

DOWNLOAD PDF A MULTIDISCIPLINARY ANALYSIS OF CONTROVERSIES IN THE MANAGEMENT OF PROSTATE CANCER

Chapter 1 : Patrick C. Walsh, M.D.

These proceedings emanate from the Second Prostate Neck Conference on prostate cancer held on October , , the theme of which was treatment, with focus on current issues and future research that is needed to answer critical questions related to optimal management of the various stages of prostate cancer.

Inhibition by antiandrogens of the prostatic growth stimulated by adrenal androgens and pituitary prolactin in castrate rats. Inhibition of extratesticular stimuli to prostatic growth in the castrate rat by antiandrogens. Aortography in experimental renal failure. Evaluation of contrast media toxicity. Mechanism of androgenic action: Retroperitoneal lymphadenectomy for testicular tumors. Evidence that aromatization of androgens to estradiol is not required for inhibition of gonadotropin secretion. Activity of mullerian-inhibiting substance in postnatal testes. Percutaneous antegrade pyelography in hydronephrosis. Ureterovaginoplasty for vaginal atresia unique technique in treatment: Cyproterone acetate in the treatment of advanced carcinoma of the prostate. Feedback regulation of gonadotropin secretion in men. Quinacrine fluorescence of testicular tumors. Biphasic effect of testosterone on spermatogenesis in the rat. Feedback control of FSH in the male: Rapid development of carcinoma in diverticulum of the bladder. A pitfall in conservative management. Mechanism of action and clinical applications. Clinical evaluation of human chorionic gonadotropin levels in men with testicular tumors. Choriocarcinoma of the testis. Lymphadenectomy combined with preoperative and postoperative cobalt 60 teletherapy in the management of embryonal carcinoma and teratocarcinoma of the testis. Familial incomplete male pseudohermaphroditism, type 2. Decreased dihydrotestosterone formation in pseudovaginal perineoscrotal hypospadias. N Engl J Med. Physiologic basis for hormonal therapy in carcinoma of the prostate. Urol Clin North Am. Suppression of plasma androgens by spironolactone in castrated men with carcinoma of the prostate. The endocrinology of human chorionic gonadotropin-secreting testicular tumors: Clinical and endocrinologic characterization of a patients with the syndrome of incomplete testicular feminization. J Clin Endocrinol Metab. Pituitary and gonadal hormones in patients with varicocele. LH-hCG receptors and testosterone content during differentiation of the testis in the rabbit embryo. Spironolactone induced suppression of plasma testosterone, androstenedione, and dehydroepiandrosterone in orchietomized men with carcinoma of the prostate, In Normal and Abnormal Growth of the Prostate, ed. Thomas Publishers, Springfield, Illinois, , pp. Prog Clin Biol Res. Measurement of androgen receptors in human prostatic tissue: Plasma androgen response to hCG stimulation in prepubertal boys with hypospadias and cryptorchidism. Familial persistent Mullerian duct syndrome. The induction of prostatic hypertrophy in the dog with androstanediol. Elevated plasma testosterone and gonadotropin levels in infertile males with hyperthyroidism. Experimental approaches to benign prostatic hypertrophy: Rajfer J, Walsh PC. The incidence of intersexuality in patients with hypospadias and cryptorchidism. The binding of a potent synthetic androgen--methyltrienolone R --to cytosol preparations of human prostatic cancer. Trans Am Assoc Genitourin Surg. Effects of hormones in the newborn period on the development of the penis. The endocrinology of testicular tumors. Recent Results Cancer Res. Birth Defects Orig Artic Ser. The measurement of androgen receptors in human prostatic tissue utilizing sucrose density centrifugation and a protamine precipitation assay. Androgen receptors in human prostatic tissues: Extrarenal manifestations of renal cell carcinoma. Hormonal regulation of testicular descent: Sonography in the diagnosis of retroperitoneal fibrosis. Embryology, anatomy, and physiology of the male reproductive system. In Male Infertility, eds. Saunders, Philadelphia, , pp. Endocrine and chromosomal factors associated with infertility. Endocrine evaluation of the infertile male. Medical management of male infertility. Characterization of the binding of a potent synthetic androgen, methyltrienolone, to human tissues. The differential diagnosis of ambiguous genitalia in the newborn. Fever and prostatic mass in a young man. The phenotypic expression of selective disorders of male sexual differentiation. Clinical and endocrinological evaluation of patients with congenital microphallus. Clinical conferences at the Johns Hopkins Hospital. Johns Hopkins Med J. Characterization and

