WEBVTT

00:00:00.000 --> 00:00:02.172 Funding for Yale Cancer Answers is NOTE Confidence: 0.921269906363636 $00{:}00{:}02{.}172 \dashrightarrow 00{:}00{:}04{.}240$ provided by Smilow Cancer Hospital. NOTE Confidence: 0.91462564 $00:00:06.560 \rightarrow 00:00:08.560$ Welcome to Yale Cancer Answers NOTE Confidence: 0.91462564 $00:00:08.560 \rightarrow 00:00:10.560$ with Doctor Anees Chappar. NOTE Confidence: 0.91462564 $00:00:10.560 \rightarrow 00:00:12.410$ Yale Cancer Answers features the NOTE Confidence: 0.91462564 00:00:12.410 --> 00:00:13.890 latest information on cancer NOTE Confidence: 0.91462564 $00:00:13.890 \rightarrow 00:00:15.785$ care by welcoming oncologists and NOTE Confidence: 0.91462564 $00:00:15.785 \rightarrow 00:00:17.975$ specialists who are on the forefront NOTE Confidence: 0.91462564 $00:00:18.034 \longrightarrow 00:00:19.720$ of the battle to fight cancer. NOTE Confidence: 0.91462564 $00:00:19.720 \longrightarrow 00:00:22.268$ This week it's a conversation about prostate NOTE Confidence: 0.91462564 $00:00:22.268 \rightarrow 00:00:24.400$ cancer with Doctor Preston Sprenkle. NOTE Confidence: 0.91462564 00:00:24.400 --> 00:00:26.494 Doctor Sprenkle is an associate professor NOTE Confidence: 0.91462564 $00:00:26.494 \rightarrow 00:00:29.377$ of urology at the Yale School of Medicine NOTE Confidence: 0.91462564 $00:00:29.380 \longrightarrow 00:00:30.082$ Where Dr. Chagpar NOTE Confidence: 0.91462564 $00:00:30.082 \rightarrow 00:00:32.539$ is a professor of surgical oncology. NOTE Confidence: 0.935679223181818

 $00:00:33.700 \rightarrow 00:00:35.639$ So Preston, maybe we can start off

NOTE Confidence: 0.935679223181818

 $00:00:35.639 \dashrightarrow 00:00:37.747$ by you telling us a bit more about

NOTE Confidence: 0.935679223181818

 $00:00:37.747 \longrightarrow 00:00:42.100$ yourself and what it is you do.

NOTE Confidence: 0.938815862857143

00:00:42.100 --> 00:00:44.268 I'm a urological oncologist,

NOTE Confidence: 0.938815862857143

00:00:44.268 --> 00:00:48.006 so I do urologic cancer

NOTE Confidence: 0.938815862857143

 $00:00:48.006 \rightarrow 00:00:50.560$ surgeries and I treat primarily

NOTE Confidence: 0.938815862857143

 $00:00:50.560 \longrightarrow 00:00:52.060$ men with prostate cancer.

NOTE Confidence: 0.938815862857143

00:00:52.060 --> 00:00:54.025 And my clinical practice focuses

NOTE Confidence: 0.938815862857143

 $00{:}00{:}54.025 \dashrightarrow 00{:}00{:}55.990$ on the diagnosis of prostate

NOTE Confidence: 0.938815862857143

 $00{:}00{:}56.054 \dashrightarrow 00{:}00{:}58.178$ cancer as well as its management.

NOTE Confidence: 0.9402536

00:00:58.970 --> 00:01:01.218 I think our audience

NOTE Confidence: 0.9402536

 $00:01:01.218 \longrightarrow 00:01:03.486$ has heard a lot about prostate cancer.

NOTE Confidence: 0.9402536

 $00:01:03.490 \longrightarrow 00:01:05.118$ It seems pretty ubiquitous.

NOTE Confidence: 0.9402536

 $00:01:05.118 \rightarrow 00:01:08.361$ Some of the questions that I think always

NOTE Confidence: 0.9402536

 $00:01:08.361 \longrightarrow 00:01:10.650$ come up include a number of things.

NOTE Confidence: 0.9402536

 $00:01:10.650 \rightarrow 00:01:13.194$ So first off, the screening for

- NOTE Confidence: 0.9402536
- $00:01:13.194 \longrightarrow 00:01:15.323$ prostate cancer that always
- NOTE Confidence: 0.9402536
- $00{:}01{:}15{.}323 \dashrightarrow 00{:}01{:}18{.}163$ seems like a bit of a moving target.
- NOTE Confidence: 0.9402536
- 00:01:18.170 --> 00:01:20.347 You know, back in the day it
- NOTE Confidence: 0.9402536
- $00:01:20.347 \longrightarrow 00:01:22.249$ was with digital rectal exams,
- NOTE Confidence: 0.9402536
- $00:01:22.250 \longrightarrow 00:01:24.930$ then it was PSA's, then it was,
- NOTE Confidence: 0.9402536
- $00:01:24.930 \longrightarrow 00:01:27.180$ well, maybe we don't need to do
- NOTE Confidence: 0.9402536
- $00:01:27.180 \longrightarrow 00:01:28.272$ screening for everybody.
- NOTE Confidence: 0.9402536
- $00:01:28.272 \longrightarrow 00:01:31.275$ Can you kind of tell us what is
- NOTE Confidence: 0.9402536
- $00{:}01{:}31{.}275 \dashrightarrow 00{:}01{:}33{.}579$ the latest in terms of screening
- NOTE Confidence: 0.9402536
- $00:01:33.579 \rightarrow 00:01:34.731$ for prostate cancer?
- NOTE Confidence: 0.9402536
- $00:01:34.740 \longrightarrow 00:01:35.760$ Who needs it,
- NOTE Confidence: 0.9402536
- $00:01:35.760 \longrightarrow 00:01:37.460$ how often and with what?
- NOTE Confidence: 0.932877342857143
- $00:01:37.940 \longrightarrow 00:01:38.988$ Those are great questions.
- NOTE Confidence: 0.932877342857143
- 00:01:38.988 --> 00:01:41.160 And you're right, it does remain
- NOTE Confidence: 0.932877342857143
- $00:01:41.160 \dashrightarrow 00:01:43.460$ controversial to a certain extent.
- NOTE Confidence: 0.932877342857143

 $00:01:43.460 \rightarrow 00:01:46.892$ I think the recommendations to not

NOTE Confidence: 0.932877342857143

 $00:01:46.892 \rightarrow 00:01:50.455$ screen for prostate cancer were really a

NOTE Confidence: 0.932877342857143

 $00:01:50.455 \dashrightarrow 00:01:53.430$ reflection of our practice at the time.

NOTE Confidence: 0.932877342857143

 $00:01:53.430 \rightarrow 00:01:55.416$ Where we were treating men with

NOTE Confidence: 0.932877342857143

 $00:01:55.416 \dashrightarrow 00:01:57.390$ low grade prostate cancer and we

NOTE Confidence: 0.932877342857143

 $00:01:57.390 \rightarrow 00:01:59.166$ were really kind of over diagnosing

NOTE Confidence: 0.932877342857143

 $00:01:59.166 \rightarrow 00:02:01.270$ and over treating prostate cancer.

NOTE Confidence: 0.932877342857143

 $00:02:01.270 \rightarrow 00:02:04.086$ So people who didn't need identification

NOTE Confidence: 0.932877342857143

00:02:04.086 --> 00:02:05.750 and didn't need treatment,

NOTE Confidence: 0.932877342857143

 $00:02:05.750 \dashrightarrow 00:02:09.146$ were having their prostate cancer treated.

NOTE Confidence: 0.932877342857143

 $00{:}02{:}09{.}150 \dashrightarrow 00{:}02{:}12.606$ Where we are now is we have much more

NOTE Confidence: 0.932877342857143

 $00:02:12.606 \rightarrow 00:02:14.322$ information about prostate cancer

NOTE Confidence: 0.932877342857143

 $00{:}02{:}14.322 \dashrightarrow 00{:}02{:}16.796$ about the factors associated with

NOTE Confidence: 0.932877342857143

 $00:02:16.796 \rightarrow 00:02:19.477$ high risk prostate cancer in which

NOTE Confidence: 0.932877342857143

 $00{:}02{:}19{.}477 \dashrightarrow 00{:}02{:}21{.}717$ prostate cancers that we need to treat.

NOTE Confidence: 0.932877342857143

 $00:02:21.720 \longrightarrow 00:02:23.556$ So in terms of screening PSA,

 $00:02:23.560 \longrightarrow 00:02:25.933$ a blood test screening is the mainstay

NOTE Confidence: 0.932877342857143

 $00:02:25.933 \rightarrow 00:02:28.581$ and it is the most important thing

NOTE Confidence: 0.932877342857143

 $00{:}02{:}28.581 \dashrightarrow 00{:}02{:}30.915$ that we can use for evaluating

NOTE Confidence: 0.932877342857143

 $00:02:30.986 \rightarrow 00:02:32.399$ for prostate cancer.

NOTE Confidence: 0.932877342857143

 $00{:}02{:}32{.}400 \dashrightarrow 00{:}02{:}34{.}510$ When to start that varies

NOTE Confidence: 0.932877342857143

 $00:02:34.510 \rightarrow 00:02:36.198$ depending on different guidelines,

NOTE Confidence: 0.932877342857143

 $00:02:36.200 \longrightarrow 00:02:38.890$ but the NCCN early detection

NOTE Confidence: 0.932877342857143

 $00{:}02{:}38{.}890 \dashrightarrow 00{:}02{:}41{.}042$ of prostate cancer guidelines

NOTE Confidence: 0.932877342857143

 $00:02:41.050 \rightarrow 00:02:43.320$ recommend consideration of a single

NOTE Confidence: 0.932877342857143

 $00:02:43.320 \longrightarrow 00:02:46.845$ PSA test as early as age 45 or even

NOTE Confidence: 0.932877342857143

 $00:02:46.845 \longrightarrow 00:02:49.790$ as early as age 40 in men with some

NOTE Confidence: 0.932877342857143

 $00:02:49.790 \rightarrow 00:02:53.010$ higher risk features such as family history,

NOTE Confidence: 0.932877342857143

 $00{:}02{:}53.010 \dashrightarrow 00{:}02{:}54.872$ genetic conditions known to put men at

NOTE Confidence: 0.932877342857143

00:02:54.872 --> 00:02:57.008 increased risk of developing prostate cancer.

NOTE Confidence: 0.883253896153846

 $00:02:59.210 \dashrightarrow 00:03:01.070$ But that does not necessarily mean

 $00{:}03{:}01{.}070 \dashrightarrow 00{:}03{:}03{.}208$ that these men need to have PSA on an

NOTE Confidence: 0.883253896153846

00:03:03.210 --> 00:03:05.714 annual basis. It is risk

NOTE Confidence: 0.883253896153846

 $00:03:05.714 \rightarrow 00:03:07.848$ stratified in terms of how frequent

NOTE Confidence: 0.883253896153846

00:03:07.850 --> 00:03:09.490 PSA testing and prostate cancer

NOTE Confidence: 0.883253896153846

00:03:09.490 --> 00:03:10.802 screening needs to occur,

NOTE Confidence: 0.927447056

 $00:03:11.730 \longrightarrow 00:03:15.642$ but every man after the

NOTE Confidence: 0.927447056

00:03:15.642 --> 00:03:19.850 age of 45 should get PSA testing.

NOTE Confidence: 0.927447056

 $00:03:19.850 \longrightarrow 00:03:21.530$ How frequently should that be?

NOTE Confidence: 0.920730438571429

 $00{:}03{:}22.450 \dashrightarrow 00{:}03{:}25.250$ So it really depends on the result.

NOTE Confidence: 0.920730438571429

 $00:03:25.250 \longrightarrow 00:03:27.574$ So for men with a very low

NOTE Confidence: 0.920730438571429

 $00:03:27.574 \longrightarrow 00:03:29.888$ PSA test at the age of 45,

NOTE Confidence: 0.920730438571429

 $00:03:29.890 \rightarrow 00:03:32.710$ they can then safely defer another

NOTE Confidence: 0.920730438571429

 $00:03:32.710 \longrightarrow 00:03:35.650$ PSA test for four to five years.

