

Prostate Cancer Uncensored Podcast - Get It Done



Welcome to Prostate Cancer Uncensored, a podcast produced by ZERO The End of Prostate Cancer. This episode is a collaboration with Pfizer's, *Get it Done* initiative. Coming up, host and prostate cancer survivor, Chas Rogers, talks with Dr. Arnold Bullock about why men should not delay their prostate cancer screenings. Plus, a candid discussion about racial disparities associated with the disease. But first, Chas introduces us to Marc. Marc works for Pfizer as an oncology key account manager. His knowledge and professional background in cancer helped tremendously when his father was diagnosed with colon and prostate cancer. Even though his father made a full recovery, Marc's family's experience with cancer was far from over. In August and October 2019, Marc lost two relatively young cousins to prostate cancer. Marc, who regularly checked his PSA levels with his doctor for any early warning signs, was diagnosed with localized prostate cancer on December 4th, 2019. Today, Marc shares his prostate cancer journey from his home in southern California.

Chas:

So, Marc I wanted to say, thank you again for joining us today and want to kind of get into some of these questions you know from the cancer screening Get It Done campaign with Pfizer. The first question I have for you, tell us your prostate cancer story and how working in the oncology space impacted your experience.

Marc:

Well thanks for having me today Chas, I appreciate it. Um, yeah so um my father is a prostate cancer survivor, um he was diagnosed in 2005. And short story long, I knew that his father passed away from prostate cancer and that I had a family history. Being in the oncology space, you know, one of the great and largest parts of my early career was in prostate cancer space, so I knew early screening particularly in black men was critically important; so I started getting screened at 40. Um, oh, I guess it was early 2019, my doctor was a little but alarmed because my PSA had doubled from the year before, which it wasn't high, it wasn't outside the range at all but it doubled. So we watched it for a few months, we did a few different things. I had to have some minor surgery in the middle of the summer, so we put it off until after that. And then around October I saw a urologist and my PSA was over 5, and 5 point, excuse me, 6.8 it was. Um I saw the urologist, he said, he put me on some medications, let's check it one more time. It dropped to 5.4. We biopsied it, biopsy was positive. That was December 4th, 2019. So in doing my research and having that background in oncology, I chose to see an oncologist and a urologic surgeon. And low and behold I saw my oncologist, everything seemed to be good. That was February, set me up for a second opinion with a different urologist for different

treatment purposes and that was in the heart of COVID. I think I had my biopsy March 19th, I believe it was, so we closed down on the 15th [Wow (Chas)], and moving forward I had to have my CT bone scan in isolation in the hospital that was like a ghost town, um, and it was really really an awkward feeling.

Chas:

So thank you for that, um, second question, um, half of today is, we heard you made an announcement to your family at your cousin's funeral, by the way [Yes, (Marc)]. Tell us more about that moment and the events leading up to it.

Marc:

My cousin – forgive me – my cousin shouldn't have died of this disease. He had called me two years prior and he had been diagnosed with metastatic prostate cancer, in the brain, the liver, it was everywhere. The doctors did everything they could do for him to give him two years of comfort. Um but, in October of 2019 he succumbed, he was three years older than me. So, at the funeral with my father in the audience, when I stepped to the podium I looked at my family and I knew I was having these rising PSA's, so I was hopeful that everything was going to turn out to be false alarm but I said to my family members, I said to them in particular – to the men in this family – this is in our family, this is a plague in our family but it doesn't have to be. We have to be proactive. Came back from New Jersey and went forward with my follow-up and a month and half later I was diagnosed. And, uh yeah, it was a very powerful moment, everybody nodded and so forth. But I'll tell you honestly, I still – um, it's a challenge.

Chas:

I have, you know, I have a young brother, late 40's as well and um, we don't speak as often as we should. And when we do speak, I remind him that we are in this position, just from my own experience. Um, and I just wanted, just one more follow-up to that question, you know, what would you say to you know those who look at you with that stone look like well I don't really need to do that, do I?

Marc:

I look at them and say oh yes you do. I mean you need, this is a need this is not a desire. This is a need in our community. We don't have to die from this disease unnecessarily. You know I mean we have to give ourselves every opportunity to be successful in the battles that plague our community. And this is a simple way to do it. This is, you know, I have said it to others before and I've said 20 seconds of discomfort can save your life.

