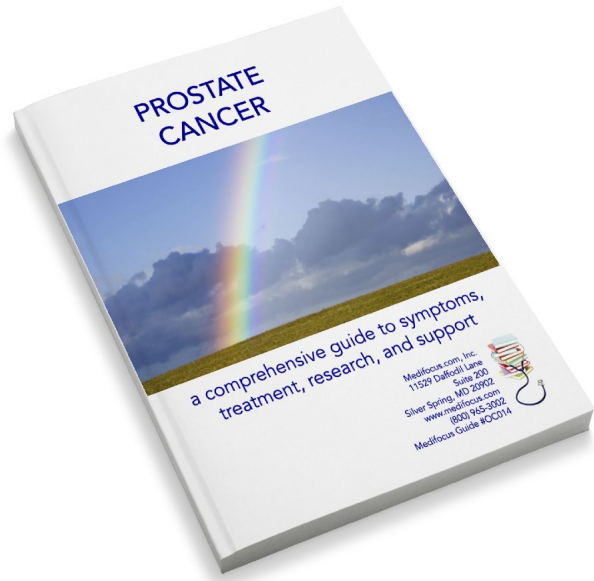


Preview of the Medifocus Guidebook on: Prostate Cancer

Updated October 18, 2009



This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Prostate Cancer**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

To purchase the COMPLETE Medifocus Guidebook on Prostate Cancer (161 pages; Updated October 18, 2009), please:

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 - 800-965-3002 (United States)
 - 301-649-9300 (Outside the United States)
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1 - Background Information

Introduction

Chronic or life-threatening illnesses can have a devastating impact on both the patient and the family. In today's new world of medicine, many consumers have come to realize that they are the ones who are primarily responsible for their own health care as well as for the health care of their loved ones.

When facing a chronic or life-threatening illness, you need to become an educated consumer in order to make an informed health care decision. Essentially that means finding out everything about the illness - the treatment options, the doctors, and the hospitals - so that you can become an educated health care consumer and make the tough decisions. In the past, consumers would go to a library and read everything available about a particular illness or medical condition. In today's world, many turn to the Internet for their medical information needs.

The first sites visited are usually the well known health "portals" or disease organizations and support groups which contain a general overview of the condition for the layperson. That's a good start but soon all of the basic information is exhausted and the need for more advanced information still exists. What are the latest "cutting-edge" treatment options? What are the results of the most up-to-date clinical trials? Who are the most notable experts? Where are the top-ranked medical institutions and hospitals?

The best source for authoritative medical information in the United States is the National Library of Medicine's medical database called PubMed®, that indexes citations and abstracts (brief summaries) of over 7 million articles from more than 3,800 medical journals published worldwide. PubMed® was developed for medical professionals and is the primary source utilized by health care providers for keeping up with the latest advances in clinical medicine.

A typical PubMed® search for a specific disease or condition, however, usually retrieves hundreds or even thousands of "hits" of journal article citations. That's an avalanche of information that needs to be evaluated and transformed into truly useful knowledge. What are the most relevant journal articles? Which ones apply to your specific situation? Which articles are considered to be the most authoritative - the ones your physician would rely on in making clinical decisions? This is where *Medifocus.com* provides an effective solution.

Medifocus.com has developed an extensive library of *MediFocus Guidebooks* covering a wide spectrum of chronic and life threatening diseases. Each *MediFocus Guidebook* is a

high quality, up- to-date digest of "professional-level" medical information consisting of the most relevant citations and abstracts of journal articles published in authoritative, trustworthy medical journals. This information represents the latest advances known to modern medicine for the treatment and management of the condition, including published results from clinical trials. Each *Guidebook* also includes a valuable index of leading authors and medical institutions as well as a directory of disease organizations and support groups. *MediFocus Guidebooks* are reviewed, revised and updated every 4-months to ensure that you receive the latest and most up-to-date information about the specific condition.

