



PIDDLES

my journey with prostate
cancer

BY ANTHONY M TURNER

This book is dedicated to all the men who have had, are going through, and will have to face the journey of prostate cancer.

I especially dedicate this work to my wonderful partner Liz for all her support, encouragement and love over my prostate cancer journey. You have been my emotional rock. Your gifts of love, support and encouragement over this physical and emotional roller coaster ride are truly appreciated and forever cherished.

PIDDLES... my journey with prostate cancer

By Anthony M Turner

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***Disclaimer** – this document is presented solely as an insight into MY own journey with prostate cancer. As I have no medical training, I am neither offering medical advice nor providing any recommendations or suggestions about treatment of prostate cancer. Instead, I strongly urge ALL readers who may be concerned about being a PDDLER to seek medical advice about their symptoms as a matter of EXRERME priority, to avoid what I, and many others, have experienced.*

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Foreword by Professor Michael Chau

Foreword

In the story you're about to read, Anthony opens up about his personal experience with prostate cancer. It wasn't an easy journey, but it's a journey filled with courage, determination and importantly hope. As his radiation oncologist, I have been given the honour of not only being a part of his cancer management team but of writing the foreword to his very personal journey.

Cancer is indeed a tough opponent, and dealing with it involves a mix of emotions like fear and uncertainty. This book is a personal account of how Anthony faced and overcame prostate cancer. He doesn't hold back: the ups, the downs, the scary moments, and the hopeful ones are all here.

What makes this story special is that it's not just about one person, it's about all of us. Prostate cancer affects not just the man with the diagnosis, but his family and friends too. As you read, you'll see how we're all connected in facing tough times and finding strength together. Anthony has a chapter completely devoted to helping you find the suitable support group.

Anthony doesn't just talk about medical stuff like treatments and doctor visits. He shares his feelings, the struggles, and the moments of hope. It's a window into the real experience of dealing with a serious illness.

This book is meant to be a comfort for those going through something similar. It's also a way for those who haven't faced a tough health challenge to understand what it's like. Anthony reaches out, sharing not just a story of surviving cancer but a story of how strong people can be, even in the hardest of times. ***Prof Michael Chao***



Introduction

Introduction

My intent in writing this book is to share my personal experiences of prostate cancer in a human rather than clinical way with the hope it may give readers an insight into what they might experience when faced with this physically and emotionally confronting condition.

I start by saying two things - the first is that I have no medical training and the second is I offer no advice about prostate cancer or its treatment other than to strongly urge all men who piddle a lot to check out whether they have a problem that requires attention.

I, like most other men I know, never really considered prostate cancer (or any other cancer for that matter) would be part of my life journey. In hindsight, this was pretty dumb considering my mother had cancer in her later years as did her father before that as well as my grandfather on my father's side. If anything, I thought a heart attack might be a more likely outcome for me as my dad died aged 58 from a sudden heart attack and mum had heart issues including a quadruple bypass at age 80.

I openly admit to male bravado (some would say stupidity) in believing my generally healthy eating, plus supplements, non-smoking, social drinking (a couple of glasses of red a week) and fairly regular walking plus light exercise activities was all the insurance I needed. In fact it is fair to say I was one of those men who only went

to the Doctor if my arm was falling off and/or I was feeling so sick that I virtually had to crawl there.

My encounter and subsequent journey with prostate cancer started with an un-related health issue (a suspected pinched sciatic nerve in my right leg) that became the trigger for both finding this cancer and in turn, I have been told, the reason I am still here putting pen to paper and writing this book.

My belief has been, rightly and sometimes wrongly, that whatever might be ailing me would go away in its own time. Which is why I waited almost a week of suffering frequent spasmodic shooting pains that felt like lightning travelling from hip to toes in my right leg back in January 2022, before booking an appointment to see my local GP.

Whilst discussing options with my GP and booking tests to determine the cause of my pain, he noted my bloods hadn't been checked for just over 2 years (largely put off by me, due to Covid lockdowns and restrictions at the time – my excuses anyway) so he suggested we get the bloods updated as well.

Earlier blood results had shown a slightly high cholesterol (something common in my family) but nothing else to be concerned about. My GP also sent me off for an ultrasound and MRI scan on the leg/hip area to determine the possible cause of these shooting pains while waiting for blood test results.

A couple of days later, I got a surprising (to me) URGENT phone call from the GP's office asking me to come in and discuss results.

An appointment was arranged, and I arrived at the medical office to meet a rather concerned looking GP.

His first comment seemed very strange when, in my mind, I was dealing with what I understood to be nerve pain was “we need to get you to see a Urologist”. When asked why, he told me the CT scan had picked up some small kidney cysts, a very small kidney stone AND some shadow in the prostate region. Also, my bloods showed a PSA reading of 30.4 against a normal range, for my age, of around 3-5.

My reaction was a hesitant – OK, so what does this all mean?

His response - a high probability of prostate cancer that needs immediate attention.

Once I picked my jaw back up from the floor, he told me to book an urgent appointment with his recommended urologist so further tests could be done to both determine what we were dealing with and to discuss what next steps might be required. At this stage my head was spinning. I went home to my partner Liz and told her the news and made the phone call to the urologist for the first of what was to become many appointments.

