

*“The future is not what it use to be.”* Yogi Berra

# For “Urine” Telligence



## September is Prostate Awareness Month

Thank you for your support of Advanced Urology and Dr. Eric Freedman, and for entrusting your patient care to us. Our team will continue to strive for excellence in patient care.

Dr. Eric Freedman



### INTRODUCING ADVANCED UROLOGY'S FIRST NEWSLETTER FOR PRIMARY CARE

September is Prostate Health Awareness Month, and an ideal opportunity to introduce the first in a series of educational newsletters for healthcare providers.

As medicine evolves rapidly, keeping up with developments of sub-specialties is often difficult and time consuming.

For “Urine” Telligence is designed to introduce some of the newest, cutting-edge, and technological advancements in Urology that are, or will be, available to your patients.

Don't forget to keep a look out for Dr. Freedman's “Urine” Vited “healthcare provider's night out.”

This was a great success last Spring and will be again at Stage 3.

Date to be announced for Spring “08”

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#### Mission Statement

Advanced Urology is dedicated to partnering with patients and healthcare practioners to provide the highest standard of urological care



Cryotherapy uses ultra-thin needles to produce ice balls of extreme sub-zero temperatures. The doctor uses ultrasound to accurately guide insertion of the needles, precisely control the size and shape of the ice balls and monitor the freezing.

## Profound Changes



### PROSTATE CANCER

In recent years the field of prostate cancer has exploded with new diagnostic and treatment possibilities. Mortality rates continue to decrease, although it is estimated that almost 40,000 men in the USA will die of prostate cancer this year.

Prostate cancer remains the most common human cancer. Over 90% of these cancers detected today will be clinically localized, compared to only 60% detected during the pre-PSA era.

### NEW CANCER SPECIFIC BIO MARKERS

PSA is still the "gold standard," specific for prostate conditions, but not cancer. This has resulted in the over utilization of prostate biopsy (which is also not perfect) resulting in a national average of 38% of prostate biopsies positive. My personal "score" which has been stable the last 2 years is 69%! This indicates that either I am more selective, or we have a higher incidence in our local population.

Another limitation to the use of PSA is the lack of identification of men with either very aggressive cancers, or conversely of men with "harmless" non-life-threatening cancers. The near future will bring a plethora of new cancer specific bio markers (both serum and urine such as EPCA-2, which detects aberrant nuclear structural proteins or matrix.) This will guide future investigation and treatment.

### NEW MINIMALLY INVASIVE TREATMENT TECHNOLOGIES

Most prostate tumors detected today are clinically smaller and amenable to curative treatments. Open prostatectomies remain the standard of care, but new technologies are quickly challenging this standard.

1. **Robotic Assisted Laproscopic Prostatectomy;** patient driven and company promoted, recovery is quicker. Continence may be slightly improved, but rates of cancer cure and erectile dysfunction appear similar to the standard "open" surgery.

2. **Cesium 131 Brachytherapy;** we have excellent cure rates locally with our image guided "radioactive seed" implant program in conjunction with Dr. Gary Young at the Sonora Regional Radiation Oncology Center. This minimally invasive outpatient surgery has been further enhanced with our use of the latest Cesium seeds; faster acting with higher energy, with minimizing side-effects.

In higher risk cancers, therapy can be combined with IMRT (Intensity Modulated Radiotherapy) external beam. Most patients on radiotherapy treatment will also be placed on Androgen deprivation therapy (see page Risks13). Radiation poses its own set of short and long term morbidities.

3. **Cryosurgery Ablation** now being performed in Sonora. "Ice to the rescue." Freezing has long been used as a very effective local salvage therapy for patients who failed radiation.

Cryoablation of the prostate is not experimental, and is now a bonafide alternative for primary treatment of this cancer. Dr. Eric Freedman has been performing cryosurgeries since March 2007. The advantages include; single treatment, minimally invasive, quick recovery and return to lifestyle, has an excellent cure rate, low incontinence rate, non-nuclear (no late onset morbidities), outpatient or short hospital stay, no routine hormone ablation, can be repeated (no total toxic dose), no collateral damage beyond the ice, and can be utilized focally with precise control. Also, there is no age limitations therefore can be used in patients with higher co-morbidities.

The development of 3rd generation, state-of-the-art cryotherapy units integrate ultrasound imaging, computerized logarithms, physics and biology into a single system utilizing thin needle cryoprobes for precise lethal freezing (<minus 40 degrees centigrade is lethal.) The iceball is so powerful at killing all cancer, especially for high grade tumors that can be radiation-resistant.

4. **Focal Cryosurgery;** "don't shoot a mouse with an elephant gun."

