HIGH HOPES FOR DOWN BELOW

A new, surprisingly simple management technique is allowing some patients to live longer, healthier lives

BY ANNE MULLENS
ADDITIONAL REPORTING BY DEBBIE LAU

PHOTO ISTOCKPHOTO

In 2000, Jack Koh was diagnosed and treated for Benign Prostatic Hyperplasia. He's been going for regular checks and tests since. Then in 2004, after speaking with his urologist, the 57-year-old from Singapore got the news that every man fears: There were cancer cells in his prostate.

The prostate is a walnut-sized gland found below the bladder that produces seminal fluid. Prostate cancer is the third most common and sixth deadliest among men worldwide. There has been a recent trend in Asia towards increasing incidences of prostate cancer. In Singapore for example, it is the third most common cancer affecting men. It is also among the top ten most common cancers in Malaysia and the Philippines.

Koh had some tough choices ahead of him. Should he have surgery to remove his prostate? Radiation, chemotherapy, hormone therapy? Brachytherapy, in which radioactive seeds are implanted in the prostate?

After much deliberation, Koh decided to go on watchful wait. And six years later, the part-time university lecturer has no regrets.

"Initially I was very concerned, but when I realised that the cancer was at a very early stage, I felt lucky. As prostate cancer grows very slowly, I would likely be around for some time," says Koh. "I go for regular checkups every three to six months to consult with my doctor."

Koh's course of action is called "active surveillance", or AS, a new assertive-monitoring process that was first spearheaded in Canada and is now gaining credence around the world. A multicentre international study to compare standard treatment of prostate cancer with AS is under way. The study, called "Surveillance Therapy Against Radical Treatment" (START), is being led by Dr Laurence Klotz, chief of urology at Sunnybrook Health Sciences Centre in Toronto.

So far, six international studies – including an Ontario-based study headed by Dr Klotz, which followed 500 subjects over a ten-year period – show that AS, when applied to men with slow-growing cancer, does not lead to metastases or higher death rates. The group in the Ontario study had an overall death rate from prostate cancer of less than two percent. In fact, those subjects were 20 times more likely to die of something else.

These AS findings couldn't come at a better time: This past spring, two high-profile long-term studies found that results from prostate-specific-antigen (PSA) tests – the blood test used to screen for prostate cancer – do not lead to a reduction in death rates.

In fact, with PSA tests, there is a high probability of overdiagnosis and ensuing overtreatment of prostate cancer (about 48 men have false-positive results for every one who truly has the condition).

"The PSA test finds a lot of men who are not destined to die of the disease," says Dr Klotz. "Somewhere between one half to two thirds of men

will develop prostate cancer as they age, but only about three percent will die of the disease."

This means the PSA test and subsequent biopsies may subject many men to debilitating cancer treatments they don't even need, says Dr Klotz. And high rates of treatment side effects – such as erectile dysfunction and incontinence – further reduce patients' quality of life.

For about 20 years, the test has been rather controversial. According to Dr Colin Teo, consultant urologist at Khoo Teck Puat Hospital in Singapore, most AS protocols require patients to come for six-monthly PSA screenings, and annual digital rectal examinations or prostate biopsies to assess for progress of disease for the rest of their lives.

"Understandably, the prospect of numerous repeated painful biopsies with its side effects is unappealing to many men," says Dr Teo.

Dr Klotz and Dr Martin Gleave, director of the Vancouver Prostate Centre, say that, despite all the controversy surrounding the PSA test, and despite the test's shortcomings, it has its place in helping men and their doctors make informed decisions about the course of treatment for prostate cancer.

"The PSA test is imperfect, but when applied and interpreted correctly, it can help to reduce the morbidity and mortality from this highly prevalent disease," says Dr Gleave. "Just because you have the diagnosis of prostate cancer doesn't mean you need treatment."

And that's how AS fits in: It allows proponents to use PSA levels and biopsy results to distinguish, to the best of current knowledge, slow-growing cancers from aggressive, life-threatening ones.

There are three key factors to successful AS, notes Dr Klotz: selecting the right men; communicating the AS approach to patients whose first reaction (often spurred on by wives and loved ones) commonly is "get the cancer out now"; and intervening at the right time when surveillance indicates that the cancer is growing.

A patient is eligible for AS if, upon diagnosis of prostate cancer, he meets the following criteria:

- PSA level is less than or equal to ten.
- A biopsy shows a low-volume cancer with a Gleason score of six or less. (The Gleason score is a grading, from two to ten, of cancer aggressiveness; scores increase with severity.)
- Prostate-cancer stage grading is between T1c and T2a. (T1 and T2 are the earliest cancer stages, when cells are still confined to the prostate.)

