

During the annual business meeting at the 2023 reunion, the issue of prostate cancer was discussed and there was a request to post something on our website about this agent orange disease that has afflicted so many of our veterans. I was diagnosed with prostate cancer in 2021 and I posted this information on both Face Book and in the Red Diamond to help educate our members. My oncologist also provided an outstanding resource to help understand prostate cancer. It is from the National Comprehensive Cancer Network (NCCN) – here is the 2023 updated document website:

<https://www.nccn.org/patients/guidelines/content/PDF/prostate-early-patient.pdf>

Below is an update and re-posting for those who did not see the original posting.

Ho Chi Minh's Agent Orange revenge has hit for the second time – first one was my heart attack from ischemic heart disease in 2013; now it is Prostate Cancer. The purpose of this post is not a “pity party”, but for education.

The normal method of checking on your prostate health is through a Digital Rectal Exam and a Prostate-Specific Antigen (PSA) test. The doctor will conduct the rectal exam and check the size and form of the prostate to determine if it feels normal and if there are any abnormal growths. When PSA test levels are high, it can be due to prostate cancer or other noncancerous conditions.

My PSA readings were always around 1.5+/- . In June 2019 it rose to 2.03 and my doctor noticed a small bump so he referred me to a urologist who found nothing. In June 2020 the PSA was 3.4 and then rose to 4.3 by September. Since the PSA was now over the max of 4.0, my urologist decided to do a biopsy of the prostate. The biopsy takes 12 samples from the prostate using a real-time Ultra Sound in a grid fashion – pathology found nothing.

In July 2021 the PSA was 7.02. My urologist said although the PSA had gone up, it still wasn't extremely high. However, I was concerned not necessarily with the actual number, but with the trend – it was consistently rising. My urologist agreed with my concern and ordered an MRI – this test revealed a small mass that appeared to be cancerous.

My urologist decided to do a Fusion Biopsy – using a computer, overlay the results of the MRI with real-time imaging from an Ultra Sound. Again, they took the 12 samples from the grid, but also took a 13th sample from the exact location of the mass found with the MRI – pathology showed cancer

What is my point here? The only reason I was able to find out I had cancer was being persistent with my doctors. The numbers were not all that high – my urologist told me he had a patient with a PSA over 1000 once. The good news was my primary care physician noticed a change in my prostate and referred me to a specialist. My urologist continued to monitor the situation and was receptive to my concerns that the PSA was rising EVEN THOUGH THE BIOPSY LAST YEAR WAS NEGATIVE.

Of true importance here is the fact that both the annual Digital Rectal Exam and PSA tests by my civilian doctors were the indicators that something was wrong. I get two physicals each year – one from my civilian health providers and one from the VA.

In all my years of going to the VA, they have never conducted a Digital Rectal Exam or a PSA test. If I was just counting on the VA for my health, I would end up with Stage 4 cancer instead of finding it early and only having Stage 1 to deal with now.

So, if you are only using the VA, demand both of these tests. That's right – bend over and put your elbows on the table – here the snap of the gloves and the doctor say, "you will feel some slight pressure"; and get the blood drawn for a PSA test of the prostate. These procedures can save your life.

My update: I had 45 radiation treatments and then 2 years of oral chemotherapy. I have 5 months left on the chemo – my PSA is currently 0.008.

Bob Dudley
C Battery, 5/4 Artillery
Past President