Day 2,960 — Meeting With the Urologist

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December 18, 2018 By Dan Zeller

One thing that I've learned along this journey is that every doctor has his or her own take on the situation and what should be done, and very few of those opinions match. They can't even agree on standard definitions.

This afternoon's meeting with yet another urologist proved to be interesting at best and a tad frustrating at worst.

He was a younger doctor but the interesting thing was that he held to the belief that I haven't had a biochemical recurrence yet and won't until I hit the magical 0.2 ng/ml. I was a bit taken aback by that given what everyone else has been telling me for the last two years. He also talked about the newer ultra-sensitive PSA tests, but hung on to the definition that anything less than 0.1 ng/ml was "undetectable." In his mind, my PSA at 0.13 was "very low."

We talked at length about my PSA doubling time, and that was one area that we came to consensus on. That having a PSADT of more than two years was a good thing. He seemed quite interested in seeing the results of the Memorial Sloan Kettering PSADT calculator, which had my doubling time at 35 months (based on only four data points because their calculator accepts only those values ≥ 0.1 ng/ml). (I also had my PSA tracking chart printed out and sitting on his desk when he walked in.)

I asked him about what his experience was with dealing with the long-term side effects of salvage radiation therapy as a urologist—how frequently they occurred and what severity they were. He went through the list of things that I had already known, and said in his "whole career" he had seen only three or four cases that were significant. (Note: His "whole career" spanned all of six years. I've had cancer 8 years.)

Lastly, we talked about the Ga68 PSMA imaging trial going on at UCLA. It was clear he was aware of the research, but wasn't at all familiar with the details or requirements of the trial. I didn't expect him to be well-versed on the topic, but it was clear that I knew a bit more about it than he did, especially when it came to the requirements to participate, (I didn't tell him that I had actually contacted UCLA.)

He did ask me if I had a PSA threshold in mind where I would want to take action when it comes to salvage radiation therapy. In my mind, if we get into the 0.15 or above range and the PSADT starts to shorten, I'll have to strongly consider the next steps. But I did bring up the Freedland study that shows, with my numbers, I can do nothing and have a 94% chance of being around in 15 years.

Normally, I don't mind seeing younger doctors because sometimes they're more familiar with the latest research and current treatment philosophies than their older counterparts. I'll take his input with a grain of salt considering how he's not in line with the thinking of some of the others that I've seen in the last year or two.

In the end, we agreed to kick the can down the road and do another PSA test in four months in April 2019.

I'm still interested in speaking with a radiation oncologist about this again. I may try emailing the one I saw in May or just ask for another referral after the beginning of the new year.

It was a bit of an odd consult. I'll just forge my own path forward and we'll see where that leads. In the meantime....

Wishing you all a very Merry Christmas and the healthiest, happiest New Year possible!

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