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THE DEANE CENTER
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Finding Relief for BPH Continued from page 1

quality of life for several years and sometimes longer,” explains Dr. Palese.

However, he adds, “It is important to note that not every patient suffering from BPH is a candidate for this procedure. Patients are selected based upon certain specific criteria. These include mild to moderate symptoms and a prostate that is only mildly to moderately enlarged. Patients with prostates greater than 80 gm, men with a large median lobe, or with severe symptoms are not candidates for TUMD therapy.”

Until recently the traditional TURP, or Transurethral Resection of the Prostate, was regarded as the gold standard of treatment for BPH. With the recent introduction of laser technology, the treatment of BPH has been revolutionized. At the Deane Center, for moderate to severe symptoms, patients may be treated with Holmium Laser Ablation of the Prostate, also known as HoLAP therapy.

The Deane Center is one of the few major prostate centers in the tri-state area offering the holmium laser, which is the newest and most advanced minimally invasive laser technology currently available for the treatment of urologic conditions. It safely and effectively ablates, or vaporizes, excess prostate tissue with results lasting from 5 to 10 years. The procedure is performed in an ambulatory care setting and patients are usually discharged the same day, often without a catheter, unlike the traditional TURP, which is a surgical treatment that requires a 1- to 2-day hospital stay and catheterization.

To determine if you are an appropriate candidate for transurethral microwave dilatation therapy or HoLAP laser surgery for BPH, please contact Dr. Michael Palese at 212.241.7442.

CONTACT US If you have a comment about an article, or would like to see a particular topic featured in *The Deane Center Quarterly*, we'd love to hear from you. We welcome your feedback. Moving? Let us know your new address so you don't miss an issue.

To contact us, please call Linda Rosenbaum, Director, External Relations, at 212-241-0985, or via e-mail at linda.rosenbaum@mountsinai.org.

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The Deane Center Quarterly

A Newsletter About Prostate Health and Research

Today at the Deane Center



With the recent publication of an article in *The New York Times* about a growing and disturbing trend among urologists nationwide, I thought this would be

a very opportune time to call attention to the important goals of the Deane Prostate Health and Research Center. The article, entitled "Profit and Questions as Doctors Offer Prostate Cancer Therapy," has raised a public and professional debate about potential conflict of interest issues.

Groups of urologists, often with the backing of a company called Urorad Healthcare, have been banding together to purchase multimillion-dollar equipment and software to administer Intensity Modulated Radiation Therapy, or I.M.R.T., which offers the potential to substantially increase the urologist's income.

Individual urologists within the group will refer their own patients to be treated at the facilities offering this treatment and in turn will receive a portion of the reimbursement to the facility by government and private insurers, which is approximately \$50,000 per patient per treatment regimen. According to the article, the portion of reimbursement for the treatment is many times the fees that urologists receive for directly performing other accepted forms of prostate cancer treatment, such as prostatectomy surgery and radioactive seed implants.

The issue, in my view, is not the technology itself, or its potential promise as an effective treatment, but whether financial self-interest rather than what is best for the patient will motivate urologists to

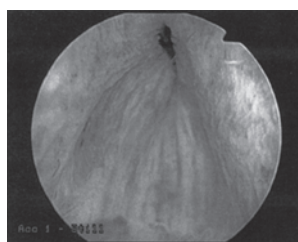
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Finding Relief for BPH With Thermodilation Therapy and Holmium Laser Surgery

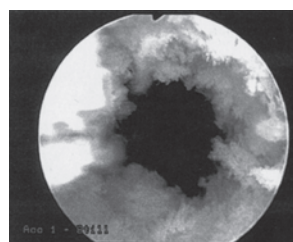
The Deane Center, which offers one of the most comprehensive arrays of treatments for BPH in the tri-state area, is now offering transurethral microwave dilatation therapy, one of the latest minimally invasive technologies for the treatment of an enlarged prostate, or BPH (benign prostatic hyperplasia). Otherwise known as TUMD, the Prolieve™ System is quickly becoming a treatment of choice for BPH as an alternative to drug therapies for men with mild to moderate BPH, according to Michael Palese, MD, the Director of the Minimally Invasive Urologic Surgery Program at the Deane Center.

