Month 105 — Skipped PSA and Imaging News

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August 11, 2019 By Dan Zeller

Last week was a little weird for me. If I had kept to my four-month PSA testing cycle instead of the new, agreed-upon six-month cycle, I would have gone to the clinic and had Dracula siphon off another vial of blood. But I didn't, and it felt pretty comfortable with that. Still, a little voice in my head wondered what my current PSA level is, but in a non-panicky kind of way. More in just a plot-the-next-data-point-on-my-chart kind of way.

I'll go for the PSA test in late September or early October. My schedule that time of year is a bit crazy, so I need to carve out a date and time and get it on my calendar.

It's hard to believe, too, that in a few weeks it will be four years since my PSA became detectable again. With a calculated PSA doubling time of over 150 months, I've been pretty comfortable taking the surveillance approach that I have for as long as I have. There are moments, however, where I do ask myself if I'm taking too great a risk by using that approach. Those thoughts have popped into my head a little more frequently since my hallway consult with the radiation oncologist a few weeks ago.

Maybe the test results in October will give me more clarity and a better sense of direction; maybe they won't.

In other news, I saw the recent article comparing the effectiveness of the ^{18}F-fluciclovine (Axumin) imaging against that of the ^{68}Ga PSMA imaging. The study used 50 patients with PSAs ranging from 0.2 to 2.0.

The PSMA imaging is proving itself to be more effective at detecting the locations of recurrent cancer but the kicker is that it's not yet an FDA approved imaging technology.

Still, it's good to see that progress is being made in the research for those of us who would really like to know that we're going to be zapping where the cancer is rather than somewhat randomly based on statistics. I'm sure there will be more to come.

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