



# Management of Prostate Cancer (Current Clinical Urology)

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Prostate cancer remains the most common malignant tumor in elderly men. The National Cancer Institute estimated 210,000 new cases of prostate cancer in 1997. There is, however, no means of documenting the true incidence of prostate cancer because of the difficulty in detecting all cases. Even using yearly rectal exams, PSA determinations, and ultrasound-guided prostate biopsies, many cases are missed. Suffice it to say that prostate cancer is a widely occurring disease in men and early detection and treatment are extremely important. When I trained in Urology under Dr. Reed Nesbit at the University of Michigan from 1956 to 1959, the diagnosis of prostate cancer was made by a rectal examination and an acid phosphatase determination. If there was a small nodule in the prostate, then an anterior-posterior X-ray of the pelvis was obtained to look for possible bony metastases. If the acid phosphatase was normal and there was no evidence of a bony metastasis, the prostate was exposed through the perineal approach and a biopsy of the nodule was obtained and sent for frozen section to Pathology to determine if it was indeed a cancer of the prostate. If the biopsy came back positive, the surgeon then proceeded to do a radical perineal prostatectomy. In those days, we usually did eight to ten radical perineal prostatectomies yearly. Many times the nodule that was biopsied was benign, and the incision was simply closed.

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