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THE EMPEROR'S NEW CLOTHES
or
"THE PLATINUM AND DIAMOND STANDARD"

The one thing that most experts in prostate cancer treatment can agree to is the statement that in spite of all of the articles written on the treatment of clinically confined prostate cancer, there is no evidence that allows us to conclude that any of the "Big 3" choices is superior. These traditional Big 3 choices include:

1. Radical Prostatectomy
2. Radiation Therapy
3. Watchful Waiting

There are those who might feel that radiation seed implants, with or without external beam radiation, might offer similar results; and a few who might believe that cryotherapy is less toxic and perhaps may be as effective as the "Big 3."

These five are the typical options that are mentioned to patients so that they might make a treatment selection. This implies "informed consent."

But physicians can usually present facts in such a way that their own personal bias is almost always the "informed consent" that their patient "chooses."

Surgeons convince patients to have surgery; radiation therapists believe in and convince their patients of the merits of radiation; seed implant specialists and cryotherapists present their facts in such a way that the logical conclusion will be for the patient to select their method of treatment.

What kind of a specialist is there who makes a living recommending no treatment? How much do insurance companies reimburse for this treatment option? What incentive is there to being a doctor of "no treatment?" Can you become

THE EMPEROR'S NEW CLOTHES
"PLATINUM AND DIAMOND STANDARD"

Page 2

board certified in no treatment?

But remember that "no treatment" has not been proven to be less effective than radical prostatectomy or radical radiation. We need to remember that I sincerely believe and must conclude that "no treatment" tends to have fewer side effects compared to other Big 3 choices. I think the reference for this is in the "Journal of Common Sense."

And what about hormone blockade as a treatment option? "We use it in far advanced disease" -- so what? If it works in far advanced, mutated, aggressive, metastatic prostate cancer, do you think it possible it might be even more effective in men with a much lower total body tumor burden? Please request my prior informationals on why I believe you should use early hormone blockade rather than delaying treatment. Call my office for these prior papers. Please also see the most recent reference, *British Journal of Urology*, 1997, Vol. 79, pp. 235-246.

"It never kills prostate cancer cells; it just arrests them." Sorry, but this naive theory has been disproved; hormone blockade results in apoptosis - programmed cell death. There are reports that six or eight months of neoadjuvant hormone blockade causes complete disappearance of all prostate cancer cells in some men who have had subsequent radical prostatectomy following their six to eight months of two drug combined hormone blockade (not even triple hormone blockade).

If no treatment is today an accepted standard appropriate treatment, how can anyone believe that 13 months of triple hormone blockade could possibly be less effective than no treatment. Yes, there will be side effects for the 13 months of treatment. But the side effects are almost always reversible. When your PSA falls every month and becomes undetectable (less than 0.1 is how I define undetectable today) in usually three or four months and remains undetectable for the remainder of the time on triple hormone blockade, how happy do you think you will feel when you get your monthly PSA report card?

And since I now have a six year follow-up with patients off therapy for up to four years and PSA's that dropped from 34

**THE EMPEROR'S NEW CLOTHES
"PLATINUM AND DIAMOND STANDARD"**

Page 3

pretreatment to 1.76 four years off treatment; isn't it time that men should be offered this choice to allow them to be fully informed and make a true "informed consent" decision? This is the sixth choice -- I call it the "Diamond and Platinum Standard" so that you will recognize it is better than the Gold Standard of radical prostatectomy.

Since no study has ever demonstrated radical prostatectomy or radical radiation to be both necessary and effective, it is time to stop doing them until a study is completed demonstrating that they are necessary and effective. In the absence of evidence showing benefit, why choose the most aggressive treatments? Don't you realize that if these aggressive treatments were necessary and effective, then the data would already exist? The absence of this data means the burden of proof should be on the urologists and radiation therapists. How did they twist it around and convince you that you should use their unproven aggressive treatments with usually irreversible side effects?? They must first prove their therapy is necessary and effective before you should feel guilty for not allowing their unproven aggressive local treatments.

How come it is so difficult to even convince editors of patient oriented publications to highlight the fact that:

"No prospective randomized study has ever demonstrated radical local treatment to be both necessary and effective?"

And with that knowledge a given fact, then shouldn't we encourage, request, demand or insist that the sixth option be discussed in a more honest informed way?

Am I the only prostate cancer specialist who has seen the emperor's new clothes?

And as always --

Be happy,
Be well,
Live long and prosper,

THE EMPEROR'S NEW CLOTHES
"PLATINUM AND DIAMOND STANDARD"
Page 4

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