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PERSONAL HEALTH

A Watch-and-Wait Prostate Treatment

By JANE E. BRODY Published: November 14, 2011

With controversy raging over whether men should be screened for prostate cancer with the PSA blood test, the experience of one man in his 80s suggests an alternative to a simple yes-or-no response, as well as options for prevention and treatment that men of all ages might consider.



Yvetta Fedorova

The man, a prominent New Yorker who for professional reasons asked that his name not be published, knew that the PSA was not recommended as a screening test for men over age 75 or for any man with less than a 10-year life expectancy. But although he was then 82, he said: "I insisted. I felt that age had nothing to do with it."

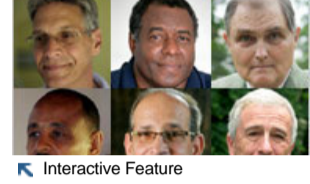
Now 85, he explained in an interview: "It's about how you feel, not how old you are. I feel like 60. I'm full of beans. With my energy level, my view of life, the 12 hours of work I do every day and the many cultural activities I enjoy, I ignore my age. And I didn't want to take any chances that prostate cancer would get in the way of all this."

He had the test, and when his PSA reading came back close to 5, he elected to have a biopsy (4 is the cut-off at which doctors usually recommend the procedure). It found an early-stage cancer on one side of the gland. Further analysis revealed a Gleason score of 7, suggesting that the cancer was somewhat more aggressive than slow-growing.

He was not considered a candidate for surgery and would not have wanted it in any case, but neither was he thrilled by the prospect of radiation treatments.

Instead, he consulted Dr. Aaron E. Katz, director of the Center for Holistic Urology at Columbia University Medical Center and author of "The Definitive Guide to Prostate Cancer." Dr. Katz's approach to this disease might be described as "more is less" — for most men with early-stage cancers that are not particularly aggressive, take the least invasive approach.

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That could be what Dr. Katz calls "active surveillance with possible delayed intervention" should the cancer start to grow, or for someone like the elderly New Yorker who wanted the cancer out, a relatively new procedure called cryosurgery.

What Is Active Surveillance?

Prostate cancer is extremely common. The disease can be found in up to 30 percent of men over age 50. Most men who develop it do not die of it; rather, they die with it, often without knowing that it was present.

The development of the PSA test and its widespread use greatly increased diagnosis of this disease, often of cases that would never have become a clinical problem.

In such cases, doctors may suggest "watchful waiting" — repeated monitoring of the prostate with no treatment unless the cancer begins to progress.

Active surveillance, according to Dr. Katz, can be applied to men with a PSA under 10 and Gleason score under 7 who have early-stage disease and no evidence of cancer beyond the prostate. He describes the somewhat unconventional approach as follows:

- Making dietary changes that include reducing or eliminating red meat and dairy and eating lots of vegetables. Taking supplements of omega-3 fatty acids, vitamin D and herbal anti-inflammatory agents. Adopting an exercise program that includes aerobic exercise three times a week. Practicing a method of stress reduction like yoga or meditation. Getting a PSA test every three to four months and digital rectal exam every six months. Repeating a biopsy of the prostate every 12 to 24 months.

While definitive proof is lacking, the dietary and behavioral changes he suggests are based on both observational and clinical studies that have linked them to a reduced risk of developing an aggressive cancer and dying of the disease. For example, in 1993, Dr. Edward Giovannucci and colleagues at the Harvard School of Public Health documented a relationship between high intake of red meat and a greater risk of developing advanced prostate cancer among 51,529 men who had initially been cancer-free.

In another study of the same group of men followed for up to 16 years, Dr. Giovannucci and co-authors found a reduced risk of advanced and fatal prostate cancer among those who consumed lots of tomato sauce, a rich source of a protective substance called lycopene, and those who engaged in higher levels of vigorous physical activity.

To patients who choose active surveillance, Dr. Katz recommends fish, particularly oily ocean fish like salmon, Arctic char, Atlantic mackerel and sardines, as the best source of omega-3 fatty acids. Among other protective foods that he said can stabilize or reduce PSA levels and cancer progression are deeply colored fruits like pomegranates, red grapes, green tea, flaxseed and walnuts.

He also urges men to greatly increase their consumption of vegetables, especially the cruciferous vegetables like broccoli, cabbage, brussels sprouts, cauliflower and kale, and other dark green leafy vegetables like spinach and Swiss chard.

This dietary approach can foster weight loss, important because obese men are more likely to develop aggressive prostate cancers, and also protect against heart disease, the leading killer of American men.

For supplements, Dr. Katz said that with more than 75 percent of men deficient in vitamin D, he starts with a daily intake of 2,000 to 3,000 international units a day to normalize blood levels. Other supplements he has found to be clinically helpful include AHCC, a combination of medicinal mushrooms that enhance the immune response, and Zyflamend, a combination of 10 herbal extracts with anti-inflammatory properties that, based on laboratory and early clinical trials, he and others believe can counter precancerous prostate lesions and reduce cancer spread to bones.

Cryosurgery, a Therapy Option

Many men found through PSA testing to have prostate cancer are reluctant to delay definitive treatment. Yet, the most common procedures — surgical removal of the prostate and radiation — can be overkill for men with early-stage disease and often result in two debilitating problems: incontinence and impotence.

Dr. Katz is one of about 50 urologists in academic centers around the country who specialize in cryosurgery, an outpatient procedure covered by Medicare in which just the diseased part of the prostate is frozen, sparing healthy tissue and avoiding serious side effects. Should the disease recur, the procedure can be repeated.

The 85-year-old New Yorker had cryosurgery and continues to follow Dr. Katz's recommendations, so far with no evidence of cancer recurrence or spread.

"We're overtreating so many men in this country with nine weeks of radiation that costs Medicare \$50,000 and with robotic surgery using machines that cost \$2 million," Dr. Katz said. "This has got to stop. We need guidelines as to who should be treated. And before a PSA test is done, patients need to be educated about what the test really means and where it can lead."

These latter words were echoed in four articles recently published online by The New England Journal of Medicine, suggesting a more discriminating use of the PSA.

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