

**PCSANM 2015 Seminar**



# **Basic Knowledge: Test for Prostate Cancer**

**Jerry Cross**

**15 item quiz, no grades given**

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**After my prostate exam,  
the doctor left. Then the  
nurse came in. As she  
shut the door, she  
whispered the three  
words no man wants to  
hear: "Who was that?"**

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## **Basic Knowledge: Test for Prostate Cancer**

**From <http://prostatesnatchers.blogspot.com/>**

**January 27, 2015**

**BY MARK SCHOLZ, MD**

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**A friend of Dr. Scholz is an expert in the psychology of learning. He started to bemoan his struggles to educate people about prostate cancer. One of the biggest bugaboos he faces is how people overestimate their grasp of the prostate cancer situation. Once he verbalized his complaint, his friend immediately proposed he create a basic test of prostate cancer knowledge so men could self-assess their level of knowledge.**

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**1. Which of the following is NOT a Prostate Cancer Staging System?**

- a. D'Amico**
- b. AJCC**
- c. Whitmore-Jewett**
- d. Gleason**

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**1. a. Wrong** Dr. Anthony D'Amico has shown that it is possible to estimate the biologic aggressiveness of prostate cancers by grouping them into **different risk categories**, which in turn reflect the risk of cancer growth and spread. When an urologist does a prostate biopsy, he systematically samples the gland from 6 to 12 – and sometimes up to 24 – different areas. The number of involved areas out of the total number sampled is a term called “percent positive biopsies (or cores)”, and indicates how much of the prostate gland is involved with cancer. For example, Dr. D'Amico has found that a tumor that only involves a **small percentage of cores can be classified as low risk**, whereas a **high percentage of positive cores portends a worse prognosis.**

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**Below is the overall risk stratification of this system:**

**Low risk:**

**PSA < 10ng/ml and Gleason < 6 and**

**The percentage of involved cores is < 50% or**

**Intermediate risk with only 1 positive core**

**Intermediate risk:**

**Gleason score of 7 or PSA of 10-20**

**Low risk with > 50% of positive cores or**

**High risk and only 1 positive core**

**High risk:**

**Gleason > 8 or PSA > 20 and more than 1 positive core**

**Or intermediate risk and more than 50% positive cores**

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**When there is a conflict in the Gleason score and PSA risk group, the worse factor wins and determines the risk category assignment. For example, a patient with a low Gleason Score of 6 combined with a PSA of 25 ng/ml is considered high risk.**

**The exception to this would be, say, if there is only one positive core out of all of the ones sampled, in which case the risk category goes down to intermediate risk.**

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**1. b. Wrong The TNM Staging System was developed by the American Joint Committee on Cancer for describing the extent of disease progression in cancer patients. It is the most commonly used staging system by medical professionals around the world. The TNM classification system was developed as a tool for doctors to stage different types of cancer based on certain, standardized criteria.**

**The TNM Staging System** is based on the extent of the tumor (T), the extent of spread to the lymph nodes (N), and the presence of metastasis (M).

**The T category describes the original (primary) tumor.**

**The N category describes whether or not the cancer has reached nearby lymph nodes.**

**The M category tells whether there are distant metastases (spread of cancer to other parts of the body).**

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**1. c. Wrong     The Whitmore-Jewett system is similar to the TNM system, with approximately equivalent stages.**

**Roman numerals are sometimes used instead of Latin letters for the overall stages (for example, Stage I for Stage A, Stage II for Stage B, and so on).**

**A: tumor is present, but not detectable clinically; found incidentally**

**A1: tissue resembles normal cells; found in a few chips from one lobe**

**A2: more extensive involvement**

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**B:** the tumor can be felt on physical examination but has not spread outside the prostatic capsule

**BIN:** the tumor can be felt, it does not occupy a whole lobe, and is surrounded by normal tissue

**B1:** the tumor can be felt and it does not occupy a whole lobe

**B2:** the tumor can be felt and it occupies a whole lobe or both lobes

**C:** the tumor has extended through the capsule

**C1:** the tumor has extended through the capsule but does not involve the seminal vesicles

**C2:** the tumor involves the seminal vesicles

**D:** the tumor has spread to other organs

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**1. d. Right Gleason is a **grading** scale, not a staging. Usually, the grade of the cancer (how different the tissue is from normal tissue) is evaluated separately from the stage; however, for prostate cancer, grade information is used in conjunction with TNM status to group cases into four overall stages.**

**Gleason 3+3: tumor is low grade (favorable prognosis)**

**Gleason 3+4 / 3+5: tumor is mostly low grade with some high grade**

**Gleason 4+3 / 5+3: tumor is mostly high grade with some low grade**

**Gleason 4+4 / 4+5 / 5+4 / 5+5: tumor is all high grade**

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## **2. Seed implant radiation compared to surgery causes:**

