

## **TREATMENT OPTIONS FOR STAGE 'A' PROSTATE CANCER**

### **DEFINITION**

Stage A cancer is defined as 'unsuspected cancer found by the pathologist looking at prostate tissue removed during a prostate operation for benign prostate enlargement'. In this case, either a transurethral resection of the prostate (TURP) or simple open prostatectomy (suprapubic, retropubic or perineal approach) could have been performed to give the pathologist the needed specimen to make a diagnosis of stage A cancer. In these operations, only the portion of the prostate gland that is blocking the flow of urine is removed, leaving behind the outer shell or capsule of the prostate. This is much different from the radical prostate operations done for known cancer in which ALL prostate tissue is removed.

### **STAGE A1 versus A2**

To further complicate the situation, we divide stage A cancers into two groups - stage A1 (or T1a) and stage A2 (or T1b). More clearly defined, stage A1 means that the cancer found represented less than 5% of the tissue removed and the grade of the cancer was less than 5 on the Gleason scoring system of 2-10. (If you don't understand the grading system, ask us for a information sheet on Stage and Grade of prostate cancer). Stage A2 means that the cancer was either more than 5% of the tissue or greater than 4 on the grading system.

### **STAGE T1c - a new stage of early prostate cancer**

A newer stage of prostate cancer has been created in the past decade, namely, those patients that have cancer found purely on the basis of an elevated prostate specific antigen (or PSA) and prostate ultrasound. No abnormalities are felt on rectal examination, but cancer is found when ultrasound and biopsy are performed. This is referred to as stage T1c. These cancers behave more like stage B tumors and are usually considered Stage B when discussions with patients are held. The major difference is that no prostate surgery has been performed as the A1 and A2 have had. We will not discuss T1c further, but we can provide you more information about the treatment of stage B cancer if you ask.

## **TREATMENT OF STAGE A CANCER**

The treatment depends on whether you have stage A1 or stage A2 prostate cancer.

### **STAGE A1**

Historically, most patients with stage A1 prostate cancer have not been treated for their cancers. That is, observation alone is recommended. This is based on the experience that stage A1 cancers usually don't advance and rarely does the patient die from the cancer. More specifically, over a ten-year period, about 10-15% of patients will have further growth of their cancers and only 2-3% will die of prostate cancer. Said another way, 85-90% of patients will have no further cancer found and 97-98% of patients will die of another disease. These numbers are so good that it is hard to justify aggressive management, with its common side effects.

However newer technology has taught us not to just sit still with patients with stage A1. The data presented above comes from the era when PSA and ultrasound did not exist. In younger patients with longer life expectancies we can use PSA and ultrasound-guided biopsies to find those few patients that will recur and be able to offer them treatment when appropriate.

Therefore, we do recommend that all patients with stage A1 be followed yearly with a PSA and a digital rectal examination. If the PSA starts to rise or a new nodule is felt on rectal examination, an ultrasound-guided biopsy of the entire prostate should be done. If cancer is found, the patient will then become upstaged to Stage B and appropriate therapy can be offered depending on the age and general health of the patient. Radical prostatectomy and external radiation are the most common treatments used in these situations. Implants with radioactive seeds are usually not practical because the prior surgery creates a loss of central prostate tissues that are essential to hold the seeds.

## **STAGE A2**

Stage A2 is a different cancer than stage A1. One-third to one-half (33%-50%) of these patients will have progression of their cancer. These rates combined with a significantly higher death rate if the cancer is left untreated, suggests that all stage A2 should be offered either radical prostatectomy or external beam radiation therapy.

## **MEN OVER 75 WITH STAGE A2**

In men over 75, the options might change depending on the amount of cancer found, the grade of the cancer and the rate of rise of the PSA. A slow-growing tumor with a slow rate of PSA rise might be left alone. On the other hand, a fast-growing cancer with a rapidly rising PSA should probably receive radiation treatments.

## **COMPLICATIONS OF RADICAL SURGERY AFTER PRIOR PROSTATE SURGERY**

Some older articles suggest that radical prostate surgery done after transurethral prostatectomy has higher complication rate, particularly incontinence. With the newer techniques for radical surgery, these side effects have not been seen in the hand of most experience urological cancer specialists. We do recommend waiting at least 6-12 weeks after the prostate surgery to consider the radical operation. Consideration of hormone treatments during this wait should be given and will be discussed with you.

## **COMPLICATIONS OF RADIATION AFTER PRIOR PROSTATE SURGERY**

Radiation treatments should NOT be given for at least 6 weeks after transurethral surgery to allow the prostate channel to heal. The chances of severe scarring or 'stricture' formation rises dramatically if the prostate is treated too early. After six weeks, the treatments are usually well tolerated with no additional side effects.

If you have any questions about prostate cancer, don't hesitate to ask.