About Your MediFocus Guidebook

Introduction

Your *MediFocus Guidebook* is a valuable resource that represents a comprehensive synthesis of the most up-to-date, advanced medical information published about the condition in well-respected, trustworthy medical journals. It is the same type of professional-level information used by physicians and other health-care professionals to keep abreast of the latest developments in biomedical research and clinical medicine. The *Guidebook* is intended for patients who have a need for more advanced, in-depth medical information than is generally available to consumers from a variety of other resources. The primary goal of a *MediFocus Guidebook* is to educate patients and their families about their treatment options so that they can make informed health-care decisions and become active participants in the medical decision making process.

The *Guidebook* production process involves a team of professionals with expertise in diverse areas including experienced medical database researchers and practicing physicians who serve as members of the *Medifocus.com* Medical Advisory Board (MAB). This team approach to the development and production of the *MediFocus Guidebooks* is designed to ensure the accuracy, completeness, and clinical relevance of the information. The *Guidebook* is intended to serve as a basis for more meaningful discussions between patients and their health-care providers in a joint effort to seek the most appropriate course of treatment for the disease.

Guidebook Organization and Content

Section 1 - Background Information

This section provides detailed information about the organization and content of the *Guidebook* including tips and suggestions for conducting additional research about the condition.

Section 2 - The Intelligent Patient Overview

This section of your *MediFocus Guidebook* represents a detailed overview of the disease or condition specifically written from the patient's perspective. It is designed to satisfy the basic informational needs of consumers and their families who are confronted with the illness and are facing difficult choices. Important aspects which are addressed in "The Intelligent Patient" section include:

- The etiology or cause of the disease
- Signs and symptoms
- How the condition is diagnosed
- The current standard of care for the disease

- Treatment options
- New developments
- Important questions to ask your health care provider

Section 3 - Guide to the Medical Literature

This is a roadmap to important and up-to-date medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest developments and breakthroughs in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new clinical developments, and advances in research. To facilitate your review and analysis of this information, the articles are grouped by specific categories. A typical *MediFocus Guidebook* usually contains one or more of the following article groupings:

- *Review Articles*: Articles included in this category are broad in scope and are intended to provide the reader with a detailed overview of the condition including such important aspects as its cause, diagnosis, treatment, and new advances.
- *General Interest Articles*: These articles are broad in scope and contain supplementary information about the condition that may be of interest to select groups of patients.
- *Drug Therapy*: Articles that provide information about the effectiveness of specific drugs or other biological agents for the treatment of the condition.
- *Surgical Therapy*: Articles that provide information about specific surgical treatments for the condition.
- *Clinical Trials*: Articles in this category summarize studies which compare the safety and efficacy of a new, experimental treatment modality to currently available standard treatments for the condition. In many cases, clinical trials represent the latest advances in the field and may be considered as being on the "cutting edge" of medicine. Some of these experimental treatments may have already been incorporated into clinical practice.

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Article title
- Author Name(s)
- Institution where the study was done

- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

Linking to Abstracts: Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the corresponding URL address that is provided for each cited article. If you purchased a printed copy of a *MediFocus Guidebook*, you can still access the article abstracts online by entering the individual URL address for a particular article into your web browser.

Section 4 - Centers of Research

We've compiled a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of the specific medical condition. The "Centers of Research" directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of the condition.

Inclusion of the names of specific doctors, researchers, hospitals, medical centers, or research institutions in this *Guidebook* does not imply endorsement by Medifocus.com, Inc. or any of its affiliates. Consumers are encouraged to conduct additional research to identify health-care professionals, hospitals, and medical institutions with expertise in providing specific medical advice, guidance, and treatment for this condition.

Section 5 - Tips on Finding and Choosing a Doctor

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver high-level, quality medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it. This section of your *Guidebook* offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

Section 6 - Directory of Organizations

This section of your *Guidebook* is a directory of select disease organizations and support groups that are in the business of helping patients and their families by providing access to information, resources, and services. Many of these organizations can answer your questions, enable you to network with other patients, and help you find a doctor in your geographical area who specializes in managing your condition.

