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Prostate Cancer Treatment Options BY TODD BREAU, M.D.

Observation (Expectant Management)

Patients who are followed expectantly should have regular physical examinations and serial PSA levels obtained. Progressive increases in PSA, development of local cancer growth as suggested by physical examination, or evidence of further metastatic disease should be evaluated. For men with localized disease who demonstrate progression, repeat prostatic biopsies or treatment may be indicated. It is unclear how many patients can still be treated with curative-intent after a period of observation and subsequent disease progression. It is understood and supported by the medical literature that most men with localized prostate cancer who lived 15 years or more will die of prostate cancer if no treatment is provided. It is important to realize that there is no effective treatment for metastatic prostate cancer; thus, treatment in its early stages is the only chance for cure.

For men who have a limited life expectancy (less than ten years) are not candidates for treatment of localized prostate cancer with intent to cure. For patients who have mild co-morbidities and life expectancy greater than ten years, the risks and benefits of treatment should be balanced and your physician will thoroughly discuss your options including watchful waiting, radiation, and surgery. For men who have no significant co-morbidities, are young, and have a greater than 10- to 15-year life expectancy, all available data suggest that treatment is likely to be effective.

The vast majority of prostate cancers that are detected as localized disease are clinically important (Gardner et al., 1998). Slow but inevitable progression of clinically detected localized cancer occurs without treatment. Surgical treatment appears to be quite effective if cancers are detected early.

Radical Prostatectomy

While watchful waiting is appropriate for older patients with low-grade disease, patients less than 75 years old generally benefit from definitive therapy. One option is surgical removal of the gland. The procedure, known as radical retropubic prostatectomy (RRP), involves the complete removal of the prostate gland along with the seminal vesicles and possibly pelvic lymph nodes. The most troubling complications after RRP include urinary incontinence (urinary leakage) and impotence (inability to achieve penile erection). While the introduction of neurovascular bundle preservation and improved urethral anastomotic techniques have improved the complication rates, the introduction of robotic radical prostatectomy is proving revolutionary in the treatment of prostate cancer. Dr. Todd Breau and Dr. John Wegryn, both of whom have extensive experience performing open radical prostatectomy, have been specially trained and certified to perform this new procedure and are excited to be able to offer this technology to our patients in the Akron area. Since its introduction in 2004, we have successfully treated a large number of patients, all of whom have experienced shorter hospitalizations and quicker recovery times when compared to conventional open surgery.

Radiation Therapy

Radiotherapy, the use of ionizing radiation to destroy cancer cells, has been proven to be effective in the treatment of many cancers. Its role in the treatment of prostate cancer is somewhat limited by the relative radiation insensitivity of prostate cancer (Zelefsky et al., 1997). Radiation can be delivered by two modalities, either as conventional external beam radiotherapy or in the form of permanent implants into the prostate, known as brachytherapy. In this form of treatment, 125-iodine seeds are implanted into the prostate gland to treat the cancer. These seeds are permanent and never have to be removed. The advantages over conventional radiation include less damage to surrounding organs and the fact that treatment is delivered in a single outpatient setting.

In certain situations, combinations of external-beam radiation therapy and brachytherapy may be suggested. Your physician will discuss the options with you and consult our radiation oncologist for further evaluation if radiation therapy is selected.