

Specialized program offers comprehensive prostate cancer planning in a single visit



Approximately one in six men is diagnosed with prostate cancer. For many, evaluating the risks and benefits of the complex array of treatment options can mean multiple physician appointments across several specialties and over an extended period of time.

UCLA's Institute of Urologic Oncology – Integrated Cancer Program (IUO - ICP) is a uniquely comprehensive and accessible approach in which newly diagnosed patients in partnership with a team of leading urologists, radiation oncologists and medical oncologists — as appropriate — explore all treatment options in one visit to a single location. Second opinions are built into the multidisciplinary process.

Based on a detailed review of the patient's evidence-based clinical prognosis and personal preferences, the panel offers a same-day joint recommendation on the most effective treatment plan.

Many treatment options

UCLA offers a full spectrum of the latest and most advanced treatment protocols, many offered at only a few centers nationwide. Patients with localized disease opt for therapies across three key treatment modalities: active surveillance, surgery and radiotherapy. Additionally, leading-edge procedures are available to individuals who elect to take part in one of the many prostate-cancer clinical studies.

Patient-centered decision support

“The outlook for men diagnosed with prostate cancer has never been better,” says Christopher King, MD, PhD, professor of radiation oncology. “That’s good news, of course. But with so many different approaches to treatment, choosing the best option is complicated. One-on-one discussion with the patient and his family is critical to identifying and evaluating the right therapy for each individual patient.

“The Institute of Urologic Oncology – Integrated Cancer Program is committed to providing a tailor-made, state-of-the-art treatment plan no matter what option is selected,” says Dr. King.

“We understand that a diagnosis of prostate cancer can be stressful and overwhelming,” says Christopher Saigal, MD, IUO-ICP director and vice-chair and professor of urology. “The IUO-ICP team is dedicated to assisting patients and their loved ones alleviate any anxiety. It is not only about treatment, but about caring for the well-being of the individual. I tell patients, ‘We just want the best care for you.’”

UCLA is at the cutting edge of patient-centered treatment, and patients have access to a software tool that helps prostate-cancer patients and physicians make better treatment decisions together, based on the latest evidence.

Active surveillance: Although about half of prostate cancer patients have a low-grade form of the disease that requires only close monitoring, fewer than 20 percent nationwide forgo aggressive treatment. At UCLA, up to 40 percent of patients opt for surveillance.

Advantages: Avoids the side effects of surgery or radiation without losing the chance for a cure **Disadvantages:** Need for repeated biopsies, continued monitoring for many years

Surgical intervention: More than 250 radical prostatectomies — complete removal of the prostate gland — are performed at UCLA each year. UCLA surgeons use minimally invasive techniques that reduce incontinence and erectile dysfunction after surgery.

Robotic-assisted (daVinci) laparoscopic radical prostatectomy is an increasingly popular surgical option. Many patients are eligible for “nerve sparing” robotic surgery. At UCLA, surgeons use advanced imaging to map out the location of critical nerves to help ensure complete cancer removal while maintaining sexual function.

Advantages: Precise, with reduced risks of sexual dysfunction, urine leakage and blood loss **Disadvantages:** Risk of urinary leakage (5 percent), recovery time two to four weeks; risk of sexual dysfunction varies by patient

Radiotherapy: While standard external-beam radiation therapy is still the most common radiotherapy treatment, newer procedures offer fewer side effects and shorter courses of treatment. UCLA radiation oncologists treat about 200 new prostate cancer patients annually.

- **Stereotactic body radiotherapy (SBRT)** — Pioneered by a physician currently at UCLA, SBRT delivers an accelerated course of external-beam radiation to a precise target via 3D image guidance (volumetric modulated arc).

Advantages: Accurate, treatment in five sessions instead of 45; no need for incision

Disadvantages: Risk of temporary overactive bowel or bladder (5 percent); risk of sexual dysfunction similar to that of surgery

- **High-dose rate (HDR) brachytherapy or radioactive seed implantation** — A tiny radioactive source temporarily placed within catheters in the prostate destroys cancer cells over several weeks. UCLA has performed more than 4,000 HDR seed implantations.

Advantages: One or two procedures

Disadvantages: General anesthesia, two-day hospital stay, potential lasting urinary issues

Clinical and research leadership

UCLA is a member of the Prostate Clinical Trials Consortium, which includes 11 top academic centers working together to bring new treatment alternatives to patients. Recent UCLA studies include medication therapies and focused laser ablation.

UCLA is one of only three prostate programs in the Western U.S. to be designated by the National Cancer Institute as a Specialized Program of Research Excellence.

Participating Physicians

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