A Message from
Dr. Frank Critz

Prostate cancer is the most common cancer in men, other than skin cancers. It can be cured if found early and treated properly. For these reasons alone, it is worth being knowledgeable about and tested regularly for this disease. Keep in mind:

- Screening is easy. A simple blood test called Prostate Specific Antigen (or PSA) can lead to early diagnosis, a critical part of being cured.
- All men should have an annual PSA test starting at age 50; African-Americans and men with a family history of prostate cancer should begin testing at age 40.
- Prostate cancer is typically slow growing. Men have the time to learn about this disease and the treatment methods available for cure.
- With few exceptions, men with prostate cancer have only one chance to be cured.

If diagnosed with prostate cancer, the first question a man will ask is, “What is my chance of being cured?” This pamphlet will not only provide an understanding of this disease but will empower men—and their loved ones—with an understanding of treatment based on curing their disease and provide them a decision-making process for selecting the best treatment.

This information is based on the knowledge gained by the medical doctors at Radiotherapy Clinics of Georgia (RCOG) from treating prostate cancer in more than 11,000 men with ProstRcision®, a treatment method developed at RCOG in 1979 that has the world’s highest proven cure rate. We also have one of the largest computerized databases on prostate cancer in the United States, from which more than 80 research papers on prostate cancer have been presented or published at either medical meetings or in peer-reviewed medical journals.

Based on this experience, my advice to you is simple: if you (or a friend or relative) are diagnosed with an abnormal PSA or prostate cancer, take the time to study, ask questions and make an educated decision about your treatment, with a focus on curing your disease.

Sincerely,

Frank A. Critz, M.D.
Medical Director and Director of Prostate Cancer Research
Radiotherapy Clinics of Georgia
John Leak describes the events that led to his prostate cancer diagnosis as “happenstance with divine intervention.” Leak’s cancer was detected while he was being treated for kidney stones.

“It was somewhat of a shock because Daddy was healthy,” said John’s son, Brandon. “He never had major health challenges, nor was there ever an indication that anything was wrong with him.”

After his diagnosis of early-stage prostate cancer, Leak, 54, diligently researched treatment options. As a funeral director, he had often seen the end result of untreated cancer. Plus, a family member had recently died from liver and colon cancer, so finding his best treatment option was first and foremost on his mind.

Leak’s urologist had talked to him about cryotherapy treatment and a radical prostatectomy. But through his research, Leak learned about Radiotherapy Clinics of Georgia and the ProstRcision procedure, which involves a combination of seed implants and radiation and has an 83 percent cure rate. He consulted with his brother and son (both physicians) as well as his urologist and Dr. Frank Critz, the Atlanta physician who developed ProstRcision. Armed with his research and the opinions of four physicians, Leak decided upon ProstRcision.

“The cure rate really influenced my decision,” Leak said. “My urologist couldn’t provide the cure rate for other forms of treatment, and the side effects from having cryotherapy or a radical prostatectomy weren’t appealing.”

Three weeks after his diagnosis, Leak began treatment at RCOG. “I learned even more about prostate disease because of the Tuesday lectures held regularly at RCOG,” Leak said. “Their physicians go in-depth on the basics of the disease – I got all my questions answered.”

Today, Leak’s PSA levels are dropping and he gets regular check-ups from his urologist, in addition to his follow-up visits at RCOG.

He’s made lifestyle changes too with the help of an RCOG nutritionist. He has changed his diet to incorporate foods that promote prostate health, and he better understands the importance of portion size and the difference in food categories such as carbohydrates and proteins.

“I feel the best option for my Daddy’s long-term health was becoming involved with RCOG,” said Brandon. “The procedure was not invasive and offered a better short-term recovery and a long-term cure.”
About Prostate Cancer

The odds.

Prostate cancer is the most common type of cancer found in men, other than skin cancers. In fact, one in six men will get prostate cancer in his lifetime. The American Cancer Society estimates that more than 220,000 men will be diagnosed with it this year.

The good news is:

- Only one in 35 men will die of this disease. In fact, more than two million men in the United States who have been diagnosed with prostate cancer during their lifetimes are still alive today.
- Cure is possible if prostate cancer is detected early and treated properly.

What is the prostate?

Prostate cancer starts in the prostate. This walnut-sized gland, located behind a man’s pubic bones in his pelvis, is sandwiched between the bladder (on top) and the rectum (underneath). Similar to the shell around an egg, a capsule covers and contains the prostate except at the apex (bottom). Running through the prostate is the urethra tube, which drains urine out of the bladder as it exits the body.