2 - The Intelligent Patient Overview

PROSTATE CANCER

Introduction to Prostate Cancer

The prostate is a chestnut-shaped gland of the male reproductive system. It is about the size of a walnut that is located in front of the rectum and just below the bladder, and surrounds the beginning of the *urethra* (the tube that carries urine and semen out of the body). The prostate gland is somewhat conical in shape, and consists of a base, an apex, an anterior, a posterior and two lateral surfaces. The *capsule* is the fibromuscular membrane covering the prostate and is the anatomical boundary for the prostate. The prostate is divided into several lobes:

- The *anterior lobe* is used to describe the anterior portion of the gland lying in front of the urethra.
- The *median lobe* is a cone-shaped portion of the gland situated between the two ejaculatory ducts and the urethra.
- The *lateral lobes* (right and left lobes) form the main mass of the gland. They are separated by the prostatic urethra.
- The *posterior lobe* describes the part of the lateral lobes that can be felt through the rectum during digital rectal exam (DRE).

The prostate is also described in terms of its three zones: the *peripheral*, the *central*, and the *transitional* zones. Of cases of prostate cancer, 70% arise in the peripheral zone, 15-20% arise in the central zone, and 10-15% arise in the transitional zone. Most prostate cancers are multifocal, with synchronous involvement of multiple zones of the prostate.

The main purpose of the prostate is to produce fluid for semen, which transports sperm during the male orgasm and to protect the bladder against bacterial invasion. The nerves involved in penile erection are located posteriorly on each side of the prostate gland. Therefore, the prostate is also considered to be an accessory sex organ.

The prostate normally increases in size around the age of puberty and then usually remains constant until the age of 45 to 50 years, at which time it may begin to undergo varying degrees of enlargement stimulated by rising levels of the male hormone *testosterone*. This non-cancer-related process is called *benign prostatic hyperplasia* (BPH) and can cause urinary problems in older men. Approximately 33% of men over the age of 50 have BPH.

The prostate can also develop cancer. Carcinoma of the prostate is the most commonly diagnosed male malignancy in the U.S. Because it grows so slowly, it often produces no symptoms and men often die of other causes before the cancer becomes an issue. Early detection is the key to successful treatment with a 5-year survival rate of greater than 80%.

In general, prostate cancers grow very slowly. It is known that the growth rate of prostate cancers increases in response to the presence of androgens (male hormones). Therefore, several treatments are targeted at reducing or eliminating androgens in the body.

In its advanced stages, prostate cancer can spread (metastasize) to other parts of the body including the lymph nodes, bone, spine, liver, lungs, adrenal glands and the brain.

Types of Prostate Cancer

There are several types of prostate tumors, arising from different areas of the prostate that can occur alone or in conjunction with another type. *Adenocarcinoma* is the most common type, comprising 95% of all prostate cancers.

The remaining 5% of cases of prostate cancer include:

- Squamous Cell Carcinoma - These account for 0.5-1% of cases of prostate cancer.
- Signet-Ring Carcinoma - This is a very rare and aggressive form of prostate cancer.
- Transitional Carcinoma - This type is also rare, and must be distinguished from a primary bladder cancer that has invaded into the prostate - a far more frequent condition.
- Neuroendocrine Carcinoma - This is an uncommon cancer that arises from a specialized cell in the prostate gland called neuroendocrine. Some of these cancers are referred to as small cell cancer.
- Sarcoma - This type accounts for only 0.1-0.2% of prostate cancers.

Prostate Cancer Statistics

- The most common cancer in men in the United States, prostate cancer accounts for 33% of all newly diagnosed malignancies among men in the United States.
- The American Cancer Society estimates that during 2006 about 234,460 new cases of prostate cancer will be diagnosed in the United States.
- Approximately 17% of men will be diagnosed with prostate cancer during his lifetime, but only 3% will die of it.
- Over 1.8 million men in the United States are survivors of prostate cancer.
- Prostate cancer is the second leading cause of cancer death in American men (lung cancer is the leading cause of death).

