.

Most people can start a claim with a single phone call to Jobcentre Plus on 0800 055 66 88 as there are no initial claim forms to complete or sign.

### Dialysis and Council Tax

If you are on a low income you may be entitled to housing benefit (if you pay rent), or council tax benefit. Also, peritoneal dialysis patients who dialyse and have to store their fluid at home should have their council tax reduced by one valuation band. Contact your local council for more information.

### Disabled Person's Tax Credit

If you are 16 or over, work an average of 16 or more hours a week and, due to illness or disability, are restricted in the type of work you can do, the number of hours you can work, or the amount you can earn, you may be able to claim disabled person's tax credit.

### Disability Living Allowance (DLA)

If you are over 16 and under 65 (those over 65 qualify for Attendance Allowance instead) and need help looking after yourself or getting around you may be entitled to DLA to meet the extra costs. Over time many people adapt to their condition, so the fact that you are getting by without help doesn't mean you can't apply – what is important is that you need it.

DLA consists of two components, 'care' and 'mobility', both of which can be awarded at different rates. Kidney patients who receive dialysis may be entitled to the middle rate of the care component if they require the attendance or supervision of another person, for example to help lift the dialysis bags. However, those who don't need supervision may still qualify if they have other care needs. The mobility component of DLA is if you are physically disabled and are unable, or virtually unable, to walk.

DLA claims do not affect other benefits (except Home Care Charges if you receive the care component), are not means-tested and do not have to be spent on care or transport. If you qualify, you may also be eligible for further benefits such as the Blue Badge scheme or exemption from car tax. However, the allowance is not payable for the first three months of the disability and you must be likely

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# Renal cysts and diabetes syndrome

By Dr Coralie Bingham, Consultant Nephrologist, Royal Devon and Exeter Hospital

**Renal cysts and diabetes (RCAD) syndrome is a cystic kidney condition first recognised and described ten years ago. It is caused by changes in a gene called hepatocyte nuclear factor-1 b (HNF-1b). Everyone normally inherits two copies of this gene from their parents. Patients with RCAD either have a mutation in one copy or they lack one complete copy of the gene. The RCAD syndrome may have an autosomal dominant pattern of inheritance, as in PKD, and be passed from generation to generation. However, in some cases the change in the HNF-1b gene arises spontaneously so an affected patient may not have any family history of cystic kidneys. Any patient with RCAD has a 50% chance of passing the condition onto their children.**

HNF-1b is a gene which acts as a switch to turn other genes on and off in the body. It is important in the

development in the human embryo of several organs including the kidneys, pancreas, reproductive tract and liver. The kidney is the most common organ to be affected in patients, with cysts the most common abnormality. These are usually detected on an ultrasound scan. In adults with RCAD it is very unusual for the kidneys to be big, they are usually small or of normal size. The abnormalities in the kidneys of a baby with a change in the HNF-1b gene are frequently first noticed before the baby is born, when the mother is having an antenatal scan. The abnormalities in the kidneys have a variable effect on how well the kidneys work - ranging from normal kidney function to requirement for dialysis or a transplant. In rare cases the kidneys fail to develop at all which may lead to the death of a baby in the womb.

Diabetes is the second most common problem in people with a change in the HNF-1b gene. However, despite the name RCAD not all

people with a change in the HNF-1b gene develop diabetes. Diabetes can develop at any age but often develops in adolescence or young adulthood and sometimes in pregnancy. Diabetes caused by changes in HNF-1b is more commonly treated with insulin injections.

There are a number of other abnormalities which may also be features of RCAD including uterine abnormalities in women. This usually means that the uterus is a different shape or there may be a double uterus. It is possible for a woman with a uterine abnormality caused by a change in the HNF-1b gene to have a successful pregnancy. In addition patients may have mild abnormalities on blood tests of liver function, or an abnormal-looking liver when scanned, and attacks of gout with high levels of uric acid in the blood.

You can find out more about RCAD at: [www.diabetesgenes.org](http://www.diabetesgenes.org)

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to need help for at least six months after claiming.

