

**DR. CHARLES METZGER'S SATURDAY EVENING NEWSLETTER**

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**Long-term study compares adverse events from prostate cancer treatments**

Urology Times, January 24, 2024, [Hannah Clarke](#)

[https://www.urologytimes.com/view/long-term-study-compares-adverse-events-from-prostate-cancer-treatments?utm\\_source=www.urologytimes.com&utm\\_medium=relatedContent](https://www.urologytimes.com/view/long-term-study-compares-adverse-events-from-prostate-cancer-treatments?utm_source=www.urologytimes.com&utm_medium=relatedContent)

**Functional Outcomes in Localized Prostate Cancer: Treatment Choice, Time, Prognosis**

**All Matter** January 24, 2024 [Jennie Smith](#) from the Journal of the American Medical Association.

<https://www.mdedge.com/hematology-oncology/article/267519/genitourinary-cancer/functional-outcomes-localized-prostate>

Good Saturday evening.

I found a ten yearlong study of 2455 men with cancer in the prostate only that underwent surgery or external beam radiation treatment or active surveillance in 2011 to 2012 here in the USA. The research team led by Al Hussein Al Awamlh M.D. a research fellow at Vanderbilt University wanted to know about side effects of treatment (or maybe no treatment in active surveillance) and compare post treatment risks side by side. So, the research team followed patients for ten years. Here's what they found.

- Nearly a third of patients who chose active surveillance selected treatment by ten years.
- Five years out from surgery, men who had surgery experienced higher rates of sexual dysfunction compared to those who got radiation or active surveillance. By the end of this ten year study there were no differences strongly suggesting that age will catch up with all of us.
- Men with a "favorable prognosis" meaning a prostate stimulating antigen (PSA) score of less than 20 and Gleason grade group 1 or 2 experienced "significantly worse urinary incontinence" than their peers in active surveillance or who got radiation.
- Hold on to your hats for this one. The favorable prognosis patients who got radiation experienced less incontinence than their active surveillance peers.
- Patients with an "unfavorable prognosis" meaning PSA greater than 20 and Gleason grade group 3 or 4 who had received radiation with androgen deprivation treatment (ADT) had worse bowel and hormone problems by the end of the ten year study than their unfavorable prognosis peers who had surgery but no ADT.

In the MD Edge article, Mark S. Litwin M.D. of the University of California Los Angeles said the study results "...are critical in showing that most men with prostate cancer do not die from it; hence quality-of-life effects end up being the key issues for decision making."

Here's my take. Provider skill is just as important as what you choose. Radiation can be learned and is more standardized so outcomes are more predictable, and stable. The difference in skill level between Dr. Wilson and others of his capabilities and some urologists in the community is enormous and really does make a difference.

I actually coauthored an article with our San Gabriel Valley private practice urologists years ago in the "Orange Journal". The difference skill made with incontinence was 12% to 60% among the 15 surgeons responding to the questionnaire. Editorially I was really criticized for the amateurish article (it was) but trying to get surgeons to own up to their own abilities. We even had a scheme to pay according to outcomes (they didn't like that) and to inform the patient of their outcomes. We thought the patients could then choose which surgeon they wanted. Guess what, it ended in a threatened law suit, program died without ever being implemented.

Keep in mind that surgery is still a viable alternative and there are men who come to our groups that have recovered completely and would choose surgery again.

Enjoy the rest of the weekend and see you at our groups and presentations.

CKM