Access To Videos: Google “Prostate Forum Myers”. Click “Ask Dr. Myers Blog”. First time: Register for Free Videos to your Inbox. Note the button at bottom left for “Older Entries” when you reach the bottom of the current roster; repeat for each roster.

New Book On Diet & PCa
Posted June 20, 2012

Pleased with revision of his 1999 nutrition book. For sale on website in four weeks. A family project. Includes exercise section, which is essential to any weight loss program. Recognizes nutri-genetics: People differ on nutritional needs, depending on forebears. Mediterranean diet firmly established by many randomized trials as heart healthy. A favorite food is home-made, easy-to-make, mayo.

Continuous V IHT for PCa
Posted June 13, 2012

A lengthy 14:42 discussion of 15-year trial reported at Duke Clinical Oncology conference last week on intermittent versus continuous hormonal therapy. The trial design flaw in retrospect is the short “off” periods (six months). Current practice is a year or more “off”. Net, nothing to dissuade intermittent current practice.

The Big Picture: PCa Growth Arrest
Posted June 6, 2012

This is the final of three talks on Growth Arrest, a useful tool in combination. It is a menu of non-toxic agents. It works in
concert with Active Surveillance, Intermittent Hormone Therapy and Chemo. Giving time off hormones is an important quality-of-life benefit. There are exciting new pharmaceuticals in combination in the pipeline: Sprycel and Sutent.

**Buying Time With Growth Arrest**  
*Posted May 30, 2012*

This patient illustrates the benefit of arresting PCa growth. A Gleason 3+4 in 1998 at age 53 with PSA 20, and capsule escape, similar to Dr. Myers own case. After radical, positive margins and PSA 0.5 led to radiation of prostate bed. Low PSAs for five years before skyrocketing doubling time of 3 weeks in ’07. Avodart + Leukine + Celebrex slowed growth for five years. Then decided to tackle quality of life issues at T. of 50-150 with T replacement. The passage of time has brought better imaging and radiation techniques to play so patient has additional options.

**PCa Growth Arrest Case Study**  
*Posted May 23, 2012*

This case is at other end of spectrum from last week. Prostatectomy after Gleason 7 diagnosis in 2003. Steady disease progression from 0.02 to .2 in 2009. Then resveratrol and curcumin stalled disease. A stressful job caused him to take solace in food, and weight gain led to hypertension, poor lipid profile, elevated blood sugar, cholesterol problem. This cardiovascular health management problem is not very exciting to either the urologist or oncologist. Who should manage his case? The family internist. Dr. Myers will lay out this approach in future articles.

**Slowing PCa Growth**  
*Posted May 16, 2012*
He reflects on his own 1999 outside-the-capsule disease and meaningful ideas from colleagues. Learning from leukemia, he now practices a twofold strategy for his patients:

1. Kill as many PCa sites as possible.
2. Practice non-toxic maintenance on remaining disease. Non-toxic means quality-of-life testosterone level in concert with non-advancing, but tangible PSA. He is now going to write about this strategy for his cohorts.

**Molecular Profiling After Chemo Fails**

Posted May 9, 2012

The first article by his clinic in the Case Reports on Oncology journal was the most read. It detailed a patient who failed multiple hormone series. Images showed masses in his stomach. Molecular profiling pointed the direction to a successful treatment, and the disappearance of the masses. This is a paradigm shift for medical science equivalent to Darwin, Newton, and Einstein. His paper will trigger controversy.

**PCa Screening Over 75?**

Posted May 2, 2012

The Task Force assumed a ten-year life expectancy. The projected survival can only be predicted by the patient and his primary care doc. Longevity is increasing. Not all methods of death are equivalent. There can be an economic argument on both sides. The family perspective can be valuable.