

NEWSLETTER FROM DR. DAVID SAMADI

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Welcome to the February Edition of the Robotic Oncology Newsletter!



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Robotic Oncology Around the World



New Year's Message from Dr. Samadi

Happy New Year to you and your family!

We'd like to take a moment to share our hopes and commitments for the New Year with you. As you know, we're a group in constant motion; we're always looking to tackle new challenges and embrace new opportunities.

In 2012, we look forward to continuing our hands-on approach to improved international healthcare and the treatment of prostate cancer worldwide. The increased availability of the da Vinci Surgical System is very exciting to us, but we must stay focused on strengthening the surgeons behind the robot. Prostate cancer cure rates will continue to climb if the expertise of robotic prostatectomy surgeons continues to improve. In performing over 3,800 successful robotic prostatectomy procedures, Dr. Samadi has evolved his traditional and laparoscopic surgical experience into robotic surgery excellence. He is committed to lending his expertise to other countries as they treat new patients and hone their own robotic prostatectomy skills.

At home, we will continue to serve our patients and their families with the best in robotic surgery and post-prostatectomy care. Despite setbacks in government support of PSA screenings and the sometimes-negative media generalizations about the efficacy of robotic prostatectomy surgery, we are ever hopeful of increased government support and positive steps in national healthcare. In this election year, we will work to stress the importance of preventative care and medical technology in our fight to overcome prostate cancer.

We remain dedicated to the continued success of Dr. Samadi's SMART Technique and the lifelong health of our patients.

You all are forever members of our cherished family and we look forward to continuing our relationship of wellness and friendship in 2012.



Watch Dr. Samadi on
"House Call" Sundays, 10:30 AM
on FOX News

Breaking News



► U.S. Panel Says No to Prostate Screening for Healthy Men

A report from the U.S. Preventative Services Task Force suggests current PSA tests aren't reliable, and there's no sure way to tell in advance who needs aggressive therapy.

Government doctors also say there is potential harm from prostate cancer treatments. But one cannot forget that 30,000 men die every year from the disease; it is not a benign disease that can just be ignored.



► Dr. Samadi Performs Life-Saving Robotic Prostate Surgeries in Netherlands

Dr. David Samadi continued his dedication to improving medical care worldwide by traveling to the Netherlands in October 2011. During his stay, he lent his prostate cancer knowledge and robotic surgery expertise to local specialists while performing live robotic prostatectomy procedures. Using his SMART (Samadi Modified Advanced Robotic Technique) Surgery, Dr. Samadi removed the cancerous prostates of several patients.



Robotic Oncology Around the World



► www.roboticoncology.com/world

Making the Best Choice: Robotic Prostatectomy Surgery First

Much of the success in robotic prostatectomy surgery stems from patient choices. Annual screening ensures early diagnosis. Early diagnosis affords early treatment. And treatment choice greatly impacts opportunity for cure.

We've spoken at length about the challenges of prostatectomy surgery as a fallback. When men choose alternate treatments first and face the unfortunate result of recurrence, secondary options are limited. Salvage prostatectomy is possible in some cases, but the risks and limitations can be avoided by choosing surgery first.

Recurrence After Radiation

If prostate cancer remains or returns after radiation treatment, follow-up rounds of radiation may not be an option. This is the point at which some men turn to prostatectomy surgery. However, radiation treatment significantly alters the tissue surrounding the prostate making it extremely difficult to operate and spare the nerve bundles that serve urinary and sexual functions, even with the robot.

Recurrence After HIFU

Less widely available, HIFU (High Intensity Focused Ultrasound) uses a rectal probe to heat and destroy cancerous prostate tissue with sound waves. As it is not FDA-approved in the U.S., some men are paying a high price to travel overseas for this procedure. Unfortunately, failure rates are greater than with other treatment options, and many men face the challenge of finding follow-up treatment methods. As with radiation, the damage caused by the beam may render surgery a non-option.