- a. More erectile dysfunction**
- b. More incontinence**
- c. More urinary symptoms**
- d. Lower cure rates**

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## **2. c. More urinary symptoms**

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- 3. Men with Gleason Score:**
  - a. Less than 7 never metastasize**
  - b. Over 7 always metastasize**
  - c. Of 4 or less have undergone surgery**
  - d. Both a and c are correct**

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**3. d. Gleason less than 6 on needle biopsy indicates an error in interpretation**

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**4. Which of the following is true about robotic surgery compared to standard surgery?**

- a. Gives higher cure rates and lower rates of incontinence**
- b. Results in quicker recovery after surgery**
- c. Improves the chances for preserving erectile function**
- d. Causes less shrinkage of the penis**

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**4. b. Robotic surgery is accomplished with smaller incisions resulting in quicker recovery.**

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**5. Hormonal therapy with Lupron improves survival when combined with:**

- a. Radiation**
- b. Surgery**
- c. Alkaline water**
- d. All of the above**

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**5. a. Radiation is the only correct answer.**

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**6. Which of the following is not true about PSA levels?**

- a. Measures cancer cells in the blood**
- b. Is affected by testosterone**
- c. Rises after sex**
- d. Rises with infections in the prostate**

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**6. a. PSA is a *protein* from cancer cells that rises proportionate to the number of cancer cells.**

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**7. Incontinence occurs in more than 5% of men who have:**

- a. Surgery**
- b. Radiation**
- c. Hormone therapy**
- d. All the above**

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**7. a. Surgery is the only type of treatment associated with such a high risk of incontinence.**



## **8. What is climacturia after surgery?**

- a. The urge to urinate after climbing**
- b. The ejaculation of urine**
- c. Goes away with time**
- d. Only occurs with unskilled surgeons**

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**8. b. Ejaculation of urine occurs in 20% of men undergoing surgery at a center of excellence.**

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**9. Which of the specialty doctors listed are Board Certified in Internal Medicine?**

- a. Radiation therapists**
- b. Urologists**
- c. Medical oncologists**
- d. Radiologists**

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**9. c. Medical oncologists are the only cancer doctors with basic internal medicine training.**

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**10. Which of the specialty doctors listed are least-likely to see patients with early-stage prostate cancer?**

- a. Radiation therapists**
- b. Urologists**
- c. Medical oncologists**
- d. None of the above**

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**10. c. Fewer than 1% of medical oncologists in US consult on men with early-stage PC**

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**11. The risk of dying within 30 days of having prostate surgery is:**

- a. 1 in 20**
- b. 1 in 200**
- c. 1 in 2000**
- d. 1 in 20,000**

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**11. b. Mortality risk of prostate surgery in the US is one in 200.**

**(That is .5%; most overall surgical mortality stats are between 1 and 2%.)**

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- 12. What does Medicare pay \$28,000 for?**
- a. Radical prostatectomy**
  - b. Intensity modulated radiation (IMRT)**
  - c. Proton therapy**
  - d. Seed implant radiation**

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**12. b. IMRT is \$28,000, Medicare pays far less for either surgery or seed implants.**

**(\$13,000 for surgery)**

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**13. Patients referred to radiation therapy doctors most frequently come from:**

- a. Other patients**
- b. Advertisements**
- c. Urologists**
- d. Medical oncologists**

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**13. c. Urologists refer most of the prostate patients to radiation docs. That's why radiation docs never say a bad word about surgery.**

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**14. Biopsy misses high-grade disease in what percentage of men diagnosed with low grade disease?**

- a. 0%**
- b. 5%**
- c. 15%**
- d. 30%**

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**14. c. 15% of men with low grade disease have higher grade disease that the biopsy missed.**

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**15. Hormone therapy with Lupron does not cause:**

- a. Baldness**
- b. Weight gain**
- c. Osteoporosis**
- d. Dry Skin.**

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**15. a. Men with baldness treated with hormone therapy often notice a return of their scalp hair.**

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**If you utilize our website, [www.pcsanm.org](http://www.pcsanm.org) , this presentation will be on our page, September 19 Conference, by tonight.**

**We will also email it out to our email subscribers next week.**

**Hot links are available on those two modes.**

**Text copies of the questions and answers are available at the table outside at break/lunch.**

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**Any questions, or arguments about answers, subscribe to Dr. Scholz' blog <http://prostatesnatchers.blogspot.com/> and catch up on your reading.**

**Or go to one of the Prostate Cancer Research Institute's Conferences, and you can ask him yourself. He is the Executive Director.**

**[www.pcri.org](http://www.pcri.org)**

**Or utilize their website resources**

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**Thanks for  
coming today.  
We hope you have  
a great learning  
experience.**