- The American Cancer Society estimates that 27,350 men in the United States will die of prostate cancer in 2006.
- Prostate cancer accounts for about 10% of cancer-related deaths in men.
- Over 90% percent of all prostate cancers are found in the local and regional stages
 - the term *local* means that the cancer is still confined to the prostate gland and has not spread to nearby areas.
 - the term *regional* means that the cancer has spread from the prostate to nearby areas (e.g., bladder; rectum), but has not spread to distant sites, such as bone.
 - the 5-year relative survival rate for these men is nearly 100%.
- The 5-year relative survival rate for men whose prostate cancers have already spread to distant parts of the body at the time of diagnosis is about 34%.
- African Americans have among the highest rates of prostate cancer in the world (275.3 per 100,000 men).
- The highest incidence rates of prostate cancer are found in the United States, Canada, and Scandinavia. The lowest rates are found in China and other parts of Asia.

Risk Factors for Prostate Cancer

A *risk factor* is anything that increases the chances of a person developing a particular disease or condition. The cause of prostate cancer remains unclear, but it is thought to be a combination of environmental, genetic, and lifestyle factors. Risk factors that have been suggested for prostate cancer include:

- Age - Prostate cancer is a disease associated with aging. In the United States, greater than 70% of all cases are diagnosed in men over 65 years of age. Prostate cancer can occur in men as young as 40 years of age, although this is rare.
- Race - The incidence of prostate cancer in African Americans 275.3 per 100,000 men is nearly 60% higher than among whites (172.9 per 100,000), which in turn, is higher than the rates for Hispanics (127.6 per 100,000) and Asians/Pacific Islanders (107.2 per 100,000).
- Genetics - The risk of developing prostate cancer doubles for men who have a father or brother affected by the disease, and risk increases further when multiple first-degree relatives are affected. It has been suggested that this familial clustering of prostate cancer may be caused by inheritance of a gene that makes family members more susceptible to prostate cancer, although this has not yet been proven.
- Diet - People with high dietary intake of red meat, saturated/animal fat, and milk/dairy products may have an increased risk of developing prostate cancer.

- Environmental Exposures - Certain pesticides and herbicides may increase prostate cancer risk in some populations such as farmers. Work-related exposure to metalworking operations, cadmium and polycyclic aromatic hydrocarbons may also increase risk of prostate cancer.
- Some studies have suggested that men who have had a *vasectomy* (surgical procedure used to sterilize men where the *vas deferens* is cut to prevent sperm from traveling to the urethra) may have a greater disposition for developing prostate cancer.

Screening for Prostate Cancer

Screening for disease refers to medical evaluation and testing to determine the presence of a disease or a risk factor for a disease, typically among asymptomatic persons (those who do not already manifest symptoms of disease). The goal of screening is early detection allowing for either earlier diagnosis, treatment, or prevention.

The American Cancer Society recommends annual *prostate specific antigen* (PSA) and *digital rectal examination* (DRE) screening starting at the age of 50 years for all men with life expectancy of 10 or more years. Prostate specific antigen (PSA) is a protein produced by the prostate gland and can be detected by a simple blood test. Higher than normal levels of PSA in the bloodstream (between 4 to 10 ng/mL) are considered suspicious for prostate cancer. Levels of PSA above 10 ng/mL dramatically increase the likelihood of prostate cancer. The PSA level together with the digital rectal examination (DRE) are the most commonly used screening tests for prostate cancer.

Men at high risk, including African Americans and those with a first-degree relative (i.e., father or brother) affected by prostate cancer, should be screened starting at age 45. Those with multiple first-degree relatives with a history of prostate cancer should be tested starting at age 40.

There is considerable debate among experts regarding the benefits of routine screening for prostate cancer for all men in general. Because the progression of prostate cancer is unpredictable, it is difficult to determine whether a malignancy, once identified, would necessarily progress to the point of causing symptoms. Identification of small tumors may lead to unnecessary treatments with associated burden and complications.

The United States Preventive Services Task Force Recommendations on Screening for Prostate Cancer

The United States Preventive Services Task Force (USPSTF) is a group of health experts that periodically reviews published research about various medical issues and makes recommendations about preventive health care. The USPSTF last issued its recommendations about screening for prostate cancer in 2002. In an article published in the *Annals of Internal Medicine* in August 2008 (Volume 149; Issue 3; pp. 185-191), the USPSTF issued an update to its 2002 recommendations regarding the issue of screening for prostate cancer based on new information that has become available since 2002.