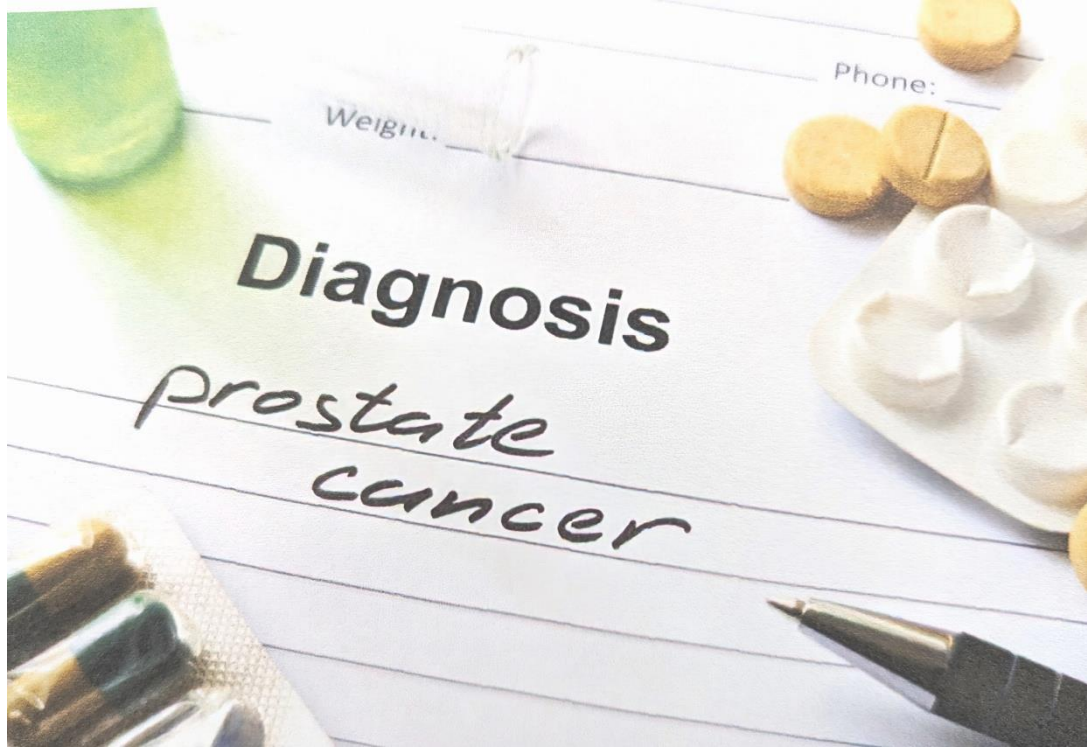
My surprising, unexpected and unwanted journey with what I now know to be, advanced prostate cancer had just begun. Thankfully, I had a concerned GP who was alarmed enough to get tests rolling very quickly and an equally concerned urologist who realised the seriousness of my condition.

Thanks to them I had the tumour removed and was facing the remaining part of my life with both confidence and good health as a direct result of their excellent work UNTIL routine post-surgery PSA tests found increasing PSA levels. A subsequent PET scan showed small traces of cancer in the prostate bed, adjoining lymph nodes and on the pubic bone. Welcome to prostate cancer round 2 - more to be shared about this in later chapters.

As stated in the beginning, my intention is to share my experiences of prostate cancer in a human rather than clinical way. By that I mean I speak about what I was told by professionals and how that information impacted me in terms of feelings, emotions and body in a physical sense.

I also share my understanding and experience of the treatment I received in the hope this will help you get a clearer understanding of aspects of prostate cancer that I believe can only be shared by someone who's ridden on that bus rather than the many well-meaning people and clinicians who know the theory, are experts in their field BUT who have not had the physical experience.

Lastly. I reiterate my earlier words of "advice" - if you (like me) are a frequent "Piddler" or notice anything unusual in your bladder functioning then PLEASE take the time to get checked out - it is true (as I have seen from several friends and colleagues) that the earlier prostate cancer is detected, the easier it is to treat and the longer you are likely to live.



Chapter 1

Oh S#%t - I've got prostate cancer

Oh S#%t - I've got prostate cancer

When I first got the diagnosis that I most likely had prostate cancer my first reaction, apart from shock, was - I feel OK so this can't be as bad as he seems to think. But then the doubts started to creep in. What if it is serious, what will I do if it **IS** cancer and what treatments will I accept/reject as I have a strong 'no drugs' policy after seeing others suffer more from the 'cure' than the actual illness?

The first thing I recollect about that initial diagnosis after the shock, was a heightened awareness of fear and vulnerability. It was like the rug had truly been pulled out from under my feet and I went into a state of unexpected overwhelm and fear.

For many I know the word "CANCER" means a death sentence and I guess many of my earliest thoughts and fears (as well as reactions from people I told) were along that vein.

I then remembered about when my partner had bowel cancer a few years earlier which was operated on and removed with no ongoing treatments so I guess I had a sense (albeit small at that time) that if there was any cancer, it would be the same for me.

However, I still couldn't shake that niggle in the back of my mind which was based on my experience of supporting my mother through her journey with CML (chronic myeloid leukaemia) and observing the debilitating aftermath of chemotherapy, the months of pain she endured and her ultimate decline into palliative care before dying.

