

Prostate Cancer Uncensored Podcast - Part Three

With Guests: Jay Jay French and Dr. Nilay Gandhi



Hello and welcome to Prostate Cancer Uncensored, a podcast produced by ZERO - The End of Prostate Cancer. This episode is brought to you in partnership with Bayer. Today, we continue our conversation with Twisted Sisters' Jay Jay French. French is a rocker, an author and a prostate cancer survivor. In part three of our conversation, Jay Jay shares his message to men battling prostate cancer. He also takes our Truth or Twisted pop quiz. Plus, we talked to Dr. Nilay Gandhi. Dr Gandhi breaks down the numbers when it comes to your PSA test. And now, ZERO's CEO and President Jamie Bearse talks with Jay Jay French from Jay Jay's home in Manhattan.

Jamie Bearse: You've been good at keeping tabs on your health, you've run a couple marathons.

Jay Jay French: I don't drink, I don't smoke, I walk five miles every day. If I'm gonna die a horrible death, it's not fair. I mean like Keith Richards. How the hell is he still going on? Everybody wants to know what Keith's secret is? I want to party that heavily and still be floating around, so I don't think I can do much more for my health than what I'm doing which is regulate your diet, stay a certain weight, and exercise every day.

Bearse: Keeping up on your health, keeping an eye on your PSA over the years and that's what led you to get your prostate cancer.

French: I go to doctors on a regular basis. Years ago, there was an 80s rock festival in Mexico. I'm in the dressing room with all these 80s metal bands and the conversation if you could listen to the conversation it was like what's your thyroid count, what's your PSA, what's your blood pressure. I mean this is not the conversations we had in the 80s. It really was like a waiting room in a way. That's where we're all headed. If you can maintain a certain sense of humor about it, you're better off.

Bearse: Let's pretend for a second everybody who's listening, we're all in the waiting room. What do you have to say to the men listening right now in terms of early detection?

French: Well, you get your blood test every year. If your PSA is above four now, this is an interesting controversy. Because in Europe they don't recognize PSA, they don't think that's an important number. It is truly controversial, but if your PSA is over four, they'll do a digital exam with the finger to see if the prostate feels hard. That's an issue. But if it's over four, I would say get an MRI first and see what's looking there. You got to be on top of it. I mean you can't let it go. You really can't because all of a sudden if your PSA is four and then it's five-three months later or six, you got a problem on your hands. The faster you deal with it right now, there's ablation treatments.

For those of you who don't know, ablation treatments are the latest technology but only if they catch it really early. What they do is if they can find that there's a single prostate cancer nodule in your prostate, they can go in there, target it in an office and blast it out with radio waves. Destroy it. Now, the good news is that they can do that. That's the good news. The bad news is it doesn't stop prostate cancer. It just means that you just destroyed that cell. Well if you talk to enough guys with prostate cancer, they'll tell you that when they did the biopsy of the prostate, they found multiple tumors in the quadrants of the prostate.

I asked my urologist the last time I saw him. Have you had a recidivism in the ablation prostate process? In other words, have you ablated a prostate and then have another cell come up a year later? He said 'yes, it has happened.' If you can just stay on top of that and they never get any bigger than that, that's just in office procedure where they just blast out the cell. They kill it, and there's no medication involved. There's no particular operation involved, and there's no sexual dysfunction involved. That's the easy way. Also, the younger you are, the earlier they detect it with CyberKnife from what I understand has less of a problem in terms of urinary problems and sexual problems.

However, I had a friend with CyberKnife who's my age who had all the same problems I did, so the CyberKnife did not stop him from having urinary problems and sexual dysfunction. However, he's modest and he wouldn't tell me if he had sexual dysfunction prior to the operation. There's no way of me knowing that one thing led to the other because he would talk about it to a degree, but then when I would ask him specific questions about sexuality, he wouldn't answer those questions. Men don't like talking about that stuff. They just really don't. It's a tough subject with some men. Some of my male friends have been free with their discussions with it, but for the most part, I noticed a reticence to discuss that aspect of it.

