Season 7, Episode 1

Below the Belt: Prostate Matters

Maayan Hoffman:
Welcome back to Hadassah On Call. New Frontiers in Medicine. I'm your host Maayan Hoffman, and I'm thrilled to kick off our seventh season with you. Over the past year, we've explored topics that really resonated with our listeners from Ageless Intimacy to Navigating the Autism Spectrum to Paging Doctor A.I.

If you missed any of these episodes, I encourage you to check them out on our podcast websites. Today, we're diving into an issue that affects millions of men and their families around the world, prostate health and prostate cancer. Our guest is Professor Ofer Gofrit chief urologist at Hadassah Medical Organization.

He's not only a leading expert in the field, but also field but a family shaped by resilience. His mother is a Holocaust survivor and author, and his daughter is currently serving in the IDF. In this conversation, we'll cover everything from early warning signs to myths and misconceptions, lifestyle choices that matter, the latest in precision medicine, and even what it means to live well after treatment.

I'm looking forward to an open, practical, and very human discussion. Welcome Professor Gofrit.

Professor Ofer Gofrit:
Thank you.

Maayan Hoffman:
Now I wanna get started. By, actually not with medicine, but a little bit about your personal life. I understand that your mother is a Holocaust survivor in author. Did her experience at all influence your decision to go into medicine?

Professor Ofer Gofrit:
Actually not. And actually, when I took the decision, she was not a Holocaust survivor. At the time, and I may explain, it'll take one minute, please. Is that okay? Please?

Maayan Hoffman:
Yes, please.

Professor Ofer Gofrit:
All right, so she was born in 1935 and she lived in a small village like 70 kilometers away from Warsaw called Balaska. It's now famous because of this story, and she lived with her father and mother as an only child in a very secular life there. And the war started in 39, and for one year nothing happened. And then the Germans came and then they understood that their life is in danger and then they have to run away. The mother and the daughter managed to hide. The father joined the partisans in the woods and lost. Nobody knows what happened to him. Probably killed there. And then the mother and the child. That was like a 5-year-old. Eh, managed to get to an attic in Warsaw, in Jna Street, 64. I've been there several times and just across the street was the Jewish ghetto, and there they spent the war hiding and a family supported them.

And I met the family later and the two daughters a couple of times, and they've been in Israel. And after the war, my grandmother married a man. He was a Holocaust survivor Auschwitz hardcore with the number. And he was the Holocaust survivor, not my mother. She was a child. Actually, only after her mother died, she started talking and then the book came out. But during the time when I took the decision, she was not a Holocaust survivor. She was a nurse. A head nurse in Tel Aviv. And this had nothing to do with my decision, my decision was based on my interest in science and the inspiration I got from Galilee and from Al Vice and Lister and all the greats; Pasteur and, nothing to do with the Holocaust. I'm sorry.

Maayan Hoffman:
No, it's all right. That's what, that's why we ask them. I always wanna learn about people a little bit and their family. I also was reading about your daughter being in the IDF being in a very good position in the IDF. So now I wanna jump into the questions that obviously relate to your core, the core reason for this podcast, which is about prostate cancer.

So I just wanna start simple by asking you, what is prostate cancer and are there different types?

Professor Ofer Gofrit:
Yes. Prostate cancer is a malignant tumor of the male population, actually the most common malignant tumor in men more than twice. It's next. In line. And we are still studying this fascinating disease. The risk if a man dies in, let's say car crash and is being cut to pieces like a 70-year-old man dies in a car crash, about 70% of them will harbor prostate cancer. And this will not affect their life, or they will not know about it. And this is like a big shadow over our clinical work.

Professor Ofer Gofrit:
But that always we are always afraid that we're treating those that do not treat, need any treatment and, finding out which one does and which one doesn't is one of the main core interests in prostate cancer. And of course there are ways, or we believe there are ways to discriminate these clinically significant from the clinically insignificant tumors. And maybe we'll get to them a little later.

Maayan Hoffman:
Yeah, hopefully, 'cause I definitely think people. It is very common, as you said, and people are concerned about whether or not they should be treated or they shouldn't, and when should they be checked?

Prostate cancer though is as you mentioned, often thought of as an older man's disease. Would you say that's true or should men maybe start screening earlier in order to preempt it?

