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Prostate cancer removed with robotic surgery



Patient returns home the next day, back to work in less than a month

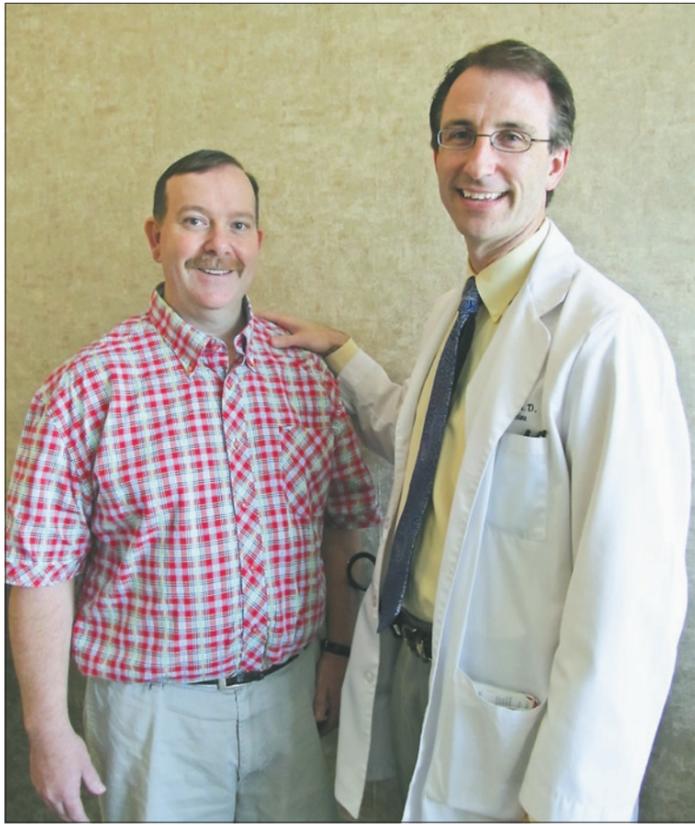
Ronny Watson, 44, is a young prostate cancer survivor. Like many men, he has a genetic predisposition for the disease.

"My dad had prostate cancer," said Watson. "I always knew that having a family history put me at a greater risk, but I didn't realize how thankful I'd be to have him by my side as I faced the same condition that he had."

The younger Watson was alerted to the possibility of prostate cancer during an annual check up with Parkwest Medical Center physician Dr. Jeff Boruff. Watson's blood work revealed a concerning prostate-specific antigen (PSA) level which is the protein made by cells in the prostate that can indicate cancer.

"A lot of people assume prostate cancer happens at a much older age, but the key is having annual physicals and taking your doctor's advice," said Dr. Boruff. "This helps increase odds for survival through early detection."

Watson was referred to Dr. Garrett Lischer with Knoxville Urology Clinic for further evaluation. After 12 biopsies, he was diagnosed with prostate cancer. According to his Gleason Scale, the rating system utilized to determine how aggressive prostate



Ronny Watson with Dr. Jeff Boruff at Parkwest Medical Center

cancer is, Watson had an intermediate risk for the cancer to spread.

Dr. Lischer discussed his treatment options and recommended he read "100 Questions and Answers to Prostate Cancer" over the following week to help him select his preferred treatment plan.

"Even though I had a slow-

growing type of cancer, I was diagnosed at a younger-than-average age," said Watson. "That's why I decided to have it completely removed robotically."

Dr. Lischer performed his surgery with the daVinci Robotics Surgery System at Parkwest. Because of the technology's ad-

vanced precision, Dr. Lischer was able to operate through a much smaller incision than previous methods allowed. Not only was Watson able to return home the day following his surgery, but his entire length of recovery was also greatly reduced.

Watson is grateful that his cancer was diagnosed so early because not everyone is so fortunate with outcomes.

"My friend, Ken Wilson, who recently passed away, always greeted men saying, 'I have prostate cancer, have you been checked?' He made it his personal mission to spread the word, and I want to do my part to raise awareness too," Watson said.

Watson works for EmeraChem in Knoxville and is thankful for the support he also received from his colleagues. He was able to return to work less than a month after his surgery, and his employer now pays for all employees to have annual checkups after witnessing Watson's experience.

"I have been so blessed by all of my friends and family – they have been great," said Watson. "They have sent me cards, prayers and text messages – one even connected with me from Germany!"

"I enjoy spending time with my wife and our children who are 11 and 13 years old," said Watson. "The time we have together is precious, and this experience has helped me appreciate it more than ever before."

