Prostate: A Guide for Women and Partners

By Donato (Danny) Pietrodangelo

Is he going to die?

That's the terrifying first thought when you learn someone you love has cancer. It's the question that will haunt you after your spouse or partner comes home and tells you: I have prostate cancer.

The honest answer: possibly yes, but, thankfully, most probably no. It depends. That's the frustrating, frequently implied, qualifier you'll get to a lot of questions about the disease – along with *if, may, studies show* and *we don't know*.

(I know, having heard and read them too often. I had surgery for prostate cancer three years ago and am now undergoing treatment for recurrence. Apparently some microscopic cells hung around, even after the prostate was removed. But this isn't about me.)

What 's most important for you to know is that while *he* has the cancer, even if it's not likely to be terminal, the diagnosis and treatment process, along with any after effects, are going to have a material effect on you and your relationship. How much of an effect? It depends..

The average guy knows little about prostate cancer; the average woman, perhaps nothing. It doesn't get a lot of press. While there are runs, rallies, ribbons and slogans for breast cancer, not so for prostate. For building awareness, "Get a prostate exam" can't compete with "Save the ta tas."

The silence surrounding the disease is unfortunate, since it's the second leading cause of cancer deaths in men and occurs in one out of 38 males, killing one out of seven of those who develop the disease. It's much more common in men who have a family history of the disease and, for some unknown reason, it's twice as likely to develop in African-American men.

The silence surrounding the disease is also perplexing, since the number of men who annually develop and die from prostate cancer is not far behind the number of women who get and die from breast cancer. The National Cancer Institute estimates that, in 2015, 231,840 women will develop breast cancer while 220, 800 men will develop prostate. Approximately 40,290 women will die from their cancer; 27,540 men will die from theirs.

Sometime In their lifetimes, 12.4 percent of all women will develop breast cancer and 14.0 percent of men will be diagnosed with prostate cancer.

Though one big difference is age: one-third of the women who die will be younger than 54; few prostate deaths occur before 54.

Why does prostate disease get so little attention?

First off there's age, since many see prostate cancer as an "old man's disease," most common in 60 year olds – once considered the twilight of a man's life. So let's put the out-to-pasture old man's disease issue in perspective: Bruce Willis is 60, Bruce Springsteen is 65. Mick Jagger is still strutting at 71. Morgan Freeman is 78. They're all in the age range when prostate cancer is most likely to occur.

Next there's avoidance. Men don't think about the mechanics down there, unless it concerns

what's up – or isn't. And then, they don't discuss these things even with their best buddies, much less publically

Finally, denial. We men think we're invincible. "I ran a 5k last week, lift weights daily, eat right. Won't affect me." Wrong. There's no clear evidence that prostate cancer has anything to do with lifestyle, as does heart disease or diabetes. Getting prostate cancer is the pick of the draw. Some men - and nobody knows why - are dealt the cancer card.

So, the doctor knows or *thinks* he has cancer. You're frightened and baffled and have a thousand questions. Is the doctor sure? How bad is it? Can it be treated? How? What can we both expect ?

First off, don't panic. The overwhelming majority of men who get prostate cancer don't die it.

None the less, treatment and the after effects can be disruptive and stressful for you both. And, the anxiety and uncertainty about treatment, and the possibility of lifelong side effects, can be overwhelming for him and taxing for you. One of the best tools for handling the uncertainty is information, accurate information.

Consider the following a primer on prostate cancer for a spouse or partner.

But, as read, keep in mind three things: First, this is an overview, a point of departure for focusing your own research, and refining the questions you want to ask the professionals. Next, there's conflicting research and opinion on prostate cancer, especially diagnosis and when to begin treatment. This information was gleaned from interviews with medical experts, academic research, reliable internet resources –like treatment centers, universities and institutes – and my own personal experiences. Finally, There are a lot of "it depends" when it comes to prostate cancer – if, than, may, might, typically, usually. This is because individual doctor's may approach prostate cancer differently. Most importantly, research on the diagnosis and treatment is on-going. New findings can influence approaches.

The focus here is on the most typical situations and prevailing medical opinion.