Like any “modern man” - you guessed it - I consulted “Dr Google” to find out more about prostate cancer – I’m not sure whether that was a good or bad thing. All the available information online, the plethora of clinical and academic data containing lots of technical terms and often conflicting commentary about diagnoses, treatments and drugs used to help prostate cancer sufferers was pretty confusing to this layman. BUT it did help me get a basic understanding that prostate cancers are treatable and, if caught in time, are not life threatening. Whew... maybe not so bad after all.

One thing my research and the accompanying information I sourced could not prepare me for was the many, varied and fluctuating emotions I was going to (and still) face along this journey.

I truly believed I would get through this prostate cancer. I use the phrase “this prostate cancer” rather than saying MY prostate cancer because I know the power of language and my not talking as if I had ownership of this cancer helped me mentally keep it at arm’s length.

BUT I also had to be aware, and am sufficiently pragmatic enough to realise, that there was a very REAL possibility that I could die, was highly likely to lose sexual capability and had the potential to experience ongoing incontinence issues. In truth, I didn’t like any of those options or realities at all.

I say fortunately, with a sense of irony when I use the word, as I had suffered from suicidal depression back in the 1990’s and because my journey through those dark times gave me a set of mental and physical skills to draw on to curb my fears and to create a rational

platform for dealing with the unknown – i.e., take it one step at a time and deal with facts rather than my minds fiction.

I admit that, despite some active practising of these skills, I headed off to the Urologist for the first appointment in January 2022 armed with my newfound knowledge and a very genuine and strong sense of trepidation about what was going on in my body and what might happen next.

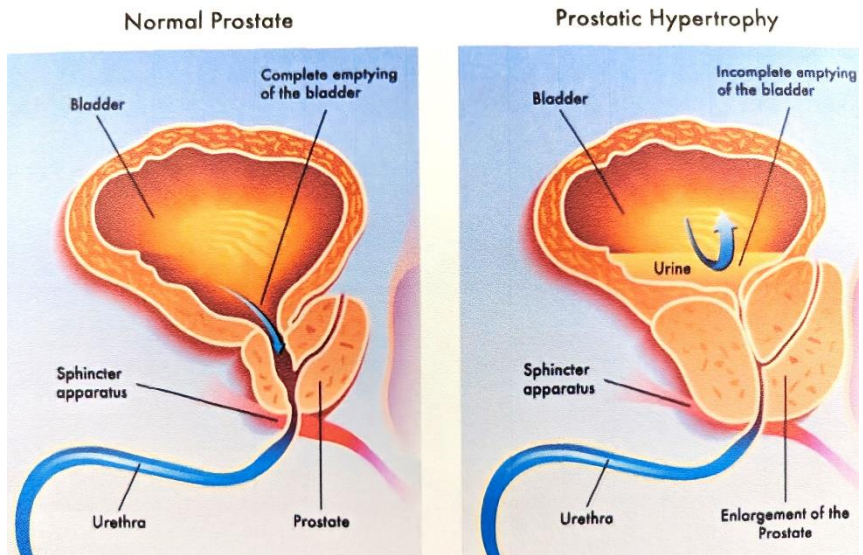
I was soon to find out.

George (my urologist) provided me with the following basic info and stats...

- approximately 50% of all men will have a prostate condition by age of 70 (I was coming up to my 72nd birthday in March 2022)
- prostate cancer occurs when abnormal cells develop and grow in the prostate
- the most common symptoms include difficulty piddling, an urge to piddle more often or feeling like you can't empty the bladder properly
- there are two basic types of prostate issues - the first being benign Prostatic Hyperlasia or enlarged prostate which is quite common when the prostate grows larger with age and the second being Prostatitis which is when the prostate becomes enlarged or sore and it can become painful to piddle

- Prostate cancer is the most commonly diagnosed cancer in Australian men with (at time of writing) around 17,000 new diagnosis each year. Sadly, around 3,000 of these will die BUT the good news is that around 95% of men survive 5 or more years after diagnosis/treatment

George then went on to show me some diagrams of the prostate in both its normal and enlarged state and the effect an enlarged prostate has on urine flow.



He asked about my piddling history. I explained how I had always been someone who piddled frequently (like my father and brother) so frequency of piddling was the norm for me.

What I had noticed however was the urgency factor had become more severe over the previous couple of years as had my anxiety about doing frequent 'check pees' before going anywhere to avoid getting caught out whilst in transit or in meetings.

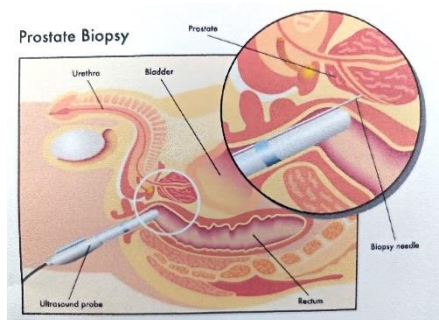
George explained that the ultrasound imagery taken prior to this first meeting was not overly clear, and we therefore needed to perform a PET scan to get a clearer picture of the prostate followed by another discussion to determine next steps.

So off to the radiologist for a PET scan which is similar to an MRI but differs in that the MRI uses high strength magnets to produce still images of organs and body structures whilst the PET scans uses a special radioactive tracer to show how an organ is functioning in real time and can therefore detect cellular changes in organs and tissues earlier than MRI scans.

The results were sent through to George, and I was contacted for another URGENT appointment to discuss what was found – now I was really starting to get seriously worried.

