



Frank S.

Problems with my prostate began at 64 years of age when I was forced to find a new doctor because of the reluctance of my family physician to give me a proper examination of the prostate. The only symptoms were frequent and difficult urination and I was determined to find out the cause of the problem. My new family doctor performed a proper digital rectal examination (DRE) and found a large gland with no hard spots.

A subsequent examination by a urologist at the local hospital confirmed the earlier diagnosis. For several years the prostate specific antigen (PSA) was elevated, from 10 to 12, but I was assured that it was due to benign Prostatic hyperplasia or BPH. In February 1998 the PSA test confirmed a reading of 16 and 2 weeks later a urologist arranged for a biopsy. The results from the six samples were negative for carcinoma but showed a high grade of prostatic intra-epithelial neoplasia or PIN. From the scarce information that I had been able to secure I knew that PIN was precursor of cancer in 59% of cases and I agreed to have a new PSA test and second biopsy in three weeks.

In this new test the PSA had increased to 16.5 or half a point and the biopsy confirmed a small malignant tumor, locally confined, Gleason grade 6. Somehow I expected it because the sudden rise in PSA was a clear indication that something abnormal was taking place. I was 71 at the time, in good physical condition and I was given two choices. I could have a radical prostatectomy (surgery) or radiation. I had never had any kind of surgery before and I must admit that I was afraid of the physical pain and the idea of the radiation treatment looked appealing.

But in my mind there was a constant and persistent thought that I wanted to eradicate and remove that disease out of my body and find out the exact condition of the prostate. Earlier I had contacted the Canadian Cancer Society asking to speak with a prostate cancer survivor who had undergone surgery. After two weeks I had an evening call from a gentleman who reassured me that his surgery went very well, like a breeze shall we say, and there was no physical pain. His comments tranquilized me and two days later I told the urologist that I wanted surgery. Today I can honestly say, although it seems a bit strange to some, that it was a wonderful experience because it was absolutely painless and I can tell others about it.

The pathology report of the prostate after surgery established that there was a tumor with less than 2% of volume and a Gleason grade pattern of 7. And the prostate itself was 106 grams, a big one. But, most importantly, the so-called "margins" of the gland were negative, meaning that the cancer had not gone outside the prostate. After two weeks I was completely dry, (no incontinence) but, as expected, I became impotent. I must say that this new aspect of my life was stressful but I was eventually able in time to adjust to it.

As a volunteer for The Prostate Cancer Institute I have learned enough about this disease to appreciate the ability and skill of the surgeon who performed my surgery and to be able to help others by conveying my experiences. I can also say that my faith helped me strongly along this journey of my life. One thing is very clear: early detection of prostate cancer is extremely important because the probability of being cured is excellent. If you wait too long you may regret it. Today after seven years, my PSA remains undetectable at 0 .02.