Before summarizing the updated USPSTF recommendations about prostate cancer screening, it would be helpful to review some of the major issues and problems associated with screening and treatment of prostate cancer.

- **PSA Screening Test** - The prostate-specific antigen (PSA) test has been widely used to screen men for prostate cancer since the mid-1990's. In many cases, the PSA test can detect prostate cancer before clinical symptoms develop and the PSA test is more sensitive than the digital rectal examination (DRE) for detecting prostate cancer. A PSA value of 4.0 ng/mL or higher is considered abnormal and suggests the possibility of prostate cancer. An abnormal PSA test, however, does not necessarily mean that prostate cancer is actually present. The only way to tell for sure if a man has prostate cancer is to perform a prostate biopsy and examine the tissue under a microscope for cancer cells to confirm or rule-out prostate cancer. Although prostate biopsy is generally considered to be a low-risk and safe procedure, in some cases complications may develop which include:
 - bleeding into the urethra
 - bleeding from the rectum
 - infection
 - low sperm count (usually temporary)
 - difficulty urinating
- PSA screening for the early detection of prostate cancer is associated with potential harms which may include:
 - additional medical visits for treatment and follow-up
 - adverse effects of prostate biopsy
 - anxiety and worry about a positive or false-positive PSA test
 - overdiagnosis (the identification of prostate cancer that would never have caused symptoms in a patient's lifetime leading to unnecessary treatment and associated complications).
- Prostate cancer is a very slow growing type of cancer and, therefore, many men are likely to die from other causes before prostate cancer causes a major problem.
- Early detection of prostate cancer by PSA screening can lead to unnecessary treatments in some patients who would otherwise never develop symptoms of prostate cancer during the course of their lifetime. Treatment of prostate cancer (surgery; external beam radiation therapy; brachytherapy) carries the risk of significant complications including:
 - erectile dysfunction
 - urinary incontinence
 - bowel dysfunction

Summary of the Updated 2008 USPSTF Recommendations

- **Men Younger than Age 75** - The USPSTF concluded that currently there is insufficient

evidence to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75. For this age group, there is also insufficient evidence to determine if treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection of prostate cancer.

- Men Ages 75 or Older - The USPSTF found adequate evidence that the additional benefits of treatment for prostate cancer detected by screening are small to none. For this reason, the USPSTF recommends against screening for prostate cancer in men ages 75 or older.

Suggestions for Clinical Practice

Because of the controversy surrounding the issue of prostate cancer screening in men younger than age 75, the USPSTF recommended that before ordering a PSA test for a man who is younger than 75 years of age, doctors should discuss with their patients the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. The final decision of whether or not to perform a PSA test for men younger than age 75 should be left up to each individual patient following a thorough discussion with their doctor of the potential risks and benefits.

Staging of Prostate Cancer

Staging is the method used by doctors to evaluate how far the cancer has spread once it has been discovered. Staging plays an important role in determining both the treatment options as well as predicting the prognosis (chances of recovery). In general, there are 4 clinical stages of prostate cancer:

- Stage I: The cancer is small, is confined to the prostate gland, and cannot be felt during a digital rectal exam (DRE). It is found by chance when surgery is done for another reason, usually for *benign prostatic hyperplasia* (BPH). Many men with Stage I prostate cancer have no signs or symptoms of the disease.
- Stage II: The cancer is more advanced than in Stage I but it has still not spread outside the prostate. Stage II cancer may be discovered by a DRE, transrectal ultrasound, or by an elevated PSA level. Stage II prostate cancer is more likely to spread beyond the prostate as compared to Stage I disease and is also more likely to cause symptoms.
 - Sixty-five to 98% of men with stage 1 and 2 prostate cancer will live for more than five years after they are diagnosed. Some of these patients will be cured with treatment. Others may have a cancer that is so slow growing that it will not have progressed much in this time, even with no treatment at all.
- Stage III: The cancer has spread outside the prostate (e.g, seminal vesicles) but it has not spread to the regional lymph nodes or to distant organs.
- Stage IV: The cancer may be in nearby muscles and organs (bladder; rectum). It may have spread to the lymph nodes or may have spread to distant parts of the body (e.g., bones).