George explained my prostate was three and a half times larger than normal (normal being about the size of a walnut) and there was a mass inside it that took up half of the enlarged gland. He then said we needed a biopsy to get a sample of the cells in my prostate to determine the severity (or not) of these abnormal cells in order to make a clear decision about treatment options.

George explained the biopsy process whereby an instrument was inserted into my rectum whilst I was under general anaesthetic which had a needle that was extended through the rectal wall into the prostate so a small tissue sample could be taken for analysis and diagnosis of the mass - refer to the picture.



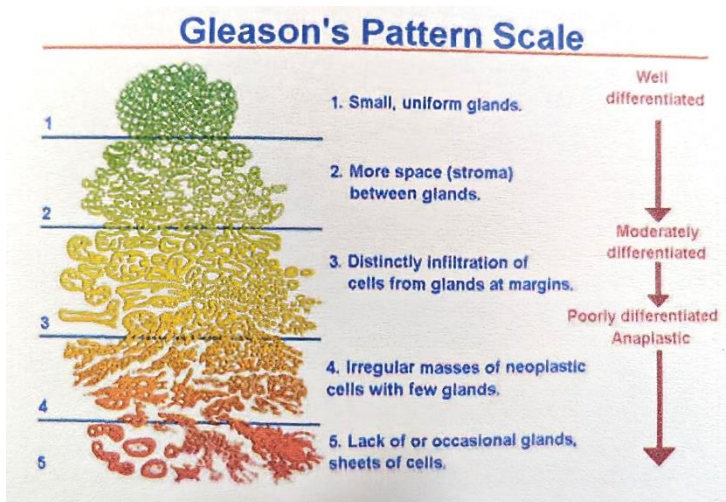
So next step was a day surgery appointment for the biopsy including arranging for someone to pick me up afterwards as I had been advised I was unable to drive after being under general anaesthetic.

Biopsy done, results in, NOT good news.

At our post biopsy meeting, George pulled up a PowerPoint slide show to explain the Gleason's Pattern Scale – a scale used to determine density and severity of cancer cells. The following image shows how the scale uses density to explain the differences between normal and levels of abnormality of affected cells.

The Gleason score is determined by matching the prostate biopsy tissue to this scale and looking at the individual cells in the tumour pattern in order to grade the cell types from 1 to 5 with 5 being the most aggressive cancer cell type. The score is based on the sum of these two numbers (tissue grade and cell type grade).

A Gleason score of 5 + 5 = 10 indicates a highly aggressive prostate tumour while a low score of say 2+2 = 4, indicates a less aggressive form of cancer.



The following table depicts how this scale works and what it means.

Risk Group	Grade Group	Gleason Score
Low/Very low	Grade Group 1	Gleason Score ≤ 6
Intermediate	Grade Group 2	Gleason Score 7 (3+4)
Favourable/Unfavourable	Grade Group 3	Gleason Score 7 (4+3)
High/Very High	Grade Group 4	Gleason Score 8
	Grade Group 5	Gleason Score 9-10

When scoring most things in life, 9 out of 10 is considered a good score – however, this is definitely not the case for a Gleason rating as was my case. My score of 9 meant I was dealing with both an advanced and aggressive form of prostate cancer.

The next discussion was about treatment options including chemotherapy, hormone, radiation therapy and surgery which became fairly interesting when I stated that chemotherapy was not an option for me.

My partner Liz and I live what we believe to be a relatively healthy lifestyle, particularly in terms of diet as mentioned earlier. We have both witnessed the issues others have had with chemotherapy and/or radiation treatments. We had discussed this many times and, after her bowel cancer, both decided chemotherapy was not a path either of us intended to follow.

In fact, the use of drugs is something we have both avoided most of our lives. I seldom take anything other than supplements, Panadol or Nurofen for severe pain or hay fever medication during spring/early summer when absolutely necessary.

When explaining my position to George, I used the analogy of a football match where I know I'm in the last quarter of the life game at age 72 and how I have no desire to be poisoning my body with drugs just to get a couple more minutes in the game – in other words I consciously choose to opt for quality rather than quantity of life. Thankfully, he respected my perspective and assured me we had other options for treating what we had found.

With a now known Gleason score of 9, I knew with no uncertainty, that I had a very dangerous and aggressive form of prostate cancer that required urgent intervention and, according to George surgery was my best option.

George shared an interesting analogy whilst we were discussing surgery options for treating my prostate cancer. He stated his preference for starting with surgery rather than radiation as the initial treatment and explained it as follows...

Think of a tomato fresh from the vine and cutting it in half with a sharp knife. The cut is clean, and you can see all the various layers of the tomato. Now think of a tomato that has dropped from the vine and is turning to mush and trying to cut it in half using the same sharp knife. It tends to squash, and the various layers are unclear similar to how radiation can affect healthy tissue.

He then explained his rationale for surgery was to start with the “fresh tomato (prostate)” where the chances of getting all the cancer out without spillage were highest and to then follow up with radiation/hormone treatment if required.

He then explained there were two types of surgery - the cut across the lower abdomen older style of open surgery OR Robot-Assisted Radical Prostatectomy (RARP) which uses smaller incisions and robotic arms inserted into the abdomen. He also explained how the latter provided both greater dexterity and accuracy for the surgeon than the former plus quicker healing recovery times for the patient.

He explained the pros and cons to be considered, which mainly hinged around physical trauma and recovery time with the RARP winning on both counts. The RARP would be done with 6 small incisions and a 3 day stay in hospital followed by 2 weeks of using a catheter to pee compared to having major surgery with a longer hospitalisation period and much longer recovery time.

