Choosing Your Prostate Cancer Care

Through a multidisciplinary approach, Cleveland Clinic specialists in the Taussig Cancer Institute work with urologists in the Glickman Urological & Kidney Institute to explore all medical and surgical options to ensure that our prostate treatment program will result in a successful outcome for each patient.

While there are many prostate cancer treatment options, you should also consider the experience of the cancer program. The Taussig Cancer Institute is top-ranked in Ohio according to U.S. News & World Report. Since 2001, Cleveland Clinic has also been named one of the nation’s top two urology programs. Additionally, many prostate treatment methods were pioneered here, giving us one of the world’s largest experiences in treating localized cancer using surgical and non-surgical methods.

Please use this guide as a resource as you examine your treatment options. Remember, it is your right as a patient to ask questions, and to seek a second opinion.

Cleveland Clinic prostate cancer specialists tailor prostate cancer treatment plans to their patients’ needs, taking into account the type of cancer, the age of the individual, the degree to which the cancer has spread and the general health of the patient.

This guide provides an overview of the prostate cancer treatment options offered at Cleveland Clinic.
Prostate Cancer

Prostate cancer is the most common cancer in men, and the second leading cause of cancer death among men in the U.S. Every year, about 185,000 new cases of prostate cancer will be diagnosed in the United States. About one in six men will be diagnosed with prostate cancer during his lifetime, but only one in 35 will die of it. More than two million men alive in the United States today have been diagnosed with prostate cancer at some point.

Prostate cancer is a malignant tumor that usually begins in the outer part of the prostate. In most men, the cancer grows very slowly. In fact, many men with the disease will never know they had the condition. Early prostate cancer is confined to the prostate gland itself, and the majority of patients with this type of cancer can live for years with no problems.

Prostate cancer is characterized by both “grade” and “stage.” The size and extent of the tumor determine its stage. Early stage prostate cancer, Stages T1 and T2, are limited to the prostate gland. Stage T3 prostate cancer has advanced to tissue immediately outside the gland. Stage T4 prostate cancer has spread to other parts of the body.

What if prostate cancer is diagnosed?
Fortunately, most prostate cancers have not spread at the time they are diagnosed, and the cancer is most often confined to the prostate gland.

To help predict the aggressiveness of the prostate cancer, the physician will look at PSA (a protein excreted by the prostate gland) levels before a biopsy and will calculate the patient’s “Gleason Score.” The Gleason Score ranges from two to 10, with two representing the least aggressive form (confined to the gland) and 10 representing the most aggressive form of cancer (highest risk of spreading outside the gland).

From the PSA levels and the Gleason Score, a treatment plan is devised. For men with a low risk of the cancer having spread outside the gland, staging studies such as bone scans and computed tomography scans are not needed. Men with cancer with a higher likelihood of spreading may require these staging studies to determine where the cancer may have spread.

Cleveland Clinic surgeons were the first in the world to use the single-port technique for prostate surgery. In this method, surgeons enter the body through one opening. This exciting new method is being developed at Cleveland Clinic to provide patients with an additional treatment option for prostate cancer.
Treatment Options for Early Stage Disease

WATCHFUL WAITING or ACTIVE SURVEILLANCE

Watchful waiting, now more commonly called “active surveillance with selective delayed intervention,” requires no treatment for a discovered prostate cancer until your doctor detects signs that the cancer is growing more aggressively. This option is reserved for patients who have a cancer that is confined to the prostate gland and that is defined as low to medium in aggressiveness. It is most often offered as an option to older men who are in poor health because it avoids the risks and side effects of treatment. Most of these men will die of other causes before the cancer becomes a problem. Active surveillance can be an option for younger men who want to avoid the side effects of treatment or postpone it as long as possible. The debate on the risk associated with this approach in younger men is ongoing.