Bearse: It feels like it's been coming along now and in the last couple of decades that I've been involved in the cause but still have a long way to go. Now, what would you say to those who are listening who are currently fighting the disease? We talked about what your advice would be year round: PSA testing or rising PSA. Now for those who are currently in treatment or those who are fighting prostate cancer, what would you have to say to them?

French: Well, that's an interesting question because when I hear 'he's been battling prostate cancer' you hear that phrase. Would you explain to me what that means? Does that mean that someone is being treated by radiation and they're like stage four and they're trying everything?

Would that be applicable to people like that? Because I don't regard what I do as battling prostate cancer. I disregard that I had prostate cancer, I had an operation and if something happens, I'll get radiation. Am I then battling it or is that used to describe a different form of dealing with prostate cancer? I would like some help with that.

Bearse: I can answer that. I think it all depends upon an individual's mindset around if they feel like they're battling cancer versus living with it. I think it depends on what mindset that they're in at a particular point of time in their cancer journey, so if they're having a rough go of it or having one treatment after another to treat their prostate cancer, they might consider themselves in a battle. Now where others might be more in a spot of zen about living with prostate cancer and all I can do is the best that I can in any given moment. I think it comes down to whatever mindset an individual is in, so we can replace either whether it's advice to men who feel like they're battling prostate cancer or those men who are living with prostate cancer. Any words of wisdom to them or any thoughts?

French: Well, may the force be with you. If all of a sudden, I was faced with a recurrence and that recurrence forced me to take a certain journey with radiation for 40 treatments, I guess during that period of time I would be quote 'battling' prostate cancer. I'm assuming that people battling it are being told by the doctors that there's a pathway for them to survive it and that it may be tough, but there's a pathway as opposed to just accepting it as a final diagnosis.

In an effort to not have to battle it again, I stay on top of it by getting a blood test every three months. If something is there, I will deal with it immediately so that if it's salvageable, it will save my life. I can tell you that my friends who went back and had radiation never complained to me about being tired. They weren't on chemo. Let's be clear about this. They just did radiation so I'm assuming perhaps that if you're doing chemo and chemo makes you very tired, maybe you would interpret it as battling because you're trying to get out of bed in the morning and you just can't face the day. There is no other way to handle it other than staying on top of it. So if you've had it, stay on top of it. If you're being treated for it, pay attention to your doctor. I don't know much more I can say about that except that I hope that whatever it is that has affected you is curable.

Bearse: That's right. I'll just add that all the time they're coming out with new treatments for prostate cancer, particularly advanced prostate cancer just in the last 10 years.

French: Well the CyberKnife is one, the ablation is another. I mean of course we're going to continue to move forward and maybe one day we will get to the end of prostate cancer which is the whole point of this thing. It's to make sure that it doesn't kill you any longer so if it comes up, they can either prevent it or they can deal with it right away. That's our hope that every year you stay alive is another year closer to a cure. Isn't that the case with all these diseases?

Listen, my A-Fib was cured by an operation that didn't exist five years before my operation. It was an open heart surgery operation. It wasn't through catheters. It was a space-age operation that saved my life that did not exist before I had that operation 15 years ago. So I'm sure that

operation is 15 years further into its sophistication so it's even less invasive. A friend of mine who was a surgeon said to me in a hundred years from now doctors are gonna go they used to open you up for that. I believe that they used to open you up for that before there were antibiotics.

You used to die of infections. You don't anymore, so I have an enormous amount of faith in the medical community. You have to use it and if you live in a major city, take advantage of it. One of the beauties about prostate cancer like breast cancer, heart disease, these are big diseases affecting millions so there are centers around. If you are diagnosed with prostate cancer, my suggestion is try to find the best doctor you can. There's no replacement for a great doctor because that great doctor may be able to give you advice that you heretofore would not have thought about that could have made your dealing with this thing a lot easier.