- Approximately 20-30% of men have Stage IV prostate cancer at the time of diagnosis (meaning the cancer has spread to another part of their body). About 1 in 3 (30%) men with advanced prostate cancer will live for more than five years after diagnosis. On average, men with Stage IV prostate cancer can expect their cancer to respond to treatment for about 12 to 18 months. Average survival after that time is approximately two years.
- *Recurrent* prostate cancer is cancer that has come back (recurred) after a time when it could not be detected. It may recur in or near the prostate. Or it may recur in any other part of the body, such as the bones.

One staging system for prostate cancer is known as the TNM (tumor, node, metastasis) system.

- T = Tumor - The "T" designation refers to the extent of invasion of the tumor into the prostate and nearby tissue and other organs. The extent of tumor invasion is scored on a numerical scale ranging from 1 to 4. In general, the higher the "T" score, the greater the extent of invasion of the tumor into the deeper layers of tissue.
- N = Lymph Node Involvement - The second aspect of the TNM staging system measures whether or not the cancer has spread to the regional (nearby) lymph nodes and, if so, the size of the lymph nodes. The extent and size of lymph node involvement is scored on a numerical scale ranging from 0 to 3. In general, the higher the "N" score, the greater the extent of lymph node involvement. In prostate cancer, the regional lymph nodes are the nodes of the true pelvis, which are the nodes below the bifurcation of the common iliac arteries. Distant lymph nodes are outside the true pelvis and their involvement constitutes distant metastasis.
- M = Metastasis - The last feature that is evaluated by the TNM staging system is whether or not the cancer has metastasized (spread) to distant organs (e.g., lungs, bone, liver) or to lymph nodes that are located far away from the prostate. An M score of "0" is assigned if no metastases is detected and a score of "1" is assigned if metastases is found.

Grading of Prostate Cancer

Grading of the tumor is also essential, as treatment is often based on this information. The *Gleason Grade* is the most commonly used system to grade prostate tumors. It describes the degree of aggressiveness of the tumor by determining its degree of differentiation based on the appearance of the tissue under a microscope. The Gleason Grade does not determine how far the cancer has spread, whether it is confined to the prostate or to which part of the body the cancer may have spread, but it can be an indicator of how aggressive the cancer is or will behave in the future.

The Gleason Grade is the combination of two numbers, derived from adding the two highest grades assigned to two tissue areas extracted during the biopsy. The lowest possible Gleason

Grade is 2 (1 + 1). The highest possible Gleason Grade is 10 (5 + 5). A high Gleason Grade (8-10) does indicate a greater chance that the cancer has spread beyond the prostate and is a more aggressive form of cancer. A very high Gleason Grade (i.e., 10) is strongly predictive for aggressive cancer that has likely grown outside of the prostate. Conversely, a lower Gleason Grade indicates a better prognosis.

The *Whitmore-Jewett* system is a staging system that uses the letters ABCD. The letters *A* and *B* refer to cancer that is confined to the prostate. The letter *C* refers to cancer that has grown beyond the prostate but has not spread to the lymph nodes or elsewhere in the body. The letter *D* refers to cancer that has spread to the lymph nodes or elsewhere in the body. An *A* designation in the Whitmore-Jewett system would correlate with Stage I Prostate cancer; *B* with Stage II; *C* with Stage III; and *D* with Stage IV.

The **Intelligent Patient Overview** in the complete **Medifocus Guidebook on Prostate Cancer** also includes the following additional sections:

- **Diagnosis of Prostate Cancer**
- **Treatment Options for Prostate Cancer**
- **The Role of Complementary and Alternative Therapies in Cancer**
- **Quality of Life Issues in Cancer**
- **Questions to Ask Your Doctor About Prostate Cancer**

To Order the Complete **Guidebook on Prostate Cancer** [Click Here](#)
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

3 - Guide to the Medical Literature

Introduction

This section of your *MediFocus Guidebook* is a comprehensive bibliography of important recent medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest advances in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new developments, and advances in research.