NOTE Confidence: 0.920730438571429

00:03:35.650 - 00:03:37.450 If their PSA is elevated,

NOTE Confidence: 0.920730438571429

 $00{:}03{:}37{.}450 \dashrightarrow 00{:}03{:}38{.}634$ those are the men,

NOTE Confidence: 0.920730438571429

 $00:03:38.634 \rightarrow 00:03:40.410$ which is actually it's pretty rare,

- NOTE Confidence: 0.920730438571429
- $00:03:40.410 \longrightarrow 00:03:42.034$ but for a PSA to be elevated
- NOTE Confidence: 0.920730438571429
- $00:03:42.034 \longrightarrow 00:03:43.595$ at that age means that
- NOTE Confidence: 0.920730438571429
- $00:03:43.595 \longrightarrow 00:03:45.464$ man is at an increased risk of
- NOTE Confidence: 0.920730438571429
- $00:03:45.528 \rightarrow 00:03:47.068$ developing prostate cancer at some
- NOTE Confidence: 0.920730438571429
- $00:03:47.068 \longrightarrow 00:03:49.684$ time in the next 5 to 10 years.
- NOTE Confidence: 0.920730438571429
- $00:03:49.684 \longrightarrow 00:03:51.832$ And so we want to follow
- NOTE Confidence: 0.920730438571429
- $00:03:51.832 \rightarrow 00:03:53.690$ their PSA more closely.
- NOTE Confidence: 0.920730438571429
- $00:03:53.690 \rightarrow 00:03:56.035$ So it's really a risk adapted kind
- NOTE Confidence: 0.920730438571429
- $00{:}03{:}56.035 \dashrightarrow 00{:}03{:}58.210$ of model based on the PSA value.
- NOTE Confidence: 0.932873862
- $00:03:59.730 \longrightarrow 00:04:03.250$ At what point do you
- NOTE Confidence: 0.932873862
- 00:04:03.250 --> 00:04:06.928 kind of get worried that the PSA?
- NOTE Confidence: 0.932873862
- $00{:}04{:}06{.}930 \dashrightarrow 00{:}04{:}09{.}890$ What level is high that you're concerned about
- NOTE Confidence: 0.932873862
- $00{:}04{:}09{.}890 \dashrightarrow 00{:}04{:}12{.}290$ a potential prostate cancer and further
- NOTE Confidence: 0.932873862
- 00:04:12.290 --> 00:04:14.809 imaging and or biopsy is warranted?
- NOTE Confidence: 0.90619295
- $00:04:15.850 \longrightarrow 00:04:20.360$ Yes. So the initial cutoff and
- NOTE Confidence: 0.90619295

 $00{:}04{:}23.034 \dashrightarrow 00{:}04{:}25.656$ because there is no specific cutoff NOTE Confidence: 0.90619295 $00{:}04{:}25.656 \dashrightarrow 00{:}04{:}28.330$ that is correct, but a higher PSA NOTE Confidence: 0.90619295 $00:04:28.330 \longrightarrow 00:04:30.970$ has a higher risk of their NOTE Confidence: 0.90619295 00:04:30.970 --> 00:04:33.020 prostate cancer being detected NOTE Confidence: 0.90619295 $00:04:33.020 \longrightarrow 00:04:34.250$ on subsequent evaluation, NOTE Confidence: 0.90619295 $00:04:34.250 \longrightarrow 00:04:35.726$ but in general for a PSA NOTE Confidence: 0.90619295 $00:04:35.730 \longrightarrow 00:04:37.686$ over the level of three, NOTE Confidence: 0.90619295 00:04:37.690 --> 00:04:39.960 we would suggest further evaluation NOTE Confidence: 0.90619295 $00:04:39.960 \rightarrow 00:04:42.610$ whether that is a repeat PSA NOTE Confidence: 0.90619295 $00{:}04{:}42.610 \dashrightarrow 00{:}04{:}44.848$ or an additional sort of what NOTE Confidence: 0.90619295 00:04:44.848 --> 00:04:46.690 we call second generation PSA NOTE Confidence: 0.90619295 $00:04:46.690 \longrightarrow 00:04:51.370$ or urine based test to further risk NOTE Confidence: 0.90619295 00:04:51.370 --> 00:04:54.974 stratify if NOTE Confidence: 0.90619295 $00:04:54.974 \rightarrow 00:04:58.090$ there may be concern for a prostate cancer. NOTE Confidence: 0.90619295 $00:04:58.090 \rightarrow 00:05:00.090$ And then if there is, 8

 $00:04:20.360 \longrightarrow 00:04:22.950$ we try not to actually use cutoffs

 $00:05:00.090 \dashrightarrow 00:05:03.900$ we often will utilize a prostate MRI to

NOTE Confidence: 0.90619295

 $00{:}05{:}03{.}900 \dashrightarrow 00{:}05{:}06{.}525$ even further characterize someone's risk

NOTE Confidence: 0.90619295

 $00:05:06.525 \rightarrow 00:05:09.569$ before going towards a prostate biopsy.

NOTE Confidence: 0.90619295

 $00:05:09.570 \rightarrow 00:05:12.300$ And a prostate biopsy is really the

NOTE Confidence: 0.90619295

 $00:05:12.300 \rightarrow 00:05:14.021$ only definitive way to determine

NOTE Confidence: 0.90619295

 $00:05:14.021 \longrightarrow 00:05:16.007$ if a prostate cancer is present.

NOTE Confidence: 0.90619295

00:05:16.010 - 00:05:17.850 So all these other tests, PSA,

NOTE Confidence: 0.90619295

 $00:05:17.850 \longrightarrow 00:05:20.181$ blood tests, urine tests, MRI,

NOTE Confidence: 0.90619295

 $00{:}05{:}20{.}181 \dashrightarrow 00{:}05{:}23{.}898$ those help inform whether a biopsy is

NOTE Confidence: 0.90619295

 $00{:}05{:}23.898 \dashrightarrow 00{:}05{:}27.880$ needed and where that biopsy should be

NOTE Confidence: 0.90619295

 $00:05:27.880 \longrightarrow 00:05:29.399$ targeted. In the case of MRI it

NOTE Confidence: 0.90619295

 $00{:}05{:}29{.}399 \dashrightarrow 00{:}05{:}31{.}038$ gives us that information as well

NOTE Confidence: 0.936479825

 $00{:}05{:}32.280 \dashrightarrow 00{:}05{:}34.980$ and then once a patient has

NOTE Confidence: 0.936479825

 $00:05:34.980 \longrightarrow 00:05:37.320$ a biopsy that can confirm the

NOTE Confidence: 0.936479825

 $00:05:37.320 \longrightarrow 00:05:39.120$ diagnosis of a prostate cancer.

 $00:05:39.120 \rightarrow 00:05:42.360$ But our understanding now is that

NOTE Confidence: 0.936479825

 $00:05:42.360 \longrightarrow 00:05:44.775$ one size isn't the same as

NOTE Confidence: 0.936479825

 $00{:}05{:}44.775 \dashrightarrow 00{:}05{:}47.670$ all in other words there are some

NOTE Confidence: 0.936479825

 $00:05:47.670 \longrightarrow 00:05:49.890$ very low risk prostate cancers

NOTE Confidence: 0.936479825

 $00{:}05{:}49{.}890 \dashrightarrow 00{:}05{:}52{.}686$ that can be effectively followed with

NOTE Confidence: 0.936479825

 $00{:}05{:}52.686 \dashrightarrow 00{:}05{:}54.550$ active surveillance versus other

NOTE Confidence: 0.936479825

 $00:05:54.623 \dashrightarrow 00:05:57.299$ prostate cancers that might be more

NOTE Confidence: 0.936479825

 $00:05:57.299 \rightarrow 00:05:59.890$ aggressive that warrant further management.

NOTE Confidence: 0.936479825

00:05:59.890 --> 00:06:02.204 Can you talk a little bit about how

NOTE Confidence: 0.936479825

 $00:06:02.204 \rightarrow 00:06:04.568$ you kind of navigate those nuances?

NOTE Confidence: 0.899610694117647

 $00:06:05.100 \longrightarrow 00:06:05.856$ Absolutely, yes.

NOTE Confidence: 0.899610694117647

00:06:05.856 --> 00:06:08.880 So I mean the overdiagnosis is not doing

NOTE Confidence: 0.899610694117647

 $00:06:08.950 \dashrightarrow 00:06:11.337$ all of this testing in the biopsies,

NOTE Confidence: 0.899610694117647

 $00:06:11.340 \longrightarrow 00:06:13.458$ in people whose PSA is low.

NOTE Confidence: 0.899610694117647

 $00:06:13.460 \rightarrow 00:06:15.675$ And the overtreatment is recognizing

NOTE Confidence: 0.899610694117647

00:06:15.675 --> 00:06:18.305 exactly as you just said that

 $00:06:18.305 \longrightarrow 00:06:20.351$ there are some or many cancers

NOTE Confidence: 0.899610694117647

 $00:06:20.351 \longrightarrow 00:06:22.540$ that do not need treatment.

NOTE Confidence: 0.899610694117647

 $00:06:22.540 \longrightarrow 00:06:24.752$ We have a grading scale for prostate

NOTE Confidence: 0.899610694117647

 $00:06:24.752 \rightarrow 00:06:26.939$ cancer once it has been diagnosed.

NOTE Confidence: 0.899610694117647

 $00:06:26.940 \longrightarrow 00:06:29.094$ And again, this is based off

NOTE Confidence: 0.899610694117647

 $00:06:29.094 \longrightarrow 00:06:30.530$ of the biopsy information.

NOTE Confidence: 0.899610694117647

 $00:06:30.530 \longrightarrow 00:06:32.273$ But that grading scale is

NOTE Confidence: 0.899610694117647

 $00:06:32.273 \longrightarrow 00:06:34.419$ a 5 point scale where the one is

NOTE Confidence: 0.899610694117647

 $00:06:34.419 \longrightarrow 00:06:36.593$ low and five is high and really

NOTE Confidence: 0.899610694117647

 $00{:}06{:}36{.}593 \dashrightarrow 00{:}06{:}38{.}625$ pretty routinely grade one disease

NOTE Confidence: 0.899610694117647

 $00:06:38.625 \dashrightarrow 00:06:42.090$ is not treated and there are some

NOTE Confidence: 0.899610694117647

 $00:06:42.090 \longrightarrow 00:06:43.890$ men with grade 2 disease that

NOTE Confidence: 0.899610694117647

 $00{:}06{:}43.890 \dashrightarrow 00{:}06{:}45.810$ also do not need treatment.

NOTE Confidence: 0.899610694117647

00:06:45.810 --> 00:06:47.934 And so again it's risk stratified

NOTE Confidence: 0.899610694117647

 $00{:}06{:}47{.}934 \dashrightarrow 00{:}06{:}51{.}153$ and very we try to personalize it to

 $00:06:51.153 \longrightarrow 00:06:54.674$ the cancer grade but also to the

NOTE Confidence: 0.899610694117647

 $00:06:54.674 \rightarrow 00:06:57.443$ man's wishes and because any treatment

NOTE Confidence: 0.899610694117647

 $00{:}06{:}57{.}443 \dashrightarrow 00{:}07{:}00{.}600$ can have side effects

NOTE Confidence: 0.899610694117647

00:07:00.600 --> 00:07:03.640 on urinary function, sexual function,

NOTE Confidence: 0.899610694117647

 $00:07:03.640 \longrightarrow 00:07:06.718$ even bowel function,

NOTE Confidence: 0.899610694117647

 $00:07:06.720 \dashrightarrow 00:07:08.166$ I think there's a very interesting

NOTE Confidence: 0.899610694117647

 $00:07:08.166 \dashrightarrow 00:07:09.459$ study that just was published

NOTE Confidence: 0.899610694117647

00:07:09.459 --> 00:07:10.839 in the New England Journal,

NOTE Confidence: 0.899610694117647

00:07:10.840 --> 00:07:13.141 I believe it was last week with

NOTE Confidence: 0.899610694117647

 $00:07:13.141 \longrightarrow 00:07:16.088$ now 15 years of followup of a

NOTE Confidence: 0.899610694117647

00:07:16.088 --> 00:07:18.186 randomized trial comparing men

NOTE Confidence: 0.899610694117647

00:07:18.186 --> 00:07:20.316 who were randomized to surgery,

NOTE Confidence: 0.899610694117647

 $00:07:20.320 \longrightarrow 00:07:21.859$ to radiation treatment,

NOTE Confidence: 0.899610694117647

 $00:07:21.859 \longrightarrow 00:07:24.424$ or to an active monitoring.

NOTE Confidence: 0.899610694117647

 $00:07:24.430 \rightarrow 00:07:26.270$ And with now 15 years of follow up,

NOTE Confidence: 0.899610694117647

 $00:07:26.270 \rightarrow 00:07:29.861$ they saw no difference in prostate

00:07:29.861 --> 00:07:33.148 cancer specific survival or overall survival.

