

## CURING CANCER

# A matter of life and death

This series involved more than just observational filming, says **Brian Woods**. Time-lapse photography and CGI helped us bring the reality of modern cancer treatment to life

### CURING CANCER

#### Production company

True Vision

**Length** 1 x 65 minutes

**TX** 10pm, 15 October,

Channel 4; now on 4oD

#### Commissioning editor

Emma Cooper

#### Producer/director

Brian Woods

**Producer** Katie Rice

**Editors** Paddy Garrick;

Jess Stevenson;

Brian Woods

**Graphics** Jellyfish

**Summary** *Cutting Edge*

documentary following four patients involved in trials of some of the most advanced new cancer treatments in the world, and the doctors treating them.



**Brian Woods**

Producer/director

**F**or the past 20 years, I've mostly made films about bad things happening to other people: victims of sexual abuse, children abandoned to die in a Chinese orphanage, drug addiction, AIDS and child poverty. This time, the subject matter was a lot closer to home.

In 2000, my wife Deborah Shipley – also a film-maker – was diagnosed with breast cancer. Within three years it had spread to her bones, and she has been living with it ever since. She's been looked after brilliantly by the NHS and the Royal Marsden Hospital, and eleven years on she is well, happy and used to living with the condition.

My sister took a different path. She found a lump in her breast but decided to treat it herself with alternative medicine. She died three years ago.

Soon after her death, I decided I wanted to make a film about cancer, one that would explore the emotional rollercoaster of living with the disease, and find some light in the darkness. I also wanted it to be a film that would explore the very best that medicine now has to offer cancer patients.

As what they call in the cancer business a 'carer', it was easy for me to empathise with the patients and their

partners I met at the University College Hospital Macmillan Cancer Centre.

On and off, I'd spent a decade in hospital waiting rooms with my wife, and knew well how time runs at a different pace in hospital. The minutes you wait to go in and get the results of the latest scan can seem like hours, and the subsequent hours spent as drips slowly introduce their elixir into your loved one's veins in the chemotherapy suites sometimes seem like minutes in retrospect.

### 'We combined time-lapse with slo-mo to reflect the way time takes on a different meaning when you're told you have cancer'

Brian Woods

To hint at that distortion of time, I decided to play with timelapse. We set up a Canon 5D to take a series of full-frame stills, a two-second exposure to get motion blur, with the camera taking a frame every 2.5 seconds. As a result, we were able to generate massive movies of 4,368 x 2,912 pixels. We could then animate tracks, tilts and zooms in post, while still retaining full HD resolution. Adding a motion control dolly gave us even more movement.

In post, we combined the time-lapse with 100fps slo-mo to create what I think are memorable GVs that carry the subliminal message about the way time takes on a different

meaning when you've been told you have cancer.

The bulk of the film, though, is a conventional ob-doc that follows patients as they go through new and experimental treatments, with no idea whether they will work.

Several key scenes are consultations: a doctor and a patient, sometimes with their partner, sitting in a tiny but utterly bland hospital room. To try to give these scenes some depth of field, I decided to shoot on two Canon 60Ds, with me on one and AP Jess Stevenson or producer Katie Rice on the other.

This way, we could cover both sides of the conversation without having to move around just as someone is being given potentially devastating news.

### Explaining the science

I decided at the outset that as well as telling the human story of cancer, I wanted to explain the science: what cancer is and how medicine fights it. C4 was fine about that in principle, but couldn't give me any additional budget for CGI.

Fortunately, the Wellcome Foundation was willing to cover the additional cost, and Jellyfish created some superb CGI that integrated beautifully into the live action.

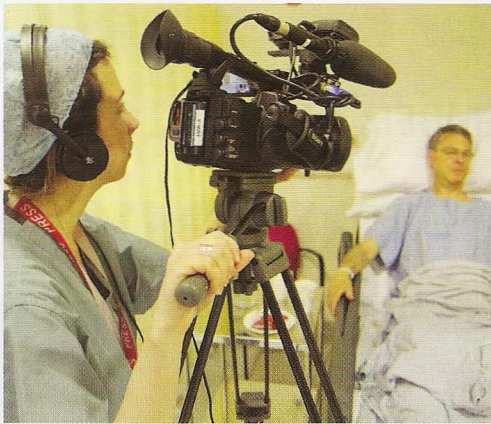
Developing the effects was a steep learning curve. I was passionate about the illustrations being anatomically and scientifically correct, but while the artists at Jellyfish are very talented, they are not doctors or scientists. We had to go through many drafts for every sequence, as I kept spotting details I had failed to specify earlier, and which, as non-medics, they had no way of knowing.