Bearse: That's right. Talking to a lot of patients and the piece of advice that I give is make sure that your patient number 50-60,000 that is having the procedure done rather than toward the beginning.

French: Listen, my first heart operation which almost killed me, I was the 28th person when I had it done. At Cleveland Clinic three years later, I was like the 5,000th guy. It was like a car wash there. They'd like to jump on the gurney. Let's get them in and get them out. That's a huge difference. I lived in New York City and thought that I went to the greatest doctor and the greatest hospital, but after it failed the first time, I spoke to a guy who had the same condition I did. I said 'why did you pick Cleveland Clinic?' He said 'well, I did a lot of research and I wanted the guy that did like 5,000 of them to do me. I went 'that's logic right there.' That's perfect, so you're 100% correct that way.

Bearse: Absolutely. Jay Jay, are you up for a game?

French: Go.

Bearse: All right. We're going to play a game called Truth or Twisted. Are you down for this?

French: We'll find out.

Bearse: All right. Jay Jay, you've obviously become somewhat of an expert on prostate cancer from going through it in your journey and learning from so many others as well as the doctors. As an effort to educate some of our listeners, let's play Truth or Twisted and see if we get these questions. Let's do it.

French: All right.

Bearse: Truth or Twisted: most men find out they have prostate cancer because they suffer from erectile dysfunction that prompts them to go see the doctor.

French: Wow.

Bearse: Most men are finding out about prostate cancer because they have symptoms.

French: That's a great question. The guy I know who died had no symptoms whatsoever. I know several people who died with no symptoms whatsoever. I think most people who find out they have prostate cancer find out too late. I don't know. I really don't know that answer. I would think that it would be nice to know that's what drove you to the doctor, but I really don't know. Is that true? Is that actually true or is that not true?

Bearse: Is that your guess? It sounds like you're going with twisted.

French: Yeah, I would say that's twisted and not true.

Bearse: All right. I'm gonna give it to you. You're absolutely right. During the early stages of prostate cancer, it's twisted. There are no symptoms for early stages of prostate cancer. That's why screenings and yearly checkups are critically important to catching cancer particularly prostate cancer early before it spreads outside of the prostate to the rest of the body. In other words, you may not have symptoms at all and cancer may be detected during a general checkup that you see with your primary care physician and then do a PSA check and then do the physical exam the DRE like we talked about. They end up finding out that you have an elevated PSA or a suspicious physical exam and that starts you on the pathway to see if.

French: By the way folks, DRE is a digital rectal exam and you should be aware of that. That is the finger in your butt, but they feel it and they can tell if it's hard. That's not a good sign. That's something they should be aware of.

Bearse: That's not something to fear either. Let's not fear the finger.

French: Right. It takes two seconds. None of it is fear if you're prepared and understand it, but again most people don't go to dentists either because they don't deal with dental pain or they don't want to know about it.

Bearse: Right. Trust me guys, the dentist's fingers are in your mouth far longer than the doctor's finger is checking for prostate cancer. We can both attest to that so just get it done and put aside the excuses. All right. You're one for one.

French: Go.

Bearse: One for one. All right. Next one, Truth or Twisted: prostate cancer is really an older man's disease so only men in their golden years really need to worry.

French: That's twisted. That's not true. I have too many friends who are young with it.

Bearse: Yeah, you're absolutely right. You said you knew somebody who was 40.

French: A couple of guys 38 and 40, so yeah the myth that it's old man, not true.

Bearse: Yeah, absolutely right. It is twisted. It's true that the vast majority of men with prostate cancer are over 50, and this significant majority are even over the age 65. There are many cases of prostate cancer in men in their 20s and 30s and of course in their 40s.

French: If you're diagnosed then, you have a much better chance of coming out of it with no long-term effects. That's something that they need to understand as well. If you're diagnosed early and you have it early, you stand a much better chance of coming out of it with less problems.

