

# Options for the Treatment of Prostate Cancer

## Deciding on the right option for you

When diagnosed early, prostate cancer is a highly curable disease for which most men are treated successfully and go on to live active and productive lives. Consult with your urologist to decide which treatment is most appropriate for you as an individual.

For the majority of patients, surgical removal or radiation therapy are the primary options. The chart below draws from published clinical studies to compare important aspects of surgery vs. those of radiation.

Table 1

Outcome	Radical Prostatectomy	Radiation
Long-term survival of high-grade cancer patients <sup>1</sup>	Longer	Shorter
Cancer recurrence <sup>2</sup>	Easy to detect	Difficult to detect
Risk of secondary cancers <sup>3,4</sup>	Lower	Higher
Disease-specific long-term quality of life <sup>5</sup>	Stable	Unstable
Painful urination (at 18-month follow-up) <sup>6</sup>	1% of patients	30% of patients
Long-term erectile dysfunction <sup>7</sup>	Lower risk	Higher risk
Bowel function impairment <sup>8</sup>	Lower risk	Higher risk

**Surgical removal is the definitive, gold standard treatment for localized prostate cancer.**<sup>9</sup>

Today, many patients are benefiting from an effective, minimally invasive treatment for prostate cancer known as *da Vinci* Surgery™. In addition to the advantages over radiation therapy, detailed above, *da Vinci* Surgery offers many potential benefits over open and laparoscopic surgery. Surgeons have the ability to use *da Vinci* to potentially offer a procedure with excellent cancer control, fewer complications, and a quicker return of urinary continence and sexual function.

### *da Vinci* Surgery vs. Traditional Surgical Approaches to Prostate Cancer

Table 2

Outcome	<i>da Vinci</i> Surgery	Open Surgery	Laparoscopic Surgery
<b>Cancer control</b>			
T2 margin status	2.5 <sup>1</sup>	5.9 <sup>2</sup>	7.7 <sup>3</sup>
<b>Complications</b>			
Length of hospital stay	1.2 days <sup>4</sup>	3 days <sup>5</sup>	2.5 days <sup>13</sup>
Major	1.7% <sup>4</sup>	6.7% <sup>5</sup>	3.7% <sup>6</sup>
Minor	3.7% <sup>4</sup>	12.6% <sup>5</sup>	14.6% <sup>6</sup>
<b>Urinary function</b>			
3 month	92.9% <sup>7</sup>	54% <sup>8</sup>	62% <sup>9</sup>
6 month	94.9% <sup>7</sup>	80% <sup>8</sup>	77% <sup>9</sup>
12 month	97.4% <sup>7</sup>	93% <sup>8</sup>	83% <sup>9</sup>
<b>Sexual Function</b>			
12 month	86% <sup>10</sup>	71% <sup>11</sup>	76% <sup>12</sup>

***da Vinci* Surgery is the #1 Treatment Choice for Prostate Cancer.**

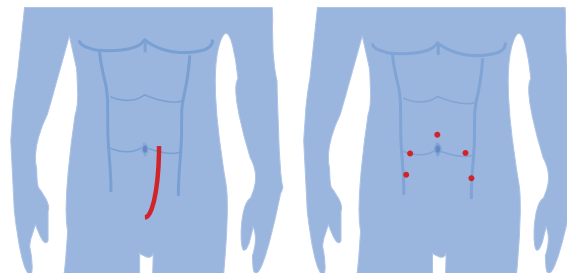
More men in the United States choose *da Vinci* Surgery than any other treatment option.<sup>14</sup>

# da Vinci Surgery for the Treatment of Prostate Cancer

## A Less Invasive Surgical Procedure

If your doctor recommends surgery to treat your prostate cancer, you may be a candidate for an effective, less invasive surgical procedure called *da Vinci* Prostatectomy. For many patients, *da Vinci* Prostatectomy offers numerous potential benefits over open prostatectomy including:

- Shorter hospital stay
- Less pain
- Less risk of infection
- Less blood loss and transfusions
- Less scarring
- Faster recovery
- Quicker return to normal activities



Open Prostatectomy Incision

da Vinci Prostatectomy Incisions



## The Enabling Technology

The *da Vinci* Surgical System is designed to allow complex procedures to be performed through a few tiny incisions by providing surgeons with enhanced capabilities including a magnified, 3D view of the operative field and greater dexterity and range of motion. The *da Vinci* System is an enabling technology which cannot act on its own; the surgery is performed entirely by your doctor.

To learn more about *da Vinci* surgery for prostate cancer, talk to your urologist and visit [www.daVinciProstatectomy.com](http://www.daVinciProstatectomy.com)

### Clinical references for Table 1

<sup>1</sup>Tewari A, Divine G, Chang P, Shemtov MM, Milowsky M, Nanus D, Menon M. Long-term survival in men with high grade prostate cancer: a comparison between conservative treatment, radiation therapy and radical prostatectomy--a propensity scoring approach. *J Urol.* 2007 Mar;177(3):911-5. Erratum in: *J Urol.* 2007 May;177(5):1958.

<sup>2</sup>Di Blasio, C. J., A. C. Rhee, et al. (2003). Predicting clinical end points: treatment nomograms in prostate cancer. *Semin Oncol* 30(5): 567-86.

<sup>3</sup>Baxter NN, Tepper JE, Durham SB, Rothenberger DA, Virnig BA. Increased risk of rectal cancer after prostate radiation: a population-based study. *Gastroenterology.* 2005 Apr;128(4):819-24.