What are the risks of active surveillance?
There is a chance that the slow-growing cancer could suddenly speed up in growth and spread beyond its original site or no longer be curable. Treatment also is riskier in older patients, increasing the chance of side effects and lengthening the recovery period. Also, patients have to be willing to return to the doctor’s office more frequently for blood tests, rectal exams and biopsies to check on disease progression. Worry about having cancer and knowing that it isn’t being treated may become emotionally overwhelming.

What are the benefits of active surveillance?
There is a good chance that a prostate cancer patient may never develop symptoms or require treatment. Even if the cancer grows, most prostate cancers grow very slowly. Newer treatments may be developed while cancer is under surveillance. Research has shown that at least for the first eight years, the life expectancy of men who choose this option may be no different than those who choose to treat their cancer aggressively. The risk of impotence and incontinence associated with treatment also is avoided with active surveillance.

Questions? Call our Cancer Answer Line at 216.444.HOPE (4673) or toll-free 866.223.8100
RADIATION THERAPY

Radiation therapy is the use of high-energy X-rays, electron beams or radioactive isotopes to kill cancer cells and shrink tumors. Radiation ionizes or damages the chromosomes in the cell so that they cannot multiply. Radiation can be produced from a machine outside the body (external radiation) or by putting materials that produce radiation (radioisotopes) through thin plastic tubes into the area where the cancer cells are found (internal radiation).

Radiation therapy is a local treatment – aimed directly at the cancer. Even though the radiation is aimed only at the cancer, it must often pass through skin and other organs to reach the tumor. Thus, some healthy cells may become damaged. The body, however, is able to repair the healthy cells that have been damaged and restore them to their proper function. Successful radiation therapy depends on delivering the proper amount of radiation to the cancer in the best and most effective way.

There are two types of radiation therapy – brachytherapy and external beam radiation therapy.

BRACHYTHERAPY

In this form of radiation therapy, radioactive pellets – each the size of a grain of rice – are implanted into the prostate. These pellets can be temporary (removed after the proper dose is reached) or left permanently. The number of pellets implanted (up to 200) depends on the size and location of the cancer. The implant procedure takes about one hour and is done on an outpatient basis. Although the pellets deliver a higher dose of radiation than the external beam procedure, the radiation travels only a few millimeters and therefore is unlikely to extend far beyond the prostate.

Who is eligible for brachytherapy?
This therapy may work best in low to intermediate risk cancers and may not be a good option for men with more aggressive forms of prostate cancer, or cancer that has spread just outside the prostate.

What are the risks of brachytherapy?
Even though radiation does not travel far with this form of therapy, because of the prostate’s proximity to the urethra, brachytherapy may cause more acute urinary irritation than external beam therapy. Some patients (one in 10) need a catheter at times to help them urinate while the radiation remains most active but this is rarely needed for more than a few weeks. Also, despite a low risk, because pregnant women and small children are more susceptible to the effects of radiation, patients undergoing brachytherapy are advised to minimize extended contact with these types of individuals for the first few months after therapy.

What are the benefits of brachytherapy?
Cleveland Clinic began its prostate brachytherapy program in 1996. More than 3,000 patients have been treated since then. Our cure rates, as defined by PSA, are identical for up to 10 years as patients treated at Cleveland Clinic with radical prostatectomy. Results beyond that point are not known until further follow-up.
EXTERNAL BEAM RADIATION THERAPY

External beam radiation therapy is the most common form of radiation therapy. Before treatment begins, detailed planning or simulation is performed. During simulation, the specialists will use measurements from scans and calculations to determine the precise location to aim the radiation. Simulation may take up to an hour. During the treatment, the patient is positioned on a table so that a beam from a machine outside the body may be aimed at the tumor. The radiation treatment itself lasts only a few minutes and is generally given five times a week for several weeks.

Some technical variations of external beam radiation are:

- high-dose three dimensional radiation therapy (3DCRT)
- intensity-modulated radiation therapy (IMRT)
- image-guided radiation therapy (IGRT)
- four dimensional radiation therapy (Calypso)

These types of radiation therapy are highly specialized and used in very specific settings.

