

304. Dattoli IMRT & Seeds (Part One)

2010

June 22-- Annual physical before my 59th birthday. PSA jumped from an average of 2 to 3.7 since last year. GP recommended I see a urologist. I used the urologist that he suggested--didn't see that it would matter any. The urologist was a young man, fairly new to the practice, I believe.

July 16—The urologist suggested re-testing my PSA to see if the jump was an anomaly. It wasn't. In just four weeks, my PSA had risen to 4.3. I scheduled a biopsy at the urologist's suggestion.

August 20—The biopsy was a breeze. No pain or problems. The clock read 10:50 as I slipped under the anesthesia, and 11:12 when I came out of it. No pain or after-effects.

The biopsy showed cancer in 3/12 cores sampled. 15% on one lobe and 25% on the other lobe. A Gleason 3+3 (which was later confirmed by a second source's independent reading of the biopsy slides), with no apparent spread outside of the capsule.

The urologist outlined the various treatment options (surgery, external radiation, seeding) and said most results were the same—about an 80% cure rate. He didn't push me toward any particular option, which I appreciated. My wife died of cancer in 2009, so my initial thought was that surgery sounded good—just cut it out before it could spread. However I ignored the whole issue for a couple of weeks. I'd ordered a thick book on the topic and never finished it—there was so much information out there, I was inundated. I just wanted someone to tell me the best thing to do.

September 8--Attended the prostate support group at The Wellness Community. Listened to the experiences from a couple of dozen people who'd been through the various treatments.

I wanted to know more about radiation therapy because in my reading I'd learned that you were very likely to end up incontinent and impotent if you chose surgery. The support group people confirmed this. Impotence could be lived with (if unhappily)—incontinence posed a major quality of life issue.

My father lives in Sarasota and suggested I check out the Dattoli Center. I said "sure, sure," thinking that it was just another regional treatment center. But a couple of people at the support group talked about it as one of the premier treatment centers in the world, so I got interested. And I would be able to live with my father for the 8-9 weeks of treatments, which would make a big difference financially.

Sept 10—Called and asked for information from the Dattoli Center. They jumped right on it, and were extremely helpful without being pushy.

Sept 28--talked on the telephone with Dr. Sorace at the Dattoli Center in Sarasota. That's part of their pre-admission sales process—a personal consultation with one of the two doctors. One of the things I learned is that with surgery, it was easy to miss any "tentacles" of cancer that had spiraled off of the prostate. [Later, I learned that this is a fairly frequent occurrence with surgery] Decided to pursue radiation as my treatment option. Dattoli was promising a higher cure rate (95%+) from a combination of external radiation and seeding. Plus I thought it sounded like they would be more accurate with the targeting of the radiation than other, less sophisticated radiation operations

Finally, they were treating 40+ people a week—it's all they do. So I thought they should be pretty good at it. People in the TWC support group had stressed that you didn't want treatment from anyone with less than 300-500 procedures under their belt. The two Dattoli doctors had completed more than 5,000 procedures each. I didn't bother talking with any other radiologists. Following my decision, they gave me a detailed process to follow prior to coming to Sarasota for the treatments.

October—Had a variety of tests done in Cincinnati, forwarding the results to the Dattoli Center. Included having an outside clinic reconfirm the biopsy results by evaluating the microscope slides. Did most of the tests in Cincinnati because it was “in system” for insurance purposes, which saved money. Tests included a colonoscopy, a CT bone scan, an EKG, and various blood tests. Also sent them the results of an October colonoscopy that I'd been scheduled for already (and which was one of their requirements).

November 22: Arrived in Sarasota. Had an endo-rectal coil dynamic MRI at the local hospital, then an ultrasound and other tests at the Dattoli Center. These tests (and the earlier ones) were to rule out any possible spread of the prostate cancer, pinpoint the exact location of the cancer for more precise targeting of the radiation, and determine my general health to see if I could stand up to the brachytherapy (seeding). I had another CT scan, and they measured my breathing pattern (which can affect the aiming of the radiation). They explained me the ultrasound pictures as they were being recorded, and showed exactly where the cancer was located. They also measured the 3-dimensional volume of my prostate, and told me it was down at the lower end of “normal” size, which is a good thing (no prostate envy here). The ultrasound was an embarrassing procedure (check your modesty at the door), but not at all painful.