Chas:

That's about right.

Marc:

Hold your breath for 20 seconds, you can do it.

Chas:

You know it's been a while since I've had my DRE, at my oncologist in 2016, he didn't buy me a drink before hand

Marc:

And I'm talking about both the IV stick for the blood draw and the DRE. It was more like 10 seconds for the DRE. It's not that complicated, so, uh, yeah.

Chas:

Incredible. Uh, thank you again for sharing that. Um, yeah we know that prostate cancer journey, you know the big challenge is getting passed what one would perceive is obstacles, you know, to your care. The next question I have for you, as a prostate cancer survivor you must have had concerns about your own health during, you know, last year's lockdown, as you mentioned before. Can you tell us why you felt it was essential to continue to go to your doctor's appointments?

Marc:

Well, one of the things that had become critically apparent to me through my profession was that there were people who were presenting with this disease in a more advanced stage because they were delaying moving forward with screenings, with treatments and so forth. And I was not going to be that guy. I knew better and when much known much required, I knew better. And I said to myself it would be a darn shame to survive COVID and to have metastatic prostate cancer and die of cancer a year later simply because I waited. Being in the medical community, I knew the precautions that were being taken. Nothing is fail safe but I knew the hospitals were being diligent in protecting patients, so I felt confident in that. And, you know, one of the things I hope we do better in our community is, and in all communities, is having a greater trust in the medical community and what they are trying to do to protect us. Um, you know, there's a lot of history but there are good reasons to say that things have moved forward, and we need to have a little more trust.

Chas:

Well we, you know, we share that in common, and um, in my journey as well. One of the big things that I'd love for you to comment on is, quickly, is you know, the fact that we discussed racial disparities quite a bit over the last year to two years, especially with respect to the pandemic and what that meant for those of us in our communities who are not, I guess, for lack of the better word, as fortunate or have the type of access that you and I have, let's just be direct about it. I think that when you, what do you say to those guys, how do you get them to act because they would say I don't have the money, I don't have the time, I don't have the resources, I don't, I don't, I don't. And I've always said well why don't you find out what you do have.

Marc:

Right. And that's something, that I think, specific to prostate cancer, you're right but also to all cancers. I mean, you know, there are resources that are available that people don't even know that are out there because they feel like, okay, I don't have the money in my pocket right now that doesn't mean there aren't cancer screenings going on all around you that you could access. There are organizations that can help you and we just have to be proactive with it. But I think sometimes in a community with those, you're right with people who don't have as easy access it has to become a task that is desirable to pursue because it can save your life.

Chas:

I love that phrase “task that is desirable to pursue” that’s good, so that leads me to my next question for you, Marc, can you tell us why it's so important to catch prostate cancer early and why men should take action to speak with their healthcare team.

Marc:

Yeah, well there are some good data out, data analytics, that show that a patient that presents with metastatic prostate cancer has a five-year, the five-year survival rate for patients that present like that is a little over 31%. Uh, for patients who present with localized prostate, cancer the survival rate is about 100%. So you know catching it early is the key, you know, it’s really that simple. And being prepared and looking for it and making sure it doesn’t pop up, again it was a screening that first raised the red flag where my PSA had gone from 1.6 to about a 3.2 and it doubled and then in the next one it’d gone to a 6.8 and then with some treatment it went down to 5.4 but it still wasn’t good then the biopsy revealed it was there but it was caught in a localized situation and your options are greater [Absolutely (Chas)] when your disease is localized and patients need to understand that. You want options? Catch it early.

Chas:

My last question for you today, what would you tell prostate cancer survivors listening now, who are still nervous about going into the doctor's office, what steps have you seen offices take and you alluded to this a little bit earlier, uh, to help patients be seen safely?

