

Great Prostate Debate 2008
TheraSeed® Telephone Education Workshop

TheraSeed's® Great Prostate Debate

Workshop Encourages Men to Ask Questions, Research Options

According to the American Cancer Society, an average of one in six men will be diagnosed with prostate cancer in his lifetime, and in 2008, it is estimated that 186,320 new cases of prostate cancer will be diagnosed in the United States.

Of the one in six men diagnosed, only one in 35 will have a fatal case. In fact, more than two million men in the United States who have been diagnosed with prostate cancer are still alive today.

Despite these startling statistics, many men still lack information about prostate cancer. Survey results from the Prostate Cancer Foundation show that almost one third of American men and women don't know the basic facts about prostate cancer. And even more startling, approximately a quarter of men have never talked with their doctors about their risks for cancer — of the prostate, or any kind.

Subsequently, the Great Prostate Debate encourages men to become more engaged in their health by doing their homework and making informed decisions about their prostate cancer treatment options. The Great Prostate Debate, sponsored by TheraSeed®, offers nationwide educational opportunities featuring recommendations from a prominent prostate cancer expert and reveals answers to what men want to know about prostate cancer.

Dr. Jerrold Sharkey is a nationally renowned urologist with more than 40 years of experience in prostate cancer treatment. Dr. Sharkey was formerly Clinical Research Director of the Urology Health Center and Advanced Research Institute in New Port Richey, Fla. and Clinical Assistant Professor of Urology at the University of South Florida. He has treated thousands of men with prostate cancer during his career and published a peer-reviewed 12-year study following 2,000 patients treated with surgery or TheraSeed®, Palladium-103 brachytherapy device.

Brachytherapy is a minimally invasive procedure during which tiny, radioactive seeds are implanted into the prostate to fight cancer. One advantage of this treatment is that this type of radiation treats the prostate but doesn't damage the surrounding tissue, like the bowel. According to Dr. Sharkey, brachytherapy has significantly fewer long-term side effects, such as urinary incontinence and erectile dysfunction.

Report Overview

In this report, Dr. Sharkey provides essential background information about prostate cancer and responds to inquiries from participants about prostate cancer and treatments while leading the TheraSeed® Great Prostate Debate Telephone Education Workshop.

Questions ranged from confusion of how to interpret one's PSA level to the effectiveness of hormone therapy. While everyone's situation is unique, a pressing concern for many callers was the effectiveness of hormone therapy. According to Dr. Sharkey, hormone therapy does not cure prostate cancer, yet it can slow its growth by starving cancer cells of testosterone. It is also true that hormone therapy can shrink a prostate gland, making it an appropriate size for treatment when combined with seed implants or other therapies.

According to Dr. Sharkey's remarks during the Telephone Education Workshop, patients often vary in their comfort levels in researching their conditions and questioning their physicians. There are numerous cultural pressures for men to be stoic and keep a stiff upper lip, so men may be reluctant to talk candidly with their doctors. The Great Prostate Debate urges men to discuss risk factors, screening, treatment options and life expectancy with their health care providers.

A Good Place to Start

According to Dr. Sharkey, if you, or someone close to you, have been diagnosed with prostate cancer, you probably have a list of pressing questions and may be uncertain about where to start.

"First of all, don't panic," says Dr. Sharkey. "You will find an abundance of information is available to you. Speak to your primary physician, seek second opinions with physicians of varying specialties and search out reputable support groups. " As you educate yourself about prostate cancer, there are four important steps to take:

- 1) Research the situation and consult with your doctor.
- 2) Learn about all of the proven treatment options available and evaluate the benefits of each. Consider cure rate and quality of life outcomes.
- 3) Determine the best approach and get second opinions from experts and support groups.
- 4) Then, become an engaged patient.

A Patient's Perspective

Most men want information and expert advice that pertains to their individual situations. Generally, Dr. Sharkey encourages men to set aside a period of time to seek the advice of experts and consult with their doctors and support groups.

Through education, common misconceptions can be clarified.

To help make informed decisions, it's a good idea to seek second opinions. Bear in mind that the skill of the surgeon and experience of the radiation oncologist can have a significant impact on treatment outcomes.

Learning the Vocabulary

Diagnoses vary from patient to patient, but there are typical questions that arise during the testing process: What does my Gleason score mean? Do my PSA levels indicate prostate cancer?

The most commonly used prostate cancer grading system is called the Gleason system. A pathologist assigns a Gleason score, ranging from 1 through 5, based on how much the cancer cells under the microscope look like normal prostate cells. Those that look the most like normal cells are graded as 1, while those that look the least like normal cells are graded as 5.

The Gleason score is the combination of two Gleason grades used in classifying prostate cancer based on how the cells look under the microscope. Because prostate cancer often has areas with different grades, a grade is assigned to the two areas that represent the majority of the cancer. These two grades are added to give a Gleason score between 2 and 10.

What do the results mean?

The higher the Gleason score, the faster the cancer is likely to grow and the more likely it is to spread beyond the prostate.

PSA, prostate-specific antigen, is a substance made by the prostate gland. Most men have levels under 4 ng/mL (nanograms per milliliter) of blood. Prostate cancer can cause the level to go up. If your level is between 4 and 10, you have about a 1 in 4 chance of having prostate cancer. If it is above 10, your chance is approximately 42 to 70 percent and goes up as the PSA level increases. But some men with a PSA below 4 can also have prostate cancer.