"The TUMD procedure produces good results with very few side effects," says Dr. Palese. "If successful, a patient potentially will not require medication for BPH and can avoid surgery and its associated risks." TUMD involves inserting a catheter into the prostate that sends out microwave energy to gently heat and selectively kill prostate tissue surrounding the urethra. In addition, the prostate is gently balloon dilated to evenly distribute energy throughout the prostate. To ensure safety, temperatures in both the urethra and rectum are carefully monitored during the procedure. TUMD is performed on an outpatient basis in the physician's office, takes less than an hour, and requires only a mild oral sedative.

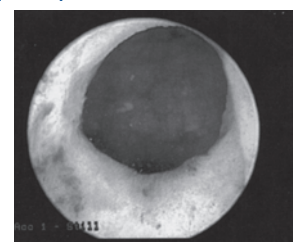
Results: Holmium Laser Ablation of Prostate (HoLAP)



Pre-Op: Prostate tissue blocks urethra, preventing urine flow



Immediate Post-Op: Urethral channel open



11 Months Post-Op: Channel remains open and healed

Men can expect to experience relief within a period of 6 to 12 weeks following the completion of transurethral microwave dilatation therapy. Side effects are minimal with no decrease in sexual functioning or interaction with other medications. "Many patients treated with TUMD can experience significant relief of symptoms from BPH and enhanced

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recommend this treatment over other radiotherapy or surgery.

The Deane Prostate Health and Research Center was founded on the principle that patients newly diagnosed with prostate cancer, or suffering a disease recurrence, should receive comprehensive, unbiased information about their treatment options.

This emphasis on patient education is the key to the often difficult decision-making process and truly distinguishes our Center. During lengthy consultations with individual physicians, patients and family members receive detailed information about outcomes and side effects associated with various treatments and are encouraged to ask questions. In many instances, they meet with a medical oncologist, radiation oncologist, and urologist at the same time to discuss the pros and cons of each treatment. Finally, to further help in the decision-making process, patients are invited to use PIES, the Prostate Interactive Education System described in previous issues of this newsletter, a resource unique to the Deane Center that has proven to be an invaluable educational tool.

It is important to note that the Deane Center does not endorse one treatment over another. Our only goal is to educate and support our patients and help them make informed decisions that are best for them. This is especially important given the lack of definitive medical science to demonstrate the superiority of one treatment over another. We offer a complete range of treatment options, including laparoscopic and robotic radical prostatectomy, radioactive seed implants, and most recently Intensity Modulated Radiation Therapy (I.M.R.T) utilizing the Novalis® image-guided radiation technology. We then encourage our patients to make treatment decisions based on their personal goals.

Ultimately, the patient needs to feel comfortable with the decision he himself makes, so it is important that we as

physicians are as unbiased as possible in our discussions with patients and family members, without regard to reimbursement issues and profit motives. As science continues to open exciting new avenues of treatment for prostate cancer, this will continue to be the philosophy of the Deane Center.

Simon J. Hall, MD

Director, The Deane Prostate Health and Research Center
Chairman, Department of Urology, Mount Sinai Medical Center

Community Events

FREE Prostate Cancer Screenings

Sephardic Bikur Cholim Brooklyn

Monday, April 16, 4:30-8:00 pm

For more information, contact Rebecca, 718.787.1800
Co-sponsored by the Deane Center and The Foundation for Medical Evaluation and Early Detection

Settlement Health Services

212 E. 106th St. (between 2nd & 3rd Aves.)

Thursdays, 3/15, 6/21, 9/20, 12/20

5:30 pm lecture/Q&A followed by screenings

Co-sponsored by the Deane Center and The Foundation for Medical Evaluation and Early Detection