NOTE Confidence: 0.899610694117647

 $00{:}07{:}33.150 \dashrightarrow 00{:}07{:}36.188$ And this is consistent with what we

NOTE Confidence: 0.899610694117647

 $00{:}07{:}36.188 \dashrightarrow 00{:}07{:}39.440$ have been learning, is that many men

NOTE Confidence: 0.899610694117647

 $00:07:39.440 \longrightarrow 00:07:41.770$ are overtreated for their prostate

NOTE Confidence: 0.899610694117647

 $00{:}07{:}41.770 \dashrightarrow 00{:}07{:}44.977$ cancer and the goal of treatment is not

NOTE Confidence: 0.899610694117647

00:07:44.980 --> 00:07:45.748 s quick fix,

NOTE Confidence: 0.899610694117647

 $00{:}07{:}45.748 \dashrightarrow 00{:}07{:}47.540$ it's not something that is going to

NOTE Confidence: 0.899610694117647

 $00:07:47.600 \dashrightarrow 00:07:49.896$ result in an improvement in the short term.

NOTE Confidence: 0.899610694117647

 $00:07:49.900 \dashrightarrow 00:07:52.177$ We now are seeing that even within 15 years,

NOTE Confidence: 0.899610694117647

 $00:07:52.180 \longrightarrow 00:07:54.427$ we may not see a survival benefit

NOTE Confidence: 0.899610694117647

 $00{:}07{:}54.427 \dashrightarrow 00{:}07{:}56.152$ associated with treatment of men

NOTE Confidence: 0.899610694117647

 $00{:}07{:}56.152 \dashrightarrow 00{:}07{:}57.917$ with predominantly low and

NOTE Confidence: 0.899610694117647

00:07:57.917 --> 00:07:59.420 intermediate risk prostate cancer.

NOTE Confidence: 0.9396246375

 $00{:}08{:}00{.}100 \dashrightarrow 00{:}08{:}02{.}540$ So in that trial, did they include people

NOTE Confidence: 0.9396246375

 $00:08:02.540 \longrightarrow 00:08:04.975$ who were more in that high risk group?

- $00:08:05.580 \longrightarrow 00:08:06.820$ So there were a few.
- NOTE Confidence: 0.9301902
- $00:08:06.820 \longrightarrow 00:08:10.308$ About 1/3 of the patients had
- NOTE Confidence: 0.9301902
- $00:08:10.308 \longrightarrow 00:08:13.287$ intermediate or high risk prostate cancer.
- NOTE Confidence: 0.9301902
- 00:08:13.290 --> 00:08:14.946 But it's not really broken down
- NOTE Confidence: 0.9301902
- $00:08:14.946 \longrightarrow 00:08:16.050$ more specifically than that,
- NOTE Confidence: 0.9301902
- $00:08:16.050 \rightarrow 00:08:21.765$ but about 2/3 were in the low risk group.
- NOTE Confidence: 0.9301902
- 00:08:21.770 --> 00:08:23.810 We do have other studies,
- NOTE Confidence: 0.9301902
- $00{:}08{:}23.810 \dashrightarrow 00{:}08{:}25.400$ not this randomized trial that do
- NOTE Confidence: 0.9301902
- $00{:}08{:}25{.}400 \dashrightarrow 00{:}08{:}27{.}450$ show a benefit to treatment in men
- NOTE Confidence: 0.9301902
- $00:08:27.450 \dashrightarrow 00:08:29.010$ with high risk prostate cancer.
- NOTE Confidence: 0.9301902
- $00{:}08{:}29{.}010 \dashrightarrow 00{:}08{:}31{.}482$ So there still is
- NOTE Confidence: 0.9301902
- $00:08:31.482 \longrightarrow 00:08:33.130$ a need for treatment,
- NOTE Confidence: 0.9301902
- $00:08:33.130 \longrightarrow 00:08:36.460$ but I think it reinforces why
- NOTE Confidence: 0.9301902
- 00:08:36.460 --> 00:08:38.903 or how it is important to stratify
- NOTE Confidence: 0.9301902
- $00:08:38.903 \longrightarrow 00:08:40.929$ patients and not be hasty to
- NOTE Confidence: 0.9301902
- $00:08:40.929 \longrightarrow 00:08:43.036$ treat those with low and sort of

 $00:08:43.111 \rightarrow 00:08:45.579$ favorable intermediate risk disease.

NOTE Confidence: 0.938815971428571

00:08:45.900 --> 00:08:48.116 Yeah, I mean because it kind of if

NOTE Confidence: 0.938815971428571

 $00{:}08{:}48.116 \dashrightarrow 00{:}08{:}50.417$ there is no difference in survival,

NOTE Confidence: 0.938815971428571

 $00:08:50.420 \longrightarrow 00:08:52.244$ it kind of begs the question

NOTE Confidence: 0.938815971428571

 $00:08:52.244 \rightarrow 00:08:54.255$ why go looking for it to begin with?

NOTE Confidence: 0.94226628

 $00:08:54.620 \longrightarrow 00:08:55.700$ It's a very good question.

NOTE Confidence: 0.94226628

00:08:55.700 - 00:08:56.540 You're absolutely right.

NOTE Confidence: 0.91755244

 $00:08:57.300 \longrightarrow 00:08:58.928$ But when we think about

NOTE Confidence: 0.91755244

 $00{:}08{:}58{.}928 \dashrightarrow 00{:}09{:}00{.}572$ if there are studies that demonstrate

NOTE Confidence: 0.91755244

 $00:09:00.572 \longrightarrow 00:09:02.230$ for that high risk group that

NOTE Confidence: 0.91755244

 $00:09:02.230 \longrightarrow 00:09:03.814$ there is a benefit for treatment,

NOTE Confidence: 0.91755244

00:09:03.820 --> 00:09:05.980 my understanding is that treatment

NOTE Confidence: 0.91755244

 $00:09:05.980 \dashrightarrow 00:09:09.045$ continues to evolve and that it's not

NOTE Confidence: 0.91755244

 $00{:}09{:}09{.}045 \dashrightarrow 00{:}09{:}10.717$ necessarily the radical surgeries

NOTE Confidence: 0.91755244

 $00{:}09{:}10.717 \dashrightarrow 00{:}09{:}13.468$ that we've kind of heard about in

 $00:09:13.468 \rightarrow 00:09:15.820$ the past which may result

NOTE Confidence: 0.91755244

 $00{:}09{:}15.820 \dashrightarrow 00{:}09{:}17.915$ in incontinence or impotence and

NOTE Confidence: 0.91755244

 $00:09:17.915 \longrightarrow 00:09:20.460$ all kinds of things like that.

NOTE Confidence: 0.91755244

 $00:09:20.460 \dashrightarrow 00:09:23.430$ Can you kind of give us the landscape of

NOTE Confidence: 0.91755244

 $00{:}09{:}23{.}430 \dashrightarrow 00{:}09{:}24{.}802$ what prostate cancer treatment

NOTE Confidence: 0.91755244

 $00{:}09{:}24.802 \dashrightarrow 00{:}09{:}26.860$ looks like these days and what

NOTE Confidence: 0.91755244

 $00:09:26.919 \longrightarrow 00:09:28.269$ some of the options are?

NOTE Confidence: 0.849071108

00:09:28.750 --> 00:09:31.030 Definitely,

NOTE Confidence: 0.849071108

 $00{:}09{:}31.030 \dashrightarrow 00{:}09{:}33.550$ you're right, the landscape is changing.

NOTE Confidence: 0.849071108

 $00:09:33.550 \rightarrow 00:09:35.656$ Surgery to remove the entire prostate

NOTE Confidence: 0.849071108

 $00{:}09{:}35{.}656 \dashrightarrow 00{:}09{:}37{.}837$ and radiation treatment to treat the

NOTE Confidence: 0.849071108

00:09:37.837 --> 00:09:39.979 entire prostate remain the gold standards

NOTE Confidence: 0.849071108

 $00:09:39.979 \dashrightarrow 00:09:41.979$ because those are the the rapies that

NOTE Confidence: 0.849071108

 $00:09:41.979 \dashrightarrow 00:09:43.821$ we've had around for the longest.

NOTE Confidence: 0.849071108

 $00:09:43.830 \longrightarrow 00:09:47.260$ But both of them are definitely plagued

NOTE Confidence: 0.849071108

 $00:09:47.260 \rightarrow 00:09:49.985$ by significant side effects associated

- NOTE Confidence: 0.849071108
- $00:09:49.985 \dashrightarrow 00:09:53.350$ with the benefit of treatment.

 $00:09:53.350 \rightarrow 00:09:56.410$ Newer treatments are generally

NOTE Confidence: 0.849071108

 $00:09:56.410 \longrightarrow 00:09:58.705$ called ablative therapies,

NOTE Confidence: 0.849071108

 $00:09:58.710 \longrightarrow 00:10:01.932$ where we use energy to destroy

NOTE Confidence: 0.849071108

 $00:10:01.932 \longrightarrow 00:10:03.543$ the prostate tissue.

NOTE Confidence: 0.849071108

 $00:10:03.550 \rightarrow 00:10:05.200$ Because many of them are done

NOTE Confidence: 0.849071108

00:10:05.200 --> 00:10:07.066 in a more targeted fashion and

NOTE Confidence: 0.849071108

 $00{:}10{:}07{.}066 \dashrightarrow 00{:}10{:}08{.}826$ more localized in the prostate,

NOTE Confidence: 0.849071108

 $00{:}10{:}08{.}830 \dashrightarrow 00{:}10{:}11{.}110$ we are able to control the areas of

NOTE Confidence: 0.849071108

 $00:10:11.110 \rightarrow 00:10:13.269$ treatment a little bit more precisely

NOTE Confidence: 0.849071108

 $00:10:13.270 \longrightarrow 00:10:15.825$ and limit the damage to the structures

NOTE Confidence: 0.849071108

 $00{:}10{:}15{.}825 \dashrightarrow 00{:}10{:}18{.}310$ that relate to urinary continence,

NOTE Confidence: 0.849071108

 $00{:}10{:}18{.}310 \dashrightarrow 00{:}10{:}21{.}210$ sexual function and even sort

NOTE Confidence: 0.849071108

 $00:10:21.210 \longrightarrow 00:10:22.950$ of bowel function.

 $00{:}10{:}24.456 \dashrightarrow 00{:}10{:}26.464$ They're still considered investigational,

NOTE Confidence: 0.849071108

 $00:10:26.470 \longrightarrow 00:10:29.122$ pretty much all of these therapies

- NOTE Confidence: 0.849071108
- $00:10:29.122 \longrightarrow 00:10:31.992$ because they are not ready for
- NOTE Confidence: 0.849071108
- $00:10:31.992 \longrightarrow 00:10:34.028$ any practitioner to perform.
- NOTE Confidence: 0.849071108
- $00:10:34.030 \rightarrow 00:10:36.484$ But there is definitely a significant
- NOTE Confidence: 0.849071108
- $00{:}10{:}36{.}484 \dashrightarrow 00{:}10{:}39{.}252$ amount of research and interest in
- NOTE Confidence: 0.849071108
- $00:10:39.252 \rightarrow 00:10:42.110$ increasing evidence of their effectiveness
- NOTE Confidence: 0.849071108
- $00{:}10{:}42.110 \dashrightarrow 00{:}10{:}45.710$ and definitely a decreased impact on,
- NOTE Confidence: 0.849071108
- $00:10:45.710 \longrightarrow 00:10:47.230$ as you mentioned, erectile
- NOTE Confidence: 0.849071108
- $00:10:47.230 \longrightarrow 00:10:48.750$ dysfunction with treatment or
- NOTE Confidence: 0.849071108
- $00{:}10{:}48.750 \dashrightarrow 00{:}10{:}50.310$ urinary incontinence with treatment.
- NOTE Confidence: 0.946962533333333
- $00{:}10{:}51{.}630 \dashrightarrow 00{:}10{:}55{.}732$ So tell us more about what exactly
- NOTE Confidence: 0.946962533333333
- $00:10:55.732 \rightarrow 00:10:58.014$ these investigational treatments are,
- NOTE Confidence: 0.946962533333333
- $00{:}10{:}58.014 \dashrightarrow 00{:}11{:}01.226$ how they work, and whether there's any
- NOTE Confidence: 0.946962533333333
- $00:11:01.226 \rightarrow 00:11:04.190$ kind of clinical trials that are ongoing.
- NOTE Confidence: 0.946962533333333
- $00{:}11{:}04{.}190 \dashrightarrow 00{:}11{:}05{.}828$ It may be that
- NOTE Confidence: 0.946962533333333
- 00:11:05.828 --> 00:11:07.630 it's not ready for primetime,
- NOTE Confidence: 0.946962533333333

 $00:11:07.630 \rightarrow 00:11:09.325$ but hopefully it's being investigated

NOTE Confidence: 0.946962533333333

 $00:11:09.325 \rightarrow 00:11:11.869$ so that if it does hold promise,

NOTE Confidence: 0.946962533333333

 $00{:}11{:}11{.}870 \dashrightarrow 00{:}11{:}15{.}430$ it might one day become a standard of care.

