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New Imaging and Navigation System Aids Prostate Cancer Diagnosis and Treatment
By: Joseph Marquez, MD, Urologist

Dr. Emily Bradley Certified in Female Pelvic Medicine



Urologist **Emily Bradley, MD**, is one of the first providers in the Puget Sound area to receive board certification in Female Pelvic Medicine.

Dr. Bradley provides comprehensive management—prevention, diagnosis, and treatment—of pelvic floor disorders including urinary incontinence, genital prolapse, pelvic organ prolapse, interstitial cystitis, overactive bladder, pain during intercourse, and complications of pelvic surgery. She welcomes provider consultations and patient referrals. She is located at The Polyclinic Madison Center and The Polyclinic Northgate, and can be reached at **206.528.4944**.

The Polyclinic is the first health care organization in the state to offer a new robotic-assisted imaging and navigation system that vastly improves the accuracy of prostate biopsies. The Artemis device is a new targeted biopsy method that fuses MRI and ultrasound images to provide urologists with a detailed 3-D image of the prostate showing the exact location and size of tumors or suspicious tissue. This allows physicians to better target areas for biopsy and more accurately diagnose prostate cancer, stage the disease, and provide the best course of treatment and follow-up care. The Artemis device's robotic-assisted arm enables physicians to pinpoint the precise locations of earlier biopsy sites when needed.

Traditional biopsies, also referred to as blind biopsies, are performed with ultrasound imaging. While ultrasound can show the location of the prostate it can't clearly show tumors or suspicious lesions. If prostate cancer is suspected, urologists would typically use a thin needle—and our best judgement—to collect biopsy samples from various locations throughout the prostate gland.

This standard method of biopsy is highly variable and can result in missed cancers or the inability to determine the extent of a patient's cancer. As a result,

it's been a challenge to diagnose prostate cancer and also to determine which patients need immediate treatment and which don't.

With traditional biopsy methods, nearly 40 percent of prostate cancers are missed and many very low-risk cancers are over-treated. Almost half of all prostate cancers are low risk, slow growing tumors that can be managed with ongoing testing and surveillance rather than immediate invasive treatment that can carry serious risks including incontinence or impotence.

The Artemis device very clearly shows the prostate in three dimensions so we can examine all angles of the prostate and any tumors, lesions, or areas of interest. **This method is far superior in accurately diagnosing cancer as well as in managing cases of low risk cancers that require only active surveillance.**

Unlike ultrasound for prostate biopsies, the Artemis device also records all of the 3-D images, including the exact locations of biopsy samples. This gives us the full documented history of a patient's exams so we can later return to the same biopsy locations to track any changes and take additional samples if needed.

story continued on PG. 2

PROSTATE DIAGNOSIS & TREATMENT *continued...*

Dr. Marquez welcomes patient referrals regarding elevated PSA levels, abnormal prostate exam, men with previous biopsy and no malignancy but continued high PSA levels, and men diagnosed with prostate cancer who want to discuss active surveillance. Please note, the initial MRI must be performed at The Polyclinic to facilitate uploading into the Artemis system. Please call Dr. Marquez's office at **206.860.5474**.



New Polyclinic Specialty Physicians



Anthony Dash, MD - Nephrology

Location: The Polyclinic Madison Center

Phone: 206.860.5575

Board Certification: American Board of Internal Medicine; subspecialty Board of Nephrology

Education: Dr. Dash received his medical degree at the University of Washington, Seattle; completed his internship and residency in internal medicine at St. Elizabeth's Medical Center in Boston; and completed his fellowship in nephrology at Tufts Medical School/New England Medical Center in Boston.



Mikki Seagren, DO - Breast Surgery/General Surgery

Location: The Polyclinic Broadway, The Polyclinic Madison Center

Phone: 206.860.2223

Board Certification: American Board of Surgery

Education: Dr. Seagren received her medical degree from A. T. Still University of Health Sciences in Kirksville, Mo. She completed a general surgery internship and residency at the University of Arizona, Banner University Medical Center in Phoenix, Ariz. Dr. Seagren also completed a breast surgical oncology fellowship at the University of California in San Francisco.

Treating Fecal Incontinence

By: **Laura Gladstone, MD, Colorectal Surgeon**

Fecal, or bowel, incontinence is a difficult condition to live with—or admit to. Because of the considerable embarrassment, a patient's symptoms are often worse than they are at first willing to share. Fecal incontinence is a common condition, however, and estimated to impact more than 18 million people in the U.S. It's most often seen in women after their childbearing years when they reach their 50s, 60s, or 70s, but can also affect younger women and men. Common causes include obstetric injury, surgical injury, proctectomy, and conditions related to rectal prolapse. Treatment was once a life-altering colostomy or difficult sphincter repair with limited results, but now there is a **simple outpatient surgery called sacral neuromodulation that can greatly reduce or eliminate symptoms.**

The InterStim System for both bladder and bowel control was developed by Medtronic in the late '90s. More than 175,000 patients have received it worldwide and it has proven clinical effectiveness and long-term efficacy. The company reports success rates of up to 80 percent. It is a minor, one to two-hour outpatient surgery with minimal recovery time. The device looks much like a pacemaker and works in a similar way. It is implanted into the skin of the upper buttock and uses mild electrical pulses to stimulate the sacral nerves to the pelvic floor, lower urinary tract, colon, and anal sphincters to improve function. It includes a battery that needs replacing about every 10 years, but otherwise is simple for most patients to live with and is relatively maintenance free.

Another benefit of the InterStim System is that patients are able to give it a trial run before implanting the device permanently. We implant just the lead with an external device for one to two weeks to see if symptoms

improve, and if the patient is happy with the results, we make it permanent. If not, it is easily removed. After the trial period, 85 percent of my patients see significant improvement and choose to get the device, which is covered by most insurance companies. After surgery, these are some of the happiest patients I've seen in my practice.

When to refer:

If symptoms are mild, you might recommend changes in diet, antidiarrheal medications, or physical therapy to strengthen the pelvic floor muscles. When patients have weekly episodes of fecal incontinence, or suffer poor quality of life as a result of the condition, it's time to see a colorectal specialist and I welcome your referrals. I'm located at The Polyclinic Broadway and you can reach my office at **206.860.4440**.