As men age, the prostate gland typically enlarges and often compresses the urethra, causing the typical urinary symptoms of weak or slow stream. Also as men age, there is an increasing chance that some normal prostate cells can change into cancerous cells.

Who’s at risk?

While we don’t know the exact cause of prostate cancer, we do know that age, race and family history play significant roles.

- Two-thirds of prostate cancers are found in men over the age of 65.
- African-American men are more likely to get prostate cancer than any other race.
Asian-American and Hispanic men are less likely to have prostate cancer than non-Hispanic whites.

A man whose father or brother has had prostate cancer has twice the odds of getting this disease. The more relatives affected by prostate cancer, the higher the risk.

Diet and nationality may also influence risk.

A diet high in red meat or fatty dairy products and/or low in fruits and vegetables may contribute to a man’s chance of getting prostate cancer.

Men from North America, Europe, Australia and the Caribbean islands are more apt to be diagnosed with prostate cancer, while men in Asia, Africa, Central America and South America are less likely to have prostate cancer. This may be due to frequency of screening and/or diet in those areas.

A Note to Wives and Significant Others

Prostate cancer is not just a man’s disease. In reality, any mate or significant other is as involved in the diagnosis and treatment as the man himself.

How you can help:

- Make sure he gets an annual PSA test.
- If he is diagnosed with prostate cancer, get involved in the research
- Ask hard questions of doctors
- Get a second opinion. Then a third. And keep going until you and he are comfortable in your treatment decision.
- Learn how to take care of him before, during and after treatment.
- Talk through the impact of side effects like incontinence and impotence on your relationship
- Encourage him to talk to actual survivors

It’s also important that you take care of yourself. Seek out support in those who have been through it or are currently dealing with a husband or significant other’s prostate cancer.
The initial test.

To determine if a man is at risk for prostate cancer, doctors use a simple blood test called a Prostate Specific Antigen (PSA) test. This can be performed right in a physician’s office. For most men, annual PSA testing combined with a digital rectal exam (DRE) should begin at age 50. However, African-American men and men with a family history of prostate cancer should begin getting tested at age 40.

What is PSA?

PSA is an enzyme that is produced only by prostate cells, both normal and cancer cells, and secreted into the seminal fluid to keep it liquefied. A small amount of PSA is continually leaked into the bloodstream by prostate cells, which allows us to measure it.

Why is PSA important?

When a prostate cell is cancerous, it leaks more PSA into the bloodstream. On average, one cancerous prostate cell will produce 10 times more PSA than a healthy cell. When cancerous cells multiply, this causes a man’s PSA level to rise an abnormal amount.

PSA test results.

For men 60 years old or younger, a normal PSA reading can go up to 2.5 ng/ml. As the prostate enlarges with age, PSA readings in older men can range up to 4.0 ng/ml. While these levels can be affected by other factors, an abnormal reading signals a prostate biopsy should be considered.

As men age, PSA levels usually increase even when there is no cancer. This elevation is typically due to enlargement of the prostate, a disease called benign prostate hypertrophy, or BPH. This is also why doctors suggest comparing PSA results with results from other men of the same age.

Conversely, a man can have a normal PSA and still have prostate cancer. That is why taking regular PSA screening tests and tracking the results is important. An increasing PSA, even if the increase is within the “normal” range, can indicate prostate cancer. If you have an elevation in your PSA, talk with your physician about whether or not you should have a prostate biopsy.
**Grading the cancer.**

After the biopsy is performed, a pathologist examines the tissue taken from the prostate. If cancer is detected, the pathologist assigns a score between two and 10, called a Gleason score. The more aggressive the cancer, the higher the number. The table below shows the percentages of men in the three different Gleason score groups.

<table>
<thead>
<tr>
<th>Gleason Score</th>
<th>Percent of Men</th>
<th>Rate of Cancer Growth</th>
</tr>
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<tbody>
<tr>
<td>2-6</td>
<td>60%</td>
<td>Average</td>
</tr>
<tr>
<td>7</td>
<td>30-35%</td>
<td>Fast</td>
</tr>
<tr>
<td>8-10</td>
<td>5-10%</td>
<td>Very Fast</td>
</tr>
</tbody>
</table>

**The power of a second opinion.**

Because not all pathologists are experienced in examining prostate biopsies and because the Gleason score is the major factor in determining cure, we have an expert pathologist give each of our patients a second opinion. In 25 percent of cases, our pathologist changes the Gleason score, which can significantly affect a patient’s treatment decision-making, as well as affect the physician-prescribed course of treatment.