Although the application form is complicated, the National Kidney Federation offers detailed guidance, or ideally a renal social worker should help you with it.

## Help with NHS Health Costs

The NHS Low Income Scheme (LIS) helps those on a low income with health costs. You can either claim for a certificate before treatment or claim a refund afterwards. However, it is means-tested and you need to complete an HC1 'help with health costs' form (available from Jobcentre Plus offices, NHS hospitals, or from LIS Patient Services on 0845 850 1166). If you qualify you will be sent an NHS certificate HC2 for full help or HC3 for partial help.

For guidance on exemptions from dental, sight-test and prescription charges or help with travel costs for treatment see leaflet 'HC11 – Help with Health Costs'. You can request this from the Department of Health publications line (tel 0300 123 1002) or go to their website [www.dh.gov.uk/en/index.htm](http://www.dh.gov.uk/en/index.htm) and search under 'HC11'.

Both HD & CAPD patients can claim for free prescriptions. Ask your pharmacist or hospital for form FP92A.

## Travel

Patients who have to travel for treatment under an NHS consultant can be reimbursed for travel costs if they are on Income Support, Income-based Job Seekers Allowance, Pension Credit Guarantee Credit, are entitled to or are named on a valid NHS tax credit exemption certificate or hold a valid HC2 certificate. (Incapacity Benefit or DLA unfortunately do not count as they are not income-related.)

## Water Charges

Many water companies have a 'Vulnerable Groups tariff'. If you are on a meter, dialyse at home and are on a low income and receiving a specified benefit you may be able to have your bill capped. This means that however much water you use, your bill will not be more than the average figure for your area. You will generally need a letter of support from a medical practitioner – have a look at your water company's website or call their customer services.

## Further Information on benefits

- The Citizen's Advice Bureau: [www.adviceguide.org.uk](http://www.adviceguide.org.uk)
- Government Guide to Public Services: [www.direct.gov.uk](http://www.direct.gov.uk)
- National Kidney Federation: [www.kidney.org.uk/benefits](http://www.kidney.org.uk/benefits)
- Department of Health: [www.dh.gov.uk](http://www.dh.gov.uk)
- NHS Help with Health Costs and LIS: [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)
- Benefit Enquiry Line: Freephone 0800 882 200
- ESA information – Department for Work and Pensions: [www.dwp.gov.uk/esa](http://www.dwp.gov.uk/esa)

## Look out for our survey

The PKD Charity is carrying out a survey to find out more about the symptoms of ADPKD. If you or a relative has ADPKD, we hope you will take the time to complete the survey, which you should receive in the post and by email soon.

## Credit crunch concerns for PKD research funds

**In February 2004 a letter from our then chairman, the late Dr. Peter Lockyer, was published in Nature magazine, calling for a European-wide strategy to fight ADPKD. The letter drew attention to the lack of British funding for research and argued that investment would be well spent, both in human terms and in reducing the financial drain on health provision of one of the most common life-threatening genetic diseases.**

Peter went on to compare the situation here with that in the US, where a well-funded strategy did exist. However, there are fears this is now changing as the economic climate affects the amount of money available and funding levels stagnate – effectively a reduction once inflation and increasing costs are taken into account. In an open letter, published on its website in January, the US-based PKD Foundation admitted that without additional support it may be very limited in its ability to fully fund research in 2009. Its advocacy wing has also expressed concern that the current climate could threaten the momentum generated by the significant research progress of recent years.

The first gene responsible for causing PKD was only discovered in 1994 and Dr Francis Collins, former director of the Human Genome Research Institute, has called PKD one of the ‘hottest, most promising areas of research in all of bio-chemistry’. However, without reasonable levels of funding, scientists entering the field who might have been interested in PKD

research will have no option but to go elsewhere, and even those already involved in research may find their work limited.

Dr Richard Sandford of the Cambridge Institute for Medical Research, who is currently investigating the molecular pathogenesis of ADPKD to identify ways to modify its progression, told us ‘I think it is unclear how the credit crunch will affect us all, especially those of us involved in PKD. Funding is certainly harder to get. The PKD Foundation in the US - the largest charity funder of research - has just withdrawn a translational research [scientific research results are ‘translated’ into clinical applications] grant scheme and reduced funding may be a taste of things to come.’

