

Hitting All Targets

From screening to treatment to follow-up care, **St. Mary Medical Center** provides the comprehensive resources needed to optimize the treatment of prostate cancer.



Dr. Robert M. Cardinale, Chief of Radiation Oncology at St. Mary Medical Center



Dr. Jamison S. Jaffe, Chief of Urology at St. Mary Medical Center

vides post-operative services such as physical therapy, pelvic floor therapy, and sexual dysfunction therapy to help patients reclaim a high quality of life after treatment. Given St. Mary's expertise, technology, and comprehensive resources, Dr. Cardinale reminds residents of Bucks County and surrounding areas that they have access to best-in-class treatment for prostate cancer close to home.

"People who come to St. Mary are assured that highly skilled urologists and radiation oncologists are available within their local community to provide state-of-the-art care close to home," Dr. Cardinale says. "We handle every aspect of care, from the initial screening through treatment through follow-up. It's truly personalized care." ■

Comprehensive Urologic Specialists

To schedule an annual prostate exam, contact Comprehensive Urologic Specialists at (215) 710-4490 or visit www.trinity-healthma.org for more information.

STATISTICS FROM THE AMERICAN CANCER SOCIETY SUGGEST THAT ONE IN EIGHT AMERICAN MEN WILL BE DIAGNOSED WITH PROSTATE CANCER IN HIS LIFETIME. Worse, prostate cancer has become the second-leading cause of cancer death in American men.

But prostate cancer is hardly a death sentence. Not only is it survivable, but it's also curable if detected in early stages and treated by a multidisciplinary team such as the one at St. Mary Medical Center in Langhorne. Regular screenings are the key to early detection, according to Jamison S. Jaffe, D.O., Chief of Urology at St. Mary Medical Center and a physician with Comprehensive Urologic Specialists, which is a Penn Cancer Network Affiliate Practice Member.

"Getting an exam of the prostate and a PSA blood test should be done annually for men over the age of 50, and possibly even younger for men who have a family history of prostate cancer," Dr. Jaffe says. "The blood test is easy, and it doesn't even have to be ordered by a urologist. The exam should be done in tandem with the PSA test to feel the prostate for abnormalities."

Dr. Jaffe offers a caveat: An elevated PSA level does not necessarily indicate cancer. Any number of factors could contribute to an elevated level, including infection or recent sexual activity; high PSA levels are also common among cyclists. Even so, Dr. Jaffe says it's essential "to get it fully evaluated to rule out cancer."

Technology such as an MRI fusion biopsy serves as a next-generation tool for the in-depth evaluation of abnormalities. If the MRI reveals nothing suspicious, the patient can possibly avoid the biopsy and its inherent risks and side effects. If the MRI does reveal a possibly cancerous lesion, the biopsy can be performed more precisely. It also has the potential to prevent the need for repeated prostate biopsies.

In the event that the biopsy confirms the presence of cancer, a patient will then be

referred to St. Mary's multidisciplinary treatment team. Dr. Jaffe, or one of his associates, will begin by providing a thorough review of the patient's options, ranging from a robotic prostatectomy to targeted radiation to active surveillance (also known as "watchful waiting"), so the patient and his family can understand the risks and benefits of each option.

"We take a lot of pride in our active-surveillance program," Dr. Jaffe says. "Men with low-risk disease may never need treatment, but we manage the patient very closely for any changes that may require intervention. Sometimes the best options are surgery or radiation. Even for patients who are more interested in surgery, we recommend that they meet with radiation oncology so they understand all their options."

Robert M. Cardinale, M.D., is the chief of Radiation Oncology at St. Mary Medical Center. He explains that, if radiation therapy is needed, a St. Mary radiation oncologist will provide a thorough explanation of the different modalities of radiation treatment available to the patient.

"Unless they are elderly and infirm, or undergoing active surveillance, everyone has a radiation option," Dr. Cardinale says. "We spend a lot of time talking to patients about their different options, and we go into detail about the risks, side effects, quality of life, [and] cure rate. The discussion can go on for weeks and months, not hours, because in general patients have a month or two before they have to make a decision—and we want that to be an informed decision."

Depending on the patient and the cancer, options may include high-dose-rate and low-dose-rate brachytherapy, intensity modulated radiation therapy, and stereotactic body radiation therapy (five total, focused treatments). St. Mary also offers safeguards such as SpaceOAR Hydrogel, a semisolid absorbable material injected between the prostate and the rectum to protect the rectum from radiation beams targeting the prostate.

Once treatment is complete, St. Mary pro-