<sup>4</sup>Boorjian S, Cowan JE, Konety BR, DuChane J, Tewari A, Carroll PR, Kane CJ; Cancer of the Prostate Strategic Urologic Research Endeavor Investigators. Bladder cancer incidence and risk factors in men with prostate cancer: results from Cancer of the Prostate Strategic Urologic Research Endeavor. *J Urol.* 2007 Mar;177(3):883-7; discussion 887-8.

<sup>5</sup>Miller, D. C., M. G. Sanda, et al. (2005). Long-term outcomes among localized prostate cancer survivors: health-related quality-of-life changes after radical prostatectomy, external radiation, and brachytherapy. *J Clin Oncol* 23(12): 2772-80.

<sup>6</sup>Buron, C., B. Le Vu, et al. (2007). Brachytherapy versus prostatectomy in localized prostate cancer: Results of a French multicenter prospective medico-economic study. *Int J Radiat Oncol Biol Phys* 67(3): 812-22.

<sup>7</sup>Di Blasio, C. J., A. C. Rhee, et al. (2003). Predicting clinical end points: treatment nomograms in prostate cancer. *Semin Oncol* 30(5): 567-86.

<sup>8</sup>Litwin MS, Sadetsky N, Pasta DJ, Lubeck DP. Bowel function and bother after treatment for early stage prostate cancer: a longitudinal quality of life analysis from CaPSURE. *J Urol.* 2004 Aug;172(2):515-9.

<sup>9</sup>Zorn K, Gofrit O, Steinberg G, Shalhav A. Evolution of Robotic Surgery in the Treatment of Localized Prostate Cancer. *Curr Treat Options Oncol* 2007 Aug; 25(14):12.

### Clinical references for Table 2

<sup>1</sup>Patel VR, Thaly R, Shah K. Robotic radical prostatectomy: outcomes of 500 cases. *BJU Int.* 2007 May;99(5):1109-12

<sup>2</sup>Scardino PT. Open Radical Retropubic Prostatectomy. Presented at the American Urological Association's Carcinoma of the Prostate Course, San Francisco, California, Sept. 30 – Oct. 1 2005

<sup>3</sup>Touijer K, Kuroiwa K, Saranchuk JW, Hassen WA, Trabulsi EJ, Reuter VE, Guillonneau B. Quality improvement in laparoscopic radical prostatectomy for pT2 prostate cancer: impact of video documentation review on positive surgical margin. *J Urol.* 2005 Mar;173(3):765-8. p. 766 (Results)

<sup>4</sup>Bhandari, A., McIntire, L., Kaul, S.A., Hemal, A.K., Peabody, J.O., and Menon, M. (2005). Perioperative complications of robotic radical prostatectomy after the learning curve. *J Urol* 174, 915-918.

<sup>5</sup>Brown, J.A., Garlitz, C., Gomella, L.G., McGinnis, D.E., Diamond, S.M., and Strup, S.E. (2004). Perioperative morbidity of laparoscopic radical prostatectomy compared with open radical retropubic prostatectomy. *Urologic oncology* 22, 102-106.

<sup>6</sup>Guillonneau, B., Rozet, F., Cathelineau, X., Lay, F., Barret, E., Doublet, J.D., Baumert, H., and Vallancien, G. (2002). Perioperative complications of laparoscopic radical prostatectomy: the Montsouris 3-year experience. *The Journal of urology* 167, 51-56.

<sup>7</sup>Locke, DR, Klimberg IW and Sessions RP. Robotic Radical Prostatectomy With Continence And Potency Sparing Technique: An Analysis Of The First 250 Cases. Submitted To Journal Of Urology, Publication Date TBD. p. 5 table 4.

<sup>8</sup>Walsh PC. Patient-reported urinary continence and sexual function after anatomic radical prostatectomy. *J Urol.* 2000 Jul;164(1):242. p. 59 table 1.

<sup>9</sup>Goeman, L., Salomon, L., La De Taille, A., Vordos, D., Hoznek, A., Yiu, R., and Abbou, C.C. (2006). Long-term functional and oncological results after retroperitoneal laparoscopic prostatectomy according to a prospective evaluation of 550 patients. *World J Urol* 24, 281-288.

<sup>10</sup>Kaul, S., Bhandari, A., Hemal, A., Savera, A., Shrivastava, A., and Menon, M. (2005). Robotic radical prostatectomy with preservation of the prostatic fascia: a feasibility study. *Urology* 66, 1261-1265. Parsons JK, Marschke P, Maples P, Walsh PC. Effect of methylprednisolone on return of sexual function after nerve-sparing radical retropubic prostatectomy. *Urology.* 2004 Nov;64(5):987-90.

<sup>11</sup>Parsons JK, Marschke P, Maples P, Walsh PC. Effect of methylprednisolone on return of sexual function after nerve-sparing radical retropubic prostatectomy. *Urology.* 2004 Nov;64(5):987-90.

<sup>12</sup>Su, L.M., Link, R.E., Bhayani, S.B., Sullivan, W., and Pavlovich, C.P. (2004). Nerve-sparing laparoscopic radical prostatectomy: replicating the open surgical technique. *Urology* 64, 123.

<sup>13</sup>Dahl DM, L'esperance JO, Trainer AF, Jiang Z, Gallagher K, Litwin DE, Blute RD Jr. "Laparoscopic radical prostatectomy: initial 70 cases at a U.S. university medical center." *Urology.* 2002 Nov;60(5):859-63.

<sup>14</sup>Claim based upon U.S. data on file.