

The following article was in the September 16, 2013 edition of the Baltimore Sun

## ***My prostate cancer month***

### **The little blue ribbons — not so well known as their pink cousins — draw attention to a disease many men would rather not confront**

**September 16, 2013 | By Judy Berman**

October, with its ubiquitous pink ribbons, has come to symbolize breast cancer awareness. I'm guessing you didn't know that September has a ribbon too — a little-seen light blue ribbon that is the sign of Prostate Cancer Awareness month. I didn't know it. But last September I became acutely aware of prostate cancer, when my husband was diagnosed with the disease.

I set up a full physical exam for my less-than-thrilled husband earlier in 2012, when a friend was diagnosed with prostate cancer. Like so many men, he believes he is invincible.

Much to my surprise, when I asked my husband how the appointment went, he told me the doctor did not want to order the Prostate Specific Antigen (PSA) test as part of the blood work. My husband wasn't yet 60 (he was about to turn 59) and had no family history of prostate cancer. I have since learned that this reflected new recommendations from the U.S. Preventive Services Task Force designed to curb the negative consequences of overdiagnosis and overtreatment. Before I could protest and call for a new doctor, my husband told me that he said to her, "You don't know my wife." The doctor reluctantly checked the box.

And thankfully, she did. The dreaded digital prostate exam revealed nothing of note, and my husband had no symptoms. But the blood work showed an elevated PSA level, and it was confirmed with a second test. Almost all prostate cancers are found through the PSA test, according to the recently released book "Redefining Prostate Cancer: An Innovative Guide to Diagnosis and Treatment". On my husband's 59th birthday at the end of August, we received the biopsy results — prostate cancer, stage 3.

So last September, my personal prostate cancer month began as we started the journey of determining the best treatment. As simple as the screening should be through the PSA test (the best serum tumor marker for any malignancy), and as clear as the diagnosis can be through biopsy, the options for treatment and the issues surrounding them are complex. As I learned more about prostate cancer, I also came to see how many myths there were about this disease that stood in the way of effective diagnosis and treatment.

The common wisdom about prostate cancer is that it is one of the "best" cancers to have, since it's treatable. It's also slow growing. Many men die of other causes before there are any issues with prostate cancer. And the consequences of diagnosis through biopsy and treatment (bowel damage, incontinence, impotence) are often far worse than the disease itself. The USPSTF concluded that, "The inevitability of overdiagnosis and overtreatment of prostate cancer as a

result of screening means that many men will experience the adverse effects of diagnosis and treatment of a disease that would have remained asymptomatic throughout their lives."

While there is truth to these statements, there is another side to the story. Yes, prostate cancer is cured if it is confined to the prostate and the prostate is removed. But the sentence spoken by the urologist on that fateful 59th birthday woke me up to the serious situation we were facing: "There is no cure for prostate cancer other than removing it surgically." There is no cure. And not all prostate cancers are slow growing, since after all it is the second most common cause of cancer deaths among American men. There is promising new research that differentiates between those men with an elevated PSA who should undergo a biopsy and subsequent treatment from those who have indolent cancers that are best undiagnosed. But this research has yet to translate into the clinic, where men and their families face the decision of how to deal with their prostate cancer.

The difficulty of that decision is often compounded by the attitude of men regarding what can be side effects from prostate cancer treatment, be it surgery, radiation or hormones. The thought of wearing a diaper, or of not being able to have intercourse, creates a powerful fuel that feeds the procrastination about testing. The data show that prostate cancer mortality has declined by 40 percent since the PSA became a commonly used tool in the United States. How many lives will be lost if these new recommendations are embraced by primary care physicians? Do you remember the outrage when there was a recommendation to delay breast cancer screening beyond age 40? You may not because it was so short lived. Women and an army of pink ribbons refused to accept it.

My husband and I, with the help of surgeon Dr. Herbert Lepor of New York University Langone Medical Center, refused to accept that even prostate cancer that was outside the gland (my husband's cancer had spread to tissue surrounding the prostate) could not be cured. A complex surgery last October has led to a cancer-free outcome so far, as we monitor his PSA every three months and implement a radical lifestyle change to make his body as inhospitable to cancer recurrence as possible.

We just celebrated my husband's 60th birthday on a dream trip — a safari in Tanzania. We both cried for very different reasons this year than last. We will always remember hearing the Swahili version of "Happy Birthday" and sharing a cake with our fellow travelers in the Central Serengeti.

This September, aka Prostate Cancer Awareness month, is very different from last year. I will proudly wear a blue ribbon pin and gladly answer the questions about what it means. I will tell men, and the women who love them, that one in six men will be diagnosed with prostate cancer. I will tell them not to wait until they turn 60 to get tested to find out if you are the one in six, or to go on safari, or to pursue whatever dream you have been postponing for a better time.

Judy Berman is The Sun's senior vice president for sales and marketing. Her email is [judyberman7@gmail.com](mailto:judyberman7@gmail.com).