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measurement of androgen receptors in human prostatic tissue. Androgen, estrogen and progesterone receptors of the RH Copenhagen rat prostatic tumor. A new cause of male infertility. A microassay for the measurement of androgen receptors in human prostatic tissue. Characterization of the primate luteinizing hormone receptor in testis homogenates and Leydig cells. Lepor H, Walsh PC. Long-term survival after hormonal therapy for stage D prostatic cancer. Comparison of spontaneous and experimentally induced canine prostatic hyperplasia. Ambiguous genitalia in a child. In Pediatric Surgery, eds M. Hormonal therapy for prostatic cancer. In Prostatic Cancer eds G. Littleton, MA , pp. Elevated pressure in the left renal vein in patients with varicocele: Radical surgery for prostatic cancer. Hormonal therapy of prostatic cancer. Cervical cancer complicated by a pelvic kidney. Androgen and estrogen-receptor content in spontaneous and experimentally induced canine prostatic hyperplasia. McGraw-Hill, New York, , pp. Estrogen receptors in the human prostate, seminal vesicle, epididymis, testis, and genital skin: Radical prostatectomy for the treatment of localized prostatic carcinoma. Radioimmunoassay for prostatic acid phosphatase. Anatomical considerations in suprahilar lymph node dissection for testicular tumors. Androgen and estrogen receptors in the canine prostate. Methods for the determination of androgen receptor content in human prostatic tissue. Pathological factors that influence prognosis in stage A prostatic cancer: Occlusion of varicoceles with detachable balloons. The ontogeny of the androgen receptor in human foreskin. Randomized study of prostatic cancer. Computerized tomography and lymphangiography in staging testis tumors. Computerized tomography in the diagnosis of retroperitoneal fibrosis. Balloon occlusion of the internal spermatic vein for the treatment of varicoceles.

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Chapter 2 : surviving prostate cancer without surgery ebooks preview

A Multidisciplinary Analysis of Controversies in the Management of Prostate Cancer. Authors: Coffey, Donald S.

This article has been cited by other articles in PMC. A Prostate Cancer Unit is a place where men can be cared for by specialists in prostate cancer PC, working together within a multi-disciplinary team MDT. The MDT approach guarantees a higher probability for the PC patient to receive adequate information on the disease and on all possible therapeutic strategies, balancing advantages and related side effects. To analyze the role of a MDT in PC management and to compare some results in terms of characteristics and distribution of PC cases, obtained by a MDT, with those reported by a monodisciplinary urological unit. Outcome measurements and results: A high percentage of cases In the Prostate cancer Unit the indications for primary therapies were more equally distributed between surgery The future of PC patients relies in a successful multidisciplinary collaboration between experienced physicians which can led to important advantages in all the phases of PC. Prostate neoplasm, multidisciplinary team, Prostate Unit Bases for the development of Prostate Cancer Units Prostate cancer PC is established as one of the most important medical problems facing the male population. PC is the most common solid neoplasm cases per men and the second most common cause of cancer death in men [1]. Its management involves several complex issues for both clinicians and patients. An early diagnosis is necessary to implement well-balanced therapeutic options and the correct evaluation can reduce the risk of overtreatment with its consequential adverse effects [2]. The optimal management for localized PC is controversial, with options including active surveillance, surgery, radiotherapy and focal therapies. The management of the progressive disease after primary treatments and that of the advanced PC requires a correct diagnostic evaluation and a therapeutic choice among radiotherapy, focal therapies, hormone therapies, chemotherapies or other novel target treatments [3]. Efficient organization of the national healthcare system can be a tool to help improve patient outcomes. The natural history of PC from asymptomatic organ-confined disease to locally advanced, metastatic and hormone-refractory disease, describes the complexity of the biology of this tumor and justifies the need for a fluid collaboration between expert physicians. Breast and Prostate cancer, respectively, are the most common cancers in women and in men, and different similarities have been underlined. The paradigm of the patient consulting a multidisciplinary medical team has been an established standard approach in treating breast cancer [4]. Such multidisciplinary approach can offer the same optional care for men with PC as it does for woman with breast cancer. Multidisciplinary physician discussions have been shown to be associated with improved adherence to guidelines supported by the literature [6]. In a multidisciplinary prostate cancer clinic, newly diagnosed patients can simultaneously meet with urologic, radiation, and medical oncologists specializing in prostate cancer. Such a model of cancer care affords patients the opportunity to learn about all management options simultaneously and to discuss the recommendations of their treating physicians in an open and interactive fashion, allowing for shared decision making and a potential reduction in physician bias. Although it is important to note that such benefits have been demonstrated in oncological disease sites other than PC, in the last ten years several experiences on multidisciplinary management of PC has been published showing several advantages in the management of PC. Valdagni et al [7], recently reported their 6-years experience of a MDT prostate cancer clinic: This data is very interesting and It underlined that active surveillance, as reasonable approach today in patients with low grade disease, is more often a therapeutic choice in a MDT were the methods are often standardized. Similar results were reported by other authors from other countries [8]. Aizer et co-authors reported their experience on men with low-risk prostate cancer managed at three tertiary care centers in Boston [9]. Interestingly, the number of physicians and specialties seen was significantly associated with the choice of active surveillance on univariate, but not multivariate analysis, suggesting that the multidisciplinary clinic itself, and not merely the number or type of physicians seen, is important to the shared decision making process for selection of active surveillance and more generally to choose the best treatment for each individual patient. This aspect of

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MDT is very important because previous studies examining patterns of care in patients with low-risk prostate cancer have consistently shown that specialists prefer the modality of treatment that they themselves deliver [10 - 12]. Given that a multidisciplinary management can bring several advantages in the management of patients with PC, another important aspect is how the patient perceives a multidisciplinary management and which grade of satisfaction patients can have. Magnani T et al reported on a 6-years attendance of multidisciplinary prostate cancer clinics [7]. Patient satisfaction ratings were high: The management of prostate cancer is complicated by the multitude of management options, the lack of proven superiority of one modality of management, and the presence of physician bias. The available data suggest that implementation of multidisciplinary models of care for patients with cancer, when feasible, may be associated with high patient satisfaction rates and may alter practice patterns in ways that minimize physician bias [9].

