

Re: Steph please, prognosis

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Source: <http://sci.tech-archive.net/Archive/sci.med.diseases.cancer/2007-02/msg00091.html>

- *From:* "Dragonlady" <dragonlady@xxxxxxxxxxx>
 - *Date:* 18 Feb 2007 03:57:00 -0800
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On Feb 17, 7:14 pm, J <nexsw@nvalid,anon> wrote:

Steph wrote:

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

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

prostatecancerpatient, 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.

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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 prostatecancer

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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

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).

If he has bone pain, he should get RT on the NHS, and he will get that in
Scotland.

If they've "denied" RT, who is "they"? His oncologist certainly wouldn't.

His oncologist said "no RT"

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

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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

There's big problems in UK for prostate cancer patients.

Someone else has just chimed in.

Her FIL was diagnosed with prostate cancer in 1996 and severe back pain and was told he had to have his testicles taken off. The FIL complained to the son that he couldn't understand a word the doctor was saying because he was a foreigner (overseas doctors practising in NHS) In addition, the doctor told him to go home and take paracetamol for the pain.

So the son, in New Zealand went to visit and went with him to see the doctor and the doctor refused to speak about the prostate cancer with them both. And again said "things are ok; go home and take the paracetamol". They went back two years later because the FIL had been hospitalized and fell out of bed and fractured his femur.

Her husband, the son, now has prostate cancer.

She's saying that "the treatment metered out to PCa patients in the NHS. it is a post code lottery and men like Hugh are being left on the scrap heap." (Hugh's the one I'm trying to motivate to get to a radiation oncologist and who was refused by the oncologist at, I think, the Beaton hospital.

She goes on to say "The NHS was set up to provide free medical care for all, and remember

all working people are paying National Insurance for this and when the time comes for treatment, the bean counters will not allow best practice to happen and you are at the mercy of the local PCT and their budget management dictated by the Minister of Health in Whitehall."

According to this <http://news.scotsman.com/scotland.cfm?id=2460992005> they're supposed to be treated within 2 months of diagnosis.

I think they're abandoning advanced cancer patients, particularly ones who don't press the issue or know their rights (don't have an advocacy group such as breast cancer patients seem to), in favor of curable or "louder" ones.

J- Hide quoted text -

- Show quoted text -

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said "things are ok; go home and take the paracetmol". They went back two years later because the FIL had been hospitalized and fell out of bed and fractured his femur. " I really object to being quoted out of context

The son was not in New Zealand at the time, we were over here in England on holidays from New Zealand.

Please if you are going to quote me, make sure you quote correctly. We came back to England on our way to Oman in February 1998 and were in England when the FIL fell, while in Tickhill Road Hospital awaiting discharge and he fractured his hip. Sixteen days later he died, not from the femur fracture, but the heart failure and PCa. The first we knew of the PCa was when we were taken aside and asked about a DNR. Rather a shocking introduction to the NHS and finding out about FIL's cancer.

Phillipa Lucille Smith