Active Surveillance: Favoring Options for Men with Low-Risk Prostate Cancer

Post-Surgery Rehabilitation Program Highlights

The Unit of Urology offers a full menu of surgical procedures that can be performed on an outpatient basis. Pelvic floor rehabilitation usually begins a few weeks after surgery. Post-operative rehabilitation usually starts a few weeks later and may include using external anal sphincter trainers, washout bags, care for a catheter, and bladder training. Men should keep in mind that some men will continue to wear a urinary catheter for up to a year post-surgery. Pelvic floor rehabilitation usually begins a few weeks after surgery. Post-operative rehabilitation usually starts a few weeks later and may include using external anal sphincter trainers, washout bags, care for a catheter, and bladder training. Men should keep in mind that some men will continue to wear a urinary catheter for up to a year post-surgery.

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Radical prostatectomy is a standard treatment op- tion for localized prostate cancer and is utilized in a large proportion of patients. However, approxi- mately 25% of patients will ultimately develop the cancer recurrence. Treatment of metastatic disease is the key of effort. Radiation therapy is the most commonly used modality to eradicate metastatic disease in the prostate. There are several ways to target and treat the prostate cancer at the same time. We also demonstrate that within each prostate tumor there can be multiple tumors with varied genetic mutations, making we are developing tools based on a sin- gle cell approach. Our goal is to develop a simple diagnostic tool based upon a single blood draw or urine sample so we can eliminate transrectal biopsies which can be painful and is also associ- ated with high rates of false negative results. We are minimally invasive diagnostic tests such as fine needle aspiration (FNA) which are routinely used for breast cancer. Cancer cells derived directly from patients with prostate cancer, we are also testing the efficacy of chemotherapeutic or targeted therapies on these cells before treating the patient, and allowing the drug to demonstrate its effect in the same time. Cells are genetically analyzed to learn how they de- veloped resistance. By understanding the prostate tumors we also understand the molecular pathways to drive the development of the best drug combinations that will have the most favorable outcome for the patient. Our overall goal is to maximize drug efficacy and survival with minimal patient discomfort and side effects. An exciting clinical trial in the next stage of development will create a vaccine that will allow a patient’s tumor itself to harness the immune system against metastatic prostate cancer on an individual basis. We hypothe- size that the vaccine will be administered before any therapy to remove the prostate, will generate a systemic immune response in high-risk patients with localized cancer and dramatically improve outcomes by minimizing recurrence events. In addition, we are collaborating with the Department of Genomics and computational approaches, we are also identifying FNA approved drugs that can have a beneficial effect to treating patients with ad- vanced cancers, such as immunotherapies prostate cancer. It is still not clear whether a high-grade tumor is the most important factor for the development of prostate cancer and curative in gastric surgery, treatment side effects are gener- ally minimal and can usually be resolved in a reasonable timeframe. 100% of men are cured. And in the hands of an experienced surgeon, and with the help of advanced imaging technology, near radical prostatectomy is the gold standard for localized cancer and dramatically improves survival with minimum patient discomfort and side effects. Personalized Prostate Cancer Treatment at Mount Sinai...