

**502 Dattoli Radiation.doc, 16 pages**

**Local Politician Reports His Dattoli Center Radiation Experience In Front of TV Camera**

**Local TV reporter interviewing patient and treatment providers:**

We got an exclusive look into Cape Councilman Bill Deile's personal struggle in the fight against prostate cancer. We went into the operating room as doctors worked against the clock to beat the disease. A 25-minute procedure that left Councilman Deile with 69 radioactive seeds inside his body is expected to be the cure for the cancer that doctors say is slowly killing him.

"This is a pretty aggressive advanced cancer," said Dr. Michael Dattoli of the Dattoli Cancer Center in Sarasota.

Wednesday, in a sterile operating room under bright lights, Dr. Dattoli and his team began the final step in attacking the disease. The treatment is called brachytherapy and it is the second stage of a two-prong treatment that Deile is receiving.

The first stage involved intense rounds of external radiation. While the radiation is not painful, it does cause some discomfort for the patient. Symptoms like painful urination, hot flashes and fatigue are all common side effects that are to be expected with the treatment.

For those rounds of radiation, Deile had to drive to Sarasota every day for four months. "It was kind of like a job. After a few visits, people were very upbeat and it became very routine," he said.

In the second stage of the treatment, the brachytherapy, Dr. Dattoli injected the small radioactive seeds right into the tumor. Each seed is locked into place through needles. And once inside the prostate, they release radiation that slowly kills the tumor. Ultrasounds on surgery day showed that Deile's tumors have shrunk. Dr. Dattoli said he hopes the seeds will zap away whatever is left of them.

"They are killing the cancer from the inside," he said.

And while the process sounds invasive, Deile was never cut open. Long needles did all the work. Once the seeds were set, Dattoli reviewed their placement through X-rays. After that, the surgery was over.

"He's not going to feel a single thing and never will," said Dr. Dattoli.

While he was still sedated, doctors rolled Deile to the recovery room on a gurney. He said it was a moment he had been looking forward to - even though he may never remember it.

"I have all the confidence in the world that the result will be good and the recovery period will be tolerable and short," said Deile.

Deile has returned home after spending the night at Sarasota Memorial Hospital. On the phone Thursday, he said he felt very little pain after the procedure.

In 90 days, he will see Dr. Dattoli for a checkup. At that time, they will decide how many, if any, follow up external radiation treatment he will need to ensure all the cancer is gone.

It's estimated that two million American men are living with prostate cancer. Cape Coral Councilman Bill Deile is one of them. Thursday, he began his treatment which uses a new, non-invasive procedure.

As Deile begins his journey to get cured, he says he has reason to grin - with hesitation.

"When someone got cancer it was a death sentence. But that's not true today," he said.

But when asked if he was still scared, Deile simply said, "yes."

Now though, his cancer treatment is a reality and world renowned prostate cancer doctor, Richard Sorace, is leading the way.

"Our approach, which is now quite time-tested, adheres to all factors that need to be done to maximize radiation dose, to target and minimum doses to the bowel, bladder and rectum - the best cure with the lowest side effects," said Sorace. "Most patients we've treated have not failed in prostate, to date."

Deile is embarking on a non-surgical treatment path that uses a combination of external radiation and seed implant therapy to zap this cancer. "It's allowed us to get higher ratio cures, lower side effects and put radiation back on the map," Sorace said.

And it's a method Deile's confident in. "You need to talk to people, educate yourself. I just hope that's what other people can do," he said.

In the next five weeks, Deile will spend a lot time in a hospital gown, lying under a radiation machine while doctors use computer images to find and zap his cancer.

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### **Bill Diele's very detailed diary beginning April 2009**

Have you ever begun a "journey" - one you did not choose, one you have little or no control over, and one that will change your life? Eventually we all will. I am on one now. When did it begin and when will it end?

Approximately 12 year ago I was faced with an elevated prostate specific antigen (PSA) during a routine annual physical. PSA being an indicator of prostate disease such as cancer, my urologist recommended and conducted a biopsy. It proved negative and I began a period of "careful monitoring" or more accurately "hopeful waiting". In January 2009 my PSA level reached 8.1 and I underwent a second biopsy in February. It proved positive with a Gleason score of 8 indicating an advanced, aggressive cancer. What to do?

After learning of the diagnosis I did not hear anything the physician said for the next 30 or so seconds. I totally tuned out. I was in shock. My wife Janet and I always accompany each other to the doctor's office. A good practice for when I tuned out Janet tuned in. When I was a kid and overheard grown-up talk about cancer, it was a death sentence. Being 65 years old I emotionally related to the fear instilled in my youth and spent the next week in a funk. What was I going to do if it had metastasized and had spread to the bone and lymph nodes? Fortunately, a series of CAT, PET and bone scans, x-rays, colonoscopy, urinalysis and blood tests proved negative (or at least nothing could be detected) and being otherwise in excellent health I had the luxury of selecting a treatment modality.

While I investigated the two most common (radiation and surgery), I began my treatment with hormone therapy to stop the tumor growth by denying the cancer cells their nourishment via androgen blockage. This would buy me time to select a treatment. Unfortunately, hormone therapy is not without side effects most of which men fear. Some of the most common are "hot flashes", loss of sex drive, inability to achieve an erection (ED or erectile dysfunction), and gynecomastia or breast growth and tenderness. By asking questions I learned that they may be avoided or mitigated. This was a big issue for me. I could live with hot flashes and tenderness, but the others I didn't wish to contemplate. My goal was, and still is to kill the cancer, but I do not want to do so at the cost of becoming incontinent and impotent with breasts. The more I learned the more I crossed the line between despair and hope, and continue to do so.

After a lot of research, I decided that for me a combination brachytherapy (seed implants) and external radiation therapy was the course that I believed would give me the best cure with the least side effects. I am now on Casodex, Trelstar, Actonel, Cialis, Vitamin D-3, Trental, Avodart, Carafate, Vivelle, and calcium; quite a list for someone taking no medications prior to diagnosis.

Why am I telling you this? It is my hope that some, maybe even many of you, will learn that to face this you need to educate yourself to learn as much as possible about the disease, to establish a support group (family, friends, others who have successfully treated cancer and professionals in the field such as **[www.PCRI.org](http://www.PCRI.org)** .) Men don't talk about this and we should. You MUST become your own advocate and seek support and knowledge. I begin the external radiation leg of my journey on May 4 and as I do so my goal is to inform and empower you with the information and experience I will gain.

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In my last posting I briefly mentioned hormone therapy, more accurately called androgen deprivation therapy (ADT). I began mine on February 17th. For many men this will be one of the 1000 lb. gorillas to wrestle on the road to a cure. This is because of the many side-effects which challenge the very essence of being male. I can now better appreciate why it is said that prostate cancer is a couple's disease. See *His Prostate and Me*, by Desiree Howe. The book is seven years old and not the treatment I choose, but my wife Janet felt it put a lot of her thoughts into words.