Where it begins.

Your spouse or partner goes for an annual physical and routine blood work. During the check-up, the doctor does a physical prostate exam – a bend end over and put your elbows on the table kind of exam – where he or she feels the prostate to check for lumps or abnormalities.

It's all good. Until the doctor calls and says he's concerned because his PSA is elevated. What does this mean?

PSA stands prostate-specific antigen, a substance in the blood. The blood test screens for the PSA level, which is assigned a number, with 0 – 20 being the working range. The higher the number, or PSA level, the more likely cancer cells are present in the blood.

His PSA score is the first piece of information you'll want.

Let's say, his last test showed a PSA of zero and now it's, to "2.5,."The physician will typically want to keep an eye on it, checking the level again in six months to a year to see if its risen. It's called "watchful waiting." The key concern is how fast the number doubles between tests. Let's in the next test it's risen to "4," nearly doubling. The doctor will probably do one of two things: continue with the watchful waiting or schedule a biopsy. If it's reached a level of "6" or "7" a biopsy will be done.

(There's some debate over PSA testing, what the levels mean, when to biopsy and when to begin treatment. If concerned about this, ask the doctor for more information or Google it.)

A prostate biopsy entails sticking a thin tube up his rear-end and snipping little pieces of tissue from the prostate. (It's not as horrible as it sounds; they numb the area first.) Commonly, they take about 12 samples, which are sent to a lab, where a pathologist analyzes the tissue for cancer cells. A number is assigned to the findings, ranging from two to 10. (Actually that number is the sum two other numbers.)

The number is called a Gleason score, another piece of information you'll want.

A Gleason score of four or five can mean there's a slow-growing cancer, and again, the physician may decide on watchful waiting for the results of a biopsy scheduled for the future. However, a Gleason 7 means your husband or partner has prostate cancer. More tests might be done (i.e. an MRI) to assess the extent of the cancer) and will most likely recommend treatment. A Gleason score of 8 or above means the cancer is aggressive, possibly spreading fast. In this case the physician may recommend treatment start as soon as possible, and ask him to come in to discuss treatment options. You'll want to go to the appointment. (Recommends. Because ultimately it's his choice if and what type of treatment he'll have

His doctor might recommend a specific medical oncologist, who specializes in cancer, and a surgical urologist or radiation oncologist, depending the type of treatment selected.

You should conduct your own research on physicians as well. Talk to friends who have had treatment and see what they have to say about their physicians. Talk to people you know who work in a hospital to see what they know about different physicians' skill and reputation. Check out where they went to medical school and did their residency. Google his or her name. You'll get hits recounting personal experiences, research studies in which they've been involved, sometimes even reports of any disciplinary actions taken against a physician.

You should get a second opinion on his cancer and treatment options. If you can, get that opinion from a physician associated with a medical center that specializes in diagnosing and treating cancer.

Most important, make sure the specialists involved are working as a team: the urologist, the medical and radiation oncologists and surgeon (if surgery is the treatment), consulting with each other and presenting your spouse or partner with a consensus of their specialized medical opinion. This should happen even if they are different towns.

There are basically four questions the physicians have to assess

- How big is the primary tumor and how fast is it spreading?
- Is it localized? Has it spread outside the prostate, to nearby tissue or nerves?
- Has it spread to adjacent lymph nodes, part of a network that runs throughout the body, which can carry the cancer to other parts of the body.
- Has it mestastized, that is, spread to other locations – like his lungs or bones.

You'll want to know the answers to these questions and what they mean.

Treatment Options

There are three primary modes of treatment for prostate cancer: Surgery, called a radical prostatectomy, radiation therapy, hormone

therapy and chemotherapy (used if prostate cancer has spread outside the prostate gland and hormone therapy isn't working). The type of treatment is usually based on the extent and aggressiveness of the cancer, the physician's recommendation – and what the patient chooses. About 50 percent choose surgery, with about 40 percent choosing radiation.

With a radical prostectomy the prostate is surgically removed, increasingly these days, using a robot, commonly the da Vinci Surgical System. If you choose robotic surgery, ask the surgeon how many he or she does in a month, in a year. This is important. Like with anything else, practice makes perfect. Avoid surgeons who only do only a handful a year.

