

Four treatment options for prostate cancer:

A quick guide

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In the last thirty years, there has been a dramatic increase in the number of cases of prostate cancer detected each year. This is due to the rising median age of our population, as well as our ability to detect the tumor at an earlier and more curable stage. The good news is that with the PSA (prostatic specific antigen) blood-screening test, transrectal prostate ultrasonography, and heightened public awareness, the increase in the number of cases is being met with an increase in effective treatment.

If you are diagnosed with prostate cancer, depending on the aggressiveness of the cancer and other health factors, you may have several options. Talk with your urologist about the best course of treatment for your situation. Here is a quick guide to the four primary treatment options currently available:


A. Prostatectomy: In many cases, the recommended treatment is a total nerve-sparing prostatectomy. This entails surgically removing the entire prostate gland as opposed to removing only the portion that obstructs urine flow. This is done by creating only a coin-sized incision. A laparoscope (a fiberoptic micro camera instrument) and the da Vinci robot, a revolutionary computerized surgical device, assist in the procedure by providing magnification and enhanced dexterity to the surgical hand. In properly selected patients, surgery can provide a disease-free survival rate of up to thirty years, comparable to the expected survival rate of similarly aged healthy men. Despite the new and improved techniques,

surgery is suitable only for those patients whose cancer is completely confined to the prostate gland without any evidence of extension beyond the capsule (outer shell) of the prostate or into the adjacent lymph nodes.

B. Watchful waiting: Since most cancers, particularly those diagnosed at an early stage in older men, are slow growing, there has been some controversy about treatment. Published data has examined “watchful waiting,” or active surveillance, as a legitimate treatment option. This is a more conservative approach and involves regular monitoring of a low-risk cancer, rather than attempting to eradicate the cancer. Decision-making must be shared between a knowledgeable physician and the patient.

C. Hormonal manipulation, radiation (including pinpoint intensity-modulated radiation therapy or implantation of radioactive seeds, and chemotherapy: Though modern radiation therapy and the “seeds” have been very effective, the disease-free survival rate of patients treated with the radiation option is not as good as for those treated with surgery if the tumor is confined to the prostate. For patients with more advanced prostate cancers, including cancers that have spread beyond the confines of the prostate gland, surgical removal of the tumor is not an option. However, well-established treatment with hormonal manipulation, radiation, and chemotherapy (often in combination) offers excellent results.

D. Cryotherapy (freezing) and thermal therapy



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(cooking): As of this writing, no reliable long-term data is available to assess their true effectiveness in eradicating the disease.

Treatment depends on a number of factors, including physical condition and the type and stage of the cancer cells at the time of diagnosis. The key to early diagnosis and potential cure is a yearly digital rectal examination by a qualified examiner, a PSA blood test, and an ultrasonic-guided prostate biopsy, if needed. Once the diagnosis of prostate cancer is made, the key to treatment is based upon the underlying stage of the disease. A qualified urologist will be able to differentiate between prostate cancer that is entirely confined to the prostate gland and prostate cancer that has spread beyond the margins of the gland and then help you decide if prostatectomy—or some other method—is the right treatment for you.

Patients must educate themselves. Patient awareness allows you to assume a proactive and participatory

role in the treatment process. Remember that you cannot prevent prostate cancer—not by diet or activity, nor even by picking your parents wisely. We must turn to early diagnosis to beat the deadly potential of this disease. With a thorough examination, the ability to make a timely diagnosis is nearly 100 percent. If the diagnosis is made early enough to allow the maximum effective treatment, life after prostate cancer surgery or other treatment can be rich and rewarding, allowing a man to be continent, sexually active, and vigorous in all areas of his life.



Dr. Danoff is president and founder of the Cedars-Sinai Tower Urology Group in Los Angeles, a Diplomate of the American Board of Urology, a Fellow of the American College of Surgeons, and the author of two books on men's health, including *The Ultimate Guide to Male Sexual Health*. This article is also available at www.homecareforyou.com/publication.