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.

PCa: Treating Young Men With Curative Intent
Posted September 5, 2012

Small Gleason 6’s are appropriate for Active Surveillance. He discourages Gleason 7’s and up from AS, and recommends getting a clear picture of where the cancer is and how extensive. Endorectal MRI will eliminate candidates for surgery. Surgery is best fitted to organ-confined disease. PAP is best pre-surgery predictor of disease. Robotic skill takes longer than open prostatectomy. The more aggressive the disease, the better the fit with radiation. Dattoli provides the most advanced techniques for lymph nodes.

Young Men With PCa
Posted August 24, 2012

First of a series for under-55 patient who needs a sharper focus because of 30+ years life expectancy. Radical prostatectomy means never the same sexually; some need diapers long term for urine control. He has 30 patients in their 40’s. Conversely, small Gleason 6’s are routinely over-treated.
Sprycel & PCa
Posted August 15, 2012

An exciting time in drug development. Two clinicals show sprycel puts lid on bone metastisis. MD Anderson added Taxotere for additional benefit.

Exercise & Prostate Cancer
Posted August 8, 2012

Diet and exercise are both required for health. Interval exercise is most effective; intense/recover/intense etc. Hunching over our computers harms rotator cuff. Single best weight exercise is raising bar bell, which specifically benefits rotator cuff.

What The USPTF Should Have Said
Posted August 1, 2012

The Task Force is backward looking, making decisions on technology long since supplanted. Endorectal MRI is scan of choice to help stratify risk assessment and minimize biopsies. Insurance should not pay for treating SG6. Task Force’s “no PSAs” recommendation consigns 25,000 to avoidable death. Snuffy envisions a day when medical oncologist is unnecessary because of accurate stratification and subsequent treatment.