Date	PSA	Procedure/Notes
3/27/06	0.94	
8/11/08	**0.9x**	
4/8/10	1.7	
3/4/11	2.9	
9/16/11	3.4	
3/7/12	5.5	
4/6/12		Biopsy: **4** (100%, 100%, 20%, 30%) of 4 cores **+ 4** (50%) of 1 core Pathology report (6/13/2012): Gleason **4+5**
6/13/12		Radical Prostatectomy
8/13/12	0.2	
9/10/12	0.6	
11/19/12	1.1	
11/28/12		Lupron (7.5 mg) - 1 month dose
12/12/12 - 2/5/13		MRT (External Beam Radiation) to prostate bed - 37 doses
12/26/12		Lupron (22.5 mg) - 3 months dose
2/6/13	**< 0.1**	**Undetectable**
2/6/13		WBC=3.5(L), RBC=4.66(L), Platelet count=118(L), MPV=11.3(H)
4/4/13		Lupron (22.5 mg) - 3 months dose (final)
4/4/13	**< 0.1**	**Undetectable**
6/6/13	**< 0.1**	**Undetectable**
8/13/13	**< 0.1**	**Undetectable**
8/13/13		WBC=4.4 (ok), RBC=4.79 (ok), Platelet count=124 (L), MPV=10.9 (H)
11/13/13	0.1	Slight increase
2/11/14	1	Doubling time = .9 months, velocity .30 ng/ml/mo Vit. D level = 54.3 ng/ml
3/26/14	1.7	Doubling time = 1.04 months, velocity .36 ng/ml/mo
3/27/14		Spoke w/Dr. X (primary oncologist) by phone. Restart Lupron on 4/2. Dr. X will try to get me in to Provenge program at Dana Farber. I will discuss with them whether I am a good candidate for Provenge now.
4/2/14		Lupron (22.5 mg) - 3 months dose
4/3/14		CT Scan - PAMC: Demonstrates a lesion in the right iliac bone.
4/8/14		Bone Scan: Appears to be a sclerotic lesion which may contain a small lucency, therefore, this may represent a healing rib fracture, but a metastatic lesion with healing pathologic fracture is possible. Focus of increased uptake is seen in the right iliac bone, which is worrisome for metastatic disease.
4/29/14	0.5	**Down 1.2 points!** WBC=4.2 (low side of normal), RBC=4.96 (ok), Platelet count=123 (low), MPV=9.8 (ok)
4/30/14		Met with Dr. Y at Dana-Farber. He said I am not a good candidate yet for Provenge and not covered by insurance. Suggested chemo + Lupron followed by radiation to mets in bone(s).
5/2/14		Met with Dr. X to discuss meeting with Dr. Y and future treatment. Will stay on Lupron and re-check in two months. Dr. X will wait to receive report from Dr. Y. Dr. X gave consent for Taxotere (chemo) if called for. **I will call Dr. X if not heard from by Tuesday, 5/6.**
5/7/14		Taxotere denied by insurance. Dr. X's office will resubmit after ASCO conference presentation beginning of June. Follow up with them!
6/25/14		2nd denial for Taxotere by insurance. Dr. X will appeal.
6/30/14	**0.2**	**Down 0.3 points!** WBC=3.3 (low), RBC=4.48 (low), Platelet count=126 (low), MPV=12.1 (high)
7/2/14		Lupron (22.5 mg) - 3 months dose
7/5/14		Mailed Consent for Case Management at ABC Insurance.
7/9/14		Early Taxotere approved for 8 sessions!
7/15/14		Pre-treatment OV w/ Dr. X: Suggests holding high dose antioxidants for the entire 8 chemo session. Hold vit. C & CO-Q10 for entire chemo treatment. Hold baby aspirin for first 3 week cycle, then resume.
7/15/14	**0.2**	Pre-chemo labs including complete CBC: WBC=9.9(up 6.6 pts.), RBC=4.52 (low), Platelet count=143 (increased, but still low end of normal, PSA=0.2
7/15/14		Chemotherapy #1 with Taxotere/Docetaxel infusion at 135 mg. Also given: Saline solution, Palonsetron (upset stomach/vomiting), Famotodine/Pepcid (GI issues), Dexamethasone (allergic reactions, rashes, swelling), Diphenhydramine/Benadryl (allergy)
7/22/14		WBC=0.7, Neutrophils=4.5% - tanked!
