Salvage Prostate Cryoablation: A Case Study from David Ellis, MD

Case studies in cryoablation give clinical depth to objective raw data. Narrative description also offers a forum for both physician and patient viewpoints, adding a more subjective dimension. In response to requests from readers, Cryocare News presents a new format: case studies in renal and prostate (primary, salvage, focal) cryoablation.

To inaugurate the series, Dr. David Ellis (Arlington, TX) contributes a study of salvage cryoablation following external beam radiotherapy. Dr. Ellis has developed a robust cryotherapy practice in his native state. As a member of Urology Associates of North Texas (UANT) in Arlington, he specializes in prostate cryo. In fact, UANT actively supports the best clinical interests of patients by allowing member physicians to hone their skills in individual areas. Thus, patients who come to Dr. Ellis for prostate cryoablation, or his partner Dr. Clif Vestal for renal cryoablation, are assured of expert treatment in the hands of highly experienced cryosurgeons.

For Dr. Ellis, the son of a pediatric surgeon, a career in medicine was a natural choice—though his patients today might have lost out had he chosen veterinary medicine, which briefly held youthful appeal for him. Early in his training, he was drawn to urology which, at that time, was the only surgical field involved in endoscopy. He also found that urologists, as a group, were “always the nicest gentlemen physicians and the most fun to be around.” In addition to these human qualities, he found the slower pace and essentially clean nature of urology to his liking.

Cryocare News is proud to present an interview with Dr. Ellis, and his report of patient Troy Kee’s salvage cryoablation. To round out our case study, Mr. Kee shares his own patient experience.
Case Studies

The Patient Experience:

Troy Kee

Troy, how old are you?

I'm 75.

How were you diagnosed with prostate cancer?

It was the result of a physical. My PSA was found to be 8. The doctor said I had to come back in six months, and he did that twice. The first time it had gone down from 8 to 6, but the second time it went up to 12.9. Now I'm kind of miffed at the doctor "playing around" with it when it was way up above 4 for a year and a half.

Back in 1993, what were you told about your options?

Well, the urologist was a surgeon. I asked him, what would you do? He said, "If it was me I'd do radiation," so I thought as a surgeon he was being honest. I got referred for 30 treatments of external beam radiation.

Do you recall any side effects?

I had a pink bloody bowel discharge, and I felt that my bladder didn't expand as much as it used to. Shortly after those treatments, I needed a double hernia repair. The doctor who did it said there was a lot of scar tissue. He didn't say so, but I felt that was the result of the radiation. My PSA dropped down to about 1.0 but edged its way up over five years. I had heard if you're free of cancer for five years you're cured, and I asked the doctor about it. He said, "Well, that's true, but you've still got your prostate so you could get it again."

(Fay) Radiation took a toll on him, and he had a lot of different health issues after it.

(See PATIENT EXPERIENCE page 4)

SALVAGE CRYO CASE: MR. TROY KEE

Original diagnosis: 1993; diagnostic parameters unavailable
Primary treatment: External beam radiotherapy, 1993; 30 sessions
Post-treatment PSA: appr. 1.0; gradual rise over 7 years
Second diagnosis: December 2000, PSA 2.2
Rebiopsy: 4 of 6 needles in left section B1 cancerous (15%, 50%, 20%, 30%)
Gleason grade: 6 (3 + 3)
Prostate size: 26.9 cc
Other tests: Bone scan (normal)
Medical history: Type 2 Diabetes mellitus; no cardiac history; elevated cholesterol
Options discussed: Salvage radical prostatectomy and salvage cryoablation
Salvage cryo: September 12, 2001
Preoperative: Normal protocol
No. of cryoprobes: 6
Postoperative: Warming catheter left in place for 1.5 hours to reduce chance of incontinence
Catheter: Suprapubic, 5 days
Post-treatment PSA: < 0.1 (6 weeks post-cryo); 0.007 (4 years post-cryo Sep. 2005)
Complications: Patient was 100% continent following catheter removal; pre-treatment erectile dysfunction persisted after treatment
Hormones: None (before or since)
Physician Profile and Case Discussion

David Ellis, MD

Your patient, Mr. Troy Kee, failed radiation therapy. How did you present salvage cryoablation to your patient?

I told him he had two options: either have it surgically removed or have salvage cryoablation. Obviously salvage cryoablation is equally effective as [salvage] surgery with 1/8 the morbidity.

How did you “educate” him about cryo?

Today, patients walk in knowing about cryotherapy. With the information technology explosion, there's information out there and most people have access to the internet. If they don't, their sons or daughters do. These patients walk in saying, “I want you to freeze me and kill everything.” They understand the general concept that I'm going to turn their prostate into an iceball. It’s very simple. I have found myself saying to other physicians, “How come patients who have no medical experience, no medical background, which means they’re clean slates with no preconceived notions of any treatment option—how come they can get online, sift through data as it's presented, and every one of them come up with, why wouldn't everybody do cryo?” Yet some doctors will look at it and despite the fact that the numbers are good, say, “Well, you know what it was like in the past.” They frequently say that patients don’t understand medicine and haven’t gone through years of diagnostic training so they can’t put the data together to make an informed choice. Well, that’s not true. Patients do know how to do that, and they’re not encumbered by past history. After 10 years of literature it’s pretty clear that cryotherapy works, so why are people still holding onto problems from 10 or 15 years ago?

