

ADT3/TRIPLE-HORMONAL BLOCKADE REASONING

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DISCLAIMER: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient’s viewpoint, to voluntarily help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make your journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing your prostate cancer care.

When a man’s prostate cancer status requires he be prescribed androgen deprivation therapy, I will continue to recommend that patient do his own research following reading my research to recognize why triple-hormonal blockade (aka ADT3) addresses what three forms of medication provide differently for more effective treatment to rein in prostate cancer cell development. And in that treatment, if successful in bringing down PSA and testosterone levels to “clinically castrate” levels, can also result in periods of intermittent androgen deprivation (IAD) wherein the patient can then take a break from the GnRH agonist or antagonist as well as antiandrogen BUT continuing to “maintain” with the 5AR inhibitor dutasteride/Avodart while experiencing a return of testosterone and consequent improvement in quality of life issues of energy boost and general well being.

Please visit the Prostate Cancer Research Institute website

<http://pcri.org/pcri-papers-1/?rq=PCRI%20PAPERS> then scroll down to “Androgen Deprivation Therapy” that supports my opinion in the papers I have compiled below:

<http://tinyurl.com/3ulagd2>

and

<http://tinyurl.com/74bkzam>

and a lengthy paper with many references that support the use of a 5AR inhibitor in androgen deprivation therapy: <http://tinyurl.com/3gfd23r>