Salvage Prostatectomy

If the prostate cancer remains or returns after radiation or ultrasound treatment, and it is still localized in the prostate, a salvage prostatectomy can be performed. This is a highly complex and far from ideal procedure. Even with Dr. Samadi's extensive experience, success, both in removing the prostate cancer and in preserving key functioning, is compromised.

While surgery of any kind presents risks, many of the concerns regarding urinary control and sexual potency can be easily managed when men choose surgery first.

Men who choose robotic prostatectomy surgery have the odds in their favor when it comes to beating prostate cancer. They have the benefit of Dr. Samadi's surgical expertise and commitment from our team to support all follow-up care and rehabilitation needed. Further, they have the ongoing assurance of knowing the prostate has been removed and their PSA will be zero. Should the cancer return at any point, radiation is preserved as a highly effective follow-up treatment. Men must educate themselves fully prior to making any treatment decision.

Breaking News



► www.roboticoncology.com/news

► National Youth Leadership Forum on Medicine

This summer, Dr. Samadi welcomed 130 academically outstanding high school students to Mt. Sinai Medical Center to witness live robotic prostatectomy surgery. As part of the National Youth Leadership Forum on Medicine's (NYLF/MED) inaugural year in New York City, Dr. Samadi's surgery and question & answer session received rave reviews from students and program administrators alike.

Dr. Samadi looks forward to participating in this program again and continuing to engage young, bright minds in the future of healthcare.



► Mann About Town

October's issue of Mann About Town, Living Well in New York featured Dr. Samadi as a Star Surgeon at Mt. Sinai Medical Center. The article paints a picture of Dr. Samadi's tumultuous childhood leaving Iran with his younger brother and ultimately coming to the U.S. where he completed high school and began his medical education and impressive career. This first-time insight into Dr. Samadi's upbringing, his family and his beliefs gives a unique glimpse behind the curtain of the man who has dedicated his life to eradicating prostate cancer.



Robotic Oncology Around the World



► www.roboticoncology.com/world

Testimonial: Dr. Samadi Works His “Magic” Tricking Age and Prostate Cancer

Bernie, age 79, diagnosed with advanced prostate cancer

This April, at age 79, I was diagnosed with aggressive prostate cancer and referred by my urologist to Dr. David Samadi. Though leery of my status as a robotic surgery candidate, weeks later I sat before Dr. Samadi for an appointment I will never forget. With a reputation that precedes him, Dr. Samadi was described to me as a “magician” who “should wear a cape when he enters the room.” It felt imperative that he operate on me; my life depended on it.

During the appointment, my wife Marlene by my side, it was clear that Dr. Samadi saw me as a whole person, not just a 79 year old with aggressive prostate cancer. We talked about my lifestyle, my exercise routine, my sexual behavior and my overall health. I left that appointment with a surgery date on my calendar and a strong optimism about the procedure ahead.

Throughout the entire process Dr. Samadi’s team was remarkable. Tressa and Anna walked us through surgery preparation and invited us to call with any questions. We had questions, we called and they were always answered with warmth, understanding and respect.

The big day, June 27th, finally arrived with an early start. During the procedure, the anesthesiologist was by my side and Dr. Samadi was seated a short distance away at the robot. Though very anxious, I was quickly put at ease by Dr. Samadi’s entertaining bedside manner. In the OR he shared that he and his wife had just heard the song, “That’s Amore” the night before. As he began to sing, the anesthesiologist and I joined in and before I knew it the surgery was over and I was in recovery.

My surgery required an overnight stay at Mt. Sinai Hospital where my wife and I were given a private room. I had very little post-operative pain and was walking within hours after the procedure. My discomfort was easily managed with Tylenol. The most uncomfortable part of my recovery was the catheter that stayed with me for eight days. Even still, I was able to cook for my family and recover comfortably at home. Shortly after my catheter was removed I experienced a small bump on my road to recovery, a urinary tract infection. After a second catheter for less than a week I was incident free.

