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Written Consultation

Consultation ID: #568975

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Your Physician



Consultation provided by:



Dr. Zohar A. Dotan, MD, PhD.

Head of the Urologic Oncology service, Department of Urology. The Chaim Sheba Medical Center, Tel-Hashomer, Israel.

Specialty

Dr. Dotan specializes in Prostate cancer, Bladder cancer, Kidney cancer, Testicular tumors, Adrenal tumors & Genito-urinary sarcoma.

Languages

Hebrew & English

Publications

<http://www.ncbi.nlm.nih.gov/pubmed/?term=zohar+dotan>

Education & Fellowships

- School of Medicine, Tel Aviv University, Tel Aviv
- Residency in Urology, the Department of Urology, Chaim Sheba Medical Center, Tel – Hashomer, Israel
- Fellowship - Memorial Sloan Kettering Cancer Center
- Board Certifications - Urology

Career Accomplishments

- Head of the Urologic Oncology service, Department of Urology, The Chaim Sheba Medical Center, Tel-Hashomer, Israel (Since 1997)
- Member of Israel Medical Association
- Member of Israel General Surgery Association
- Member of the American Urological Association
- Member of the European Urological Association
- Assistant Professor, Sackler School of Medicine, Tel Aviv University

Research interests & Advanced training

- Prostate cancer
 - Improved staging of prostate cancer using magnetic resonance (MRI)
 - Improved functional results after radical prostatectomy
- Bladder cancer
 - Using epigenetic markers to improve the diagnosis of bladder cancer
 - Improved staging of bladder cancer by using prognostic indicators and imaging.

- Kidney cancer
 - Using molecular markers to improve diagnosis, staging and assessment of tumor progression in patients with kidney tumors
 - Evaluation of advanced surgical techniques
 - Minimal invasive technology for the treatment of renal tumors
- Advanced training
 - da Vinci Surgical System Off-Site Training Program for a Console Surgeon, IRCAD-EITS, Laparoscopic Training Center, European Institute of TeleSurgery, Strasbourg, France

This medical opinion is subject to any conditions observed by a physical examination of the patient and to other matters noted in the Terms of Service signed by the patient. The preliminary diagnosis, treatment mode, and any recommended tests are all subject to change once the patient is evaluated in person.





Written Consultation



PATIENT NAME: XXX

DATE OF BIRTH: 2/10/54

PHYSICIAN NAME: Dr. Zohar A. Dotan, MD, PhD.

PHYSICIAN TITLE: Head of the Urologic Oncology service, Department of Urology

PHYSICIAN INSTITUTION: The Chaim Sheba Medical Center, Tel-Hashomer, Israel

PHYSICIAN SPECIALITY: Prostate cancer

DATE OF CONSULTATION: January 5, 2014

Dear Mr. XXX:

It is my sincere pleasure to provide this second opinion consultation. I greatly appreciate the medical records that were uploaded to the Second Opinion Group for our review.

Summary of your Medical History:

According to medical records, Mr. XXX is 60 years old with a prior history of TURP, cholecystectomy, and gastric bypass. He also has a history of Barrett's esophagus, hypertension, hypothyroidism, and depression. Current body mass index (BMI) is 36.2 based on his reported height and weight of 6'3" and 290 pounds. He reports a weak urinary stream, but his International Prostate System Score (IPSS) is low at 8.

He was recently biopsied because of a PSA of 2.9 with a normal feeling gland. Pathology review shows Gleason 6 and 7 (3+4) prostate cancer involving 6 biopsy cores. Volume of the prostate was 29cc on ultrasound and 22cc on MRI. A bone scan was negative for metastatic disease and endorectal MR suggested organ confined tumor.

There has been no prior therapy for this condition.

Medical Opinion:

Mr. XXX, you have a clinical stage T1cN0M0 prostate cancer with intermediate prognostic features based on a PSA of 2.9 and a Gleason grade of 7.

Mr. XXX, because of the early stage that your cancer has been diagnosed, you are likely to be cured by any of the standard treatment modalities including removal of the prostate, external beam radiation therapy, or implantation of radioactive seeds. The currently available data suggests that the likelihood of cure ten years after any of these treatments is high and similar regardless of which treatment is chosen.



You should recognize, however, that all treatments have side effects, and all can affect urinary and sexual function. All three treatments have the potential to affect potency because of the location of the nerves next to the prostate which permit erections. These nerves can be damaged by surgery, radiation therapy or seeds. Viagra, Levitra, and Cialis, as well as other medicines given by injection are available to treat this side effect should it occur.

There are some side effects that are specific to each treatment, and the main side effects of radioactive seed implantation is significant urinary symptoms in the form of urinating frequently, feeling the urge to urinate and burning with urination. These symptoms are usually mild to moderate, usually start 10-14 days after the procedure, get worse for two weeks, and then gradually subside over the next 6 -12 weeks. There is also a small chance of needing a catheter for a few weeks after seeds because of the swelling it causes.

The main side effect after surgery is urinary incontinence, which in the hands of an experienced surgeon heals to normal in 90% or more of patients within 6 – 12 weeks. Around 5 -10% of patients will need to wear a pad for a minor degree of leakage (called stress incontinence) when physically active (golf, tennis, washing the car, etc), and fewer than 1% require a second operation to fix more significant degrees of leakages. However, these results are harder to achieve in men with a BMI > 30 and your results may not be as good because of this.

The main side effect of external beam radiation is rectal tenderness and diarrhea, which generally resolve soon after treatment.

Recommendations:

Mr. XXX, in summary, I believe that you have early stage prostate cancer with intermediate features of aggressiveness that is very likely to be cured by the treatment of your choice. Again, there is no one “best” treatment for preserving urinary or sexual function; all three common treatments can affect these functions. I hope this answers your question.

Scientific Publications:

Stephenson AJ1, Scardino PT, Eastham JA, Bianco FJ Jr, Dotan ZA, Fearn PA, Kattan MW. "Preoperative nomogram predicting the 10-year probability of prostate cancer recurrence after radical prostatectomy." J Natl Cancer Inst. 2012 Mar 7;104(5):423.

Link: <http://www.ncbi.nlm.nih.gov/pubmed/16705126>



Physician Signature:

Sincerely,

A handwritten signature in black ink that reads "ZA Rotan". The signature is written in a cursive style and is positioned above a horizontal line.

Electronically Signed