Marc:

Yes, the sterilization and the cleanliness of offices and hospitals is phenomenal. I mean they’ve always been pretty clean places, most of the hospitals I’ve been in, but they have taken it to the next level.. Um, I went for a follow-up the other, um, last week and you walk in the front door of the hospital, and they make you wash your hands at the door, they give you a clean sterile surgical mask because they want to make sure they’re clean. One of the things we’ve done is wear our masks over and over while you walk out with bacteria on it, so you're not throwing the mask away, so they give you a clean mask to put over your own if you feel comfortable or to wear theirs instead. They’re taking lots of steps to make sure that you don’t, COVID isn’t transmitted to you accidentally. And, you know, one of the other things I would say to you as men it is not engrained in us as kids to be proactive in our health. We go to the doctor when we get hurt, we play sports, if your not hurt you don’t go to the doctor. Whereas, controversially, young women because they are women are oftentimes taught and groomed that you have to take care of this, your body is different, you need to see your OBGYN at a certain point, you need to have these regular check-ups. We’re not taught that. I would say number one we need to grow that as grown men now and then we need to cultivate that in our young men so that they understand about the essential nature about being proactive with our health care.

Can I just say that one of the most impactful conversations I had, and I still get choked up a little bit when I think about it but the day that I was diagnosed I had to

come home and tell my then 13 year old daughter that I had cancer but of course she broke down in tears but I was able to reassure her 'no baby this is a blessing, we caught it early. I'm so glad I found out now, so don't feel – I'm not sorry I found out I had cancer, I'm glad I found out I had cancer because I could do something about it, if I didn't know that would be where you should be crying. [Chas [100%]] And that was a great conversation, one of the best conversations I ever had with her. Even though it was emotional and it was challenging, because she was upset, I felt very confident because my options. So get it done, don't wait.

Chas:

And I believe that's a great, that's one of the best ways to wrap this up, is at the end of the day, you know, your're informed and with that information you could take action, so I wanted to thank you again for being here with us today, Marc. Um, for the audience that's listening, for those of you out there who are you know survivors or have family members that have not gone and get checked will have the PSA announcements that we made here at the end of the segment. Marc continues to advocate for family, friends, and other men to take action and Marc with that I'll bid you a good day.

Marc:

Thank you, Chas. Have a great day.

Narrator:

You're listening to Prostate Cancer Uncensored, a podcast produced by ZERO: The End of Prostate Cancer. This episode is a collaboration with Pfizer's *Get it Done* initiative. Around the country, there has been an alarming drop in non-COVID-19 patient visits, including important cancer screenings and follow-up appointments because of delays or cancellations. *Get it Done* aims to empower cancer survivors to speak with their doctors and keep their cancer screenings and follow-up appointments by providing resources to help start conversations and prepare for their next visit. Learn more at [GetCancerScreened.com](https://www.getcancerscreened.com). And now, Ask the Doctor. Host Chas Rodgers talks to Dr. Arnold Bullock about getting screened for prostate cancer, high risk groups, and much more. Dr. Bullock is a urologic surgeon, and he continues our conversation now from Washington University in St. Louis.

Chas:

I wanted to ask you, when should you get screened for prostate cancer?

Dr. Bullock:

When you should get screened is based on the discussion that you have with your personal physician, um, but there are some guidelines that we suggest that patients consider and discuss with your physician when you are in front of them. One, prostate cancer tends to form in people over the age of 50 unless you are in a high-risk group. So overall, generally it's recommended that men 50 and above have a discussion with their physician about the pros and cons of prostate cancer screening using the prostate specific antigen, the PSA, with or without the digital rectal exam. Now in high-risk groups, um, some recommend that you get your first screening at the age of 40 or 45 and then your need for yearly screening thereafter is based on what that initial baseline PSA screening result is. The high-risk groups

would include those who are of African descent or anyone with a um, family member, a close family member with prostate cancer. The more family members that you have, the higher your risk will be.

Chas:

Following up to that, what can you expect from a typical screening?

Dr. Bullock:

It merely entails a blood test, an additional 5 cc's or 1 teaspoon of blood, and most people who see their physician every year are already having blood tested for blood sugar and cholesterol, for instance. It's just one additional blood test.

Chas:

Just quickly as a follow-up, um, this wasn't in my standard questions, but, you know, does that ease the nervousness for a patient with respect to doing some type of screening because it's just a simple blood test?

