“Prostate cancer” are two of the most frightening words you will ever hear, but you have fierce and uncompromising advocates at USMD Prostate Cancer Center. We know this enemy has many forms. That is why we have carefully assembled a team of highly skilled prostate cancer specialists experienced in a broad range of the latest, most effective treatments. It’s the reason we offer state-of-the-art technology designed to precisely target cancer cells while preserving healthy tissue and precious quality of life. It’s the reason we are committed to providing men with options that target their specific tumor—and the most comprehensive care available right here in Fort Worth. That is why we have carefully assembled a team of highly skilled prostate cancer specialists experienced in a broad range of the latest, most effective treatments. It’s the reason we offer state-of-the-art technology designed to precisely target cancer cells while preserving healthy tissue and precious quality of life. It’s the reason we are committed to providing men with options that target their specific tumor—and the most comprehensive care available right here in Fort Worth.

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As a comprehensive treatment facility, we are committed to providing our patients with the best care suited best to the unique nature of their prostate cancer—whether it’s active surveillance, robot-assisted prostatectomy, radiation therapy or medical oncology,” says Richard Bevan-Thomas, Medical Director of USMD Prostate Cancer Center.

Along with options, these men and their loved ones have found that compassion, encouragement and support are in big supply at USMD Prostate Cancer Center.

Doug and Cyndi Miller

As a volunteer who works with cancer patients, Cyndi Miller says her “heart hurt for her husband” when they learned he had prostate cancer. “Surviving is our only option,” Fortunately, Doug Miller’s cancer was caught early, thanks to regular PSA screenings.

Doug hadn’t heard of active surveillance before Dr. Bevan-Thomas recommended it. “He said, ‘It’s such a low-grade prostate cancer, we have time. We don’t need to rush into more aggressive treatment.’ I felt it was a really patient-centered recommendation, rather than a provider-centered one—which is what you hope for right?”

Three years later, Doug and Dr. Bevan-Thomas are still keeping a close eye on his prostate cancer while Doug enjoys his very active lifestyle—traveling with Cyndi and playing golf and pickleball.

Jim Cox

Before he retired, Jim Cox worked for the Veteran’s Administration, reading the medical records of hundreds and hundreds of men diagnosed with prostate cancer. While he was dieting to drop 30 pounds, Jim visited Dr. Peter LaNasa, Director of Radiation Oncology, and decided to pursue radiation treatment—driving to and from Hillsboro five days a week for eight weeks of external beam radiation. “My radiation treatments were the most pleasurable experience of my life,” he says. “USMD demonstrates great service at its very best. Everyone is so warm and friendly. They know and always answer or return our calls. She answered all of our questions—no question was too trivial. She just made me calmer about the whole experience. USMD is a wonderful facility. I have every confidence in the world in Dr. Lee and the doctors who work with him.”

The Peugh's also give high praise to their patient navigator, Brenda. “Brenda kept us informed every step of the way,” Sherry says. “If we had a question, all we had to do was call her direct number. She would always answer or return our calls. She answered all of our questions—no question was too trivial. She just made me calmer about the whole experience. USMD is a wonderful facility. I have every confidence in the world in Dr. Lee and the doctors who work with him.”

Nearly four years later, Frank is doing great. “Essentially, I've been cancer free from the day of the surgery. No side effects or residuals or anything,” he says. “He has the lowest PSA they'll give you—.001,” Sherry adds before they head off to Louisiana to celebrate Frank’s 73rd birthday and their 278th month-aversary.

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"In the back of my mind, I always thought I’m going to get this one day." After experiencing what he describes as "old man symptoms," Jim went to a urologist, had a PSA test and biopsy, and got the news that confirmed his premonition. "I wasn't afraid of dying of prostate cancer. I just didn't want to wear a diaper for the rest of my life, so I was considering a prostatectomy," he says. Unhappy with the way his first visit went with a surgeon, Jim remembered all the times he passed the USMD Prostate Cancer Center while driving along I-20. "The first person I met with was Dr. Diagnosick," he remembers. "He very politely told me, 'You're overweight. I won't operate on you at this weight because you have a 25 percent higher risk of incontinence based on your current weight.' The first surgeon I met with in Waco hadn't mentioned that. I told my wife, 'I don't know what type of treatment I'm going to have, but I'm going to have it.'"