November 24: Went in and got my half-cast made, to hold my legs precisely in position for the computer guided radiation treatments. A liquid filled plastic bag is laid on a heating pad, and your legs lie on top of it all. The heat makes the liquid expand into a rigid foam. The cast extends from the knees down, and cradles your legs (nothing on the top). You have to wear shoes (the same pair each time) to make sure your feet cannot “slip around” within the half-cast. They also tattooed three dots on me—one on each hip and one on my stomach—to help align the rest of me on the table for the radiation sessions. They seemed incredibly intent on accuracy.

While the primary reason I chose Dattoli was their combination therapy, a secondary reason was that there are a variety of external radiation methods in use in the country, from traditional methods that have been in use for many years to some that are much newer (and purportedly more accurate and effective). Dattoli seems to be using the most recent methods, and that was attractive to me because I believe it ups my chances and reduces side effects.

Part of the pre-treatment process involved inserting a colorless dye (oxymoron?) in my bladder by means of a catheter. Despite numbing my penis, that wasn't much fun. But there was pain only twice, each time for 2-3 seconds (although there was a burning during urination for about 24 hours after (from “bruising”?). Just keep your eyes closed and think of England. Spent time with a nurse afterwards, who provided nutritional advice and talked over my schedule with me. I'll be doing 28 external radiation treatments, followed ten days later by the surgery to insert the radioactive seeds in

my prostate. Finally, they gave me a portfolio (to hold my papers) and a tote bag to hold the shoes I'll bring to wear during treatments. These people are real marketers!

The next four days are the Thanksgiving holiday weekend, so I'm going to start my treatments on the following Monday, December 29th. It will be a "dry run" day, the actual treatment will start on Tuesday.

Nov 29: I was early for my "dry-run," and they were late. So I spent a half hour in the waiting room. It was really full—maybe 20 men, many of them accompanied by spouses. The seating in the lobby is deliberately arranged in "conversational groups" to encourage conversations so that you learn more. Some people were there for treatment, other for diagnostic tests or post treatment exams. Once I was on the table, it only took about ten minutes. They had me pull down my pants and shorts slightly, and lay flat on the table with my feet in the foam mold. Then they took a series of x-rays--for positioning, the technician said. He told me to breath normally. I defy anyone to breath normally when they've been told to breath normally—you become way too self-conscious.

I had been told to drink 16 oz. of water a half hour before coming in. Apparently a full bladder is easier to distinguish and avoid. I worried that it might make it hard to hold still, but it wasn't any problem at all.

Nov 30: My first treatment. It was a walk in the park—I just lay there for about 12 minutes, with this huge machine whirring around me. It would occasionally stop, hum, and then move on. No pain, no fuss. Later in the day, I noticed some internal discomfort, akin to really light cramps, but can't be sure how much of that can be ascribed to the treatment. Didn't really impact me at all. I'm walking two miles a day for exercise—I was able to do this about two hours after the treatment with no problem.

Tonight was a weekly after-hours BEAMERS (Dattoli sponsored support group) meeting with about 20 patient/spouses. They brought in a nutritionist—she talked more about our post treatment diet than during treatment. It's depressing—everything I love is bad for me, from ice cream to fried food to candy to grilled steaks. But she pointed out that a "Mediterranean Diet," heavy on white poultry and fish, whole grains and vegetables, can cut your cancer risk by two-thirds. So I have to listen.

Dec 6: I've done six treatments now, and am starting to see side effects. I'm still able to walk my two miles every day, and my appetite is good. But I'm peeing about once an hour, and there's a fairly persistent, very low-grade pain in my plumbing, somewhat like a very light groin pull. I'm also getting some rectal itching. (TMI?). I have my first weekly visit with a nurse tomorrow (I could have asked questions any time, and have. But the first weekly meeting comes after your first five sessions.), and I've been told by other patients that she will be able to prescribe remedies for everything that's bothering me, including the frequent urination. After 15,000 or so patients, they know what happens and how to deal with it.

