

# Empowerment Without Medical Advice:

## PCRI Support Line Stories

**Jan Manarite, PCRI Senior Educational Facilitator**



**W**hen you care enough to help others, it is always a challenge to not overstate, or “advise” someone on what treatment they “should” have. And it’s also a challenge not to push them into trying what you did. The truth is that these tendencies surface because you care.

But another powerful truth is that every prostate cancer is different, every man’s health is different and every person’s priorities are different. So “advising” can be wrong – simply put. For PCRI Educational Facilitators, it is a priority not to advise our callers, and a challenge we face daily. Likewise, it is also a priority to “empower” the caller. This section will highlight some techniques we use to accomplish this meaningful goal.

### **When does surgery make sense?**

There has been a good share of bad press about prostate surgery (prostatectomy). There are many stories of men who regretted the decision, or who were left totally incontinent or impotent. In light of recent developments in active surveillance, it can be easy to quickly conclude that surgery is a bad decision for every man. That would be an overstatement.

Although it is a small percentage, some men who have had surgery – whether robotic or open abdominal – are thankful they did. So what makes the differences between these two experiences: those who are thankful they chose surgery, and those who are not? There is no perfect answer, but certain factors may help make the decision more clear.

One such factor is characteristics of the cancer – how much cancer is present, and where. Other factors to consider can include patient age and the surgeon: a younger man usually has a greater chance of recovering sexual function. And sometimes it may make sense to travel to have surgery done by a highly skilled artist. This story demonstrates both of these factors – a story worth hearing.

One of PCRI’s support line callers (we’ll call him VC) lives in the mountainous, historic Northern United States. VC was surprised to learn of his prostate cancer diagnosis at the young age of 46. He did not have a lot of risk factors, but was glad he had taken his PSA at a routine checkup with his family doctor. The prostate biopsy showed a Gleason of 3+3=6; his DRE was negative, giving him a clinical stage of T1c; his PSA was 6.3 and prostate size about 30 g. His biopsy pathology report also revealed cancer in five out of 10 cores, and showed two biopsy cores which were greater than 50% involved.

We discussed the pros and cons of different treatment choices, in context of PCRI *Insights* articles, medical literature and other tools. We also talked about his personal fears, priorities and overall health. I tried to equip VC with information that was as objective and clear as possible. I suggested he obtain his actual medical records, and helped him understand his pathology report. Understanding the significance of having 50% of the prostate involved and two cores that were over 50% cancerous was something he weighed in his decision. I never told him he should have a certain treatment, but I helped him access information he didn’t have, and better understand the information he did have.

For VC, the idea of active surveillance wasn’t reassuring enough for him at such a young age and with the amount of cancer found. Radiation wasn’t really something he wanted. After much thought and debate, he chose surgery.

*(continued on page 24)*