I always prefer the most direct and quickest option, so RARP surgery was the obvious choice and he immediately scheduled mid-March 2022 for the operation - in all, just 7 weeks from suspicion through diagnosis to prostate removal.

In the next Chapter I'm going to talk about "All the treatment stuff - as I understand it" to be.



Chapter 2

All the treatment stuff (as I understand it)

All the treatment stuff (as I understand it)

During my consultations with the GP and Urologist we spent a fair bit of time talking about the various treatment options for prostate cancer.

Basically it was explained that there are 4 main treatment options...

1. Surgery
2. Radiation treatment
3. Hormone treatment
4. Chemotherapy

So here's my understanding of these treatment options as I remember them.

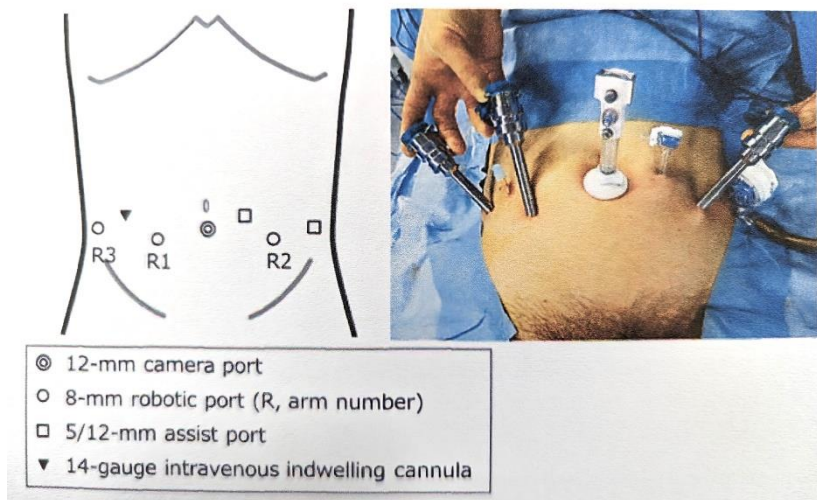
Surgery

After the tomato analogy, this seemed a no brainer to me, and surgery was duly organised. George had explained the two most common types of surgery – either the cut across the lower abdomen OR Robot-Assisted Radical Prostatectomy (RARP). My choice was which one of these did I want.

- Open prostatectomy - traditionally the abdomen is cut open and surgery is performed manually. Healing time is typically longer and there is usually more scarring.

- Robotic prostatectomy – uses robotic technology (George explained it as like virtual reality. I think I remember him referring it to it as being like a big play station) where small incisions are made, and robotic arms are inserted into the abdomen. The surgeon uses a console to guide these arms to carry out the surgery. The benefits being less scarring and shorter recovery times for the patient.

The following image shows the incisions into the abdomen.



George took pains to outline the benefits/risks of surgery – mine being a Robot assisted radical prostatectomy (RARP).

The key benefits for me were that the RARP is a minimally invasive operation in which the prostate gland is completely removed along with some surrounding tissue to treat the cancer in my body.

This surgical system gives the surgeon a magnified, high-resolution, 3-dimensional view of the operating field, as well as improved dexterity compared to conventional laparoscopic (keyhole) and open surgery. This facilitates surgery in difficult to access locations like the male pelvis, where the prostate gland is situated.

The main advantages of robotic surgery are:

- Shorter hospital stay.
- Fewer post-surgical complications.
- Reduced pain, scarring and minimal blood loss.
- Faster recovery and return to regular activities.

The risks of robotic prostatectomy are much the same as those generally associated with all types of surgery, such as the risks of Anaesthetic problems/complications which may occur rarely including:

- Cardiac complications such as a heart attack, arrhythmia, or stroke
- Major bleeding requiring blood transfusion or re-operation to stop bleeding (1%)
- Pressure effects as a result of immobilisation during surgery causing symptoms such as pain or bruising, or damage to nerves, which may lead to transient or permanent numbness, tingling or muscle weakness.

Other potential risks associated with robot assisted radical prostatectomy can include...

- Urinary incontinence - some say 20% depending on age, fitness and BMI (body mass index)
- Impotence if the erectile nerves cannot be spared - usually 50-70%
- Recurrence of cancer requiring further treatment with radiation or hormonal therapy to block testosterone.
- Potential infections of the urinary tract, chest, or surgical incisions.
- Urinary retention – you may find that you cannot pass urine and that you may need to have a catheter in place for a period of time.

As risks vary from patient to patient depending on their physical health, it is important to have a conversation with your medical team about appropriate treatment for your particular circumstances.

Radiation treatment

Radiation treatment for prostate cancer is a procedure that uses high-energy rays or particles to target and destroy cancer cells in the prostate gland. It's a common treatment option for prostate cancer that can be very effective.

In terms of Treatment Sessions - radiation therapy is usually given over several weeks, with daily sessions. Each session is relatively quick and painless and is similar to getting an X-ray.

Common side effects include fatigue, urinary problems, and bowel issues. These side effects are usually temporary and can be managed with medication or lifestyle adjustments.

Whilst there are several types of Radiation Therapy, all use radiation to kill cancer cells or stop them from growing. The following is what I recall of the types and how they are delivered.

