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Michael Quinlan is a working actor. His credits include Broadway revivals of *Death of a Salesman* and *The Caine Mutiny Court-Martial*; television shows such as *Law and Order*; commercials, voiceovers, and industrial films. He also coaches executives in giving effective speeches and presentations.

But in 2009, his career was interrupted when, after a routine physical, “my internist called to say that my PSA [[prostate-specific antigen](#)] level was a little higher than he’d like. He suggested I see a urologist.”

Mr. Quinlan followed his internist’s recommendation. And on December 23, after a prostate biopsy, the urologist called with the results: Of 12 tissue samples removed from Mr. Quinlan’s prostate, six were positive for cancer. “So there was my Merry Christmas present,” Mr. Quinlan smiles dryly.

“The first thing we do when we meet a patient is reassure him that prostate cancer is a very treatable disease and then try to find out all we can about his cancer,” says Mr. Quinlan’s physician, urologic surgeon [Vincent P. Laudone](#), Co-Director of Minimally Invasive Surgery for Robotics at Memorial Sloan Kettering. “Some patients we don’t have to treat because their cancers are nonaggressive and are unlikely to cause a problem for them during their lifetime. However, more-aggressive cancers must be treated.”

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Vincent P. Laudone
Urologic Surgeon

Preoperative predictors for Mr. Quinlan, including his elevated PSA and a Gleason score of 7 in one area of the prostate and 6 in another, indicated that treatment was necessary. (The Gleason grading system, which runs from 2 to 10, is used to characterize the aggressiveness of prostate cancer and provides an estimate of how likely a prostate cancer is to spread to other parts of the body.)

After numerous consultations that included exploring the option of radiation therapy, Mr. Quinlan chose to have his prostate removed by robot-assisted laparoscopic surgery, an approach that allows surgeons to perform operations through a few small incisions with enhanced vision and control.

“The robot is really just a sophisticated surgical tool,” explains Dr. Laudone. Seated at a console, the surgeon uses finger, eye, and foot controls to manipulate the arms of the robot. “There are several advantages from a surgeon’s point of view. First, you can see better because the eyes of the robot — the camera — can go right down into the tissue and project a three-dimensional image, magnified tenfold.”

In addition, the robot translates a surgeon’s hand, wrist, and finger movements into real-time movements of the surgical instruments inside the patient.

“The robot takes my motions, copies them, and scales them down,” Dr. Laudone says. “If I make a one-inch movement, the robot scales it down to a quarter-inch. A quarter-inch movement is scaled down to a sixteenth of an inch. The precision is extraordinary.”

I think of what happened as good news. It was caught in time and Dr. Laudone was able to do something about it.

Michael Quinlan

In [prostate cancer surgery](#), precision is key.

"The primary goal of any cancer operation no matter how it is done is to remove all the cancer," Dr. Laudone asserts. "This means removing the prostate and in most cases the surrounding pelvic lymph nodes. Not removing the lymph nodes in men with more-aggressive prostate cancer runs the risk of leaving cancer behind. The second consideration is to preserve urinary and sexual function. In properly selected patients, robot-assisted surgery can achieve exceptional curative and functional outcomes. However, as helpful as the robot is with the operation, it doesn't replace the need for good surgical judgment, experience, and skill."

In April 2010, Dr. Laudone removed Mr. Quinlan's prostate and 18 lymph nodes. Final pathology revealed that all 18 nodes were negative for cancer and, following surgery, Mr. Quinlan's PSA level was zero.

Subsequent PSA levels have remained undetectable, and no further treatment has been necessary. Mr. Quinlan also says that his functional outcomes have been excellent.

"I think of what happened as good news," Mr. Quinlan remarks. "It was caught in time and Dr. Laudone was able to do something about it. Friends ask, 'So how are you feeling?' And I reply, 'About what?' And then I remember. Oh! That. To be back at work, back in my life, and actually able to forget is a great gift."

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