

Ask Dr. Myers

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Video Transcripts

Posted December 13, 2013

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Dr. Fabio Almeida: Carbon-11 Acetate PET/CT Scan

Posted December 12, 2013

Filed under: [prostate cancer](#), [prostate cancer information](#), [prostate cancer scans](#), [prostate cancer treatment](#) | Tags: [acetate PET/CT scan](#), [Almeida PET/CT](#)

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Prostate Forum spoke with Dr. Fabio Almeida of the Southwest PET/CT Institute about the Carbon-11 acetate PET/CT scan for prostate cancer. To read more about Dr. Almeida's work on the Carbon-11 acetate PET/CT scan and prostate cancer, see [Prostate Forum Volume 15 # 5](#). You can learn more about [Dr. Almeida](#) at the [Southwest PET/CT Institute](#).

We are quite far along with our experience with Carbon-11 acetate, with over 380 patients. The vast majority are patients with recurrent prostate cancer. In general, we're finding this test to be a useful problem-solving tool, giving people specific context of where these recurrences might be and options for how to treat it. In general, with the modern technology (PET/CT), the equipment itself, the techniques we're using for imaging, and the agent itself,

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we're seeing better results than have been seen in Europe. Our experience with carbon acetate is also so far showing better results than carbon choline being done elsewhere in the US, particularly for low PSAs. It's been exciting from the perspective of imaging studies in that it's performing better than other imaging studies for prostate cancer. We have very high sensitivity and very high specificity so it is a valuable tool for trouble-shooting.

Is insurance coverage difficult to obtain?

Some of the private payers are paying for the studies. When we're able to do that we do need a referral. That's another reason we do ask for a referral when we can get it. Medicare is not yet reimbursing for the scan. As a clinical trial, they generally don't work within that confine until it's FDA-approved. It's an unfortunate obstacle for patients of course, and so there are some costs for the patient associated with the study.

What can you tell us about your clinic, the Southwest PET/CT Institute?

We are an organization of imaging centers across Arizona and California—Tucson, Phoenix, Yuma, and Palm Springs. We also have a radiation oncology clinic in Yuma. I, my colleagues, and my clinical trial staff, circulate between the sites. Our Phoenix facility is unique in that onsite with our imaging clinic (the [Arizona Molecular Imaging Center](#)) we have a research cyclotron managed by Cardinal Health. This means we're onsite where carbon acetate is produced, which is a necessity to be able to use it. It has a very short half-life and does not travel. It needs to be used onsite. This is a one-of-a-kind private facility in the nation. Here we have a very dedicated professional staff of radiochemists and physicists who operate the cyclotron and do all the chemistry to FDA guidelines.

AIDP & The American Healthcare System

Posted December 10, 2013

Filed under: [ask dr myers](#), [ask dr myers prostate cancer](#), [prostate cancer](#),

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This week Dr. Myers talks about AIDP fits into today's healthcare system.



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Dr. Stephen Bravo: Feraheme MRI

Posted December 5, 2013

Filed under: [ask dr myers](#), [ask dr myers prostate cancer](#), [Feraheme MRI prostate](#), [prostate cancer scans](#) |

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Prostate Forum spoke with Dr. Stephen Bravo of Sand Lake Imaging about how he came to become interested in the Feraheme MRI for prostate cancer. To read more about Dr. Bravo's work on the Feraheme MRI and prostate cancer, see [Prostate Forum Volume 15 # 5](#).

You can learn more about [Dr. Bravo](#) at the [Sand Lake Imaging website](#).

You were originally trained as a neuroradiologist. How did you become interested in prostate cancer and the Feraheme MRI?

I'm fellowship trained as a neuroradiologist and as an interventional radiologist. My interest in prostate cancer began from a personal interaction with the disease through my Dad. My great-grandfather, grandfather, and father all

had prostate cancer. With each successive generation it has become more aggressive and malignant. It ended up causing my father's demise when he was in his 60s. My great-grandfather and grandfather all died in their 90s from other diseases.