Professor Ofer Gofrit:
Yes, good question. The current guidelines recommends start screening for prostate cancer at the age of 50. And getting early diagnosis, but early diagnosis not, does not necessarily means early treatment because follow-up or as called professionally active surveillance is very common practice today. And this may be the solution for overtreatment that was so common in the past.

Maayan Hoffman:
Do people have good prognosis when they get prostate cancer? If they had that early screening? Do people generally survive?

Professor Ofer Gofrit:
Yes. Early diagnosis in prostate cancer usually means cure or follow up. Good follow up. And we know when to stop the, this, the surveillance and to move into active treatment. And if you are under surveillance, then nothing bad will happen really.

Maayan Hoffman:
What are the most common signs or symptoms of the cancer?

Professor Ofer Gofrit:
There are none. There are none. No. The symptoms and signs of prostate cancer are bone pain, which obviously is very late sign. And if you are diagnosed because of bone pain, it's too late for cure. There are still very good remedies and all kinds of treatments, even a dead step of the disease.

Maayan Hoffman:
Wow, that's actually interesting. So in other words, if you don't do the screenings though, you really might not know until it's too late.

Professor Ofer Gofrit:
Correct? Correct.

Professor Ofer Gofrit:
If it's clinical disease, it's always too late.

Maayan Hoffman:
So that makes sense. Now, what protects against prostate cancer, if you wanted to not get it? I know like vasectomies, for example, frequent ejaculation, maybe a good sex life. Do those things help?

Professor Ofer Gofrit:
That's a good question.

Professor Ofer Gofrit:
There's nothing specific that you mentioned. But whatever is good for the heart is also good for the prostate. So having balanced diet and regular aerobic exercise and keeping your weight. All these are very good precautions or things to do to postpone or to not get prostate cancer. And this is proven. Overweight men have higher risk of prostate cancer. And sedentary life. So whatever is good for the heart is also good for the prostate. That's the easiest answer.

Maayan Hoffman:
Seems to be the trends. I think, in all these interviews over the years, whenever I say what is the thing that you can do to prevent it? They say, eat right exercise, be healthy, and then you won't have all of these other, diseases as well. But what about family history and genetics? Does that have any impact?

Professor Ofer Gofrit:
Yes if a relative; father or grandfather or more relatives have had prostate cancer that's a very important risk factor. And a screening should start earlier, like at the age of 45. And, but then I follow many people with relatives and if they keep on coming and the follow up is okay, nothing happens. It's amazing.

Maayan Hoffman:
So do you, I mean it's interesting because lifestyle you said is impactful and genetics is also, but then could it possibly be like, I know with like type two diabetes it's a little bit genetic, but it's also more lifestyle and so while your father might have it, if you're healthy, you probably won't get this.

Professor Ofer Gofrit:
Absolutely. Yes. It's exactly like this.

Maayan Hoffman:
Now, what about vitamins or supplements? Is there anything that you would recommend that people take that adds to that healthiness?

Professor Ofer Gofrit:
Vitamins and supplements are good for the company that manufactures them, not for the consumers. For the customers, no, nothing, none,

Maayan Hoffman:
nothing needed.

Professor Ofer Gofrit:
Personally, I do not take anything.

Maayan Hoffman:
Makes sense.

Maayan Hoffman:
If you like this episode, you'll love our previous episode with Dr. Elior Moreh, head of the Department of Physical Medicine and Rehabilitation at the Hadassah Medical Organization. [00:10:00] Since opening just three months after the October 7th, 2023 attacks, the center has become a haven for wounded soldiers and civilians offering not just physical healing, but emotional and psychological care too.

Dr. Elior Moreh:
hindered the ability to walk or to use the hands. So a lot of rehab is just to do the stretching and preserving range of motion. And if you don't do it on time, it'll be too late. So then maybe we will be able to repair it, but if it would take surgery and a lot of pain and difficult treatments. So it's not about healing, it's about. A set of things that we have to do during the healing process because it's true that the body needs time, but there are lots of things to do and lots of things to prevent. Okay, so that's one miss …

Maayan Hoffman:
Dr. Moreh also discusses how Hadassah uses cutting edge technology, such as robotics and brain imaging to meet the wartime needs. And now back to our episode with Professor Ofer Gofrit.

Maayan Hoffman:
What is PSA Testing? I was reading about that. What is that?