Frank and Sherry Peugh

When the Peugh's learned Frank's PSA had spiked, they were worried. Frank’s physician immediately recommended Dr. Justin Lee, Director of Robotics at USMD Prostate Cancer Center. Dr. Lee performed a biopsy which confirmed that Frank had prostate cancer.

"Dr. Lee explained all my treatment options. He did not push one over another, but I chose the robot-assisted laparoscopic prostatectomy for several reasons. It was less invasive, and my hospital stay was short, not even a day, and there was very little pain associated with it," Frank explains. "Dr. Lee is the best surgeon I've ever had. And I've undergone several surgeries—"
When Should I Be Screened for Prostate Cancer?

Recall that when you receive your PSA test results, there are many variations that re-...
Catheter-Less Prostatectomy Reduces Pain and Healing Time

Nearly 90,000 men will have a radical prostatectomy this year to remove their cancerous prostate. Not too long ago, a radical prostatectomy was an invasive “open” surgical procedure that required an incision in the abdomen, from navel to pubic bone—encompassing most of the time. However, they still had to tough it out with a catheter for a week or longer. The physicians at USMD Prostate Cancer Center have eliminated that worry.

“We have been performing a revolution in the world of prostate cancer surgery since 2009,” says Justin Lee, M.D., Director of Robotic Surgery at the center. “Sending men home after surgery without a catheter that has made a major difference for our patients.” Patients are more comfortable with a catheter-less robotic prostatectomy.

More Comfortable Recovery

When the robot-assisted laparoscopic radical prostatectomy was introduced, patients scored several benefits—including less blood loss and pain. However, hospital stays and recovery time are different. If the men still had to tough it out with a catheter for a week or longer. The physicians at USMD Prostate Cancer Center have eliminated that worry.

“Our studies have shown that catheterless radical prostatectomy is more comfortable for patients in the weeks following surgery,” says Dr. Lee. “Sending men home after surgery without a catheter would have been worn for one or two weeks following surgery. For most men, having a catheter right up there with their penis is a little uncomfortable. Fortunately, the surgeons at USMD Prostate Cancer Center understand the needs of their patients.

“Experience in terms of pain from a penile catheter. By offering the catheter-less robotic prostatectomy, USMD Prostate Cancer Center can help make the journey through prostate cancer surgery more comfortable for our patients.”

Great Patient Outcomes

Oliver Crosby found that level of expertise reassuring when he underwent his robotic-assisted prostatectomy. “Dr. Bevan-Thomas saved my life,” he says. “You go in, and you’re scared. You don’t know what’s going to happen, but here’s this respected and experienced surgeon at USMD Prostate Cancer Center performing the surgery.”

The physician’s experts reassuring when he underwent his robotic-assisted prostatectomy. “You go in, and you’re scared. You don’t know what’s going to happen, but here’s this respected and experienced surgeon at USMD Prostate Cancer Center performing the surgery.”

For Dr. Bevan-Thomas, the catheter-less prostatectomy is welcoming news for men who may have been reluctant to undergo a radical prostatectomy because they feared pain often associated with a penile catheter.

“Prostatectomy can be a life-saving surgery,” says Dr. Lee. “Overall, survival rates are more than 90 per cent. We don’t want anyone to avoid having a prostatectomy because they are worried about pain from a penile catheter. By offering the catheter-less prostatectomy, USMD Prostate Cancer Center can help make the journey from cancer patient to cancer survivor more comfortable.”

You may not ever see them or meet them, but pathologists play a critical role in a man’s fight against prostate cancer. “Our main role is the analysis and interpretation of tissue samples collected during biopsies or re-moved during surgery,” says Adriana Olivarres, M.D., a Pathologist and Medical Director of USMD Diagnostic Services—Pathology Lab. “We also provide

We know this is the battle against prostate cancer. We know that this is a war against a disease that can be deadly. But here’s the good news—nearly 100% of men diagnosed with prostate cancer in its early stages are still alive five years after diagnosis. Whether it’s active surveillance or robotic surgery, we have the expertise to help you take action—so you can get on with your life.

We schedule an appointment. Call us today.

1.888.PROSTATE • usmdpcc.com

Meet Our Team of Prostate Cancer Specialists

The physicians at USMD Prostate Cancer Center are among the most skilled and experienced in the world. Together, they offer patients the best care through a comprehensive array of cutting-edge, state-of-the-art treatments that include active surveillance, robot-assisted radical prostatectomy, radiation therapy, cryosurgery and advanced medical oncology treatments. As leading practitioners in their fields, our physicians provide men with personalized treatment options designed to best serve each patient’s individual health needs.