In August 2008, Kidney Research UK announced they would be funding an extra £500,000 of research into kidney disease. However, while we warmly welcomed the announcement, none of the amount was specifically earmarked for research into PKD.

Albert Ong, Professor of Renal Medicine at Sheffield University’s School of Medicine, who currently heads a research group studying ADPKD with the aim of developing new therapies to halt or retard cyst formation, gave us his impression of the current state of funding, ‘I have had important project support from the PKD Foundation (US) to develop my work. Both Dr Sandford and I have also received significant funding to work on PKD from the Wellcome Trust in the form of personal fellowship awards, although these were obtained in open competition. Certainly there

has never been ring-fenced funding for PKD research in the UK. I don’t think this situation is likely to change so what Peter wrote then still holds true. I do hope that the PKD Charity will be able to expand sufficiently so as to actively fund PKD research in the UK within the next few years.’

The financial short-sightedness of failing to invest in research is clear when the huge costs of dialysis, transplantation and related treatments (before the human cost is taken into account) are considered. And, disconcertingly, PKD research is particularly badly funded per person affected compared with other far less prevalent genetic diseases.

This is one of the reasons it is so important to raise the profile of PKD at events such as World Kidney Day, whose organisers highlight how the costs of kidney failure are escalating worldwide. ‘Chronic, non-communicable diseases have now replaced communicable diseases as the leading threat to public health and health budgets worldwide... The only feasible global response to this pending health and socio-economic crisis is chronic disease prevention.’ And, for prevention to become a possibility, it is vital that research is adequately funded.

### Donors - use Gift Aid

Please fill in a Gift Aid form when donating—the Government adds 28p to each £1 you give.

## New treatment reaches Phase 2 trial stage

**On January 8, 2009 Plexxikon Inc. and Roche announced they had entered an agreement to develop and commercialize a kinase inhibitor, PLX5568, as an oral therapeutic treatment for PKD.**

Plexxikon is currently carrying out a Phase 1 study of PLX5568 in healthy volunteers to evaluate its safety and tolerability and to investigate its pharmacokinetic profile. So far it has been well tolerated.

Following the successful completion of this and chronic toxicology studies, a Phase 2 clinical trial in PKD patients will start later this year.

PLX5568 is a very selective and potent inhibitor of Raf kinase, a critical mediator of PKD pathology. It has demonstrated impressive results in orthologous models of both genetic forms of PKD, with decreased cyst size and improved kidney function. Non-clinical GLP (good laboratory

practice) toxicology studies have revealed no dose limiting toxicity, confirming the expected safety profile. The data gathered so far suggest that the selectivity of PLX5568 for its target could translate into a very favourable therapeutic index.

Peter Hirth, CEO of Plexxikon, commented ‘We hope PLX5568 will significantly delay the loss of kidney function due to this debilitating disease, leading to improved quality of life for patients.’

## Hello from Esther, new fundraising manager



"I joined the PKD Charity in October 2008 and in my first six months, I've been truly overwhelmed by the amount of support for the charity.

"Attending the Information Day in Exeter in October gave me a chance to learn about the disease from experts in the field and has really helped to shape my work.

I have worked for two national charities in the UK as well as an arts charity in Australia, so I bring with me lots of ideas that I am keen to put into action. The abseil event at the Abyss@Magna in April is just one of many ideas. So, watch this space! I am always delighted to hear your fundraising stories and ideas, so please do share them with me. I'm here to help you!"

esther@pkdcharity.org.uk 07825 882616

## Upcoming events

In 2009 we are holding a number of exciting fundraising events, where we do the organising and the hard work and then you can join in and have some fun!

### Manchester Great Run 17th May 2009

This year we have 15 places in the UK's biggest 10k event. You could be joining 30,000 other runners on a route that takes in Manchester's most famous landmarks. Russell 'The Voice' Watson will be performing at the start of this unique event to ensure that every runner feels suitably inspired! The event itself has now sold out, but if you would like one of our last few places, please get in touch.