What are the benefits of external beam therapy?

The benefits of this focused-beam therapy are that it minimizes damage to nearby tissue and structures, and that treatment is not painful and is less debilitating than surgery. Beam therapy can be used as an alternative to surgery to treat cancers that have spread into the pelvis and cannot be surgically removed; or to help reduce pain and shrink tumors in advanced disease that can’t be cured. Compared with surgery, incontinence is a less common occurrence and preservation of sexual function may be slightly higher. Cleveland Clinic pioneered hypofractionated intensity-modulated radiotherapy, the practice of giving larger doses per day to carefully restricted treatment volume, which may shorten the duration of prostate cancer treatment by several weeks. Cure rates as defined by PSA are identical for up to 10 years to those of patients treated at Cleveland Clinic with radical prostatectomy.

To meet the growing demands of Cleveland Clinic’s cancer care practice, the largest in Northeast Ohio, the 165,000-square-foot Taussig Cancer Institute was dedicated in 2000. The Institute not only is a major cancer care center, but it also houses and operates a research laboratory. This environment enables multidisciplinary cancer specialists and research scientists to develop new therapies and apply their benefits more rapidly to cancer patients.
What are the side effects of external beam therapy?
The side effects of radiation therapy are, for the most part, specific to the area of
the body being radiated. Some general side effects may include skin irritation and
fatigue. There are medications and techniques that can be used to control side
effects. Radiation therapy as a treatment for prostate cancer can cause erectile
dysfunction and changes in urinary frequency and urgency.

Side effects should be discussed with the radiation oncologist so that they can be
managed properly.

What about follow-up care?
After radiation therapy sessions are complete, patients will visit the doctor for
periodic follow-up exams and tests.

The latest technology in external beam radiation, Calypso™ 4D Localization
System, works like a GPS system. It determines the exact position and movement
of the prostate during radiation therapy treatment – optimizing radiation targeting
and minimizing side effects.

Why does organ motion during radiation therapy matter?
Internal organs move naturally during therapy and the prostate occasionally moves
outside of the intended radiation field during treatment. Since doctors can't predict
which way – or how much – organs will move, the tumor may not get the right
amount of radiation. In addition, other nearby tissue and organs may receive radia-
tion they shouldn't receive.

The Calypso System uses radiofrequency waves that allow very accurate alignment
of the prostate before each treatment session. This technology now makes it pos-
sible to determine the position of the prostate at all times during treatment delivery
and make adjustments, as needed, to optimize external beam treatment delivery.

What are the advantages of the Calypso System?
Calypso allows the doctor to know exactly where the tumor is at all times. This means
radiation therapy is more precise – making sure all the necessary radiation gets to the
tumor and minimizing side effects, such as impotence, incontinence and rectal bleed-
ing. Currently, no other realtime method for precisely tracking tumor location during
radiation therapy exists.
“The most important factor in a good outcome after surgery for prostate cancer is the experience of the surgeon. Cleveland Clinic’s urological surgeons are among the most experienced in the world, which greatly benefits our patients because it translates into increased likelihood of a cure and return of continence and potency.”

Eric Klein, MD, Chairman, Glickman Urological & Kidney Institute

SURGERY

Complete removal of the prostate — radical prostatectomy — is one of the most common treatments for prostate cancer.

Most of the surgical procedures for prostate cancer are done in ways that attempt to spare the nerves that control erections. These nerve-sparing surgeries reduce, but do not eliminate, the risk of incontinence and impotence.

What should a prostate cancer patient know about surgery?
The best indicator of surgical outcomes is the experience of the surgeon, not the particular technique used. Cleveland Clinic surgeons have a large experience with all methods of prostatectomy, and many new approaches have been developed here. Whether a patient has an open, laparoscopic or robotic prostatectomy, pain and recovery time are similar. Patients should learn their surgeon’s level of experience when examining treatment options.

