# A Fairly Serious Case of PC

By Capt. John Campbell
(Northwest, Ret.)

***When I retired 5 years ago this May, I had visions of writing tall tales of adventure such as sailing around the world, or walking the Appalachian Trail for a good stretch of the legs, or just pedaling my bike across the country. Instead, I find myself on a different kind of journey—with PC, and I don't mean political correctness. I write in hopes that a little medical hangar flying can help a fellow pilot avoid some of my mistakes.***

**My journey starts** in December 2003. Knowing what to do healthwise is easier than actually doing it, but I still try. I know I need to monitor my cholesterol, and after having had a heart attack, I really pay attention to what my numbers are. I know that one of the things I should do is have the old colon looked at, and so I scheduled myself for a sigmoidoscopy that December. Everything was fine in the land of the dark, except my proctologist said he could feel a nodule on my prostate.

He said that I needed to see a urologist ASAP and that a good one had an office in the same building and gave me his name. So I started preparing myself for the likelihood that I would need a biopsy, something I felt was akin to getting shot with a gun, only the bullets were smaller.

I put away my fears and kept my appointment, but before that, I had my PSA (prostate-specific antigen) checked—another thing you should do, like getting your cholesterol checked, and about as much fun. With both, you feel so much better after it is over if the numbers are in the green range. I have been told that starting at about age 50 (earlier if you are at increased risk), all good little boys should have their PSA checked. My previous PSA on my flight physical had come back at 0.77, with anything 0 to 4 considered normal. I took great pleasure in my number, as I figured I had the PSA of a teenager, even if other things didn't work quite like a teenager's.

Two days before my visit, my blood was drawn for the PSA test. The appointed hour came. I was ready for anything, even a biopsy. I was told my PSA came back as 0.44! However, the nodule that my proctologist had noticed was definitely there, and it hurt like the dickens when my urologist palpated it during his exam of my prostate, and I emphatically let him know it.

"Well, your PSA is so low. I think I'll put you on a course of antibiotics, and we will check everything in six months."

Thanks, doc. No biopsy—fine with me.

Six months later, the same drill, except my PSA was now 0.62. Hey, that was still below my previous high of 0.77. I opted to wait another 6 months, that January at 0.32, a 50 percent reduction! I didn't know what was going on, but certainly it couldn't be cancer.

In September, I went back to the proctologist for the full treatment this time. When I came out of sedation after the colonoscopy, he told me that he had felt a very large nodule on my prostate and that I really needed to see someone.

Then, I had an event that got my attention big time. I saw blood where a man doesn't ever expect to see blood. My urologist explained that the bleeding was possible for a number of reasons and not to worry unless it didn't stop and for me to see him in a few days. By this point, I wanted a biopsy regardless of what my PSA numbers were, which for that visit turned out to be 0.54, eight points below my June 2004 number.

The biopsy finally took place Jan. 15, which turned into a year-and-a-half, after visits from Ivan the Terrible, Dennis the Menace, and finally Katrina. For those who don't live in sunny Florida, those were a string of hurricanes that did a lot of damage, including to my place. I got wrapped up in repairing my leaking roof and missed my next appointment in Minnesota and didn't schedule another until January 2006. After all, the appointments were still routine—no need to hit the panic button.

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I knew that what counts is not how small the PSA number, but how your PSA numbers change over time. If you see a doubling or even just a 0.75 rise in a short period of time, it is worth getting checked out. My PSA came back 2007, and on January 19, after playing phone tag with my urologist for several days, I learned that I have prostate cancer throughout the right side of my prostate gland—the side where the nodule is. Further, the biopsy came back as a Gleason Grade 7.

The Gleason Grade is derived by looking at the morphology (shape, structure, color, and pattern) of the cancer cells compared to normal cells. Two patterns, with possible values between 1 and 5, make up a Gleason Grade. The first number is the primary pattern, and the other number is the secondary pattern. My Grade was 4+3 = 7. That means the primary pattern in my case is not good, as it can be only one num-