NOTE Confidence: 0.918127423333333

00:11:15.870 -> 00:11:19.030 Yes. We hope that it someday will be

NOTE Confidence: 0.918127423333333

 $00:11:19.030 \longrightarrow 00:11:22.429$ part of the standard of care regimen

NOTE Confidence: 0.918127423333333

 $00{:}11{:}22{.}430 \dashrightarrow 00{:}11{:}24{.}452$ of what is available for patients

NOTE Confidence: 0.918127423333333

 $00{:}11{:}24.452 \dashrightarrow 00{:}11{:}26.550$ to choose from the current evidence.

NOTE Confidence: 0.918127423333333

00:11:26.550 --> 00:11:29.451 I mean I think an important thing to

NOTE Confidence: 0.918127423333333

 $00{:}11{:}29{.}451 \dashrightarrow 00{:}11{:}31{.}317$ recognize is because we are doing

NOTE Confidence: 0.918127423333333

00:11:31.317 -> 00:11:33.510 in many cases targeted therapy,

NOTE Confidence: 0.918127423333333

00:11:33.510 --> 00:11:35.726 so we're trying to just treat the area

NOTE Confidence: 0.918127423333333

 $00:11:35.726 \rightarrow 00:11:37.733$ where the prostate cancer is located

NOTE Confidence: 0.918127423333333

 $00{:}11{:}37{.}733 \dashrightarrow 00{:}11{:}39{.}815$ and not treat the entire prostate

NOTE Confidence: 0.918127423333333

 $00{:}11{:}39{.}874 \dashrightarrow 00{:}11{:}41{.}884$ similar to a lumpectomy and breast

NOTE Confidence: 0.918127423333333

00:11:41.884 --> 00:11:45.100 cancer versus a radical mastectomy,

NOTE Confidence: 0.918127423333333

 $00:11:45.100 \rightarrow 00:11:47.660$ by doing that we are leaving tissue behind.

- NOTE Confidence: 0.918127423333333
- $00:11:47.660 \rightarrow 00:11:50.208$ So we recognize that there may be
- NOTE Confidence: 0.918127423333333
- 00:11:50.208 --> 00:11:52.822 a slight increased risk of cancer
- NOTE Confidence: 0.918127423333333
- 00:11:52.822 --> 00:11:54.754 recurrence because we're leaving
- NOTE Confidence: 0.918127423333333
- $00:11:54.754 \longrightarrow 00:11:57.011$ other prostate tissue that could
- NOTE Confidence: 0.918127423333333
- 00:11:57.011 -> 00:11:59.213 develop a cancer in the future.
- NOTE Confidence: 0.918127423333333
- $00:11:59.220 \longrightarrow 00:12:01.558$ But by doing that we can
- NOTE Confidence: 0.918127423333333
- $00:12:01.558 \rightarrow 00:12:03.380$ preserve those vital structures.
- NOTE Confidence: 0.918127423333333
- $00:12:03.380 \rightarrow 00:12:05.750$ And so there are many different types.
- NOTE Confidence: 0.918127423333333
- $00:12:05.750 \longrightarrow 00:12:08.468$ Some use heat,
- NOTE Confidence: 0.918127423333333
- $00{:}12{:}08{.}468 \dashrightarrow 00{:}12{:}11{.}420$ some use cold, some use electricity.
- $00{:}12{:}14{.}320 \dashrightarrow 00{:}12{:}18{.}121$ The main ones that have been around the
- NOTE Confidence: 0.9489751506666667
- 00:12:18.121 --> 00:12:20.686 longest include Cryoablation which uses
- NOTE Confidence: 0.9489751506666667
- $00:12:20.686 \rightarrow 00:12:23.432$ cold energy to freeze the prostate
- NOTE Confidence: 0.9489751506666667
- $00:12:23.432 \rightarrow 00:12:25.640$ tissue and really destroy the cells.
- NOTE Confidence: 0.9489751506666667
- $00:12:25.640 \rightarrow 00:12:29.128$ There are treatments that generate heat,
- NOTE Confidence: 0.9489751506666667
- $00:12:29.128 \longrightarrow 00:12:31.240$ so focal laser ablation uses the

- NOTE Confidence: 0.9489751506666667
- $00:12:31.302 \longrightarrow 00:12:32.947$ laser fiber to generate heat
- NOTE Confidence: 0.9489751506666667
- $00:12:32.947 \longrightarrow 00:12:34.592$ and similarly kill the cells.
- NOTE Confidence: 0.9489751506666667
- $00:12:34.600 \rightarrow 00:12:37.004$ High intensity focused ultrasound, where we
- NOTE Confidence: 0.9489751506666667
- $00{:}12{:}37.004 \dashrightarrow 00{:}12{:}40.009$ use ultrasound waves to generate
- NOTE Confidence: 0.9489751506666667
- $00:12:40.009 \longrightarrow 00:12:42.557$ heat and destroy the cells.
- NOTE Confidence: 0.9489751506666667
- $00:12:42.560 \longrightarrow 00:12:43.940$ There are clinical trials
- NOTE Confidence: 0.9489751506666667
- 00:12:43.940 --> 00:12:45.320 locally here in Connecticut,
- NOTE Confidence: 0.9489751506666667
- $00:12:45.320 \longrightarrow 00:12:47.560$ some offered at Yale,
- NOTE Confidence: 0.9489751506666667
- $00{:}12{:}47.560 \dashrightarrow 00{:}12{:}50.680$ that include a transure thral ultrasound.
- NOTE Confidence: 0.9489751506666667
- $00{:}12{:}50.680 \dashrightarrow 00{:}12{:}53.032$ So Tulsa is the sort of a cronym
- NOTE Confidence: 0.9489751506666667
- $00{:}12{:}53.032 \dashrightarrow 00{:}12{:}55.593$ and it uses an ultrasound probe
- NOTE Confidence: 0.9489751506666667
- $00{:}12{:}55{.}593 \dashrightarrow 00{:}12{:}57{.}557$ in the ure thra
- NOTE Confidence: 0.9489751506666667
- $00:12:57.560 \longrightarrow 00:12:59.228$ which increases the ability
- NOTE Confidence: 0.9489751506666667
- $00{:}12{:}59{.}228 \dashrightarrow 00{:}13{:}01{.}313$ to treat the entire prostate.
- NOTE Confidence: 0.9489751506666667
- $00{:}13{:}01{.}320 \dashrightarrow 00{:}13{:}05{.}177$ And there is actually a randomized trial
- NOTE Confidence: 0.948975150666667

- 00:13:05.177 --> 00:13:08.698 comparing surgery to the Tulsa procedure
- NOTE Confidence: 0.9489751506666667
- $00{:}13{:}08{.}700 \dashrightarrow 00{:}13{:}10{.}840$ to treat
- NOTE Confidence: 0.9489751506666667
- $00:13:10.840 \longrightarrow 00:13:12.980$ intermediate risk prostate cancer.

00:13:14.540 --> 00:13:16.436 Wow. So interesting.

NOTE Confidence: 0.9402536

00:13:16.436 --> 00:13:20.178 Lots of options for therapy.

NOTE Confidence: 0.9402536

00:13:20.180 --> 00:13:22.098 We're going to take a short break

NOTE Confidence: 0.9402536

00:13:22.098 --> 00:13:23.979 right now for a medical minute,

NOTE Confidence: 0.9402536

 $00:13:23.980 \longrightarrow 00:13:25.140$ but on the other side,

NOTE Confidence: 0.9402536

 $00{:}13{:}25{.}140 \dashrightarrow 00{:}13{:}27{.}110$ we'll learn more about these

NOTE Confidence: 0.9402536

00:13:27.110 --> 00:13:28.686 new prostate cancer treatment

NOTE Confidence: 0.9402536

 $00:13:28.686 \rightarrow 00:13:30.140$ advances with my guest Dr.

NOTE Confidence: 0.9402536

00:13:30.140 --> 00:13:31.020 Preston Sprenkle.

NOTE Confidence: 0.94032267

00:13:31.660 --> 00:13:33.785 Funding for Yale Cancer Answers

NOTE Confidence: 0.94032267

00:13:33.785 --> 00:13:35.910 comes from Smilow Cancer Hospital.

NOTE Confidence: 0.94032267

 $00:13:35.910 \longrightarrow 00:13:38.844$ Where their prostate and urologic cancers

NOTE Confidence: 0.94032267

00:13:38.844 --> 00:13:41.309 program comprises a multispecialty team

- NOTE Confidence: 0.94032267
- $00:13:41.309 \rightarrow 00:13:43.509$ dedicated to managing the diagnosis,
- NOTE Confidence: 0.94032267
- $00{:}13{:}43{.}510 \dashrightarrow 00{:}13{:}46{.}708$ evaluation, and treatment of urologic cancer.
- NOTE Confidence: 0.94032267
- 00:13:46.710 --> 00:13:50.830 Smilowcancerhospital.org.
- NOTE Confidence: 0.94032267
- $00:13:50.830 \longrightarrow 00:13:53.295$ There are over 16.9 million
- NOTE Confidence: 0.94032267
- $00{:}13{:}53.295 \dashrightarrow 00{:}13{:}56.224$ cancer survivors in the US and
- NOTE Confidence: 0.94032267
- $00:13:56.224 \rightarrow 00:13:58.138$ over 240,000 here in Connecticut.
- NOTE Confidence: 0.94032267
- $00{:}13{:}58{.}138 \dashrightarrow 00{:}13{:}59{.}686$ Completing treatment for cancer
- NOTE Confidence: 0.94032267
- 00:13:59.686 --> 00:14:01.949 is a very exciting milestone,
- NOTE Confidence: 0.94032267
- $00{:}14{:}01{.}950 \dashrightarrow 00{:}14{:}03{.}942$ but cancer and its treatment can
- NOTE Confidence: 0.94032267
- $00:14:03.942 \longrightarrow 00:14:06.060$ be a life changing experience.
- NOTE Confidence: 0.94032267
- $00:14:06.060 \rightarrow 00:14:08.268$ The return to normal activities and
- NOTE Confidence: 0.94032267
- $00{:}14{:}08{.}268 \dashrightarrow 00{:}14{:}09{.}740$ relationships may be difficult,
- NOTE Confidence: 0.94032267
- $00{:}14{:}09{.}740 \dashrightarrow 00{:}14{:}12{.}128$ and cancer survivors may face other
- NOTE Confidence: 0.94032267
- $00{:}14{:}12{.}128 \dashrightarrow 00{:}14{:}14{.}260$ longterm side effects of cancer,
- NOTE Confidence: 0.94032267
- $00:14:14.260 \longrightarrow 00:14:16.498$ including heart problems,
- NOTE Confidence: 0.94032267

00:14:16.498 --> 00:14:18.736 osteoporosis, fertility issues,

NOTE Confidence: 0.94032267

 $00{:}14{:}18.740 \dashrightarrow 00{:}14{:}21.575$ and an increased risk of second cancers.

NOTE Confidence: 0.94032267

00:14:21.580 --> 00:14:24.155 Resources for cancer survivors are

NOTE Confidence: 0.94032267

 $00:14:24.155 \rightarrow 00:14:26.215$ available at federally designated

NOTE Confidence: 0.94032267

00:14:26.215 --> 00:14:28.148 Comprehensive cancer centers such as

NOTE Confidence: 0.94032267

00:14:28.148 --> 00:14:30.635 the Yale Cancer Center and Smilow

NOTE Confidence: 0.94032267

00:14:30.635 --> 00:14:32.969 Cancer Hospital to keep cancer survivors

NOTE Confidence: 0.94032267

 $00:14:32.969 \longrightarrow 00:14:35.490$ well and focused on healthy living.

NOTE Confidence: 0.94032267

00:14:35.490 --> 00:14:37.740 The Smilow Cancer Hospital Survivorship

NOTE Confidence: 0.94032267

00:14:37.740 --> 00:14:39.906 clinic focuses on providing guidance

NOTE Confidence: 0.94032267

 $00{:}14{:}39{.}906 \dashrightarrow 00{:}14{:}42{.}306$ and direction to empower survivors to

NOTE Confidence: 0.94032267

 $00{:}14{:}42{.}306 \dashrightarrow 00{:}14{:}44{.}706$ take steps to maximize their health,

NOTE Confidence: 0.94032267

 $00:14:44.710 \longrightarrow 00:14:46.150$ quality of life,

NOTE Confidence: 0.94032267

 $00:14:46.150 \longrightarrow 00:14:47.110$ and longevity.