OPEN PROSTATECTOMY

Another surgical prostate cancer treatment, the open radical prostatectomy removes the entire prostate with an incision in the lower abdomen. Since the prostate wraps around the urethra, once it is removed the surgeon must reconnect the bladder with the urethra.

ROBOT-ASSISTED SURGERY

Robot-assisted surgery, a type of minimally invasive surgery (MIS), uses robotic equipment to imitate surgical movements. MIS procedures allow surgeons to operate through small ports rather than large incisions, resulting in shorter recovery times, fewer complications and reduced hospital stays. Surgical robotics combines minimally invasive techniques with highly advanced clinical technology.

How does the new technology assist the surgeon?
The 3-D vision system magnifies the surgical field up to 15 times and improves the surgeon’s ability to perform precise dissection of tissue, thereby reducing blood loss. Robot arms remain steady at all times and robot wrists make it easier for surgeons to manipulate tissue and work from all kinds of angles and positions they would have difficulty reaching otherwise.

What happens after surgery?
Following surgery, patients typically stay one or two days in the hospital. During this time, the staff checks patients daily and provides detailed post-operative instructions at discharge. Patients are able to continue follow-up either at Cleveland Clinic or with their local physician.
SURGERY FOR MORE ADVANCED DISEASE

Traditional treatment for high grade or locally advanced prostate cancer (Gleason Score eight or above) or tumors that have minimal spread beyond the prostate gland (clinical stage T3) has been a combination of hormones and high-dose external beam radiation. While this remains a good choice for many men, especially if they are older or have associated medical issues, Cleveland Clinic surgeons have gained substantial experience with surgery for more advanced cancer in the past 10 years. Potential advantages of surgery include the ability to perform an extended lymph node dissection, which can yield important information about prognosis and may be curative in men with minimal disease in the lymph nodes; complete pathologic staging of the removed prostate, allowing an informed decision based on the potential benefits of post-surgical (adjuvant) radiation; avoiding or delaying the need for hormone therapy and avoiding the potential late side effects of external radiation. Some men may be eligible for participation in clinical trials of medication given prior to surgery (neoadjuvant therapy), an approach pioneered by physicians working in tandem in the Taussig Cancer Institute and Glickman Urological & Kidney Institute.

CRYOTHERAPY

In this treatment, four to eight small needle-shaped probes are inserted into the prostate in order to freeze the gland to temperatures lethal to a prostate cancer. This minimally invasive, incision-free procedure is performed either as an outpatient or one-night hospital admission. With this treatment, patients recover in a matter of days and usually experience minimal after effects.

Cleveland Clinic urologists have extensive experience in using cryotherapy for treatment of prostate cancer both as initial therapy and for recurrence of cancer following radiation therapy. This treatment can be used in three ways:

• for treatment of the entire prostate upon first diagnosis of prostate cancer
• for “salvage” therapy to treat cancer that has recurred in the prostate following prior therapy such as radiation or brachytherapy (seeds)
• for treatment of just the affected portion of the prostate, called “focal therapy.”

Focal therapy can be used in select men whose cancer is small enough that it may be controlled with less widespread freezing.

How does cryotherapy work?

Cryosurgeons use 3-mm or smaller diameter cryoprobes (needles) supercooled with argon gas, inserted through the skin into the prostate under ultrasound guidance. The target tissue is repeatedly frozen to –40 degrees Celsius, resulting in tumor destruction.
What are the risks associated with cryotherapy?
As with any prostate cancer therapy, cryotherapy can cause side effects or damage to adjacent organs. Damage to the urethra is minimized by the use of a urethral warming catheter that circulates warm fluid through its chambers. Damage is also minimized by precise monitoring of temperature using probes placed near vital areas.