7/27/14		WBC=1.7 (s/b 4.0 - 10.0), Neutrophils=12%
7/28/14		Smart Port surgically implanted in right upper chest to receive chemotherapy infusions (WBC=1.8).
7/29/14		OV w/Dr. X. Based on low WBC, necessity of infusion port, and other reactions, Dr. X ordered reduction in Taxotere dosage from 135 mg to 125 mg.
8/5/14		Chemo #2 at reduced Taxotere (125 mg). WBC=15.9 (4.0-10.0), RBC=4.15 (4.7-6.0), Neutrophils=14.6 (1.6-7.5)
8/12/14		WBC=1.0, RBC=4.12, Neutrophils=0.2
8/19/14		WBC=2.0, RBC=3.99, Neutrophils=0.4
8/25/14	**<0.1**	**PSA Undetectable!** WBC=7.3 (normal), RBC=4.15 (4.7 - 6.0), Neutrophils=6.4 (1.6 - 7.5)
8/26/14		OV w/Dr. X. If WBC tanks after this chemo session, will have injection after next chemo session (#4). **Lupron keeping PSA in check. If/when it fails, Dr. X suggests combination with Casodex, but also mentioned Zytiga/Xtandi combo.** I mentioned checking testosterone/dihydrotestosterone levels but Dr. X said that's what the PSA is for. I also mentioned Metformin. Dr. X will research these.
8/26/14		Chemo #3 with Taxotere infusion at 125 mg.
9/2/14		WBC=1.8, RBC=4.17, Platelets=138, Neutrophils=1.0
9/4/14		Vit. D3=81.6ng/mL (high) - reduce to 6,000 IU/day as per Dr. R (primary care).
9/9/14		WBC=1.7, RBC=4.08, Platelets=175, Neutrophils=0.2
9/15/14	**<0.1**	**PSA Undetectable** WBC=4.5, RBC=4.27, Platelets=173, Neutrophils=3.2
9/16/14		Chemo #4 with Taxotere infusion at 125 mg.
10/1/14		Lupron (22.5 mg) - 3 months dose
10/6/14	**<0.1**	**PSA Undetectable** WBC=3.4 (L), RBC=4.26(L), Platelets=172, Neutrophils=2.5(Normal), Lymphocytes=0.6(L), Glucose=79(Normal)
10/7/14		Chemo #5 with Taxotere infusion at 125 mg. Discussion w/Dr. X - chemo #6 will be the last! Also discussed possibility of adding Metformin (she hasn't done the research yet).
10/27/14	**<0.1**	**PSA Undetectable** WBC=4.2(Normal), RBC=4.44(L), Platelets=164, Neutrophils=3.2(Normal), Lymphocytes=0.7(L), Glucose=87(Normal)
10/27/14		Chemo #6 with Taxotere infusion at 125 mg. Discussion w/Dr. X - Last treatment!
11/24/14	**<0.1**	**PSA Undetectable** WBC=4.6(Normal), RBC=4.24(L), Platelets=166, Neutrophils=3.6(Normal), Lymphocytes=0.6(L), Glucose=82(Normal)
12/30/14		Lupron (22.5 mg) - 3 months dose
1/5/15	**<0.1**	**PSA Undetectable** WBC=4.3(Normal), RBC=4.63(L), Platelets=120, Neutrophils=3.2(Normal), Lymphocytes=0.6(L), Glucose=79(Normal)
2/11/15		Smart Port surgically removed.
4/3/15	0.3	PSA up WBC=4.4(Normal), RBC=4.77(Normal), Platelets=123(L), Neutrophils=3.3(Normal), Lymphocytes=0.7(L), Glucose=63(Normal)
4/6/15		Lupron (22.5 mg) - 3 months dose
5/4/15	0.5	PSA up Dr. X will call Dr. Y at Dana Farber to see if I am a candidate for Provenge. If not, then Casodex.
5/28/15	0.7	PSA up
6/17/15		Appointment with Dr. Y. I am now a candidate for Provenge. Dr. Y's office will arrange for preliminary bone and CT scans as well as Provenge treatments. Dr. Y also suggested starting Casodex ASAP.
6/17/15		Spoke with Dr. X re. Casodex and she agrees and called in Rx.
6/18/15		Started Casodex - 50 mg. once per day.
7/2/15	**0.7**	**PSA Stable**
7/6/15		Informed Dr. X of my decision to forego Provenge treatment based on little, if any, measurable increase in longevity (as well as the price and hassle). Also informed Dr. X of my decision to seek alternative treatments in conjunction with continued hormonal treatments.
