

When to Administer a Bone Scan for Newly Diagnosed Prostate Cancer Patients Compiled by Charles (Chuck) Maack – Prostate Cancer Advocate/Activist

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 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. 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 prostate cancer care.

Medical Oncologist Stephen Strum, specializing in prostate cancer research and treatment since 1983, has continuously provided the following remark when it comes to administering a bone scan to newly diagnosed patients:

“One of the biggest hoaxes perpetrated on the prostate cancer patient and family is the use of CT and bone scanning to falsely present to the patient that the prostate cancer is confined to the prostate and has not spread outside of the region of the prostate. These two tests amount to an annual global expenditure of 500 million dollars per year. Both of these tests in the setting of a newly diagnosed patients with a PSA of less than 10.0 have a detection rate of less than one in 200 patients for disease outside of prostate. The exception to this is found in patients with high Gleason scores when there is a significant amount of Gleason Grade 4 or Gleason Grade 5 disease.”

Dr. Strum's long time advice has now more recently been validated by a study titled:

“When to Perform Bone Scan in Patients with Newly Diagnosed Prostate Cancer: External Validation of the Currently Available Guidelines and Proposal of a Novel Risk Stratification Tool”

The original study, lead by Dr. Alberto Briganti, Vita-Salute University San Raffaele, Milan, Italy, concludes: “On the basis of our results, baseline staging

bone scans might be restricted to patients with intermediate-risk (biopsy Gleason sum 7, cT2/T3, and PSA >10) and high-risk PCa (biopsy Gleason sum 8–10).”

Go to www.pubmed.com and enter 20034730 in the search box.