I came to realize helping my Dad process through the medical system and treatment options for prostate cancer that even though we were at some of the finest places in the country in academic medicine that many things that I, as a very educated consumer, had advocated for my Dad, were misguided. That's not to say that they were wrong, but that there were other alternative options that probably should have been evaluated. I'm relatively passionate about the fact that I don't want people going through what I went through, what my Dad went through, or what our family went through.

As I went on this journey with my father, we ended up consulting with both Michael Dattoli and Snuffy Myers and learned how they treat prostate cancer and how different their approaches are compared to many in Academia in private practice. I was interested to see that it seemed that many of their patients did far better than the standard, normal survival data that is out there for prostate cancer patients.

It turns out that Dr. Myers and Dr. Dattoli had been using a similar type of drug called the Combidex to try to delineate lymphatic disease. Combidex was not FDA-approved and so they were sending their patients over to Europe for it. Combidex has a very similar USPIO to Feraheme. Feraheme was produced by the same company that produced Combidex and eventually did get FDA-approval for treatment of anemia in renal dialysis patients. When Feraheme was approved, it was actually Dr. Dattoli who reached out to me and said why don't we see if this works as well as Combidex has been working for us in the Netherlands? That's how we started upon this venture together. We were subsequently joined by Dr. Myers, who was also very interested in determining whether there was a possibility that Feraheme MRI would help determine the proper therapeutic treatment options for his patients.

Over the course of the past several years, we've been evaluating these patients with the expert clinical input of Drs. Dattoli and Myers.

Unusual Types of PCa

Posted December 3, 2013

Filed under: [ask dr myers](#), [ask dr myers prostate cancer](#), [molecular profiling prostate cancer](#), [prostate cancer](#), [prostate cancer information](#), [prostate cancer scans](#), [prostate cancer treatment](#), [snuffy myers prostate](#) |

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This week Dr. Myers talks about unusual forms of prostate cancer.



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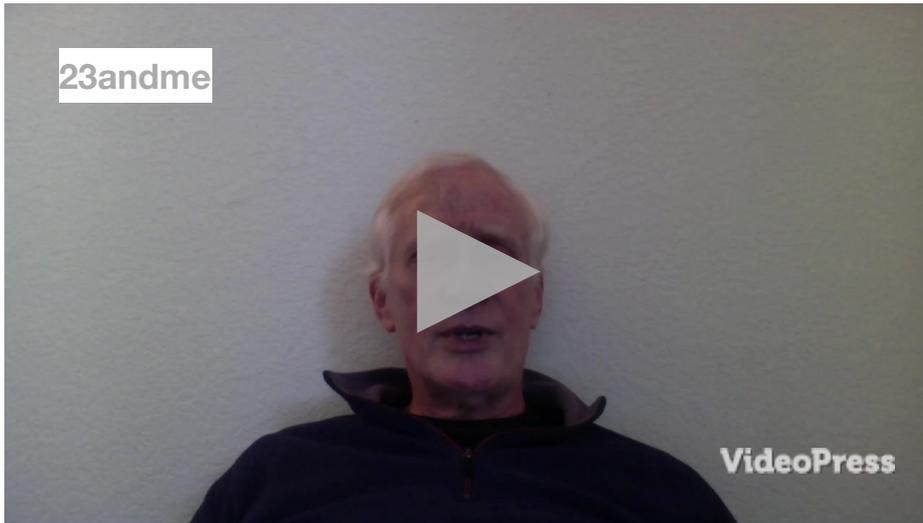
23andMe + Prostate Cancer Patients

Posted November 28, 2013

Filed under: [Uncategorized](#) |

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This week Dr. Myers talks about the FDA's recent criticisms of 23andMe.



