

## When to Administer a Bone Scan for Newly Diagnosed Prostate Cancer Patients Compiled by Charles (Chuck) Maack – Prostate Cancer Advocate/Mentor

Medical Oncologist Stephen Strum, specializing in prostate cancer research and treatment since 1983, has continuously provided the following remark when it comes to administering a bone scan to newly diagnosed patients:

“One of the biggest hoaxes perpetrated on the prostate cancer patient and family is the use of CT and bone scanning to falsely present to the patient that the prostate cancer is confined to the prostate and has not spread outside of the region of the prostate. These two tests amount to an annual global expenditure of 500 million dollars per year. Both of these tests in the setting of a newly diagnosed patients with a PSA of less than 10.0 have a detection rate of less than one in 200 patients for disease outside of prostate. The exception to this is found in patients with high Gleason scores when there is a significant amount of Gleason Grade 4 or Gleason Grade 5 disease.”

Dr. Strum’s long time advice has now more recently been validated by a study titled:

“When to Perform Bone Scan in Patients with Newly Diagnosed Prostate Cancer: External Validation of the Currently Available Guidelines and Proposal of a Novel Risk Stratification Tool”

The original study, lead by Dr. Alberto Briganti, Vita-Salute University San Raffaele, Milan, Italy, concludes: “On the basis of our results, baseline staging bone scans might be restricted to patients with intermediate-risk (biopsy Gleason sum 7, cT2/T3, and PSA >10) and high-risk PCa (biopsy Gleason sum 8–10).”

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