To facilitate your review and analysis of this information, the articles in this *MediFocus Guidebook* are grouped in the following categories:

- Review Articles - 63 Articles
- General Interest Articles - 5 Articles
- Drug Therapy Articles - 15 Articles
- Surgical Therapy Articles - 18 Articles
- Clinical Trials Articles - 86 Articles
- Radiation Therapy Articles - 20 Articles
- Prostate Cancer Screening Articles - 8 Articles

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Title of the article
- Name of the authors
- Institution where the study was done
- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

Linking to Abstracts: Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the URI that is provided for each cited article. If you purchased a printed copy of the *MediFocus Guidebook*, you can still access the abstracts online by entering the individual URI for a particular abstract into your computer's web browser.

Recent Literature: What Your Doctor Reads

Database: PubMed <January 2007 to October 2009>

Review Articles

1.

A review of the use of histrelin acetate in the treatment of prostate cancer.

Author: Crawford ED
Institution: University of Colorado Health Science Center, Aurora, CO 80045, USA.
david.crawford@ucdenver.edu
Journal: BJU Int. 2009 Mar;103 Suppl 2:14-22.
Abstract Link: **ABSTRACT NOT AVAILABLE**

2.

Targeted therapies for prostate cancer against the prostate specific membrane antigen.

Authors: Elsasser-Beile U; Buhler P; Wolf P
Institution: Department of Urology, Experimental Urology, University of Freiburg,
Breisacher Strasse 117, Freiburg, Germany.
ursula.elsaesser@uniklinik-freiburg.de
Journal: Curr Drug Targets. 2009 Feb;10(2):118-25.
Abstract Link: <http://www.medifocus.com/abstracts.php?gid=OC014&ID=19199907>

3.

Current prostate cancer treatments: effect on quality of life.

Authors: Gomella LG; Johannes J; Trabulsi EJ
Institution: Department of Urology, Jefferson Kimmel Cancer Center, Thomas Jefferson
University, Philadelphia, Pennsylvania 19107, USA.
leonard.gomella@jefferson.edu
Journal: Urology. 2009 May;73(5 Suppl):S28-35.
Abstract Link: <http://www.medifocus.com/abstracts.php?gid=OC014&ID=19375624>

The **Guide to the Medical Literature** in the complete **Medifocus Guidebook on Prostate Cancer** includes the following sections:

- Review Articles - 63 Articles
- General Interest Articles - 5 Articles
- Drug Therapy Articles - 15 Articles
- Surgical Therapy Articles - 18 Articles
- Clinical Trials Articles - 86 Articles
- Radiation Therapy Articles - 20 Articles
- Prostate Cancer Screening Articles - 8 Articles

To Order the Complete **Guidebook on Prostate Cancer** [Click Here](#)
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

4 - Centers of Research

This section of your *MediFocus Guidebook* is a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition. The *Centers of Research* directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of this disorder.

Use the *Centers of Research* directory to contact, consult, or network with leading experts in the field and to locate a hospital or medical center that can help you.

The following information is provided in the *Centers of Research* directory:

- **Geographic Location**

- United States: the information is divided by individual states listed in alphabetical order. Not all states may be included.
- Other Countries: information is presented for select countries worldwide listed in alphabetical order. Not all countries may be included.

- **Names of Authors**

- Select names of individual authors (doctors, researchers, or other health-care professionals) with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition, who have recently published articles in leading medical journals about the condition.
- E-mail addresses for individual authors, if listed on their specific publications, is also provided.

- **Institutional Affiliations**

- Next to each individual author's name is their **institutional affiliation** (hospital, medical center, or research institution) where the study was conducted as listed in their publication(s).
- In many cases, information about the specific **department** within the medical institution where the individual author was located at the time the study was conducted is also provided.