ADT is based on eliminating and/or blocking the amount and availability of androgen (e.g. testosterone) available to prostate cancer cells. One of the ways this may be affected is by the use of agents that interfere with the production or reception of this hormone. There are side-effects which are of concern to me and I assume would be of concern to most men. Loss of testosterone greatly impacts a man's body; bone, muscle, hair, libido, and genitals, as well as personality. Why shouldn't I be concerned if ADT is aimed at reducing my testosterone to a castration level even if it is supposed to be temporary - temporary for how long? I have been told that for every month on ADT estimate one to three months to recover. Do the math. The only up side to the ADT induced loss of erectile function is the concomitant loss of desire. Having only the desire without the ability would be, for me, most depressing. The message here is to learn as much as you can about the benefits of ADT, its side-effects and mitigating measures so that focus can be placed on ways to minimize the negative aspects.

Some of the more common side-effects I have learned about are emotional changes, bone density loss, hot flashes, loss of muscle and gynecomastia (breast growth), inability and/or loss of desire to have sexual intercourse. For me all of these go to the core of my male being. You cannot afford to ignore their reality or be reluctant or embarrassed to speak freely to your doctor and others. While not everyone will experience all of the side-effects, most will experience some and to different degrees. Hence, you must become your own educated advocate in order to resolve the adverse impact of ADT. I intend to share my knowledge, as incomplete or imperfect as it may be, as well as the effects and results of ADT that I experience. Let me address the major concerns I have.

Loss of bone density and muscle mass: Although a normal sign of aging loss of bone density, may be retarded or overcome by the use of prescription medication such as Actonel, which I am on, plus vitamin D3 and calcium supplements, and, of course, weight bearing exercise. Exercise is also a method of reducing the loss of muscle mass (particularly upper body) while running helps militate the tendency to increase fatty tissue. I am using medication and vitamins and have re-invigorated my daily exercise regimen coupled with a whey protein supplement to fight these side-effects. Some former patients have told me that they wished they had been more diligent with exercise.

Hot flashes: This experience I have found to be of some annoyance. Now I know how my wife feels. I get mine mostly at night in bed. They are characterized by a feeling of heat and I break out in a light sweat. It usually is quite transitory although sometimes the sheets become damp. If Janet and I could coordinate our hot flashes we would not be constantly tossing the bed covers off onto each other. I am using Vivelle dot, a patch (containing estradiol, a form of estrogen) changed twice weekly, to lessen the effect - so far without much success. Hot flashes, however, are expected to dissipate with the recovery of natural testosterone production and levels after ADT.

Breast growth and tenderness: Male breast growth, too, is a natural aging symptom. Do you remember the Seinfeld skit involving the "manssiere" and the "bro"? While I am not currently experiencing gynecomastia, I may have missed the prevention boat here. I was not pleased to learn (from another patient) two months or so after I began ADT that several sessions of breast radiation (called "breast buds") prior to ADT could defeat gynecomastia. I have had the radiation treatment anyway and am hoping for the best as this will *not* resolve itself when ADT ceases. I am apprehensive about this as I have 10 or so more months of ADT to look forward to. Do the math. Will I be too embarrassed to take my shirt off after treatment?

Loss of sex drive and inability to achieve an erection: Prior to starting ADT with Trelstar, but after Casodex (an oral androgen blocker, also used to prevent "flare" - a temporary increase in tumor growth and/or PSA), my testosterone level was 500 ng/dl, within the normal range. However, within approximately six weeks after a Trelstar injection (a testosterone production inhibitor) my level dropped to 28 ng/dl. To put that number into perspective, less than 20 ng/dl is the definition of chemical castration. I

am now also on Avodart, which is used to block conversion to dihydrotestosterone, a more potent form of testosterone. As of last week I could still obtain an erection (barely) and achieve orgasm. A prostate cancer survivor recently told me, "My unit shrank." (Size does matter, perhaps not as much at age 65 as it did at 25.) Dr. Stephen B. Strum in his book *A Primer on Prostate Cancer*, available through the Lee County Library System, recommends oral agents such as Levitra, Cialis and Viagra as well as a 'vacuum erection device'. His recommendation is aimed at improving blood flow and overcoming shrinkage and contains the admonition "use it or lose it". My urologist also mentioned the importance of preserving erectile function to prevent atrophy. I have obtained a prescription for Cialis. While I am uncertain about the interplay between the nerves involved in sexual function, testosterone and penile blood flow (Cialis works on blood flow and ADT works on libido, hence I am not confident the desired result will be achieved.) it seems clear that the better your physical condition prior to treatment and the measures you take to preserve that condition during treatment the better your recovery will be post treatment. Do the math.

Another side-effect I am experiencing is dry orgasm, that is to say, no or very little ejaculate. Does this bother me? Some, but I believe I can adjust and learn to live with it. It is certainly better than the bloody ejaculate I had for a week or two after the biopsy. Will this resolve itself? Maybe to some degree, but I do not believe there is much I can do about it. Remember, I began these postings by acknowledging that this journey would change my life.

As to personality changes/mood swings, I think that perhaps I am becoming less temperate as a result of having to cope with the involuntary changes my body is undergoing. However, I have yet to experience the need to shop for shoes; although on my way back from a recent radiation treatment I stopped at Belk's and bought two pairs of shorts at a 50% off sale.

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My treatment modality consists of three prongs; hormone therapy (ADT) discussed in my May 18th posting, external image-guided intensity modulated radiation (4D IG-IMRT) and radio active Palladium seed implants (intensity modulated brachytherapy). These will be the subject of future postings. The 4D IG-IMRT and brachytherapy will be sequential, the ADT is concurrent and was initiated shortly after diagnosis in February.

The first step in the 4D IG-IMRT is a process called simulation, which is in essence a mapping exercise to determine tumor targets, position of internal organs and proper dosage. The news clip "Councilman Starts Cancer Treatment" illustrates this process and is available to view as posting number 4, April 30th. I had some idea of what was involved having a close friend who had been treated at the Dattoli Cancer Center, but I was still apprehensive as the procedure included prior preparation with Duocolax tablets and two catheters, one of which was to be a urethral - a new experience for me. I thought it prudent to fortify myself with a Xanax about an hour prior to the start of the simulation. However, the .25mg I took had no effect.

The day of the simulation began with my donning that most dreaded of garments - a hospital gown. There is more dignity in nudity than what that particular piece of "clothing" affords. The first step was to make a mold or cradle of my lower extremities in order to immobilize them thus assuring the same position would be maintained throughout the thirty 4D IG-IMRT sessions I would receive. I am now lying on my back on a table trying to observe while surrounded by my wife, Janet, the TV reporter, Stephanie, the cameraman, Greg, the two radiation techs, Don and Pam, and Dr. Sorace. I couldn't tell who was doing what but someone was unwrapping the various instruments and supplies and placing them on an adjacent table. Next came the catheters used to place a contrasting agent in the rectum and bladder. The rectal one was rather small, particularly in relation to the digital rectal exams and ultrasound probes I had previously endured. It was easily tolerated. Fortunately, prior to the placement of the urethral catheter, Dr. Sorace in his accompanying narrative explained that he would be squirting a deadening agent, Lidocaine, in my penis after first swabbing it with an orange colored antiseptic. The Lidocaine initially caused a burning sensation followed by, thankfully, no penial feeling at all. The catheter was inserted (from my worm's eye view it seemed quite long) and then connected to a syringe. It struck me as somewhat surreal as I watched them work and listened to one of the technicians count off the 50 ccs of dye being forced into my bladder. The catheter was withdrawn and Dr. Sorace explained that a clamp would next be placed on my