NOTE Confidence: 0.94032267

00:14:47.110 --> 00:14:49.990 More information is available at

NOTE Confidence: 0.94032267

 $00:14:49.990 \longrightarrow 00:14:50.424$ yalecancercenter.org.

- NOTE Confidence: 0.94032267
- 00:14:50.424 --> 00:14:53.028 You're listening to Connecticut Public radio.
- NOTE Confidence: 0.950317
- $00{:}14{:}53.790 \dashrightarrow 00{:}14{:}55.950$ Welcome back to Yale Cancer Answers.
- NOTE Confidence: 0.950317
- 00:14:55.950 --> 00:14:57.910 This is doctor Anees Chagpar,
- NOTE Confidence: 0.950317
- 00:14:57.910 --> 00:14:59.590 and I'm joined tonight by my guest,
- NOTE Confidence: 0.950317
- $00:14:59.590 \dashrightarrow 00:15:00.829$ Doctor Preston Sprenkle.
- NOTE Confidence: 0.950317
- $00{:}15{:}00{.}829 \dashrightarrow 00{:}15{:}03{.}307$ We're discussing recent advances in the
- NOTE Confidence: 0.950317
- $00{:}15{:}03{.}307 \dashrightarrow 00{:}15{:}05{.}329$ management of prostate cancer patients.
- NOTE Confidence: 0.950317
- 00:15:05.330 --> 00:15:07.205 And right before the break, Preston,
- NOTE Confidence: 0.950317
- $00{:}15{:}07{.}205 \dashrightarrow 00{:}15{:}09{.}130$ you were telling us about some of
- NOTE Confidence: 0.950317
- $00:15:09.130 \longrightarrow 00:15:11.506$ these newer focal ablative treatments,
- NOTE Confidence: 0.950317
- $00{:}15{:}11.506 \dashrightarrow 00{:}15{:}15.770$ whether using cold or using hot or using
- NOTE Confidence: 0.950317
- 00:15:15.770 --> 00:15:19.236 ultra
sound to kind of kill off prostate
- NOTE Confidence: 0.950317
- $00{:}15{:}19{.}236$ --> $00{:}15{:}22{.}852$ cancer in a way that avoids the bigger NOTE Confidence: 0.950317
- $00{:}15{:}22.852 \dashrightarrow 00{:}15{:}25.088$ surgeries and radiation and so on.
- NOTE Confidence: 0.950317
- $00:15:25.090 \rightarrow 00:15:27.169$ But still is the mainstay of treatment,
- NOTE Confidence: 0.950317

 $00:15:27.170 \rightarrow 00:15:29.834$ but maybe these newer focal ablative

NOTE Confidence: 0.950317

 $00{:}15{:}29{.}834 \dashrightarrow 00{:}15{:}31{.}610$ treatments which are currently

NOTE Confidence: 0.950317

 $00:15:31.683 \rightarrow 00:15:33.538$ under investigation may become a

NOTE Confidence: 0.950317

 $00:15:33.538 \longrightarrow 00:15:35.930$ standard of care in the future.

NOTE Confidence: 0.950317

 $00{:}15{:}35{.}930 \dashrightarrow 00{:}15{:}39{.}030$ So I have a couple of questions for you just

NOTE Confidence: 0.950317

 $00:15:39.106 \longrightarrow 00:15:41.926$ about the ablative therapies themselves.

NOTE Confidence: 0.950317

 $00:15:41.930 \rightarrow 00:15:44.234$ One is, you know,

NOTE Confidence: 0.950317

 $00{:}15{:}44.234 \dashrightarrow 00{:}15{:}48.051$ when we think about prostate cancer often

NOTE Confidence: 0.950317

 $00{:}15{:}48.051 \dashrightarrow 00{:}15{:}50.578$ times as you mentioned before the break,

 $00{:}15{:}51{.}482 \dashrightarrow 00{:}15{:}55{.}164$ we will get an MRI to kind of look

NOTE Confidence: 0.950317

 $00{:}15{:}55{.}164 \dashrightarrow 00{:}15{:}57{.}300$ at where that prostate cancer is.

NOTE Confidence: 0.950317

 $00{:}15{:}57{.}300 \dashrightarrow 00{:}16{:}00{.}177$ So do these ablative treatments use some

NOTE Confidence: 0.950317

00:16:00.177 --> 00:16:03.131 kind of imaging to really target where

NOTE Confidence: 0.950317

00:16:03.131 --> 00:16:05.961 you're going to focus that energy so

NOTE Confidence: 0.950317

00:16:05.961 --> 00:16:08.535 that you at least have a guide as to

NOTE Confidence: 0.950317

 $00:16:08.540 \dashrightarrow 00:16:10.540$ where you're going to kill off these cells?

00:16:11.084 --> 00:16:11.900 With radical surgery,

- NOTE Confidence: 0.950317
- $00:16:11.900 \longrightarrow 00:16:13.658$ you take out the whole gland,

 $00{:}16{:}13.660 \dashrightarrow 00{:}16{:}15.775$ so you kind of know that you've got it.

NOTE Confidence: 0.950317

 $00{:}16{:}15{.}780 \dashrightarrow 00{:}16{:}17{.}765$ But what about with these

NOTE Confidence: 0.950317

 $00:16:17.765 \longrightarrow 00:16:18.956$ focal ablative treatments?

 $00:16:19.200 \longrightarrow 00:16:20.360$ The introduction

NOTE Confidence: 0.9140461504

00:16:20.360 --> 00:16:22.824 of prostate MRI or I should say

NOTE Confidence: 0.9140461504

 $00{:}16{:}22.824 \dashrightarrow 00{:}16{:}25.190$ the increased use of it and the

NOTE Confidence: 0.9140461504

 $00:16:25.190 \longrightarrow 00:16:27.044$ ability for us to do targeted

NOTE Confidence: 0.9140461504

00:16:27.116 --> 00:16:29.556 prostate biopsies infusions or MRI

NOTE Confidence: 0.9140461504

 $00{:}16{:}29{.}560 \dashrightarrow 00{:}16{:}33{.}140$ guided prostate biopsies is what

NOTE Confidence: 0.9140461504

 $00{:}16{:}33{.}140 \dashrightarrow 00{:}16{:}36{.}010$ allowed us to begin and to consider

NOTE Confidence: 0.9140461504

 $00{:}16{:}36{.}010 \dashrightarrow 00{:}16{:}38{.}850$ these focal ablation the rapies.

NOTE Confidence: 0.9140461504

 $00:16:38.850 \longrightarrow 00:16:41.132$ Around 2015 or so is when we

NOTE Confidence: 0.9140461504

 $00:16:41.132 \rightarrow 00:16:42.923$ really started to see prominence

NOTE Confidence: 0.9140461504

 $00:16:42.923 \longrightarrow 00:16:45.506$ of the use of MRI for prostate

NOTE Confidence: 0.9140461504

00:16:45.506 --> 00:16:47.648 cancer diagnosis and targeting.

- NOTE Confidence: 0.9140461504
- $00:16:47.650 \longrightarrow 00:16:49.888$ We can very well see lesions
- NOTE Confidence: 0.9140461504
- $00{:}16{:}49{.}888 \dashrightarrow 00{:}16{:}51{.}007$ within the prostate.
- NOTE Confidence: 0.9140461504
- $00{:}16{:}51{.}010 \dashrightarrow 00{:}16{:}53{.}530$ We confirm their location and grade
- NOTE Confidence: 0.9140461504
- $00:16:53.530 \rightarrow 00:16:56.807$ with a prostate biopsy or a targeted biopsy.
- NOTE Confidence: 0.9140461504
- $00{:}16{:}56{.}810 \dashrightarrow 00{:}16{:}58{.}940$ And what studies have shown is
- NOTE Confidence: 0.9140461504
- $00:16:58.940 \longrightarrow 00:17:01.060$ about 80% of the time there is
- NOTE Confidence: 0.9140461504
- $00:17:01.060 \longrightarrow 00:17:03.010$ what we call an index lesion.
- NOTE Confidence: 0.9140461504
- $00{:}17{:}03.010 \dashrightarrow 00{:}17{:}05.410$ So there's one main area of
- NOTE Confidence: 0.9140461504
- $00{:}17{:}05{.}410 \dashrightarrow 00{:}17{:}07{.}010$ cancer within the prostate.
- NOTE Confidence: 0.9140461504
- $00{:}17{:}07{.}010 \dashrightarrow 00{:}17{:}09{.}936$ And we can then with these targeted
- NOTE Confidence: 0.9140461504
- $00:17:09.936 \longrightarrow 00:17:11.739$ therapies or focal therapies
- NOTE Confidence: 0.9140461504
- $00{:}17{:}11.739 \dashrightarrow 00{:}17{:}14.529$ treat that area of the prostate.
- NOTE Confidence: 0.9140461504
- $00{:}17{:}14.530 \dashrightarrow 00{:}17{:}16.783$ We visually see it with the MRI.
- NOTE Confidence: 0.9140461504
- $00{:}17{:}16.783 \dashrightarrow 00{:}17{:}19.501$ We can identify its location within
- NOTE Confidence: 0.9140461504
- $00:17:19.501 \rightarrow 00:17:22.450$ the prostates or three dimensionally.
- NOTE Confidence: 0.9140461504

 $00:17:22.450 \longrightarrow 00:17:24.837$ Many of the treatments do use or

NOTE Confidence: 0.9140461504

 $00{:}17{:}24.837 \dashrightarrow 00{:}17{:}27.609$ some of them use MRI for targeting.

NOTE Confidence: 0.9140461504

 $00{:}17{:}27.610 \dashrightarrow 00{:}17{:}30.172$ So the Tulsa devices I mentioned that

NOTE Confidence: 0.9140461504

00:17:30.172 --> 00:17:32.680 treatment is performed inside an MRI scanner.

NOTE Confidence: 0.9140461504

 $00:17:32.680 \longrightarrow 00:17:34.688$ So we actually have the MRI on,

NOTE Confidence: 0.9140461504

 $00:17:34.688 \rightarrow 00:17:37.236$ it does an imaging of the prostate

NOTE Confidence: 0.9140461504

 $00:17:37.236 \longrightarrow 00:17:40.155$ and then is used for real time

NOTE Confidence: 0.9140461504

 $00{:}17{:}40.155 \dashrightarrow 00{:}17{:}42.628$ tracking of treatment and MRI

NOTE Confidence: 0.9140461504

 $00{:}17{:}42.628 \dashrightarrow 00{:}17{:}45.168$ thermometry to monitor the

NOTE Confidence: 0.9140461504

 $00{:}17{:}45.168 \dashrightarrow 00{:}17{:}47.200$ treatment and treatment success.

NOTE Confidence: 0.9140461504

 $00{:}17{:}47.200 \dashrightarrow 00{:}17{:}48.635$ But even when we're not using that,

NOTE Confidence: 0.9140461504

 $00:17:48.640 \longrightarrow 00:17:52.024$ so for cryoablation or

NOTE Confidence: 0.9140461504

00:17:52.024 --> 00:17:53.716 irreversible electroporation,

NOTE Confidence: 0.9140461504

00:17:53.720 --> 00:17:56.415 it's a long name but it uses

NOTE Confidence: 0.9140461504

 $00{:}17{:}56{.}415 \dashrightarrow 00{:}17{:}58{.}479$ electricity to destroy the tissue.

NOTE Confidence: 0.9140461504

 $00{:}17{:}58{.}480 \dashrightarrow 00{:}18{:}00{.}616$ We use the MRI as a reference but

 $00:18:00.616 \rightarrow 00:18:02.737$ then have real time ultrasound that

NOTE Confidence: 0.9140461504

 $00:18:02.737 \rightarrow 00:18:05.011$ allows us to visualize the prostate

NOTE Confidence: 0.9140461504

 $00{:}18{:}05{.}082 \dashrightarrow 00{:}18{:}07{.}194$ in the area that we want to treat.

NOTE Confidence: 0.9140461504

 $00:18:07.200 \longrightarrow 00:18:09.772$ I think that very often these

NOTE Confidence: 0.9140461504

 $00{:}18{:}09{.}772 \dashrightarrow 00{:}18{:}11{.}076$ are called focal the rapies.

