

# Simple tests, treatment lower cancer risk

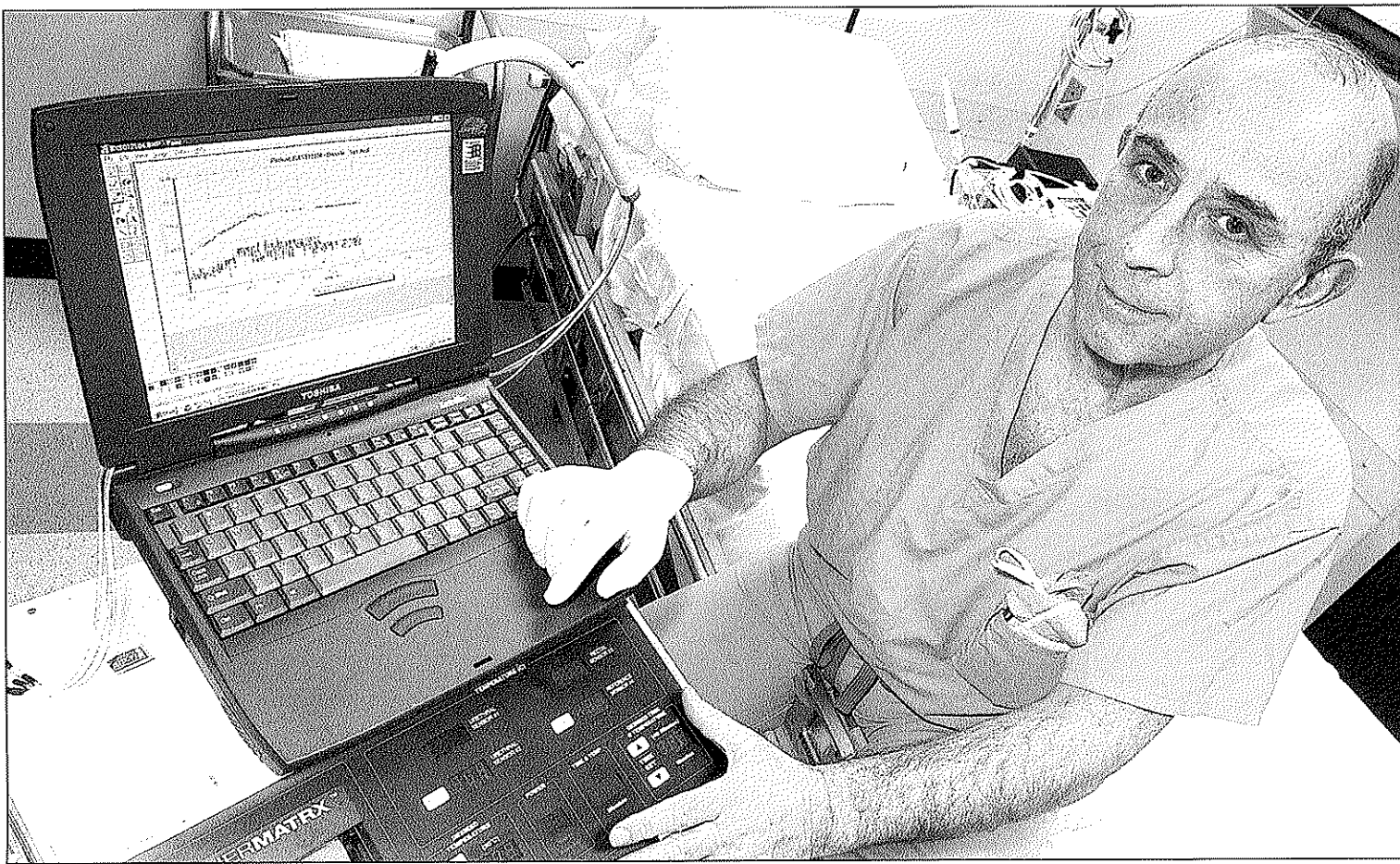


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Dr. Charles Bamberger of Fort Worth advises men over 50 to have prostate screening tests every year.

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What do Rudolph Giuliani, Sen. John Kerry, Nelson Mandela and Sean Connery have in common, other than their famous names?

They are four of the millions of men throughout the world who have been diagnosed with and successfully treated for prostate cancer.

The American Cancer Society has estimated that 230,000 men will be diagnosed with prostate cancer in the United States this year. An estimated 29,900 men will die of it. But nearly 90 percent of the 230,000 will survive it.

"This is a very slow-growing cancer," said Charles Bamberger, M.D., a urologist in private practice in Fort Worth. "The success of treatment and cure rate is very high when it's detected early. That's why the American Cancer Society and the American Urology Association urge men over 50 to have rectal exams and PSA tests (Prostatic Serum Antigen tests) every year."

The prostate is a donut-shaped walnut-sized gland at the base of the bladder that surrounds part of the urethra. It's part of the male reproductive system and supplies fluid for sperm.

"As a man grows older, the prostate enlarges and the hole in the 'donut' that has allowed the flow of urine can be obliterated. When this happens, there will be symptoms — obstruction of urine flow, frequent urination during the day and also that wakes you up at night, difficulty starting urination, dribbling, an unempty feeling. This prostate enlargement will happen to almost all men after the age of 50, but when any of these symptoms are present, they indicate you need to see a doctor," Dr. Bamberger said. "Some

men will go to their family doctor, some go directly to a urologist, but you need to see a doctor to find out if the enlargement is benign, which in the majority of patients it is, or cancerous."

In the doctor's office, two tests are used, a rectal exam, to determine the size of the prostate, and the PSA blood test. PSA is an antigen produced by the prostate gland that may increase in the blood when men have prostate cancer or infection of the prostate. Results of the PSA are expressed in numerical values.