penis (quite visible in the image on his monitor in the video clip) to prevent leakage. Thanks to the Lidocaine I did not feel the catheter or the clamp being put on or later taken off. Thus prepared I was slipped into the helical computed tomography (CT) scanner for a series of cross-sectional images of my prostate and internal pelvic area organs as the scanner passed over my body. Upon the completion of that step, the two technicians quickly descended on me and I received three small dot tattoos made with India ink and a handheld needle. Not unlike, I would assume, prison tats. One was placed in the pubic area and the other two on the opposite sides of my upper thighs. Each dot was aligned by a separate laser beam emanating one from the ceiling and one from each side wall of the treatment room. These dots and lasers would later be used to check alignment prior to beginning each 4D IG-IMRT session. The CT images were transferred to a monitor where Dr. Sorace superimposed them over the prior color Doppler ultrasound and created a 3-dimensional model. This was then forwarded to another computer where the dosage and beam angles would be determined and used to program the 4D IG-IMRT machine. Having now changed into street clothes I watched this process. The technology is certainly impressive and while it was fascinating, I could not suppress the melancholy feeling that I would have enjoyed it more as an observer rather than as a participant. I felt as if I were leaving my former life behind, but knew Janet would be accompanying me on the journey. My radiation treatments would begin the following Monday.

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As of this posting I am in my 104<sup>th</sup> day of ADT and have completed 19 of 30 scheduled radiation treatments. I will shortly be due for another 3-month Trelstar shot. I am told a decision concerning termination of the ADT will be made by Dr. Dattoli at the time of the brachytherapy procedure.

Each weekday morning I make a 160-mile round trip to the Dattoli Cancer Center in Sarasota. I arrive around 10 AM, sign in and enter the waiting area. As per instructions I arrive with a full bladder having consumed 16 oz. of water on the trip up. I then put on the shoes I wore for the mold making done in simulation. Unlike most doctors offices the Dattoli Center has highly polished wood floors, tile, some original art work, recent upscale magazines, the daily paper, tufted leather chairs and upholstered couches, coffee ( regular decaf and non-acid) and fruit juice. The waiting area is bifurcated. The left side generally serves those waiting for simulation while those under radiation treatment usually sit on the right. My fellow patients are friendly and quick to conversation. Many are accompanied by spouses. On most days Janet and our two mini-doxies, Willi and Tiger, have been taking the ride with me. The staff is pet friendly so the boys are welcome. The Center has a garden atrium with a fountain pool surrounded by tropical foliage. On nice days the three of them sit out there and wait for me.

When called I go into one of two linear accelerator rooms for my 4D IG-IMRT session. After verifying my photo and signing in I lie on a table with my legs in the previously made foam cradle. I expose my groin area, get my tattoos lined up with the three laser beams and have an ultra sound check (the gel is warmed). A plastic respiratory gating box (a 2-3 inch cube) is placed on my diaphragm to detect movement and if necessary shut down the 4D IG-IMART machine. Next come a series of CT scans for final check and then I receive my daily dose of 180-centigrays (cGy- a measurement I have absolutely no understanding of). After about 15-muntues of lying there listening to music while the linear accelerator's multileaf collimator arm circles me delivering radiation beams, the technicians return and remove the cradle and gating box. I wipe off the ultra sound gel, pull up my pants, say goodbye and head for the rest room to off-load the 16-oz. of water and then head home. Unless it is a Wednesday, then I have a review with a nurse, and further tests if indicated, and discuss how things are progressing.

What am I experiencing? The ADT side effects are still causing me to get hot flashes (now lessened by a transdermal estradiol patch) nipple tenderness and breast growth. I am now taking Arimidex to help with that. However, unless it resolves I am thinking liposuction or another post treatment remedy may be necessary. My bilirubin count has become elevated. As a result I am taking Ursodiol and have gone on the wagon. My libido has been eliminated and with a testosterone count of less than 20 I am now officially chemically castrated - a condition I usually associate as treatment reserved for serial rapists and pedophiles. Sometime after cessation of the ADT this condition is supposed to self-resolve. I am told it does so in a 3 to 1 ratio-in the wrong direction.

I do not know to what extent I am experiencing the other common side effects such as loss of bone density (remedy, Actonel) and muscle mass loss (remedy, weight exercise), increased body fat (remedy, running) cognition loss, depression and/or penile atrophy. I have experienced a precipitous decline in erections. I know this as I have been tracking them on my calendar. I am concerned about side effects as my treatment goal is not only to avoid a diminution in my quantity of life but to maintain a quality of life. The Prostate Cancer Research Institute in their publication *Insights* recently carried an informative article "Side Effects of Androgen Deprivation Therapy induced by Estrogen Deficiency" and their website [www.pcri.org](http://www.pcri.org) has an online video, "Management of Toxicity Related to Androgen Deprivation Therapy" by Dr. Richard Lam. I recommend both and have tried Dr. Lam's suggestion of taking a Cialis (I have several 10mg pills) at bedtime to get a nocturnal erection. I don't know if that worked, however the following morning with some help from Janet I did get one. However, it seemed to lack the sensitivity (somehow less satisfying) of non-Cialis ones. I don't know if this was because it was chemically induced rather than being driven by my natural, now missing libido. Prostate cancer is truly a couple's disease. One of my fellow patient's wife remarked that it converted her husband from a lover to a best friend.

My experience with the radiation side effects seems so far to be limited to some urinary difficulty such as a weak intermittent stream for which I am taking Uroxatral and slight burning sensation. I am, however, not experiencing nocturia. This condition is probably attributed to a swelling of the prostate. I have also noticed a change in my stool from a softer to a harder and more frequent product. I suspect that this may be a precursor to constipation. I am taking Metamucil to help with that. So far I have not experienced the tiredness that is normally associated with radiation. Perhaps this is because the effect is cumulative and I am not far enough along in the process or perhaps because of my exercise regimen, directed at reducing bone and muscle mass loss is of benefit here as well.

I am trying over the counter remedies such as Azo cranberry supplement as well as diet restrictions to avoid foods with acid or spice. Because I want to achieve the best outcome with the least discomfort I am trying to pay close heed to the diet suggestions offered by Dattoli. This includes drinking plenty of water, eating low fat foods (avoiding saturated fats, heavy oils, butter, margarine and corn oil to name a few) eating only grass fed beef (try and find it.), eliminating pork, avoiding bladder irritants, (carbonated beverages, alcoholic drinks, tomatoes, e.g.; catsup, pasta sauce, salsa, acidic or spicy foods such as coffee, onions, chili, in short most of the thing I like), limiting consumption of dairy products, fast foods sugar and snack items. I am trying to use more fruits and vegetables, whole grain products (bread, cereals, and pasta) and beans.

I now use soy cheese, tofu hot dogs (on a whole wheat bun) garden burgers, etc. This bland diet along with the daily cornucopia of 20 or so meds and the ADT side effects have contributed to a level of what I would describe as frustration with the process. While I realize that fighting cancer is a nasty business and remain convinced the treatment modality and those I have selected to administer it is the gold standard I can't help wishing it were all over with. The staff at Dattoli is professional, supportive, helpful and upbeat. Nevertheless I am feeling like the long distance runner who has yet to get his second wind. I know that I began these postings by recognizing that this journey would be a life changing experience, yet I long to return to my normal pre-cancer days. Acceptance of fact on an intellectual level is much different than acceptance on an emotional level.