External Beam Radiation: is a machine used outside your body (like a big X-ray machine) to aim radiation beams precisely at the cancer.

Internal Radiation (Brachytherapy): is where tiny radioactive seeds are placed directly into the prostate. These seeds give off radiation to kill the cancer cells from the inside.

Permanent Brachytherapy: In this form, the radioactive seeds are left in place permanently. Over time, the radioactivity diminishes, but the seeds remain in the prostate.

Temporary Brachytherapy: Temporary brachytherapy involves the temporary placement of radioactive sources inside the prostate. Once the treatment is complete, the sources are removed.

It was explained to me that the biggest benefit of starting with radiation therapy is its effectiveness in treating prostate cancer, especially when dealing with tumours in soft tissue.

Brachytherapy is often used for early-stage prostate cancer and sometimes in combination with external beam radiation therapy for more advanced cases.

The goals of Radiation Therapy are to...

- Shrink or Eliminate the Tumour: Radiation damages the DNA inside the cancer cells, making them unable to grow or survive.
- Preserve Healthy Tissue: Doctors work hard to make sure that the radiation mostly affects the cancer cells and spares the nearby healthy tissues as much as possible.

In my case, my medical team prescribed the use of External Beam Radiation Therapy (EBRT) post-surgery to combat some small metastatic outbreaks and was given in 2 waves. The first being to treat a small outbreak in the bone and the other for soft tissue.

Stage 1 used Stereotactic radiation therapy which was delivered in 3 larger well targeted doses over the course of a week.

Stage 2 used EBRT administered after a 3 week break from Stage 1 in 39 low dosage daily sessions to the soft tissue affected areas over 8 consecutive weeks – i.e., every weekday for those 8 weeks

Hormone treatment - also known as androgen deprivation therapy (ADT), is a common approach for managing prostate cancer as prostate cancer often relies on male hormones (particularly testosterone) to grow and spread. The aim of hormone treatment is

to reduce the levels of these hormones in the body or block their effects on cancer cells.

Types of Hormone Treatment:

Luteinizing Hormone-Releasing Hormone (LHRH) agonists and antagonists are drugs that are injected or implanted under the skin. They work by signalling the pituitary gland to stop producing luteinizing hormone, which in turn suppresses testosterone production.

These drugs are often used for long-term hormone therapy because they are reversible, meaning testosterone levels can recover after treatment is stopped. They are also more commonly used than orchiectomy because they do not involve surgery.

Anti-androgens are drugs taken orally as pills. They work by blocking the effects of androgens on cancer cells without lowering testosterone levels.

They are sometimes used in combination with LHRH agonists or antagonists to provide more complete androgen deprivation.

There are several reasons for using Hormone Treatment as part of the prostate cancer treatment process including:

- Hormone therapy may be used before or after radiation therapy for localized prostate cancer as it can shrink the prostate and make radiation more effective.
- In cases of advanced prostate cancer that has spread beyond the prostate gland (metastatic prostate cancer), hormone

therapy is often the primary treatment as it helps slow down the growth of cancer cells and can provide relief from symptoms.

- In some cases, hormone therapy (called Neoadjuvant Therapy) is given before surgery (radical prostatectomy) to shrink the tumour and make the surgery more manageable.
- Hormone therapy is commonly given after prostate surgery and/or combined with radiation therapy to lower the risk of cancer recurrence.

Patients receiving hormone therapy need regular monitoring to assess the effectiveness of treatment and to manage side effects. Side effects may include hot flashes, loss of libido, erectile dysfunction, fatigue, and bone thinning, among others.

It's important to note that hormone therapy is not a cure for prostate cancer but rather a way to control and manage the disease and is often used in combination with other treatments, such as radiation therapy or chemotherapy, depending on the stage and aggressiveness of the cancer. Specific treatment plans are tailored to meet the needs of individual patient's circumstances, so once again, check with your medical team to determine the best program for your individual needs.

Chemotherapy - (or “chemo”) is where anti-cancer drugs are used to destroy cancer cells. This can either be by using a single or a combination of drugs depending on the type and/or severity of the cancer being treated.

Typically, chemotherapy will be administered either orally or by injection. The type(s) used will vary depending on the cancer that's being treated.

The duration of treatment also depends on the cancer being treated but programs that contain several treatment cycles over a few days, weeks or months and/or on a long-term basis with periods of rest in between to allow normal cells to recover are common.

The delivery of chemotherapy is usually painless however, depending on type, dosage and delivery method it is not uncommon for recipients to experience side effects that might include...

- nausea and vomiting
- diarrhoea or constipation (often due to anti-nausea medication)
- fatigue (tiredness)
- anaemia
- mouth sores or ulcers
- increased risk of infection or bruising
- hair loss
- muscle weakness
- skin sensitivity to sunlight (specific drugs only)
- changes to the nails
- dry or tired eyes
- changes in appetite
- changes in fertility
- thinking and memory changes.

Whether you experience any of these side effects (or not) will depend on multiple factors so speak with your Doctor about any concerns or questions you might have.

As you can imagine, all this information, delivered in one hit whilst trying to get my head around the fact that I HAVE an aggressive prostate cancer that could potentially kill me was both confronting and overwhelming.

To avoid having all this do your head in (as it did with me) I strongly suggest taking someone with you to your appointments so they can help with asking questions and clarifying items that might be confusing and overwhelming.

