



Active Surveillance for Prostate Cancer (The Bans-Moyad Program)

Active Surveillance (AS) for Prostate Cancer (also known as “watchful waiting”) is gaining credibility in Urology. It is estimated that as many as 30-50% of patients diagnosed with prostate cancer may not need treatment. A number of large ongoing studies throughout the world currently suggest that active surveillance may be a safe approach in the management of selected cases of prostate cancer, with a low risk of disease progression and death, while avoiding the potential side effects and quality of life issues associated with active treatment. The potential risks of active surveillance, in the absence of life threatening disease progression, appear to be the low risk of possible complications from repeated biopsies (namely bleeding and infection), and the potential psychological aspects of living with the disease for some patients.

In addition to the Inclusion and Monitoring parameters set forth, the Bans-Moyad approach to Active Surveillance incorporates other medical and wellness parameters related to overall general health issues. Since the #1 cause of death in prostate cancer patients is cardiovascular, some of these stated parameters are incorporated to reduce overall mortality and promote better general health for the prostate cancer patient. Current thought also suggests that some of these associated parameters might favorably reduce the risk of disease progression. I have consulted and teamed up with Dr. Mark Moyad to ensure that comprehensive care is given to my patients.

Patients that may qualify from this comprehensive care include:

Ideally >65 years old, but younger patients may also qualify

PSA < 10

Gleason Grade < or equal to 6, with no Gleason 4 or 5 component

Biopsy with no more than 2 cores positive, and no core with >50% involvement

Clinical Stage T1C or T2A

Ideally low PSA Velocity (<2 increase/yr) and long PSA doubling time (>3yrs)

Patients over 75 yrs old or with a life expectancy less than 10 years, may be included with higher PSA (up to 15) and higher grade tumors (3+4)

Patients must be willing to accept the risk of disease progression with the possibility of advancement to incurable disease

Monitoring:

Examination and PSA determination every 3 months for 2 years, then every 6 months thereafter, if disease parameters stable

Transrectal Ultrasound (TRUS) of the prostate, with color flow Doppler, annually

Prostate MRI with Spectroscopy annually (if no contraindications)

Repeat Prostate Biopsies at 1 year post diagnosis, then annually (or as needed or agreed upon)



Active Treatment to be considered if there is evidence of disease progression such as:
Abnormal PSA Velocity or short doubling time (<3 yrs)
Clinically advancing disease as based on examination, ultrasound and/or MRI findings
Any Gleason 4 or 5 disease on subsequent biopsies
Increased volume of disease as evidenced by 3 or more cores involved or >50% involvement in any core
Patient desire to proceed with definitive treatment, for any reason

Additional Blood Tests:

Cholesterol
Vitamin D
CBC, Glucose, Hgb A1c, and a variety of other cardiovascular risk markers
Testosterone (in selected cases)

Other Issues that will be addressed:

Monitor Blood Pressure
Evaluate and Monitor Bone Density (where appropriate)
Dietary Consultation (when indicated)
2nd opinion Pathology (if deemed necessary)
Supplement use only if deficiencies are documented by appropriate testing

Dr Bans is currently accepting patients for consideration of enrollment into the Active Surveillance Program at:

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