The American Cancer Society (ACS) says prostate cancer ranks second to skin cancer as the most common cancer in American men. The latest ACS estimates for prostate cancer in the United States are for 2010:

- **Only lung cancer outranks prostate cancer** in causes of death in American men.
- **217,730 new cases** of prostate cancer will be diagnosed; one in 36 men will die from it.
- **More than 2 million men** in the United States who have been diagnosed with prostate cancer are still alive today.



Diagnosing prostate problems

If you have symptoms that may indicate prostate problems, such as difficulty urinating, see your doctor. These tests may be used:

■ **Digital rectal exam (DRE)**

During a DRE, your doctor inserts a gloved, lubricated finger into the rectum in order to feel the prostate. He or she will check for hard or lumpy areas. Lumps in the prostate are called nodules.

■ **Prostate-specific antigen (PSA) blood test**

PSA levels may rise in men who have prostate cancer; benign prostatic hyperplasia (a noncancerous growth of the prostate); or an infection in the prostate. The test may also measure prostatic

acid phosphatase (PAP) levels which may rise in men with prostate cancer.

■ **Urine test**

This test will check for blood in the urine or an infection.

■ **Other tests**

These will look for blockages or other reasons for your urinary problems.

The results of these tests will indicate if further testing is necessary. If your PSA level is only a little high, but your DRE was normal, your doctor may recommend having another PSA test in the near future. If it's still not normal, then your doctor may recommend other tests, such as a prostate biopsy.

Pathologist explains Gleason score

Doctors describe a prostate cancer's grade using the Gleason scale, which uses numbers to tell the doctor how different the biopsy tissue looks from normal prostate tissue. Grade is the word doctors use to describe how the cancer cells look under a microscope. The pathologist who looks at the cells obtained from your biopsy determines your cancer's grade.

Parkwest Pathologist Brandon Smithey explains that the most common Gleason pattern and the second most common pattern identified in the patient's tumor are added to obtain the Gleason score (ranges from 2 to 10). Typically, a Gleason pattern less than 3 is not assigned, especially on core biopsy tissue, so it is rare to see a combined Gleason score of less than 6. Higher Gleason scores are usually associated with more aggressive tumors which indicate that the patient is at a higher risk of the cancer speeding to other areas, such as the rectum or bladder, and possibly having a higher risk of distant metastasis to bone or other organs that may require more aggressive therapy.

Here's how the scores break down:

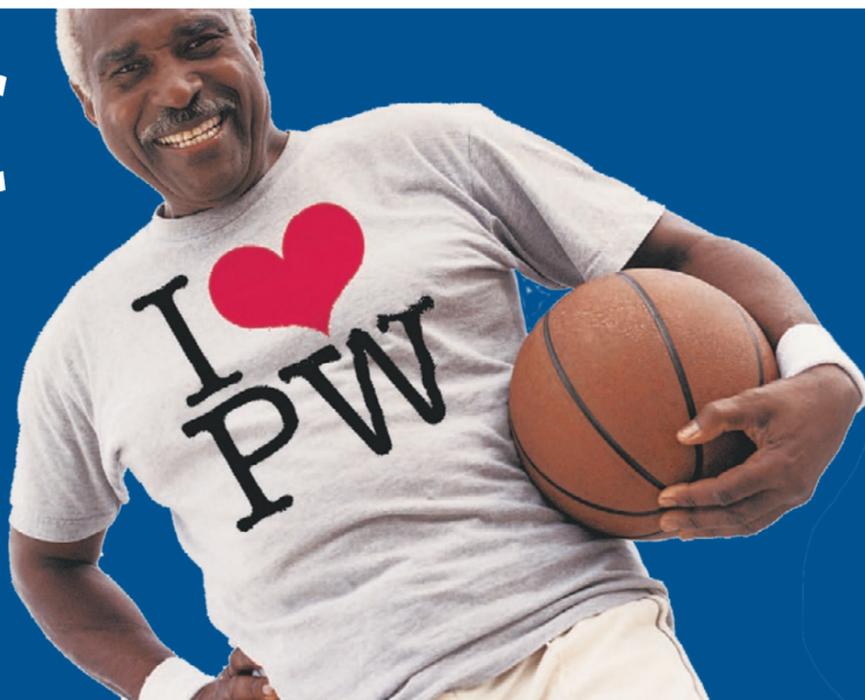
■ **Low-score** cancers are those with a Gleason score of 2, 3 and 4. A score of 2 is the lowest one you can get.

■ **Intermediate-score** cancers are those with a Gleason score of 5, 6 or 7.

■ **High-score** cancers are those with a Gleason score of 8, 9 and 10. Cancers with a high score are aggressive tumors that are often difficult to cure.

Dr. Smithey encourages all patients diagnosed with prostate cancer to inquire about their Gleason score, as well as other attributes of the tumor noted on the pathology report, so they can be completely informed when discussing these options with their urologist.

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