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Determining prostate cancer etiology by litigation: Science vs law

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At least 25 states have now been declared as a matter of law that prostate cancer is the result of firefighting. Momentum is building to draft “cancer presumption” legislation in several states to replace the difficulty of establishing causation with the certainty of specified “causes” for an ever increasing list of cancer. Litigators around the country are convincing judges that the traditional risk factors for prostate cancer of age, race and family history are outweighed by specified and unspecified occupational exposures. Gaps in knowledge about prostate cancer etiology are being filled by legislation, including rebuttable and irrebuttable presumptions that prostate cancer is an occupationally related disease. Scientists often do not foresee how their work will be manipulated by lobbyists, unions, industry and others to support or oppose political or social initiatives. In this paper, we explore the experience in Pennsylvania where millions of dollars have been paid out to firefighters for cancers that were presumed to be work-related as a matter of law based on distortion and exaggeration of published medical research. Nationally, billions of dollars may be misspent due to unintended reliance on skewed extracts from published research. The scientific community should learn more about how its work can be mangled by the legal system. We explore the use of the published literature on prostate cancer etiology by medical experts retained for litigation and by lawyers to demonstrate through citation to recorded testimony, how unintended consequences may flow when the legal system equates association with causation.

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Concurrent transurethral prostate resection and suprapubic percutaneous bladder stone removal

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Background & Aims: To present the efficacy and safety of a concurrent transurethral prostate resection (TURP) and suprapubic percutaneous bladder stone removal (PBSR).

Material & Methods: Three consecutive men treated with combined TURPP and PBSR was reported in the study. Percutaneous 30 F accesses were obtained under cystoscopic guidance fragmentation and stone removal was performed with a Swiss lithoclast pneumatic lithotripter through percutaneous route. Suprapubic and transurethral catheters were placed postoperatively.

Results: The patients age and prostate volume were 58, 65, 63 years and 50, 55, 50 cc, respectively. The first and the third patient had 3 bladder stones with 2 cm longitudinal diameter. The second one had 2 bladder stones with 1.5 cm diameter in its maximum diameter. In the first patient the operation started with PBSR and finished with TURP. In the second part (prostate resection) of the operation we observed severe irrigation fluid extravasation which required introduction of another drainage catheter to the perivesical area. In the latter two we performed TURP initially and then the PBSR. No significant intra/postoperative complications were seen in these two patients and discharged on the postoperative third day.

Conclusion: Several studies demonstrated the efficacy and safety of combined TURP and PBSR in the patients with prostate hyperplasia and large bladder stone and thus proposed this technique as a good and faster alternative to the classic transurethral lithotripsy. But on the flip side care must be taken in order to prevent fluid extravasation especially if the procedure initially starts with percutaneous stone removal.

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