

CHAPTER 8—Dr. Chas E. Myers' Weekly Videos **Index: Recent Snuffy Videos....19dec12**

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.

When Recurrent PCa Isn't Cancer

Posted December 19, 2012

Using a recent patient's case, he highlights the importance of PSA doubling times to signal "true" recurrent cancer, and the importance of ultra sensitive PSA for accurate "near zero" readings. PSA assays lose accuracy at their extremes. Long doubling times may be non-cancerous residual post-surgery prostate tissue producing PSA.

PCa Phone Consultations?

Posted December 5, 2012

He learns essential info about the patient in the course of a face-to-face consultation. He judges that half of his value-added comes from this in-person contact. There is no substitute for this channel. Won't go longer than yearly without an in-person consult.

Unusual Forms of Prostate Cancer

Posted November 29, 2012 PCa

PCa is not a single disease. Its variations present differently. A case with PSA 5000 was declared an artifact by oncologist. PCa was found caked around the intestines, but not in prostate. Other examples include bone with holes, not build up. Net, open up field of possibilities in how PCa presents.

Customized PCa Treatment

Posted November 14, 2012

This is Big Picture message. His patients survive better than other prostate groups. These patients are exceptional to work with. He doesn't view PCa as a homogeneous disease. Learning from breast cancer and lymphoma to divide the disease into separate populations.

The Election & PCa

Posted November 8, 2012

Article in Bloomberg News accurately identifies misaligned incentives for mis-served patients. This systemic problem is particularly acute in PCa. Dattoli is vocal about surgeons buying up IMRT practices. Incentives have not been discussed as a major defect of Obamacare.

The 16 member board was deliberately structured without treatment advocates so it would not have to endure advocacy. This is a mistake as the competition of ideas refines the science. Particularly true for prostate cancer. Need radiation therapist and prostatectomy surgeons on board.