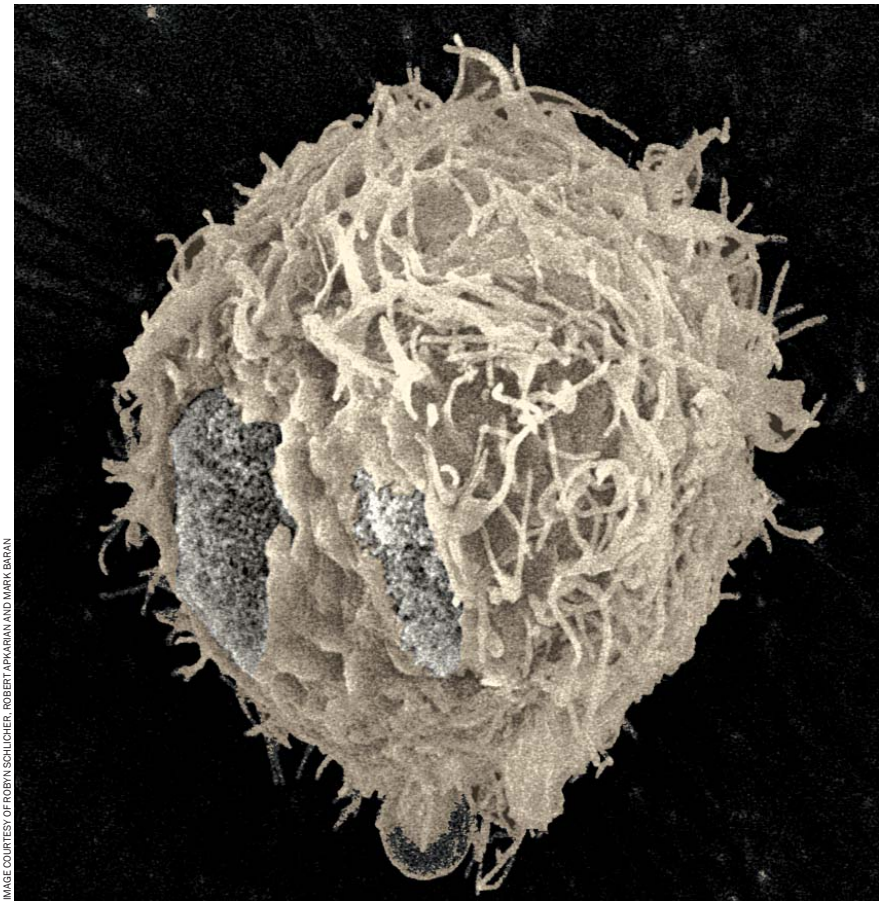

IMAGE COURTESY OF ROBYN SCHLICHER, ROBERT APKARIAN AND MARK BARAN

**A scanning electron micrograph showing a prostate cancer cell immediately after exposure to ultrasound. The image has been color-enhanced to show the spot where the cell membrane has been removed.**

ber higher, and hence I have a fairly serious case of PC.

I have learned a lot since January. Most important, you want to catch this stuff early while it is still confined to the prostate to have the best chance of survival. While I am not on the back side of the power curve yet, I'm close. Let's go over some of what I think my mistakes were:

**1.** In spite of the fact that two doctors recommended my urologist and that he was very friendly, he turned out not to be a good choice for me. During my office visits over the last several years, I began to feel that we were not connecting as we should. My big mistake here was that I didn't listen to my inner voice and instead stuck with this doc because I liked him. He never apprised me of the need not to stimulate the prostate with an ejaculation for 2–3 days before drawing blood for a PSA test because that skews the numbers. That also goes for mechanical stimulation like a digital rectal exam (DRE) or riding a bike or anything else that could stimulate the prostate. In my case, this did not explain my very low PSA numbers. Still, it should be part of the protocol when drawing blood for a PSA test.

**2.** The biopsy is not quite the dreaded procedure that I envisioned, although it is uncomfortable. However, at this time it is the best way to tell if you have prostate cancer for sure. I still have reservations, but there isn't much else that you can do. You shouldn't let yourself be put off like I was.

**3.** I feel that I should have had a biopsy after the first visit, even though my PSA was only 0.44. I have since learned that an abnormally rising PSA trend, or a high PSA number greater than 4.0, or an abnormal DRE is each a sufficient reason to have a biopsy.

**4.** My health was more important than fixing hurricane damage. It is all too easy to get swept up in what seem like important things at the moment and let *really* important things like routine medical tests languish.

**5.** Low PSA numbers like mine don't give you a free pass. Though rare, a number of reasons exist for the PSA not to increase when you have prostate cancer. All along, I felt something was not right with my plumbing, but I got hung up on my low PSA numbers—a very big mistake, especially when I had had an abnormal DRE.

So, an adventure that I didn't want begins for me. However, I am not alone. Estimates are that 218,000 men will be diagnosed with prostate cancer this year, increasing to more than 300,000 per year in the coming decade. Roughly 30 percent of men will end up with prostate cancer by some estimates. That's more than one in five. PC will probably become the No. 1 cause of cancer death for men. Lung cancer is No. 1 now, but that should change as more men stop smoking.

Another thing about prostate cancer makes it unique. You can end up having to choose your own treatment. I have learned that PC can be treated in several ways, all of which work fairly well if the cancer is still confined to the prostate and none of which work very well if the cancer has escaped—hence, the very important need to catch it early.

My next step was deciding which treatment would be right for me. I ultimately chose a proton therapy modality at the University of Florida's Proton Therapy Institute in Jacksonville, Fla.

Please note that nothing I have said should be construed as giving medical advice. My comments should be interpreted as personal advice only (one pilot to another) and should serve only as background information. Consulting a qualified medical professional is always best. However, if I can help in any way, please e-mail me at protonsoup07@gmail.com.

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