

BONE MARROW INVADED BY PROSTATE CANCER?

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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 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. 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 prostate cancer care.

I wish I had a quick and conclusive answer to treatment for patients experiencing bone marrow invaded by prostate cancer, but all I know from research/study when prostate cancer moves into bone marrow is that the treatment would likely be similar to treating multiple myeloma.

It is important to be under the care of a Medical Oncologist whose specialty is treating patients with cancer to bone marrow. My Medical Oncologist specializes in bone marrow issues, and when I asked him about cancer spreading into bone marrow, he remarked that much depends on how low lab diagnostic results are from the invaded bone marrow, and if low, it is unlikely any form of chemotherapy would provide any relief.

Here are a couple papers on the subject of cancer in bone marrow/myeloma, though as I remarked above, I do not know for certain that treatment for PC migrated into bone marrow would be the same:

<http://www.uptodate.com/contents/multiple-myeloma-treatment-beyond-the-basics>

<http://www.cancer.org/cancer/multiplemyeloma/detailedguide/multiple-myeloma-treating-by-stage>

<http://northtexas.myeloma.org/mm101.htm>

Definitely do NOT have Xofigo/alpharadin/Radium 223 prescribed since this recently approved treatment for bone pain, rather than helping, would rather have an opposite effect: This from <http://www.cancer.org/treatment/treatmentsandsideeffects/guidetocancerdrugs/xofigo1>.

“This drug can **damage your bone marrow**, which is where new blood cells are made. This could lead to a drop in your blood cell counts. In rare cases, the damage may be severe enough to be life threatening.”

This paper “Prostate Cancer Spreads to Bones by Overtaking the Home of Blood Stem Cells” explains to some degree how our cancer gets into and develops in bone marrow: <http://tinyurl.com/4mdtjkh>

Should the patient have low platelet as well as other low blood counts, it would appear that neither Jevtana/cabazitaxel, another medication for advanced prostate cancer, nor Xtandi/enzalutamide, should be prescribed.

This paper explains the necessity of appropriate levels of Vitamin K and Calcium to improve platelet levels. You may want to discuss including appropriate foods or supplements with the treating physician.

<http://www.livestrong.com/article/536916-nutrition-to-boost-platelet-count/>

You may want to discuss whether or not donating platelets would be helpful to replenish the platelets in the patient’s bone marrow. Discussed here:

<http://www.mskcc.org/giving/blood/platelet-donations>

Would bone marrow transplant aid the patient? Explained here:

http://www.nbmtlink.org/resources_support/rg/rg_understand.htm

For anyone reading this paper who may have more to offer, please advise so that this paper can be improved.