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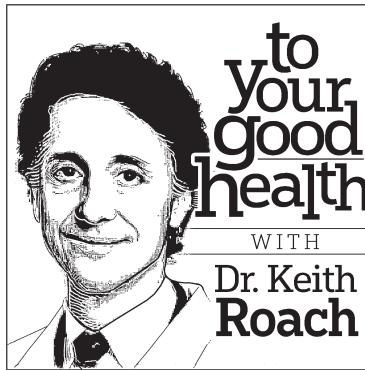
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TO YOUR GOOD HEALTH

FOR RELEASE JULY 27, 2026

By Dr. Keith Roach



An Expensive Injection Is Indicated for Prostate Cancer Patient

DEAR DR. ROACH: About six years ago, I was diagnosed with prostate cancer. I chose to have a high-intensity focused ultrasound (HIFU), which ultimately wasn't successful. I was told that surgery after an HIFU was a high-risk option, so I chose to have radiation therapy to reduce the surgical risk of side effects like incontinence.

Prior to the start of the treatments, I was given an injection of leuprolide, presumably to interfere with testosterone production. There's also an injection that's scheduled for a couple of months after the completion of the radiation. I asked if the second shot was necessary and didn't get a definite answer.

What's your opinion? Not to mention, the cost of the first shot was \$11,814, most of which was paid for by insurance. It's no wonder that insurance costs as much as it does. It can't possibly cost this much to manufacture the drug. — *E.B.*

ANSWER: I can't answer your question about whether leuprolide is necessary for you without knowing more about your type of prostate cancer. For men with high-risk prostate cancer, this hormone-blocking treatment significantly improves the possibility of a good outcome.

For men who are at a low risk or a "favorable intermediate" risk, testosterone-blocking drugs usually aren't recommended. I suspect that you have a less-favorable intermediate risk, where four to six months of testosterone-blocking treatment is usually given.

The insurance cost that you were quoted is a retail price, and insurance companies negotiate a price that's usually much lower. In fact, the charges that you see on a hospital bill have a limited relationship

with reality. There are also generic versions available for less than \$200. Finally, there's a pill (relugolix) that's cheaper and doesn't produce the pain of the shot. It may work slightly better and faster.

DEAR DR. ROACH: I hear there are benefits to taking turmeric for arthritis. Can you please tell me about it? — *F.R.*

ANSWER: Turmeric has shown benefit as a treatment for osteoarthritis — the kind that most people get as they age. It isn't a treatment for inflammatory arthritis, such as rheumatoid or psoriatic arthritis, which requires urgent treatment to prevent permanent joint damage. This discussion refers only to osteoarthritis.

Across many trials, turmeric has shown to have the equivalent effectiveness of traditional anti-inflammatory medicines, such as ibuprofen or diclofenac (Voltaren). It appears superior to acetaminophen (Tylenol), even in a trial that directly compared the two. Turmeric helped most people with pain, stiffness and activity.

Although there are side effects that are associated with turmeric, they're generally mild. The most common symptoms are gastrointestinal, especially diarrhea, but some people note nausea or an upset stomach. The risk of side effects isn't much different from people taking a placebo (inactive) pill, and turmeric has significantly fewer side effects than anti-inflammatory drugs (and even acetaminophen).

I found a single case report of liver failure that was thought to be attributable to turmeric. Turmeric has been used as a spice for millennia and is generally regarded as safe. The active ingredient in turmeric — curcumin — is often sold as a supplement, usually with another compound to improve its absorption such as piperine (an extract of black pepper).

For my patients who want to try a supplement for arthritis, I feel comfortable suggesting that they try turmeric or its extract, curcumin. In my opinion, at least a two-week trial is needed to see if there's a benefit or if there are any side effects. A pain diary before and after starting the medicine can help a person see if they're really receiving a benefit.

Dr. Roach regrets that he is unable to answer individual questions, but will incorporate them in the column whenever possible. Readers may email questions to ToYourGoodHealth@med.cornell.edu.

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