**Locating the cancer.**

Location of the cancer within the prostate is determined by what’s called cancer stage. All doctors use the same method, which is the digital rectal exam (DRE). The table below explains the different stages.

<table>
<thead>
<tr>
<th>Clinical Stages</th>
<th>DRE Findings</th>
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<tbody>
<tr>
<td>T1a, T1b</td>
<td>Normal DRE. Cancer in a TURP (roto-rooter or ream out surgery) specimen.</td>
</tr>
<tr>
<td>T1c</td>
<td>Normal DRE. Cancer found through the PSA test.</td>
</tr>
<tr>
<td>T2a</td>
<td>Palpable lump of prostate cancer inside the prostate involving one-half or less of one side (lobe) of the prostate.</td>
</tr>
<tr>
<td>T2b</td>
<td>Palpable prostate cancer involving more than one half of one lobe of the prostate.</td>
</tr>
<tr>
<td>T2c</td>
<td>Palpable prostate cancer involving both prostate lobes.</td>
</tr>
<tr>
<td>T3</td>
<td>Palpable prostate cancer involving one or both prostate lobes and also a lump outside the prostate where cancer has invaded through the capsule.</td>
</tr>
<tr>
<td>T4</td>
<td>Bladder and rectum involved.</td>
</tr>
</tbody>
</table>
The hidden danger of microscopic capsule penetration.

Locating, or staging, the cancer is actually the least reliable of all the measurements used to determine the extent of prostate cancer. Often, men diagnosed with stage T1 or T2 cancer will actually have stage T3 cancer. This is because cancerous cells can leak outside the prostate, which is called microscopic capsule penetration. Because the cancerous cells are often located near the wall of the prostate, cells can destroy the capsule, leak out and spread to other nearby areas, such as the rectum or bladder.

Microscopic capsule penetration can only be detected by examination of surgically removed tissue under a microscope after a radical prostatectomy.

Cancer cells penetrate (eat a hole) through the capsule and leak outside the prostate.
The limits of locating prostate cancer.

The leakage of cancer cells from microscopic capsule penetration cannot be detected by a DRE. Other tests, such as MRI scans or color Doppler ultrasound scans, are also unreliable for detection of cancer leakage. We are telling you this not to frighten you but because one of the most important things you should learn is that before any type of prostate cancer treatment, it’s impossible to know just how extensive the cancer is in any individual.

PSA 0.2 ng/ml – the most important number.

After a patient undergoes treatment, he should no longer have any prostate cells in his body to make PSA. His PSA would then fall to an undetectable level—PSA 0.2 ng/ml. The first goal is to have a PSA 0.2 ng/ml or lower.

Passing the 10-year mark.

We consider you to be cured of prostate cancer only when you have a PSA of 0.2 ng/ml or lower, 10 years after your treatment. We do this because in the vast majority of cases, if prostate cancer is going to grow back, it will do so within 10 years. This is how we calculate our overall cure rate, which is based on more than 11,000 men and currently stands at 83 percent.

Demand the same standard.

If you or someone you love has prostate cancer, the goal should be the cure of this disease, not just treatment. So as you talk to different doctors, it’s important that you ask how many patients they have cured. Find out how many of their patients have a PSA 0.2 ng/ml after 10 years. It’s a tough standard, but you shouldn’t be afraid to ask. The course of treatment is your decision and you have a right to know a doctor’s track record.

Find out more at ProstRcision.com
Achieving the Best Chance for A Cure

To get the best chance for a cure of prostate cancer, you should understand these five points:

1. Personal research: The key to a cure. Above all else, do your own research on prostate cancer BEFORE you are treated. Get a second opinion from both urologists and radiation oncologists, search the Internet, read peer-reviewed medical journals and talk to other men who have been treated for the disease.

2. Cure rates: In your personal research, focus on cure rates, NOT on treatment.

3. 10-year Individual Cure Rate (10-yr. ICR): The most important information from any doctor. Get the 10-year ICR from your urologist or radiation oncologist for the treatment method he recommends.

4. Computerized database: The key to any doctor’s practice. An urologist or radiation oncologist must have a database to calculate his chance of curing you and how to treat you.

5. The prostate biopsy pathology report: The key to understanding your own case of prostate cancer. Get a copy of your report from your pathologist or urologist.

Curing prostate cancer: What treatment is all about.

