

## **THE PATIENT CHANNEL PRESENTS: PROSTATE CANCER**

### **Introduction**

Prostate cancer is the most diagnosed cancer in the United States and the second leading cause of cancer death in men with over 29-thousand men dying of prostate cancer every year.

Hello, I'm Doctor Andy Von Eschenbach, director of the National Cancer Institute. In our program Living with Prostate Cancer you'll meet some of the men who are among the 230-thousand new cases diagnosed each year. They share their frank emotions in coping with the disease and what influenced their treatment decision. We'll also look at the latest information about this disease.

### **Narrator**

For reasons that are unknown a man's prostate gland is vulnerable to developing cancer. In young men it can be a site of infection, but as they get older two things often happen one is a benign enlargement of the prostate, which produces problems urinating, the other problem is prostate cancer.

### **Gerald Chodak, MD, Midwest Prostate and Urology Health Center**

Prostate cancer is very common. There are an estimated 12 million men walking around with prostate cancer.

### **Narrator**

The risk factors for prostate cancer include family history and race. Any man with a male relative who has had prostate cancer along with men of Hispanic or African-American Heritage is at increased risk for prostate cancer.

The common symptoms of prostate cancer include the inability to urinate, painful urination, blood in the urine, painful ejaculation and blood in the semen.

Prostate cancer is the most prevalent cancer in American men after skin cancer. Each year over two hundred thousand men are told they have the disease.

### **Thomas Keane, MD, Medical University of South Carolina**

If you live long enough the vast majority of men will eventually go on to develop prostate cancer. It's part of the aging process. But it is becoming more commonly detected.

### **Narrator**

Doctor Keane says a digital rectal exam must be done in order to have proper diagnosis. During a digital rectal exam a doctor actually feels the prostate gland with his finger. Any irregularity such as a lump or asymmetry might indicate the presence of a cancerous tumor.

### **Thomas Keane, MD, Medical University of South Carolina**

It just makes sense that you would at least have it checked on a yearly basis.

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### **Narrator**

Only men have a prostate, a walnut-sized gland located below the bladder. During puberty, increased levels of the male hormone testosterone stimulate the prostate to begin secreting proteins that are found in semen. The prostate continues to produce these proteins throughout adult life. Elevated levels of these proteins called Prostate Specific Antigen or PSA can be an early warning sign for prostate cancer.

### **Ian Thompson, MD, University of Texas Health Science Center**

The advantage of PSA and PSA testing which if it's going to be done it's going to be done annually is that man who is diagnosed by an elevation of the PSA or rise in PSA that man has about 98% chance of having prostate cancer that's confined to the prostate.

### **Gerald Chodak, MD, Midwest Prostate and Urology Health Center**

The argument in favor of getting the test is it will help us find prostate cancer earlier than anything else we have available and the earlier you find cancer in general the easier it is to treat. However, with 12 million men having the disease and only 29-thousand expected to die from it most of the men that have prostate cancer never are going to have a problem. And so if you do test them and you diagnose their cancer the danger is they'll get a treatment that was never going to be necessary.

### **Narrator**

Interpreting PSA blood test results can be difficult.

Normal values vary with age: older men typically have slightly higher PSA measurements than younger men. African-Americans normally have higher values than white men.

Some factors that can falsely elevate PSA include:

- a condition known as Benign Prostatic Hyperplasia or BPH
- an inflammation of the prostate gland known as prostatitis
- urinary tract infections
- a current or recent urinary tract infection
- recent urinary catheterization

One factor that can falsely depress PSA is obesity.

Dr. Ian Thompson of the University of Texas at San Antonio recently completed a research study that indicated overweight men might be at greater risk for prostate cancer than their PSA test would indicate.

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### **Ian Thompson, MD, University of Texas Health Science Center**

The more obese a man gets the lower his testosterone level falls and the higher his estrogen level goes. And that the combination of those two suppress the PSA production. So what it may be with an obese man is he is not producing enough PSA to get his doctor worried about it. So in an obese man if prostate cancer is detected its detected late.

### **Narrator**

64 year old San Antonio Texas resident Roosevelt Davis was diagnosed with prostate cancer six years ago. Family and friends convinced Roosevelt to make the appointment.

