

Us Too Warriors, German Doctors look smarter to me than American Doctors on treating biochemical recurrence with casodex. Best Peter

GP24 in reply to NOCanceros3 months ago

Let me give you some background on Bicalutamide therapy in Germany and why Dr. Weise may recommend that. The European guidelines recommend a late start of ADT in case of a recurrence. E.g. when bone mets start to cause pain.

The German guidelines say, do not treat a rising PSA value with ADT while CT and bone scan (not a PSMA PET/CT!) show no metastases. You may start if the PSA value reaches 10 ng/ml.

However, most urologists start with ADT at any PSA value, e.g. 0,27 ng/ml, when their patient becomes anxious. Good doctors like Dr. Weise think, the anxiety of the patient is no good oncological reason to start with ADT. So a few doctors use intermittent Bicalutamide therapy to keep the PSA value below 10 ng/ml for a long time with little side effects and avoid that the patient becomes anxious.

The American cancer statistics report that patients with lymph node mets seem to live just as long as the patients without these. However, I have to admit, I prefer to zap these anyway. These tiny lymph node mets detected with a PSMA PET/CT are not really dangerous, they do increase the PSA value. As I said, you can get these zapped at the Uniklinik Cologne, the clinic that treated you does not have such an expensive machine.

Seems the brachytherapy was done by Prof. Machtens.