Invasion Of The Prostate Snatchers

#prostate health #urology humor #medical parody #men's health satire #sci-fi medical

Dive into the darkly humorous and speculative world of 'Invasion Of The Prostate Snatchers,' a unique narrative that playfully explores the anxieties and challenges surrounding prostate health. This piece offers an irreverent, sci-fi-infused take on men's medical issues, blending comedic absurdity with sharp commentary. Discover an unconventional perspective on urology, perfect for those who appreciate satire in the realm of health.

Invasion Of The Prostate Snatchers

Invasion of the Prostate Snatchers Doctor Meets Patient HD - Invasion of the Prostate Snatchers- Doctor Meets Patient HD by Other Press 188 views 8 years ago 3 minutes, 3 seconds - Mark Scholz, MD, **prostate**, expert and medical oncologist, and Ralph Blum, living with **prostate**, cancer for two decades, ...
Mark Scholz MD, Ralph H. Blum Invasion of the Prostate Snatchers - Mark Scholz MD, Ralph H. Blum Invasion of the Prostate Snatchers by ExpandedBooks 1,497 views 13 years ago 3 minutes, 11 seconds - Mark Scholz, M.D. & Ralph H. Blum, a maverick oncologist and his proactive cancer patient, teamed up to write **INVASION**, OF THE ...
Webinar: Invasion of the Prostate Snatchers 13 years later An evening with Dr Mark Scholz - Webinar: Invasion of the Prostate Snatchers 13 years later An evening with Dr Mark Scholz by AnCan 1,551 views 1 year ago 1 hour, 55 minutes - With his signature clarity and directness, Dr. Mark Scholz talks about what has changed in **prostate**, therapy and what hasn't since ...
Introduction
Peter Kafka
Dr Mark Scholz
Howard Wolinski
Mark Scholz
The underlying message
Ralph Blum
Prostate Cancer Perspective
Prostate Cancer vs Other Cancers
Bottom Line
The 5 factors
Other factors
Variation in physician skill
Grade of prostate cancer

My first exposure to cancer
The 40year development of cancer
How things have changed
Random biopsy
Perineal biopsy
Random biopsies
New study
Prostate cancer types
Is Prostate Cancer Fatal? | Ask A Prostate Expert, Mark Scholz, MD - Is Prostate Cancer Fatal? | Ask A Prostate Expert, Mark Scholz, MD by Prostate Cancer Research Institute 109,441 views 3 years ago 4 minutes, 35 seconds - PCRI's Alex and Dr. Mark Scholz address the commonly asked question, "Is **prostate**, cancer fatal?" Don't know your **prostate**, ...
DR MARK SCHOLZ.m4v - DR MARK SCHOLZ.m4v by Christina Marie 453 views 13 years ago 7 minutes, 9 seconds - Christina Marie interviews Dr. Mark Scholz. They talk about **Prostate**, cancer, and the process of testing, treating, and choices that ...
Gleason 3+4=7 and 4+3=7: What Is The Difference? | Ask a Prostate Expert, Mark Scholz, MD - Gleason 3+4=7 and 4+3=7: What Is The Difference? | Ask a Prostate Expert, Mark Scholz, MD by Prostate Cancer Research Institute 31,457 views 4 years ago 4 minutes, 28 seconds - Alex and Dr. Scholz discuss the difference between Gleason 3+4=7 and 4+3=7. 0:48 What are the major differences between ...
What are the major differences between Gleason 3+4 and 4+3? In the Gleason system, the first number represents the most common grade on a biopsy slide and the second number represents the second most common grade. 4+3 and 3+4 are both intermediate-risk prostate cancers, but the treatment can vary greatly between the two Gleason grades and even within one of the Gleason grades. An unfavorable 4+3 will require combination therapy, a favorable 3+4 may be a candidate for active surveillance, and then everything in between.
What are the cure rates for men with 4+3? The cure rate for a favorable 4+3 is 90-95% and the cure rate for an unfavorable 4+3 is 75-80%.
Know Your Options - Know Your Options by Prostate Oncology Specialists 186 views 9 years ago 4 minutes, 16 seconds - ... medical oncologist and Ralph Blum, living with **prostate**, cancer for two decades co-authored "**Invasion**, of the **Prostate Snatchers**, ...
Ralph's Journey - Ralph's Journey by Prostate Oncology Specialists 256 views 9 years ago 4 minutes, 7 seconds - ... medical oncologist and Ralph Blum, living with **prostate**, cancer for two decades co-authored "**Invasion**, of the **Prostate Snatchers**, ...
New Study Shows The Impact of Diet on Prostate Cancer | Mark Scholz, MD | PCRIü - New Study Shows The Impact of Diet on Prostate Cancer | Mark Scholz, MD | PCRIü by Prostate Cancer Research Institute 465,117 views 1 year ago 11 minutes, 36 seconds - We at the **Prostate**, Cancer Research Institute receive questions on a regular basis about diet, lifestyle, and **prostate**, cancer (and if ...
I have heard that there was a recent study published looking at diet and lifestyle of 12,000 prostate cancer patients over 20 years. Is there anything that we can learn from this study?
Why is animal protein bad for prostate cancer?
Do eggs count as animal protein when thinking about animal protein's relation to increased prostate cancer risks?
Can a specific diet cause PSA to decline?
Do you have specific diets that you tend to recommend to your patients?
Is it fair to say that these stringent diet and lifestyle recommendations would be most appropriate for men with more dangerous prostate cancers and that men with low-grade, Gleason 6, prostate cancers do not
Considering the significance of a person's weight in their general health, can you tell us more about the medication "Wegovy," a weight loss medication, that you mentioned in our recent webinar?
Should all prostate cancer patients be lifting weights?
Why Prostate Cancer Survivor Steve Schwartz Thinks It's Important to Be Vigilant - Why Prostate Cancer Survivor Steve Schwartz Thinks It's Important to Be Vigilant by Prostate Cancer Research Institute 107,198 views 4 years ago 15 minutes - PCRI's CEO, Alex Scholz, sits down with **prostate**, cancer survivor Steve Schwartz to discuss his history of fighting **prostate**, cancer.
Mr. Schwartz's battle with prostate cancer began eight years ago when he and his doctors noticed that his PSA was rising. He was sent to a urologist who performed a random biopsy, found a core of Gleason 3+4=7, and recommended radical prostatectomy. He decided to have a second opinion on his pathology slides to see if that was possible. A second doctor graded his pathology slides