This patient-first approach is at the core of our mission—maximize cure rates while minimizing side effects for the men who entrust us with their care at a critical time in their lives.

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Radiation therapy is a powerful treatment op-
tion for many men diagnosed with prostate cancer. It kills cancerous tissue by damaging its DNA and halting its growth cycle.

Image-guided and intensity-modulated radia-
tion therapy help precisely focus the radiation beam on targeted cancerous tissue—minimiz-
ing effects to healthy tissue and side effects that can sometimes accompany other treatments. In addition to its precise, targeted approach to killing cancer cells, radiation therapy can treat several other benefits—no incision, no pain and no recovery time. Most patients can go back to their daily lives with minimal disruption. Treat-
ment sessions last minutes, not hours.

Under the supervision of Peter LaNasa, M.D., Director of Radiation Oncology, USMD Prostate Cancer Center features a world-class radiation program that is among the most impressive in the state of Texas. Outfitted with state-of-the-
art image-guided technology—including the Varian TrueBeam and the Varian TrueBeam radia-
tory systems—it is helping countless men suc-
cessfully battle their prostate cancer.

On a daily basis, patients are placed on the treat-
ment table as accurately as possible, based on image captures—CT or MRI—markings. Then, the at-
tached CT scan is used to look inside the pa-
tient, visualize the prostate, and position the patient within millimeters. The system then visual-
izes every image prior to the patient’s treat-
ment to assure proper positioning for every treatment. Patients find this very reassuring.

Once positioned, the patient is treated in ap-
proximately 3 minutes. The linear accelerator
rotates around the patient, optimizing shape and dosage from every angle to hit the target and avoid critical structures. The patient does not feel anything. There are no recommended changes in diet or medications.

Because we know patients are working and have
busy lives, we have extended hours, and treat from 6:30 am to 4:30 pm. Patients establish a treat-
manship that is convenient for them, and we do our best to accommodate. The Novalis TX and TrueBeam systems are inter-
changeable for prostate cancer, so patients can
transfer seamlessly to the other system if there is a need. The TrueBeam system offers some unique features for treating brain, head and neck, lung and breast cancer.

“The introduction of high-speed computers and digital imaging has given us tremendous new advantages in our fight against prostate cancer,” Dr. LaNasa says. “More than anything, our goal at USMD Prostate Cancer Center is to provide patients with the most powerful tech-
ology available to maximize cure rates, mini-
imize side effects, and allow patients to main-
tain their normal lifestyle and activities during and after treatment.”

Medicinal Oncology Treatments

This is not to say that patients are left with no other options if radiation therapy fails to control prostate cancer. There are other treatments available, including:

1. Prostatectomy, which removes the prostate gland
2. Cryotherapy, a non-invasive procedure that freezes and destroys the prostate gland
3. Hormone therapy, which targets the hormone that fuels prostate cancer
4. Chemotherapy, a treatment that uses drugs to kill cancer cells
5. Immunotherapy, a treatment that uses the immune system to fight cancer

Before you start any systemic therapy—oral medications that target and kill cancer cells, if cancer spreads to the bones, then bone-targeting agents can help restore the bone’s integrity and avoid critical structures.

Immunotherapy is sometimes used to help boost the immune system before beginning chemotherapy or a regimen of either intravenous or oral medications that target and kill cancer cells.

“Before you start any systemic ther-
apy, you will meet one-on-one with a USMD Prostate Cancer Center specialized treatment team to de-
terminate the best course of therapy for you,” Dr. Wang says.

If you are battling prostate cancer, it’s very important to have access to a full scope of state-of-the-art medi-
cal treatments. Whether you and your physician decide that surgical prostatectomy, radiation therapy, cryotherapy or medical oncology is the best course of treatment for you will depend on many factors— including your age, the stage of your cancer, its rate of growth and your overall health.

A recent study conducted by the non-profit organization ZERO: The End of Prostate Cancer, reveals that only 41 percent of prostate cancer patients are ever referred to an on-
cologist. USMD Prostate Cancer Center understands the importance of medical oncology plays in the treatment of some types of pros-
tate cancer.

There are times when local therapy fails to control prostate cancer,” says C.K. Wang, M.D., Director of Medical Oncology at USMD Prostate Cancer Center. “When this occurs, the cancer is generally deemed a chronic rather than curable disease and systemic therapy becomes the treatment of choice.