In Mr. Kee’s salvage cryoablation, were there any unusual factors or outcomes?

None. It was very standard, very straightforward. There were no complications.

How did you become interested in cryotherapy?

When I was in Houston, we did gold seed implants back in the 80s. Our experience was rather miserable. The outcomes were not good. Then ultrasound localization came along. I moved to Arlington [Texas] and started doing seed implants with an experienced radiotherapist, and we developed a team with a physicist, radiotherapist and urologist. It was the same team doing it over and over, so we became very experienced. I couldn’t achieve the outcomes that were published in the mid-to-late 90s. We asked a member of our group—the most conservative regarding changes in technology—to go watch cryotherapy being done. He traveled to see Dr. Fred Lee. When he saw the procedure and discussed Lee’s data, he came back and said it was definitely different from what we used to see. He said not only should we be doing cryotherapy, but we were already two years late. Since I was the guy running the seed clinic, I was chosen to be the person doing the cryotherapy. We weren't happy with our seed experience and we were looking for something else so it was kind of the right time, right place. This was September of 2000.

What, if anything, is your own approach to cryo?

I do most of my cases free hand. I like to be able to place my probes free hand, and run probes separately. The only time I do a gridded case is when I’m teaching. There are advantages and disadvantages. If the gland sets itself up for the grid I have no problem with that.

How do you see HIFU?

We’ve been asked to be a research center for HIFU. I don’t see HIFU’s advantage over cryotherapy at this point, though further research is ongoing.

What is your philosophy as a physician? What guides you?

The patient’s interest is always first. We do no harm before we do good. This means make sure you take everything into account before you do something to somebody, including their quality of life. To me, that’s very important. I take time to give each patient and his problems full attention and full understanding.

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THE PROSTATE CANCER RESEARCH and EDUCATION FOUNDATION Presents:

Ask Dr. Barken

A free weekly patient forum each Tuesday. This national teleconference offers prostate cancer patients a live resource to hear and discuss various topics with experts. With sponsorship through Endocare, Inc., “Ask Dr. Barken” will feature cryotherapy on these dates:

OCT. 18, 2005
Dr. David Ellis (Urology Associates of North Texas, Arlington, TX) and patient Troy Kee discuss Salvage Cryotherapy for prostate cancer recurrence following radiation treatment.

NOV. 15, 2005
Dr. Steve Scionti (Coastal Carolina Urology/Southeastern CryoCare Center, Hilton Head Island, SC) and one of his patients present Primary Cryotherapy as a treatment option for prostate cancer.

DEC. 6, 2005
Dr. Gary Onik (Celebration Health/Florida Hospital, Orlando, FL) and patient Larry Junker on the “Male Lumpectomy” or focal cryotherapy that effectively kills prostate cancer while preserving potency.

The one hour conference begins each Tuesday at 9 pm EST (6 pm PST). To access the call, simply dial (Toll Free):

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THE PATIENT EXPERIENCE (con’t)

(PATIENT EXPERIENCE cont’d from page 2)

(Troy) Around 2000 or 2001, my PSA started going up more. I was told they couldn’t do surgery after radiation, so just watch the PSA. If it went way up, they’d give me hormone shots. They said, “You’ll probably die of a heart attack before prostate cancer bothers you.”

How did you feel about that?
(Fay) No hope.
(Troy) Kind of let down. They couldn’t offer me anything but hormones to delay progression, prolong life. It’s not me, to feel discouraged and hopeless. That’s kind of like depression, and I don’t think I was depressed, was I?
(Fay) No, but it was like a heavy cloud hanging over both of our heads, feeling like it’s waiting to explode somewhere else in your body. That’s when I saw an article in the paper about Dr. Ellis, and that’s when we realized there were other treatments.

(Troy) I called up and made an appointment. This was in March of 2001. In fact, I came in to see him three times. Then they did a biopsy and yes, they found cancer but it was September before I actually had the procedure.

Did Dr. Ellis put you on hormones?
No, I never had hormones. I’m not saying they’re bad, but I’ve talked to some of my friends [on hormones] and they’re not too happy.

What was your preparation, and was your cryotherapy done outpatient?
(Troy) There was no eating the night before. I came in very early in the morning but I didn’t have the procedure until about one. They gave me general anesthesia. I went home afterward.
(Fay) I saw Dr. Ellis and he said everything went very well. Troy was not quite awake, he didn’t remember leaving the hospital.

Tell me about the following days.
(Troy) I went home with the catheter, and learning to sleep with it was the biggest problem. I had the procedure on a Wednesday, and on the following Monday the nurse removed the catheter. I was able to urinate normally the first time I tried. I also had some bruising.
(Fay) They gave us the schedule of pretty much what would be taking place. I had to focus on the progression and keep looking ahead. Both of us had mood swings. We don’t believe in getting down.

Did you take any pain medication at home?
Very little.

What did you think of the whole idea of ice?
(Fay) I cannot tell you the load that it took off of us, knowing that it had been taken care of. If he had another recurrence it could be repeated if necessary. Of course it hasn’t turned out that way. It was certainly a load taken off of us. It’s been a good thing.

If someone asked you if he should consider cryo, what would you say?
(Troy) I’d say yes. I’d do it again. In fact, I’ve had the opportunity, I get calls from patients and I tell them about it.
(Fay) I’m just looking forward to what cryotherapy is going to be able to do. I’m looking forward to it being part of breast cancer treatment.

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