as 3+3, seemingly making him a good candidate for active surveillance. He had a third doctor, Dr. Jonathan Epstein, review his slides, and he too decided that the samples were pre-cancerous rather than cancerous, seemingly making him a good candidate for active surveillance.
Mr. Schwartz then went to see a medical oncologist Dr. Mark Scholz who expressed concern with the accuracy of the random biopsy and suggested that Mr. Schwartz undergo imaging. Dr. Scholz performed a color doppler ultrasound, found a suspicious area, and recommended an MRI-guided biopsy of the suspicious area. The MRI-guided biopsy found cancer in all three samples, 80% involved, Gleason 4+4=8. Mr. Schwartz sent the pathology slides to Dr. Epstein who confirmed that the samples were 4+4=8.
Since Mr. Schwartz's Gleason grade was found to 4+4=8, he knew that he was not a candidate for active surveillance. He continued to research treatment options and spoke with his doctor about the possibility of partial-cryotherapy. He underwent the procedure with Dr. Duke Bahn and experienced little to no side effects from the procedure.
Mr. Schwartz went into remission for six or seven years until he noticed that his PSA was rising again. He had color doppler and MRI imaging performed, but they were unable to detect anything within the prostate. He went to see a doctor in Arizona who—at the time—had the most advanced imaging capabilities. Initially, that doctor found two unusual spots in the pelvis but did not believe that they were cancerous. Mr. Schwartz gave the doctor scans that he had done in the past, and the comparison helped convince the doctor that the spots actually were likely cancerous. He had a second opinion done at UCLA who concurred that the two spots were likely cancerous.
The status quo for treating prostate cancer metastases had been to go on androgen deprivation (first-generation, e.g. Lupron) indefinitely until you die. However, the results from recent studies and successes from Dr. Scholz's practice convinced Mr. Schwartz that the best course of action was to be as aggressive and early with his treatment as possible. He decided, in concert with his physicians, to go on Lupron, Zytiga (a second-generation hormone therapy), and chemotherapy (Taxotere) at the same time.
Mr. Schwartz utilized an Ice Cap to preserve his hair during chemotherapy. He also heeded Dr. Scholz's advice to do consistent weight training and exercise to counteract the side effects of fatigue. Although it was difficult, he had a trainer who held him accountable. Because of his efforts, he only experienced mild side effects from this treatment protocol.
In addition to the systemic therapies, Mr. Schwartz had SBRT (a form of radiation) directed at his metastases.
About Advanced (Metastatic) Prostate Cancer - About Advanced (Metastatic) Prostate Cancer by Macmillan Cancer Support 45,823 views 3 years ago 3 minutes, 1 second - In this cancer information video, Urologist Shiv Bhanot explains the treatment options for advanced (metastatic) **prostate**, cancer.
Does High PSA Levels = Prostate Cancer? | Dr Steven Tucker - Does High PSA Levels = Prostate Cancer? | Dr Steven Tucker by Tucker Medical 251,070 views 1 year ago 7 minutes, 52 seconds - While levels of PSA in the blood can be higher in men who have **prostate**, cancer, it may also be elevated in other conditions that ...
Intro
What is PSA
Common causes of elevated PSA
PSA and other medical problems
Testosterone
Why Prostate Cancer Survivor John Shearron Thinks It’s Important To Do Your Researchü | PCRI - Why Prostate Cancer Survivor John Shearron Thinks It’s Important To Do Your Researchü | PCRI by Prostate Cancer Research Institute 70,464 views 2 years ago 17 minutes - PCRI's Alex inter-views John Shearron, one of our PCRI helpline facilitators and the leader of the Mets Mavericks advanced ...
Can you share about your prostate cancer, for example, how you were diagnosed?
Was it your family doctor who gave you your first PSA?
Once you got to your urologist, what were your options?
How did you know to seek out a second opinion?
Was Bill Blair the founder of Mets Mavericks, the support group for which you are the leader?
What is it like for you to work with so many advanced prostate cancer patients who tend to be going through tough times?
What did you do once you got your pathology back and knew that you had a potentially dangerous prostate cancer?