If you are one of the many men who have been diagnosed with prostate cancer, or are worried about erectile dysfunction that they didn’t even seek treatment. That’s why we offer leading-edge procedures designed to protect the nerves around the prostate. It’s about saving your life— and your quality of life.

Medical Oncology Treatments Slow Advanced Cancer

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Decisions about the best way to treat your prostate cancer are never made lightly. Careful review of test results, cancer data and your medical history are all considered when determining which treatment option is best for your individual prostate cancer. Along with considering the stage and grade of your prostate cancer, the physicians at USMD Prostate Cancer Center (PCC) use another important factor to determine the best appropriate course of action—risk category. Risk category refers to a classification system established by the highly respected National Comprehensive Cancer Network (NCCN)—a non-profit alliance composed of 25 of the world’s leading cancer centers. Led by renowned cancer experts, the NCCN has formulated standardized guidelines for the majority of cancers to help ensure patients receive the highest quality care and most effective treatment possible.

After a man is diagnosed with prostate cancer, the NCCN recommends that his cancer be classified as one of four risk categories—very low risk, low risk, intermediate risk or high risk.

“Like staging and grading, several factors are taken into consideration when determining a man’s risk category,” explains Scott Thurman, M.D., a board-certified urologist and surgeon at USMD PCC. “PSA level, size of the prostate, results from a needle biopsy and the stage of prostate cancer are all factors.”

The surgeons at USMD Prostate Cancer Center have performed more than 5,000 robot-assisted prostatectomies to date—making them one of the most experienced teams in the nation.

Here are the benchmarks and NCCN treatment recommendations for each risk category:

### LOW RISK

- **33% of men diagnosed are considered low risk**

<table>
<thead>
<tr>
<th>Criteria:</th>
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</thead>
<tbody>
<tr>
<td>• Stage T1c or T2a</td>
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<tr>
<td>• PSA less than 10 ng/mL</td>
</tr>
<tr>
<td>• Gleason score 6 or less</td>
</tr>
<tr>
<td>• Not more than two cores with cancer</td>
</tr>
<tr>
<td>• Less than 50 percent of cancer detected</td>
</tr>
<tr>
<td>• PSA density less than 0.15</td>
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</tbody>
</table>

Our physicians often recommend Active Surveillance in cases of Very Low Risk prostate cancer.

### INTERMEDIATE RISK

- **45% of men diagnosed are considered intermediate risk**

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<tr>
<th>Criteria:</th>
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<tbody>
<tr>
<td>• Stage T2b-T2c</td>
</tr>
<tr>
<td>• PSA 10 to 20 ng/mL</td>
</tr>
<tr>
<td>• Gleason score 6-7</td>
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Depending on a variety of factors, our physicians often recommend Active Surveillance with the possibility of surgery or radiation for Low Risk prostate cancer cases.

### HIGH RISK

- **Nearly 10% of men diagnosed are considered high risk**

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<th>Criteria:</th>
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<tbody>
<tr>
<td>• Stage T3a-T4</td>
</tr>
<tr>
<td>• PSA 20 ng/mL or higher</td>
</tr>
<tr>
<td>• Gleason score 7 or higher</td>
</tr>
</tbody>
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In cases of High Risk prostate cancer, our physicians often recommend one of our more aggressive treatment protocols.

### GENETIC TESTING

Genetics is playing a bigger role in the detection and treatment of prostate cancer. You’ve probably heard a lot about the BRCA1 and BRCA2 genes. They are responsible for hereditary breast and ovarian cancer. A simple blood or saliva test lets women know if they carry the mutation, so they can make informed prevention and treatment decisions early, rather than later.

Genetic testing is also being used to guide the selection and boost the efficacy of cancer treatments. Long gone are the days of a one-size-fits-all treatment approach. As cancer cells continue to mutate, we now know they can create many variations—even within the same type of cancer. One man’s prostate cancer may not be exactly like another’s. Some prostate cancers are low-grade and slow-growing cancer, while others are highly aggressive and very deadly. Knowing which type of prostate cancer you have is very important.

“Unfortunately, a PSA test and biopsy can’t conclusively distinguish between the two,” says David Shepherd, M.D., a board-certified urologist and cancer specialist at USMD Prostate Cancer Center. “That’s why physicians are now taking a look at the genetic composition of their patients’ cancer cells. By doing so, we can gain a clearer picture of a man’s cancer and recommend the best treatment.”

