

Article by Angela Brooks originally from the Daily Mail, Tuesday, November 2, 2010

Around 36,000 men a year are diagnosed with cancer of the prostate, making it the most common male cancer in Britain.

It's also among the most feared, not least because two of the key measures to tackle it – surgery to remove the prostate (radical prostatectomy) or radiotherapy – can leave men incontinent and impotent.

Nerve-sparing prostatectomy, in which the gland is removed with minimal damage to the nerves which control erections, may be possible when the cancer is low grade and hasn't spread.

But the downside of this procedure is it reduces the chance of - completely clearing the cancer.

'Some men say forget about the nerves, it's much more important you take out all of the tumour,' says Edward Rowe, a urologist at Southmead Hospital, Bristol.

'Other men say their quality of life will be zero if they lose their potency and they would rather be dead than that.'

Men in Britain are not routinely screened for prostate cancer, partly because the technique for doing this, the PSA (prostate-specific antigen) blood test, which measures the protein produced by the - prostate, is unreliable.

Some men with prostate cancer don't have a raised PSA level, and two-thirds of men with a raised PSA don't have prostate cancer – just an infection or an enlarged prostate, which comes with ageing.

Prostate cancers are slow growing, and the lack of scientific consensus in this field means it can be difficult for surgeons to decide whether to - operate or simply regularly monitor the patient until it grows.

This paves the way for both over-treatment and under-treatment – with some men having radical treatment for a prostate cancer that's never going to harm them and others under-treated for a more aggressive disease because the surgery is difficult and the results might be worse than the cancer itself.

Radical prostatectomy can be carried out by open surgery or by keyhole – either by a surgeon directly, or a surgeon using robotic technology.

Although consultants will argue in favour of the benefits of their own chosen method, there is no scientific evidence, as yet, to prove the - superiority of one approach over another.

So where surgery is recommended, finding a top-notch surgeon is more important than being swayed by technology – or the lack of it.

So what's the surest way of lining up the country's best surgeons? We've hunted down the UK's top ten outstanding prostate cancer surgeons.

We've turned the spotlight on urologists, even though radiologists and oncologists play an equally important role in prostate cancer treatment. This is because urologists are the treatment gatekeepers who make the diagnoses and will then refer patients to other specialists where necessary.

We felt those best placed to tip the top would be urologists themselves, so we canvassed 40 of them from around the country and asked: 'If your own nearest and dearest required prostate cancer surgery, to whom would you refer them and why?' Each nominated five fellow surgeons.

Those who got the most votes from their peers made it into the Daily Mail's top ranking...