Dr. Bullock:

That's right. It is amazing how, um, some men are so opposed to the finger exam, but I think this is just part of what we are supposed to do as a physician, to explain hey sir look, my finger is certainly not as big as a bowel movement, and we're not putting this on tape, nobody's recording this, I'm not going to put you on YouTube, and it's a 10-20 second examination max.

Chas:

Yes, thank you, um, for clarifying that. I went through both, and I think that's what ultimately helped me as a patient. I did both, and um, both came out positive, but I did both and that was a huge discovery for myself, so I also advocate, I say the same thing to most patients out there.

Dr. Bullock:

So keep in mind that when I have a man who comes in where he sees me for the first time with an elevated PSA, obviously that's a little different than just your initial screen, but a person comes and sees me and they're seeing me because their PSA is elevated, I am going to strongly suggest that they get that finger exam [Sure (Chas)] because if I do that finger exam and I feel a knot, and the prostate should feel like the soft part of your palm, and if it feels like the back of your knuckle, but if I feel that nodule, I am personally going to tell my schedulers to put that person on for either an MRI study or a prostate biopsy within the next week or two. That moves the whole process a lot faster than if this man comes in with a PSA under 10.

Chas:

And Doctor, that sounds familiar, and that's something I was saying, you know, when I did the campaign with Pfizer at the beginning of this. I talked about getting it done. It's one of those issues, right? You get your test, you get your screening, and you get some answers that are variable and you have to act right away [Yes (Dr. Bullock)], and I believe that most men don't take that action right away because of their fears or the misinformation as you said before, but at the end of the day it really comes down to if you're going to get this taken care of and get it done, do screening. This is where it starts.

So doctor, to follow up on the screening, um, again, this is another one and this has more to do, um, with um, why is prostate cancer screening so important in the prevention of prostate cancer?

Dr. Bullock:

We have so many benefits of improved medical care, and life expectancy is continuing to rise over time, but keep in mind, life expectancy rises for those who take advantages of what science and technology has to offer us. And for those groups that don't take advantage of it, life expectancy is not as good. And we continue to see this separation between socioeconomic classes, the well-to-do live longer, and racial disparities. And this is in all of medicine. This is not just in prostate cancer, but prostate cancer is like the poster child for cancer disparity. And that's because African Americans get prostate cancer at twice the rate of whites, and for men who have cancer, we have a two-fold higher death rate.

Chas:

I am so glad, I am so glad that you brought that up because I was that man. And that's a big part of it, and this is something for those who are listening. I can't stress enough, is you know, I made a decision to go see my physician and from that decision, um, I ended up here where I am today. And to your point earlier about the early screening- early screening did three things for me. It gave me information; it gave me the right information at the right time so I could act. I'm going to move into one of our last questions today. What have doctor's offices done to ensure that patients are safe, uh, to have their screenings during COVID?

Dr. Bullock:

Everyone's still wearing a mask; everyone in the hospital is required to wear a mask. Is it essential now? Well, we don't know who has been vaccinated and who hasn't. And being that we see so many people, we want to be safe. We still clean every room after everyone leaves. And so like the people at the grocery store cleaning the counter, you know, after every food purchase, even though everybody's hands are all on the counter, yeah, but whatever could we done, we are still doing. Um, we started operating again for cancer patients – we had about a one-month delay. So the month of March and April, we really were down to essential cases only, but we have changed that. From June of last year, we haven't had issues. Um, everyone gets screened pre-op for COVID; they just released that, if someone can prove they've been vaccinated. Um, but everyone in our office gets, still gets screened when they come in, and we still clean up the offices between every person.

Chas:

Dr. Bullock, thank you so much for taking these questions here today. We are grateful to you here at Pfizer. Um, you know, again, part of the cancer screening, *Get It Done*, campaign is to get this type of information out to our patients also to advocates, also to caregivers as to what, you know, what needs to be done and steps you can take towards, uh, cancer. But at the end of the day, you know, this bears repeating, if you are a patient or if you are a family member of a patient or you are a caregiver, you know, talk with your medical team in your specific part of the country, uh, get informed, collect data as Dr. Bullock said, and then move forward. Remember, the only way to get things done is to have the right information on board so you can take the right action.

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