Bearse: Yeah. It's really important to keep on top of it if you've got family history and you're younger because those who are younger have more of a chance of getting aggressive prostate cancer if it starts growing. All right, you're two for two. You're rocking it. Truth or Twisted: Jay Jay French is not only a rock star, he's an author of a new book about business. Is that right?

French: That is true.

Bearse: Not twisted.

French: Yeah, that is true. The book Twisted Business is about my life lessons through the history of rock and roll that's coming out September 21st. It's a business book actually. I coined a new word for the book. It's a bizwar. A rom-com is a romantic comedy. A bizwar is a business memoir. Many business books are really bizwars because how can you write a business book about your life without it being a memoir. Basically, your life is what imbues your lessons in life, so it is the world's first official bizwar.

Bearse: Without giving away any of the book or too much of the book, Jay Jay, what's your favorite business tip in your visual?

French: Well, I discussed the twisted method of reinvention and that's T-W-I-S-T-E-D. I use the letters because it's easy. My chapters are based upon the letters T-W-I-S-T-E-D which is tenacity, wisdom, inspiration, stability, trust, excellence and discipline. That's what I teach when I do my motivational speaking in my keynote speeches. Basically, I've been turned down more times than a bedsheet in a whorehouse and come back more times with Freddy Krueger and Michael Myers. The story of how the band has gone through hell and come back is the story. It's one of those things where you read it and you go, wow. When I do my keynote speeches, I'm hired by corporations to discuss challenges and how you deal with challenges because all businesses have challenges. It's just rock and roll is a sexy business, so people want to hear how I did it through rock and roll, but the rules of success are the same whether you're selling shoes or selling rock and roll. It's the same business. It's the same thing, so I teach you how to deal with the challenges, the crises, the challenges, the catastrophes of life and business.

Bearse: What's one of your favorite examples that you have in there?

French: Oh boy. There's so many. There's a documentary for those who you can still find it online called 'We Are Twisted F***ing Sister!' By the way, that documentary tells the story of the first 10 years of the band and what the band really had gone through. I discuss the issues involved in the constant turnover of band members. The band that made it that everybody knows exists is the 14th version of the band. Having lived through all those previous versions and having gone through what we went through in terms of the constant failures, the constant rejections is really what the book is about.

It goes into detail about multiple situations. We fired band members. The thing with the band is that the band was a straight band. I really hated drugs and alcohol. I hired street band members, and it runs counter to everybody's theory of rock and roll. I mean that's why you get into rock and roll. You don't get into rock and roll to be in the straight band, but that was the only way we could survive. I tell the story of how hard it is to find musicians who don't drink and do drugs. It's next to impossible, but it's a tough business. Very, very tough. I, myself, have played over 9,000 performances and that's crazy when you think about it. We started 48 years ago which is crazy too. The book really goes into so many scenarios and stories about all these things and to break it down and find one that's next to impossible except that the story of the band's success is just huge.

I would say when the band had to file for bankruptcy in 1989 due to multiple lawsuits. Here I was three years after being one of the biggest bands in the world. Basically, I was being sued for millions of dollars, and I had to file bankruptcy. I remember the judge looking at me and going 'you have one asset that's the twisted sister trademark, so why shouldn't I take that from you.' I said 'well, because it's worthless today.' He goes 'what do you mean?' I said 'it's worthless, nobody cares about the band in 1989 and it's over.' I said 'in 10 years, maybe Tide Detergent will want to use our music for a TV commercial.' I came up with that idea because about six months prior to that I was in England and saw a Tide commercial in which they used 'Stand By Me' by Benny King. The song went back to number one inexplicably because that's just England's bizarreness as a country.