Factors other than cancer can also cause the PSA level to rise, such as having benign prostatic hyperplasia, prostatitis or taking certain medications. If your PSA level is high, your doctor may advise a prostate biopsy to determine if you have cancer.

Talking about Risks

Risk factors known to increase the chances of developing prostate cancer include age, family history, diet and race/ethnicity. Prostate cancer is rare before the age of 40, but the chance of having prostate cancer rises rapidly after age 50. Thus, PSA screening is recommended for all men over the age of 50. PSA screening is

recommended for men over the age of 40 in the African American population and those with a family history. According to Dr. Sharkey, individuals that have a heart-healthy diet – low in fat and red meat consumption – may have a lower incidence of prostate cancer.

Today, men are living longer. According to national vital statistics, a 60-year-old man has a 20-year life expectancy. A 70-year-old man has a 14-year life expectancy and an 80-year-old man has a 9-year life expectancy.

According to the American Cancer Society, the average age at diagnosis of prostate cancer is 68 and the average age at time of death of men with metastatic disease is 80. The estimation of life expectancy is a key component in the selection of therapy.

Know the Treatment Options

It's important to remember that no one treatment fits all. According to Dr. Sharkey, the danger in getting information from family, friends and individuals who have had prostate cancer is that every case is different and each treatment must be tailored to the case.

In 2007, the American Urological Association (AUA) released guidelines for urologists to recommend standard treatment options. The standards of care for prostate cancer are the following:

- 1) Surgery, also known as a "radical prostatectomy"
- 2) Radiation therapy including brachytherapy, which is seed implantation with Palladium-103 or Iodine-125
- 3) Active surveillance, also known as "watchful waiting"

During the workshop, Dr. Sharkey explained that risk groups and cancer staging play an important role in determining which course of treatment is necessary. Additionally, physicians depend on an understanding of predictive factors which indicate how aggressive the cancer may be. These factors include the PSA test, Gleason score, biopsy and digital rectal examination. A combination of these factors is important in understanding the potential for success or failure in treating the cancer, and can be used to categorize patients as "low risk," "intermediate risk" or "high risk."

According to the American Urological Association, the low-risk category generally includes patients with T1 or T2a cancer (normal examination or small abnormality limited to one side of the prostate), PSA less than 10 and/or Gleason grade less than or equal to six. These men are the most likely to have cancer confined to the prostate. For the low-risk group, treatment options include surgery, radiation and brachytherapy. These treatments have equal cure rates in this group.

In the intermediate risk group, men have comparable cure rates as well. According to the AUA, the intermediate risk category includes patients with bulky T2a disease, PSA greater than 10 but less than or equal to 20, and/or Gleason grade seven.

According to the AUA, the high-risk category includes men with any of the following: T2c, T3 or T4 disease (abnormal examination on both sides of the prostate or cancer that has spread outside of the prostate as determined by digital rectal examination), PSA greater than 20 and/or Gleason grade between eight and 10. Men in this category have a substantial risk of cancer spreading outside of the prostate. In this group, combination therapy is recommended. For example, surgery can be combined with post-operative radiation therapy or brachytherapy with TheraSeed® can be combined with radiation therapy and hormone therapy.

How long will it take?

Surgery or “radical prostatectomy” is a one-time procedure that typically requires a two to three day hospital stay. The urinary catheter will remain for up to 10 days to two weeks.

Radiation therapy takes place every day over a six to eight week period. Brachytherapy with TheraSeed® is a one-time, outpatient 45-minute procedure that allows patients to go home the same day. Recovery takes two to three days.

“Watchful waiting” means regular monitoring of your condition. Your doctor will determine how fast your cancer is progressing and can ascertain if and when treatment may be appropriate. Usually, your doctor will give you an exam and check your PSA every three to six months. Watchful waiting may be appropriate for men with a medical history that includes high blood pressure, heart disease and other potentially serious medical problems, or men who may not be able to withstand the potential side effects from treatments.

Addressing Side Effects

One of the primary concerns for men undergoing prostate cancer treatments is the possibility of side effects. For some, the side effects are temporary, but for others, they may last a long time. To ease, manage and prevent some side effects, patients should talk to their health care team.

The major side effects associated with prostate cancer treatments are:

1) Urinary incontinence: the inability to hold urine inside the bladder voluntarily or prevent leaking or dribbling. Treating incontinence depends on its type, cause and severity. Surgery, medicine and Kegel exercises can improve this condition.

2) Erectile dysfunction: the inability to achieve or maintain an erection adequate for sexual intercourse. Some prostate cancer treatments may affect the nerves or arteries responsible for erections; others may affect libido, or sex drive. Erectile dysfunction can be treated with drugs like Viagra, penile injections, vacuum devices and penile implants.

For More Information

To reach a nurse at the TheraSeed® Prostate Cancer Information Center, call 1-800-458-4372. Nurse specialists can provide more information, send a free educational video and brochure, as well as help locate qualified physicians across the country who offer TheraSeed® treatment. If you would like a transcript of this Telephone Education Workshop or more information, please visit www.greatprostatedebate.com.