I and my wife are now participating in a National Cancer Institute sponsored 8-week telephone psychological counseling and education study (specifically for prostate cancer patients with partners) conducted by the University of Arizona. They may be contacted at 1-866-218-6641.

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If you will recall my treatment comprises external radiation, hormone therapy and seed implants; the three prongs of the modality. While the hormone treatment will continue and the seed implants are yet to come the external radiation is drawing to a close and none too soon. Last week I was beginning to see the onset of some side effects that recently became much worse.

The urinary problems I noted became most acute. The burning sensation rapidly escalated to the point of such an exquisite pain that it became impossible to pass water. The stream would begin and the pain

would rapidly rise to the point where it would just shut down. I would break out into a sweat as the pain continued for about another 10 minutes or so.

Dr. Dattoli took a urine sample but found nothing other than a high acid level. Because some blood spotting followed urination it was speculated that I may have passed a kidney stone and in so doing irritated the urethra, the irritation being aggravated by the acidity of the urine. I believe the irritation was caused by the radiation treatments as the pain seemed to be very localized to the last part of the urethra that passes through the penis and has persisted. To counter the pain I substituted Flomax for Uroxatral and added Aloe Vera juice, Cytra-3 syrup and Prosed tablets (they will turn urine aqua blue) to my daily regimen in an effort to increase the alkalinity of my urine. I also became stricter with my already bland diet. I learned that even strawberries and cantaloupe are acidic.

That course of action seemed to work and the pain has been reduced to a tolerable level. My hope is that upon completion of the external radiation my body's natural healing will repair the inflammation and I will not need the above medication. I will, however, keep these medications close at hand as such urinary problems are also common after the seeding. The Dattoli literature quite explicitly states "You **WILL** experience urinary frequency, urgency, weak stream, slow starting urine flow, decreased urinary flow, blood in the urine, and, possibly a burning sensation." The pain I experienced I do not wish to repeat. I have been told by several women that I should try having a baby if I want to know what pain is. No thank you!

I also experienced a bout of severe constipation. This I believe was brought about by the Sucralfate I was given to protect the bowel from incidental radiation; constipation being one of the common side effects. Bowel movements became very painful and then ceased for about two days. I was completely blocked. It took a 10 oz. bottle of magnesium citrate to break the log jam (thank you Janet for bringing it back from Walgreens). Nevertheless it still felt as if I were trying to force salami through a passage designed for a hot dog. Since then I have been using MiraLAX as a stool softener complemented by a shot of prune juice and plenty of water. I also began using Preparation-H as a precautionary measure. So far so good.

That same week I received my second Trelstar shot, the previous one, good for three months, having expired. A day or so after the shot I noticed increased breast tenderness, (particularly the left one, asymmetry having been previously noted) to the extent that I have to be cautious when lying face down. I hope that the shot does not also stimulate increased breast growth, something that I am very concerned about. As you may have deduced the arena of hormone therapy is something I look upon as a necessary evil to be terminated as soon as possible. I do not like the effect it is having on my body. However, my concerns about this have lately been eclipsed by bowel and urinary problems. Going to the bathroom should not be the adventure in uncertainty it has become. The journey continues.

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I have now completed my external radiation treatment. By my calculations I have received 5,400 centigrays (cGy) of radiation delivered in 180 cGy doses delivered during a series of 30 treatments. The next dose will be delivered all at once via the implantation of a series of palladium-103 seeds. The typical dose seems to be 12,500 cGy to full decay. This number is somewhat of a concern to me as I experienced very unpleasant side effects from an external dose of less than half that amount. Hopefully the area of influence around each seed will be less than the external administered radiation. My implantation or Brachytherapy is scheduled for August 12<sup>th</sup>. *The New York Times* website has a **slide presentation** on Brachytherapy; unfortunately it is about failed procedures at the Philadelphia VA. I am glad I selected Dr. Dattoli, who with 16 years experience doing nothing but prostate Brachytherapy is in my estimation the gold standard.

As alluded to above I was experiencing bowel difficulties, burning upon urination and to a lesser extent fatigue toward the end and beyond the completion of the external radiation. These were largely counteracted by diet manipulation and a host of medications both prescription and over the counter. I have largely weaned myself from these. I am now taking only Prosed and Flomax and will be off them in

the next four or five days. However, I will keep all of the palliatives I used so I have them at hand after the Brachytherapy. It was suggested to me by Jan Manarite of the Prostate Cancer Research Institute [www.pcri.org](http://www.pcri.org) that I consider using Pyridium (over the counter) to relieve the urinary burning. I will get some as my fears about a renewed bout with urinary burning have been confirmed by Dr. Dattoli. He has informed me that "...urinary symptoms will be greater following seeding with peak symptoms typically occurring approximately 4 weeks after the procedure, lasting for several weeks and then gradually decreasing as you approach the 3 month post treatment phase." This is significantly worse than the two weeks or so I experienced from the external radiation. I am not looking forward to several weeks of peak symptoms then gradual decrease extending over three months. I found urinary symptoms to be quite debilitating with a quality of life index approaching zero. Jan has proved to be an invaluable resource for information and support. She may be contacted at [jmanarite@pcri.org](mailto:jmanarite@pcri.org).

Now that I am not experiencing urinary or bowel issues my focus has turned to other things. My combined diet and exercise program has let me drop about 10 pounds. This seemed to happen all at once. I was dieting (no sugar, no alcohol, no red meat, only whole grains, low fat and lots of soy) and exercising for several months with no change. Then bang in the month of June I dropped 10 pounds. Most of this came off my waist which was a good thing. However, some has been muscle loss (in spite of weight lifting) and I have developed "crepe skin" on the bicep area. The realization is that at 66 I am not going to benefit much from body building. I am in a rear guard action merely trying to stave off the ravages of doing battle with the invincible tag team of Father Time and Mother Nature.

I had hoped that the hormone therapy would have a positive effect on my male pattern baldness. Not having any Council meetings during the hiatus (June 9 through July 12) I stopped shaving my head. The results have been disappointing and popular opinion suggests I should resume doing so. Also on the negative side (in addition to muscle loss) my gynecomastia (breast growth and tenderness) was given a boost by the most recent Trelstar injection and my libido continues to reside in the cellar, although erections though very infrequent (only two the last week but better than 0 the last month) are still possible.

Janet and I have completed two telephone surveys with the University of Arizona College of Nursing for men with prostate cancer and their partners. The first was designed to elicit ones knowledge of cancer, a relationship assessment and a general symptom distress level. The second interview involved discussing depression, anxiety and apprehension and ways to combat them through support groups, stress reduction, exercise and counseling.

I came across a short, but excellent paper by Dr. Charles E. Myers that may be accessed via [www.yananow.net/myersmanagement.pdf](http://www.yananow.net/myersmanagement.pdf) One piece of advice he gives I think is worth quoting. "I have come to the conclusion that you, as a patient, simply cannot allow the management of your cancer and your life to be limited by the narrow views of the physicians you encounter."

