



What Does A Diagnosis of Advanced Prostate Cancer Mean?

(reprinted with permission from Healthy Living News, December 2009)

By the time Dr. Bahu Shaikh, an oncologist with the Toledo Clinic Cancer Centers, sees men with prostate cancer, their disease has typically progressed to the advanced stage. That means they've either experienced a recurrence or progression of the disease after initial treatment and follow-up by their family doctor or urologist or their cancer is no longer responding to hormone blocking therapy. In some cases, patients come in with advanced-stage prostate cancer without having undergone prior screening or treatment.

"Early-stage prostate cancer is organ-confined and causes no symptoms, so it can be detected only through screening, such as a digital rectal exam or PSA [Prostate Specific Antigen] testing," explains Dr. Shaikh. "The locally advanced form causes bladder obstruction and may manifest itself through symptoms such as blood in the urine, urinary infection, and voiding difficulties. Once it reaches the advanced stage, the patient may experience lymph node enlargement, swelling of the legs, bone metastasis, bone pain, and, in extreme cases, even spinal cord paralysis because the cancer moves along the blood vessels and lymphatics to the spine and exerts pressure on the spinal cord."

According to Dr. Shaikh, Prostate-cancer risk factors include being age 50 or older, having a family history of prostate cancer, and being of African American descent. In fact, the risk of getting prostate cancer is 1.6 times higher for African American men than it is for white men, and their risk starts to increase at a younger age—40 rather than 50. Japan and China are among the nations with the lowest incidence of prostate cancer, perhaps due to their diet.

The encouraging news is, the death rate of prostate cancer is significantly lower than its incidence. In the US, approximately 186,320

men are diagnosed with prostate cancer each year, yet only an estimated 28,660 die from the disease. Compare those numbers to lung cancer, which has an incidence of about 215,000 and a death rate of about 161,840. The male hormone, testosterone, is known to stimulate the growth of prostate cancer tumors. The treatment options for prostate cancer typically focus on reducing the level of this hormone in the body. "Outside the US, the preferred technique for lowering testosterone is orchiectomy, or the surgical removal of the testicles, which drops the level of testosterone by 93 percent. In the US, the most commonly used method is a drug called Leuprolide, which works through the pituitary gland to decrease the production of testosterone by the testicles. "Anti-androgen medications, which block the effects of testosterone, are also used for additional effect," notes Dr. Shaikh.

Therapies that block male hormones can cause certain side-effects. These symptoms are very similar to those that women experience during menopause, such as hot flashes, muscle weakness, tiredness, and fatigue. This therapy can also cause osteopenia, or decrease the bone density. Patients receiving hormone-blocking therapy must be monitored for this condition through DEXA (Dual Energy X-Ray Absorptiometry) scanning after eight to ten months of treatment.

If hormone blocking is unsuccessful, doctors may consider chemotherapy. The standard of treatment in this area is a drug called Docetaxel. "Studies show that Docetaxel significantly prolonged survival and improved three-year survival rates compared to previous drugs. After being treated with this drug, one of my patients had his PSA drop below 1, and he has been doing fine—even off the drug—for several years," states Dr. Shaikh.

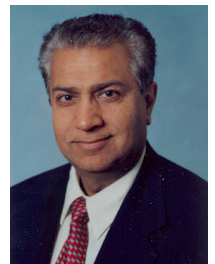
Prostate-cancer patients who have experienced bone metastasis and the subsequent loss of bone density can be treated with the medication zoledronic acid (Zometa), which helps restore calcium to the bone.

To help bring the latest in cancer research and studies to the Toledo area, the Toledo Clinic helped organize the Toledo Community Hospital Oncology Program (TCHOP). Dr. Shaikh observes that six clinical trials related to prostate cancer are currently being offered through TCHOP, three of which are for advanced-stage prostate cancer.

Asked what sets the Toledo Clinic Cancer Centers apart when it comes to prostate-cancer care, Dr. Shaikh comments, "We have the largest number of medical oncologists on site, nurse practitioners to offer invaluable assistance, and we put the largest number of patients in clinical trials. We offer chemotherapy services; outpatient surgery services; and a full range of diagnostic imaging capabilities, including PET, MRI, CT, and bone scan, all right here. We also collaborate with all area cancer centers and offer satellite clinics in Adrian, Monroe, Oregon, and Maumee for the convenience of patients."

In addition, the Toledo Clinic Cancer Centers have access to the Toledo Clinic's comprehensive medical team, which includes more than 100 physicians practicing in over 30 specialties, such as general surgery, gastroenterology, urology, pulmonary, neurosurgery, and orthopedics.

For more information about prostate cancer, the Toledo Clinic Cancer Centers, or the latest cancer clinical trials, please call 419-479-5605.



Bahu Shaikh, MD

Toledo Clinic Cancer Center - Main Office

Toledo Clinic
4235 Secor Road
Building 1, Lower Level
Toledo OH 43623
Ph: 419-479-5605
Fax: 419-479-5543

Oregon

2751 Bay Park Drive
Suite #206
Oregon, OH 43606
Ph: 419-691-4235
Fax: 419-479-5543

Maumee

5805 Monclova Road
Maumee, OH 43537
Ph: 419-794-7720
Fax: 419-479-5543

Bowling Green

960 West Wooster
Suite #111
Bowling Green, OH 43402
Ph: 419-353-5419
Fax: 419-479-5543

Adrian, MI

777 Kimole Lane
Adrian, MI 49221
Ph: 517-263-2507
Fax: 419-479-5543

Monroe, MI

730 North Macomb Street
Suite #418
Monroe, MI 48162
Ph: 734-242-7902
Fax: 419-479-5543