The most obvious questions I had were - is this the end of my sex life (not a major concern at my age), will I be incontinent for the rest of my life and have to wear diapers all the time, how likely is it that the cancer will return, how long will I be incapacitated for and lastly what does this mean for me, my relationship and my future?

Whilst I cover most of these in ensuing chapters, I do so with a word of caution.

My experience does not mean these things will be YOUR experiences.

Each of our journeys are different and therefore, so will be our physical and emotional responses. I once again urge all readers to seek both physical and emotional support as you navigate your own prostate cancer roller coaster ride.

A couple of things that George made abundantly clear to me were...

1 - I would lose sexual functionality

2 - there would be a period (up to a year) where I would suffer from varying levels of incontinence whilst the bladder and urethra healed

3 - I would need Hormone/Radiation treatments IF they were unable to get all the cancer through surgery and/or if the cancer came back

When asked how I felt about these, I remember responding that, in terms of sexuality at age 72, I would simply be transitioning from the unemployed to the unemployable which raised a smile. As to the incontinence, I realised and stated that maybe a year of having to wear pads was better than the alternative of certain death. In terms of cancer returning, hopefully he would do his job well enough that I wouldn't have to consider this as an option.



Chapter 3

My Surgery Experience

My Surgery Experience

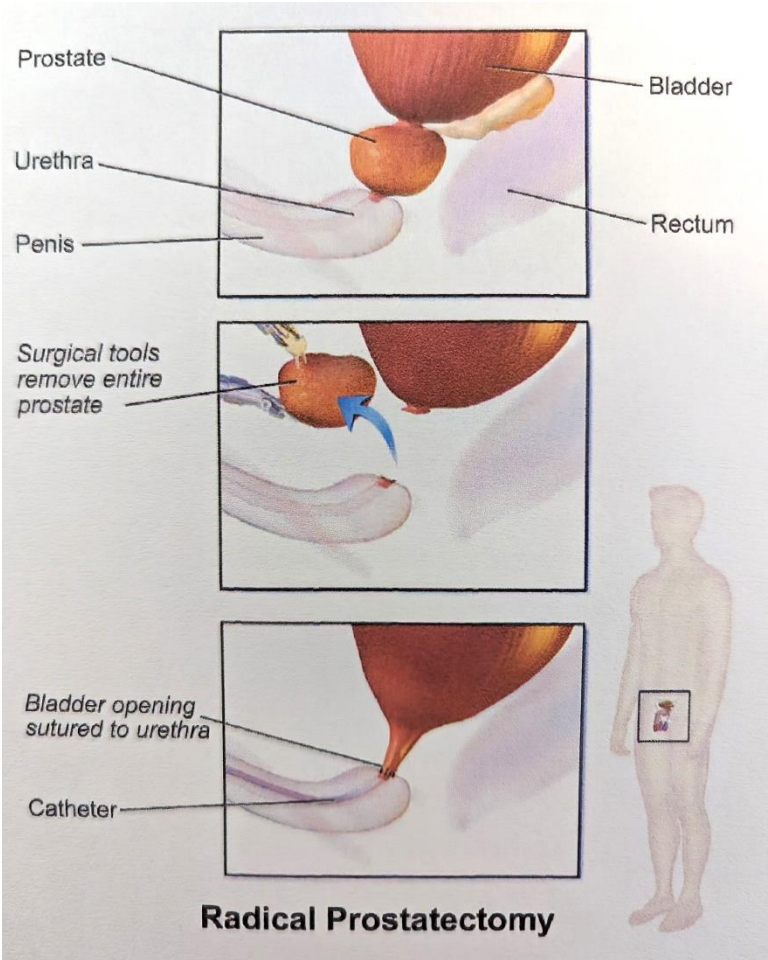
To be honest and as you may well expect, I don't remember much about the actual surgery experience because I was appropriately anaesthetised.

What I do remember is going in to the hospital early on a Friday morning and going through the prep process which included the usual getting undressed, confirming details, getting identity bracelets attached to wrists and feet (I mused over the silly thought that they do this in in case they possibly get separated during surgery – yup, that's my weird sense of humour) and lastly, a visit from the anaesthetist to insert a canular into my arm followed by an injection and then it was lights out. – I didn't even get to see the equipment.

Apparently, I had the procedure which took about 3 hours and what they used was a machine like the one shown in the following picture.



During the operation, they disconnected my bladder from the prostate, removed the prostate along with some of the surrounding seminal tubes, nerves and tissue and then reconnected the bladder to the urethra as shown in the following diagram.



Naturally, I knew nothing of what transpired until I awoke in my recovery room feeling very groggy from the anaesthetic.

As I came too, I became aware of a nurse checking my blood pressure and asking me questions to ensure I was regaining lucidity. After a short while I became aware of the discomfort around the abdomen from the incisions (six of them) and the weird feeling of having a catheter from my bladder via the full length of the urethra/penis to a collection bag clamped to the side of the bed.

The other thing I became conscious of was an ache (like the one that often comes with the flu) localised in my right shoulder and neck. I was told this was quite common and was a result of the gas used to fill the abdomen cavity to provide ease of access for the robotic arms and camera equipment required to perform the surgery. This pain lasted about 2 weeks and was one of the most challenging physical after effects of the surgery I had to deal with.

