

Jon Nowlin, Carson City NV on October 10, 2013

Having had 10 CDU scans by Dr. Bahn over my 7 years of Active Surveillance and 4 MRIs done at UCSF, I can attest to accuracy and sensitivity of DR. Bahn's color Doppler scans. He was able to find, measure, and target for biopsy, small tumors that UCSF could not identify with their 3.0 T MRI with spectroscopy. Even with UCSF having in hand the biopsy report on the small Gleason 3+3 tumors sampled by Dr. Bahn's targeted biopsy, they could not detect them.

That is not to discount the value of a multiparametric MRI for screening. To date all publications show that it has significant accuracy in identifying larger more aggressive (Gleason 4+3 or higher) tumors that need treatment. My UCSF MRI scans did identify my largest 'index' tumor, although they could not quantify changes over 6 years that Dr. Bahn found by CDU. MRI missing small Gleason 3+3 'pre-cancers' is actually good- it will lessen over-treatment of indolent cancers.

So, at least in my case, Dr. Bahn being able to see and target small lesions that were proven to be tumor by targeted biopsy, suggests that his CDU scans would have value for assessment of PSA recurrence after treatment. The question is, or should be, if the PSA is rising after treatment, where is the cancer? If it is the prostate bed, there is an excellent chance that Dr. Bahn will find it. If not in the prostate bed, then more advanced imaging if needed to find where the cancer is before deciding on a course of salvage treatment.

I had SBRT treatment March 2013, with a dramatic drop in PSA Even though there is no sign of recurrence, I'll be going back to Dr. Bahn on year after treatment to have a post-treatment CDU scan to see if there is any sign of residual cancer.

Best Wishes to All!