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.

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

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 his 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

Ferd Becker, PCRI Educational Facilitator

FOR PRIVACY, THE CALLERS REQUESTED THAT WE USE THE HUSBAND’S FIRST NAME ONLY.

Letter to the PCRI Helpline:

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

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.
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 that reported the slides had been sent to Johns Hopkins, but the urologist refused to order a MRI. 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 to 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, we were very relieved and happy. We had to remind them once again to send the slides to Johns Hopkins.

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.