### **Roosevelt Davis/Patient**

I can tell you had it not been for my wife I would have never gone to the urologist. I work in the health profession and you would think that it would not have taken my wife convincing to get me to go to the doctor.

Very few men object to going in and getting a blood test. The problem is what might I find out if I have this blood test, that's the problem.

### **Narrator**

If a man has an elevated PSA or an abnormal digital rectal exam, or both, doctors will biopsy the prostate to determine if cancer is present. A transrectal ultrasound guided biopsy helps surgeons locate the exact area of the prostate where the abnormality exists. It takes less than 10 minutes and with a local anesthetic causes little discomfort.

After the biopsy confirms the presence of cancer patients have several options for treatment. We'll talk about two of the most common up next.

**###**

### **Narrator**

Once the presence of cancer is confirmed doctors will stage the cancer in terms of how far it has progressed.

Prostate cancer has four basic stages, which are:

Stage 1: the cancer is very small and completely inside the prostate gland, which feels normal when a rectal examination is done.

Stage 2: the cancer is still inside the prostate gland, but is larger and a lump or hard area can be felt when a rectal examination is done.

Stage 3: the cancer has broken through the covering of the prostate.

Stage 4: the cancer has spread to another part of the body, usually the bones.

Once the stage of cancer is identified doctors usually work with the patient to determine which treatment is appropriate for him.

In addition to the stage of the cancer, the age of the patient, his general health, and life expectancy, and his quality of life all play a role in the decision.

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### **Thomas Keane, MD, Medical University of South Carolina**

I think that it's important that you define what you are trying to achieve with each patient so that they clearly understand that yes I may not be able to be completely cured of this. But if I can live a normal life do exactly what I was doing beforehand and not die of the disease then that may well be a success also.

### **Ian Thompson, MD, University of Texas Health Science Center**

We know today that a man's a lifetime risk being diagnosed with prostate cancer is about 18%. On the other hand a man's risk of dying from prostate cancer is between 3 and 4% certainly not 18%. So by definition it means some prostate cancers that we find will never cause a man a problem in his lifetime.

### **Narrator**

Prostate cancer can be a slow growing cancer and sometimes the best option is to simply monitor it carefully. This is called watchful waiting or delayed therapy. Watchful waiting is a treatment option where both patient and doctor believe no immediate medical care is required and the health of the prostate is simply monitored through digital rectal exams and the PSA test.

### **Ian Thompson, MD, University of Texas Health Science Center**

Watchful waiting is a reasonable option for some men. Why would you even think of watching the prostate cancer? There is a fair amount of evidence that would suggest that there are many men with prostate cancer that we find today whose tumors will never cause them any problems in their lifetime.

And the way I personally take care of someone on watchful waiting is I see them about every four months and do a PSA and rectal exam. And then about every two years talk to him about a re-biopsy of the prostate.

### **Narrator**

But not all experts believe watchful waiting is an appropriate option for most men with prostate cancer.

### **Thomas Keane, MD, Medical University of South Carolina**

It is an option that tends to be reserved for patients who are either elderly or who don't have a particularly good long term outlook. It's an effective treatment strategy if the patient clearly understands what is going on.

### **Narrator**

The most common operation performed for prostate cancer is called the radical prostatectomy: which is surgical removal of the prostate gland and the nerve bundles next to it. In order for a patient to be eligible for surgery the cancer is generally still confined to the prostate.

An increasingly popular variation of the surgery is called the nerve sparing prostatectomy. This procedure removes the prostate but leaves the nerves necessary for

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an erection. Roosevelt Davis understood the risks involved and decided to go with surgery.

### **Roosevelt Davis/Patient**

I wanted surgery because I wanted the prostate out. It had been invaded with cancer and I wanted it out. Other treatments you still had the prostate. But of course I was concerned about the implications and all of the side effects of having surgery.

### **Narrator**

If cancer is localized to the prostate gland and the entire prostate gland is removed, the entire cancer is also removed. There are serious, life altering side effects associated with this operation including the possibility of developing a reduced or lost ability to have erections and the possibility of leaking urine.

### **Thomas Keane, MD, Medical University of South Carolina**

This operation is an anti cancer operation. It's not a potency sparing operation. If the patient feels that his potency is the most important thing in his life then he should probably have one of the other forms of treatment.