How to organize a Prostate Cancer Unit

Given that a multidisciplinary approach can bring many advantages in the management of patients with PC, an important aspect is how to organize a Prostate Cancer Unit. Quality cancer care is complex and depends upon careful coordination between multiple treatments and providers and upon technical information exchange and regular communication flow between all those involved in treatment including patients, specialist physicians, other specialty disciplines, primary care physicians, and support services [13 - 15]. As suggested by Valdagni et al, a Prostate Cancer Unit is a place where men can be cared for by specialists in PC working together within a multi-professional team [16]. From October our hospital accepted the institution of a Prostate Cancer Unit. Our Prostate Unit was established in large size hospital, covering a population of more than , people. The main aim of the Unit was to provide a continuum of care for patients through early diagnosis, treatment planning in all stages of the disease, follow-up, prevention and management of complications related to PC. Patients that can be followed by the Prostate Cancer Unit include cases in which the diagnosis is as yet un-established but whose could benefit for an early diagnosis program; cases in which the diagnosis of PC is confirmed and whose can be considered for treatment planning; cases following primary treatment for discussion of further care; cases in follow-up after or during treatment. Following indications from previous experiences [16], we accepted some basic requirements for our Prostate Cancer Unit: The Unit is represented by a core team whose members have a specialist training in prostate disorders, spend a relevant amount of their time working with PC, undertake continuing professional education, have a high level scientific production on PC experimental and clinical research. The core team include: The Prostate Cancer Unit must be of sufficient size number of specialists to have more than new diagnosed cases of PC coming under its care each year. Research and scientific production is an important part of the activity of the Prostate Cancer Unit, such as also participation into clinical trials for the management of PC. All specialists of the Prostate Cancer Unit core team organize and participate to multidisciplinary meetings every 10 days. Cases referred to the Unit are discussed during the meeting. The MTD will propose the appropriate management options on the basis of pathological reports, clinical and biochemical assessments and risk benefit evaluations. The final decision will be made by patients informed by one of the clinicians. The Prostate Cancer Unit is in possession of or has easy direct access to all requirements for a complete, adequate and high level management in all phases of PC. The inclusion of radiologists in the core team of our Unit is justified by the growing role of a morphologic-functional imaging multiparametric magnetic resonance, PET-CT for the management of PC. These two imaging tools have proven to be useful in the management of various aspects of PC natural history [17 - 19]. From the available evidences, patients with different cancers who are managed by MDT can experience better clinical outcomes [20 , 21]. One of the first advantages described by patients referred to the Prostate Cancer Unit is an easier availability, enhanced coordination and reduced delays to conclude the diagnostic and therapeutic item. This is likely to result in a better outcome for PC patients as early intervention is particularly crucial in cancer management [20]. The establishment of Prostate Cancer Units could provide financial saving, avoid inappropriate procedures, improve outcomes delivering high-quality care to patients. Comparison between and a multidisciplinary and a monodisciplinary approach to PC We analysed the characteristics of patients included in our Prostate Cancer Unit, some results

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obtained from the early diagnosis program, the distribution of PC cases in the different treatment options, during the first year of institution of our Unit. These data were compared with those obtained in a mono-disciplinary urological service, offered in the same period and in the same institution Policlinico Umberto I Hospital, University Sapienza of Rome, Italy to the patients. The same diagnostic and therapeutic tools were available for clinicians and patients considered in the Prostate Unit or in the mono-disciplinary urological service. Patients referred to our institution are free to choose one of the two services. From January to April , cases with a mean age of Of these, were subjects in which the diagnosis was as yet un-established but whose could benefit from an early diagnosis program and were cases in which the diagnosis of PC was already histologically confirmed and whose could be considered for treatment planning or follow-up. One hundred forty-five cases in which the diagnosis was un-established mean age Mean time for concluding all the initial program till the histological diagnosis at prostate biopsy when indicated was Clinical characteristics and diagnostic results of this population are presented in Table 1 and compared with those of a population Group B submitted, in the same period and institution, to a no-MDT organized mono-disciplinary urological evaluation for the early diagnosis of PC. In Group B mean time for concluding all the initial program till the histological diagnosis at prostate biopsy when indicated was Table 1 Characteristics of cases with an un-established diagnosis included in the early diagnosis program of our Prostate Cancer Unit Group A compared with those of cases included in a similar program of a mono-disciplinary urological service Group B.

Chapter 3 : Multidisciplinary management of Prostate Cancer: how and why

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