

Dr. David Samadi: Defense Secretary Lloyd Austin's prostate cancer captivates headlines, sparks controversy and advocacy

New York City prostate cancer surgeon, Dr. David Samadi, discusses prostatectomy technology after Secretary of Defense Lloyd Austin's health scare

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Last week witnessed a spotlight on [prostate cancer](#) surgery as US Defense Secretary Lloyd Austin, aged 70, underwent a robot-assisted prostatectomy for the removal and cure of his cancer at Walter Reed National Medical Center on December 22. The initial success of the surgery and subsequent complications leading to ICU readmission on January 1, 2024 for a urinary tract infection, drew much attention to Austin's health trajectory, one of which involved some debate over the terms, "elective surgery" and "minimally invasive."



US Secretary of Defense Lloyd Austin

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I strongly recommend black men be screened for prostate cancer more proactively and consider joining clinical trials and research studies to help us better understand the disease.”

Dr. David Samadi

But let us focus first on Secretary Austin's prostate cancer diagnosis.

Black men and prostate cancer

While Austin's family health history remains undisclosed, the potential role of ethnicity in prostate cancer development has been highlighted. Disturbing statistics reveal a 1.7 times higher likelihood for black men to be diagnosed and a 2.1 times higher risk of mortality than white men.(1) This stark contrast emphasizes the need for

increased awareness and proactive health initiatives, positioning Austin as a potential advocate

for encouraging black men to undergo prostate-specific antigen (PSA) blood tests, a screening tool for the early detection of prostate cancer.

The road to recovery for Austin includes ongoing treatment for a urinary tract infection, and our thoughts are with him for a swift and complete recovery.

Controversy over “elective surgery” and “minimally invasive”

Amidst the political firestorm over who knew what and when about Austin’s illness and hospitalizations, media attention has also focused on the terms, “elective surgery,” and “minimally invasive,” aspects of the robot-assisted prostatectomy undergone by Austin. There were many questions by news anchors asking how could this surgery be both an elective procedure let alone, also be minimally invasive?

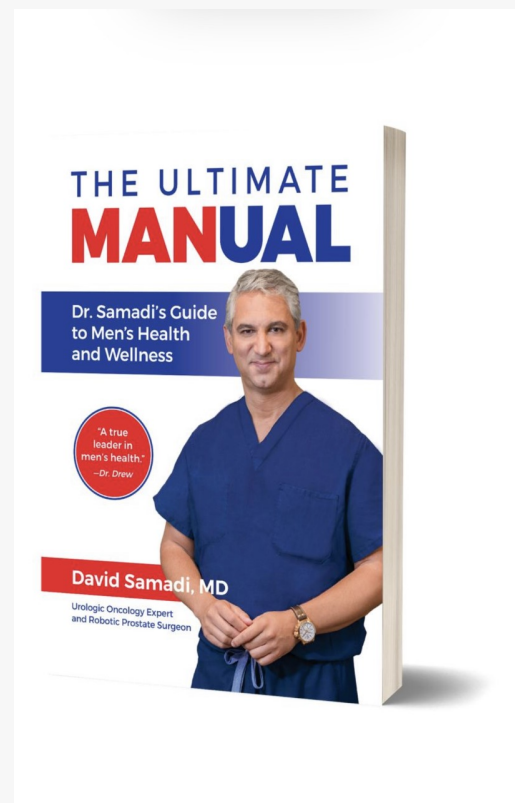
Let me explain by addressing their concerns and putting to rest this misinformation some journalists got wrong by delving into the nuances of these terms:

- Elective surgery explained

Elective surgeries, unlike emergency surgeries (e.g., a ruptured appendix or severe trauma to the head, chest, abdomen, or extremities) are scheduled procedures vital to a person’s health and well-being. From cosmetic procedures to critical surgeries like hernia repair or removing a cancerous tumor from a woman’s breast or a cancerous prostate from a man, these procedures while not emergencies, play a crucial role in maintaining health.



Black men both get and die from prostate cancer at a higher rate than white men. The reasons are complex and not well-understood



The Ultimate MANual ranked no. 2 in BookAuthority's Best Men's Health Book available on Amazon

Austin's robot-assisted prostatectomy falls under this category as an elective surgery.

- Minimally invasive procedures demystified

In minimally invasive surgery, modern surgical techniques, including robotic-assisted laparoscopic prostatectomy, utilize smaller incisions for reduced trauma and blood loss.

The Da Vinci robot gives a prostate cancer surgeon an enlarged, 3D view of the surgical site allowing them enhanced visibility and better maneuverability to operate with precision and control. The benefits of this minimally invasive procedure for men include minimized trauma at the surgical site, reduced pain, shorter hospitalization stay, lowered risk of complications, as well as less blood loss and fewer transfusions.

Bottom line expertise matters leading to better outcomes

For men with prostate cancer who are considering robotic-assisted laparoscopic prostatectomy, the experience and training of the surgeon are paramount. Typically, the more procedures a surgeon performs the better their outcomes. Achieving goals of complete cancer removal, sexual potency preservation, and zero continence issues hinge on the surgeon's proficiency.

Going through surgery is challenging. Men should feel confident and comfortable in their decisions based on their surgeon's experience while undergoing surgery. Men who have a positive surgical experience are more likely to recover successfully.

Final thoughts

Despite navigating the medical term intricacies, the good news is Secretary Austin's journey hopefully will serve as a catalyst kicking off conversations surrounding prostate cancer awareness for all men, elective surgeries for this disease, and taking advantage of advancements in minimally invasive procedures.

Men, other than skin cancer, prostate cancer is the most common cancer in American men and second leading cause of cancer death.(2) Have a baseline [PSA blood test](#) beginning at age 40. When found early, prostate cancer has an almost 98% cure rate – don't be afraid, get tested.

References:

1. Zero Prostate Cancer. Black men and prostate cancer. Updated 2023.<https://zerocancer.org/black-men/prostate-cancer-initiative>
2. American Cancer Society. Key Statistics for Prostate Cancer. Updated 2023.<https://www.cancer.org/cancer/types/prostate-cancer/about/key-statistics.html>

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