I said 'well, maybe Tide Detergent will use our song and we'll come back and if that happens, I want to put the band back together. If that happens, I'll have a kid maybe and I'll have enough money to put my kid through college. He said 'okay that sounds like a good enough reason.' He let me keep the name. Ten years to the month of that statement, Comtrex Nasal Spray licenses 'We're Not Going To Take It.' Now for any of the people who listen to this will understand that 'I Want To Rock' and 'We're Not Going To Take It' are the two most licensed heavy metal songs in history, more tv shows, commercials, soundtracks. It was visionary on my part to say what I said, and it was ballsy to say what I said because I had no guarantee it was going to happen, but it did.

Bearse: I mean you're absolutely right. Even my youngest kid who's 11, I told my kids that we're going to have this talk today and I'm like you know their songs. I played 'I Want To Rock' and he said 'I know that from spongebob.' So even my youngest. Everybody knows you guys.

French: Yeah. Well, two years ago, NPR had the top 30 songs of United Americans. It was the Fourth of July. 'Born In The USA' was there. 'If I Had A Hammer' was on the list. 'Blowin' In The Wind' was on the list. We were number three. We were the highest rock song on that list of 30. We were in a good company of classic anthems.

Bearse: You talk about all the rejections that Twisted Sister went through at least early on. It sounds like a lot of resilience has gotten built up in you over the years to the point where you are a motivational speaker and then thinking about prostate cancer. Do you feel like your experience that you went through in the early days of Twisted Sister and some of these rejections that you went through built up some of your resilience when you got told you had prostate cancer? Like I've heard maybe not worse but I've heard some pretty bad sh*t in my days so I know I'm not gonna take it well.

French: I mean I was involved in drug overdoses, near murders on a number of occasions and drug deals. So do I look at all that and go I'm a lucky guy or I talk my way out of drug busts? I could have a police record, could be dead. There are a lot of things that could have happened to me. Every one of them. As each one of these issues came up and they were dealt with, every time I dealt with them, it successfully built on the next one. I have a history of being able to survive this stuff, but it doesn't come cheap and it doesn't come with a lot of pain. I have 37 golden platinum albums as a manager, producer, executive producer from projects. I had them all in a room one day and they were all up on a wall. they're my ego wall, so I could feel better about myself. I put them all up and I'm sitting there and I'm looking and go 'wow, how impressive that's really great.'

Thinking to myself then I thought about the price I paid for that success. The price I paid was overwhelming. I'm not gonna say I don't know if it was worth it but let's just say that there was no way I could have ever anticipated the price that one had to pay to have that. I saw The Beatles on TV. I was 11 years old and I went 'oh my god that's what I want to be.' If somebody had put their hand on my shoulder at that very moment on February 9th, 1964 and said 'okay john, you will be a quote 'rock star and you'll have a gold record.'" I'd say 'really, when? In five years?' They said 'no, 20 years and six months from now.' I may have said 'are you out of your freaking mind?'

All the decisions I made all those years of living in ignorance not knowing ignorance is bliss is all part of the journey. Also, I went through some very, very tough psychological times. I contemplated suicide, and it's in the book. Every one of these issues I confronted and survived it. I guess you just build on all of it. When I was diagnosed with prostate cancer, I went 'yep another challenge right.' When I had A-Fib, it was like 'yep it's another challenge.' My daughter had uveitis so there's another challenge. You kind of just deal with it day by day. You get through it, and then you look back and then people go 'oh man, you're a genius.' The truth is I don't

know if I was smart or stupid. I don't know if I'm just stupid and lucky or smart or a combination of both. Probably a combination of both because at any given time, anything could have happened. I could have been murdered in drug deals. Put myself in some stupid situations. I almost died by accident. It could have gone the other way. This just happens in life. It's all detailed in the book anyway. It's in Twisted Business, so people read it though.

Bearse: I can't wait to pick it up and you said it's out...

French: September 21st.

Bearse: I can't wait to hear more of the stories. I'm definitely picking it up. Every challenge prepares you for the next one.