Currently as my side effects from the external radiation have largely dissipated and my Brachytherapy is a month away I have elected to attempt to dissociate from my apprehension over the upcoming surgery, although I am seeking to get the NBC-2 camera crew admitted to film the procedure as they did for the simulation process. Contemplation of the promised "... weeks of peak symptoms gradually decreasing over the next 3 three months..." will cause all the issues the University of Arizona survey was aimed at mitigating to gradually consume my thoughts making it difficult to enjoy this respite before the next round.

I will heed Dr. Myers' advice and continue to educate myself, particularly as to the Brachytherapy which is next on my horizon.

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Let me begin this update by correcting an error I made last time. I incorrectly stated that Dr. Dattoli had 16-years experience doing brachytherapy when in reality he has been doing prostate brachytherapy for 24-years. He recently compiled 16-years worth of data to present at a conference this year. The other correction is the cGy dose rate delivered by the seeds will be in the 8,000 to 9,000 range not the 12,500 I originally thought. My apologies.

It has now been about seven weeks since my last radiation treatment. I had expected that the time between the dissipation of the external radiation side effects and the seed implant surgery would be uneventful and I could get back to increasing my quality of life except for the hormone side effects. However, to a certain degree I was wrong on this score too. What threw off my biorhythms was a trip to New Jersey. I had been doing very nicely on a diet low in sugar and fats while high in fiber and soy products and combined with regular exercise and a routine designed to reduce stress.

The trip was a radical departure from all of the foregoing. I did no exercise and spent most of my time sitting in airplanes, cars or at social events (Janet's sister's daughter Victoria's wedding and my Aunt Dorothy's memorial service). My food intake was heavily skewed away from healthy stuff to fried foods, white bread, red meat, lots and lots of cheese and rich desserts - most of it consumed at the parties and restaurants like Outback where the beer, steak and blooming onions are too good to pass up.

My stress and anxiety levels went way up on Saturday when I got stuck in weekend New Jersey shore traffic for seven hours while averaging 35-mph on the Garden State Parkway. The plan was to make the three hour trip to Cape May for Aunt Dorothy's memorial celebration at 12:30 p.m. and then a two hour trip back up the "parkway" to my in-laws in Colts Neck for the wedding ceremony at 6:00 p.m.

As luck (or no luck in my case) would have it, instead it took five hours to get to Cape May making me one hour late for the memorial, and instead of the two hours it should have taken to get back up to Jo and Joe's house, it took three hours making me one hour late and missing the wedding ceremony.

Sunday morning my reward was a reoccurrence of constipation that sent Janet out at 8:00 a.m. to Shop-Rite to find some magnesium citrate. Because it takes from a half hour to six hours to work, and, of course, since luck still wasn't with me, it took close to six hours and two showers later before I could get dressed and out the door making us late for the wedding reception, missing the formal family photo session and my incurring Janet's wrath.

As an added bonus I gained four pounds. I flew home first, Janet followed a few days later.

Flying alone gave me an opportunity at 33,000 feet to muse about mortality, mortality in general and mine in particular. My aunt would have been 92 on the date of her wake and my father, who I stayed with part of the trip, will be 92 in November.

At the wake I saw my brother-in-law for the first time since his heart by-pass surgery as well as my cousins, all generally around my age. I thought about Andrew Weil's book *Healthy Aging* wherein he states "To age gracefully means to let nature take its course while doing everything in our power to delay the onset of age-related disease, or, in other words, to live as long and as well as possible, then have a rapid decline at the end of life." Perhaps it is time to re-read his book.

Upon returning home I learned from the results of a prior blood test that my bilirubin count was normal and I could discontinue taking the Ursodiol. The results also indicated my serum testosterone level is 32 ng/dL up from the less than 20 of the prior test, but still well outside the normal range of 241-827 indicating my libido is still in the cellar, the empirical evidence being only six erections the month of July.

My concern is still atrophy down the road when I am finally free of the hormone therapy. I do not want to end this journey with mere ornamental genitalia. Apropos of testosterone level I just read of a National Institute of Mental Health study that found a correlation between depression and testosterone level in men over 65.

My focus is now divided between my gynecomastia which continues and my brachytherapy surgery scheduled for August 12. The gynecomastia which I consider a deformity (at least on a male body) I will have to deal with at a much later date. The surgery is of more immediate concern. I learned from Dattoli that post surgery I will be on Flomax, (I was told to expect to be on this for three months) Avelox, Medrol, ibuprophen and Anusol HC suppositories. All except the Avelox (an antibiotic) are aimed at reducing inflammation.

I asked for this information so I could check on availability at my pharmacy, remembering the difficulty I had getting Flomax several weeks ago as well as to check on the side effects. Noticeably absent are any pain killers. I'll have to ask about this. I also have to line up the NBC2 film crew to cover the surgery.

My pre-op visit at Dattoli and Sarasota Memorial Hospital is scheduled for August 10. My understanding of the purpose of those visits is to complete a transrectal ultrasound at Dattoli to map out where, how many and the dosage of the seeds so they may be ordered. The visit to the hospital is to complete forms and get further instructions.

Not having been admitted to a hospital since I was six (tonsillectomy) my anxiety level is building. Foley catheter fear being a major contributor. Consequently I have asked my primary physician for a Xanax prescription, which he readily agreed to fill and I will be contacting recent "seeding graduates" to learn what I can from their experiences.

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I just completed my pre-op at the Dattoli Cancer Center and Sarasota Memorial Hospital in preparation for the brachytherapy (radioactive seed implantation) procedure.

This consisted of a Fleet enema in preparation for the transrectal volumetric ultrasound to permit Dr. Dattoli to develop the seeding plan and order the custom made Palladium-103 seeds (others use Iodine-125 or Cesium-131) which will be flown in as they must be fresh.

This procedure was very similar to the color flow Doppler ultrasound done much earlier in the treatment process and while not comfortable was tolerable.

My next stop was Sarasota Memorial Hospital for admissions testing. This consisted of giving a medical history, providing insurance information, form signing and a visit to the phlebotomist. No urine sample was required.

I was given verbal and written instructions on pain management, what to bring, what not to bring and the preparation required before hand. What I learned new is that you are required to take two antimicrobial showers, one the night before and one the morning of the surgery.

There was a mix-up concerning the date of my surgery but I had been advised prior by The Dattoli Cancer Center not to pay attention to what the hospital would tell me in that regard.

My understanding of what will happen on the day of the brachytherapy seeding is as follows. (I will supplement this with what actually happened in my next posting. This I will have to learn by reviewing the film that the NBC2 news crew will be making of the procedure.)

Janet and I will be reporting to Sarasota Memorial Hospital at 6:30 AM. We will spend the prior night at a motel in Sarasota as the preparation for the surgery requires taking a bottle of magnesium citrate at 6 pm followed by a Fleet enema the evening before and another in the morning prior to reporting to the hospital.

Only clear liquids are permitted the night before and nothing to eat or drink after midnight.

I will be dressed in a hospital gown, be prepped with oral antibiotics and no doubt my perineum will be shaved (I'll surprise them by doing that myself) and painted with an antiseptic.

I will get an IV to administer twilight sleep and receive a spinal to numb me from the waist down. I will be placed on my back with legs in stirrups, have a Foley catheter inserted and my penis and my scrotum will be lifted to provide access to the perineum. My prostate will then be immobilized with crisscrossing needles; much like a lepidopterist skewers his prizes to a specimen tray.

