

## Re: Steph please, prognosis

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- *From:* J <nexsw@nvalid,anon>
  - *Date:* Thu, 15 Feb 2007 11:43:16 -0500
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Steph wrote:

"J" <nexsw@nvalid,anon> wrote in message

prostate cancer patient, late diagnosis, no RRP, no brachytherapy, no biopsy, way too late for that.  
he's on 2 hormone therapies which I think may be helping him urinate, rather than a catheter.  
He's youngish, but unfortunately has chronic heart disease and diabetes.

He's in Wales. They have no intention of giving him RT.  
He's lost 9 stones without trying and despite being a home-type chef. (one of the loves of his life).  
Due to messages on the other newsgroup, he thinks he's good until summer 2008 or longer.

results of Bone-Scan – as follows:  
"There is extensive metastatic disease involving the Skull Vault; the cervical, thoracic and lumbo-sacral spine, bony pelvis, ribs, sternum, shoulders, elbows, wrists, knees, ankles and digitals. There is a concentration of metastatic disease involving both proximal femora"

Head x-ray – shows a cluster of as yet unspecified abnormal cells located between the (I forget now – but between two brain lobes)  
Chest x-ray – small cluster of abnormal cells in the right upper lung.  
Abdominal x-ray – two abnormal cell clusters on the liver.  
CT-Scan to follow.

One problem is he lives alone and has no one to care for him and his cat.  
Problem #2 he's been on they're cutting his morphine from 60 mg taken twice a day to 10 mg twice a day.

Median? for this self-described stubborn man and prostate cancer patients seem to do better, but there's the hips and the liver and the brain, in this man.

I need to know (so as to know) when to tell him to call in hospice.  
Thanks

Re: Steph please, prognosis

J

Median survival with bone mets is 10–12 months, but with brain or lung mets is shorter – maybe 3–4 months

Thanks Steph.

I really mucked this one up.

He's in Scotland. Diagnosed Jan 10 – just got in to see an oncologist. Only to have them cut back on his pain meds !!

So there's no point in fighting for RT? (he'd have to go outside the system, since they've denied him, and pay for it himself).

The pain meds issue; he'd had chronic pain from other causes for years and both his GP and he just assumed that the pain that crept up from worsening of the other condition. So his GP had him on pain meds (strength) that controlled the pain, but now the oncologist is cutting back his pain meds.

Doesn't make sense to me if they won't palliate his pain with RT.

J

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