Management of Prostate Cancer

CURRENT CLINICAL UROLOGY

Eric A. Klein, SERIES EDITOR

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FOREWORD

Prostate cancer remains the most common malignant tumor in elderly men. The National Cancer Institute estimated 210,000 new cases of prostate cancer in 1997. There is, however, no means of documenting the true incidence of prostate cancer because of the difficulty in detecting all cases. Even using yearly rectal exams, PSA determinations, and ultrasound-guided prostate biopsies, many cases are missed. Suffice it to say that prostate cancer is a widely occurring disease in men and early detection and treatment are extremely important.

When I trained in Urology under Dr. Reed Nesbit at the University of Michigan from 1956 to 1959, the diagnosis of prostate cancer was made by a rectal examination and an acid phosphatase determination. If there was a small nodule in the prostate, then an anterior–posterior X-ray of the pelvis was obtained to look for possible bony metastases. If the acid phosphatase was normal and there was no evidence of a bony metastasis, the prostate was exposed through the perineal approach and a biopsy of the nodule was obtained and sent for frozen section to Pathology to determine if it was indeed a cancer of the prostate. If the biopsy came back positive, the surgeon then proceeded to do a radical perineal prostatectomy. In those days, we usually did eight to ten radical perineal prostatectomies yearly. Many times the nodule that was biopsied was benign, and the incision was simply closed.

Near the end of my training, the Veenema-Guzman Needle became available. This allowed the urologist to do a biopsy of the prostate by pushing the needle through the perineum and guiding it to the area he or she wanted to biopsy with a finger in the rectum. The surgeon could then make a pathologic diagnosis of prostate cancer and proceed with the appropriate treatment. The subsequent development of the Vim-Silverman Needle allowed more accurate biopsies of the prostate with less damage to the prostate tissue. The treatment could include watchful expectancy, castration, or administration of stilbestrol; or if it was a small nodule, a radical perineal prostatectomy. Prior to this time, the diagnosis of prostate cancer was primarily a clinical diagnosis based on the rectal examination and the determination of the acid phosphatase.

Management of Prostate Cancer provides a thorough discussion of all aspects of the diagnosis and management of prostate cancer. At this time, there is no uniform agreement on the management of prostate cancer. Clinical staging is difficult and often inaccurate, and the response to therapy will vary and is often unpredictable. After reading this excellent compilation of all the available methods of diagnosis and management of prostate cancer, the reader should be better informed and able to individualize the treatment of prostate cancer for each patient. We have come a long way in a short period of time in our ability to diagnose and manage this disease.

Radical prostatectomy is now utilized more frequently because of the earlier detection of the lesions in many men. The procedure most commonly used today is the radical retropubic prostatectomy, which has been markedly improved, particularly by the contributions of Patrick Walsh and others. Radiation therapy, using conformal techniques, provides more effective localized radiation to the prostate. In addition, hormonal management using androgen ablation is also more effective.

There remains the problem of management when the prostate cancer becomes unresponsive to androgen ablation. A variety of chemotherapeutic agents have been tried but the results to date have been disappointing. Work continues in this area and hopefully either a chemotherapeutic drug or the development of gene therapy will ultimately be available to treat more advanced prostate cancer that does not respond to hormone therapy.

Presently, early detection and treatment remain our best hope for the cure of this common disease. Dr. Klein has assembled an outstanding group of authors to contribute to *Management of Prostate Cancer*. Those who take the time to read it will have a much better understanding of the management of prostate cancer.

Ralph A. Straffon, *MD*

PREFACE

Management of Prostate Cancer launches a new series of books sponsored by Humana Press entitled "Current Clinical Urology." The goal of the series is to provide concise and up-to-date information for practitioners on contemporary urologic practice, written by recognized experts. The topics will include all areas of urology and will comprehensively cover diagnostic evaluations, relevant radiographic techniques, surgical and alternative therapies, patient outcomes, and, where appropriate, socioeconomic aspects of practice. Volumes currently in production will cover evaluation and management of incontinence, medical and surgical therapy for stone disease, etiology and therapy of bladder cancer, office-based urologic practice, laparoscopic and other endoscopic procedures, and the ins and outs of screening for prostate cancer, with many others to come. These books will serve as timely updates to the major comprehensive textbooks in the field.

It seems appropriate to begin this series with the *Management of Prostate Cancer*. As Dr. Straffon observes in his Foreword, the diagnosis and management of this disease has changed dramatically over the last 30 years, and radical prostatectomy has replaced TURP as the most commonly performed procedure in most urologic practices. In 1950 Reed Nesbit, then Chief of Urology at the University of Michigan, published a book of seven letters to his father written in 1948 about the diagnosis and management of prostatic disease.[1] The entire book totaled 50 pages, with only a single letter devoted to prostate cancer, primarily a discussion of Huggins' description on the effects of castration. There was only a single paragraph on "early" detection of prostate cancer by digital rectal exam, and only two sentences on surgical removal of the prostate for cure of cancer! I hope this book will be viewed as a worthy update on the field some 50 years later.

I am indebted to all of the authors for their efforts toward this work. We have endeavored to cover the most important practical issues in prostate cancer management in 1999, but have deliberately omitted a chapter on the details of PSA and its various derivatives, as this topic will be the subject of a forthcoming book in this series. I am also indebted to Paul Dolgert and his staff at Humana Press for their help with this work and the "Current Clinical Urology" series.

***Eric A. Klein,* MD**

[1]Nesbit RM: *Your Prostate Gland. Letters from a Surgeon to His Father.* Springfield, IL: Charles C. Thomas, 1950)

This book is dedicated to my family:

My wife Susan,
for her love and support over the last 22 years

Our daughter Mira,
the light of our lives

And Opus, the World's Best Dog

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