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Arthur479•

21 hours ago•7 Replies

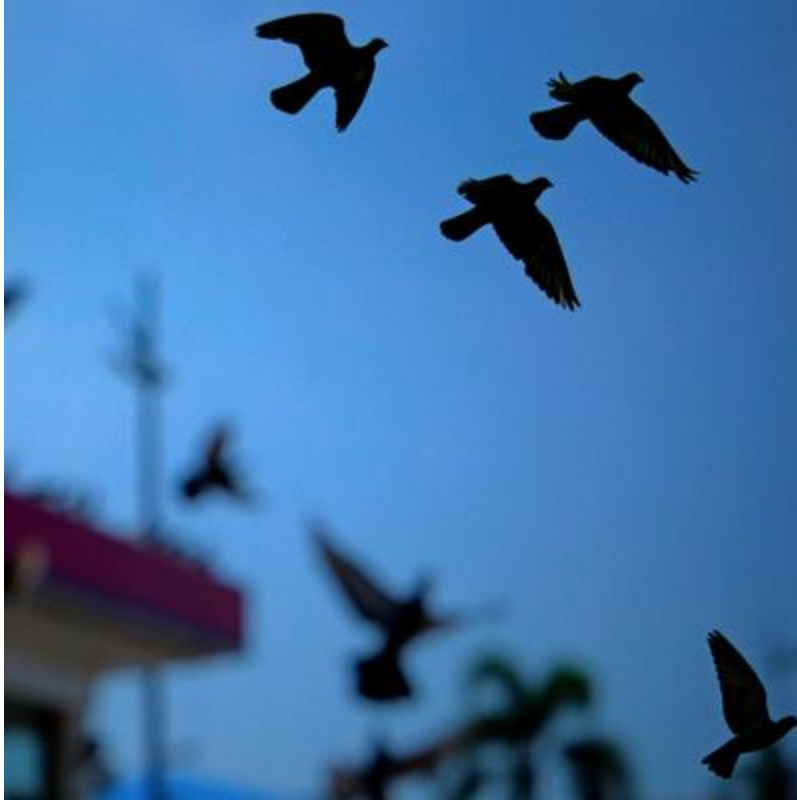
I have been on BAT for about 9 months. My PSA dropped slowly from 9 to 6 over several months and now has risen back to about 9. One complication has been the high estradiol which we have yet to get under control.

We started measuring estradiol (thanks to Friedman's book) a month or so into BAT and it came in at an astounding 200, and then started with 1 mg arimidex/day and that got it down to 180, lol. Upped it to 2 for a couple months and now is at 100. (Normal is 15-30) . My onc is upping it to 3/day and I am pressing for 4. (no response on that request yet).

BTW, these measurements are taken just prior to the monthly shot.

Anyway, trying to understand when is the time to switch off BAT given that perhaps lowering the estradiol to normal may reverse the trend. Yes, I am biased, I like that BAT, lol. But I don't want to be stupid.

Written by



Arthur479

7 Replies

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Nalacrats 19 hours ago

Arthur, glad you read Friedman's book. I think it is a must-read, as to Prostate Cancer and the use of Testosterone. Who is your Doctor-->I try to keep a list as a lot of members cannot find Doctors doing BAT. Firstly I will not go thru all the inter-reactions/Metabolism by-products. We know that T-->goes to DHT, Estrone, and E2[Estradiol]. DHT is loved by the Androgen Receptor of the Pca cell, as is E2. Those on Testosterone Replacement or doing BAT or High T alone, having Prostate Cancer-->should in my opinion, and if you read Friedman without missing anything, use Avodart or Proscar, to prevent the formation of DHT. DHT will give more than an up-tick to your PSA. This removes one of the obstacles you are running into. Now Testosterone does Aromatase into E2. The use of up to 2 mgs per week, broken down with 1/2 mg doses about

every other day should control your E2. The above combo use of both Avodart [my preference, and Arimidex, as dosage above]---should keep your DHT very low and your E2 in the 20, or less ngs/dl.

Personally, I use both Proscar and Avodart daily--and have been for 6 years. If you test for DHT--it should be IMO <8 ng/dl---normal is 16-79, but for those using T replacement, or when using BAT--you may get levels in the hundreds of ng/dl-->you do not want this. Your PSA will be high.

My Numbers on or off, I keep the E2 at < than 20, but more than 18/ And my DHT is <8 ng/dl at all times--regardless of where my T levels are. There are Hormonal Metabolism Defects, but that is left to Endo Doctors, to figure out.

Nalacrats



[Arthur479](#) in reply to [Nalacrats](#) 15 hours ago

Thanks for the insight. I don't believe there has been a DHT test. I will ask about that.

Dr. Beck of Highlands Oncology in Rogers, AR is my guy. An outstanding doc and human being.



[Nalacrats](#) in reply to [Arthur479](#) 4 hours ago

The use of Avodart and Arimidex may solve the issue. If T, is taken out of the picture quickly with Avodart--then very little can aromatize to E2.

Nal



kaptank9 hours ago

The TRANSFORMER trial showed that BAT followed by enzalutamide was an effective use of that antiandrogen because BAT seemed to sensitize the cancer to enza's use. Although the trial only used patients who had not previously had enza (but had failed abiraterone) there is other evidence that someone who has failed enza and done BAT may well find that after BAT, the cancer is again sensitive to enza. BAT seems to sensitize the cancer to the lutamides. In my case it was bicalutamide. It does not seem to work for abiraterone which has a different action.

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Arthur479 in reply to kaptank7 hours ago

Thanks for that info! I have stayed on enza and Lupron the whole time of doing BAT. Not sure where this leaves me exactly, except it does seem time for a change of some sort. The doc has previously hinted that chemo and lu-177 are on deck.



pjoshea133 hours ago

Hi Arthur,

I tried the monthly BAT protocol, but it didn't work for me. So I increased the cycle to 2 months & got the PSA under control. However, I sometimes add a third month if the PSA is somewhat higher than at the end of the prior cycle. I wouldn't give up on BAT yet.

Estradiol of 200 pg/mL? Crazy. Don't know what to suggest beyond higher doses of anti-aromatase.

Natakrate's advice regarding Avodart is good IMO.

-Patrick