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## Venezia: For one lawyer, a Hoag doctor knows best

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Attorney Mark Eskander and Dr. Jeff Yoshida at Cruisin' for a Cure Sept. 28.

BARBARA VENEZIA, FOR THE REGISTER

On a recent Saturday, I walked through the OC Fairgrounds looking at the 3,500 or so classic cars featured at the 14th annual Cruisin' for a Cure.

The event raised awareness for prostate cancer, and that's where I ran into Beverly Hills attorney Mark Eskander.

His classic 1957 Continental Mark II displayed a sign in the windshield saying, "Thank You Dr. Jeff Yoshida."

Eskander, 63, says he wouldn't be at this car show – or anywhere for that matter – if it weren't for Yoshida.

"He saved my life," he told me.

About five years ago, after a routine prostate cancer screening, Eskander's Los Angeles urologist informed him that his resulting test numbers had risen from the previous years.

Eskander says his PSA test numbers started at 3.3 and had risen steadily over the years, 3.6, 3.7, 3.9, until they hit 4.1.

His doctor told him not to worry and wanted to wait a year and re-test him.

Eskander insisted on a biopsy instead.

He was glad he pressed the issue. The biopsy confirmed he had prostate cancer.

Weighing his treatment options with doctors in Los Angeles at the City of Hope and Cedars-Sinai, Eskander opted for the da Vinci robotic surgery in 2009 with Yoshida at Hoag Hospital.

The two men became friends after the surgery.

As we talked at the car show, the conversation turned to a recent article in the Orange County Register that questioned the safety of the da Vinci surgery, and the UCI doctors who've helped promote the technology.

It said federal regulators were looking into an increase in injury and death reports involving da Vinci surgeries, which resulted in dozens of patient lawsuits.

“At least 71 people have died since 2000, according to a recent study. The reports include severe burns to internal tissue, pierced arteries and organs, and internal bleeding that is not discovered for days,” the article stated.

But is the problem with the technology or the operators?

Yoshida, program director of urologic oncology at Hoag Family Cancer Institute, wouldn't comment on surgeons' training, but does defend the benefits of da Vinci.

Men facing prostate cancer shouldn't discount this technology, he said.

Practicing since 1996, Yoshida was one of the first surgeons to complete a fellowship in urologic oncology with an emphasis on robotic surgery at the City of Hope.

Since 2003, he's performed an estimated 1,700 surgeries using the da Vinci and said has never had a death or injury as a result of the surgery.

He says the robot has been an asset for prostate cancer treatment since its introduction in the early 2000's and continues to be improved.

“We are now utilizing the third-generation robot (da Vinci Si), which has the best optics and ergonomics,” he said.

The procedure called RALP – robot-assisted laparoscopic radical prostatectomy – has also been improved over the last decade with better nerve-sparing, so men can still enjoy sex and avoid incontinency, and reconstructive techniques, he said.

The biggest advantage of the robotic approach is accelerated patient recovery and fewer complications compared with traditional surgery or what he calls the “open” approach.

Who are the best candidates for robotic surgery?

“Men who have aggressive forms of prostate cancer who are healthy and have not had any significant prior abdominal surgery,” he said.

As we stood by Eskander's Mark II, men lined up for free prostate screening exams at the mobile unit across from us.

Yoshida said early detection is key to surviving prostate cancer, and stressed the importance of yearly screenings.

“Since we started using the PSA test in the late 1980s, the prostate cancer mortality rate has decreased over 40 percent,” he said.

But the Register article stated that experts now warn men “not to have the prostate-specific antigen, or PSA, test, which has been found to lead to unneeded surgeries.

“Underlying those warnings is the fact that most prostate cancer grows so slowly that it poses no lethal threat. In 2011, a federal task force recommended that healthy men no longer take the blood test,” it said.

Yoshida takes exception to this, likening prostate cancer to the many different varieties of snakes. Some are harmless while others are downright deadly.

Prostate cancer should be viewed similarly, he said.

He warned that prostate cancers are not the same from man to man, and there is a misconception that the disease is a relatively sluggish cancer and far from deadly.

“In reality, there is a spectrum of prostate cancers that range from indolent to very lethal,” he said.

There are obviously differences of opinions when it comes to treating and diagnosing prostate cancer, as the Register article pointed out.

But Eskander believes he wouldn't be here today if he'd listen to the so-called experts and not taken matters into his own hands.

<http://www.oeregister.com/articles/prostate-531621-cancer-surgery.html?page=1>