Centers of Research

United States

AL - Alabama

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The **Centers of Research** in the complete **Medifocus Guidebook on Prostate Cancer** includes the following sections:

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- Centers of Research listed for relevant countries outside the United States

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5 - Tips on Finding and Choosing a Doctor

Introduction

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver a high level and quality of medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it.

The process of finding and choosing a physician to manage your specific illness or condition is, in some respects, analogous to the process of making a decision about whether or not to invest in a particular stock or mutual fund. After all, you wouldn't invest your hard earned money in a stock or mutual fund without first doing exhaustive research about the stock or fund's past performance, current financial status, and projected future earnings. More than likely you would spend a considerable amount of time and energy doing your own research and consulting with your stock broker before making an informed decision about investing. The same general principle applies to the process of finding and choosing a physician. Although the process requires a considerable investment in terms of both time and energy, the potential payoff can be well worth it--after all, what can be more important than your health and well-being?

This section of your Guidebook offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

Tips for Finding Physicians

Finding a highly qualified, competent, and compassionate physician to manage your specific illness or condition takes a lot of hard work and energy but is an investment that is well-worth the effort. It is important to keep in mind that you are not looking for just any general physician but rather for a physician who has expertise in the treatment and management of your specific illness or condition. Here are some suggestions for where you can turn to identify and locate physicians who specialize in managing your disorder:

- **Your Doctor** - Your family physician (family medicine or internal medicine specialist) is a good starting point for finding a physician who specializes in your illness. Chances are that your doctor already knows several specialists in your geographic area who specialize in your illness and can recommend several names to you. Your doctor can also provide you with information about their qualifications, training, and hospital affiliations.

The **Tips on Finding and Choosing a Doctor** in the complete **Medifocus Guidebook on Prostate Cancer** includes additional information that will assist you in locating a highly qualified and competent physician to manage your specific illness.

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6 - Directory of Organizations

American Cancer Society

1599 Clifton Road NE Atlanta, GA 30329

800.227.2345; 404.486.0100

www.cancer.org

American Institute for Cancer Research; Nutrition Hotline

1759 R St. NW; Washington, DC 20009

800.843.8114; 202.328.7744

www.aicr.org

Association of Cancer Online Resources

www.acor.org

Canadian Prostate Cancer Network

P.O. Box 1253, Lakefield, ON, K0L 2H0

866-810-2726

-

www.cpcn.org/

Cancer Care

275 Seventh Avenue; New York, NY 10001

800.813.4673; 212.712.8400

www.cancercare.org

Cancer Caring Center

4117 Liberty Avenue; Pittsburgh, PA 15224

412.622.1212

info@cancercaring.org

www.cancercaring.org

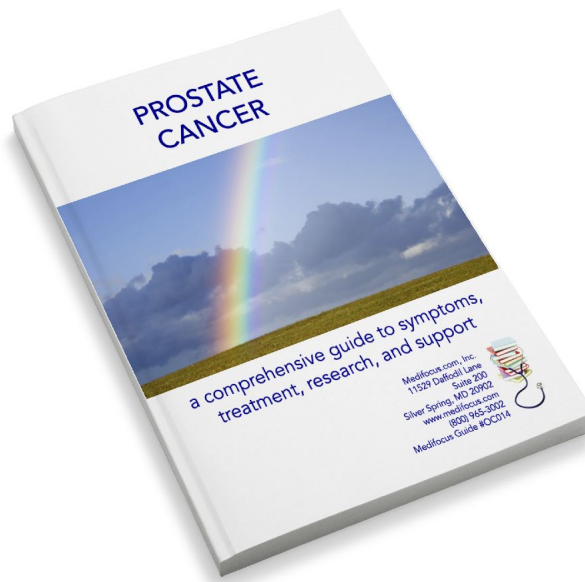
Cancer Help UK

0808 800 40 40

www.cancerhelp.org.uk

The **Directory of Organizations** in the complete **Medifocus Guidebook on Prostate Cancer** includes a list of selected disease organizations and support groups that are helping people diagnosed with Prostate Cancer.

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This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Prostate Cancer**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

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