Professor Ofer Gofrit:
P-S-A-P-S-A is actually an enzyme, a protein and enzyme a manufactured by the prostate and its physiological role is to liquefy the semen. After expulsion, the semen coagulates and the evolutionary idea behind this is to coagulate it in the cervix the uterine cervix, and once the

egg will arrive to the uterine tube and she will meet a sperm the egg is very sensitive and has. A very small range of of life that it can be fertilized.

Professor Ofer Gofrit:
And the compensation for that is the male that brings millions of sperm cells and the coagulation. A fascinating process by itself. Very different from the coagulation of the blood keeps it in the uterine cervix and the PSA, the enzyme. It breaks the column little by little, and there is a continuous supply of sperms to the tubes once the egg will arrive, it'll meet sperms. But this is not, this is far away from what we are concerned now about prostate cancer.

So it's a physiologic enzyme. Now in the eighties, it was found that these enzymes can be located in the blood and that patients with prostatic conditions like benign prostatic hypertrophy or prostate cancer have elevated levels in the blood. This can became a tumor marker for an enzyme. It became a tumor marker, and now we use it to early diagnose prostate cancer. But it's far from being specific.

Maayan Hoffman:
I always understand somewhat controversial, like there are pros and cons to it, right?

Professor Ofer Gofrit:
There are, because it is, its levels in the blood are high, even in patients with enlarged prostate, benign enlarged prostate. So, there is like overlap, in the levels between prostate cancer and benign prostatic hypertrophy, which every man has if he is older than 40. So, interpreting the results of the PSA is not very easy, not trivial. And that's part of the urology occupation to understand the meaning of it. There are better examinations, blood tests today like 4K score or ISOPSA. That are more predictive of prostate cancer, and we use them quite a lot to avoid biopsy, which is, or MRI, which are the next steps.

Maayan Hoffman:
I was looking at that there's such a breadth or a depth, of different kinds of ways that one can be tested. What would you say is the most common here at Hadassa? If somebody is gonna come in for that 50-year screening and get started, what is the test that they're gonna receive?

Professor Ofer Gofrit:
The guidelines at Hadassah, we use the PSA and the rectal examination, which still holds an important part of the practice. So he'll get these two PSA and rectal examination digital. By finger.

Maayan Hoffman:
Wow. And then if the PSA is elevated, would you do an additional test?

Professor Ofer Gofrit:
It depends on the patient and on his prostate. The patient general health is very important and the risk factors like family history and the level of the PSA and the size of the prostate.

Professor Ofer Gofrit:
But many men with elevated PSA do get MRI of the prostate. And this serves as additional screening. And also if the lesions that are suspicious as target for, targeted biopsies we know how to biopsy from the lesion that is seen in the MRI.

Maayan Hoffman:
So now let's say, God forbid, that you discovered that somebody does have prostate cancer. What is the initial treatment they're gonna receive and what in general does treatment look like for it?

Professor Ofer Gofrit:
Alright, so the diagnosis of prostate cancer does not necessarily mean treatment for post cancers. As we discussed earlier there are active surveillance. I follow many men with prostate cancer and nothing happens to them. They just keep coming and I keep smiling at them. But there are criteria where you have to move to active treatment, and these are based on PSA, on the finding of the biopsy. If it is high grade. Then no doubt that this man is at risk of metastasis and treatment should be done as early as possible. There is another important imaging test called PET PSMA.

Maayan Hoffman:
Okay.

Professor Ofer Gofrit:
And the P in pet, PSMA, this the A tracer is injected, which trace the prostate and its metastasis in lymph nodes or in bones. And we use it in patients with high grade disease to discriminate metastatic from non-metastatic disease. And those that will get localized treatment, surgery, or radiation and those that will get systemic treatment.

Maayan Hoffman:
Okay. So I wanna also, as, I guess if you're getting this treatment, then you're monitoring it during the process. Is prostate cancer generally fast or slow growing once you, it's become metastasized once it's active? Is there a stage four, like we talked about other cancers?

Professor Ofer Gofrit:
Alright there pro the localized prostate cancer is extremely slow disease. With doubling time of month and years. But once it's metastatic, then it's a different ball game and this could be quite fast disease with the month till it's doubles, but generally speaking, prostate cancer is a slow growing tumor. There is time to diagnose it early.

Maayan Hoffman:
And you said that generally speaking, as you've said that people can have a good prognosis and they live. But what is the percentage of people who are diagnosed with prostate cancer and survive?

