



# Making Treatment Decisions: What Are the Indications for Prostate Cancer Surgery?

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**Andrew Schorr:**

Dr. Hussain, let's go back and take it further now. We talked about active surveillance, but what are the indications then for surgery?

**Dr. Hussain:**

Well, I'm gonna say indications for local therapy...

**Andrew Schorr:**

Okay.

**Dr. Hussain:**

...that could be surgery or radiation, and as I mentioned, if in fact, upon re-biopsy, there is an upgrade in the pathology, so the Gleason Score goes up, let's say, to start with, someone's Gleason Score was 6, and now it has gone up to, let's say, 8, then that is not something that we want to sit on. That would be require a treatment. A change in the characteristics of the way the prostate is such that even though things may not be changing, but there appears to be now growth of the tumor and the prostate itself bigger, different things will trigger an evaluation.

The other part, there are times where the patient himself feels uncomfortable continuing to do this and would rather have their prostate out, and certainly, it's a shared decision, which means the physician's job is to explain the pros and cons, and at some point, the patient will have to decide, does he want to continue with this active surveillance, because it is a commitment. This is not something you do for two years and say then, okay, I'm done, nothing else is necessary.

When it is deemed necessary to proceed with local therapy, I should highlight, we look at the patient fresh. For example, is this repeat biopsy, is such that is requiring that the patient undergo staging, which means cat scans repeated, bone scan done to make sure there is no visible cancer spread because that obviously will impact on whether it's appropriate to proceed with local treatment versus not.

Generally speaking, the medical oncologists are not directly involved, although, I have to say, Brenda and I have our share of patients who come in for a tie breaker, so to speak. They might have consulted with a radiation oncologist and with a surgeon and the question comes back, well, what do you think, Dr. Hussain or which is better? I think this is where clear information and education of the patient with regard to the pros and cons of both approaches—the good news, Andrew, is that prostate cancer is highly curable, and that’s the great part. The other part, even if it’s not curable with local therapy, it is highly compatible with long living.

The intent is to do the best possible upfront and again, we focus a lot on shared decisions, so surgery or radiation is done. Now, depending on the aggressiveness of the cancer, the level of the PSA, the Gleason Score and so on, if a patient chose radiation therapy, they might have earned, also, a finite duration of hormonal therapy with it. That’s part of the tradeoffs to discuss with their physicians.

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