Older Men Tolerate Taxotere

Overall Taxotere is well-tolerated. We published a pilot trial in 2001 evaluating the tolerability of Taxotere in elderly men. The average age of the group was 78. The oldest man was 87. Using the weekly protocol, we found that Taxotere could be tolerated by most anyone. In that study 17 out of 20 men completed a full course of therapy. The three men who decided to stop the treatment before finishing the full course did so because they felt excessively tired. A copy of this published report is posted at www.prostateoncology.com.

Conclusion and Summary

Taxotere prolongs survival in men with high-risk or advanced disease. Its beneficial effects may be even further enhanced by using it at an earlier stage in men with newly-diagnosed high-risk disease or in men with hormone sensitive, metastatic disease. Taxotere response rates can also be improved by combining it with other agents such as Carboplatin, Xeloda or Avastin. Ultimately, the maximum benefit from Taxotere is achieved by using it at the right time, by selecting an optimal schedule and by combining it with other effective agents. A well-informed patient working with a physician who is an expert in the treatment of prostate cancer will achieve the best results. ☐

For references and further reading, go to www.PCRI.org

ARE YOU A FEDERAL EMPLOYEE?

Combined Federal Campaign (CFC) season is coming up! Help us continue to provide valuable resources to men with prostate cancer by donating to the Prostate Cancer Research Institute via the Combined Federal Campaign!

PCRI believes that a patient who understands his disease and treatment options will be empowered to communicate more effectively with his physician(s), and will obtain a better outcome. PCRI uses all available communication tools and programs, including a Helpline, a quarterly and a weekly newsletter, website and professional conferences to educate men about prostate cancer.

PCRI undergoes an annual financial audit, and consistently receives a “Best in America” seal of approval from the Independent Charities of America.

The Independent Charities Seal of Excellence is awarded after rigorous independent review. Only charities meeting the highest standards of public accountability, program effectiveness, and cost effectiveness are eligible. These standards include those required by the U.S. government for inclusion in the Combined Federal Campaign, possibly the most exclusive fund drive in the world. Of the 1 million charities operating in the United States today, it is estimated that fewer than 50,000 – or 5 percent – meet or exceed these standards, and, of those, fewer than 2,000 have been awarded the Seal. We appreciate your support!

Use the following information to make a contribution to PCRI as part of CFC:
Tax-ID: 95-4617875
CFC: 10941
California State Employees Charitable Campaign (CSECC) Agency Code: 926

A story from a couple that called our Helpline. It details how support and information helped empower them to become confidently involved in their treatment decisions

Letter to the PCRI Helpline:

For privacy, the callers requested that we use the husband's first name only.

Ferd Becker, PCRI Educational Facilitator

It began in March 2014, my husband Tom went to see a urologist for BPH. When a small nodule was found during the DRE exam, he was told he needed a biopsy *even though is PSA was only 2.1.* We decided to get a second opinion and once again was told a biopsy was required. Because Tom's father died of prostate cancer last year, I started reading everything I could to educate myself. One of the books I read was *Invasion of the Prostate Snatchers*, by Dr. Mark Scholz I found PCRI from that book. Tom insisted that I not tell any family or friends he needed a biopsy and to respect his wishes to keep this private.

Not having anyone to discuss this with made me feel very isolated and alone, so I called PCRI to seek advice and help from people who are going through the same kind of issues we were facing. The very first person I spoke with was a gentleman named David Derris who was very kind and understanding of our situation. What a relief it was to talk to someone who knew what we were going through. He later passed our number on to Ferd Becker who became a great friend to us. →

The helpline can be reached at: 800.641.7274

Tom had the biopsy in April. We requested a MRI to be done prior to the biopsy, but the urologist refused to order one, saying it would not tell us anything. When Tom went in for the biopsy we informed the nurse that we wanted a second opinion on the pathology report and to send the slides to Johns Hopkins when they were done with them. The nurse gave the impression that it was the first time anyone had requested a second opinion. One week after the biopsy, the first report came back negative and we were very relieved and happy. We had to remind them once again to send the slides to Johns Hopkins.

Five weeks later, I received a call from the nurse informed us that the report from Johns Hopkins was back. The first report was wrong, Tom did have prostate cancer. The pathology report found a Gleason score of 3+3=6 involving less than 5% of one core out of 12. The urologist who did the biopsy has never spoken with us, the nurse said he was going out of town and did not have time to call. When my husband came home from work that day, it was me who had to tell him he had cancer. A few days later a different doctor from the same office called and spoke with Tom about his treatment options. Tom told him that active surveillance was his treatment of choice. The doctor said because of his young age of 54, the fact a nodule was found, along with his family history of prostate cancer, active surveillance was probably not a good option. We did get this doctor to order the MRI that we had requested before the biopsy had been done. Unfortunately it turned out the the MRI was not going to be done with a endorectal coil, so we canceled it.

We made an appointment to see an oncologist, thinking we might get a more objective viewpoint, since we did not feel like we were getting anywhere with the urologist. This turned out to be a huge mistake, everything we asked about concerning active surveillance was shot down. Once again we were told that a MRI was useless and the only way to monitor prostate cancer was having yearly biopsies. He was told because of his young age and the nodule, not getting treatment, was not an option. This doctor was trying to convince us to go with radiation. When asked about all the possible side effects that can occur with treatment and how the quality of life by avoiding treatment would be better, we were once again dismissed, and he told us to "come back when you want treatment." This doctor had me in tears by the time we left. We were now confused more than ever. From all the research I had been doing on active surveillance we knew that MRI's were being used. I just could not find the right place to get the one we needed. I checked in three major cities near us in the mid-west trying to get the type of MRI needed and got nowhere.

A few days later, we got a call from Ferd Becker from PCRI, his timing was perfect. Without his friendship I'm not sure we could have made it to where we are now. He is the only person we have spoken with during all of this, who actually gave us information we could use. Ferd told us we were correct in thinking Tom might benefit from a multiparametric MRI, and active surveillance would be a viable option according to many current guidelines. He gave us information that helped, including a presentation from Dr. Laurence Klotz, and an article from the NIH. He told us about a doctor in Boston who could do the type of MRI that was needed. We flew to Boston in July and the doctor found no cancer on the MRI; the amount of cancer in Tom's prostate was so small it did not show up on the scan. For the first time in months we felt like we could breathe again. Getting the diagnosis of prostate cancer left us both anxious, sad, scared and confused. I'm glad now that Tom would not let me tell family or friends what was going on. This journey has been difficult enough without the added pressure of loved ones pushing for treatment. The anxiety that comes with a cancer diagnosis is very difficult to live with at first. I'm very grateful that PCRI sent Ferd Becker to us. He is a wonderful person and has been a great friend to us. The past few months have seemed more like years. A cancer diagnosis knocks you down hard, and getting up is not easy. Tom said he felt like all the joy in life had been sucked right out of him. The choice of active surveillance comes with a price. Anxiety and fear are something you have to come to terms with. Active surveillance means PSA testing, DREs, and followup MRI's. Tom has decided not to get yearly biopsies because he feels they are too intrusive. He thinks poking holes in his prostate is a bad idea unless absolutely necessary. He plans to have a DRE and PSA testing every 6 months and a follow up MRI in a couple of years. We have switched to a vegan diet and he exercises regularly. We have decided to no longer let this diagnosis consume our lives. Things are beginning to get back to normal.

If you or someone you love is diagnosed with low-risk *early-stage prostate cancer* you should know that at least the possibility of active surveillance deserves more attention. I can't help wondering how many other men are being pushed into treatment for something that might not ever be a threat to them. ☐