

21.09.2021

MEDICAL OPINION REPORT

Dear Mr. Philip Jean deLong,

After our “online” video council, which we have conducted as a result of the information and reports you have entered into our eCouncil system on 18.09.2021.

With the diagnosis of Prostate Adenocarcinoma (clinical stage organ-limited), robotic bilateral nerve-sparing radical prostatectomy was considered necessary in the first place due to the presence of Gleason Score 3+3=6 tumor in eight of the twelve biopsy materials, and because you are 69.

Although it is Grade Group 1, “Active Follow-up” was not recommended because of the possibility of upgrading after robotic radical prostatectomy at a rate close to 65% and tumors in eight of the 12 biopsy samples.

Radiotherapy was not recommended in the first step because of your age below 71 and the absence of additional health co-morbidities.

As a result of FDG PET-CT, which is included in the lung evaluation, it is recommended that the mass, which is initially considered as a “sequela”, should be followed up with Thorax Computed Tomography, which will be taken 1 or 2 months later, taking into account the cancer cases in your family history.

It is a medical opinion report based on your application about prostate cancer.
We wish you healthy days.

21.09.2021

Prof. Tibet Erdoğan, M.D.
Urology

Prof. Öner Şanlı, M.D.
Urology

Prof. Fulya Ağaoğlu, M.D.
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