NOTE Confidence: 0.9140461504

 $00{:}18{:}11{.}080 \dashrightarrow 00{:}18{:}14{.}599$ I think that's a little bit of a misnomer.

NOTE Confidence: 0.9140461504

 $00:18:14.600 \rightarrow 00:18:17.633$ We are trying to treat the area with cancer,

NOTE Confidence: 0.9140461504

 $00{:}18{:}17.640 \dashrightarrow 00{:}18{:}20.702$ but we do know that to achieve adequate

NOTE Confidence: 0.9140461504

 $00{:}18{:}20.702 \dashrightarrow 00{:}18{:}23.439$ cancer control we still need to have

NOTE Confidence: 0.9140461504

 $00:18:23.439 \rightarrow 00:18:25.120$ approximately a one centimeter margin.

00:18:25.448 --> 00:18:27.088 SO it is not so focal,

NOTE Confidence: 0.9140461504

 $00{:}18{:}27.090 \dashrightarrow 00{:}18{:}28.847$ we're not down to the millimeter level.

NOTE Confidence: 0.9140461504

 $00:18:28.850 \longrightarrow 00:18:30.656$ There is a 1 centimeter margin

NOTE Confidence: 0.9140461504

 $00{:}18{:}30.656 \dashrightarrow 00{:}18{:}32.372$ around a visible lesion that we

NOTE Confidence: 0.9140461504

 $00:18:32.372 \longrightarrow 00:18:33.968$ try to treat to make sure that

NOTE Confidence: 0.9140461504

 $00{:}18{:}33{.}968 \dashrightarrow 00{:}18{:}35{.}930$ we have excellent cancer control.

- NOTE Confidence: 0.94169116
- $00:18:37.090 \rightarrow 00:18:38.966$ Which brings me to my next question,

 $00:18:38.970 \longrightarrow 00:18:43.130$ which is, as we've kind of

NOTE Confidence: 0.94169116

00:18:43.130 --> 00:18:45.994 seen prostate cancer management move

NOTE Confidence: 0.94169116

 $00{:}18{:}45{.}994 \dashrightarrow 00{:}18{:}49{.}456$ more and more towards nonoperative and

NOTE Confidence: 0.94169116

 $00:18:49.456 \longrightarrow 00:18:52.086$ even just active surveillance where

NOTE Confidence: 0.94169116

 $00:18:52.086 \longrightarrow 00:18:55.790$ we don't need to treat at all.

NOTE Confidence: 0.94169116

00:18:55.790 --> 00:18:57.710 Has anybody really looked to see,

NOTE Confidence: 0.94169116

 $00:18:57.710 \longrightarrow 00:19:00.020$ even if you do have a high

NOTE Confidence: 0.94169116

 $00:19:00.020 \longrightarrow 00:19:02.109$ grade lesion in the prostate,

NOTE Confidence: 0.94169116

00:19:02.110 --> 00:19:04.134 how much,

NOTE Confidence: 0.94169116

00:19:04.134 --> 00:19:08.776 how often do you find other areas of

NOTE Confidence: 0.94169116

00:19:08.776 --> 00:19:12.089 either prostate cancer or preinvasive

NOTE Confidence: 0.94169116

 $00{:}19{:}12.089 \dashrightarrow 00{:}19{:}14.584$ lesions that would increase risk

NOTE Confidence: 0.94169116

 $00{:}19{:}14.584 \dashrightarrow 00{:}19{:}17.910$ outside of that one centimeter zone?

NOTE Confidence: 0.776364941428571

00:19:18.310 --> 00:19:20.606 You're correct and

 $00:19:20.610 \longrightarrow 00:19:24.474$ those numbers currently are about 80 to 85%.

NOTE Confidence: 0.776364941428571

 $00{:}19{:}24{.}474 \dashrightarrow 00{:}19{:}27{.}954$ So 80 to 85% of the time when

NOTE Confidence: 0.776364941428571

 $00:19:27.954 \longrightarrow 00:19:30.890$ we ablate a lesion, we see it.

NOTE Confidence: 0.776364941428571

 $00:19:30.890 \rightarrow 00:19:32.234$ There's something that is higher grade

NOTE Confidence: 0.776364941428571

 $00:19:32.234 \rightarrow 00:19:34.208$ just sort of on one side of the prostate.

NOTE Confidence: 0.776364941428571

 $00{:}19{:}34{.}210$ --> $00{:}19{:}38{.}192$ We treat that 80 to 85% of the time that is NOTE Confidence: 0.776364941428571

 $00:19:38.192 \rightarrow 00:19:40.488$ going to eliminate all of the significant

NOTE Confidence: 0.776364941428571

 $00:19:40.488 \longrightarrow 00:19:42.924$ cancer that we have to worry about.

NOTE Confidence: 0.776364941428571

 $00{:}19{:}42{.}930 \dashrightarrow 00{:}19{:}46{.}762$ So I think for many people that is a

NOTE Confidence: 0.776364941428571

 $00:19:46.762 \rightarrow 00:19:50.066$ high enough number to have a treatment.

NOTE Confidence: 0.776364941428571

 $00{:}19{:}50{.}070 \dashrightarrow 00{:}19{:}51{.}726$ That's 85% effective.

NOTE Confidence: 0.776364941428571

 $00{:}19{:}51.726 \dashrightarrow 00{:}19{:}55.590$ But to have minimal impact on their

NOTE Confidence: 0.776364941428571

 $00{:}19{:}55{.}687 \dashrightarrow 00{:}19{:}59{.}267$ urinary function and sexual function,

NOTE Confidence: 0.776364941428571

00:19:59.270 --> 00:20:02.254 many men are willing to sort of take

NOTE Confidence: 0.776364941428571

 $00:20:02.254 \rightarrow 00:20:03.956$ that 15% risk that they may need

NOTE Confidence: 0.776364941428571

 $00:20:03.956 \longrightarrow 00:20:05.190$ another treatment in the future.

 $00:20:05.190 \rightarrow 00:20:06.750$ And with these ablation therapies,

NOTE Confidence: 0.776364941428571

 $00:20:06.750 \longrightarrow 00:20:09.280$ we can also repeat them.

NOTE Confidence: 0.776364941428571

00:20:09.280 --> 00:20:10.876 And they could still do surgery,

NOTE Confidence: 0.776364941428571

 $00:20:10.880 \longrightarrow 00:20:12.284$ could still do radiation.

NOTE Confidence: 0.776364941428571

00:20:12.284 --> 00:20:14.818 So really not burning any significant bridges

NOTE Confidence: 0.776364941428571

 $00{:}20{:}14.818 \dashrightarrow 00{:}20{:}17.359$ by attempting these kind of the rapies first.

NOTE Confidence: 0.939414983333333

 $00{:}20{:}17.680 \dashrightarrow 00{:}20{:}20{:}254$ And for those gentlemen who don't

NOTE Confidence: 0.939414983333333

 $00:20:20.254 \longrightarrow 00:20:23.512$ want to take that 10 to 15% risk,

NOTE Confidence: 0.939414983333333

 $00{:}20{:}23{.}512 \dashrightarrow 00{:}20{:}26{.}092$ are there options to consolidate

NOTE Confidence: 0.939414983333333

 $00:20:26.092 \rightarrow 00:20:28.120$ therapy with something else?

NOTE Confidence: 0.939414983333333

 $00:20:28.120 \longrightarrow 00:20:29.770$ So thinking back to the

NOTE Confidence: 0.939414983333333

00:20:29.770 --> 00:20:30.760 breast cancer analogy,

NOTE Confidence: 0.939414983333333

 $00:20:30.760 \longrightarrow 00:20:33.478$ frequently when we do a lumpectomy,

NOTE Confidence: 0.939414983333333

 $00{:}20{:}33{.}480 \dashrightarrow 00{:}20{:}36{.}189$ the way that we get local control in the

NOTE Confidence: 0.939414983333333

 $00{:}20{:}36.189 \dashrightarrow 00{:}20{:}38.837$ rest of the breast is we add radiation.

00:20:38.840 --> 00:20:42.960 So you no longer need the big surgery,

NOTE Confidence: 0.939414983333333

00:20:42.960 --> 00:20:45.060 you can have the smaller

NOTE Confidence: 0.939414983333333

00:20:45.060 --> 00:20:46.320 surgery plus radiation.

NOTE Confidence: 0.939414983333333

 $00:20:46.320 \longrightarrow 00:20:48.210$ So for people who don't want

NOTE Confidence: 0.939414983333333

00:20:48.210 --> 00:20:51.988 to take that 15% risk of

NOTE Confidence: 0.939414983333333

 $00:20:51.988 \longrightarrow 00:20:54.316$ local failure is that an option?

NOTE Confidence: 0.947994676923077

 $00{:}20{:}55{.}160 \dashrightarrow 00{:}20{:}57{.}500$ So it's not currently in clinical

NOTE Confidence: 0.947994676923077

 $00:20:57.500 \rightarrow 00:21:00.038$ practice that is something where we have,

NOTE Confidence: 0.947994676923077

00:21:00.040 --> 00:21:02.472 I am aware of some people that are

NOTE Confidence: 0.947994676923077

 $00:21:02.472 \longrightarrow 00:21:04.444$ either writing it up or starting

NOTE Confidence: 0.947994676923077

 $00{:}21{:}04{.}444 \dashrightarrow 00{:}21{:}06{.}064$ some trials to evaluate that.

NOTE Confidence: 0.947994676923077

 $00{:}21{:}06{.}070 \dashrightarrow 00{:}21{:}07{.}468$ I think that you're absolutely right.

NOTE Confidence: 0.947994676923077

 $00:21:07.470 \longrightarrow 00:21:09.846$ That is an important concept that the

NOTE Confidence: 0.947994676923077

 $00:21:09.846 \rightarrow 00:21:12.158$ people are thinking about, but I have

NOTE Confidence: 0.947994676923077

 $00:21:12.158 \longrightarrow 00:21:15.550$ not heard of it in practice yet.

NOTE Confidence: 0.942266224

00:21:15.550 --> 00:21:17.630 And then finally, you know,

- NOTE Confidence: 0.942266224
- 00:21:17.630 --> 00:21:20.388 I find so often what happens in
- NOTE Confidence: 0.942266224
- $00:21:20.388 \longrightarrow 00:21:22.326$ one cancer kind of has ripple
- NOTE Confidence: 0.942266224
- $00{:}21{:}22{.}326 \dashrightarrow 00{:}21{:}23{.}814$ effects in other cancers as we
- NOTE Confidence: 0.942266224
- $00:21:23.814 \rightarrow 00:21:25.628$ all try to learn from each other,
- NOTE Confidence: 0.942266224
- $00:21:25.630 \rightarrow 00:21:28.710$ as we try to advance cancer management,
- NOTE Confidence: 0.942266224
- $00{:}21{:}28{.}710 \dashrightarrow 00{:}21{:}31{.}382$ one of the things that's now being looked
- NOTE Confidence: 0.942266224
- $00:21:31.382 \rightarrow 00:21:34.469$ at in breast cancer is doing even less.
- NOTE Confidence: 0.942266224
- $00:21:34.470 \longrightarrow 00:21:38.180$ Can we manage
- NOTE Confidence: 0.942266224
- $00:21:38.180 \rightarrow 00:21:40.944$ some breast cancers nonoperatively,
- NOTE Confidence: 0.942266224
- $00:21:40.944 \longrightarrow 00:21:45.090$ so can we just do multiple
- NOTE Confidence: 0.942266224
- $00:21:45.208 \longrightarrow 00:21:48.380$ biopsies and not treat at all,
- NOTE Confidence: 0.942266224
- $00{:}21{:}48{.}380 \dashrightarrow 00{:}21{:}50{.}385$ is there any consideration to
- NOTE Confidence: 0.942266224
- $00:21:50.385 \rightarrow 00:21:52.390$ not getting that one centimeter
- NOTE Confidence: 0.942266224
- 00:21:52.455 --> 00:21:54.585 margin of prostate cancer with the
- NOTE Confidence: 0.942266224
- $00:21:54.585 \rightarrow 00:21:57.133$ idea being well you know in that
- NOTE Confidence: 0.942266224

00:21:57.133 --> 00:21:58.903 latest New England Journal trial

NOTE Confidence: 0.942266224

 $00:21:58.903 \rightarrow 00:22:01.412$ that you mentioned there were some

NOTE Confidence: 0.942266224

 $00:22:01.412 \longrightarrow 00:22:04.019$ high risk patients in there and

NOTE Confidence: 0.942266224

 $00:22:04.019 \longrightarrow 00:22:05.814$ survival rates were

NOTE Confidence: 0.942266224

 $00:22:05.814 \longrightarrow 00:22:08.135$ the same albeit that they didn't

NOTE Confidence: 0.942266224

 $00{:}22{:}08{.}135 \dashrightarrow 00{:}22{:}10{.}175$ look at that particular subset.