For me, the end result has exactly the effect I was aiming for. It combines the powerful, emotional stories of people struggling with the presence of cancer in their lives, the passion and brilliance of doctors at the forefront of research into the subject, and the science of new and experimental ways of treating and diagnosing a disease that will touch all our lives in one way or another.

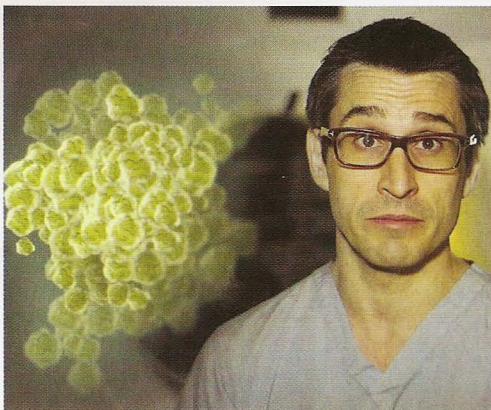


**Curing Cancer:**  
Dr Louise Dickinson;  
UCLH

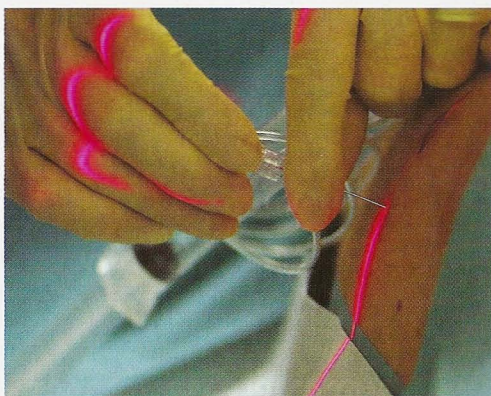
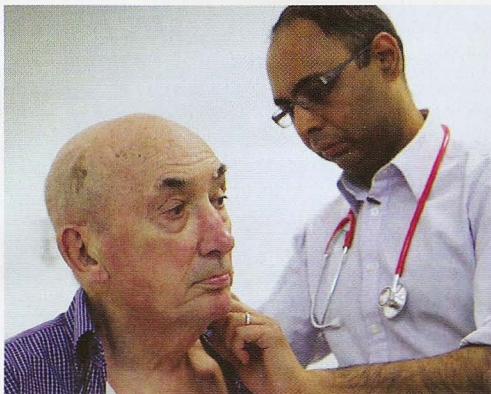




Saving a life: cancer operation in progress; below: Brian Woods with patient Jeffrey Sugarman



Top down: producer Katie Rice films patient Jeffrey Sugarman; Dr Rowland Illing with CGI cancer cells; Dr Rakesh Popat examines lymphoma patient Dennis Hadley; cutting-edge microwave ablation treatment



## CURING CANCER LETTING IN THE CAMERAS

**Sharon Spiteri**  
Media and GP communications lead,  
UCLH

It is not by chance that the values of the University College London Hospitals (UCLH) are safety, kindness, teamwork and improving – in that order.

Safety is paramount, and the right to confidentiality is drummed into all our staff. They are required to refuse to divulge information unless they are certain they know who they are speaking to, and must challenge unauthorised video and photography.

I am proud of our staff each and every time they make it their mission to protect patients. They can be tough when it comes to ensuring that patients' safety is protected, which does not make my job any easier.

Hospital staff tend to look on photography and filming with suspicion, so it was with some trepidation that I championed this project right from the outset, knowing full well the kind of challenges I would face.

But they also want the best for their patients and understand the need to raise awareness about new, kinder ways of treating illness. The crucial thing was to explain, as many times as necessary, to as many people as we came across, who True Vision were and what they were hoping to achieve, and that we trusted them to make the best documentary that could be made in a sensitive and truthful manner.



Trust is critical. I needed to feel certain that the True Vision team would immediately comply with any instructions from hospital staff. That may sound obvious, but my experience is that some film crews cannot be trusted; they go where they are not supposed to, and sneak in shots that were not agreed.

Because this film required access to all areas, there was no way the production team could be chaperoned day in day out, so they had to earn our trust.

They did this by doing their research thoroughly, being willing to listen and do things our way – even though we could not always explain our decisions without breaching confidentiality – and treating staff and patients as people rather than subjects. They trusted that I would help them make the best possible documentary they could, and made it their priority to keep me in the loop so I could troubleshoot small incidents before they escalated.

True Vision respected the values that UCLH is built on, and I'd be very happy to have them back.