Early detection is key

How medical science is beating prostate cancer

Interviewed by Chelan David

Prostate cancer is the most common nonskin cancer in America, affecting one in six men. According to the Prostate Cancer Foundation, more than 234,000 men will be diagnosed with prostate cancer and 27,000 will die from the disease in this year alone.

Early detection is a key component to winning the battle against this curable cancer. “Historically, prostate cancer was not detected early, and the vast majority of men who were diagnosed with it died from it,” says Dr. Robert Reiter, a professor of urology at UCLA Medical Center. “Nowadays, with early diagnosis it’s very curable. We believe — because of increased curability — the number of men who are dying from this cancer has decreased by about 25 percent during the last 10 years.”

Smart Business spoke with Reiter about who is most at risk for prostate cancer, what types of treatment options are available and what types of advances he expects in the future.

What are some of the typical symptoms of prostate cancer?

Early prostate cancer is almost always asymptomatic: it has no symptoms. In its late stages, when it progresses or grows in the prostate, it can cause urinary blockage. Also, if it metastasizes, it can cause bone pain which is the most typical symptom of late-stage cancer. The important point for most men to know is prostate cancer, when it’s curable, causes no symptoms.

What role does genetics play in prostate cancer?

If you have a first-degree relative, such as a father or a brother who has prostate cancer, your risk increases significantly. African-Americans have a much higher risk than Caucasians, and Asian-Americans have a lower risk than Caucasians.

What treatment options are available?

Radical prostatectomy — the removal of the prostate — has traditionally been done through an incision. At UCLA we now do this with robotic assistance, which is a minimally invasive approach; it minimizes the hospitalization, the blood loss associated with the operation, and speeds up the recovery time of patients.

Radiation can be done in a number of different ways: a radioactive seed is a safe approach that works well for older men who have very low-risk prostate cancer. IMRT is a form of external radiation therapy that minimizes the number of side effects and is also appropriate for many individuals.

There a number of different treatments. The message that I have for patients is that one size does not fit all. You should seek care from someone who understands this and can give objective information about all of the different available treatments.

Currently, all of the approved treatments for prostate cancer have side effects. In the future, how could applying targeted therapies result in fewer side effects?

With a better ability to actually see the cancers and more knowledge about which cancers pose danger to individuals — and which do not — we can foresee utilizing what we call focal treatments. Instead of removing the entire prostate gland, just the actual cancer is removed. I would warn that there are people out there saying that they can do this now, but there is no evidence that it works. The reason is because prostate cancers are almost always multifocal: there are usually two or three or more tumors within the prostate. We don’t yet know which one is the dangerous one, so right now it’s beyond the edge of what technology permits.

From start to finish, how long does it take for a new drug — like the one for prostate cancer that’s in clinical trial — to be approved by the Food & Drug Administration?

Clinical trials usually occur in three stages. The first phase determines the safety of the drug. The second phase is a slightly larger trial to determine if it is effective. The third phase, which is the longest, is a very large trial — sometimes more than 1,000 patients — and it establishes whether a drug can prolong life or have some effectiveness. The total amount of time it can take from the first phase until acceptance by the FDA can be 10 years or more.

What advances do you envision in the fight against cancer over the next decade?

Within the next decade there will be major advances in diagnostics — that is, the ability to figure out which cancers are dangerous and which ones are not. This will allow us to decide who needs treatment and who does not — which is a big issue with prostate cancer.

We will probably have better ability to image tumors and determine the stage of the tumor. There will be further refinements in surgery and in radiation. Also, I think we are beginning to see new targeted therapies that will prolong the life of men even more.

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