NOTE Confidence: 0.942266224

 $00:22:10.180 \longrightarrow 00:22:13.212$ Is there any thought to just

NOTE Confidence: 0.942266224

 $00:22:13.212 \rightarrow 00:22:15.157$ leaving prostate cancer alone and

NOTE Confidence: 0.942266224

00:22:15.157 --> 00:22:17.761 maybe following it or treating it

NOTE Confidence: 0.942266224

 $00:22:17.832 \rightarrow 00:22:20.499$ even in a more minimally invasive way?

 $00:22:22.260 \rightarrow 00:22:24.576$ That's a great thought.

NOTE Confidence: 0.91243252

 $00{:}22{:}24.580 \dashrightarrow 00{:}22{:}26.326$ I mean I think where we

NOTE Confidence: 0.91243252

 $00:22:26.326 \longrightarrow 00:22:27.490$ are seeing that currently

NOTE Confidence: 0.91243252

 $00:22:27.490 \rightarrow 00:22:29.890$ is for men with low risk prostate cancer,

NOTE Confidence: 0.91243252

 $00{:}22{:}29{.}890 \dashrightarrow 00{:}22{:}31{.}082$ we do not treat,

NOTE Confidence: 0.91243252

 $00{:}22{:}31.082 \dashrightarrow 00{:}22{:}32.870$ we just follow them with periodic

 $00:22:32.938 \longrightarrow 00:22:34.850$ biopsies on active surveillance.

NOTE Confidence: 0.91243252

 $00{:}22{:}34.850 \dashrightarrow 00{:}22{:}36.956$ We're increasing the sort of cohort

NOTE Confidence: 0.91243252

 $00:22:36.956 \longrightarrow 00:22:39.771$ or number of people that we feel

NOTE Confidence: 0.91243252

 $00{:}22{:}39{.}771 \dashrightarrow 00{:}22{:}42.006$ comfortable following in that surveillance.

NOTE Confidence: 0.91243252

 $00:22:42.010 \rightarrow 00:22:44.848$ And so now favorable intermediate risk,

NOTE Confidence: 0.91243252

00:22:44.850 --> 00:22:46.370 it used to be only low risk,

NOTE Confidence: 0.91243252

00:22:46.370 --> 00:22:49.135 now many of us feel more comfortable

NOTE Confidence: 0.91243252

 $00:22:49.135 \rightarrow 00:22:50.320$ including favorable intermediate

NOTE Confidence: 0.91243252

 $00{:}22{:}50{.}378 \dashrightarrow 00{:}22{:}52{.}178$ risk people in that group and

NOTE Confidence: 0.91243252

 $00:22:52.178 \longrightarrow 00:22:54.386$ there definitely is ongoing

NOTE Confidence: 0.91243252

 $00{:}22{:}54{.}386 \dashrightarrow 00{:}22{:}56{.}899$ research and we're looking for

NOTE Confidence: 0.91243252

 $00{:}22{:}56{.}900 \dashrightarrow 00{:}22{:}59{.}150$ what is an appropriate

NOTE Confidence: 0.91243252

 $00{:}22{:}59{.}150 \dashrightarrow 00{:}23{:}00{.}650$ threshold above which treatment

NOTE Confidence: 0.91243252

00:23:00.715 --> 00:23:02.320 should be indicated and maybe

NOTE Confidence: 0.91243252

00:23:02.320 --> 00:23:04.231 it is observation is all

NOTE Confidence: 0.91243252

 $00:23:04.231 \longrightarrow 00:23:05.897$ we need for many of these men

- NOTE Confidence: 0.948975213333333
- $00:23:08.140 \longrightarrow 00:23:10.228$ and the idea of shrinking the
- NOTE Confidence: 0.948975213333333
- $00:23:10.228 \longrightarrow 00:23:11.620$ margins fortunately with
- NOTE Confidence: 0.948975213333333
- $00:23:11.680 \longrightarrow 00:23:13.540$ many of the ablation therapies,
- NOTE Confidence: 0.948975213333333
- $00{:}23{:}13.540 \dashrightarrow 00{:}23{:}16.020$ you know we are very mindful and then
- NOTE Confidence: 0.948975213333333
- $00{:}23{:}16.020 \dashrightarrow 00{:}23{:}18.792$ the goal is to spare this sexual function
- NOTE Confidence: 0.948975213333333
- $00:23:18.792 \longrightarrow 00:23:21.456$ and urinary function so often
- NOTE Confidence: 0.948975213333333
- $00:23:21.460 \longrightarrow 00:23:23.695$ we'll discuss with the patient
- NOTE Confidence: 0.948975213333333
- $00{:}23{:}23{.}695 \dashrightarrow 00{:}23{:}25{.}930$ compromising those margins in those
- NOTE Confidence: 0.948975213333333
- $00{:}23{:}26.001 \dashrightarrow 00{:}23{:}27.700$ areas to try to preserve function.
- NOTE Confidence: 0.948975213333333
- $00:23:27.700 \longrightarrow 00:23:28.928$ So that is ongoing,
- NOTE Confidence: 0.948975213333333
- 00:23:28.928 --> 00:23:31.325 but I have not seen a prospective
- NOTE Confidence: 0.948975213333333
- $00:23:31.325 \longrightarrow 00:23:33.700$ data to evaluate that yet.
- NOTE Confidence: 0.956606625
- 00:23:34.060 -> 00:23:36.460 Yeah, what about systemic
- NOTE Confidence: 0.956606625
- $00{:}23{:}36{.}460 \dashrightarrow 00{:}23{:}38{.}860$ the rapy for prostate cancer,
- NOTE Confidence: 0.956606625
- $00:23:38.860 \longrightarrow 00:23:41.740$ where are we with that?
- NOTE Confidence: 0.956606625

 $00:23:41.740 \longrightarrow 00:23:44.060$ Who needs systemic therapy,

NOTE Confidence: 0.956606625

00:23:44.060 --> 00:23:46.400 what are the toxicities and

NOTE Confidence: 0.956606625

 $00:23:46.400 \longrightarrow 00:23:49.214$ is there any thought to using

NOTE Confidence: 0.956606625

 $00:23:49.214 \rightarrow 00:23:51.787$ systemic therapy alone versus local

NOTE Confidence: 0.956606625

 $00:23:51.787 \rightarrow 00:23:54.227$ therapies which could potentially

NOTE Confidence: 0.956606625

 $00{:}23{:}54{.}227 \dashrightarrow 00{:}23{:}56{.}864$ impact sexual function and urinary

NOTE Confidence: 0.956606625

00:23:56.864 --> 00:23:58.320 function incontinence, et cetera?

NOTE Confidence: 0.94830432

 $00:23:59.240 \longrightarrow 00:24:00.480$ Yeah, that's a great question.

NOTE Confidence: 0.94830432

 $00{:}24{:}00{.}480 \dashrightarrow 00{:}24{:}01{.}785$ Unfortunately, the systemic

NOTE Confidence: 0.94830432

 $00{:}24{:}01.785 \dashrightarrow 00{:}24{:}04.395$ the rapies tend to be more toxic.

NOTE Confidence: 0.94830432

00:24:04.400 --> 00:24:07.445 So our baseline sort of leading systemic

NOTE Confidence: 0.94830432

 $00:24:07.445 \rightarrow 00:24:10.280$ therapy is androgen deprivation therapy,

NOTE Confidence: 0.94830432

 $00:24:10.280 \longrightarrow 00:24:12.255$ which is removing the male

NOTE Confidence: 0.94830432

 $00{:}24{:}12.255 \dashrightarrow 00{:}24{:}13.835$ sex hormone of test osterone.

NOTE Confidence: 0.94830432

 $00:24:13.840 \longrightarrow 00:24:14.760$ And when we do that,

NOTE Confidence: 0.94830432

 $00:24:14.760 \longrightarrow 00:24:16.884$ that results in fatigue,

- NOTE Confidence: 0.94830432
- 00:24:16.884 --> 00:24:18.477 decrease in libido,
- NOTE Confidence: 0.94830432
- 00:24:18.480 --> 00:24:19.880 decrease in interest in sex,
- NOTE Confidence: 0.94830432
- $00:24:19.880 \longrightarrow 00:24:21.340$ decrease in sexual function,
- NOTE Confidence: 0.94830432
- $00{:}24{:}21{.}340 \dashrightarrow 00{:}24{:}22{.}800$ can cause hot flashes.
- NOTE Confidence: 0.94830432
- $00{:}24{:}22{.}800 \dashrightarrow 00{:}24{:}24{.}456$ So many men find that some
- NOTE Confidence: 0.94830432
- $00:24:24.456 \longrightarrow 00:24:25.920$ men tolerate it very well,
- NOTE Confidence: 0.94830432
- $00:24:25.920 \rightarrow 00:24:28.398$ but many men find it pretty significant.
- NOTE Confidence: 0.94830432
- $00:24:28.400 \longrightarrow 00:24:31.256$ And that is sort of our lowest entry
- NOTE Confidence: 0.94830432
- $00{:}24{:}31{.}256 \dashrightarrow 00{:}24{:}33{.}400$ level treatment with the least
- NOTE Confidence: 0.94830432
- $00:24:33.400 \rightarrow 00:24:35.665$ side effects going further with
- NOTE Confidence: 0.94830432
- $00{:}24{:}35.665 \dashrightarrow 00{:}24{:}37.879$ additional systemic the rapies tend to
- NOTE Confidence: 0.94830432
- $00{:}24{:}37{.}880 \dashrightarrow 00{:}24{:}39{.}840$ kind of ramp that up a little bit.
- NOTE Confidence: 0.94830432
- $00:24:39.840 \longrightarrow 00:24:41.436$ So we try to avoid that.
- NOTE Confidence: 0.94830432
- $00{:}24{:}41{.}440 \dashrightarrow 00{:}24{:}43{.}904$ The people who typically will need that
- NOTE Confidence: 0.94830432
- $00:24:43.904 \rightarrow 00:24:46.078$ therapy are those with higher risk,
- NOTE Confidence: 0.94830432

 $00:24:46.080 \rightarrow 00:24:48.460$ so unfavorable intermediate or high

NOTE Confidence: 0.94830432

00:24:48.460 - 00:24:50.840 risk prostate cancer or definitely

NOTE Confidence: 0.94830432

 $00{:}24{:}50{.}916$ --> $00{:}24{:}52{.}960$ those with metastatic disease.

NOTE Confidence: 0.94830432

 $00:24:52.960 \longrightarrow 00:24:54.472$ And it can be either temporary

NOTE Confidence: 0.94830432

 $00{:}24{:}54{.}472 \dashrightarrow 00{:}24{:}56{.}348$ or in the case of patients

NOTE Confidence: 0.94830432

 $00:24:56.348 \longrightarrow 00:24:57.560$ with metastatic disease,

NOTE Confidence: 0.94830432

 $00:24:57.560 \dashrightarrow 00:24:59.912$ we often will start that the rapy

NOTE Confidence: 0.94830432

 $00:24:59.912 \rightarrow 00:25:02.400$ and it will be perpetual.

NOTE Confidence: 0.94830432

 $00{:}25{:}02{.}400 \dashrightarrow 00{:}25{:}04{.}200$ So that's something that once started,

NOTE Confidence: 0.94830432

 $00:25:04.200 \longrightarrow 00:25:04.920$ they stay on it.

NOTE Confidence: 0.945142595238095

 $00{:}25{:}06{.}240 \dashrightarrow 00{:}25{:}09{.}285$ For patients who are screened and they've

NOTE Confidence: 0.945142595238095

 $00{:}25{:}09{.}285 \dashrightarrow 00{:}25{:}12{.}316$ got low risk disease or favorable

NOTE Confidence: 0.945142595238095

 $00:25:12.316 \longrightarrow 00:25:15.056$ intermediate risk disease and they're

NOTE Confidence: 0.945142595238095

 $00:25:15.056 \rightarrow 00:25:18.279$ on active surveillance, at what point

NOTE Confidence: 0.93131551111111

 $00{:}25{:}20{.}320 \dashrightarrow 00{:}25{:}22{.}960$ do you either

NOTE Confidence: 0.93131551111111

 $00{:}25{:}22{.}960 \dashrightarrow 00{:}25{:}26{.}360$ stop active surveillance or how

 $00:25:26.360 \longrightarrow 00:25:29.240$ frequently do they flip into that,

NOTE Confidence: 0.93131551111111

 $00:25:29.240 \longrightarrow 00:25:31.350$ we need to actively

NOTE Confidence: 0.93131551111111

 $00:25:31.350 \longrightarrow 00:25:33.460$ manage this now either with

NOTE Confidence: 0.93131551111111

 $00:25:33.460 \longrightarrow 00:25:35.500$ a focal ablation therapy

NOTE Confidence: 0.93131551111111

00:25:35.500 --> 00:25:37.132 or surgery or radiation,

NOTE Confidence: 0.93131551111111

 $00{:}25{:}37{.}140 \dashrightarrow 00{:}25{:}39{.}540$ I mean if you have low risk disease,

NOTE Confidence: 0.93131551111111

 $00:25:39.540 \longrightarrow 00:25:43.495$ are you out of the woods or how

NOTE Confidence: 0.93131551111111

 $00:25:43.495 \rightarrow 00:25:45.420$ frequently are you out of the woods?