Then a color flow Doppler ultrasound probe with template attached will be inserted into my rectum. Dr. Dattoli will then review the initial seed plan with the ultrasound and a fluoroscopy image on a laptop. Adjustments, if necessary, to the seeding plan will then be made.

Dr. Dattoli will then, via a series of 120mm needle punctures, strategically place and drop a number of radioactive seeds. I am told that Dr. Dattoli has a sixth sense in doing this which he has developed in over 10,000 procedures.

Dr. Dattoli has also pioneered seed placement to get suspicious microscopic cells outside the prostate. The seed placement is then documented with a fluoroscopic x-ray.

The entire procedure is expected to be about 45-minutes in duration.

A diagram is appended hereto so that you may better visualize the process.

I will then be wheeled to a recovery room where I will stay for about an hour and then moved to my suite where I will meet up with Janet (a comfort) and remain on bed rest for a short period of time.

Janet will be staying the night with me. I will be equipped with a self-administered IV pain control. At some time during the day I will be gotten up and asked to walk about with the IV and catheter attached.

At around 3 am when my urine seems free of blood clots or other debris (seeds if passed are collected) the catheter will be removed. I will be working the IV pain control button when that time comes. If all goes well and I can urinate (I will be on steroidal anti-inflammatory drugs) I will be discharged to report to the Dattoli Cancer Center for a CT scan of the seed placement and to receive prescriptions, instructions and to schedule the next follow-up visit.

How do I feel about all this? I believe that I am going to get the best of care given by a team that combines the best of medical science with art. That gives me confidence.

I have spoken to several Dattoli patients and am convinced that the experience will be tolerable and I have removed the fear of the unknown. I am pretty sure I know what to expect and that I can cope with it.

Is my anxiety building? Yes. Have I lost some sleep? You betcha'. Am I concerned? Of course I'm concerned.

I have not been in a hospital since I was six years old. My memories of that are of being taken away from my parents, strapped down to a gurney with wide leather belts, wheeled into an OR filled with strangers wearing masks. Then one was placed on my face and ether was poured into it from an open bottle. I lost consciousness. These images are part of me.

Nevertheless I am up beat.

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Because of the extensive bowel preparation and the early surgery time, Janet and I drove up to Sarasota the night before and checked into a Best Western across from Sarasota Memorial Hospital. I didn't have a very restful night and woke up at 3:30 am as I couldn't get the thoughts of the coming surgery out of my mind.

We reported to the hospital at 6:00 am and by 6:15 am I was bar-coded and dressed in a hospital gown with all my possessions in a plastic bag under the gurney in "cabana room 19" of the extended out patient surgical unit. I had fortified myself earlier with .75 mg of Xanax. At 6:25 am Dr. Dattoli came in to discuss the procedure. He left at 6:50 am and Nurse Eva came in and took my height, weight, blood pressure and other vital signs and then hooked me up to the IV. Dr. Malloy, the anesthesiologist, came in and introduced himself. He told me once in the operating room he would be giving me a spinal to numb me from the waist down as well as moderate sedation. I must have begun to enter a semi-fugue state as I can recall very little of these important conversations.

By 7:30 am I had said goodbye to Janet as the surgical nurse, Vicki, was wheeling me down the corridor to the OR. I felt alone and vulnerable, yet confident that I would be getting the best of care and treatment. Janet was shown to the family waiting area where Dr. Dattoli would meet her after the procedure.

On the way down to the OR I passed the NBC2 news crew, reporter Stephanie Tsouflias and cameraman Greg Dunn, who were now in their blue scrubs. From the view on my back it seemed we were moving quite fast as the ceiling tiles quickly whizzed by. Then the OR door was opened. I was wheeled in and confronted by bright lights and a bewildering array of medical equipment. I was transferred to the

operating table. Things were moving very quickly; many people moving in practiced and purposeful fashion getting me ready. I was beginning to feel overwhelmed and my level of apprehension was rising. I could see some of the instruments, the needles designed by Dr. Dattoli and the two boxes marked radioactive containing the special Palladium-103 seeds with concave ends that would permit Dr. Dattoli to twist-lock them in place to prevent migration. Undergoing brachytherapy surgery is nothing new, but it was incredibly new to me, and that's what counted.

Dr. Malloy had me sit up, lean forward and hug my knees as he explained that he would wash a section of my spine with a disinfectant then a numbing agent where he would place the needle. The needle went in with little sensation. I was laid down on my back with my hands and arms crossed over my chest. A pleasant warm sensation effused through my legs. As my feet were placed in the stirrups I was moved forward, strapped down and as the Diprofan was feed into the IV the lights went out.

I've asked Janet to write about what happened between the time she kissed me as I was wheeled off to the OR and when I saw her as they brought me out of recovery.

Janet: As they got ready to take Bill to the OR we kissed and said our goodbyes and after they wheeled him out of the room and down the hall I stood outside of cabana room 19 for just a few seconds I suppose watching to make sure he got where he was going on this part of his journey. I really had no anxiety as I knew he would be in very capable hands. I was shown to the family waiting room deciding I would wait until I spoke to Dr. Dattoli after the surgery before going to get something to eat and a cup of coffee. At just before 9:00 am I was paged to meet Dr. Dattoli in consultation room 1. He told me everything went well. We chatted for a few minutes about the number of seeds he placed and he told me everything was covered - inside and out. I was surprised to learn that some of the cancer had breached the capsule. He said not to worry - that everything was covered. So, I'm not worrying. We chatted about the news crew and he told me that he showed them what would have happened if he had removed Bill's prostate and what would have been left behind - cancer cells. But, I knew that already. That is one of the reasons why Bill chose the brachytherapy method over a radical prostatectomy. Anyway, Dr. Dattoli said since Bill was in recovery and would be there for at least 45 minutes, it might be a good time for me to get something to eat. I thanked Dr. Dattoli and off I went in search of something to eat and drink. I checked in with the volunteer at the desk and she directed me to the café. I had a bagel & lox and a skinny latte while sitting in the outside dining area. It was quite pleasant. I called my mom as she was waiting to hear how things went. When I finished I went back upstairs to the waiting area and shortly thereafter I was paged and told to go to recovery.

When I saw Bill he was like a baby in swaddling clothes - a lot of 'blankies' even around his head. He was still a little out of it, but did tell me he was freezing. So off we went to the outpatient surgical unit - he was being wheeled by two nurses and me bringing up the rear. It seemed like quite a ride/walk before we got to the outpatient surgical unit where they asked me to wait in their waiting room while they got him into a room and hooked up to the IV's. By now it was 10:00 am and he would not be able to get up until about 2:30 pm because of the spinal. At 11:30 am the aides brought us lunch. I didn't eat mine because I had eaten earlier, but I fed Bill chicken salad and soup - very hard to eat while you're flat on your back. I saved the grapes and cookies for later. Dr. Dattoli came in around noon and in addition to telling us the surgery went well we continued our conversation from earlier in the day about the state of our nation's health care. Once Dr. Dattoli left and because Bill was sleepy I thought I would take a trip to TJ Maxx and be back by the time they got him up. I did, I was, and I bought two cocktail dresses for later use. Back to Bill.