### Enter the Abyss 26th April 2009

A 130 ft abseil inside the Abyss@Magna in Rotherham. This former steel works is now home to a fabulous abseil venue, where you can descend into mists of dry ice, accompanied by great music, whilst your family and friends cheer you on from the viewing area below. This is a fabulous personal challenge, great fun and a fantastic way to raise funds for PKD. Entry costs just £10 and we ask you to raise a minimum of £75 in sponsorship. No experience is necessary as full training and equipment are provided and the event is open to anyone over the age of 11. We still have a few places available, so don't delay, book your place now.



## Fundraising challenges need your support

**If you don't fancy taking on your own fundraising event but would like to support the charity, why not sponsor someone else's event? 2009 looks set to be a year of fabulous fundraising ideas for the PKD Charity, and it certainly seems as though crossing the length and breadth of the UK, by any means possible, is the name of the game this year!**

The annual Flora London Marathon takes place this year on Sunday 26th April and we are delighted that a team of runners from ING have chosen PKD as one of their nominated charities. ING employee Imrana Khan has chosen PKD as her brother sadly died from the disease and Imrana has been out pounding the streets, in training, in memory of her brother. To donate to Imrana's marathon team visit [www.justgiving.com/wingedfeetmarathon2009](http://www.justgiving.com/wingedfeetmarathon2009). We wish Imrana and all of the ING team the best of luck with the marathon.

On 7th May, Michael McDonnell-Brookes and a team of ten friends will be taking on the National Three Peaks Challenge, to raise funds for a number of charities including PKD.

The challenge will see him climb the highest mountains in Scotland, England and Wales: Ben Nevis, Scarfell Pike and Snowdon in just 24 hours! Mike is already in training and you can find out more about the event or sponsor Mike at [www.justgiving.com/mickmac06](http://www.justgiving.com/mickmac06).

Sunday 10th May sees Victoria McCaig taking on the Glasgow Women's 10k. Victoria has chosen to run this event to raise funds for the charity as she and many of her family are affected by PKD. We wish Victoria lots of luck with her training and on the big day.

Husband and wife Sara and Paul Meakin are taking on the Great Manchester Run to raise funds for PKD. To sponsor Sara or Paul go to [www.justgiving.com/sarameakin](http://www.justgiving.com/sarameakin) or [www.justgiving.com/paulmeakin1](http://www.justgiving.com/paulmeakin1).

Victoria Wilson from Manchester is also facing up to the challenge of the Great Manchester Run and as someone affected by PKD is hoping to raise awareness of the cause. To support Victoria, go to [www.justgiving.com/vikkiwilsonsrn](http://www.justgiving.com/vikkiwilsonsrn). Also taking on the challenge of the Great Manchester

Run are Jonathan Black and James Irving, both from Cheshire.

On 11th July 2009, Jon Kennard will be undertaking a mammoth



Motorbike  
marathon ride

marathon motorbike ride. Jon and a team of nine other riders will set out from Britain's most easterly point, Lowestoft, to ride to John O'Groats then on to Lands End and finally back to Lowestoft. An amazing challenge, especially given that the route will not involve motorways.

The journey itself will total some 2100 miles, in just seven days! The team are hoping to raise more than £2,000 for Cancer Research and The Polycystic Kidney Disease Charity. Both John, his mother and brother all have Polycystic Kidney Disease and the event is something that he has wanted to do for some time. If you'd like to sponsor Jon from the comfort of your armchair, please have a look at Jon's website [www.jonkennard.co.uk](http://www.jonkennard.co.uk) which has full details of the event, or log onto [www.justgiving.com/jonkennardpkd](http://www.justgiving.com/jonkennardpkd) to make an online donation through Justgiving.

## Sheffield Information Day 25th April 2009

Join us at the next ADPKD Information Day on Saturday 25th April at Sheffield Northern General Hospital. Hosted by Dr Albert Ong, one of the leading PKD researchers in the world, and Dr Martin Wilkie, consultant nephrologist and peritoneal dialysis specialist, it's an opportunity for you to hear from experts and share your experiences.

