

# **Prostate Cancer Treatment: What's Best For You**

**3-----Rajesh Laungani, MD**

**Radiation Oncologist**

## **I. Options for Prostate Cancer: Prostatectomy**

The various prostatectomy techniques have proven good efficacy in terms of treatment options for prostate cancer patients as well as good results, both functional and oncological. Prostate cancer is addressed through both a multidisciplinary approach as well as an individualized approach when determining which treatment is best for a patient. Therapeutic options include open surgery, external beam radiation, brachytherapy or seed therapy, watchful waiting or active surveillance, and now robotic surgery, and these different therapies all fit different patients rather than one size fitting all.

The two main types of curative therapies are therapies that aim at treatment are that of radiation therapy and surgery. Robotics will be considered here as the form of surgical therapy for localized prostate cancer, but options include laparoscopic, traditional open surgery including retropubic peritoneal, cryosurgery, and HIFU which has not yet established itself in the United States. Factors to take into consideration include the patient's age, Gleason grade, disease stage, comorbidities, as well as individual characteristics, such as prior surgeries.

Gleason scores describe prostate cancer as either high grade and low grade disease to give predictive value when speaking with patients. Staging involves clinical staging as well as pathological staging. Clinical staging involves a digital rectal exam and radiological imaging including a CT scan, a bone scan, or MRI. Pathological staging usually is done following surgical removal of the prostate, looking at margin status, lymph nodes, presence of extracapsular extension, or seminal vesicle invasion. The TNM classification staging system goes from T1-T4, including node status, whether nodes are positive or not, and metastatic status, whether it has spread to other organs in the body.

## **II. Robotic Surgery**

Robotic surgery is a form of minimally invasive surgery. Outcomes include decreased pain post-surgery, shorter hospital stay, decreased blood loss, quicker recovery, and improved quality of life even after surgery.

One trend in the U.S. today is that 70-75% of surgical removal of the prostate for prostate cancer is done robotically. This is a picture of the DaVinci prostatectomy system for which the surgeon sits at a console that is about 6-8 feet from the patient and controls robotic instruments that do their work through keyhole-size incisions in the patient. When considering how attributes of a robotic surgical system translate into outcomes, three outcomes were considered: operative parameters, oncologic parameters, and quality

of life parameters. Complication rate was lower with robotic prostatectomy when compared with other modalities.

How is the best surgeon chosen? A skilled robotic surgeon could be defined as performed 200-300 cases. Owning the correct machinery does not necessarily mean someone is experienced. What is important is to have somebody who is steady and experienced behind the wheel. My example to my patients is that we all know how to drive cars but we all cannot race against Danika Patrick, and that is because of her training and her experience. Finally, a joint decision must be made, including input from friends and family; what may be right for one person may not be right for another.