

CHAPTER 8—Dr. Chas E. Myers' Weekly Videos

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Feraheme MRI For PCa

Posted March 28, 2012

There is now a solid plan for recurrent disease following radiation initially: Feraheme MRI to find precise location in lymph nodes, then Dattoli precision radiation to cure. For another situation, high risk, not organ confined, do NOT perform surgery initially. Instead Sand Lakes imaging/Dattoli radiation initial treatment. If high risk disease is organ-confined, surgery makes sense as initial treatment.

Problems In PCa Management

Posted March 21, 2012

Two intersecting issues: PCa isn't a single disease, but a set of different diseases; An array of new medicines which work differently on the different diseases. For example, metastatic PSA <10 is not lymph node involvement PSA of 1000. The solution to the problem: These are different diseases. Molecular details and genetic profiles will lead to accurate selection among the new medicines (Zytega, Provenge, etc).

PCa: One Disease or Many?

Posted March 14, 2012

This most important nine-minute message signals a game change. PCa as currently defined is not a single disease, but a collection of diseases. Necessarily, the optimal treatments are different. No wonder there is confusion in the world of docs and patients. Small Gleason 6 is not metastatic disease. Don't put them in the same bucket. A single set of identifiers does not apply. Non-Hodgins Lymphoma was the earlier model which taught "many different diseases under a single label".

Surgery Vs Radiation For PCa

Posted March 7, 2012

A "gold standard" for any treatment can only be earned by a randomized trial. RP has acquired "gold standard" by stealth, not a randomized trial. No treatment has met this standard. PIVOT failed to document a RP surgical benefit over observation for Small Gleason 6.

Active Surveillance Revisited

Posted February 29, 2012

Based on research of Carter and Epstein at Johns Hopkins. Active Surveillance was developed for curative intent by more accurately staging the disease after biopsy. When a low grade is shown, via added testing, to be in reality a higher grade tumor, a curative treatment is undertaken. MRI is maturing rapidly as a replacement for repeated biopsy.