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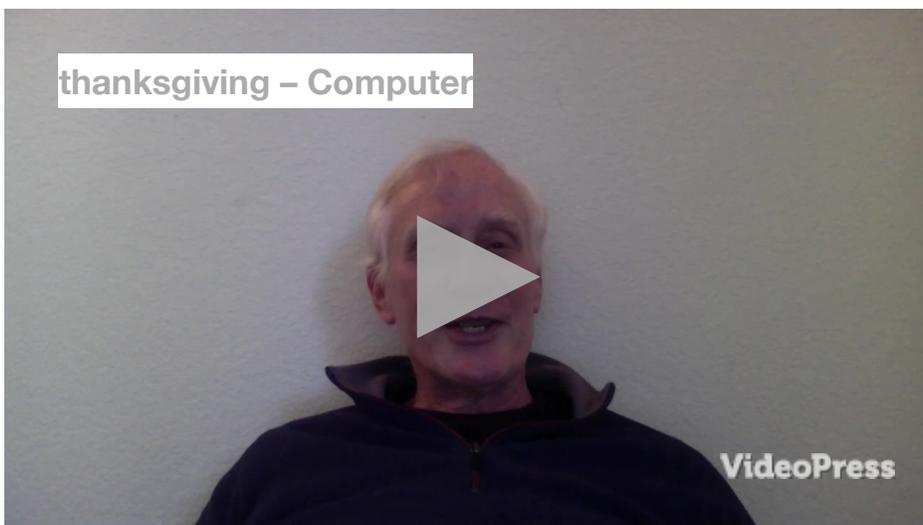
Dr. Myers's Thanksgiving Message

Posted November 28, 2013

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This week Dr. Myers talks about whether or not Proscar or Avodart cause high grade prostate cancer.



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Jan Manarite: Patient Advocacy

Posted November 21, 2013

Filed under: [ask dr myers](#), [ask dr myers prostate cancer](#), [prostate cancer](#), [prostate cancer information](#) | Tags: [prostate cancer support](#)

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We recently had the chance to speak with patient advocate Jan Manarite about how she approaches her role as educator and facilitator. The wife of a patient, Jan and her husband Dominic began their prostate cancer journey in March 2000 when he was diagnosed with a PSA of 7,096 with bone metastases to the hips, ribs, spine and skull. Today, Jan is one of three patient advocates who staff the widely popular PCRI Helpline <http://prostate-cancer.org/resources/helpline/>. If you'd like to reach Jan, you can do so by calling her at her home office in Sanibel, Florida at (239) 395-0995 or by emailing her at jmanarite@pcri.org. Keep in mind that neither Jan nor the other PCRI Helpline support staff take urgent or emergency calls. If you're in an urgent situation, you need to call your doctor.

Facing Fear

I listen first. Because if I listen first, I'll hear what their fears are. More often than not, I find fear is based on misinformation. "I had a friend with cancer and this happened to them," the caller will say.

So I listen to the situation. I try to meet them where they're at. As advocates, we help you understand your journey, clarify your situation, find your next step, get better information, find resources that you didn't know about, and get you to a place where you feel empowered. I know someone is not feeling empowered if they say they feel helpless, overwhelmed, afraid, or anxious. That's the checklist. If I can start checking those off, I can take people to a place where they feel empowered. That's my goal.

Everyone has fear going into a cancer diagnosis. Often that is based on misinformation. Yesterday, for example, I was speaking with a gentleman who was asking question after

question. He seemed to be all over the place. And he actually sounded like he was doing really well. Eventually, what I heard was a fear of something. I didn't know what it was, but I really thought it was a fear of dying, which is something you have to face in this journey. You have to go there. And you'll come back a better advocate or a better person. I recently wrote an article called "Understanding Survival Statistics" about facing death in your prostate cancer journey. I gave him the article and said, "See if that helps."

Medical Records

I always tell prostate cancer patients to get their medical records. You have your own personal science and it's in your medical records. The more you understand your medical records, the more you're going to be able to develop better questions. And if you develop better questions, you will get better answers.

But there are actually multiple benefits to getting your medical records. When you go for a second opinion or go to see another doctor, bring your medical records, because you have no idea if the facts made it there before you did. Just eliminate confusion and bring your records. Personally hand them to the doctor.

Another reason to have your medical records is that your adult children at some point will need to decide what they should screen for based on their family history. Accurate medical records will help them do that.