How is the procedure performed?
**Primary Cryotherapy.** Four or more cryoprobes are placed into position. Freezing begins slowly under ultrasound and computer monitoring. When the ice ball reaches a lethal chill, the argon is turned off and helium is turned on to thaw the gland. The process is repeated as soon as it is thawed, and the entire procedure is completed within two hours. Following surgery most men are permitted to return home within 24 hours, usually on the day of the procedure. A catheter may remain in place for seven to 10 days.

**Focal Cryotherapy.** Traditional treatment of prostate cancer targets the entire gland because at least 80 percent of men have small "satellite" tumors in various sites throughout the prostate. In selected patients in whom a dominant or solitary tumor can be identified, cryotherapy can be limited to this one area. Focal therapy is most commonly used for men wishing to minimize the likelihood of impotence.

**Salvage Cryotherapy.** Although external beam radiation and brachytherapy are highly effective, some patients will experience recurrence of cancer following treatment. Primary and focal cryotherapy, described above, can be used to treat patients whose cancer recurrence is limited to the prostate.

In addition to urethral slough, incontinence and impotence can occur after cryotherapy. A very rare complication is a fistula, a hole that develops between the urethra and rectum and that requires surgical repair. These complications are more common for salvage cryotherapy.

Who is eligible for cryotherapy?
The most important requirement for cryotherapy is having cancer limited to the prostate or its immediate vicinity. Like other local therapies (prostatectomy and radiation), cryotherapy works only if cancer is contained in its targeted site. Men with large prostates – measuring greater than 50-75 grams on ultrasound – may require hormone therapy to shrink the gland prior to treatment.
Treatment Options for Metastatic Disease

HORMONE THERAPY

Hormone therapy is a prostate cancer treatment that alters the body’s hormone balance to prevent certain cancers from growing. This may be accomplished with drugs that alter the way hormones work or with surgery that removes hormone-producing organs such as the testes. Hormone therapies can’t kill prostate cancer but can be given alone or in combination with other forms of treatment in the hopes of improving the quality of life, extending survival or both. Research on the value and effects of hormonal therapies is ongoing. The most common form of hormone therapy is drug therapy. Drugs such as triptorelin (Trelstar®), leuprolide (Lupron®, Eligard®, Vantas®) and goserelin (Zoladex®) block the effect of testosterone, the male sex hormone. By blocking testosterone, the rate of growth of the cancer is slowed. Another class of drugs, the antiandrogens flutamide (Eulexin®), bicalutamide (Casodex®) and nilutamide (Nilandron®), work by preventing the body – and thus the cancer cells – from using testosterone in selected patients.

What are the risks of hormone therapy?
Hormone therapies are associated with many side effects including lowered libido, impotence, hot flashes, weight gain, breast tenderness and enlargement, loss of muscle and bone mass, nausea, diarrhea, fatigue and liver damage. Hormone therapy has been associated with increased risk of metabolic syndrome, diabetes, reduction in HDL or “good” cholesterol, and cardiovascular disease. While it’s possible that hormones may delay death, they cannot prevent it. Eventually, advanced prostate cancer can become resistant to hormone therapy and that therapy no longer works. Fortunately, this is a rare occurrence with current highly successful diagnostic and treatment strategies.

What are the benefits of hormone therapy?
Hormone therapy can shrink tumors, thus reducing symptoms and pain, and possibly extending the lives of men with prostate cancer. It can also shrink the prostate and improve the outcomes with cryoablation or radiation therapy.

When is hormone treatment used for prostate cancer?
Hormone treatment does not cure cancer. The purpose of hormone therapy is first to delay the progression of the cancer, and second to increase survival while maximizing quality of life. If the patient doesn’t respond to initial hormone treatment, the doctor might try other hormonal methods before recommending another form of treatment.