The cost of morbidity of therapy should not outweigh the benefits. In patients with unilateral, low grade, focal prostate cancers, who are uncomfortable with active surveillance, or conversely with aggressive surgery, we now can offer the first truly focal prostate cancer cure by only treating the affected region. (continued)



## NEW MINIMALLY INVASIVE TREATMENT TECH CONT.

If cancer shows up on the contra-lateral side in the future, a second focal freeze therapy can be applied. This allows the erectile nerves on the treated side time to recovery (takes 6-24 months). Thus offering cancer-control while incurring minimal morbidity.

The idea of freezing seems more acceptable to patients than the thoughts of cutting, burning, radiating, or poisoning. Patients must feel comfortable with their treatment options. Studies have shown, patients' confidence in their choice of therapy and healer, plays a powerful role in their recovery.

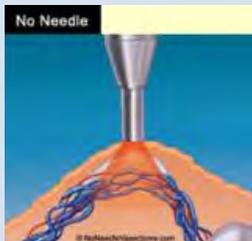


Check out these websites for more information:

- [www.prostatecancer.com](http://www.prostatecancer.com)
- [www.Urologyhealth.org/prostate](http://www.Urologyhealth.org/prostate)
- [www.oncura.com](http://www.oncura.com)

**PSA for Uninsured**  
 Many of your male patients have no insurance - encourage them to attend our county health fairs to perform and track their suggested yearly PSA. (Calaveras Health Fair is held on October 13th)

Also, Advanced Urology will have an informational booth for men, women & Children's Urological health at the Tuolumne County Health Fair October 16 & 17.



## New Services

No Needle, No Scalpel Vasectomy -- did you know Dr. Freedman is routinely using this technique? Local anesthetic is actually sprayed into the skin with the madajet injector. NO NEEDLE means greater comfort and less anxiety for your patients. More information on [www.vasectomy.com](http://www.vasectomy.com)



## DEBUNKING OUR BELIEFS *Extra Vitamins are healthy?*

A recent study in the Journal of National Cancer Institute, 2007, with 300,000 men found those over the age of 65 with heavy vitamin use (greater than 7x a week) had;

- 6 fold increase in fatal prostate cancer
- 37% increased risk of prostate cancer with high use of selenium and or vitamin E.
- 3 fold risk of aggressive prostate cancer in patients with high levels of antioxidant beta carotene in blood.
- No protective value amongst lycopene users. (stewed tomatoes)

\*Micronutrients infact may be risk factors in promoting cancers. Information to ponder when advising patients on their use.

## Did you know?

### *Risks of hormone ablation for prostate cancer...*

Prostate cancer still kills almost 40,000 Americans yearly. Many with advanced disease are placed on hormone ablation (androgen deprivation). You are all familiar with the common side effects; such as, loss of libido and sexual function, hot flashes, mood swings, weight gain and osteoporosis.

Did you know that these treated men have higher rates of non-cancer mortality? A recent Harvard study of 70,000 men showed that in those over age 65, there was a 2.5% risk of cardiac death versus 0.9% of those non-treated men. 40% of those studied were at risk for developing diabetes, 11% more likely to develop myocardial infarction, 16% greater risk of coronary heart disease. And a hip fracture from osteoporosis results in 35% increased mortality.

The use of androgen ablation therapy is used sparingly at Advanced Urology. We should strive to detect and treat threatening cancers early before they are metastatic, and perform more active surveillance for early state less aggressive cancers.

## Are you aware?

- Dr. Freedman performs newborn circumcisions in the office.
- Dr. Freedman is now seeing patient's in Angels Camp at the Mark Twain outpatient clinic -- call our office for appointments at this location.

We appreciate your feedback:

(Circle One)

I found this newsletter to be helpful and informative?

Yes No

I would like to receive future issues?

Yes No

Would you like to receive this newsletter by mail, email or both? \_\_\_\_\_

Email Address? \_\_\_\_\_

Do you know others who would like to receive this newsletter?

NAME \_\_\_\_\_ CONTACT: \_\_\_\_\_

Is your office interested in educational lunch sessions?

Yes No

We will provide lunch. How many providers in your office? \_\_\_\_\_

Please call the office with any questions (209) 532-5244

Please fax back to (209) 532-5247 - Advanced Urology



### Look for future upcoming Newsletters

1. "Do your going patients have growing problems? (a review of the newest technologies for the treatment of BPH & lower urinary tract symptoms.)
2. Female incontinence. "Slings & Things." (the latest in minimally invasive surgeries and office based rehabilitation therapies.)
3. Hematuria (when, where, and how to worry!)

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