Healthy, Wealthy & Wise: Life After 50

92nd St. Y May Center

Lectures and health screenings

Sunday, April 22, 10 am – 5 pm

\$59/\$39 May Center members

For more information visit: www.92Y.org/healthywealthy

To register call 212.415.5500/Course T-HL5HW99-01

News From The Deane Center

- The Deane Center's Natan Bar-Chama, MD, Associate Professor of Urology and Reproductive Medicine and Surgery, was one of the authors of an article that appeared in the December issue of the medical journal *Human Gene Therapy* reporting on the results of the first human clinical trial of gene therapy for men with erectile dysfunction. The new therapy, which was tested in a small pilot study of 11 men, is a potential alternative to oral medications, such as Viagra® and Levitra®. The article generated widespread media coverage.
- Dr. Bar-Chama is also one of the authors of an article that appeared recently in the *British Journal of Urology* reporting on the results of a retrospective study of 210 men treated for prostate cancer with brachytherapy at Mount Sinai Medical Center since 1992, who also were treated with the oral phosphodiesterase inhibitor (PDEI) sildenafil to preserve erectile function. The overall conclusion was that early use of PDEIs after brachytherapy is associated with a significant improvement in and maintenance of erectile function compared with late use.
- Michael A. Diefenbach, PhD, a social/health psychologist with the Deane Center, was the senior author of an article entitled "Religion and Spirituality Among Patients with Localized Prostate Cancer" that appeared in the December 2006 issue of the professional journal *Palliative and Supportive Care*. This was the first prospective study to report on the prevalence and influence of daily spiritual and religious experiences among prostate cancer patients.
- On November 11, 2006, Dr. Natan Bar-Chama of the Deane Center participated in a health fair at Martha Stewart Living Omnimedia. Male and female attendees were invited to view videos on prostate health, robotic prostate surgery, and erectile dysfunction and learn about the services of the Deane Center.

**For information about Deane Center programs and clinical trials: 212-241-0045.
For a consultation with one of our physicians: 212-241-4812.**

Clinical Depression Rare Following Prostate Cancer Diagnosis

When a man is diagnosed with prostate cancer, the typical reaction is shock and distress. Surprisingly, however, most men do not experience actual clinical depression following diagnosis. In fact, according to a study of nearly 1,000 men conducted by Michael A. Diefenbach, PhD, a psychologist on the staff of the Deane Center, only 10 percent of study subjects experienced what could be called a “pervasive level of distress,” which is different than depression.

The classic symptoms of depression are described as a persistent feeling of sadness and helplessness; a loss of interest in previously enjoyable activities; appetite and/or weight changes; fatigue and a disruption in sleep patterns; an inability to concentrate; and physical discomforts, such as aches and pains, headaches, and stomach upsets.

“To measure distress, we use an ‘Impact of Events Scale,’ which was originally developed to assess Post Traumatic Stress Disorder,” Dr. Diefenbach explains. “Traumatic events, which certainly would include a diagnosis of prostate cancer, usually result in intrusive thoughts that replay the experience in your mind over and over again, even while dreaming. Avoidance is the intense cognitive process the mind uses to try to keep these thoughts at bay. Although 90 percent of our study subjects displayed average to moderate levels of intrusive thoughts and avoidance behavior, this is not related to clinical depression.”

But Dr. Diefenbach is also quick to add, “By no means does this imply that the emotional impact of a diagnosis of prostate cancer is not significant. One of the primary reasons we developed PIES, the Prostate Interactive Education System, and offer the program to our newly diagnosed patients is to educate them about the various treatment options and openly discuss side effects, as well as to assess their emotional state and provide support.”

Dr. Diefenbach points out, “The main reason most men tend not to experience depressive symptoms after a diagnosis of prostate cancer today is that they are being diagnosed at an early stage via PSA testing, when the cancer is still localized. The news concerning outcome is usually very encouraging. We’ve also found that there is no difference between the emotional reactions to different forms of treatment. However, we do know that the more a man learns about the various treatment options, the less he will experience regret about the choice he ultimately makes.”

Interestingly, men with prostate cancer report fewer depressive symptoms than women with breast cancer, according to a

study that appeared recently in *Oncology Nursing Forum*. This may be explained, according to Dr. Diefenbach, by the fact that the average man diagnosed with prostate cancer is in his early 60s or older, while the average woman diagnosed with breast cancer is in her 40s or 50s and is at a different stage of life relative to family obligations. However, the study did note that the relatively small body of research addressing depression in men with prostate cancer is inadequate to estimate overall prevalence.

“If you’ve been diagnosed with prostate cancer and are experiencing symptoms of depression or emotional distress, we encourage you to get help,” Dr. Diefenbach concludes. “Too often, men try to deny their emotions and suffer in silence.” According to the National Institute of Mental Health, “Treatment for depression helps people manage both diseases [cancer and depression], thus enhancing survival and quality of life.”

