

Prostate cancer research brings new understanding

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Prostate cancer is one of the most common cancers that affect men. The chances of having prostate cancer increase as men age. Men who have relatives with prostate cancer and those with relatives with breast cancer caused by BCRA1 or BCRA2 genes are at increased risk. Prostate cancer is more common in African Americans than in Caucasian men, and it is

all' name, there is a great variety of prostate cancers - some are very vicious and require aggressive treatment while others are slow-growing and may never affect life expectancy or quality of life. Until recently, detection and treatment of prostate cancer has been associated with much controversy among urologists and oncologists because the science had not provided physicians with clear-cut answers as to what treatments are effective and save lives.

New studies show that screening with PSA (prostate specific antigen), which is a simple

blood test, is effective in preventing deaths from prostate cancer. Men are advised to have a baseline PSA test at age 40 or 45 and then annually starting at age 50. Genetic testing can improve the ability of the PSA test to detect prostate cancer in some men.

Throughout the past five years, our understanding of prostate cancer has undergone a generational change. Scientifically rigorous, randomized controlled studies looked at the effectiveness of radical prostatectomy, radiation therapy and hormonal therapy in different situations. In addition, studies have demonstrated the effectiveness of new medications for treatment of prostate cancer and associated complications.

Surgical treatment has shifted recently with many men choosing to have robotic-assisted surgery, which minimizes blood loss and pain. Radiation therapy has improved significantly with the use of IMRT which allows for precise targeting of cancer tissues, delivery of higher doses of radiation, and minimizes side effects of treatments.

We know that for some men with low risk disease the treatment choices come down to personal preferences as any of the well established treatment options (surgery known as radical prostatectomy or radiation therapy) will generally provide good outcomes. For these men, the focus is shifting to minimizing the side effects of treatment. Active surveillance is a relatively new approach to managing very low-risk prostate cancer with the intent of monitoring the disease. Definitive treatment (prostatectomy or radiation therapy) is administered only if the disease progresses and becomes more aggressive.

For men with very aggressive disease, involvement of the entire oncology team including the urologic oncologist, radiation oncologist and medical oncologist is beneficial. Aggressive disease often requires multi-modal treatment with surgery, radiation therapy and hormonal therapy. Immunotherapy can be used in appropriate situations as well.

Perhaps the most exciting developments occurred in the treatment of advanced metastatic prostate cancer. New medications have shown to be effective in treating advanced prostate cancer. These treatments - Zytiga (Abiraterone), Cabazitaxel and Provenge (sipuleucel-T) are very promising. They have been shown to improve survival in patients for whom few effective treatment options were available.

Throughout the next few years, prostate cancer treatment is likely to see additional positive developments and innovations. Early detection of prostate cancer allows for less involved treatments and better cure rates, so it is very important for men to have regular check-ups with a primary care physician or urologist.

Dr. Alex Shteynshlyuger, fellowship-trained in urologic oncology, recently joined Valley Forge Urological Associates, located at 824 Main Street, Suite 203, in Phoenixville. Phone: 610-933-1133. Dr. Shteynshlyuger is a member of the medical staff of Phoenixville Hospital. His practice is accepting new patients.