French: You hope. You really hope. I mean there's no way of knowing where the world's gonna go, so I kind of philosophically look at it like that. I also kind of have a very broad philosophical vision which is in three billion years. The sun blows up; this all disappears anyway and we all go back to the carbon mass of humanity. When I really get freaked out, I think about that and go: does any of it really matter like how much of it matters enough to be upset about it? Does anything you want to take a real broad look at it? Billions of years from now, the sun will dissolve, our universe will collapse and we'll explode out. It all starts all over again, so everything we've created here will be gone. Nice thought, but it'll all be gone. If you can think about that, you kind of put your problems in perspective. I'm also fortunate enough to be able to put my problems in perspective. There's plenty of people in this world who don't and can't.

Bearse: Right. Well said Jay Jay. Thanks for being with us today. Your voice is important and sharing your journey with us today saves lives and encourages men to not only get tested for prostate cancer but keep up their prostate cancer journey or their fight, however they look at it. Bottom line helps save men's lives and keeps families together. Good work. Thank you, Jay Jay.

French: Thank you for having me and anything I can do to advance the work, I'm there. I wish to those listening to this dealing with it that you follow the pathway that works for you and your family, and you make the best decisions that you can.

You're listening to Prostate Cancer Uncensored and our guest is Twisted Sisters' Jay Jay French: a rocker, author and prostate cancer survivor. This episode is part of a three-part series with Jay Jay French brought to you in partnership with Bayer. Head over to zerocancer.org/podcast to download and listen to all three episodes. And now, it's time for ZERO's Ask The Doctor segment.

Greg Broy: Hello, I'm Greg Broy, manager of donor and fundraising communications here at ZERO. I'm also a prostate cancer survivor, and I want to expand on our conversations with Jay Jay French by talking with Dr. Nilay Gandhi. Dr. Gandhi is a surgeon and urologist with Potomac uUrology in the Washington, D.C. area. He's also a member of ZERO's medical advisory board.

Earlier in the podcast, Jay Jay mentioned some controversy over the PSA test in Europe. Dr. Gandhi, what's that about?

Dr. Nilay Gandhi: You know, PSA has come under a lot of fire over these last few years. This is dating all the way back to 2012 when there were a lot of changes that happened with PSA. A lot of this came down to at least in America. The United States prevented a services task force that stated that PSA was not helpful. I think that around 2015 or so these guidelines came out stating that it got a grade D recommendation. It was not recommended and the reason for that was we were seeing a lot in terms of over diagnosis or over treatment of prostate cancer.

I think over these last almost five to seven years or, so when we look at this, there's been a significant change in terms of biomarkers, in terms of risk stratification, in terms of MRIs, in terms of biopsies to really understand who we need to diagnose with prostate cancer, but more importantly who actually needs treatment. It's to try and minimize these potential side effects, so there's a lot of studies going on looking at the utility of PSA. But more importantly, are there better tests that are available? We've always used PSA which I think has shown a tremendous benefit in decreasing your risk or increasing your probability of detecting early stage prostate cancer. What we do with that information I think is where we are now to really learn who truly needs treatment. I think PSA has truly been helpful. We're looking at different ways to improve on that to really have a great test to help identify men with prostate cancer who do require treatment.

Broy: We hear a lot of numbers when it comes to PSAs. Break it down for us. What's safe and what's not?

Gandhi: Historically, the cutoff number has always been four, and routinely I think that's what everyone has come to expect. If my PSA is less than four, I'm safe. If my PSA is above four, then that's the danger zone. And again, that's not entirely accurate. We always want to look at PSA velocity. You want to look at somebody over time and see well how quickly their PSA is going up? If I have a gentleman who has a PSA of one, the next year it's two and then the next year is 3.8. I mean that's a quick velocity that's doubling almost every year. Even though it's less than four, that's still somebody that I am concerned about. The other aspect of this is that even aggressive prostate cancers may not produce much PSA, so someone could have a normal PSA of about 1.5 and still have an aggressive cancer that is felt on the digital rectal exam. There's no true safe number that just says this number below this you're fine above this it's worrisome.