Tonight was the second BEAMERS meeting. We took a "behind the scenes" tour of the equipment—not terribly useful for me as a patient, but great for the spouses and caregivers who usually don't penetrate past the lobby. One interesting note: On the wall of testimonials in the resource center is one from Doctor Snuffy Myers—treated at Dattoli in 2006!

Dec 7: Nurse told me that the frequent urination is due to bladder irritation because I wasn't following their dietary suggestions closely enough (hadn't cut out tomatoes and carbonated sodas because they didn't seem to be bothering me—I didn't realize the frequent urination was being caused by this.) I changed my diet and started taking 400mg of ibuprofen twice a day (to reduce inflammation) and everything got much better.

Dec 10: I'm a third of the way through my treatments (9 down, 19 to go), and they brought me in for a quick scan (no catheter—yea!!) to reconsider my radiation plan. They readjust the plan twice—at the 1/3 and 2/3 points, to adjust for any changes in your prostate caused by the treatment. They call it “coning in” as they generally reduce the radius of the area being irradiated each time (although not necessarily the dosage).

Dec 14: There's not much to say. Every treatment day is approximately the same—a well-oiled machine of a process that has me in and out of the clinic within a half hour. I'm never in the actual treatment room for more than 15 minutes. They offer a choice of music to listen to during the treatment, from classic to rock & roll. Other than that, nothing changes (that I can see—I know the arrangement and strength of the radiation beams has been adjusted, but I cannot tell the difference). Went to my third BEAMERS session this evening—they had a representative there from the manufacturer of the radioactive Brachytherapy “seeds.” Pretty interesting to know if you're going that route like I am. The seeds are tiny—about as long as a small grain of rice, but thinner. Each one is hand manufactured to order, and the doctor implants from 80-120 during a typical seeding. They contain two slugs of radioactive material, with a slug of lead in between (to act as a marker on x-rays), and the three slugs are encased in a titanium coating with slightly concave ends (to act like fishhooks and hold the seeds in the prostate once implanted).

Dec 26: Because of the Christmas and New Year's holidays, I've got two three-day weekends “off.” It's frustrating—at this point I just want to get it over with. Any delay is bad. I'm getting petulant, at least internally. I'm bored with taking 14 pills a day, I'm bored with drinking 10 glasses of water a day, and I'm bored with the bland diet I have to live with or suffer the consequences of greatly increased, more uncomfortable urination. Most of this will continue for another four months—a month from today is my seeding, then three months while it wears off. When it gets too bad though, I remind myself that at least I won't be dealing with the impotence and incontinence that surgery would have brought. And that would be permanent!

Four months from now, I'll be back down here for another 10 external radiation “shots.” These are for insurance, and are aimed around the prostate, but not at it. For that reason, I won't have to watch my diet as strictly during that period. Yea!

Dec 29: Despite taking 800mg of ibuprofen a day and closely following the dietary guidelines (to reduce bladder irritation), I'm still hitting the bathroom at least once an hour. Not a big problem (except on long walks!), but annoying. I'd swear there's more coming out of me than I'm drinking (but it can't be true, because I'm not losing any weight). You'd think this would be a problem at night, but I'm only getting up 3-4 times a night, and I'm able to get back to sleep afterwards pretty easily. Also, occasionally, when I move or stretch I get a “strained” feeling around where I know my prostate is (just some kind of bladder strain, I imagine). But it isn't painful or debilitating...just “different.”

January 10: My last (28th) IMRT (external radiation) treatment was today. Now comes the two week layoff before my seeding surgery. The nicest thing about the end of the IMRT treatments is that I can discontinue most of the pills I was taking—I've dropped from 14 a day to 3 a day. My health is still good—no problems with appetite. However that “strained” feeling is much more prevalent, and somewhat more uncomfortable, and I have to urinate about once an hour (although by cutting down on liquids as the afternoon/evening progresses, I am able to hold it down to 3-4 times a night. (A part of the frequent urination is undoubtedly due to the 80 ounces I'm drinking each day.)

