

TREATING MEN INITIALLY DIAGNOSED WITH PROSTATE CANCER **GLEASON SCORE 9 OR 10**

Considerations Identified by Charles (Chuck) Maack –
Advocate/Activist/Patient/Mentor

Currently in 2017 the treatment options provided men are the following:

- Surgical removal of the prostate gland. What should be included in this option is an extended lymph node dissection, including pelvic lymph nodes, as well as the expected removal of seminal vesicles, for pathologist review. If any of these adjunctive organs show presence of cancer cells, ADT, as explained below, should be considered.
- External Beam Radiation only.
- External Beam Radiation with a brachytherapy boost to also include 12 to 18 months of ADT as explained below.
- External Beam Radiation including 12 to 18 months of Androgen (testosterone) Deprivation Therapy (ADT) with the ADT medications prescribed identified; Combined use of medications should be considered of either an LHRH agonist (Lupron, Zoladex, Eligard, Trelstar) or GnRH antagonist Firmagon/degarelix; an antiandrogen with usually bicalutamide, generic of Casodex, prescribed; and the 5Alpha Reductase (5AR) inhibitor Avodart/dutasteride to inhibit testosterone conversion to the more powerful stimulant to cancer cell growth and proliferation dihydrotestosterone/DHT, for a more comprehensive androgen/testosterone blockade.

To provide for research attempting to identify which treatment option may be superior to the other, records should be maintained by the Urologist or Radiation Oncologist of the treatment option performed, medications involved, lab results to include PSA levels from periodic testing, and the well-being of the patient throughout treatment.