7/6/15		Lupron (22.5 mg) - 3 months dose
8/3/15	**0.6**	**PSA down 0.1**
9/8/15	0.72	PSA up 0.1
10/1/15	1	PSA up 0.28
10/5/15		Appt. w/Dr. X. Add Metformin (500mg.) to regimen of Lupron & Casodex. Dr. X will contact Dr. Z at Dana Farber to see if I can get an appt. for consultation.
10/5/15		Lupron (22.5 mg) - 3 months dose
10/6/15		Started Metformin - 500 mg. once per day.
10/14/15		CT Scan - MidCoast Hospital
10/16/15		Bone Scan - MidCoast Hospital
10/20/15		Appt. w/Dr. X to go over results of scans. CT and bone scans reveal no mets to soft tissue and no new mets other than the original mets on my right iliac bone. Since my last scans on 4/3/14, **the mets on my right iliac grew from 1.6 cm to 5.5 cm**. Dr. X recommended radiation (Dr. W at CMMC) to the area with the mets. Consultation on 11/3. Dr. X will also get a consultation for me with Dr. Z at Dana Farber. Consultation on 12/7.
11/3/15		Appt. w/Dr. W (radiologist) at CMMC regarding radiation to the tumor on my right iliac bone. Will see him again on 11/17 to discuss results of physicist's recommendations re. radiation.
11/17/15		Follow-up appt. w/Dr. W at CMMC radiology. Suggests 30 doses of IMRT to tumor on right iliac bone and sacrum for a total of 60 Gray. CT scan done to determine placement of IMRT - 30 radiation doses have been scheduled beginning on 12/10.
12/7/15		Appt. w/Dr. U at Dana-Farber (Dr. Z decided not to see me). Recommends staying the course with external beam radiation to my right iliac bone. Talked about what lies ahead in terms of meds and treatments: Xtandi, Zytiga, Radium-223. Suggested taking calcium supplements and a multi-vitamin.
12/9/15		Appt. w/Dr. X: Remain on current dose of Casodex (in addition to current Lupron & Metformin) until after radiation treatments, then possibly doubling or tripling the dose or going to Xtandi or Zytiga.
12/10/15	2.71	PSA up 1.71 in 5 weeks
12/10/15		Begin external beam radiation to right iliac bone. 30 doses total.
12/14/15		Testosterone level = 7.9 (normal range, 240 - 950 ng/ml)
12/22/15		Bone Density Scan
1/4/15		Appt. w/Dr. X: Suggested taking calcium supplements based on the fact that bone density scan shows me to be osteopenic.
1/4/15	**1.48**	**PSA down 1.23 in 3.5 weeks**
1/5/16		First appt. w/C to discuss integrative treatment of PCa. She ordered several blood tests for our next OV (1/25/17) and will go over supplements.
1/22/16		Final external beam radiation to right iliac bone. 30 doses total.
1/22/16		Appt. w/Dr. W at CMMC: PSA won't be completely affected by radiation for 3-6 months (May - Aug.). Pure tumor effects may take up to 18 months (July,2017) to completely die off. If PSA goes to undetectable, scans may not be necessary.
1/25/16		Appt. w/C: Reviewed results of labs and supplements.
2/1/16	**0.82**	**PSA down 0.66 in 4 weeks** PSA, CBC, CMP labs & OV w/Dr. X: Stay the course as long as PSA stays down. Dr. X does not agree with Dr. U that I should start next line of therapy soon (e.g. Xtandi, Zytiga, Radium-223). Would like to run out usefulness of current meds first to give me the most time. Also, Dr. X is not convinced of the efficacy of Metformin, but I want to stay on it.
3/10/16	0.28	**PSA down 0.54 in 5 weeks**
4/4/16	0.33	PSA up 0.05 in 3 weeks
5/3/16	0.56	PSA up 0.23 in 4 weeks
5/4/16		Spoke w/Dr. X. If PSA keeps rising, we will talk about what to do next.
5/4/16		Appt. w/C: Reviewed results of labs and supplements.
5/31/16	0.92	PSA up 0.36 in 4 weeks
6/2/16		Follow-up phone conversation with RN at Dr. X's office. **I am to increase dosage of Casodex from 50 mg. to 150 mg. (3 tablets) per day** and wait until the results of my next PSA lab on 6/28.
6/2/16		Begin increased Casodex - 150 mg. per day.