### **Ian Thompson, MD, University of Texas Health Science Center**

The erection nerves are virtually on the surface on the prostate. So what is done is the prostate is exposed and the nerves are sharply removed from the prostate, moved to the side and the prostate is then removed. That's done under optical magnification so you're using loops to be able to see it well, high-powered focused lights, and that then preserves those nerves to increase the likelihood of erections afterwards.

The man who opts for surgical removal of prostate is the man who says my number one concern is reducing my risk of disease recurrence.

### **Narrator**

The side effects were the main topic of discussion between Roosevelt Davis and his urologist Doctor Thompson.

### **Roosevelt Davis/Patient**

In terms of erectile dysfunction there was a temporary period when I went through that. but Thompson explained to me before the surgery that there would be. Little by little I regained that ability and I feel great.

### **Ian Thompson, MD, University of Texas Health Science Center**

There is no single best treatment for every patient. It needs to be rationally applied to a patient, and then with a full understanding of risks and benefits. For example all forms of treatment can affect sexual function, all forms of treatment can affect urinary function.

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### **Thomas Keane, MD, Medical University of South Carolina**

It's important to define what we're talking about when we're talking about being impotent. What does that mean. That means that you cannot generate a spontaneous erection. It does not mean that you can never have intercourse. It does not mean you can never be intimate. But it does mean that if you do intend to, that you may have to use some extraneous means to obtain an erection.

### **Narrator**

Surgery, or watchful waiting aren't the only options for treatment. Others include radiation and radioactive seeds as well as hormone therapy. We'll take a look at those, when we return.

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### **Narrator**

While patients have many options once they are diagnosed with prostate cancer, it's important to understand side effects are a possibility with every treatment. In particular a procedure called brachytherapy, where radioactive seeds are inserted into the prostate gland. The radiation from these seeds kills the cancer cells however, radiation damage can also occur to tissues surrounding the prostate.

### **Gerald Chodak, MD, Midwest Prostate and Urology Health Center**

The seed treatment is one of the options for men that have localized prostate cancer where we have no evidence of it being outside the prostate. When a patient comes in and has localized cancer they are given all of those options including the seed implants.

### **Ian Thompson, MD, University of Texas Health Science Center**

Radioactive seeds are an excellent form of treatment for many men with prostate cancer. The nice thing about it is it's a single sitting. It's a one-day procedure it takes about an hour to an hour and a half to do. And the men go home immediately afterwards. The important thing in men who are treated with radioactive seeds is making sure they are well selected. For example a large tumor bulky tumor aggressive tumor may not be best treated with radioactive seeds but those kinds of tumors are the minority.

### **Narrator**

Another form of radiation is called external beam therapy. External beam therapy is radiation treatment applied from outside the patient with an external beam of radiation. Radiation is focused on the prostate gland to kill the cancer. There can be damage to the surrounding tissues, and the radiation may not stop the tumor from growing and spreading.

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### **Narrator**

At Boston's Brigham and Women's Hospital, Harvard Medical School's Doctor Anthony D'Amico stresses caution before a patient decides on radiation. He says the reason for this is the health risk increases dramatically if another round of radiation treatment is required.

### **Anthony D'Amico, MD , Harvard Medical School**

Delivering radiation a second time to the same site can cause significant toxicities even in circumstances where monitoring and all of the bells and whistles attached with radiation technology are attached.

For example, coming through our door here we've had almost two hundred people ask for such an approach in the last three years and we've selected twenty-seven.

### **Narrator**

When prostate cancer progresses beyond the prostate gland and is no longer curable by surgical removal, the usual standard of care is hormone therapy. Hormone therapy reduces the amount of testosterone in a man's blood stream and helps to slow the growth of prostate cancer.

Boston area native Steve Tharler was diagnosed with stage 2 prostate cancer at age of 51. He says he wanted to get as many opinions as he could before he would be comfortable with his treatment decision. Today, the 58 year old believes having hormone and radiation treatment was the right decision for him.

### **Steve Tharler/Patient**

I had two months of hormonal treatment and then two months of radiation and then two months of hormones.

Dr. D'Amico in particular impressed me because he was the only doctor that I talked to who said lets take a look at the MRI lets take a look at the all of the factors and if in fact such and such is the case then I will recommend you get surgery. He was the only doctor who recommended that I do something other than what he does and I just immediately trusted that.