Who is a candidate for hormone treatment?
Hormone treatment can be used in men with various degrees of prostate cancer. For example, it is often used in men after surgery for better results, as well as in men who don’t want to have any other type of treatment. Patients and their physicians must consider the effects on quality of life, cost of the treatment (and who is paying for it), and how effective and safe the hormone treatment is for the individual.
LAS VEGAS MAN RELIEVED
AFTER PROSTATECTOMY
Bryan King wasn’t sure what scared him more: being diagnosed with prostate cancer in his early 40s or the treatment he would have to undergo. A radical prostatectomy (removal of the prostate gland) might leave him incontinent and impotent.
His concern was that a prostatectomy involved a surgeon deftly trimming the prostate gland away from surrounding bundles of nerve fibers that control urinary and sexual functions. And if they are severed, problems result.
“I knew I had to stop the cancer before it spread to my lymph nodes,” says Mr. King of Las Vegas. “I talked to four or five guys who’d had a prostatectomy and they all had problems with incontinence. I thought, ‘I’m too young to have to deal with that.’”
Mr. King searched the Internet for a surgeon who was greatly experienced with robotics. Of the four he located, he says “I was very impressed with my surgeon at Cleveland Clinic and the amount of time he took explaining the procedure in depth to me. I went to him with a list of 30 questions, and he answered them all.”
The result: “From the first day after surgery, I’ve never had to wear [adult incontinence] pads, and I’m maintaining my sexual function,” Mr. King says. And, he no longer lives in fear. “I feel lucky that I was able to catch the cancer so early.”

ON THE ROAD AGAIN
Edward Chuhna wasn’t particularly alarmed when his routine physical revealed inconsistencies in his PSA level. But his primary care physician recommended a biopsy, which came back positive for cancer.
He and his wife decided that surgery offered the simplest route to a cure. Unfortunately, he came out of the operating room with his prostate intact.
“The surgeons found that several nerves were wrapped around the prostate,” he remembers. “They told me that if they removed it, there was a high likelihood of me having severe problems with incontinence.”
At just 56 years old, Mr. Chuhna was not willing to take the chance. That’s when his wife saw an article in the newspaper about the Calypso™ 4D Localization System, available in Ohio only at Taussig Cancer Institute. The system uses permanently implanted wireless transponders that work like a GPS system, tracking the targeted tumor continuously from the start of treatment throughout all radiation sessions.
“The Calypso System is an exciting breakthrough,” says John Suh, MD, Taussig Cancer Institute Chairman of Radiation Oncology. “It enables us to deliver more effective therapy with fewer side effects.”
“My wife called nurse Rick Thousand at Cleveland Clinic and he got me right in,” says Mr. Chuhna. “We learned that because my cancer had been diagnosed early, radiation offered the same likelihood of a cure as surgery.”
Mr. Chuhna traveled to Taussig Cancer Institute every weekday morning for eight weeks to undergo treatment. Two months after radiation therapy ended, Mr. Chuhna says he had no adverse effects from his brush with cancer. His most recent PSA tests indicate that he is out of the woods.
“I benefited from early detection and from a team of medical professionals who were able to explain what was going on and what the risks were in clear but detailed terms. I was able to make an informed choice and tackle this disease in a way that was relatively straightforward and non-disruptive,” he says. “I would recommend the procedure. In terms of impact, it was far less than I expected.”
CHEMOTHERAPY

Chemotherapy involves the use of drugs to kill cancer cells. Chemotherapy may be taken orally or injected into a vein. Chemotherapy is usually a systemic treatment, meaning the drugs enter the bloodstream, travel through the body and can kill cancer cells anywhere in the body, including the prostate.

Chemotherapy is given in cycles of treatment followed by a recovery period. The entire chemotherapy treatment generally lasts three to six months, depending on the type of medications given.