January 24: The waiting period is almost over. I went to Dattoli this morning and had an ultrasound to measure the prostate. This will help them create the template for inserting the radioactive palladium seeds in two days. I didn't need to see the doctor—just the technician. In and out in about half an hour. Then I went over to the hospital for pre-admittance testing, which was pretty much filling out a couple of consent forms and having some blood drawn. I go on liquids only starting at 3pm the day before the surgery, and have the usual enema regime.

January 26: I arrived at the hospital at 8:00, and was in my hospital gown in a staging room by 9:30. (I was one of three seedings being done that day.) Dr. Dattoli and my anesthesiologist came by to check in, and at 10:30 I was wheeled into the operating theater which Dattoli leases. I'd been particularly worried by the idea of getting a spinal block and re-acquiring a catheter. As it turned out, he had to tell me when the spinal shot had been done—I didn't notice it through the local anesthetic he's swabbed on. And I was numbed by the shot when they inserted the catheter, so I didn't notice that until after the spinal block wore off about an hour later.

The operation took the advertised 45 minutes—he inserted 49 radioactive palladium seeds. There were eight people working the room, including one whose sole job was to load the needles with the seeds. The needles were inserted through the area between the scrotum and the anus, and several seeds are deposited by each needle insertion—I don't have 49 holes in me! He inserts each needle all the way through the prostate (if necessary) to reach the far side, then withdraws it slowly, dropping off seeds as he goes.

I was able to eat a hospital lunch at noon (after fasting since 3:00pm the day before), which was nice. My toes finally un-numbed by about 1:00. The only unpleasant part of the procedure was living with the catheter. It got painful, but not terrible. An annoying pain, rather than a painful pain.

At 8:30 that night a nurse came in and gave me my five prescriptions and recovery instructions, which included three more over-the counter drugs.

January 27: They came at 2:00 am the next morning and took it out, which was wonderful, even if there was some burning during urination for the first 5-6 times. However by then I was no longer passing any blood, and the pain had gone away. So I don't really have any complaints. Frankly, as far as pain goes, I've had head colds bother me more than any of the things that were part of the Dattoli treatments.

I was discharged at 6:00am, and drove directly over to the Dattoli office. I needn't have hurried, they weren't ready for me until 7:30. At that point they did an X-ray to document the location of the seeds,

and ran over the do's and don'ts again, and answered question. I scheduled my three-month follow-up treatments, and said goodbye!

The eight pills I was to take each had different frequencies and durations, and it took me almost an hour to chart them all out and get the first week's supply laid into the 4 x 7 pill organizer the Dattoli people had provided. I hadn't slept much in the hospital (OK, not at all, the catheter really bothered me), so I took a nap that afternoon, and turned in early that night. But I was in no pain all day, nor did I feel limited at all by the surgery I had just had.

January 28: I jumped into the car and began driving the fifteen hours toward home. No problems (other than the fact that the AZO cranberry extract I took stained my urine bright orange, which at first made me think there was blood in my urine). Quite startling.

Overall, the entire process has been extremely professional. I was given a good idea of what to expect, and it occurred just as advertised. I'd certainly advise anyone to explore this option. I talked with more than 30 patients undergoing treatment at Dattoli, and not one had anything bad to say about Dattoli, or anything good to say about surgery (several of them were "salvage" patients who had their prostates removed earlier, and were undergoing the radiation because their cancer had reappeared.

It's been 8 months since my last ("cleanup") radiation treatments. There has been an annoying increase in urination—I'm going almost once an hour during the day, and 2-5 times a night. This is unexpected, but I'm told it will get better over time. I sure hope so. I have a problem "holding it"—once I think about going, it seems that I've got relatively little control over the bladder muscles, and need to get to a bathroom quickly.

I just want to warn people that it's not all beer and skittles.