Prostate Cancer

NAME/	AGE/ 67	SEX/Male	AREA/Australia
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Visits: 2007 to December 2011

Case History Discussion

- 67yr old patient, visiting me for some years for CAM treatment for elevated PSA & mild BPH symptoms.
- PSA elevated since 2007 (7.61), averaging 9's & 10's for some years.
- Prostate U/S for sizing revealed mild enlargement, 2007 44cc; 2008 reduced to 36cc; 2009 stable at 38cc.
- Dec 2011, PSA spiked to 13.97, after discussions arranged appointment with Dr Robert Bard in New York for 3D power doppler & MRI screening to determine if prostate gland was benign or cancerous. Testing revealed highly vascular 1cm lesion in L mid gland & L apex of the prostate, and bulging of the capsule laterally, but capsule intact. Although only a mild to moderate vascular lesion, the position of the lesion, plus lateral bulging of the capsule was concerning.

Treatment Recommendations

While the prostate cancer was regarded as low to moderate grade (vascular studies), the concern was it could penetrate through the capsule laterally and spread, therefore considered several options:

- 1. Follow an increased supplement programme
- 2. Hyperthermia
- 3. HIFU or
- 4. Laser Ablation of prostate lesion

In the interim he significantly increased CAM programme:

Supplement Program

Pre December 2011

- Multivitamin 1-2 capsules daily
- Vitamin C 1-2 capsules bd
- Zinc 30mg 1 tablet bd
- Immune Modulation Formula 2 capsules bd
- Anti-inflammatory Formula 1 capsules bd
- Selenium 150mcg (total 500mcg)
- Flaxseed Oil 1 tablespoon daily
- Cod Liver Oil 5mls daily
- Fish Oil 5mls daily
- Prostate Formula Saw Palmetto and Nettle Root

Post December 2011

Continue guidelines as per previous visit incorporating the following changes:

- RBAC 3 sachets daily
- Immune Modulation Formula 3 capsules bd
- Anti-inflammatory Formula 2 capsules bd
- Extra selenium 400mcg (total Selenium 900mcg)
- Magnesium Chelate/Orotate/Aspartate 1 tablet bd

Laser Ablaton Treatment

- May 2012, he became the first Australian patient to undergo laser ablation of the L mid gland and L apex of the prostate.
- When undergoing this procedure an ultrasound guided biopsy of the tissue to be ablated is performed pre-laser ablation.
- Interestingly, prostate biopsy of L mid gland in May showed reduced tumour size & grading then testing in March Gleason score 3+3=6, with % involvement of 5-40% in 5 cores taken.
- Therefore, response to supplement programme & immunotherapy was very positive in reducing the cancer size and aggressiveness.

New Diagnostic & Monitoring Techniques and Laser Ablaton Results

August 2012:

- Follow-up MRI in USA: showed adequate post ablation of the L peripheral mid zone & prostatitis of the R peripheral zone, 2.3 cm (with cancer scoring of 2/5, 2/5, 5/5, total 9/15, 0/5 extracapsular Note: 1= def. no tumour, 5= def. tumour)
- Follow-up 3D Power Doppler Prostate U/S in Australia: showed prostate 38cc, <u>avascular</u> area in the <u>Left mid gland</u> lateral treated area, vascularisation index <u>0.2%</u> & a <u>vascular</u> area in the <u>Right transitional zone</u>, vascularisation index of <u>12.7%</u>.

The scaling is as follows:

0-5% normal/benign

5-10% equivocal

> 10% probable/possible cancer

Therefore, the treated area is fine, but the right side is suspicious for cancer.

September 2012:

• MRI Sydney: showed areas of change on the left lower midzone and towards the apex, most likely represent post ablation, with a PI-RADS score of 3.

PI-RADS Scoring:

- 1-2 cancer highly unlikely, or unlikely to be present
- 3 is equivocal for cancer
- 4-5 cancer likely, or highly likely to be present

January 2013

- MRI Sydney: showed post laser scarring on left side; on left side upper apex/midzone worrying nodule measuring 5 mm in size; signal changes in right mid zone that possibly remain stable.
- Overall PI-RADS: scoring of 3-4 for these L & R areas.
- Follow-up MRI USA: showed post ablation effects of left peripheral mid zone (with cancer scoring of 1/5, 1/5, 1/5, total 3/15, 0/5 extracapsular Note: 1= def. no tumour, 5= def. tumour)
- Tumour scoring of area of interest in the left peripheral zone had reduced from 9/15 to 3/15.
- Follow-up 3D Power Doppler Prostate U/S in Australia: showed prostate 36cc, <u>avascular</u> area in the <u>left mid</u> <u>gland</u> lateral treated area, vascularisation index <u>0.3%</u> & a <u>vascular</u> area in the <u>right transitional zone</u>, vascularisation index of <u>5.9%</u>.
- Results indicate stable area in the left treated section (previously 0.2%), and a very much improved reduced vascularity in the right mid zone from 12.7% in August to 5.9% January.

(The scaling is as follows: 0-5 % normal/benign; 5-10 % equivocal; > 10% probable/possible cancer)

March 2013 Consult

• Patient remains well and very happy with the significantly improved results, especially the reduction in right sided suspicious lesion returning to normal.

Supplement Program

CAM Programme is now:

Multivitamin – 1-2 capsules daily

Vitamin C - 1-2 capsules bd

• Zinc 30mg - 1 tablet bd

Immune Modulation Formula - 2 capsules bd

• Anti-inflammatory Formula - 2 capsules bd

Selenium 200mcg (total 500mcg)

Flaxseed Oil – 1 tablespoon daily

Cod Liver Oil – 5mls daily

• Fish Oil – 5mls daily

Prostate Formula - Saw Palmetto and Nettle Root

• RBAC - 1 sachet bd

Magnesium Chelate/Orotate/Aspartate - 1 tablet bd