

Fred's Story:

I am currently 69 years old and was diagnosed with metastatic prostate cancer in April of 2018. I currently enjoy running and golf and spend a great deal of time with church related activities. While cancer has slowed me down, it has not stopped me from continuing to do the things I love. I live in Arizona with my wife and have been a patient of Mayo Clinic for about ten years, first through their family practice and now more regularly through their oncology department.

I had not had a PSA test for several years prior to having one done as part of an exam at my family practice. Since I had a paternal uncle who died of prostate cancer, my doctor suggested I get tested. In January of 2015, at the age of 64, I had a digital exam, which did not reveal any unusual signs and a PSA test. The PSA test result was 3.1 and the doctor felt that it was normal and well within the range, at that time of 4.5.

In the late Fall of 2017 I started to see some pink drops in the toilet bowl after urinating.

It did not persist but came back a couple of weeks later and then stopped again, but came back again after a couple more weeks. I made an appointment with my GP where they did a urine test and confirmed there was blood in my urine. A PSA test was also run and it now read 6.7. I was referred to an urologist and in February of 2018 had a cystoscopy that showed an enlarged prostate but nothing else. I also had a

urine flow test done, which showed a more than normal amount of residual urine in my bladder after urinating. The urologist then suggested a biopsy of my prostate. The following month I had a biopsy of my prostate, which revealed 6 of the 12 core samples they took were cancerous, all on the right side. My Gleason score was 4+5 (9). My urologist told me I had two options, radiation or a prostatectomy. Since I was having trouble voiding my bladder the urologist felt radiation was not a good option and consequently recommended a prostatectomy.

I was then scheduled to meet with a surgeon to have my prostate removed. Prior to meeting with the surgeon a bone scan and CT scan was performed. The day I met with the surgeon, April 2, 2018 the doctor told me the cancer had spread to ten different spots in my bones, from my hips to my neck. Considering that metastasis had already occurred, they cancelled the planned prostatectomy and told me I need a systemic treatment plan. I was put on androgen deprivation therapy (ADT) starting with Casodex (bicalutamide) immediately and referred to an oncologist.

I met with the oncologist the next week and he administered a six-month Lupron injection. He also told me I was a candidate for Zytega (abiraterone) and would evaluate and decide on that approach a month later. The Lupron injection did not have any harmful side effects and after a month the doctor prescribed Zytega along with continued Lupron injections every six months. The major impacts of Lupron have been

fatigue, sweating and major decline in libido. In late May of 2018 I started Zytega with blood tests to monitor liver acceptance of the drug. The blood tests revealed that my liver enzymes were elevating and in July I was instructed to stop Zytega. In the meantime I got a second opinion on my situation and plan for treatment. The second opinion was close to the same

as my current treatment plan, however the doctor thought he might have prescribed chemotherapy in addition to Lupron instead of prescribing Zytega and Lupron. By July my PSA dropped to < 0.1 .

I met with my regular oncologist to discuss next steps since the Zytega was no longer an option. We discussed reducing the dosage, just staying on Lupron or moving to 6 treatments of chemotherapy along with Lupron. I elected the chemotherapy/Lupron option and in September of 2018 I had my first chemotherapy infusion of Docetaxel while continuing on with my six-month injections of Lupron. While I did not experience a great deal of nausea everything tasted terrible. I even had trouble drinking water and resorted to carbonated water to hydrate. After the fifth treatment the neuropathy in my feet was quite bad and the doctor decided to cancel the last treatment. He felt the added benefit of one more treatment was not worth the added impact to my neuropathy. In December of 2018 my PSA continued to be < 0.1 .

I spoke with some of my friends about the disease and they alerted me to the national prostate cancer support organization called Us Too. I looked up a local chapter and found one serving the Southeast Valley of Phoenix. I began attending the meetings in October of 2018. It was an enlightening experience with a wealth of information as well as a great source of companionship in this society in which everyone wishes they weren't a member. However, since I am, I am so thankful for those who share, offer advice and a consoling ear when needed.

In 2019 I continued with bone scans and CT scans with no further metastasis. My PSA has also remained undetectable. In September the doctor order a bone density test for fear that the Lupron may be compromising my bone mass. I was detected with osteopenia in my left hip and expect to go on Xgeva (Denosumab) at my next appointment in December of 2019. At this time fatigue and neuropathy continue to be the main side affects of my disease.

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