When is chemotherapy given?
Chemotherapy may be used in cases of recurrent or advanced prostate cancer that has not responded to hormone treatment, but it is not usually used to treat early stage disease. Chemotherapy is given to cause the cancer to shrink and/or disappear. Even if the cancer is not eliminated, symptoms may be relieved. Metastatic disease may be present at diagnosis or, in some cases, cancer can return in a distant location months or years after initial treatment.

What are the side effects?
Because chemotherapy acts to kill rapidly dividing cancer cells, it also kills other rapidly dividing healthy cells in our bodies, such as the membranes lining the mouth, the lining of the gastrointestinal tract, the hair follicles and the bone marrow. As a result, the side effects of chemotherapy relate to these areas of damaged cells. The good news is that the damaged non-cancerous cells will be replaced with healthy cells, so the side effects are only temporary.

The specific side effects depend on the type and amount of medicines given and for how long. The most common, temporary side effects of chemotherapy include nausea and vomiting, loss of appetite, hair loss, mouth sores and diarrhea.

There are medications available to control certain side effects, such as nausea and vomiting, or diarrhea. Although it may take some time, side effects related to chemotherapy will resolve when chemotherapy is stopped.

Infertility is a potential permanent side effect of chemotherapy. Cleveland Clinic offers a sperm banking option for men who would like to preserve their sperm before starting chemotherapy treatment.
Contacting Cleveland Clinic

Still have questions about prostate cancer?
If after reviewing this guide, you have additional questions, Cleveland Clinic's Cancer Answer Line can help. Two oncology clinical nurse specialists and their staff can provide information and answer questions about cancer. The Cancer Answer Line is operational from 8 a.m. – 5 p.m., ET, Monday – Friday. Please call 216.444.HOPE (4673) or toll-free 866.223.8100.

Ready to schedule an appointment with a specialist?
If you would like to set up a consultation with a Cleveland Clinic specialist, please call the Cancer Answer Line at 216.444.HOPE (4673) or toll-free 866.223.8100.

Need a second opinion, but cannot travel to Cleveland?
Our MyConsult service offers secure online second opinions for patients who cannot travel to Cleveland. Through this service, patients enter detailed health information and mail pertinent test results to us. Then, Cleveland Clinic experts render an opinion that includes treatment options or alternatives and recommendations regarding future therapeutic considerations. To learn more about MyConsult, please visit clevelandclinic.org/myconsult.

The Glickman Tower, named after philanthropists Carl and Babs Glickman, opened in 2008 as part of the largest construction project in Cleveland Clinic history. The 200,000 square-foot tower is the new home of the Glickman Urological & Kidney Institute. At 12 stories, it is the tallest building on Cleveland Clinic’s main campus and includes state-of-the-art treatment facilities including an expanded dialysis unit with scenic views, a rooftop helipad for critically ill patients, and a chapel and meditation room.

Questions? Call our Cancer Answer Line at 216.444.HOPE (4673) or toll-free 866.223.8100
##Locations