The following strategies for dealing with depression and emotional distress associated with a diagnosis of prostate cancer may be helpful:

- Tell your doctor how you’re feeling emotionally, as well as physically. He may suggest taking an antidepressant medication for symptom relief.
- Knowledge is power. Get all the facts about various treatment options and discuss the pros and cons of each with your doctor.
- Join a support group for men diagnosed with prostate cancer. Us Too, a prostate cancer education and support network (www.ustoo.com), has local chapters across the U.S. Your local chapter of the American Cancer Society or local hospital can also provide you with a list of resources and contact information.
- Maintain relationships with family and friends. It is important to stay involved to avoid feeling isolated from daily life.
- Gentle exercise can work wonders. Go for walks, ride a bicycle, enjoy fresh air and sunlight.
- Think positive! The vast majority of men diagnosed with prostate cancer today have early stage, localized disease and treatment is curative. Even men with metastatic disease are living significantly longer, thanks to advances in hormone therapy and chemotherapy.

Prostatitis: Often Difficult to Diagnose and Complicated to Treat

Prostatitis is a very common condition in men both young and old, although it typically affects mostly younger men in their 20s, 30s and 40s. About half of men will be treated for prostatitis at some point in their lives. “Prostatitis is not a serious disease. But it can be very painful, become chronic, and have a negative impact on quality of life,” says Simon J. Hall, MD, Chairman of the Mount Sinai Department of Urology and Director of the Deane Center.

Prostatitis can be a frustrating condition for both the patient and the urologist, because the cause of and remedy for the condition are often elusive.

Specifically defined as inflammation of the prostate, prostatitis can lead to bothersome urinary symptoms including urinary frequency, urgency, pain and a burning sensation during voiding or sexual activity, and discomfort or pain in the pelvis, the testicles and/or in the area between the scrotum and rectum, called the perineum. Prostatitis can be a frustrating condition for both the patient and the urologist, because the cause of and remedy for the condition are often elusive.

Classic acute prostatitis is caused by a bacterial infection, most commonly associated with sexually transmitted organisms such as *Chlamydia* and *Mycoplasma* species in younger men (<40) and coliform bacteria such as *E. coli* in older men. It manifests with symptoms such as fever, chills, pain, and urinary dysfunction. A course of treatment with the appropriate antibiotic is effective in treating the infection.

A more common problem is the finding of these symptoms in the absence of an obvious infection. A condition is diagnosed as chronic nonbacterial prostatitis when the inflammation is the result of a difficult-to-pinpoint process other than infection. In fact, the term “headache in the pelvis” has even been coined to describe the condition by David Wise, PhD, and Rodney U. Anderson, MD, the authors of a book with that title.

The Deane Center offers comprehensive diagnostic services and treatments to help men get to the bottom of the problem. “By the time I see many men, they have often been treated with antibiotics by a general practitioner or urologist and are frustrated that their symptoms persist, or have returned,” says Dr. Hall. “In fact, urologists often refer to prostatitis as a

‘garbage can diagnosis’ and treat symptomatic men with antibiotics without making a definitive diagnosis. Symptoms can wax and wane on their own for no apparent reason, so the treatment may appear transiently successful. But when the symptoms return, it becomes obvious something other than an infection may be the culprit.”

At this stage, Deane Center physicians will order a series of diagnostic tests to determine if the problem is related to an infectious process, voiding dysfunction, or chronic pelvic pain syndrome. Prostatic secretions or semen will be cultured to detect a resistant or incompletely treated infection. Bladder neck dysfunction, a condition in which the bladder fails to open properly upon urination, can be diagnosed with a bladder flow rate test to measure urine force. If the rate is slow, alpha blockers such as Flomax® or Uroxatral® are prescribed. To determine if an obstruction is present, a bladder function test that measures pressure during urination is conducted.

“Once these conditions have been ruled out, we usually make a diagnosis of Chronic Pelvic Pain Syndrome...essentially, a diagnosis of exclusion,” Dr. Hall explains. “We then will recommend hot sitz baths and an anti-inflammatory agent and prescribe a muscle relaxer such as Valium®. We’ve also had a lot of success with having our physical therapists teach men how to do pelvic floor exercises, which help to relieve muscle spasms.”

“... physicians need to look at the underlying causes of prostatitis and tailor the treatment specifically to each patient.”

“Although there are no specific tests to identify Chronic Pelvic Pain Syndrome, we believe that the pelvic floor muscles are in spasm due to causes we don’t understand,” Dr Hall continues. “However, it is well recognized that prostatitis symptoms are exacerbated during times of physical and emotional stress. Additional treatment modalities might include nutritional supplementation, exercise, stress reduction techniques, biofeedback, and other advanced pain management strategies.”

Dr. Hall concludes, “The important thing to point out is that physicians need to look at the underlying causes of prostatitis and tailor the treatments specifically to each patient.”