Oncogenes are abnormal genes that cause normal cells to develop into cancers. They also drive uncontrolled tumor growth. Prostate cancer researchers have been in hot pursuit of the oncogenes responsible for high-grade prostate cancer and have identified several. Today, many urologists and oncologists are using an oncogene test—Oncomap DX™—to help determine how aggressive their patient’s prostate cancer may be. The test is designed to evaluate the personal genetic makeup of the patient’s cancer and determine his specific NCCN risk category.

“Physicians are now taking a look at the genetic composition of their patients’ cancer cells. By doing so, we can gain a clearer picture of the most effective treatment and recommend the best treatment,” according to Dr. David Shepherd.

“Analysis of RNA gives us insights into how the prostate cancer cells are behaving—not just now, but also in the future,” says Dr. Shepherd.

In addition to looking at RNA function, the Oncotype DX test also evaluates four biological pathways known to facilitate the spread of aggressive prostate cancer. After completing both evaluations, the test yields a Genomic Prostate Score (GPS) ranging from 0 to 100. The score indicates how likely the cancer will remain low grade.

“The lower the GPS score, the more likely a low-grade cancer is going to continue to behave like a low grade cancer,” says Cliff Vestal, M.D., a board-certified urologist and specialist in cryosurgery at USMD Prostate Cancer Center. “Perhaps the most important aspect of this genetic analysis is that it stratifies patients into the very low, low, or intermediate-risk categories and lets us know where they stand within that category.

“Bottom line, we are able to look into the inner workings of cancer cells,” Dr. Vestal explains. “The Oncotype DX test gives us more information, so together, we can make better decisions based on the genetic makeup of an individual’s prostate cancer. This is an exciting time for genetics and prostate cancer. We expect to see major strides in the next few years in this area—which will help physicians and patients make better-educated decisions about how to best treat a man’s unique and individual cancer, rather than follow a general recommendation.”

If you’ve been diagnosed with prostate cancer and would like to know more about genetic testing, please contact USMD Prostate Cancer Center at 1-888-PROSTATE (1-888-777-7828).

### Find Us on Facebook

YANA. (You Are Not Alone)

Join the conversation at facebook.com/USMDcancer
Cryotherapy is a breakthrough pros- tate cancer treatment that is a proven, minimally invasive alternative to surgi- cal treatments and radiation treatment. “Cryotherapy is highly effective for men with localized prostate cancer,” says Clif Vestal, M.D., a cancer and cryo- surgery specialist at USMD Prostate Cancer Center. “It continues to remain one of the preferred treatment choices for men who experience a recurrence of prostate cancer after radiation therapy.”

Cryotherapy uses slim probes known as “cryoprobes” to deliver cycles of ex- tremely cold and warm temperatures that repeatedly freeze and thaw cancer- ous cells within and around the prostate gland—ultimately destroying the can- cerous cells.

Utilizing ultrasound technology to guide the treatment, the probes are strate- gically inserted through the skin and placed in and around the prostate. This initial placement of the cryoprobes allows the surgeon to precisely target the prostate gland while minimizing damage to surrounding tissue.

With two or more cycles of cryotherapy, cancerous cells are killed while the oth- er tissue is either absorbed by the body or remains as scar tissue—no longer posing a threat to the patient. Because the procedure is relatively short (usually lasting 1 to 1.5 hours) and is minimally invasive, men experience fewer side ef- fects such as incontinence and im- potence, and enjoy faster recovery. Many patients are discharged the same day as their procedure or the very next day.

Unlike radiation therapy or a radical prostatectomy, cryosurgery can be repeated if necessary. According to clinical data regarding locally confined high-grade prostate cancer, cryosurgery offers the highest average long-term success rates for all stages of localized prostate cancer.

Active Surveillance tests may include one or more of the following:
• Digital rectal exam every six months.
• PSA level every three months.
• Imaging tests to determine if the cancer has grown.
• Prostate-Specific Antigen (PSA) ev- ery three to six months to measure the prostate specific antigen in the blood. A rise in a patient’s PSA level may indicate cancer growth.
• Transrectal ultrasound guided pros- tate biopsy performed at one, two, or three-year intervals to collect cells from within the prostate to detect any changes in the patient’s Gleason score and cancer staging.
• An MRI to evaluate any abnormalities that may require targeting on a repeat biopsy.

