

# An Evil Surprise on the 13th Anniversary of My Prostate Cancer Diagnosis

After salvage radiation and hormone therapy for prostate cancer, I learn that my PSA nearly doubled. Not the result I was expecting.

November 18, 2023 By [Dan Zeller](#)

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Halloween threw an evil trick at me just ahead of my 13<sup>th</sup> anniversary of being diagnosed: My PSA nearly doubled, jumping from 0.11 ng/mL to 0.21 ng/mL in just under six months (9 May 2023 – 31 October 2023).

Needless to say, that was not the result I was expecting. I was hoping the salvage radiation and androgen deprivation therapy from the summer of 2022 would have helped put this crap behind me or at least do a better job of controlling it.

## What Does It Mean?

I'm trying hard not to get ahead of myself, but the answer seems pretty obvious: the cancer survived the zapping and is thriving. For me, the fact that it essentially doubled in six months is the biggest concern. If my PSA drifted back up to 0.13 ng/mL, even I would say that I was getting ahead of myself, but its doubling is something else—something more conclusive.

Another factor making me think this is the “real deal” is how rapidly my PSA shot up in the months before the SRT. It went from 0.22 ng/mL on 14 October 2021 to 0.36 ng/mL six months later on 18 April 2022.

From my lay person perspective, this is significant because it means that the window on curative options is closing (closed?) and, going forward, we'll be more focused on management options that try to slow the inevitable growth of the cancer.

It's not all doom-and-gloom, though. There are plenty of prostate cancer patients who have been on systemic treatments (hormone therapy) for a decade or longer, keeping their cancer in check. The problem is the side effects of the treatment can substantially impact quality of life, and there's the chance that the cancer becomes resistant to the hormone therapy, much in the same way that bacteria become resistant to antibiotics.

I have an appointment next week on 9 November with my primary care physician, and with the urologist on 14 December, and it will be interesting to hear each of their perspectives. I emailed the radiation oncologist and get his take, too, while also asking for a refund.

## What's Next?

Again, from my limited knowledge and perspective gained by dealing with this for thirteen years, I suspect the doctors will tell me:

- To re-test the PSA in one to three months to confirm the upward trend and doubling time.
- If it continues to increase, perhaps schedule another PSMA PET scan to see if we can locate where it's at or how far it's spread, if at all.
- If we can locate it and it's a single lesion or two, perhaps another round of radiation may be in order to target those specific lesions.
- If we can't locate it, I suspect systemic approaches will be used. This would most likely mean extended hormone therapy. It could possibly mean chemotherapy, but I suspect that would be delayed until later.
- Or it could be a combination of any or all of the above options.

All of those options come with potentially significant impacts on quality of life.

## Final Thoughts

This was a crappy end to an equally crappy month.

On Friday, 13 October (lucky day), I found myself in the Emergency Room with symptoms indicating a cardiac event might be happening. Fortunately, there was no sign of heart attack or stroke. The symptoms puzzled the ER doctor, so he prescribed that I wear a Zio patch continuous heart rhythm monitor for two weeks to see if it catches any irregularities. That comes off on Monday, 6 November and will be sent off for analysis.

The kicker, though, was that I had scheduled an 18-day bucket list trip to New Zealand departing the following Monday, 16 October. I still had some minor symptoms on Saturday morning, so I decided the best and safest course of action was to cancel the trip. (Thankfully, I booked a mostly refundable ticket, and had travel insurance for the remainder.) Disappointing, to say the least.

Perhaps it was meant to be, because an expensive plumbing issue arose at my house that would have needed to have been addressed while I was away.

And now, to put the icing on my October crap cake, my PSA doubles. Ugh.

I won't lie. When I saw the results online, the news hit hard. I was hoping that it would have continued its downward trend, but I also knew that it could go up, too. I just wasn't expecting it to go up that much so soon. I would have been happy if the salvage radiation had my PSA hanging out at 0.11 ng/mL for the next decade or so. But I guess that's not meant to be.

To be transparent, I did question for a moment whether holding off on SRT as long as I did was the wrong decision, but I quickly cast that thought aside. I made that decision with the information I had at the time, and with a desire to avoid treatment side effects for as long as I could. Whether it was right or wrong, no one can say. I'm here now and will have to deal with the present facts. No amount of second-guessing will ever change that, so it's not worth the effort or energy to do so.

What I'm regretting more at the moment, is cancelling the trip to New Zealand. If a PSA test in December or January shows continued increases in my PSA, I'm guessing that we'd start hormone therapy at the very least. Traveling great distances for a long period while on hormone therapy may not make for the best experience. We'll see. (Aside from the fatigue and heightened emotions, I seem to have tolerated the Eligard fairly well compared to many.)

Lastly, I'm going to have to do more research on what my options will be and what the current treatment protocols are for someone in my situation.

My summer and early autumn hiatus away from posting on this blog—a refreshing break from cancer—appears to be ending as I start what is likely the next chapter in this story. Stay tuned for more.

[This post](#) originally appeared November 3, 2022, on [Dan's Journey Through Prostate Cancer](#). It is republished with permission.