Because I was sedated during the procedure I reconstructed the following narrative from my review of the uncut news tape made by NBC2.

Once I was secured in the proper position my genital and perineum area was liberally sprayed with an antiseptic of an ochre hue (betadine?). A catheter then was inserted into my penis. On film it looks much like a butcher stuffing a sausage. I was surprised at its length and to hear the TV reporter remark "I can't watch this". The bladder was then externally massaged. This was done to void the bladder as Dr. Dattoli did not want anything sloshing around during the procedure. The catheter was then removed. A twisted cloth was placed around and under the scrotal sack and used to lift the testicles up and out of the way thus giving unimpeded access to the perineum, the area through which the seeds would be inserted. Dr.

Dattoli next inserted a gloved finger you know where and guided two long needles in at angles from the left and right to criss-cross in the prostate gland thus immobilizing it. Later it appeared as if a third needle, placed in the center through the template block, was also used for this purpose. Lead shields were passed out and donned by those coming in close proximity with the radio active seeds and/or the x-ray equipment. Chris Well, the diagnostic sonographer, set up his work station and accessed the Dattoli Center files on his lab top. The color Doppler ultrasound was next inserted and an image of my prostate was displayed on the screen. Dr. Dattoli then reviewed the plan previously constructed back at the Center from the data collected during my visit two days prior. He then re-mapped my prostate and made his last minute adjustments to assure optimum seed placement and dosage.

A template (resembling a truncated cribbage board) with numerical cross sectional grid was mounted on the transrectal ultrasound probe. As Chris on the monitor called out the locations, the number and dose of the seeds ("eleven-and-a-half, drop one") Dr. Dattoli using long needle and an apparatus with a top-mounted blue cylindrical cartridge containing the seeds (much like the placement of the magazine on an old British Bren gun), while visually checking the screen carefully hand-placed each seed. This procedure would continue for some 20 plus minutes. Then based on the ultrasound image and intuition gained during more than 10,000 procedures Dr. Dattoli gave the process its ultimate fine tune. When he was done I would go forth into the world with 69 custom designed Palladium-103 seeds, nine of which would be high calorie twist-locked in place in and around my prostate. . The needles, template and probe was removed, my prostate x-rayed for a final check to display and make an archival record of the seed locations. A Geiger counter was used to sweep me and the general area to assure no errant seeds were left behind. A new catheter was inserted and I was prepared for transport to the recovery room.

I have some recall of coming out of the anesthesia in the OR and being mentally groggy. I carried on an incomprehensible colloquy with those attending me as I gave unwanted assistance in removing the oxygen tube from my nostrils. Next stop was the recovery room. I was freezing, actually shivering from the cold. The recovery room team placed warm blankets over me, several times to warm me up. By the time I left some 45-minutes later I was completely swaddled in warm blankets and comfortable although still somewhat foggy-minded. (Some hours later, back in my room when feeling returned, I discovered a now spent ice pack that had been placed between my legs.) I know I was visited by Dr. Dattoli and other medical staff in the recovery room but have only a vague recollection of any conversation.

At about 10:00 am I was wheeled from the recovery room. I met up with Janet and we went to a room in the extended out patient surgical recovery section where we would spend the remainder of the day and the night. Our room had two hospital beds, TV, a sink and a half bath. A communal shower was down the hall. I was flat on my back, hooked to an IV, Foley catheter, and a patient controlled analgesia pump used to self administer Dilaudid. I was also started on a belladonna suppository regimen. I was still numb from the waist down, a consequence of the spinal. Sarasota Memorial Hospital has a very patient oriented pain management philosophy. I was also now equipped with electronic monitoring equipment including a blood pressure cuff which took periodic readings... 115/75, 116/74, 119/74, 113/75.....until noon when it was removed. I was required to lie supine due to the spinal. Failure to do so, I was told, could result in several days' worth of headaches. I could sip juice and water. Lunch was early and consisted of chicken soup and chicken salad. Janet fed me. Dr. Dattoli paid a visit around 12:10.

I was comfortable except for a slightly sore back. I tried unsuccessfully to adjust my position. Try as I might I could not move my legs or feet. Over time sensation gradually began to return to my feet and legs; strangely the right one much sooner than the left. I was permitted to sit up at around 2:30 and shortly there after began "early ambulation", i.e. shuffling around the corridors accompanied by Janet, my IV pole and catheter. When we returned to our room Janet looked but could find no evidence of the punctures where the seeds were inserted. I had no occasion to use the self administered pain killer, although I tried it out to make sure it was functioning. Dinner was served at 4:30 p.m. We ate and I settled down to read a book that I had brought; Janet used this opportunity to go shopping - again - this time to Dillards. She returned at 7:30 pm and we settled in for the night. My catheter collection bag when emptied by the nurse contained only clear urine with no trace of blood or passed seeds. This surprised me as I had bloody urine for several days as a result of the prior biopsies. I had a snack and took .25mg of Xanax to help me sleep, knowing that at "oh-dark-thirty" the Foley catheter would be removed and I would be unhooked from the IV.

For those of you not so acquainted let me introduce you to The Foley Catheter. The tube extending from the tip of my penis, placed there at the conclusion of the operation, looked to be slightly larger in diameter than a wooden pencil and is so constructed as to permit fluid to enter and exit the bladder. The end inserted through the urethra is equipped with a small inflatable collar (about the size of a cherry tomato when inflated) and after being placed in the bladder is filled with sterile water to keep it there. It is deflated prior to removal. Because I expected this to be at best a very unpleasant experience I obtained a tube of Lidocaine numbing gel from a nurse and liberally coated the tip of my penis, making sure I worked some down the side of the catheter into the urethral meatus. When the time came at about 2:00 am I took "the deep breath", let it out and the nurse pulled out the tube. It was so quick and efficient that I didn't realize it was done, I was expecting a second pull. It was about as painful as ripping off a band aid and accompanied by only a few drops of blood. The pain lasted only about 40-seconds. Janet slept through the procedure. I went back to sleep looking forward to being discharged in several hours, provided I could demonstrate that I could pass water without difficulty. At about 5:30 or so in the morning we got up. I shaved, washed, went into the bathroom to see if I could fill the portable urinal. No problem, good volume, steady stream, no blood, no pain. I was good to go. I was given a travel urinal, several scripts and instructions on how to administer them over the ensuing weeks. We packed our bags and thanked the nursing staff for the excellent care we were given. I signed out and we headed for the hospital coffee shop. No room service for patients getting discharged. Our next stop would be the Dattoli Cancer Center for further instructions and a follow-up CT scan to double check the number and placement of the seeds.

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We arrived at the Dattoli Cancer Center just as they opened along with the other two patients who had received their brachytherapy the same day as I.

After a short wait I was taken for reconstructive helical CT scans and stero-shift seed localization X-rays. Each seed contains a lead X-ray marker. My seed placement was checked and verified against the plan. Everything was as it should be.

My next stop was with a nurse for consultation and discharge instructions. I was advised to drink plenty of fluids such as cranberry juice and water, to avoid all vitamin C, citrus, caffeine, carbonated beverages, coffee, tea and alcohol as well as spicy foods and tomato products to prevent bladder irritation.