"If the PSA is less than 4, it's normal. If it's between 4 and 10, that's a gray area that can be benign or cancer. If it's above 10, that's usually cancer. We do see patients who have a PSA below 4 who do have cancer and some above 10 who don't. But these are really exceptions," Dr. Bamberger said.

Doctors also look at how the PSA rises every year (velocity) and its size.

"If a man's PSA is 1 this year, well within the normal range, but 3.9 the next year, even though it's still fewer than 4, the number has increased too fast and it warrants further evaluation. It's also suspicious when a person with a very small prostate has a relatively high PSA, 3.8 for example," Dr. Bamberger said.

When the PSA is abnormal, a man needs to see a urologist for a biopsy that will reveal whether the prostate enlargement is cancerous or benign. The biopsy is performed in a urologist's office. Patients will be given antibiotics and be told they need to discontinue taking aspirin or blood thinners four to seven days before the procedure.

"The biopsy is usually done through the rectum with an ultrasound machine and probe to guide the needle to the prop-

er areas of the prostate. Patients are usually awake and given a local anesthetic. It's uncomfortable, but when it's over, the patient can drive home by himself," Dr. Bamberger said.

The six to 10 samples taken in the biopsy will be analyzed by a pathologist and the results are usually available in five to seven days.

When the biopsy indicates a benign prostate enlargement, a few other simple tests will be done to find any obstruction that may be causing the patient's symptoms.

"If the patient has slow urination or leaves a lot of urine behind, then he needs relief from these symptoms, and the first treatment will be medications. There are two types of medicines for this. The better type is a group of medicines that dilate the bladder neck area so the patient empties his bladder much easier. These pills are taken daily for life. The possible side effects are mostly dizziness, so if someone is a roofer or climbs telephone poles or is a pilot, he can't take this type," Dr. Bamberger said. "The other medication also is taken daily and its side effects are possible erectile dysfunction and the possibility that if a cancer does develop later in this patient, it may be more aggressive."

The second treatment used for these symptoms is TUMT, transurethral microwave thermotherapy, a minimally invasive procedure that uses a machine to insert a catheter with a microwave filament that will shrink the obstructed area of the prostate.

"This is a simple procedure that is done as an outpatient under local anesthetic with some sedation. There's no blood loss and it's almost risk free. It's a fairly new procedure that has been approved in the United States for the last three years and is also approved by

Medicare and most insurance companies. This procedure is very successful," Dr. Bamberger said.

The third procedure used to treat these symptoms is a transurethral resection of the prostate (TURP).

"This has been the standard operation and consists of surgically scrapping the obstructed prostate. It's done under general anesthesia and there is some blood loss, but the complication rate is also low and the success rate is very high. It can be done in a hospital or an ambulatory outpatient facility connected with a doctor's office," Dr. Bamberger said.

When the biopsy indicates that a prostate enlargement is caused by cancer, the first treatment step will be to find out if it's localized or has spread.

"The patient needs to have a bone scan, and sometimes we also have a CAT scan to determine how extensive it is," Dr. Bamberger said.

With this information, a urologist will present his patient with treatment options.

"We will usually first give medications that arrest the growth of the cancer. This isn't chemotherapy. They decrease male hormones and this decreases the cancer's growth," Dr. Bamberger said. "If the tumor has spread, a patient is kept on these medications. If it's localized, which for the majority of patients it is, then they have three treatment options."

The first option is radical prostatectomy, the surgical removal of the entire prostate. The success of this procedure is very high but it has side effects, including incontinence and impotence.

"The biggest advantage of this option is that it gets rid of the cancer. If at all possible, a nerve-sparing procedure will be used to preserve potency," Dr. Bamberger said.

The second treatment option for localized prostate cancer is brachytherapy, which implants radiation seeds directly into the prostate without removing it.

"The radiation is in high dosages and will kill all the cancer cells. Its success rate is about equal to the radical prostatectomy. My opinion is that younger men should consider the radical prostatectomy and older men the brachytherapy because cancer of the prostate is more aggressive in younger patients. Its biggest advantage is that it doesn't require major surgery, it causes minimal bleeding, and you usually don't have incontinence. Sometimes there is impotence, but it's not as pronounced," Dr. Bamberger said.

A third treatment option is cryosurgery, which freezes the prostate with small probes. It is similar to brachytherapy and has the same success rate.

"A patient should be told about the advantages and disadvantages of each of these procedures, then make the decision based on what's best for him. The decision is entirely up to the patient," Dr. Bamberger said.

After a patient has chosen and received his treatment of choice, he will follow up with visits to his doctor for PSA tests every three to four months for at least a year. If the treatment has been successful, the PSA level should be zero.

Because prostate cancer is the second leading cause of cancer death among men, and because the cure rate is so high when the cancer is detected early, and because new procedures give patients new and less radical treatment options, family doctors, urologists, The American Cancer Society and other health-promoting organizations believe it is essential that men be screened for prostate disease regularly.

They recommend yearly tests for men over 50, and that a doctor be seen as soon as symptoms appear.

"Men also need to know if they are in a group at greater risk for prostate cancer," Dr. Bamberger said. "There is a higher incidence in men who have a family history of prostate cancer, and there's also a statistically higher incidence in black men."

While nothing has been proven to promote general prostate health in the absence of any symptoms, eating tomatoes, taking selenium and Vitamin E supplements or using Saw Palmetto, all available over-the-counter, may be beneficial.

"There are studies that suggest these may possibly be linked to lowering the incidence of prostate cancer, but nothing has been proven," Dr. Bamberger said.

For more information on prostate health, visit [www.drbbamberger.com](http://www.drbbamberger.com).

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