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## Medical Malpractice: The Prostate Cancer Case

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Prostate cancer is the second most common type of cancer affecting men in the United States. Every year, more than 200,000 men will be diagnosed with prostate cancer and more than 30,000 of those will die from this disease.

Fortunately, compared to other types of cancer, prostate cancer often results in favorable outcomes, particularly for patients whose cancer is detected early. Early detection of prostate cancer, in turn, is aided by the availability of a specific blood test -- the test for prostate-specific antigen (PSA) -- that can be useful in screening for early presence of prostate cancer even before a patient develops any noticeable signs or symptoms. Since the advent of the regular use of PSA testing to screen for prostate cancer, the percentage of prostate cancer patients who die from this cancer has dropped precipitously.

Where prostate cancer is detected early, and before the cancer has spread outside of the prostate, it can often be cured by a surgical removal of the prostate, often referred to as a radical prostatectomy. Other treatment approaches may include radiation or androgen deprivation therapy (ADT). Because the presence of testosterone may increase the growth rate of prostate cancer, drugs are used to suppress testosterone to castrate levels to

reduce the growth of the cancer.

Particularly after childbearing years, most men can afford to have their prostate gland removed without significant impacts on health or lifestyle. The prostate gland, which sits below the bladder and through which the urethra passes, is primarily used to produce semen as part of the male reproductive system. As men age, the prostate can sometimes become artificially enlarged, which can be from benign causes (benign prostatic hypertrophy) or from malignancy.

An enlarged prostate gland may squeeze the urethra, causing urinary symptoms such as difficulty voiding, nocturia, dribbling, incontinence, or pain with urination. Such symptoms may be consistent with prostate cancer or benign enlargement of the prostate. However, many men with prostate cancer have no symptoms at all, at least at the early stage.

As compared to other types of cancer, prostate cancer is typically slower growing. It may take a couple of years or more for prostate cancer to spread outside the prostate. Once that happens, the cancer is more difficult to cure with a simple prostatectomy. A patient's likelihood of dying from prostate cancer increases as the cancer spreads to the regional lymph nodes or to distant areas of the body (a process called metastasis).

Although prostate cancer does tend to be slower growing than other types of cancer, its rate of growth depends on the aggressiveness of the particular strain of prostate cancer. This is

measured using a Gleason score. The higher the Gleason score, the higher risk of cancer and the more likely it is going to spread more quickly.

In some instances, the approach to treating prostate cancer will depend upon the risk stratification using the Gleason score and other factors such as the PSA levels. A PSA of under 4 is considered normal. A PSA of over 4 is concerning for prostate cancer.

There was a time when guidelines called for all men over 50 to be screened regularly for prostate cancer with PSA testing. However, such testing led to many false positives, triggering additional costly and potentially invasive procedures such as imaging and biopsies, which proved unnecessary. The guidelines then changed to discourage routine PSA screening for otherwise asymptomatic men.

However, those new guidelines led the death rate from prostate cancer -- which had been continuing to decline with regular PSA screening -- to rise again. As a result, it is now common practice for primary care doctors to have informed discussions with their male patients about the pros and cons of PSA screening. Of course, for men with signs and symptoms consistent with prostate cancer, screening is still recommended.

The failure to properly test for or treat prostate cancer can have dire consequences. It can lead to men progressing from prostate-capsule-confined disease to prostate cancer that has spread outside the prostate glands to regional tissues, seminal

vesicles, the bladder, regional lymph nodes, and even to distant parts of the body.

Failure to treat prostate cancer early can result in the need for much more aggressive treatment with significant long-term side effects and death from prostate cancer that otherwise would have been curable had it been diagnosed and treated sooner. In those instances, the failure to diagnose or treat prostate cancer may give rise to a viable medical malpractice case.

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