

Prostate Cancer, Day 5,705 – Urologist Visit

Regarding his PSA numbers, prostate cancer blogger Dan Zeller finds himself in a hurry-up-and-wait situation.

July 8, 2026 By [Dan Zeller](#)

Before getting into the conversation with the urologist, I went for my bone density scan last week. The results? I have bones. They're dense (i.e., normal). Now we have a baseline for future reference for if and when I start down the hormone therapy path.

Yesterday's meeting with the urologist was unusually animated, if not bordering on contentious. The appointment was late in the afternoon (around 3:45 p.m. when she arrived), so perhaps she had had a crappy day and was ready for it to end.

I tried explaining my conversations with both oncologists, and she kept interrupting, sometimes with questions that made it seem that she wasn't paying much attention. (She was on her computer reviewing my file as I talked; usually she'll have reviewed the file before even walking into the exam room.)

At one point she said, "You have three cooks in the kitchen and should probably stick with one," referring to the fact that I had two oncologists and her trying to manage my case.

When it comes to treatment, she's still of the opinion to wait until metastasis to start hormone therapy, mainly because of the associated side effects and possible earlier resistance to the therapy. I mentioned that both oncologists recommended intermittent hormone therapy, and she seemed puzzled by that for some unknown reason.

I mentioned that the plan was for me to have another PSA test in the first week of September and, if warranted, a CT scan and bone scan in December. She seemed indifferent and offered no comment one way or the other.

By the end of the appointment, it was pretty clear that she was of the mindset that there's little that she as a urologist can do at this point in my case management, and that the ball belongs squarely in the court of the oncologists. I agree. She did say, though, that if I start to have urinary symptoms that may be from the radiation or surgery (e.g., strictures, worsening incontinence), to come back to Urology for investigation and possible treatment. We did not set up a follow-up appointment for Urology.

Back in April, the oncologist suggested they take the lead on my case and, after yesterday's appointment with the urologist, it's clear that that's what needs to happen.

I've got the PSA test on my calendar on 2 September. We'll get the results, calculate PSA doubling time, and consult with the oncologists to determine the next steps based on the results.

Courtesy Dan Zeller

If my PSA shoots up again like it did between December and March, reducing my PSA DT, I might be more inclined to act. But if it continues on a flatter trend like it did between March and May, I'd be inclined to kick the can down the road another three months.

So I'll continue to live life in three-month increments until the results tell me it's time to do something. Good thing I have a lot of hurry-up-and-wait experience from the Navy.

Be well!

[This post](#) originally appeared June 24, 2026, on [Dan's Journey Through Prostate Cancer](#). It is republished with permission.