For about a month and a half after surgery I experienced some minor incontinence that was easily managed by occasionally wearing a pad for men, mostly during the night. My wife and I resumed sexual activity and though things are somewhat different, there is every indication that it will soon be a normal enjoyment. I am exercising regularly with light workouts three to five times a week.

During my recovery, Ann, one of Dr. Samadi’s assistants, suggested I buy Marlene some jewelry to show my appreciation for her dedicated post-op care; I took her advice. Just six weeks after surgery I got a present of my own – a near-zero PSA level.

Marlene and I are now looking forward to living our normal, happy and very busy lives. We are forever grateful to the “magician” Dr. Samadi, his life-saving robotic surgery and his willingness to look beyond my age and treat me as a whole patient.

Breaking News



► <http://www.roboticoncology.com/photo-gallery/>



Bernie, Dr. Samadi’s patient and prostate cancer survivor, poses with his wife Marlene.



Dr. Samadi with the Fox News Medical “A-Team”.



Dr. Samadi with Fox News anchors Jamie Colby and Kelly Wright.



Dr. Samadi with Geraldo Rivera and friends.

YouTube



► www.youtube.com/RoboticOncology



Report: Cancer Death Rates Continue to Decline

Men who drink coffee regularly can lower their risk of prostate cancer according to a recent Harvard University medical study. Anti-oxidants found in coffee may be the source of this reduction in cancer rates.



No More PSA Tests for Prostate Cancer?

The controversy over PSA testing continues with a new study showing that there are no long term benefits to the practice when it comes to patient mortality. As such, government guidelines have suggested against PSA testing for healthy men over the age of 50. This runs contrary to a 14-year long Swedish study showing that PSA testing does indeed help save lives.



Faulty Gene Increases Risk of Prostate Cancer

A genetic defect in some patients with prostate cancer has been found that can help lead to new screening methods. It also helps us to better understand why men who have a family history of prostate cancer are at an increased risk of developing it themselves. This new information can be used by doctors to better identify and treat high-risk patients.

Blog



► www.smartsurgeryblog.com

► www.davincisurgeryblog.com

► Preventing Prostate Cancer with the Basics – Vitamin E Not the Answer

There's no magic bullet when it comes to preventing prostate cancer. In October, the Journal of the American Medical Association shared news that taking large doses of Vitamin E supplements on a regular basis may actually cause prostate cancer, not prevent it as once believed.

► Contradictory Findings and Using Caution When Researching Prostate Cancer Treatment Options

I like when the medical community shares the positive findings of new studies on robotic radical prostatectomy procedures. I like knowing that prostate cancer patients, mine and those just beginning to explore treatment options, can read about the many current successes of robotic prostate surgery. But what I find most difficult for those exploring prostate cancer treatment options is the widely varying reports often published.

► PSA Tests and the Illogical Equations

In light of the U.S. Health Department's PSA screening recommendations, I would like to call your attention to their faulty reasoning. Their decision to speak out against the test is, in my opinion, based on two illogical equations.

► Robotic Prostatectomy Surgery and Robotic Radiosurgery – What's the Difference?

There's a lot of buzz about robotics in all areas of medicine. Couple that with new advances and the ever changing world of branded medical tools and procedures and there's bound to be confusion about what's what.

► Prostate Cancer: Don't Eat That

Each day we wake to new evidence of foods that cause prostate cancer. Men have long been cautioned to focus on healthy eating and exercise, making it even more confusing that regulars on the food pyramid are now under fire for contributing to the development of prostate cancer.

► Prostate Cancer Treatment: Match Between HIFU And Robotic Prostate Surgery – And The Winner Is?

The good news about prostate cancer is that the medical community continues to work toward new and improved treatment options. With a quick Google search you can find hundreds of articles and web sites full of prostate cancer treatment options. Some are factual, based on sound research and medical expertise while others are more embellished and opinion based.