Professor Ofer Gofrit:
Yes, most of them survive.

Maayan Hoffman:
So in the nineties or? Yes.

Professor Ofer Gofrit:
Yes. Uhhuh. And they are left to, to die from other reasons.

Maayan Hoffman:
Like everyone else, but it's medicine.

Professor Ofer Gofrit:
Yes. To postpone it and to …

Maayan Hoffman:
For sure. Now, if a man is treated and he goes into remission, so he is gonna survive the cancer, does that affect his daily life in any way or his sex life for any reason?

Professor Ofer Gofrit:
Yes. Unfortunately, many of the treatments do affect. The erection because the erection nerves, they cover nossal nerves. They really cross on the prostatic capsule. So, if you do radical surgery, you can preserve the nerves. They are microscopic. We know where they are, but we don't see them in surgery. So we can keep them preserve them nerve sparing surgery. But nerve sparing surgery does not mean erection sparing surgery, and because they're very sensitive and just one touch will damage them. So, I always inform the patient that erection post-surgery will not be the same as erection pre-surgery. Now radiation also, there are, the nerves are sensitive to radiation, but it takes longer. The injury is the loss of erection occurs later. Now the more advance is where you, we use hormonal therapy like in metastatic disease and in radiation in patients with high risk. It's very common to use both to provide radiotherapy and hormonal therapy.

The hormonal therapy really affects erection, but not only erection, also the libido. And once you take the testosterone, then the man is not interested, and it becomes a non-issue anymore. And actually, the finding that prostate cancer is sensitive to hormones by Huggins and Hodge in the forties was really a breakthrough because they connected endocrinology and oncology and they showed it prostate cancer is sensitive to hormones in your current reverse prostate cancer by taking the hormones getting Huggins a Nobel Prize 40 years later.

Maayan Hoffman:
Yeah. Wow.

Maayan Hoffman:
For the past six seasons, our listeners have heard about the incredible work Hadassah doctors are doing. We've explored how they're closing in on a cure for cancer. Examined the common causes of something as simple as a headache, investigated a possible cure for allergies, and even provided a glimpse into how Hadassah hospitals are helping the most severely wounded patients and their families who are still healing from the October seven attacks and the subsequent war with Hamas.

Hadassah on Call has been a platform with purpose.

So, let's keep the momentum going as we kick off Season seven. By donating to Hadassah, you can ensure that our hospitals remain global leaders in medical care, treatment and research, and we can ensure that Hadassah on Call continues to amaze you month after month. Visit the podcast web page at hadassah.org/hadassahoncall and click on the red donate button at the bottom of the page. Thanks so much for listening and for helping us make a great impact! And now back to our episode with Professor Ofer Gofrit.

Maayan Hoffman:
So what signs should a person watch for if there could be a recurrence, like if they're thinking, they go into remission, but maybe it comes back or does that ever happen?

Professor Ofer Gofrit:
Post-treatment PSAs. It's a very good marker. Now we, as we talked earlier for diagnosis it's not so good because there is very large overlap with the benign conditions. But after treatment, let's say after a radical prostatectomy, PSA should be zero or close to zero. And arise means recurrence of the disease. After radiation, it's not as accurate as after surgery, but still there are criteria to use. PSA because PSA is the best. Follow up. No symptoms, no nothing like this.

Maayan Hoffman:
Now let's talk about research just for a moment. You've been involved in some very fascinating research, like exploring possible links between bladder cancer and the BCG vaccine Alzheimer's disease. Can you tell me a little bit more about that work?

Professor Ofer Gofrit:
If moving from cancer to Alzheimer's which is really the malady of the western world, and we are expecting. High numbers and financial cost, ex enormous financial cost. If we can postpone Alzheimer even by a few years, this would be a major achievement. And the idea is that there are three processes in Alzheimer's disease, and one is the beta amyloid accumulation, which is mainly outside the cells. The second is the tau accumulation that tangles. And the third is the immune system, which has a major, takes a major part in the pathogenesis of Alzheimer's disease and BCG, the VA tuberculosis is vaccine that you'll use so

Professor Ofer Gofrit:
effectively for more than 40 years now. To treat bladder cancer to prevent the recurrence of bladder cancer actually modulates the immune system. It modulates the immune system in a way away from Alzheimer's disease. And we've shown by exploring data from Hadassah that the risk of Alzheimer's disease is reduced four times in patients that got B, CG, a treatment for bladder cancer. Nothing to do with Alzheimer. And these findings were then studied in four other populations in Europe and in America. And the results were verified in different populations. And this sparks interest, in this old vaccine that modulates the immune system and hopefully it'll progress. Maybe we will use kind of vaccine against Alzheimer's.

