2nd Annual Primary Care Cancer CME 2014

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DIVISION HEAD, UROLOGY ROUGE VALLEY HEALTH SYSTEM



- □23-60%"overdiagnosis" of prostate cancer
- □Increased diagnosis of low grade, small volume disease
- □PSA thresholds
- Extended core biopsy sampling



- □ Provides men with the alternative of monitoring the cancer with timely intervention for tumor progression
- □ Treatment related morbidity is avoided or delayed until treatment is required

- □Gleason sum ≤ 6 (no pattern 4 or 5 disease)
- □PSA <10 ng/mL
- □Stage ≤ T2a
- □Epstein criteria
 - No more than 2 cores positive
 - ><50% of any single core



- □ Disease Monitoring
 - > PSA and DRE every 3-6 months
 - > Repeat prostate biopsy every 1-3 years
- □ Triggers for Intervention
 - Changes in PSA kinetics
 - > PSA doubling time < 2 years
 - Detection of higher grade cancer (pattern 4)
 - Detection of higher volume
 - Changes on DRE
 - > Patient fear



- **□**Future
 - □ 5ARIs (REDEEM) trial reduced risk of progression
 - □ Diet and lifestlye
 - > No benefit of vitamin E or selenium
 - Biomarkers
 - > PCA₃
 - Imaging
 - > Specialized MRI, diffusion weighted MRI

□Open

> One incision from below umbilicus to pubic bone

■ Laparoscopic

Several small incisions in lower abdomen, video camera, lap instruments

□ Robotic-assisted

Video camera and instruments connected to a robotic system that is controlled by surgeon

□Short term side effects

- > Anesthetic risk
- > Bleeding
- > Infection
- Rectal injury



□ Long term side effects

- > Infertility
- Incontinence (stress, urge, overflow, mixed)
 - Lifestyle changes
 - > Pelvic floor exercises
 - > Medication
 - Urethral sling
 - > Artificial urethral sphincter

□ Long term side effects

- Erectile dysfunction
 - > Oral medications
 - > Vacuum erection device
 - > MUSE (medicated urethral system of erection)
 - > Injectable drugs
 - > Penile implant

