Prostate Cancer, Day 4,776 – PSA Results (Not Good)

Did the salvage radiation therapy for my prostate cancer miss the mark?

December 28, 2023 By Dan Zeller

Well...

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The suspense of not knowing what my PSA was up to was killing me, so I went a couple of days earlier than I planned to have my PSA test. I was expecting it to go up a bit, but I wasn't expecting it to leap a tall building in a single bound.

My PSA jumped from 0.21 ng/mL on 31 October to 0.33 ng/mL on 6 December, a 57% increase in five weeks. Ugh. Using the four PSA values from this year and Memorial Sloan Kettering PSA Doubling Time calculator, my PSADT is 6.7 months.

I'd say it's safe to conclude that the salvage radiation therapy missed the mark, but I'll confirm that with an in-person appointment with the urologist on Thursday, 14 December and with the radiation oncologist via email [Editor's note: To read that post, see "Day 4,782 – Doctor Discussions"].

I'm writing this late on Thursday night, about 20 minutes after seeing the results online, so I'm still shocked and processing it all. I'll wrap this post up in the morning…

Courtesy of Daniel Zeller

Back at the keyboard Friday morning after a somewhat fitful night of sleep…

Needless to say, this was (and still is) a bit of a gut-punch for me to see the PSA increase so rapidly. It's definitely got me concerned and wondering where the cancer is if the radiation didn't

even make a dent in it.

So what's next? I don't know. I suspect these would be a few possibilities:

First, maybe let the PSA continue to rise a little more until it's over 0.5 ng/mL but less than 1.0 ng/mL to give a PSMA PET scan a better chance of picking up where the cancer is located. At 1.0 ng/mL, PSMA PET scans can find the cancer about 90% of the time.

If there are only a couple of localized lesions, we may be able to radiate them.

Second, I'm sure androgen deprivation therapy (ADT) is definitely on the horizon, whether we do a scan and radiation or not. My only question would be the timing of the ADT. If it's given before a scan, would that make it more difficult for the scan to pick up the lesions? I don't know.

Last, Dr. Mark Scholz of the Prostate Cancer Research Institute, recently posted a video where he talked about a shift in how they approach treating advanced prostate cancer. (I'll post the video in a separate post.)

Traditionally, treatments were offered sequentially. You'd start with hormone therapy, and when the cancer became resistant, you shifted to a different type of hormone therapy. When that failed, you would move into chemotherapy, a PARP inhibitor (immunotherapy), injectable radiation, and finally clinical trials.

There is research showing that combination therapies may be more effective in staving off the cancer. Instead of just starting out with ADT, it may make sense to combine ADT with radiation or ADT with chemotherapy right out the gate. Yes, there may be increased immediate side effects from the dual treatment, but early studies are showing higher cure rates and longer survival. Additionally, if the combined treatments are successful, this may lead to a better long-term quality of life because you may be able to be taken off ADT.

My appointment with the urologist is on Thursday, 14 December, and you bet I'll have a ton of questions ready. One of them will be about getting a full-blown medical oncologist who specializes in prostate cancer involved at this point.

In the meantime, I'm going to have to start learning the language of advanced prostate cancer. There are so many different drugs and treatments with weird names that don't really indicate what they do or how they're used that it's tough to keep them straight. Perhaps a spreadsheet may be in order…

I am trying to look for the silver lining in the cloud. I guess that would be that my PSA is still quite low. But the dark part of the cloud is the fact that I'm probably entering the phase where the treatments and their side effects will eventually be worse than the disease when it comes to daily quality of life. I tolerated the six-month dose of Eligard in 2022 pretty well, but it wasn't without side effects. I guess I'll cross that bridge when I get to it.

Oh. And I’m open to any and all insights from those who have traveled this path ahead of me.

Well, time to get out of the house and try to put this out of my mind for a brief period. (Translation: Escapism.)

This post originally appeared December 8, 2023, on Dan’s Journey Through Prostate Cancer. It is republished with permission.
