An ounce of detection

For Father’s Day, protecting Dad from a silent killer is the best gift of all

The specialist: Dr. David B. Samadi, chief of Robotics and Minimally Invasive Surgery at Mount Sinai Medical Center

A uro-oncologist for 12 years, Samadi specializes in using cutting-edge robotic technology to remove prostate cancer. One of the first surgeons in America to perform robotic prostatectomies, he has performed more than 1,300 of the procedures; his wife and two kids sometimes call him “robo doc.”

The big story:

With Father’s Day on Sunday, make sure your special guy knows the warning signs of this dangerous disease of the reproductive gland.

Who’s at risk:

Prostate cancer is the second-leading cause of death in American men. A man’s odds of developing prostate cancer increase exponentially with age. Samadi has treated patients as young as 39, but the vast majority are much older than 40. According to the Prostate Cancer Foundation, more than 65% of all prostate cancers are diagnosed in men over the age of 65.

Having a family history of the disease is an important risk factor. “Genetic factors are the No. 1 cause,” says Samadi. “So if you have a close relative who had prostate cancer, you should be screened at 40.”

Unfortunately, African-American men are three times more likely to develop prostate cancer than other racial groups. They also tend to develop more aggressive forms of the disease.

Signs and symptoms:

The key to fighting prostate cancer is not to wait until you have warning signs. “It called the silent killer,” says Samadi. “Because by the time there are symptoms, it’s too late.”

The tendency of prostate cancer to grow without causing noticeable symptoms leads doctors to recommend that men over 50 get screened every year. “The cure rate is extremely high when it’s caught early on,” says Samadi.

The specialist performs two tests to screen for prostate cancer: a digital rectal exam (DRE) and a PSA test (prostate-specific antigen) blood test.

DRE:

The doctor’s hands feel for the cancer with his hands.

PSA:

A small amount of blood is drawn from the arm and tested for a PSA score. But even a normal PSA score — but if the jump in levels of your PSA is high, then you’d need a biopsy. For the DRE, the doctor manually examines the prostate for any irregularities. Both procedures are quick and can be done in the doctor’s office. They are also very effective: If caught early, prostate cancer has a cure rate of over 90%.

Some times patients may see blood in their semen or urine, or may find themselves getting up in the middle of the night to urinate. When the cancer has spread, it can present itself in bone and back pain.

Traditional treatment:

It’s a good idea to discuss your treatment options with three cancer specialists: a urologist, a radiation oncologist and a medical oncologist.

The procedure of surgically removing part or all of the prostate is called a prostatectomy. The most common type is the radical retropubic prostatectomy, which removes the prostate through an abdominal incision. Doctors have continued to refine their techniques — and this surgery is now often done laparoscopically through a series of 1-centimeter incisions that can be made manually or with the help of a robot.

Doctors also have nonsurgical options, including hormone therapy and chemotherapy, but they are mainly for advanced cancers.

Research breakthroughs:

One of the most important advances of the past decade is the development of minimally invasive laparoscopic surgery and the da Vinci robots used to guide the procedure. “The robot gives better magnification through zooming mechanisms that allow you to see the detail of the surgery,” says Samadi.

Not all doctors think that robotic technology is the way of the future, and some traditional surgeons argue that the robotic procedure is flawed because the doctor doesn’t feel for the cancer with his hands.

Samadi strongly disagrees, saying: “My vision compensates for the lack of contact. The robot becomes an extension of my arms.” But he does advise patients to look for a surgeon who has mastered all three forms of prostatectomy — open surgery, laparoscopic and robotic surgery — in case something happens mid-surgery and the doctor has to change course.

Questions for your doctor:

If you’re diagnosed with the disease ask the surgeon, “How many procedures do you do a year?” A good surgeon should have a high volume.

An important question is “What can I expect from recovery?” After most robotic prostatectomies, the patient is walking around just a few hours after surgery. “In the hands of an experienced surgeon,” says Samadi, “you go home the next day and need no pain medications.”

Prostate cancer is a serious health problem that is distressingly common, but it is not a death sentence. It is a disease that millions of men have survived. As Samadi reminds his patients, “There is life after prostate cancer.”

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