Research



Sharing Prostate Cancer Knowledge Throughout Europe

Dr. Samadi heads to Paris this February to present four of his unique research abstracts at the 2012 annual meeting of the European Association of Urology.

“Baseline Function is Predictive of Decisional Regret and Satisfaction Following Robotic Prostatectomy.”

Comprehensive patient counseling is imperative when treating localized prostate cancer and often includes an assessment of patient decisional satisfaction or decisional regret. Dr. Samadi and his research team utilized validated instruments and analyzed pathologic, peri-operative and functional health-related quality of life to assess treatment-related satisfaction or regret following robotic-assisted laparoscopic prostatectomy.

“Total Hospital Costs of the Primary Treatment of Prostate Cancer: A Contemporary Experience of a Multidisciplinary Cancer Center.”

The primary treatment of localized prostate cancer can include radical prostatectomy (open, laparoscopic, or robotic) or radiotherapy (brachytherapy or intensity modulated radiotherapy [IMRT]) - both of which provide similar health-related quality of life and oncologic outcomes. Additionally, these modalities have undergone recent technological advances, unsurprisingly resulting in increased treatment costs. Given the recent emphasis on comparative effectiveness research, Dr. Samadi and his research team evaluated hospital costs associated with modern prostate cancer therapies at Mount Sinai Medical Center.

“Redefining Intermediate Risk Prostate Cancer Using Gleason Score.”

D’Amico risk classification is a widely used method to assess the biologic aggressiveness of prostate cancer. This system takes into consideration a patient’s PSA, Gleason score, and clinical stage when classifying men as low, intermediate, or high-risk. The D’Amico intermediate risk group comprises a heterogeneous group of patients consisting of patients with Gleason 3+3=6, 3+4=7 and 4+3=7 prostate cancer. Dr. Samadi and his research team assessed short-term oncologic outcomes, including biochemical disease-free survival and freedom from secondary therapy, with the goal of improving risk-stratification of patients prior to treatment.

“Monitoring Validated Quality of Life Outcomes After Prostatectomy: Initial Description of Novel Online Questionnaire.”

Physicians and researchers are encouraged to use validated health related quality of life instruments to report outcomes after radical prostatectomy. To that end, Dr. Samadi and his research team developed a novel, low-cost, online health-related quality of life survey that enables automated follow-up and convenient access for patients in geographically diverse locations.

Dr. Samadi’s Post-RALP Quality of Life Survey Published in Urology, November 2011

Dr. Samadi and his research team recently published a manuscript in the journal Urology describing results from an on-going study in which many of you are participating.

The article, titled “Monitoring Validated Quality of Life Outcomes Following Prostatectomy: Initial Description of a Novel Online Questionnaire” describes a novel, low-cost, online health related quality of life (HRQoL) survey that allows for automated follow-up and convenient access for patients in geographically diverse locations. Using a secure and HIPAA-compliant (Health Insurance Portability and Accountability Act) website, www.SurveyMonkey.com, patients are sent a collection of validated post-prostatectomy HRQoL instruments via email.

To assess compliance with the email format, we conducted a pilot study comprised of patients who presented for follow-up after robotic-assisted laparoscopic prostatectomy (RALP). After consent, 514 patients between March 2010 and February 2011 were sent the online survey. A total of 293 (57%) responded, with an average age of 60 and a median time from surgery of 12 months. 75% of responders completed the survey within 4 days of receiving the email, with a median completion time of 15 minutes.

This study provides valuable evidence that an online survey can be a low-cost, efficient, and confidential modality for assessing validated HRQoL outcomes in patients who receive treatment for localized prostate cancer. This method may be especially useful for those who cannot return for follow-up due to geographic reasons; for example, our international patients. This is the first publication in a series that will result from Dr. Samadi’s novel research.