

Flight Surgeon Notes #4

Prostate Cancer, A Personal Experience.

One Physician's Point of View

By Calvin A. Schuler, MD, 12TFW Assoc.

This article is my own Prostate Cancer story. My own approach to this disease has been affected by the outcomes and side effects of treatment that my patients and some of my own family members have experienced. My take on Prostate Cancer treatments are not aligned with Medical or Scientific literature, but rather the successes and failures encountered by personal contact with those who have preceded me.

Diagnosis

When I turned 60, having retired from the USAF-ANG, I was eligible for care at Davis-Monthan AFB, and signed up for my first complete physical since my retirement at age 56. Everything was fine, other than my being a little overweight. The Doctor did note some fullness of the left lobe of my prostate, and ordered a PSA. I never heard anything more and did not return to the Clinic until the following year for a brief physical. As we were going through my lab results, which had been drawn prior to the visit, the Doctor asked me if they had referred me to a Urologist the previous year. When I asked why, he responded that my PSA had been a little high on the previous checkup. It turned out that it was 4.28 and the most recent check was 4.86. Thus, a Urology Consult was obtained, and I saw a Urologist who I knew pretty well through my ED practice. He performed a Sonogram and did ultrasound guided biopsies of both lobes of the prostate. The results were positive for Adenocarcinoma of the prostate with a Gleason score of 6.

Treatment

I should not have been surprised when he recommended a Radical Prostatectomy. I was less than eager to jump into this procedure, though it was, and remains, the most frequent treatment by Urologists. He even offered to refer me to a surgeon who performed this surgery by the DaVinci Robotic Assisted method, (a less invasive procedure in many cases, but with the prostate after watching videos of the actual procedure without and with robotics, I could not see a benefit).

The literature reports fewer short term and irreversible complications with robotic assisted surgery, but still far above noninvasive and minimally invasive treatments. Most bothersome to me were the issues with loss of urinary control and the loss of sexual function, both of which were assured side effects of Prostatectomy, with no long-term assurance of return to normal. With surgery, there is no going back.

So, I decided to investigate other non-surgical treatment options. I made an application for a second opinion to Tricare and was approved to be evaluated by a Prostate Oncology Clinic in Marina Del Rey, CA. After a thorough exam, I was sent to see Dr. Duke Bahn in Ventura, CA for evaluation for possible cryotherapy. Dr Bahn did a very thorough ultrasound and spotted abnormal areas in the left neurovascular bundle and seminal vesicle, both of which are beyond the capsular borders of the Prostate. He performed a staging biopsy which included biopsies of the suspicious areas, and the pathology report came back with positive biopsies in both areas outside the prostate. Now my Cancer is a grade **T3b**.

This information was an eye opener for me. No longer was I a potential candidate for Cryotherapy, but it also demonstrated that I **would not** have been cured by a Radical Prostatectomy.

With this information in hand, the Doctors at Prostate Oncology Specialists recommended androgen opposition therapy, which basically drives the Testosterone to near zero for a period of time. I underwent 18 months of high dose estrogen therapy followed by injections at three-month intervals for another year. Since then I have been monitored by Ultrasound 2-3 times a year as well as following PSA levels which have remained very low (usually .02-.03). A biopsy performed by Dr. Bahn at 10 years post diagnosis demonstrated mostly fibrous tissue in all the areas that were positive for cancer. There have been a few cancer cells seen in the biopsies of the primary tumor area, but there does not appear to be any change on ultrasound for the past 10 years.

Results

I cannot say that I am cured, but I certainly am in remission, and I still have completely normal urinary function and reasonable sexual function at 74 years of age. I have avoided loss of the two things that bothered ME the most.

I do not intend to hold my own journey with Prostate Cancer to be the typical example, though it is likely to be somewhat similar to a reasonable percentage of cases. Nor do I intend to say that my concerns and fears are the same as those of all men diagnosed with this disease. I only wish to point out that Surgery is **not** the only option. Prostate cancer is not an emergency, and if the means is available for a specialty Oncology Consultation in addition to the Surgical Consultation, I would encourage investigating the options.

There are many excellent books on the state of the art of Prostate Cancer treatment. Here are a couple that I especially like.

Invasion of the Prostate Snatchers, 2011
Ralph Blum and Mark Scholz, MD

The Prostate Cancer Treatment Book, 2004
Peter Grimm, John Blasko, John Sylvester

Calvin A. Schuler MD, USAF, Ret., Chief Flight Surgeon
Medical Group Commander, 161st ARW, AZ ANG