Like any surgery, there are always potential risks. Immediate side effects after the surgery are minimal – minor pain for a few days and the miserable experience of having a catheter for about a week.

The longer term side effects are disconcerting: impotence and urinary incontinence. Usually the conditions are temporary, but they can be lifelong.

After surgery, men typically have urinary incontinence, which means they leak and have to wear a pad in their underwear He'll be terribly embarrassed and distressed by this; even worse, when occasionally the leakage seeps through and wets his clothes.

Usually incontinence is temporary, but various studies have found that for somewhere between 10-30 percent of men who have surgery, urinary incontinence is lifelong condition.

He'll need a lot of support coping with this. Even going to the store to buy pads is embarrassing; you can easily help with that

Radiation therapy is another alternative. Categorically, there are two primary types of radiation therapy: brachytherapy, where radioactive seeds are placed into the prostate to kill the cancer. This may be an option if the cancer is localized and has not spread beyond the prostate. The other type of radiation therapy is external beam radiation (EMB), where beams of radiation, from a machine outside the body, are focused on the prostate gland. It entails going to a treatment center for about 15 minutes five days a week for seven to nine weeks. Common side effects include significant fatigue and diarrhea and sometimes a burning sensation while you urinate, and/or blood in your urine

A fairly new approach to radiation therapy is proton therapy. With this therapy a beam of sub-atomic protons is focused on the prostate rather than radiation. Proponents of this approach say that the advantage is that since the beam is narrowly focused, it doesn't irradiate surrounding tissues and organs like EMB might, and that it has fewer side effects. Current research doesn't show that it's any more effective that traditional radiation therapy. And. only a small number of cancer centers offer this option.

As a spouse or partner, the fatigue side-effect of radiation takes understanding and patience. If he needs frequent naps or time to lie down and rest, it's not because he's a slacker he just doesn't have the energy to do anything – even read. Don't expect too many chores to be done. Fortunately he'll start to get his energy back several weeks after treatment ends.

Finally, some physicians maintain that if a patient opts for radiation, because of the scar tissue it creates, surgery might not be an option if the cancer returns in the future. This would suggest surgery is best option. Ask the doctor his or her opinion on this issue.

Hormone therapy, the third mode, is often combined with radiation, to make the radiation more effective. Here, pills and monthly

hormone shots are used to reduce a man's level of testosterone -- since testosterone stimulates prostate cancer cells to grow. Basically, the idea is to starve and weaken the cancer cells, and then kill them with radiation. For about two out of 10 men who receive the treatment, the side effects can be daunting; including: erectile dysfunction, loss of libido (desire) hot flashes, swollen or enlarged breasts, loss of bone and muscle mass and more fatigue.

Ultimately, perhaps the most the most disruptive side-effect of cancer treatment for couples is

Surgery, radiation treatment and hormone therapy will very likely cause erectile dysfunction. Hopefully, it's temporary, a few months to a year, but some estimates suggest that in about half the cases, it's permanent.

There are things that can help to varying degrees: ED medications like Cialis or Viagra, using a pump to create erections, injections or surgically implanted mechanical devices.

Sexual dysfunction during or after treatment can be the most significant side-effect, facing you, he and your relationship. It's a complicated issue. There are libraries of information on this issue and professionals who can help.

Whatever approach to treatment he chooses, stay positive. Studies have repeatedly shown positive attitudes make a difference.

The whole ordeal from diagnosis through treatment is work – for both of you. The good news is that because of early diagnosis and more advanced treatment survival rates for prostate cancer are higher than ever: 98.9 percent of the men who get all stages of prostate cancer are alive five years after treatment. Naturally, a number of things will come into play for each specific case , including age, health, treatment received and the stage of cancer when diagnosed. About 80 percent of all prostate cancer is diagnosed before it has spread.

It's a long road for both of you from diagnosis through treatment. But back to the original question: Is he going to die?

Well, of course, we all are. But it's unlikely to be from prostate cancer.

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Select Sources

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