There are 10 different ways to treat localized prostate cancer. The table on the next page provides the overall cure rates according to the 10 different treatment methods. Overall cure rates means the 10-year cure rate for all men (typically 1,000 or more) treated at various institutions, regardless of PSA, prostate biopsy pathology report findings or other medical data. A 10-year overall cure rate differs from a 10-year Individual Cure Rate, which is the cure rate for only one person because the chance of cure will vary from one man to another, depending on his cancer findings.
Take Control of Prostate Cancer – 11

The cure rates in this table were either calculated or estimated from peer-reviewed prostate cancer research papers published in medical journals. To be cured of prostate cancer by any treatment, your PSA must become undetectable, which means fall to PSA 0.2 ng/ml or lower after treatment and remain at PSA 0.2 ng/ml forever, which by standard is measured 10 years after treatment. The 10-year cure rates show the percent of men by treatment method who have PSA 0.2 ng/ml or lower, which means free of cancer. For example, if 100 men are treated with ProstRcision, 83 will have PSA 0.2 ng/ml or lower 10 years later. The purpose of this table is to give men an apples-to-apples comparison of cure rates with a standard definition of cure, PSA cutpoint 0.2 ng/ml.

It’s important to have a frank discussion with your urologist or radiation oncologist about your chance for cure and ALWAYS ask these four key questions:

1. How many men with prostate cancer have you personally treated?
2. How many of these men have PSA 0.2 ng/ml 10 years after treatment?
3. Do you have a computerized database on all men you have treated?
4. If you were to treat my particular case of prostate cancer, using your database, what is my 10-year Individual Cure Rate?

<table>
<thead>
<tr>
<th>Treatment Method</th>
<th>10-Year Overall Cure Rate*</th>
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<tbody>
<tr>
<td>ProstRcision</td>
<td>83%&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Radical prostatectomy (open, laparoscopic, robotic)</td>
<td>76-80%&lt;sup&gt;4,5,6,7&lt;/sup&gt;</td>
</tr>
<tr>
<td>IMRT external beam irradiation (7,800 – 8,600 cGy)</td>
<td>25% (estimated)&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td>Seed implant alone</td>
<td>30% (estimated)&lt;sup&gt;9&lt;/sup&gt;</td>
</tr>
<tr>
<td>External beam first and seeds second</td>
<td>65%&lt;sup&gt;10&lt;/sup&gt;</td>
</tr>
<tr>
<td>Cryosurgery</td>
<td>28% (estimated)&lt;sup&gt;11&lt;/sup&gt;</td>
</tr>
<tr>
<td>HDR</td>
<td>60% (estimated)&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
<tr>
<td>Proton Beam</td>
<td>30% (estimated)&lt;sup&gt;13&lt;/sup&gt;</td>
</tr>
<tr>
<td>HIFU</td>
<td>30% (estimated)&lt;sup&gt;14&lt;/sup&gt;</td>
</tr>
<tr>
<td>Cyberknife</td>
<td>Unproven and Experimental&lt;sup&gt;15&lt;/sup&gt;</td>
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</tbody>
</table>

*References available at www.prostrcision.com/qa/qa-references.php
A Look at Treatment Methods

As you can see from the chart on the previous page, in terms of cure rate, there are two treatment methods that far exceed the other forms of treatment—ProstRcision and Radical Prostatectomy. It should be noted that the cure rate for radical prostatectomy varies depending on the skill of the urologist—even if he is performing robotic radical prostatectomy using da Vinci®.

About ProstRcision.

ProstRcision—pronounced PROS-ter-si-shun—means destruction (excision) of prostate cells, normal and cancerous, with irradiation. In other words, we kill all normal and cancerous prostate cells with ProstRcision, while leaving behind the sex nerves and muscles that control urination.

Using three weapons.

ProstRcision works so well because we combine two effective types of radiation—seed implants and conformal beam radiation—with copious amounts of data from past and current patients. This data gives us a huge advantage in planning how we’ll approach a patient’s cancer.
The cure-rate to back it up.

We’re not just talking about how successful ProstRcision is: we have the numbers to prove it. Our database allows us to calculate our cure rate, which is currently 83 percent. Because we enter many data points on each of our patients, we can also calculate a new patient’s 10-year Individual Cure Rate (ICR) based on the outcomes of previous patients with similar circumstances. Most doctors who treat prostate cancer do not have a database and can’t tell you their cure rate for patients they’ve treated.

Minimal complications.

