

## Beware The Urologist

Dear Dr. Strum, My name is Patricia xxxxx. I am writing on behalf of/with my husband, Mark who is too weak and is unable to write himself at this time. Included here is a PCa diary of all the information I have. I have obtained a complete copy of his hospital file and so can provide any furtherup info required. Mark had a negative prostate biopsy in Aug 2007. PSA 7.81. Followed by urologist 2x in 2008. PSA results not included in hospital records - we have requested them again.

Oct.2008 - increased symptoms: nocturia,urgency,incomplete emptying. Returned to urologist - prescribed Xatral-told to return in 2 mos. PSA up to 84 -then 110 urologist "on spec" diagnosed prostatitis (No DRE, No elevated WBC,No temp) Prescribed Cipro & Flomax - 2 months later PSA 80 - to be continued on Cipro for up to 12 months.(no DRE,etc)

May 09-Our GP sent Mark for CT then MRI in Aug /09 for pain r/t arthritis. Showed widespread uptake to bone suspicious for metastasis. Coincidentally we had an app't with urologist in Aug'09 who saw the MRI results which was done at same hospital. At this app't (Aug.11.09) urologist did first ever DRE. **Then prostate biopsy ordered (urologist still said it wasn't PCa because PSA is NEVER that high with Cancer, only prostatitis).** Biopsy results: Gleason 9. 5+4, widespread mets bone/suspicious for liver, lymph.

Sept.09. (requested referral to new urologist - same team) Began Casodex/Zolodex. PSA from 114 in Aug/09 to 117 in Sept/09 to 12.4 last month. Saw Med.Onc in Oct/09. Recent (Jan.11/2010)CT scan showed good reductions in bone/lymph but increase to liver. Started on taxotere - Jan 21/10, two more treatments upcoming.(next one Feb 11/10) + 5 consecutive tx of radiation ending last week for pain management (effective).

All results of tests/treatments follow in diary.

We have been told to discontinue Casodex/Zolodex now that Mark is on chemo because they consider him hormone refractory. However, PSA has continued to drop throughout (114 to 12.4 in a few months) and we are reluctant to do so - **no longer have any confidence in advice being given by present med team.** We just read that testosterone levels should be taken but when we requested it this week were told that "it doesn't matter since he is hormone refractory"

Mark now has very limited mobility - uses cane or walker- up till radiation recently was in a lot of pain and suffers from continuous nausea and vomiting and has lost weight - now 6'2", 160 lbs (from 185 in Sept) Can you please advise your opinion on whether hormonal therapy should be stopped or continued and also what is the best course of treatment for Mark at this time. I feel as though I am fighting for my husband's life and am desperate for your help. Thank you. Patricia xxxxx

\*\*\*\*\* **Comment**

**In many cases, your life and well being is in your hands. Never forget that doctors cater to their own knowledge base and money and not necessarily what is right and in the best interest of the patient. Knowledge (patient empowerment) is king, always.**