

ADT + CHEMOTHERAPY FOR PATIENTS INITIALLY
DIAGNOSED WITH ADVANCED PROSTATE CANCER INCLUDING
METASTASES ALREADY PRESENT

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DISCLAIMER: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to voluntarily help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make your journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing your prostate cancer care.

The New England Journal of Medicine reported in an article (<http://www.nejm.org/doi/full/10.1056/NEJMoa1503747#t=articleTop>) August 5th, 2015 on a randomized trial recently completed (<https://clinicaltrials.gov/show/NCT00309985>) comparing ADT alone or ADT + Chemotherapy for men initially diagnosed with advanced prostate cancer with metastases already present. The important conclusion of the trial noted here:

“Six cycles of docetaxel at the beginning of ADT for metastatic prostate cancer **resulted in significantly longer overall survival** than that with ADT alone.”

This is important information for both patient awareness as well as Urologists to ensure consideration for men so diagnosed.

Here is the report on December 2nd, 2015 of one patient having read the above NEJM article:

“I recently completed the protocol involving Lupron and Docetaxel as a first front line treatment. My treatment was based on clinical trial E3805. I was diagnosed in

March 2015 at age 64 with stage 4 prostate cancer. PSA was 750 with extensive lymph node involvement and 3 mets, 2 in pelvic area, the other on a rib. I started casodex upon diagnoses, followed by Lupron 2 weeks later. In early May I began receiving Docetaxel every 3 weeks for 6 courses. 4 weeks after my final Docetaxel infusion, (22 weeks total), my PSA was 0.51. My oncologists at the University of Michigan cancer center tell me that my response has been as good as it could possibly be. Approximately 10 weeks into my Docetaxel treatment I became slightly fatigued. My 5 mile runs became a 3 mile death march. My weight lifting sessions also suffered. All in all I seemed to tolerate the treatment well. I'm scheduled to receive another Lupron injection next month and will see if my PSA has remained stable.”