Another huge benefit to ProstRcision is that the chances for side effects, such as incontinence and loss of sexual function, are considerably lower when compared to other treatments. ProstRcision is also a quick outpatient procedure, which means that patients can go back to normal activities the next day after the implant and immediately following radiation treatments. Find out more at www.prostrcision.com

Radical Prostatectomy.

Radical prostatectomy is the surgical removal of the prostate gland, with an effort to preserve the sexual nerves. This is a major operation performed in a hospital with the patient under general anesthesia. Depending on the skill of the surgeon and the type of surgery, patients will be hospitalized up to four days or more after the surgery and wear a urinary catheter for an average of one week after the procedure.

There are three different methods to perform radical prostatectomy—open, laparoscopic, and robotic—but all do basically the same thing and the cure and complication rates are the same. Radical prostatectomy is usually not performed on men above age 70 because of the increased possibility of severe complications.

Robotic Surgery – The Newest Trend

You may have heard in the news about robotic radical prostatectomy using a daVinci robot. The main benefit over open radical prostatectomy is that men are discharged from the hospital within one or two days after the robotic, compared to four to seven days with the open method. There is also less blood loss and a lower transfusion rate with the robotic technique, but a significant loss of blood is very low with any method of radical prostatectomy if an experienced surgeon performs the procedure. There is no difference in cure and complication rates.

Since the robotic radical prostatectomy technique does not improve the results compared to the open or laparoscopic techniques, the only reason for robotics’ being the most common method used today is men’s perception that the robotic technique is better. Some urologists believe that the robotic radical prostatectomy technique gives better results, but their analyses are typically flawed because the robotic method has been used on men with early prostate cancer and compared with men who have had an open prostatectomy for more advanced disease, which is not an apples-to-apples comparison.
Comparing Radical Prostatectomy and ProstRcision

The goal of ProstRcision and radical prostatectomy is the same: destroy all prostate cancer cells and all normal prostate cells. However, there is considerable difference in how each works to achieve this goal.

With radical prostatectomy, the entire prostate gland is surgically removed with critical dissection at the apex while trying to leave the muscles that control urination and sex nerves.

In contrast, ProstRcision destroys all prostate cancer and normal prostate cells without removing the urethra or damaging the muscles that control urination, and the sex nerves are usually left intact.

Consequently, you will see a difference in results, but especially a difference in three issues:

- **Microscopic Capsule Penetration (especially at the apex).** This refers to cancer cell leakage outside of the prostate; this is a major concern because if all cancer cells are not destroyed, those left behind can multiply and spread throughout the body, hence you would not be cured. The only way to know if this leakage has occurred following surgery is to examine the prostate under a microscope. With ProstRcision, microscopic capsule penetration is a non-issue because of follow-up IMRT beam radiation of any leaked cancer cells. Additionally, a larger area is treated near the apex of the prostate, the most common site for microscopic capsule penetration.

- **Urinary Leakage.** Since the most critical part of a radical prostatectomy is cutting out the apex of the prostate where microscopic capsule penetration is most common and one of the large muscles that control urination is located, this muscle could be damaged; this is the primary cause for men leaking after radical prostatectomy, including the robotic or da Vinci technique. With ProstRcision, in most cases, there is no urinary leakage, since the muscle at the apex of the prostate is not removed.

- **Rate of PSA fall after treatment.** Since all normal prostate cells—and hopefully all cancer cells—are suddenly removed with radical prostatectomy, a man’s PSA will fall to 0.2 ng/ml within six weeks of surgery. In contrast, after ProstRcision, the average time to achieve an undetectable PSA is 27 months.

In summary, do your homework. Consider the cure rate and the potential complications. Determine what makes you most comfortable. Then decide the best treatment for you. Visit prostrcision.com/qa for a detailed Q & A.
Snow?
Is school closed?
Tune in:
AM 750 WSB
NEWS·TALK RADIO
wsbradio.com
Your official Weather Station!
THE DOCTORS HERE ARE DIFFERENT.
THEY’RE NOT AFRAID TO USE THE WORD “CURE.”

While most physicians only discuss treating prostate cancer, the doctors at Radiotherapy Clinics of Georgia focus on curing it. In fact, our procedure, called ProstRcision," has the highest proven cure rate in the world. And that’s backed up by our database, which holds detailed information from over 11,000 patients. This database gives us many advantages, including the ability to predict how well ProstRcision can cure you. And if you’re researching a way to get healthy again, there’s nothing more important to know. To get your Individual Cure Rate and find out the other benefits of ProstRcision, call 404-320-1550 or go online to prostrcision.com.