**Taussig Cancer Institute**  
Cleveland Clinic (main campus)  
9500 Euclid Ave.  
Cleveland, OH 44195

**Glickman Urological & Kidney Institute**  
Cleveland Clinic (main campus)  
9500 Euclid Ave.  
Cleveland, OH 44195

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<tr>
<th>Location</th>
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<th>City, State</th>
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| **Avon Lake Family Health Center** | 450 Avon-Belden Road  
Avon Lake, OH 44012 | Avon Lake, OH 44012 |
| **Beachwood Family Health and Surgery Center** | 26900 Cedar Road  
Beachwood, OH 44122 | Beachwood, OH 44122 |
| **Euclid Hospital** | Medical Office Building  
99 Northline Circle  
Euclid, OH 44119 | Euclid, OH 44119 |
| **Fairview Hospital** | 18101 Lorain Ave.  
Cleveland, OH 44111 | Cleveland, OH 44111 |
| **Hillcrest Hospital** | 6770 Mayfield Road  
Mayfield Heights, OH 44124 | Mayfield Heights, OH 44124 |
| **Lakewood Hospital** | 14701 Detroit Ave.  
Lakewood, OH 44107 | Lakewood, OH 44107 |
| **Independence Cancer Center** | 6100 West Creek Road  
Independence, OH 44131 | Independence, OH 44131 |
| **Independence Family Health Center** | 5001 Rockside Road  
Crown Centre II  
Independence, OH 44131 | Independence, OH 44131 |
| **Lorain Family Health and Surgery Center** | 5700 Cooper Foster Park Road  
Lorain, OH 44053 | Lorain, OH 44053 |
| **Lutheran Hospital** | 1730 West 25th Street  
Cleveland, OH 44113 | Cleveland, OH 44113 |
| **Medina Hospital** | 1000 East Washington Street  
Medina, OH 44256 | Medina, OH 44256 |
| **Parma Cancer Center** | 6525 Powers Blvd  
Parma, OH 44129 | Parma, OH 44129 |
| **Solon Family Health Center** | 29800 Bainbridge Road  
Solon, OH 44139 | Solon, OH 44139 |
| **South Pointe Hospital** | 20000 Harvard Road  
Warrensville Heights, OH 44122 | Warrensville Heights, OH 44122 |
| **Strongsville Family Health and Surgery Center** | 16761 South Park Center  
Strongsville, OH 44136 | Strongsville, OH 44136 |
| **Twinsburg Family Health and Surgery Center** | 8701 Darrow Road  
Twinsburg, OH 44087 | Twinsburg, OH 44087 |
| **West Palm Beach Health and Wellness Center** | 525 Okeechobee Blvd.  
City Place Tower  
West Palm Beach, FL 33401 | West Palm Beach, FL 33401 |
| **Willoughby Hills Family Health Center** | 2570 SOM Center Road  
Willoughby Hills, OH 44094 | Willoughby Hills, OH 44094 |
| **Wooster Family Health and Surgery Center** | 721 East Milltown Road  
Wooster, OH 44691 | Wooster, OH 44691 |

Questions? Call our Cancer Answer Line at 216.444.HOPE (4673) or toll-free 866.223.8100
Prostate Cancer Specialists

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Eric Klein, MD  
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James Ulchaker, MD  
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For more information about our staff, including complete profiles, visit clevelandclinic.org/staff.
Patients are always welcome to travel to Cleveland, Ohio to reach our world renowned Cleveland Clinic physician specialists for a second opinion; however, we recognize the challenges surrounding arrangement of travel, time off of work and time away from family which is why we offer an easier, just as effective way, of getting a medical second opinion from our experts.

Cleveland Clinic’s MyConsult Online Medical Second Opinion offers expert opinions for over 1,000 life-threatening and life-changing diagnoses. MyConsult connects patients with the diagnostic expertise of world renowned physician specialists who will review the patient’s individual situation, answer their questions and provide a comprehensive report that they can share and discuss with their family and physician. Based on the medical second opinion patients receive from Cleveland Clinic, they can decide to travel to Cleveland Clinic for their treatment, or if they would like, stay in their hometown and receive treatment locally.

There are few decisions in life as important as those that impact your health. With Cleveland Clinic's MyConsult Online Medical Second Opinion program, patients can be confident that they will have the information needed to make the best decision for themselves, and those who love them, without the time and expense of travel.

To learn more or to register to use MyConsult, log onto www.eclevelandclinic.org/myconsult
At the Taussig Cancer Institute, one of 26 institutes at Cleveland Clinic, more than 250 cancer specialists annually serve 25,000 cancer patients, applying the most effective techniques to achieve long-term survival and improved quality of life. Cleveland Clinic is a nonprofit, multispecialty academic medical center consistently ranked among the top hospitals in America by U.S. News & World Report. Founded in 1921, it is dedicated to providing quality specialized care and includes an outpatient clinic, a hospital with more than 1,300 staffed beds, an education institute and a research institute.