Is Active Surveillance Right for You?

“Prostate cancer” and “good news” are two phrases that generally don’t go to- gether. Like all silent killers, prostate cancer is insidious—and, thanks to signif- icant advances, we are better at detecting and treating this disease. Over the past decade, huge strides in awareness, routine PSA testing and early detection mean is good news when it comes to prostate cancer.

“Today, men who are diagnosed with prostate cancer generally have much smaller, lower grade, slower growing tumors than men diagnosed two or three decades ago,” says Matthew Bevan-Thomas, M.D., Medical Director of USMD Prost- atectomy Center. “Ten to twenty years ago, about one-third of men di- agnosed with prostate cancer already had metastatic cancer that had spread to their bones or lymph nodes by the time they were diagnosed. Today, that percentage is down to less than two percent. We are diagnosing more men in the very early stages of prostate cancer many times long before they even have any symptoms of the disease—active surveil- lance is often a prudent first step in their treatment.”

What exactly is Active Surveillance?

It is a practice that has evolved out of “watchful waiting.” Rather than imme- diately undergoing surgery or radiation treatment for prostate cancer, patients are mon- itored for a period of time. But unlike watchful waiting, this watch isn’t a passive period where patients and phy- sicians wait for symptoms to signal a progression of the disease.

“During active surveillance, we like to see patients every six months,” says Vestal. “This allows us to monitor the patient’s PSA level and pelvic exam. Depending on the patient, we may perform genetic testing for these cancers to give us another view of the patient’s risk of progression. If results from any of these tests indicate that the disease may be at a higher risk of progressing, then more aggressive treatment such as radiation, surgery or cryosurgery is started.”

While some men may feel nervous about not immediately pursuing a more aggressive treatment course from the get-go, research shows that men who are good candidates for active surveil- lance and who opt to participate in it as a first step in their treatment have outcomes that are just as good as men who undergo radiation or surgery right away. In fact, a study published in the June 2013 issue of the Annals of Interna- tional Medicine reported that “observa- tion is a reasonable and, in some situa- tions, cost-saving alternative to initial treatment for the estimated 70 percent of men whose cancer is classified as low risk at diagnosis.”

One clinical trial—called PIVOT—re- ported that men who underwent active surveillance had about the same small risk of death over a 12-year period whether they underwent radical pros- tatectomy or observation.

“Regardless of the statistics, deciding whether or not to pursue active sur- veillance or a more aggressive form of treatment is really a personal choice,” says Justin Lee, M.D., Director of Ro- botic Surgery at the center. “Every pa- tient is different. Not all patients have the same types of cancer tumors with the same grade. Only you and your physician can determine whether ac- tive surveillance is a good option for you.”

Active Surveillance may be right for you if:
• Your cancer is detected early while it’s still small and limited to one area of your prostate.
• Your Gleason score is low, 6 (3+3) or less, which indicates your cancer is a less aggressive, slower-growing cancer.
• You have other advanced health prob- lems that could be made worse during treatment for prostate cancer.

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Is Active Surveillance Right for You?

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2. Your Gleason score is low, 6 (3+3) or less, which indicates your cancer is a less aggressive, slower-growing cancer.
3. You have other advanced health prob- lems that could be made worse during treatment for prostate cancer.
4. You are in a clinical trial for aggressive prostate cancer treatment is less likely to ex- tend your life expectancy.
5. Of course, there are some risks with active surveillance. Your cancer can grow and spread while you wait. PSA, the test used to monitor your can- cer during active surveillance isn’t a perfect test. Some cancers spread before PSA levels rise and signal a problem. If your cancer spreads during active surveillance, this may miss the window for effective treatment. Fi- nally, the uncertainty associated with active surveillance may make you feel anxious or stressed—which can have an adverse effect on your immune system.

These are all important factors to consider before you decide to undergo active surveillance.

“Perhaps the most important aspect of active surveillance is the possibil- ity that we may need to treat these patients more aggressively in the near future,” says Dr. Bevan-Thomas. “Roughly 30 to 40 percent of patients on active surveillance who undergo radiation or surgery will require a more aggressive treatment course from the get-go, research shows that men who are good candidates for active surveil- lance and who opt to participate in it as a first step in their treatment have outcomes that are just as good as men who undergo radiation or surgery right away. In fact, a study published in the June 2013 issue of the Annals of Interna- tional Medicine reported that “observa- tion is a reasonable and, in some situa- tions, cost-saving alternative to initial treatment for the estimated 70 percent of men whose cancer is classified as low risk at diagnosis.”