NOTE Confidence: 0.93258978

 $00:25:45.660 \rightarrow 00:25:46.960$ Yeah, so that's

NOTE Confidence: 0.93258978

 $00:25:46.960 \longrightarrow 00:25:48.260$ also a very good question.

NOTE Confidence: 0.93258978

 $00{:}25{:}48{.}260 \dashrightarrow 00{:}25{:}50{.}588$ So I think it depends on where you

NOTE Confidence: 0.93258978

 $00{:}25{:}50{.}588 \dashrightarrow 00{:}25{:}52{.}539$ start with active surveillance.

NOTE Confidence: 0.93258978

 $00{:}25{:}52{.}540 \dashrightarrow 00{:}25{:}54{.}346$ So there are some men that have

NOTE Confidence: 0.93258978

 $00:25:54.346 \longrightarrow 00:25:56.099$ very low risk prostate cancer,

NOTE Confidence: 0.93258978

 $00{:}25{:}56{.}100 \dashrightarrow 00{:}25{:}58{.}588$ some with sort of low and some with

 $00:25:58.588 \rightarrow 00:25:59.975$ favorable intermediate and their

NOTE Confidence: 0.93258978

 $00{:}25{:}59{.}975 \dashrightarrow 00{:}26{:}01{.}740$ progression rates are all different.

NOTE Confidence: 0.93258978

00:26:01.740 --> 00:26:05.898 In the longer series for active surveillance,

NOTE Confidence: 0.93258978

 $00:26:05.900 \longrightarrow 00:26:08.936$ we're seeing that around 50 to

NOTE Confidence: 0.93258978

00:26:08.940 --> 00:26:12.402 60% of men remain on active

NOTE Confidence: 0.93258978

 $00:26:12.402 \rightarrow 00:26:16.620$ surveillance 10 years into the future.

NOTE Confidence: 0.93258978

 $00:26:16.620 \rightarrow 00:26:18.354$ So a pretty significant number are

NOTE Confidence: 0.93258978

 $00{:}26{:}18.354 \dashrightarrow 00{:}26{:}19.932$ able to remain on surveillance

NOTE Confidence: 0.93258978

 $00{:}26{:}19{.}932 \dashrightarrow 00{:}26{:}21{.}737$ in the that recently published

NOTE Confidence: 0.93258978

 $00:26:21.737 \rightarrow 00:26:23.580$ update on the PROTECT trial.

NOTE Confidence: 0.93258978

00:26:23.580 --> 00:26:26.469 So even in men who were randomized to the

NOTE Confidence: 0.93258978

 $00:26:26.469 \rightarrow 00:26:28.500$ observation or active monitoring group,

NOTE Confidence: 0.93258978

 $00:26:28.500 \longrightarrow 00:26:30.404$ by 15 years, 24% of them and

NOTE Confidence: 0.93258978

 $00{:}26{:}30{.}404 \dashrightarrow 00{:}26{:}32{.}020$ again this included intermediate,

NOTE Confidence: 0.93258978

 $00:26:32.020 \rightarrow 00:26:35.620$ maybe even some high risk patients,

NOTE Confidence: 0.93258978

 $00:26:35.620 \longrightarrow 00:26:38.176 24\%$ of them remained treatment free.

- NOTE Confidence: 0.93258978
- $00:26:38.180 \longrightarrow 00:26:40.136$ So they never had any treatment.

 $00:26:40.140 \longrightarrow 00:26:41.538$ So I think that

NOTE Confidence: 0.93258978

 $00:26:41.540 \rightarrow 00:26:43.472$ there's definitely a percentage of people

NOTE Confidence: 0.93258978

 $00:26:43.472 \rightarrow 00:26:45.900$ who do not need to be treated ever,

NOTE Confidence: 0.946962533333333

 $00:26:46.980 \rightarrow 00:26:50.376$ which is fabulous except,

NOTE Confidence: 0.946962533333333

 $00{:}26{:}50{.}380 \dashrightarrow 00{:}26{:}51{.}994$ you know, the pessimists in the

NOTE Confidence: 0.946962533333333

00:26:51.994 --> 00:26:53.780 crowd might flip that and say yeah,

NOTE Confidence: 0.946962533333333

 $00:26:53.780 \longrightarrow 00:26:58.409$ but that means that 76% of people would.

NOTE Confidence: 0.946962533333333

 $00{:}26{:}58{.}410 \dashrightarrow 00{:}27{:}00{.}958$ When we think about the options now

NOTE Confidence: 0.946962533333333

00:27:00.958 --> 00:27:03.791 that might be coming down the Pike

NOTE Confidence: 0.946962533333333

 $00{:}27{:}03.791 \dashrightarrow 00{:}27{:}06.287$ in terms of focal ablative the rapy,

NOTE Confidence: 0.946962533333333

 $00{:}27{:}06{.}290 \dashrightarrow 00{:}27{:}09{.}106$ do you think that there would be any

NOTE Confidence: 0.946962533333333

 $00{:}27{:}09{.}106 \dashrightarrow 00{:}27{:}11.835$ benefit in treating those low risk

NOTE Confidence: 0.946962533333333

 $00{:}27{:}11.835 \dashrightarrow 00{:}27{:}14.270$ or favorable intermediate risks with

NOTE Confidence: 0.946962533333333

 $00:27:14.270 \longrightarrow 00:27:17.167$ what is hopefully turns out to

 $00:27:17.167 \rightarrow 00:27:19.314$ be a fairly non-toxic local therapy?

NOTE Confidence: 0.946962533333333

 $00:27:19.314 \rightarrow 00:27:21.650$ Would that get them out of the woods?

NOTE Confidence: 0.946962533333333

00:27:21.650 --> 00:27:24.038 I just think about the anxiety

NOTE Confidence: 0.946962533333333

 $00:27:24.038 \longrightarrow 00:27:25.232$ that patients have.

NOTE Confidence: 0.946962533333333

 $00{:}27{:}25{.}240 \dashrightarrow 00{:}27{:}26{.}899$ Kind of sitting on a cancer diagnosis

NOTE Confidence: 0.946962533333333

00:27:26.899 - 00:27:28.940 and some of them might feel like, okay,

NOTE Confidence: 0.946962533333333

 $00:27:28.940 \longrightarrow 00:27:31.280$ this is a bit of a ticking time bomb.

NOTE Confidence: 0.946962533333333

00:27:31.280 --> 00:27:33.296 It's just a matter of time and

NOTE Confidence: 0.946962533333333

 $00:27:33.296 \longrightarrow 00:27:34.790$ whether or not

NOTE Confidence: 0.946962533333333

 $00:27:34.790 \longrightarrow 00:27:37.544$ I'm going to be in the 24% or whether

NOTE Confidence: 0.946962533333333

 $00:27:37.544 \rightarrow 00:27:40.564$ I'm going to be in the 76% in terms

NOTE Confidence: 0.946962533333333

 $00:27:40.564 \rightarrow 00:27:42.276$ of needing additional therapy.

 $00{:}27{:}45{.}950 \dashrightarrow 00{:}27{:}49{.}072$ There have been some trials geared in

NOTE Confidence: 0.9285129666666667

 $00:27:49.072 \longrightarrow 00:27:52.021$ that direction looking at the low risk

NOTE Confidence: 0.9285129666666667

 $00{:}27{:}52{.}021 \dashrightarrow 00{:}27{:}54{.}994$ prostate cancer and intervention did delay

NOTE Confidence: 0.9285129666666667

 $00{:}27{:}54{.}994 \dashrightarrow 00{:}27{:}58{.}300$ the time to any additional intervention

 $00:27:58.384 \rightarrow 00:28:01.384$ which is I guess what we would hope.

NOTE Confidence: 0.9285129666666667

 $00{:}28{:}01{.}390 \dashrightarrow 00{:}28{:}05{.}550$ But I think again that trial included people

NOTE Confidence: 0.9285129666666667

 $00{:}28{:}05{.}550 \dashrightarrow 00{:}28{:}09{.}928$ with intermediate and high risk disease and

NOTE Confidence: 0.9285129666666667

 $00:28:09.930 \longrightarrow 00:28:11.850$ knowing that more than 50%

NOTE Confidence: 0.9285129666666667

 $00:28:11.850 \longrightarrow 00:28:13.170$ of people can,

NOTE Confidence: 0.9285129666666667

 $00{:}28{:}13.170 \dashrightarrow 00{:}28{:}15.543$ it takes time and effort

NOTE Confidence: 0.9285129666666667

 $00:28:15.543 \longrightarrow 00:28:17.850$ to sort of reassure people.

NOTE Confidence: 0.9285129666666667

 $00{:}28{:}17.850 \dashrightarrow 00{:}28{:}20.097$ But if we know that within 15

NOTE Confidence: 0.9285129666666667

 $00{:}28{:}20.097 \dashrightarrow 00{:}28{:}21.810$ years or even 20 years,

NOTE Confidence: 0.9285129666666667

 $00{:}28{:}21{.}810 \dashrightarrow 00{:}28{:}24{.}645$ it's unlikely that someone is going to

NOTE Confidence: 0.9285129666666667

 $00{:}28{:}24.645 \dashrightarrow 00{:}28{:}26.850$ have death from their prostate cancer,

NOTE Confidence: 0.9285129666666667

 $00{:}28{:}26{.}850 \dashrightarrow 00{:}28{:}28{.}810$ you could argue that we were

NOTE Confidence: 0.9285129666666667

 $00{:}28{:}28{.}810 \dashrightarrow 00{:}28{:}30{.}608$ treating too early in some of those

NOTE Confidence: 0.9285129666666667

 $00{:}28{:}30{.}610 \dashrightarrow 00{:}28{:}32{.}770$ 76% and they may not have needed it.

NOTE Confidence: 0.9160018166666667

00:28:33.450 --> 00:28:35.355 Dr. Preston Sprenkle is an

NOTE Confidence: 0.9160018166666667

00:28:35.355 --> 00:28:36.879 associate professor of urology

 $00{:}28{:}36{.}879 \dashrightarrow 00{:}28{:}39{.}109$ at the Yale School of Medicine.

NOTE Confidence: 0.9160018166666667

 $00{:}28{:}39{.}110 \dashrightarrow 00{:}28{:}40{.}586$ If you have questions,

NOTE Confidence: 0.9160018166666667

 $00{:}28{:}40{.}586 \dashrightarrow 00{:}28{:}43{.}203$ the address is cancer answers at Yale

NOTE Confidence: 0.9160018166666667

 $00{:}28{:}43{.}203 \dashrightarrow 00{:}28{:}45{.}506$ dot Edu and past editions of the

NOTE Confidence: 0.9160018166666667

 $00{:}28{:}45{.}506 \dashrightarrow 00{:}28{:}47{.}692$ program are available in audio and

NOTE Confidence: 0.916001816666667

 $00{:}28{:}47.692 \dashrightarrow 00{:}28{:}49.096$ written form at yale cancercenter.org.

NOTE Confidence: 0.9160018166666667

00:28:49.096 --> 00:28:51.544 We hope you'll join us next week to

NOTE Confidence: 0.9160018166666667

 $00{:}28{:}51{.}544 \dashrightarrow 00{:}28{:}53{.}418$ learn more about the fight against

NOTE Confidence: 0.9160018166666667

 $00{:}28{:}53.418 \dashrightarrow 00{:}28{:}55.270$ cancer here on Connecticut Public Radio.

NOTE Confidence: 0.9160018166666667

 $00{:}28{:}55{.}270 \dashrightarrow 00{:}28{:}57{.}694$ Funding for Yale Cancer Answers is

NOTE Confidence: 0.9160018166666667

00:28:57.694 --> 00:29:00.000 provided by Smilow Cancer Hospital.