You can find out more from our website, or contact Justina Wilkinson to register:

[justina@pkdcharity.org.uk](mailto:justina@pkdcharity.org.uk)



Dr Anand Saggar, Dr Coralie Bingham, Tess Harris (Exeter Info Day)

## Thank you

Associated Independent Stores Ltd has just announced that the PKD Charity has been chosen as one of a number of charities they will be supporting in 2009. Our thanks to them for their ongoing support.

Fiona Teasdale has PKD and through her business, Begin Again, Fiona is raising funds for The PKD Charity. Fiona and her husband Dean have created an online community which sells beautifully fragrant gifts. Begin Again stocks more than 700 fragrances and for every fragrance purchased as perfume oil, Fiona will make a donation of between 25p and £1 to the PKD Charity. For more details, visit [www.begin-again.co.uk](http://www.begin-again.co.uk).

Meanwhile, Anne-Marie Robinson has set up a link via her website [www.bugz-gothnhippychix.co.uk](http://www.bugz-gothnhippychix.co.uk) for the charity to receive a donation for every cotton bag sold.

## Your fundraising successes



Andrea May from Skegness held a coffee morning raising £106

**Over the last year, many of you have been supporting the charity with a variety of fundraising ideas. We would like to thank everyone who has made a donation, volunteered their time, run an event or got involved in fundraising. Your contribution really does make a difference – thank you. Here are just some of those successes:**

Avril Ainscough from Swindon has been making some beautiful handmade cards and the sale of these just before Christmas raised £200.

Alison Simmonds took on the Beachy Head Marathon in October, one of the biggest off-road marathons, taking in scenic but challenging terrain over the South Downs. Alison raised in excess of £600.

A fantastic £2,000 was raised by Linda Cooke who took on the Great North Run and came 26,749th overall, finishing in two hours 21 minutes. Linda's brother has PKD and despite only ever having run six miles before, she was determined to do the run for him.

In September, Andrea May from Skegness held a coffee morning raising £106 and Jennifer Bryson raised £734 with a cake stall at Edinburgh hospital – they must have been delicious cakes!

Mark Winters of Hart Common Golf Club organised a Captain's Charity Day last summer. The club is based in Westhoughton near Bolton and the club had visiting teams from TNT Express, Davenham Trade Finance, Motorworld Ltd as well as private teams. In all 64 players attended a Texas Scramble – a fantastic team format of golf. Mark's event raised an amazing £1,486.

Eleven-year-old Will Cottrell took on an amazing challenge and

exceeded even his own expectations! In June 2008, Will did the 27-mile Hearts First Bike Ride on the Somerset Levels to raise money for PKD. Will's hero, Lance Armstrong, recently ran the New York Marathon in two hours 46 minutes and 43 seconds, and Will's intention was to finish the ride faster than Lance's marathon time, given that he would have the advantage of a bike! Not only did Will beat this time, completing all 27 miles in one hour 48 minutes and 17 seconds, but in doing so he exceeded his fundraising target of £300, raising a fabulous total of £532! Will rode with his dad, Chris and says that the ride was great fun as with lots of people already on the road we "could just aim to keep catching the next one". Perhaps Lance Armstrong has some competition!

Also, Simon Greenwood raised £451 and Katherine Walton raised £315 running the ASICS Reading Half Marathon, Elaine Hutcheon raised £1,075 running the Aberdeen 10k and Ellen Griffiths raised £260 in the British 10k London Run.

Ben Sutton took on the Bath Half Marathon last year and raised £500 and is set to pound the streets of Paris in April of this year when he takes on the Paris Marathon. To sponsor Ben visit [www.justgiving.com/bensutton3](http://www.justgiving.com/bensutton3).

### Your logo could be here

The PKD Charity Newsletter reaches over 2,000 people and costs £1,600 to produce and mail. We are looking for a sponsor to help us maintain this important resource.

Contact [tess@pkdcharity.org.uk](mailto:tess@pkdcharity.org.uk)