What did you end up doing for treatment?
Did you have to talk your doctor into focal treatment, or was he open to it?
Were there any side effects from the cryotherapy?
What was your PSA like after cryotherapy?
How long did it take for your PSA to go down?
Did you have to do anything else after your treatment with cryotherapy?
Did you have to do hormone therapy?
How was your experience with hormone therapy?
What kind of exercise were you doing during hormone therapy?
What was it like when your testosterone came back?
How long did it take for your testosterone to come back after stopping hormone therapy?
16 Years: Surviving Metastatic #ProstateCancer | Joel Nowak, CEO of @cancerabcs4642 | #PCRI - 16 Years: Surviving Metastatic #ProstateCancer | Joel Nowak, CEO of @cancerabcs4642 | #PCRI by Prostate Cancer Research Institute 68,298 views 1 year ago 13 minutes, 30 seconds - Joel Nowak is the founder, CEO, and Executive Director of "Cancer ABCs," an organization devoted to providing plain-language ...
Living with prostate cancer that has spread: Thomas' story - Living with prostate cancer that has spread: Thomas' story by ProstateCancerCanada 19,439 views 4 years ago 4 minutes, 25 seconds - Thomas Maxwell recently found out his **prostate**, cancer has spread. Hear his journey and why he advocates for men to regularly ...
How were you diagnosed?
How did you handle your diagnosis?
How are you keeping busy?
3+4=7 #ProstateCancer | Active Surveillance vs. Focal Therapy | #MarkScholzMD #AlexScholz #PCRI - 3+4=7 #ProstateCancer | Active Surveillance vs. Focal Therapy | #MarkScholzMD #AlexScholz #PCRI by Prostate Cancer Research Institute 62,578 views 11 months ago 22 minutes - Patients with Gleason 3+4=7 represent one of the largest "grey areas" in the world of **prostate**, cancer. For patients with Gleason ...
Can you explain the situation of a man who has been diagnosed with Gleason 3+4=7 prostate cancer?
How much Gleason 4 is too much for a Gleason 3+4=7 to consider active surveillance?
If a person with Gleason 3+4=7 is doing active surveillance, are you waiting to see if there is an increasing presence of Gleason 4 and then treating it?
What time frame do you use for follow-up MRIs?
What PSA do you expect to see with a Gleason 3+4=7 when there is a small amount of Gleason 4?
What is a safe active surveillance protocol for someone with Gleason 3+4=7?
How often should men with 3+4=7 be seeking a second opinion on their pathology report? Should they seek out genetic testing?
What level of risk do you think precludes someone with Gleason 3+4=7 from doing active surveillance as opposed to having treatment?
What is "focal therapy" and how is it relevant to Gleason 3+4=7 prostate cancer?
Are there cases of Gleason 3+4=7 that would not be good candidates for focal therapy? For example, if the cancer was on both sides of the prostate?
Is there a certain form of focal therapy that you prefer for your patients? For example, cryotherapy, HIFU, etc.
How many procedures do you think a doctor should have performed to suggest proficiency with any one kind of focal therapy?
How involved is focal therapy for a patient compared to surgery and radiation?
What are the side effects of focal therapy and how do they compare to radical treatment like surgery or radiation?
Gleason 3+4 Active Surveillance, PSMA Alternatives, and More | Answering YouTube Comments #46 | PCRI - Gleason 3+4 Active Surveillance, PSMA Alternatives, and More | Answering YouTube Comments #46 | PCRI by Prostate Cancer Research Institute 25,358 views 2 years ago 9 minutes, 25 seconds - Medical oncologist Mark Scholz, MD answers questions from YouTube comments focusing on active surveillance for Gleason 3+4 ...
Can you get a prostate cancer recurrence without any change in PSA?
I have a Gleason 3+4 and I am considering active surveillance. Can you please tell me which tests I need to take to confirm that my cancer is low-grade? Where can I find these tests?
What is the active surveillance protocol for a Gleason 3+4 patient?