Luckily, it's now becoming politically correct to ask for your records. Medical records are also increasingly available online through EMR, or electronic medical record, systems. The change is part of patient-centric health care and shared decision-making. The benefit for patients is that it is now politically correct to ask for your records, which makes it less of a battle or a conflict and much easier to do.

Keep your own records and then every time you see someone ask for a copy of what happened that day. The best time to ask for your medical records is when you're in your doctor's office. Because your doctor is the only one who has the legal power to give it to you. And you are the only one who has the

legal power to ask for it. A new CT scan? A new blood result? I think sometimes there's a tendency for patients to rely on the doctor who ordered the imaging test to interpret it. If an urologist orders a bone scan, you rely on the urologist to interpret the result for you. But the truth is, there's another doctor who reads your bone scan, not the urologist. He is called a radiologist. And he produced a dictated written report for your urologist. So get a copy of the result and take it home. Your cancer is too important to try to make decisions based on verbal information and mental recall. You wouldn't do that for financial decisions, would you? Why for medical decisions?

Vocabulary

Words were intended to communicate. At the very least, they should be communicating to the people who need the information the most. They should be serving them. But there's a big valley between scientific vocabulary and the sick person. My job is to create a bridge over that valley. I talk a lot about the fact that every drug has two names. And science definitely keeps changing words. Hormone refractory became androgen dependent became castrate resistant. Watch and Wait became Medical Management became Active Surveillance. A large part of what I try to do is build a bridge between the science and the people who need the science wherever I can.

The other thing I say this to people about their medical records is that you can google any one term in your records that you don't understand and you'll be surprised at what you can learn. You'll be surprised how much clarity you can get when you're no longer intimidated by a term.

Roasted Cauliflower + Apple With Almonds + Pomegranate Seeds

Posted November 20, 2013

Filed under: [ask dr myers](#), [ask dr myers prostate cancer](#), [Diet](#), [Diet Prostate Cancer](#), [prostate cancer](#), [snuffy myers prostate](#), [Uncategorized](#) |

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Here's another prostate-healthy recipe perfect for your Thanksgiving celebration!
Roasted Cauliflower and Apple with Almonds and

Pomegranate Seeds

This recipe is a quick way to get the health benefits of autumn produce. Autumn brings crisp cauliflower, sweetly acidic apple, earthy almond, and the tangy brightness of pomegranate. By roasting most of the ingredients, their full flavor is heightened. This recipe makes a delicious Thanksgiving salad or side. In November and December, we often make this dish as a nutritious and quick lunch salad. If you can't find or don't like pomegranates, dried cranberries work just as well.

1 medium head of cauliflower, cut into medium-sized florets

1 Fuji apple, medium diced

3 tablespoons balsamic vinaigrette (see recipe in *The New Prostate Cancer Nutrition Book*)

¼ cup roasted almonds, chopped

2 tablespoons olive oil

1 teaspoon lemon juice

¼ cup pomegranate seeds, or dried cranberries

Salt and pepper, to taste

1. Preheat the oven to 400 degrees.

2. Wash and cut the cauliflower into medium-sized florets.

Toss the cauliflower in olive oil, salt, and pepper, and spread it out on a roasting sheet or glass pan. Dice the apple, toss it in lemon juice, and set it aside.

3. Start by roasting the cauliflower. After twenty minutes, toss the apple in with the cauliflower. Make sure the apple is coated in oil already in the pan. Continue baking for another 7-10 minutes, or until the apple and cauliflower are cooked through, and the cauliflower is slightly caramelized.

4. Let the apple and cauliflower cool, about ten minutes.

5. In a large bowl, mix the almonds, cauliflower, apple, balsamic vinaigrette, and pomegranate seeds. Check the mix for proper seasoning: you will probably need to add a pinch or two of salt and pepper.

6. You can serve this dish cold as a salad; or if you'd like it as a dinner side dish, warm it slightly before serving.

Proscar/Avodart + High Grade PCa

Posted November 19, 2013

Filed under: [advanced prostate cancer](#), [ask dr myers](#), [ask dr myers prostate cancer](#), [prostate cancer](#), [prostate cancer information](#), [prostate cancer treatment](#), [snuffy myers prostate](#) |

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