

# LONGEVITY MEDICAL CLINIC

*Feel Younger · Live Better*

## RELEASE OF LIABILITY FOR TESTOSTERONE ADMINISTRATION AFTER A DIAGNOSIS OF PROSTATE CANCER

There are several issues that need to be considered with patients with prostate cancer. This letter is designed to give you an overview of where the science is at the moment. And if you decide to receive testosterone, to provide the doctor and clinic protection from legal liability incurred as a result of their efforts to help you.

If you do nothing at all about a prostate cancer you have about a 10% chance of dying from the cancer. 90% of prostate cancer patients are going to die of something else before the cancer kills them. Of course young men with prostate cancer have a higher risk of dying from the cancer than old men for obvious reasons.

Surgery, radiation, and brachytherapy, all have about the same effect on survival. They reduce your chances of dying from the cancer from 10% to about 5%. At this point there is no cure for a cancer that has spread beyond the prostate. Removing all of the testosterone from your body will slow the growth of the tumor for a while, but will not cure the cancer.

Two of the most common adjunctive treatments for prostate cancer are chemical and surgical castration. The goal is to reduce the testosterone levels to zero and in doing so slow the growth of a testosterone sensitive tumor. In cases in which the cancer that has spread beyond the prostate, this approach has been shown to add about 2 ½ years to survival. The flip side of chemical or surgical castration is that the lack of testosterone will have enormous effect of the quality and length of life a man has. Chronic fatigue, impotence, loss of strength and development of depression are common. Without testosterone the risk of diabetes, heart disease and stroke rise rapidly. In fact these consequences will lower the average life span of a testosterone deprived man by about 2 years.

Testosterone does not cause prostate cancer. It permits it, which is an important distinction. If you're trying to induce prostate cancer you need three things.

- Testosterone
- Estrogen
- An irritant of some sort

If any of the above three are missing prostate cancer simply does not form. Testosterone and estrogen are pretty self explanatory. The irritant on the other hand, can take many forms. Viral infection, bacterial infections, chemical irritants of myriad forms can all provide the needed irritation.

The amount of testosterone necessary to prevent the formation of prostate cancer is extremely low. In fact, in clinical efforts to prevent prostate cancer recurrence, or to slow its growth, it has been found that simply removing testosterone production from the testicles is not enough. The small amount of testosterone produced by the adrenal glands, plus the modest testosterone production that takes place in a variety of local tissues outside of the testicles, is enough for testosterone's permissive effect to take place. If you really want to stop the growth of prostate cancer, you must not only remove the function of the testicles, but you also need to add an androgen receptor blocker that will prevent the body from responding to even the small amount of testosterone produced in other places. If a patient has had surgery for prostate cancer and his testicles have been left intact for a year or more, He has received a very effective testosterone challenge during that period.

Over the last 25 years many studies have looked at testosterone levels and their association with the recurrence rate of prostate cancer. The vast majority of the data clearly indicates that there is no correlation between the amount of testosterone present and the rate of prostate cancer formation. On the other hand, testosterone levels do have a very clear affect on the nature and aggressiveness of prostate cancers. A consistent finding has been that men with low testosterone have a higher incidence of aggressive cancers with an increased propensity to spread and a higher risk of death. Men with high testosterone levels get prostate cancer at the same rate as men with low testosterone. But their cancers tend to be slower growing and less dangerous.

There have also been several studies that have looked at cancer recurrence rate in men who have been given testosterone after treatment for prostate cancer. These studies have shown that there is no increased risk of cancer recurrence. About 5% of the men who have what initially seem to be successfully treated for prostate cancer will eventually have a recurrence of their cancer. This rate is the same whether they received testosterone following their surgery or not.

As a consequence of these research findings it is that our policy at Longevity Medical Clinic to permit the use of testosterone in men who have had prostate cancer and are symptomatic due to low testosterone levels. Prior to giving testosterone to these men, we require that they have PSA levels consistent with total destruction of the prostate, and no evidence of spread of tumor beyond the prostate. The next practical question is; how long these low levels should be maintained before testosterone therapy is started? Unfortunately, there is no hard and fast rule since this is a new development in prostate cancer therapy. I have started testosterone in the early as three months after surgery. That case was a fellow physician, in fact, a pathologist, who was intimately aware of the risks and benefits. In the intervening years he has done wonderfully well. In general it is our feeling that the longer it has been since treatment, the lower the chance of a tumor reoccurring.

RELEASE FROM LIABILITY

I understand that testosterone supplementation in the presence of prostate cancer is opposed by many physicians. However, I have sufficient symptoms of low testosterone that I desire to receive this medication despite the controversial nature of the treatment.

I understand that the physicians at Longevity Medical Clinic will not give me this therapy if there is any risk of my later suing them as a result of the therapy. Therefore, by signing this document I am agreeing to hold the physicians, staff, clinic owners, and operators blameless for any adverse effects of this therapy. I agree to not bring suit or allege any wrong doing of any kind as result of this therapy.

Name: Dean Griswold

Signature: Dean Griswold

Witness: AC Pomeroy

Signature: AC Pomeroy

Relationship: physician

Date: 10/13/2020