



# ENGLEWOOD HEALTH

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September 2019

Dear Colleagues,

September is National Prostate Cancer Awareness Month, and it is important to be aware of new developments and changes in management of prostate cancer. I am pleased to provide you with more information about our urologic oncology disease management team at The Lefcourt Family Cancer Treatment and Wellness Center. This multidisciplinary team of experts works effortlessly to provide our patients with the most effective and up-to-date care at Englewood Health.

## Prostate Cancer Screening

Although there has been much controversy regarding prostate cancer screening over the last decade due to limited specificity of PSA, prostate cancer remains the most common malignancy in men with estimated incidence of 174,650 in 2019 and more importantly is the second leading cause of death (behind lung cancer) with an estimated 31,620 deaths in the United States. Because prostatic cancer in early stages does not cause symptoms, it is important to discuss prostate cancer screening with patients especially those with risk factors such as African American race or family history.

Since the discovery and approval of PSA in the 1980s, death from prostate cancer has markedly decreased. With stage migration, however, came the price of over detection and overtreatment, resulting in unnecessary side effects and much criticism. Fortunately there have been many discoveries and advancements (some of which are highlighted below) since the discovery of PSA. These have revolutionized the field and improved the way we treat patients with emphasis on shared and individualized decision making. For example, we now know active surveillance is highly effective and safe management of low risk prostate cancer, whereas previously most of these patients were undergoing radical therapies.

## Avoiding Unnecessary Biopsy and/or Avoiding Overdiagnosis

**Englewood Health Screening Guidelines:** Based on available data, we have established Englewood Health guidelines to help guide clinicians and patients make decisions in regards to who would benefit from prostate cancer screening. These can be found at [englewoodhealth.org/PCAscreening](http://englewoodhealth.org/PCAscreening).

**Blood and urine tests in addition to PSA:** In addition to PSA, we now have other reflex tests available such as %free PSA, PHI (Prostate Health Index), and 4K score to help risk stratify patients and to decrease number of unnecessary biopsies.

**Multi-parametric MRI:** Under the leadership of our chief of radiology, Dr. Mark Shapiro, we are fortunate to have the latest MRI technology for prostate imaging and expert radiologists for interpretation. MpMRI of the prostate has been shown to not only decrease the number of unnecessary biopsies but also help improve the diagnostic accuracy of prostate biopsies (more on fusion biopsy below).

## Diagnosing Prostate Cancer

**Traditional TRUS biopsy:** Generally twelve random cores taken from prostate, usually under local anesthesia

**MRI-US fusion biopsy:** Ultrasound is not sensitive or specific for detecting prostate cancer, therefore a traditional trans-rectal ultrasound guided prostate biopsy may miss potentially significant prostate cancer. At Englewood Health we are able to offer our patients MRI-US guided fusion biopsy (UroNav). This technology allows for improvement of detection and accuracy of the prostate biopsy. For patients who have a concerning lesion on MRI, the technology allows us to superimpose the MRI images on live ultrasound, which enables us to specifically target the area of concern.

## Treatment of Prostate Cancer

If caught in early stages, localized prostate cancer is highly curable. There is also overwhelming evidence that low risk prostate cancers do not require treatment with extremely low risk of metastatic potential. Given potential side effects

of radical treatment, patients should make an informed decision in what treatment option would be best for them. At Englewood Health we encourage a multidisciplinary team approach to help our patients make this potentially life-changing decision.

**Watchful Waiting:** Patients who are not interested or not healthy enough for prostate cancer treatments may elect to undergo watchful waiting. This strategy is beneficial to only select patients and intervention is only provided if the patient becomes symptomatic.

**Active Surveillance:** There is no shortage of data to show active surveillance in low risk, especially low volume, prostate cancer is a safe modality. At Englewood Health we encourage patients to enroll in our strict active surveillance protocol to avoid unnecessary radical treatment. Patients are closely monitored with PSA, rectal exams and occasional repeat MRI and/or prostate biopsy. The goal is to avoid or delay treatment and intervene if there is any progression of disease. We also implement contemporary genetic testing on tumor tissue, which further helps risk classify patients with low risk prostate cancer based on pathology.

**Robotic Surgery:** Englewood Health offers patients the latest robotic technology, which is a proven technique in treatment of prostate cancer in the localized setting.

Our urologic oncology team – Drs. Mazyar Ghanaat and Dr. Gerald Portman — are both fellowship trained in oncology and robotic surgery. They perform nerve-sparing robotic radical prostatectomy and pelvic lymph node dissection when appropriate. Patients are generally in the hospital overnight. Robotic surgery has improved recovery time and decreased blood loss. Meticulous technique is used to help patients regain erectile and urinary continence.

**Radiation Treatment:** As part of our multidisciplinary team approach, all patients with localized prostate cancer are referred to our chief of radiation oncology, Dr. David Dubin, for discussion regarding radiation options. Dr. Dubin is excellent in discussing various radiation modalities available. Many patients are interested in stereotactic body radiation therapy (SBRT), which we are able provide as well. SpaceOAR Hydrogel technology is also used to help reduce side effects of the treatment.

**Medical Oncology:** We are lucky to have medical oncologist Dr. Brian Kim and his team, who treat patients with locally advanced/high risk and/or metastatic prostate cancer. State-of-the-art Axumin PET/CT is used for accurate staging as well strict adherence and utilization of latest guidelines and treatment options. Metastatic prostate cancer can be complex and Dr. Kim does an excellent job in providing incredible care for our patients.

## Our Team

In addition to Dr. Ghanaat, Dr. Portman, Dr. Dubin, and Dr. Kim as mentioned above, there are many physicians and staff that play a crucial role in helping treat our prostate cancer patients. Our multidisciplinary team include urologic surgeons, medical and radiation oncologists, genetics and research team, as well as patient care navigators and social workers and office staff to help guide patients along the way.

Prostate cancer is highly prevalent and it is important to educate patients and raise awareness of modalities and clinical trials to help improve screening, diagnosis, and treatment.

To refer a patient, please call our main cancer center phone number, 201-608-2266 or the office of Dr. Ghanaat and Dr. Portman at 201-608-2849. Please do not hesitate to contact me at any time if I can be of assistance.

Thank you,



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