How often would a Gleason 3+4 patient need to have their PSA checked?
How do you deal with a 3+4 active surveillance patient whose PSA is above the normal range?
I am 56 and diagnosed with advanced metastatic prostate cancer. My PSA dropped immediately when starting Lupron and Xtandi and now my doctor wants to administer radiation to the prostate itself. Is there any benefit to local radiation?
If a PSMA PET scan fails to find a lesion at a PSA level at which the scan would be expected to find one, should the patient consider having an Axumin or choline PET scan as well?
How long should a patient wait to see if a second-generation anti-androgen (e.g. Xtandi, Zytiga, Nubeqa, Erleada) is working before starting a different treatment?
Prostate Cancer Recurrence | Eugene Kwon, MD | DIY Combat Manual for Beating Prostate Cancer: Part 2 - Prostate Cancer Recurrence | Eugene Kwon, MD | DIY Combat Manual for Beating Prostate Cancer: Part 2 by Prostate Cancer Research Institute 86,744 views 2 years ago 31 minutes - Dr. Eugene Kwon of the Mayo Clinic in Rochester, Minnesota is a physician who defies categorization. While he is considered a ...
Staging Your Disease as Local, Focal, Zonal, or Diffuse
Local Recurrence of Prostate Cancer
Focal Recurrence - Oligometastatic Disease 1-5 metastatic lesions
"Zonal Recurrence" - Large Cluster of Prostate Cancer in One Part of the Body
The Logic Behind "Deluxe Treatment"
Three Categories of Treatments Against Advanced Prostate Cancer
Empowering Lives: Breast and Prostate Cancer Awareness - Empowering Lives: Breast and Prostate Cancer Awareness by Jsp Live1 6 views Streamed 2 days ago 1 hour, 25 minutes - Join us for an insightful online event focused on raising awareness about breast and **prostate**, cancer. Our esteemed guest ...
Life Expectancy with Prostate Cancer Diagnosis - Life Expectancy with Prostate Cancer Diagnosis by Prostate Cancer Research Institute 227,371 views 4 years ago 3 minutes, 25 seconds - PCRI's Executive Director, Mark Scholz, MD, emphasizes that men who are diagnosed with **prostate**, cancer generally have strong ...
Some people may know someone who died young from prostate cancer, and so they may doubt the optimistic outlook that these numbers suggest. There are two situations in which a person would die unusually young from prostate cancer. First, a man may not be screening and so he would not be diagnosed and treated until the disease is at an advanced stage. Second, some men have rare forms of the disease that are especially aggressive and difficult to treat.
Since survival rates for prostate cancer are generally so good (and keep getting better), men who are newly diagnosed need to carefully consider their treatment options and how they will impact their quality of life since these are decisions that they will live with for many years.
Breakfast News in New Zealand-Prostate Cancer: Is Surgery the Best Option? - Breakfast News in New Zealand-Prostate Cancer: Is Surgery the Best Option? by Prostate Oncology Specialists 730 views 13 years ago 4 minutes, 39 seconds - Mark Scholz, MD discusses Blue September and **Invasion**, of the **Prostate Snatchers**, with New Zealand television hosts on ...
The Fear of Cancer & Choosing Active Surveillance | Ask a Prostate Expert, Mark Scholz, MD - The Fear of Cancer & Choosing Active Surveillance | Ask a Prostate Expert, Mark Scholz, MD by Prostate Cancer Research Institute 9,047 views 3 years ago 4 minutes, 34 seconds - PCRI' Alex asks medical oncologist, Mark Scholz, MD, all about active surveillance for men with low-grade **prostate**, cancers and ...
Interview with Dr Mark Scholz - Interview with Dr Mark Scholz by DrBarken 78 views 9 years ago 6 minutes, 34 seconds - Prostate, Cancer Convention Sept 5-7 , 2014. Dr. Barken interviews Dr. Mark Scholz from the **Prostate**, Cancer Research Institute ...
Episode 17: My Biopsy Says Perineural Invasion Is Present - Episode 17: My Biopsy Says Perineural Invasion Is Present by Prostate Cancer: The Road to Recovery 2,325 views 2 months ago 28 minutes - I was diagnosed with aggressive metastasized **prostate**, cancer at 52 years old. On this podcast, we talk about it. #metastasized ...
PI-RADS, Active Surveillance Protocols for 3+3=6 & 3+4=7, & Genomic/Genetics Tests | Mark Scholz, MD - PI-RADS, Active Surveillance Protocols for 3+3=6 & 3+4=7, & Genomic/Genetics Tests | Mark Scholz, MD by Prostate Cancer Research Institute 15,430 views 1 year ago 9 minutes, 34 seconds - PCRI's Alex asks questions from our helpline and YouTube comments on the topics of PI-RADS, Gleason 3+4=7 when the ...
What is PI-RADS?
When a biopsy result of 3+4=7 and the percentage of 4 is lower than 10%, how often does it occur

