



Retard. Reverse. Prevent.

Prostate Cancer Treatments Range from Radical Surgery to Watchful Waiting

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In a 2003 “State of the Union for Cancer Research and Treatment,” Dr. Andrew von Eschenbach, urologist and Director of the National Cancer Institute, Bethesda, Maryland, said, “What urologists are now trying to do is understand prostate cancer and, based on that understanding, apply a discreet intervention to manipulate the cancer — retard it, reverse it, or prevent it.”

Prostate cancer strikes more than 200,000 men annually in the United States. With the growing acceptance of annual prostate specific antigen (PSA) blood tests to determine the probability of prostate cancer in patients, more men are catching the disease in its early stage and are receiving treatment. Other diagnostic tests include a digital rectal examination (DRE) to examine the prostate through the rectal wall, checking for lumps or abnormal areas; transrectal ultrasound, which uses sound waves to create a computerized picture of the prostate; and biopsies, either transrectally or transperineally.

A pathologist examines the biopsy sample to check for cancer cells. If a cancer is found, the pathologist assigns it a Gleason score ranging from 2 to 10. Generally, the higher the Gleason score, the more aggressive the cancer.

The PSA and, when required, a bone scan, MRI (magnetic resonance imaging), pelvic lymphadenectomy, CT scan (computed tomography imaging), and/or a seminal vesicle biopsy are used to stage (determine spread of) the tumor. Once staging is complete, a treatment plan is developed based on the diagnostic information and patient desires.

Treatment Options

There are various treatment options available for patients with prostate cancer. Some treatments are intended to cure the cancer, and others are intended to slow the cancer's growth.

Surgery is commonly performed to cure the cancer. Radical prostatectomy involves removing the entire prostate gland. Radical prostatectomy is performed either through an incision that extends from the umbilicus to the pubic bone or through a perineal incision (between the scrotum and the anus). More recently, robotic-assisted laparoscopic radical prostatectomy has gained favor because of its relatively rapid recovery times and decreased complication rates. It is performed through six small incisions, with visualization provided by a small telescope instrument and fine instruments that can fit in the incisions.

Brachytherapy is a minimally invasive treatment that is gaining popularity as well. This treatment intends to cure the cancer. It involves percutaneous (through the skin) placement of radioactive seeds into the prostate. Brachytherapy utilizes the small seed carriers to

target the prostate and deliver a lethal dose of radiation to the organ. Depending on the prostate cancer grade, its stage, and PSA, conformal external-beam radiation therapy (EBRT) may be used in conjunction with the interstitial seeds. This approach adds radiation from the outside to the internal radiation delivered by the seeds.

Cryotherapy is another minimally invasive procedure intended to cure prostate cancer. Probes are inserted into the prostate in much the same way that brachytherapy needles are placed. Argon gas is circulated through the small probes, freezing the entire prostate. Freezing the prostate kills the prostate tissue and the cancer in it.

Hormone therapy is provided through the use of injections, pills, or surgical removal of the testes. The intended result is to remove or prevent the action of testosterone on the prostate cancer. This process will shrink the prostate in preparation for one of the curative procedures noted above and is sometimes used to slow the cancer's growth if it has spread outside the prostate. This approach does not cure the prostate cancer.

Watchful waiting is the decision to not treat but rather monitor the cancer. This decision is sometimes appropriate for patients with multiple health problems or older patients with low Gleason scores. The patient's PSA is monitored until the decision is made to start treatment.

Deciding which treatment option is best for you is up to you and your urologist. Your urologist will discuss each treatment, side effects, and possible complications with you to facilitate informed decision making. **UA**

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Prostate Cancer Symptoms

Often, early stages of prostate cancer do not cause symptoms. But in some cases, men with prostate cancer may experience any of these problems:

- A need to urinate frequently, especially at night
- Difficulty starting urination or holding back urine
- Weak or interrupted flow of urine
- Painful or burning urination
- Difficulty in having an erection
- Painful ejaculation
- Blood in urine or semen
- Frequent pain or stiffness in the lower back, hips, or upper thighs

You should speak with your physician immediately if you have experienced any of the above symptoms or if you are a man over 50 who has not had a recent prostate cancer screening. If you have a family history of prostate cancer or are an African-American male, you should consider screening at age 45.

Source: www.prostatecancerfoundation.org

Prostate Cancer Facts

- Prostate cancer is the most common non-skin cancer in America.
- In 2005, more than 232,000 men will be diagnosed with prostate cancer, and more than 30,000 men will die from it.
- One new case occurs every 2.5 minutes, and a man dies from prostate cancer every 17 minutes.
- After lung cancer, prostate cancer is the leading cause of cancer-related deaths among men in the United States.
- A nonsmoking man is more likely to get prostate cancer than lung, bronchus, colon, rectal, bladder, lymphoma, melanoma, oral, and kidney cancers combined.
- African-American men are 65% more likely to be diagnosed with prostate cancer than Caucasian Americans and are more

than twice as likely to die from it. The reasons for this disparity are not yet known.

- It is estimated that there are more than two million American men currently living with prostate cancer.
- Early prostate cancer usually has no symptoms and is most commonly detected through prostate cancer screening tests such as the PSA blood test and digital rectal exam.
- Prostate cancer can be eliminated from the body by surgery or radiation — if diagnosed at an early stage.
- Every year, 70,000 men require additional treatment due to a recurrence of prostate cancer.
- Because prostate cancer is a relatively slow-growing cancer, the five-year survival rate

for prostate cancer diagnosed at all stages is 98%. The relative 10-year survival rate is 84%, and the 15-year survival rate is 56%.

- The chance of having prostate cancer increases rapidly after age 50. More than 70% of all prostate cancers are diagnosed in men over the age of 65. It is still unclear why this increase with age occurs for prostate cancer.
- The only well-established risk factors for prostate cancer are age, ethnicity, and family history of the disease; however, high dietary fat intake may also be a significant risk factor. A recent study shows that the risk of dying from prostate cancer increases with body weight.

Source: www.prostatecancerfoundation.org