Maayan Hoffman:
It's interesting. I do a lot of work with the Davos Alzheimer's initiative and George Vanderberg, and he's really into the idea of being able to have an Alzheimer's vaccine. He speaks a lot about that. And this is interesting 'cause this is an existing vaccine rather than having to develop one. And you came onto this because of your work as a urologist with bladder cancer. That's what led you to put this together.

Professor Ofer Gofrit:
It's not my, it's not my idea. It is the idea of some crazy old folks from the medical school, that approached me Beric OviÃ¨re who is now not with us and Klein and, Greenblatt, the two old guys that are with us, and they're still very active and very bright. No Alzheimer's with these two guys.

Maayan Hoffman:
Did they get the vaccine?

Professor Ofer Gofrit:
I got the vaccine, but actually I got it in when I was born. And yes it was customary to give the tuberculosis vaccine to newborns. In the delivery room. I got B, C, G. Nobody asked me or asked my permission.

Maayan Hoffman:
But I guess you're grateful now.

Professor Ofer Gofrit:
So I got, yeah, I got B, C, G and I'm still immune immunized now. When I arrived at Chicago at, for the fellowship, they did some kind of test, including m and two Tuberculin test to see if I have tuberculosis. I told them, don't do it. I'm positive, I'll test positive. They say, oh no, we do it to everybody. And I was positive and everybody said, oh, you got tuberculosis. I told you … I got BCG vaccine, I said take a chest x-ray and all the disease and nothing. And they did X-ray and said okay, you are fine. So I'm positive, but at that time, I, when I was born, they were doing, BCG vaccination in all Israel except in Jerusalem. They were not doing it in the States and the strength of the Hadassah women in Jerusalem stopped this

Professor Ofer Gofrit:
vaccination said what is good for America is also good for Jerusalem, which is usually right. And maybe this was also right. So, I'm, I will, I'm got BCG myself and I'm still positive I still carry this, these bacteria in my lymph nodes in my cells.

Lifelong. Wow. And maybe I'll not get Alzheimer.

Maayan Hoffman:
I was gonna say we should check in about, 10, 20, 30 years.

Professor Ofer Gofrit:
But the idea was not mine. It was the idea of the old folks from medical school and I was just their tool to prove it. And because I had the database and the patients and this fascinating idea.

Maayan Hoffman:
Yeah, so it really could have be groundbreaking if it came to fruition.

Professor Ofer Gofrit:
But the credit is for Greenblatt, Klein and Kovi from medical school.

Maayan Hoffman:
So now I just wanna go back to prostate cancer for a moment and look ahead at ai, precision medicine, these kinds of things. Are they changing the way or will they change the way we detect or treat prostate cancer at some point in general, but also here at Hadassah?

Professor Ofer Gofrit:
Yes. The guidelines from 2025. Both the American and the European do not hold anything about ai, but the patients do, and patients come to me ready and with the right questions and they are educated, which is good. I love educated patients, but in the current clinical daily life. Not yet.

Maayan Hoffman:
Is there

Professor Ofer Gofrit:
I guess it will.

Maayan Hoffman:
It will, yeah. There's a vision for it. Yes. Just to wrap up, I was wondering if you could share something like, a story of a memorable patients or piece of advice maybe, that you wanna leave our listeners with.

Professor Ofer Gofrit:
The advice that I can give is go to a big hospital that has all the facilities and all the options, especially if you're doing surgical procedure. Most procedures are gone, without any complication, but if something does happen, you would like to be in a big hospital like Hadassah that has all the facilities and can cope with all complications and all events. This is the recommendation I give to my patients and to. Everybody, I guess.

Maayan Hoffman:
Go to Hadassah is always a good recommendation. Professor Gofrit, thank you so much for being here today.

Professor Ofer Gofrit:
Thank you. Thank you for having me. Thank you.

Maayan Hoffman:
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This show is produced by the team at the Hadassah offices in both New York and Israel. I'm your host Maayan Hoffman, and thanks again for joining us today. We'll see you next month.