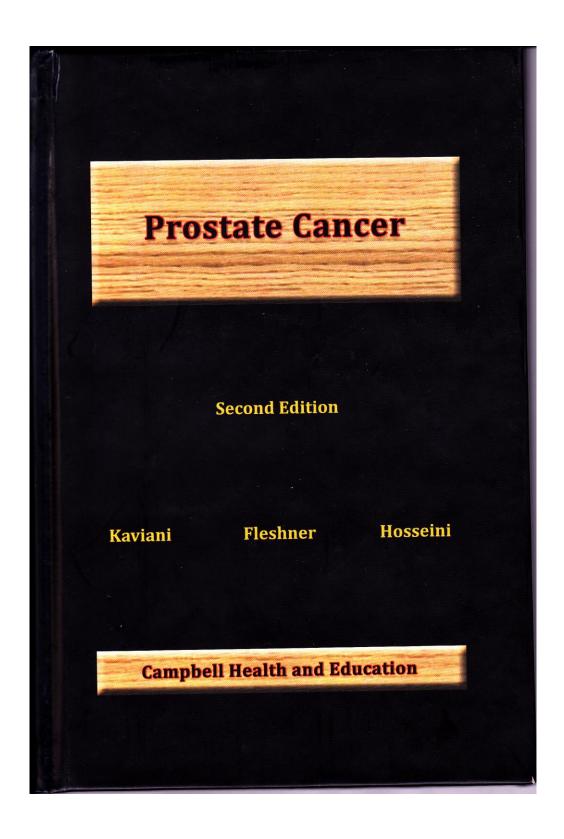
Prostate Cancer Book, Campbell Health and Education, 2014



Prostate Cancer

Second Edition

Authors:



Kaviani A.,MD, FEBU Director, Health and Education Office Campbell Health and Education



Fleshner N., MD, MPH, FRCSC University Health Network (UHN) Chair, Division of Urology University of Toronto



Hosseini J., BS, MD
President Elect, Urology Association of Asia
Chairman, 12thAsian Congress of Urology
Past President, Iranian Urological Association

Editor in Chief:

Kaviani A., MD, FEBU

ISBN:978-600-238-135-4



Campbell Health and Education Inc.

PCa is a killer disease

PCa is also killing younger patients

32170 persons estimated to die in 2012 due to PCa in US & Canada 437 persons ≤ 54 died because of PCa in US alone in a single year

27 persons ≤ 44 died because of PCa in US alone in a single year

Now Consider

28% 5 year survival for metastatic disease

100% 5 Year Survival for localized disease

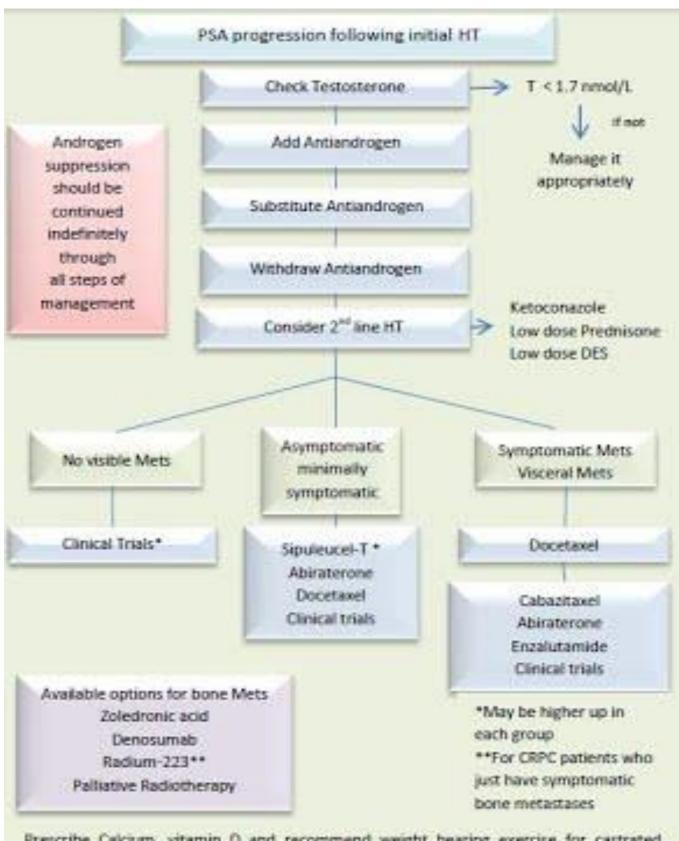
So

Is PSA screening justified for early diagnosis of PCa while it is still localized?

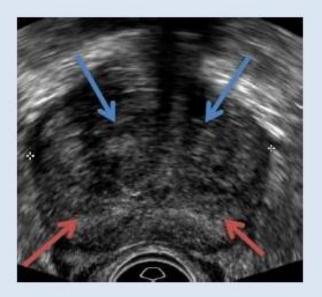
Should we consider median age at death of 80 or we should look at those young people who are dying because of this disease?

If interested

Follow this subject in the screening chapter



Prescribe Calcium, vitamin D and recommend weight bearing exercise for castrated patents. Surgical intervention may be necessary for weight-bearing bones metastases.



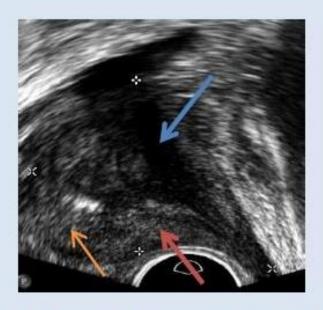


Figure 1a: Gray-scale Transrectal Ultrasound (TRUS) of prostate. Axial (left) and sagittal (right) views are used to calculate prostate volume. We also look for any hypoechoic lesions in CZ and PZ. PZ has been marked by red arrows. Blue arrows have been used to localize TZ. Orange arrow localizes the CZ.



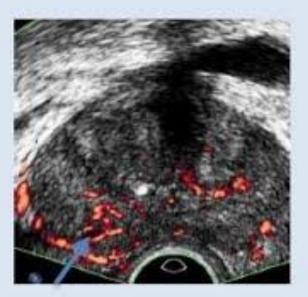


Figure 1b: Transverse gray-scale sonogram shows large hypoechoic lesion (red arrow). Power Doppler shows increased flow within and around hypoechoic lesion (blue arrow).