### **Narrator**

When prostate cancer has spread to such distant area to the bones, the usual treatment is hormone therapy and when that it is no longer effective, chemotherapy is used which can prolong survival but it is not usually considered curative.

### **Gerald Chodak, MD ,Midwest Prostate and Urology Health Center**

If it gets to the bones the hormone therapy available has an average survival of about three years. But we have new chemotherapy available. We have new options available. So that patients can go through a series of treatments and seemingly help improve their survival. Not going to get rid of it, not going to be able to easily cure the cancer but it should be possible to help patients live longer than they did a number of years ago.

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### **Narrator**

Another therapy whose effectiveness is still not clear is a freezing procedure called Cryotherapy. Side effects are similar to those for surgery: nerve tissue necessary for erectile function and proper bladder control may be damaged.

### **Thomas Keane, MD, Medical University of South Carolina**

A lot of people will still reserve cryotherapy for patients who have failed radiation therapy. Because one of the problems that we have in prostate cancer management is that if you choose to have radiation therapy and you fail and it comes back. Then there aren't a whole lot of options available for treating that disease short of hormonal therapy or some of the novel therapies.

### **Narrator**

We'll talk about some of those novel therapies and look at how support groups help men deal with prostate cancer and the aftermath of their treatment next.

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### **Narrator**

Roosevelt Davis has survived prostate cancer. But during his treatment period he found talking with other men who have been treated for prostate cancer was a tremendous help. The group "US Too", named in keeping with the women's breast cancer group "Why Me?" is a support group with chapters nationwide. US Too provides information and guidance to help men understand their prostate cancer and it's treatment.

### **Roosevelt Davis/Patient**

I had been referred to the US Too group. And these people were extremely helpful. When I would go to the meetings they all had prostate cancer in some form or the other You're talking with people that you can really relate too. One of the most encouraging things I found is there was a guy that was sitting there and he had been diagnosed eleven years earlier that was encouraging right there.

### **Narrator**

Doctor Gerald Chodak helped organize the US Too group over 15 years ago. He believes the open discussion about prostate cancer can help men's health.

### **Gerald Chodak, MD, Midwest Prostate and Urology Health Center**

I think the best service we can provide to the community is increased awareness. And so with a lot of personalities being diagnosed and treated for prostate cancer and speaking out, I think it's probably taken away some of the stigma that many men have.

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### **Narrator**

US Too support group meetings allow prostate cancer patients and their families to talk about the disease, its therapies and side effects. The group helps patients navigate their way through the often-confusing maze of treatments and their side effects.

### **Roy Bradbrooke/US Too Volunteer**

The most important thing that we do is to hopefully have an opportunity to talk to people who have recently been diagnosed with cancer so that we can describe to them all of the various options that they have for treatment. And to explain to them that this is not as deadly a disease as they might think.

### **Narrator**

While there are many treatments for patients and their families to choose from researchers continue working on new, more promising therapies. These are novel therapies used mostly for advanced cancer that is considered incurable. Novel therapies include a prostate cancer vaccine that is still in the clinical trial phase of development.

### **Gerald Chodak, MD ,Midwest Prostate and Urology Health Center**

You don't get the vaccine currently until you've had treatment and you've failed that treatment. So now you've got a recurrent cancer. Now ultimately if it turns out these vaccines are effective people will then try and use them earlier in the disease even to the point of trying it in men that are on watchful waiting.

### **Narrator**

Prostate cancer is a very common, and if caught early very curable.

### **Steve Tharler/Patient**

The empowerment that I got through learning as much as I could in dealing with it and becoming my own advocate taking charge of it has enabled me to help other people. I get calls all the time from friends or friends of friends who are going through this. And I give them a lot of advice.

### **Narrator**

But which men should be tested, and what treatments are best are decisions that men, their physicians and their loved ones all have to make together.

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For more information on prostate cancer, please visit the American Cancer Society website @ [www.cancer.org](http://www.cancer.org) or call 1-800-ACS-2345

For more information on prostate cancer support groups visit the Us Too website @ [www.ustoo.com](http://www.ustoo.com) or call 1-800-80-USTOO

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