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Quick FAQs

What is the most exciting advance in prostate cancer treatment and diagnosis?

Genetic testing is giving us the ability to look at the inner workings of prostate cancer cells. We know that not all prostate cancer is alike. Some forms of the disease are low-grade and slow-growing, while others can be very aggressive and deadly. This is important because knowing which type of prostate cancer you have is very important. Unfortunately, a PSA test and biopsy can’t conclusively distinguish between the two. With genetic testing, we can gain a clearer picture of a man’s individual cancer and recommend the best treatment for decreasing oncogenes—abnormal genes that cause normal cells to develop into cancers and drive tumor growth.

There are several tests that currently evaluate the genetic components of prostate cancer either at the biopsy stage or after the prostate has been removed. One of them, the Oncotype DX test, evaluates the tissue collected during a biopsy procedure. This analysis gives us insights into how the prostate cancer cells are likely to behave—not just now, but during future treatment and follow-up. The test provides men and their doctors with a baseline that can be monitored over time. Knowing your PSA level will help you and your doctor decide when or if you should have a biopsy. Having your prostate cells examined under a microscope is the only way to determine if cancer is present.

Remember, during the early stages of prostate cancer, men rarely if ever experience symptoms. Once they do have symptoms, the cancer has usually spread to other parts of the body. Early detection is key to effective in-concert and a good outcome. PSA testing is our best tool for early detection of prostate cancer, and it has helped save countless lives.

What’s the biggest misconception about prostate cancer and its treatment?

The biggest misconception about prostate cancer is that all prostate cancer is the same and grows slowly. This isn’t true. Some are slow-growing, low-risk cancers, but others are aggressive and deadly. High-risk cancers can spread very quickly to other parts of the body. Tools that help us determine what type of prostate cancer we are dealing with include: biopsy and pathologist’s review of prostate cancer tissue under a microscope; cancer staging and grading; and genetic testing. Without them, there is no way a man or his physician can know how aggressive his cancer may be.

The biggest misconception about prostate cancer treatment is that all patients undergo major surgery. Depending on the type of treatment provided, we don’t suffer from diabetes, hypertension, heart disease or an underlying health condition. Fortunately, erectile function continues to improve in up to four or five years after surgery. Stress incontinence following surgery or radiation therapy usually resolves itself over time (typically within one to six months) with Kegel or pelvic floor exercises. For men who experience urge incontinence following treatment, oral medications are very effective in treating this issue.

What’s one common way I can lower my risk of prostate cancer?

Eating right, exercising regularly, avoiding nicotine and maintaining a healthy weight throughout your life are some of the best ways you can protect yourself from prostate cancer. In particular, keeping your weight in check is very important. Studies show that obese men have a higher risk of developing the most aggressive and deadliest form of prostate cancer. A recent study by Kaiser Permanente revealed that men who are overweight or obese when they are diagnosed with prostate cancer are more likely to die from the disease than men who are healthy weight.

Scientists believe the link between the two could be related to several factors. Obese individuals have higher levels of insulin and insulin-like growth factor I in their bloodstream, which may promote the development and growth of certain tumors. Fat cells produce hormones that stimulate or inhibit cell growth. One of these hormones, leptin, is more abundant in obese people and has been linked to prostate cancer. Obese people also often have chronic low-level inflammation which has also been associated with a greater risk for cancer.

What sets USMD Prostate Cancer Center apart from other cancer centers?

We understand that being diagnosed with prostate cancer is something no man wants to go through. Everyone at USMD PCC is committed to providing you—your successful treatment and full recovery. We recognize that every man is a unique individual, and his prostate cancer requires a compassionate, personalized approach. We don’t push one treatment. Rather, our center offers a comprehensive and highly skilled, world-class physicians and a comprehensive spectrum of state-of-the-art treatments—all under one roof. Our experts include active surgeons; genetic testing, robot-assisted radical prostatectomy, radiation therapy, cryotherapy and medical oncology. Together, you and your physician will determine which one form of treatment is best for your individual case.
Discover the difference different makes.

Welcome to a different kind of health care home. Truly connected, with the power to meet your every need in the same system. And truly patient-focused, with physicians always making decisions in the best interest of the patient. It may not be what you expect from health care, but we believe it’s exactly what you deserve.


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