I learned that I would be on Flomax until Dr. Dattoli requests that I discontinue. I would take Avelox, an antibiotic, once a day for seven days, begin an anti-inflammatory Medrol dose pack and when finished convert to 400 mg. of ibuprofen three times a day for six weeks then twice a day for two weeks then once a day for two weeks.

I would take Anusol HC suppositories every other evening for three weeks to prevent rectal irritation. For possible upset stomach while on the Medrol and the ibuprofen I was instructed to take Pepcid AC. I found no need for this.

Other treatment instructions included stool softeners if needed, AZO-Cranberry tablets, and Pyridium. Of the three I have only used the cranberry tablets. I was told to expect urinary symptoms especially increased frequency, urgency, weak stream and burning. I paid close attention to this as I suffered from these most unpleasant symptoms along with constipation on several occasions as a result of the prior external radiation treatment.

I fully expected that these symptoms would occur and be at least as severe as my prior experience as the radiation dose would most likely be greater from the seeds. All these medications would be in addition to those I was already on. My little Dattoli pill organizer would be loaded to capacity.

As to activity instructions I was advised to avoid contact with children less than two years of age and pregnant women and to use a condom for four weeks (dream on) and to refrain from heavy lifting for two to three weeks as well as horseback and bike riding. Not a problem. I simply took a one week hiatus from my exercise program.

I then got the gift goodie bag. The bag contained a Dattoli baseball cap, a blue ribbon lapel pin, a "survivor" coffee mug, a blow-up doughnut cushion (fortunately I did not need this as my dog got hold of it

and it no longer holds air), a T-shirt emblazoned "Got Seeds", a Lucite key ring containing three sample seeds and best of all a pair of boxer shorts in bright yellow festooned with the red radioactive logo.

I learned that I would be reporting back in November for another simulation prior to beginning a final round of ten external radiation treatments aimed at the periprostatic area around the prostate to treat anything that might have been loosened during the brachytherapy. Additionally, I would be kept on the hormone treatment for a total of 12- months. I am now six months into it. This last bit of news was not to my liking as I have found the hormone therapy side effects most distressing.

Janet and I then headed home. I decided to take the rest of the day off and finish the book I started at the hospital and go to work the following day - if I felt up to it. I did and I went to City Hall.

What have I been experiencing? To my surprise and delight I have seen relatively little in the way of side effects from the brachytherapy procedure. For a few days internally my prostate felt like a golf ball, that is to say - hard, no doubt from swelling - but no discomfort.

I did experience black and blue bruising in the perineum area as well as a 2x2 inch black and blue spot on my scrotum which lasted two or so weeks, but it was only visual, no discomfort.

I have experienced no blood in the urine and no bowel irregularities. Most importantly I have not been revisited by the burning upon urination that I had before. I have been very conscientious in self administration of the medications and use cranberry juice to wash down the morning and noon medications and prune juice for that purpose in the evening and at bed time.

The only urinary symptoms I have had are frequency (but no urgency) and a weak and intermit stream from time to time. This can be irksome at night as it prevents one from getting a decent night's sleep. On some occasions it has been normal flow.

I have also paid close attention to my diet avoiding bladder irritants as advised. Now that I am approaching my fourth week post-implants I am beginning to reintroduce some items from the proscribed list. This includes coffee (Sumatra coffee is low in acid and thus may be more easily tolerated) an occasional glass of wine or beer, Italian food and most recently salsa, chips and enchiladas all with no ill effects.

Last week I returned to the Dattoli Center for my third Trelstar shot and reviewed my most recent blood work. My elevated biliruben count has not reoccurred, however, I have noticed a steady decline in my platelet count. It is now 128 which is below the 140 reference point. I was told not be concerned and that all the other the indicators were remarkably good. My testosterone level is 38, but I suspect the Trelstar will again drive it down to less than 20.

I have been suffering from what I would call a low grade depression; depression being one of the side effects of the hormone treatment. I am not sure if this is a direct side effect or is a secondary effect induced by the other side effects such as body hair loss, muscle mass loss, increase in body fat and my personal bugaboo-gynecomastia (colloquially known as "man boobs"). In any event I am now taking 50 mg. of Pristiq, an antidepressant, on a daily basis.

*Note from Janet:* Although Bill is the one taking the pill; the antidepressant has helped both of us tremendously. The depression must be addressed - please do not be ashamed to ask for help. I'm glad we did.

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it has been approximately seven weeks since my brachytherapy surgery and three weeks since my third Trelstar shot. My next round of external radiation is scheduled to begin on November 12th and will run for ten sessions and the final Trelstar injection will be on or about 8 December.

I began this process back in March by beginning the hormone or androgen deprivation therapy.

So I guess I am now beyond the half way mark at least in receiving treatment.

How long after the last Trelstar shot it will take for my system to start returning to normal is somewhat problematical. The side effects from the hormone treatment, particularly loss of libido could take up to three years to resolve themselves, or so I have been told.

That of course excludes muscle mass loss, body hair loss and my personal bete noire, gynecomastia which is permanent, absent some form of surgical intervention such as liposuction.

I will be researching gynecomastia as I think that is the major cause for my depression, now under control with Pristiq. Although when you read the possible side effects they in and of themselves could cause depression, for example; coma, high blood pressure, abnormal bleeding, vomiting, decreased sex drive (like I need that) glaucoma and the list goes on.

Fortunately I have not experienced the radiation induced symptoms from the seed implants that I did while receiving external radiation.

In fact last evening while 'out with the boys' I consumed a pitcher of beer with no ill effects. I still take my daytime meds with cranberry juice and my bedtime meds with prune juice but have discontinued AZO cranberry tablets and never had a need for Aloe Vera juice and Citra-3 which came in handy before.

I have also added back to my diet such formerly prohibited items like tomatoes, spices, coffee, wine etc. also with no untoward effects. Some I have spoken to have had urinary problems from the seed implants.

I have also managed to sustain my exercise program even though I had worn out my treadmill - a new one was recently purchased.

I still am still experiencing frequent urination and sometimes a weak and interment stream. This is most bothersome at night as it makes getting a restful night's sleep difficult. Sex wise I still have zero desire but am able to sustain erections - six the past month.

Those that are induced by taking Cialis somehow seem less satisfying than those that occur naturally. As the Trelstar and other hormones I am taking begin to wear off (some time in March of next year I hope) Janet has said that she will go back on hormone replacement therapy so we remain in sync. Interestingly enough both Janet and I have had other Dattoli patients tell us that their wives appreciated the temporary low libido of their spouses.

As I mentioned prior one of my blood tests showed that my platelet count was 128 (140 being the lower end of normal) and was told not to worry as all the other indicators were excellent.

Well I didn't worry however, a week or two ago I nicked myself shaving and it took me three hours to get the bleeding to stop.

Of course it was a day when I would be on TV and I could not appear with a bit of toilet tissue stuck on my upper lip! My most recent blood test (done at the VA) however, showed my platelet count was up to 188.

Why such a large swing in a few weeks? Was the low count radiation, antidepressant or hormone related? Was hormone treatment or radiation the cause for my prior high bilirubin count?

I have recently been informed by Dattoli that when I go to Sarasota for the second simulation and the second radiation treatment round they want to perform a series of tests (three CT scans, color-flow Doppler ultrasound and a QCT for bone density).