Dr Teo says that the National Comprehensive Cancer Network's practice guidelines recently reported that active surveillance be offered as the one and only initial treatment to two groups of patients: men with "low risk" and a life expectancy of less than ten years, and men with "very low risk" and a life expectancy of less than 20 years.

Men who opt for AS must be able to live with the knowledge that they're harbouring slightly abnormal cells that could lead to cancer, as well as with the uncertainty of how those cells will behave in the years ahead, says Dr Klotz.

Harvard Men's Health Watch published that AS will not be an ideal option for those who want to "get it all out" or "get on with it". If cancer is in early stages and asymptomatic, men who can live comfortably with a diagnosis of cancer should consider AS. Apart from possible anxiety, deferred treatment has no side effects compared to surgery or radiation, which has side effects ranging from temporary pain to permanent impotence and incontinence.

A California report, for example, found that men who deferred treatment for localised prostate cancer had a better disease-related quality of life than men treated with either surgery or radiation.

Men who follow the AS approach will be given aggressive treatment if their PSA levels double or if biopsies show either an increase in cancer volume or the existence of more aggressive cancer cells. "Patients would undergo either surgery or radiation to ablate the cancerous prostate gland," says Dr Teo.

Still, says Klotz, 65 percent of patients will not have rapid cancer growth and will stay on AS.

WHY YOU SHOULDN'T KEEP QUIET

Another common prostate condition that men face as they grow older is prostate gland enlargement, also known as Benign Prostatic Hyperplasia (BPH). If left untreated, it could cause lower urinary tract problems. Dr Gerald Tan, consultant urologist at Tan Tock Seng Hospital, Singapore, and Dr Teo tell us more:

Small Gland, Big Problem The prostate may be a small gland, but with age, it can become enlarged, squeezing the urethra and causing stress to the bladder and problems with urination. About 50% of men at the age of 50 will have BPH and the incidence increases with age. A Singapore survey found that out of 116 men, a third waited for over a year before seeking treatment and another 33% suffered from sleep problems due to bothersome urinary symptoms.

Suffering in Silence Many men avoid seeing the doctor for fear of embarrassment or even surgery – sometimes perceived as the only treatment option. Symptoms can include straining to pass urine, a weak urinary stream, a sense of incomplete voiding, frequency, urgency and nocturia (waking up to urinate two times or more). Quality of life becomes affected and studies have found that men with BPH symptoms have a poorer sex life.

continued on next page

Bill Coulter* was 63 when he was diagnosed with prostate cancer, in 2006. He initially fit the criteria for AS and happily chose that option. But after two years, his test results suddenly showed the cancer was growing and, in November 2008, he had a radical prostatectomy.

But looking back, the retired public servant has no regrets about being on AS. "I wish I could have been on it longer, but at least I had two good years," says Coulter, who now struggles with incontinence and erectile dysfunction resulting from his prostate removal. "I am glad the cancer is out, but nobody talks about the side effects." He is still very active in volunteer work and sports, but must now wear an adult diaper at all times.

Coulter hopes that with physiotherapy, exercise and nerve regrowth, he will gain more bladder control. But this is not guaranteed, nor is the return of his full sexual function. "That's why I think more men need to know about active surveillance," he says.

Jack Koh adds: "Doing nothing has worked out for me, it's the best decision I made. If the PSA does not double in five years, the cancer has probably gone to sleep."

Over the last six years, Koh's PSA levels have stayed in the safe region. At the last check it was 2.9. "I'm glad I didn't have surgery, it could have set me back ten years and made me inactive," he says. "Now, I get to be myself and age normally." ■

If Left Untreated The condition can lead to complications of incontinence, urinary tract infections, bladder stones, bloody urine, bladder failure and even renal failure in some rare cases. Less commonly, men may also experience prostatitis (infection of the prostate) or even develop prostate cancer. As these lower urinary tract symptoms are very common in the elderly, many mistake them as part of ageing but these symptoms can actually be easily controlled if men seek treatment early.

Treatment For men with minimal enlargement and few symptoms, they can adopt a watchful attitude with no need for treatment yet. But if symptoms are moderate or severe, new medication such as alpha blockers can help to relax the bladder and decrease the obstruction, and 5 alpha reductase inhibitors can shrink the prostate gland up to 30% over six months. These now have an improved side effect profile and proven clinical efficacy.

Advancement Today's medical advances and research technology makes prostate surgery minimally invasive using specialised instruments that resects or vaporises the gland through the urethra without any incisions. When done properly, the patient is pain free after the surgery and it may even be a day procedure.

*NAME HAS BEEN CHANGED TO PROTECT IDENTITY