that the interpretation of 4 is a mistake?
What is the optimal monitoring process for patients on active surveillance and does it differ between individuals with 3+3=6 versus 3+4=7?
How does the monitoring process change over time for men on active surveillance?
How long can patients potentially stay on active surveillance?
Which genomic/genetic tests do you recommend patients seek out?
Invasion of the Body Snatchers - Trailer - Invasion of the Body Snatchers - Trailer by alliedartists 42,106 views 13 years ago 2 minutes, 38 seconds - Held by the police as a raving lunatic, Dr. Miles Bennell recounts to a psychiatrist the events that have turned his life upside down.
How Testosterone Level Affects Prostate Cancer Outcomes | Answering YouTube Comments #64 | PCRI - How Testosterone Level Affects Prostate Cancer Outcomes | Answering YouTube Comments #64 | PCRI by Prostate Cancer Research Institute 38,691 views 2 years ago 7 minutes, 46 seconds - Medical Oncologist, Mark Scholz, MD, answers patients' questions from our YouTube comments on whether testosterone levels ...
Do testosterone levels indicate how well hormone therapy will work or the time until hormone therapy resistance?
What are the testosterone levels going to look like for someone on hormone therapy?
If someone adds a second-generation anti-androgen to standard hormone therapy, would their PSA be expected to fall even lower?
If the testosterone level is really low, is the anti-cancer effect enhanced?
Do drugs like Lupron or Firmagon cause joint pain?
How can I best mitigate the discomfort from having Firmagon shots into my abdomen?
How I Live with Stage 4 Metastatic Prostate Cancer | Mark's Story | The Patient Story - How I Live with Stage 4 Metastatic Prostate Cancer | Mark's Story | The Patient Story by The Patient Story 709,923 views 1 year ago 22 minutes - One day, Mark woke up unable to walk. After countless tests and scans, Mark was diagnosed with stage 4 metastatic **prostate**, ...
Intro
First symptoms
Receiving the diagnosis
Relationship with oncologist
Treatment plan
How I changed my diet
The mental battle against cancer
The 4 Types of Prostate Cancer Treatment | Prostate Cancer Staging Guide - The 4 Types of Prostate Cancer Treatment | Prostate Cancer Staging Guide by Prostate Cancer Research Institute 82,617 views 5 years ago 6 minutes, 5 seconds - PCRI Executive Director, Mark Scholz, MD, gives a broad overview of the categories of treatment for **prostate**, cancer. The **Prostate**, ...
Intro
Active Surveillance
Localized Treatment
Systemic Treatment
Combination Therapy
"There's Always Hope" – The Story of a Prostate Cancer Patient's Wife - "There's Always Hope" – The Story of a Prostate Cancer Patient's Wife by Prostate Cancer Foundation 5,997 views 4 years ago 3 minutes - Elizabeth Ventura-Eisenmann is the wife of **prostate**, cancer patient Stephen Eisenmann. Discover how Elizabeth found hope in ...
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