It's more assessing your trend for your PSA, the prostate exam, your family history, your age. All these play a role. There's even recommendations now that if someone's PSA is above 1.5, they should be evaluated by a urologist. I think it comes back down to individualized risk and making sure that you undergo the proper screening with a blood test, a rectal exam and the appropriate questions to discuss your individualized risk factors.

Broy: What is ablation treatment for prostate cancer? Who is a good candidate for it?

Gandhi: Ablation treatment is something that's somewhat up and coming in terms of looking at focal therapy. As we talk about these different prostate cancer treatments, we're looking at prostatectomy where we remove the entire prostate. We're talking about radiation therapy where we actually are radiating the entire prostate. That's where some of these side effects can come in incontinence erectile dysfunction are all due to these whole gland treatments.

Ablative techniques are trying to focus on focal therapy or hemigland, half of the prostate treatment. As we become more specialized here, especially with the utility of prostate MRIs, of targeted prostate biopsies, we're really looking at these ablative techniques to provide focal therapy. There's numerous different versions that are available at the moment. There's one utilizing ultrasound. It's called high intensity focused ultrasound or HIFU. There's laser ablative techniques. There's cryotherapy or freezing techniques. There's different aspects that we're using to try and investigate this. A lot of it is still looking at clinical stages trying to identify if this truly an appropriate treatment modality. I do think that we are moving in this direction and hopefully that will become the future for prostate cancer management if we're able to treat specific areas confidently rather than treating an entire prostate. We're not a hundred percent there, but we are moving in that direction.

Broy: We talked about CyberKnife treatment in the first episode of this series, so let's discuss the side effects. What are they? I'm guessing not every man's side effects are the same.

Gandhi: Yeah, it varies. CyberKnife is similar to these ablative techniques. It's trying to do targeted and focused treatment to destroy the cancer but minimize potential side effects. However, there's always the possibility for potential side effects. Those side effects, typically when they involve the prostate, revolve around incontinence leakage of urine or erectile or sexual dysfunction. Now, there are always possibilities with radiation of having what's called rectal toxicity where the rectum may get impacted by the radiation as well. There's different things that we do now to minimize that where we put in a spacer gel to separate the prostate from the rectum to try and minimize that. There are always possible side effects to the prostate, the bladder and surrounding organs, namely the rectum that's associated with any type of radiation therapy. It tends to be lower there with CyberKnife. You also have to take into account patients' risk factors as well. Their age can play a role in terms of incontinence as well as erection issues. Their prostate size can play a role. If they've had previous procedures, that can play a role. Multiple comorbidities and factors can also impact potential side effects as we go through treatment.

Broy: Dr. Gandhi, you have the last word. As a doctor, your message to men listening today is...

Gandhi: I commend Jay Jay for being able to speak about this because it does make a difference. I think people listening realize that this is a disease state that can affect anybody. However, if caught early, it's very curable. I think my message to everybody is to make sure you get screened, to get checked, be your own advocate, talk to your primary care doctors, speak with a urologist, assess your own individualized risk. If you have a family history, if you're African-American, if you're above the age of 55, all these things can be considered risk factors.

It's worth having that conversation that a simple blood test and a digital rectal exam could potentially save your life. I would honestly recommend everyone to have that conversation with their primary care doctor or with their urologist, to get screened and to get checked early.

Broy: Thank you Dr. Gandhi for your time and insight. Again, Dr. Gandhi is a surgeon and urologist with Potomac Urology in the Washington D.C. area.

You've been listening to Prostate Cancer Uncensored, a podcast produced by ZERO - The End Of Prostate Cancer. This episode is brought to you in partnership with Bayer. Head over to zerocancer.org to learn more about prostate cancer, ZERO's programs and to download more podcasts.