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Although he was active, jogging, mountain biking and playing basketball at the local courts in Nyack, New York, attorney and real estate office manager Brian Levine felt, at age 46, as though he'd "gotten sloppy," so he joined a gym to start weight lifting.

He also figured it was time for a physical. Everything seemed fine until a week after the visit, when his internist called to say he should see a urologist.

Brian was disconcerted but not overly concerned. The results of a baseline prostate-specific antigen (PSA) test done as part of his physical had returned surprisingly high readings, but he felt fine. "I had no symptoms and there were no [risk factors](#), such as a [history of prostate cancer](#) in my family," he says.

Initially, Brian underwent a course of antibiotics and had his PSA levels rechecked every month. When the readings failed to drop enough from nearly 6 ng/mL (at Memorial Sloan Kettering, a [score greater than or equal to 3 ng/mL, or a rising value over time](#)) is an indicator for further testing), the urologist recommended a [biopsy](#) to look for signs of cancer in small samples of prostate tissue.

The results stunned Brian. Ten of the 12 samples showed signs of [prostate cancer](#).

"I hadn't expected this," he says. "I had no symptoms. I felt healthy."

Weighing His Options

"Receiving the diagnosis was a life-altering moment for me. But you pick yourself up and start dealing with it." Brian knew from the start that he wanted a doctor who would make him feel comfortable—and found exactly that person in Memorial Sloan Kettering urologist and surgeon [James Eastham](#).

Besides being Chief of the Urology Service, Dr. Eastham is "a guy's guy," explains Brian. "Straightforward, candid, frank, but sensitive, too." To confirm the diagnosis and [plan a treatment approach](#), Dr. Eastham reviewed the results of Brian's biopsy, conducted a rectal examination, and repeated the PSA test, among other things.

"I really clicked with Dr. Eastham," Brian says. "He also spent a lot of time discussing treatment options with my wife and me."

"Not all prostate cancers are alike; treatment needs to be individualized."



James A. Eastham

Chief, Urology Service; Peter T. Scardino Chair in Oncology

"Not all prostate cancers are alike; treatment needs to be individualized," explains Dr. Eastham, which is why Memorial Sloan Kettering employs detailed [screening guidelines](#). Many cases are slow-growing and unlikely to cause serious problems over time, and therefore don't require immediate treatment.

"But Brian had developed a fair amount of early-stage cancer in his prostate at a young age," says Dr. Eastham. Based on this and other factors, Brian's care team recommended that he undergo a [radical prostatectomy](#). This involves removing the entire prostate, some tissue surrounding the gland, and the seminal vesicles (small glands that help produce semen).

Often during this procedure, surgeons also remove a number of nearby lymph nodes and analyze the tissue to see if the cancer has spread beyond the prostate — and whether radiation or [systemic therapies](#), such as chemotherapy, hormone therapy, biologic therapies, or immunotherapy, might be worth pursuing to help ensure that no cancer cells remain.

Radical Prostatectomy: But Which Approach?

Radical prostatectomy can be done by means of an "open" procedure involving an incision on the lower abdomen, or a minimally invasive approach that entails several small incisions in the abdominal wall to make space for the insertion of a tiny, lighted telescopic camera (called a laparoscope) and specialty surgical instruments.

It's a complex operation requiring exquisite technical precision to preserve the function of the nerves and structures surrounding the gland that are critical to urination and sexual function.

In contrast to most surgeons treating [prostate cancer](#) in the United States, many of whom have extremely low annual caseloads, surgeons at Memorial Sloan Kettering care for many men with this illness each year — often leading to [improved outcomes and fewer complications for prostatectomies](#).

After considering the pros and cons of each surgical option, Brian opted for the open procedure. "This approach just made more sense to me. The extra time for the recovery, which is a factor for some people, wasn't a big issue for me because my overall health was good and I was still fairly young."

"Since the cancer was identified early and was not far advanced, it was confined to the prostate and had not spread to any of the surrounding area," explains Dr. Eastham. "Therefore there were no recommendations for additional therapies following Brian's surgery."

Feeling Strong after Radical Prostatectomy

"A day after my surgery, the nurses got me up and I began to walk the halls while rolling my IV pole beside me. I did a mile the first day," Brian recalls. Following a two-day hospital stay, he returned home to complete his recovery and was back at work within a month.

I am living proof that just because you are young and don't have a family history of cancer doesn't mean that you aren't at risk for prostate cancer.

Brian Levine

"Now it's springtime again," he says. "A year ago I was dealing with a cancer diagnosis. I feel incredibly lucky. If I hadn't gone for that physical, it could have been a lot worse."

"I am living proof that just because you are young and don't have a family history of cancer doesn't mean that you aren't at risk," he adds. Brian has now resumed life where he left off. He's rooting for his favorite baseball team and enjoys paddling his canoe with his wife and young daughter on board.

"It feels great to be back to all my usual activities. In fact, I'm even jogging and playing basketball again."

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