

# Survivor Story

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When I was asked to contribute to this issue of *Urology Health Extra* by writing the “My Side” column, I hesitated for a moment. The “my side” designation certainly indicated a need for personal approach to some issue with urologic health. For me this would involve re-entry into my personal world of prostate cancer.

I am a urologist who counsels newly diagnosed patients with prostate cancer and patients with post-treatment prostate-specific antigen (PSA) rises, but I’m also a prostate-cancer patient. The patients I counsel often ask questions about treatment options, leading to a lengthy discussion of uncertainties. In this climate, issues about my rising PSA status re-emerge and I do not hesitate to discuss them. Discussion and clarification for others against the background of my own experience, I sense, provides hope and comfort for them and in many ways gives my situation purpose. As with any event that individuals share in common, a camaraderie of thought and future choices evolves; simply stated – “been there, done that”, and I am here before your eyes alive, reasonably well, and functioning.

After 10 years of a stable PSA (age 50-60) it rose to 6 in 2000. Clearly I had prostate cancer. And equally clearly, in my mind, I would have the same “kind” of cancer I was diagnosing almost on a daily basis; namely Gleason 3+3, in 1-2 scores which would be slow growing and non-threatening in the near future. Furthermore, I was 18 months removed from a coronary artery occlusion (successfully stented) and come from a family where my father and his brothers, sisters and mother had died young from coronary artery disease. Gleason 3+3 prostate cancer was a concern but not a major concern in comparison to my cardiac risk. I was shaken from this comfort level when my biopsy revealed Gleason 4+4 – a type of cancer with aggressive character. I clearly recall the heightened anxiety and feeling of doom that prevailed and the fact that it suddenly overwhelmed my coronary concerns.

Of course, it should not have. My risk for coronary related death is greater than that from prostate cancer as is the case for any man diagnosed with prostate cancer. Indeed a coronary related event is still the number one cause of death for any man carrying the prostate cancer diagnosis. However, clear and logical thinking is superseded by the emotions of the moment and the somewhat naive position that the one disease was in control, after all the vessels had been stented, while the other (aggressive cancer) was out of control. A lesson personally learned and conveyed to patients is not to make decisions on the spur of the moment when emotions hold sway and cloud the mind with fuzzy thinking.

I had “successful” surgery in my opinion – good urinary control, although a safety pad is necessary, reasonable sexual function, although with androgen deprivation that is a moot point. In the true sense of the word, however, primary treatment was not successful in that the PSA began to rise one year after surgery - enter the uncertain world that follows a PSA rise. What followed was salvage radiation and hormonal therapy for six months. I recall statements made at this juncture by expert urologists in conversation with me about my condition. I received various pieces of advice, all leading to one truth that all prostate cancer patients face: there is no straight and clear path to follow.

It is now 2009 and eight years have passed since these pieces of advice were offered. In that time only one chemotherapeutic agent has received FDA approval but a number of other promising therapies have not passed the regulatory hurdle. And so after my surgery, radiation, androgen deprivation, and a clinical trial of a new agent, my other PSA (psychic stress amplifier) continues to rise. Reaction to the rise is now much more muted, and I patiently await the availability of new strategies which offer disease control.

I cannot deny concern but I have adapted an attitude based on an analogy I heard as follows: For those who have ever put on a pair of skis, the natural reaction to any slope is to protect oneself by putting one’s weight on the uphill ski and leaning into the slope. The result is a slip-slide, loss of edge and fall. One has to overcome this protective reaction and place weight on the downhill ski. The result is a gratifying firm edge, maintained upright position and forward progress across the slope, at least for the foreseeable future. So weight the downhill ski and put aside your fears of what the future may hold. I’ve learned to be thankful for the present and, in a way never before possible, have learned how to live for today.

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