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(Revised)

PROSTATE "PEARLS"

A Pearl is some fact in medicine that may not seem obvious and often cannot be figured out logically. However, any interesting medical fact can qualify as a Pearl.

New Pearl in prostate cancer:

If 40% or more of your prostate specimen (assuming your specimen is representative) contains Gleason grade IV or V (not Gleason score, but grade), there is less than a 10% probability your PSA will be controlled five years later with any form of radical local treatment. Obvious conclusion is that you need systemic therapy, not local therapy. This pearl was just given by Dr. Thomas Stamey. He has been one of my most inspirational heroes these past many years.

Corollary: (You remember this term from high school algebra.)

The above Pearl means you need to pay attention to the order of the two numbers in your Gleason score. For example, this could mean a Gleason 4+3 has a higher chance for failure compared to a Gleason 3+4. And, although unusual, a Gleason 4+2 would be worse than a 3+3. This also means that any Gleason score of 8 or higher is almost always systemic, and you should avoid up-front local treatment. Start with systemic treatment.

Next Pearl:

Men have higher blood counts than women -- this is a fact. Male hormone is the reason. When you are on hormone blockade, you expect the blood count to go down, and it does. A low blood count is called anemia. Men on triple androgen blockade almost always have some degree of anemia.

Let me expand on this explanation. If you put blood in a

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test tube, the blood settles to the bottom (the hemoglobin or hematocrit containing red blood cells). The plasma or serum or "water" rises to the top. Normally, a man's hematocrit is about 44%. This means 44% blood; 56% plasma or serum. For a woman, a 36-38% hematocrit is normal. When a man has been on triple hormone blockade, his hematocrit tends to fall from 44% to about 36-38%. A few may fall to about 32%; some stay closer to 40%. For men who are symptomatic from this anemia, Procrit (EPO/erythropoietin) shots essentially always correct this anemia.

I bring this subject up because many primary care doctors (internists or G.P.'s) are not aware of this information. I am receiving phone calls from family doctors telling me that they are worried about a patient because they found him to be anemic. Usually, this triggers a reflex for the doctor to look for more obvious causes of anemia. The doctor is worried that there might be colon cancer or bleeding from the stomach or intestines because of the anemia, when the anemia is simply from hormone blockade. Iron does not help. When you stop the hormone blockade, and the testosterone rises back to normal, the anemia goes away.

This information is important to share with your primary care doctor, as it may reduce anxiety levels in them and in you. However, if you happen to already have a bleeding ulcer or bleeding hemorrhoids, etc., your anemia could be due to more than just hormone blockade.

A final Pearl -- Dr. Bob's First Rule of Oncology

For men with hormone refractory prostate cancer:

"When your age is greater than your weight, no form of chemotherapy has much of a chance to help."

Corollary: See your prostate cancer oncology subspecialist sooner for best results.

And, as always,

Be happy.

Be well.

Live long and prosper.

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