Not having a catheter before, I was surprised by the diameter of the tube extending from my penis to the catheter bag – it was probably a similar diameter to a BIC ball point pen outer tube. I was even more concerned when the nurses checked my wounds and I saw how bruised and distended my penis and testicles were. Thankfully they returned to normal size over the next few days although the bruising and catheter remained with me for about 2 weeks post-operation.

Time in hospital (albeit only 3 days) was rather boring as anyone who has been there before knows. Days were spent mainly in bed, or sitting in a chair in my room, taking frequent short walks around the

corridors, checks by nurses and doctors and little else as it was challenging to sit up or concentrate on TV or reading.

Normally we look forward to visitors. However, my surgery was done in the immediate post covid time where restrictions on visitors meant only Liz was able to visit and that was for just 1 hour per day.

What I was ecstatic about was the news from George when he called in and told me that the operation was a success and that they were able to remove the prostate intact. Based on this he expected recovery to go well and that I would suffer minimal ongoing issues through the healing process other than temporary incontinence and possibly some penile shortening.

The nurses offered me pain medication to assist with the pain around caused by the surgery wounds, and that nagging post-op gas in the right shoulder and neck. I chose to stay with Panadol and Nurofen rather than taking advantage of the opiate options being offered and was fortunately able to manage with these.

In all, I only spent 3 days in hospital – Friday was surgery, Saturday and Sunday was light food, walking and resting and then it would be home on Monday, provided I had been able to shower myself, pass wind and have a poo – which I’m glad to say I was able to do all three and was duly discharged.

The next challenges came with managing my recovery at home bearing in mind a catheter, limited mobility and living in a split-level home built on the side of a hill. More about this part of the journey in the next chapter.



Chapter 4

My post-surgery recovery journey

My post-surgery recovery journey

What a relief to go home and sleep in my own bed was the initial thoughts as we drove away from the hospital with my bag of goodies including spare catheter bags and tubes, some instructions about how to clean and replace them and some incontinence pads.

It almost seemed like Christmas except for my reservations about the physical journey home and having the impact of wearing a seat belt across the wound area combined with potentially bumpy roads or sudden stops. Next was how we were going to make things work in our split-level home.

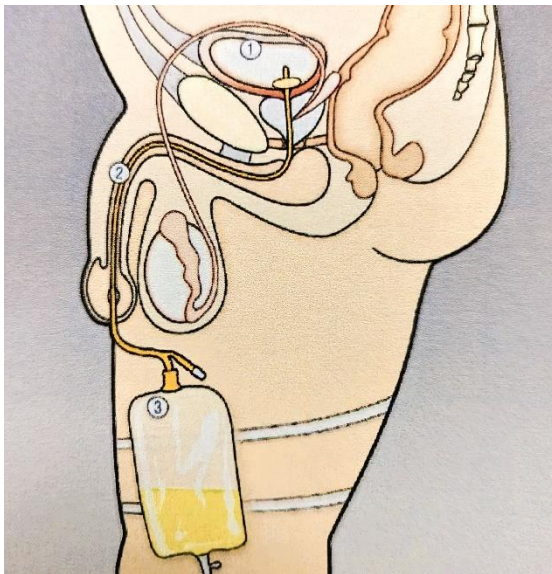
The first task was to get me sorted in bed which required Liz and I changing sides so I would be closer to the door and could hang the urine bag over the left side of the bed. Next was the realisation that our traditional mattress and base style bed (unlike hospital ones) had no rails to hang the bag from. This led to some inventive ideas that ended up with me putting the bag into a bucket beside the bed (positioned low enough down so I didn't trip over it) just in case a tube became dislodged or there was a leak that ended up with me accidentally flooding the carpet.

The second task was deciding whether it was wise for Liz and me to sleep together and risk the chances of either bumping my wounds during the night or either of us keeping the other awake through tossing and turning. Liz made the appropriate (for us both) and

selfless choice of moving to our spare room so we could both get our much needed sleep.

An unforeseen benefit of the catheter was not having to get up for a pee during the night which meant getting two weeks of uninterrupted sleep. This was both wonderful and, in the overall scheme of things, a short relief (no pun intended) from what was the beginning of my journey of sorting out ongoing urinary issues.

The catheter (for those who don't know) is a tube inserted through the penis and urethra into the bladder along with a water filled balloon to form a seal and thereby stop leakage as shown in the following picture.



Managing the routine of emptying and cleaning the catheter bag and tube was relatively simple – emptying was done by holding the bottom of the bag over the loo and opening the tap (making sure of course that I didn't dribble it down my leg – I did that once and quickly learned to aim better). One of the most important parts was ensuring I kept the penis clean as the irritation of the tube seemed to activate the natural lubrication which crusted around the tube.

This was easily cleaned in the shower whilst the bag itself had to be removed and rinsed daily and then changed once week to prevent potential infections.

One of the best tips given to me by the nurses was to make sure I wore tight trunk style undies. This was to stop the penis from moving around (as is the case in boxers) and to keep the catheter tubing stationary thereby minimising irritation and possible abrasions that could get infected.

Towards the end of my time with the catheter I had the uncomfortable sense of a golf ball placed inside me between the scrotum and rectum when sitting which I found out was simply pressure from the liquid in the catheter balloon in my bladder which is why I was glad when it came time to have the catheter removed.

Next stage therefore was a trip to the day hospital to have the staples on my abdomen wounds and the catheter removed. The staples used to bind the wounds were relatively easy to remove and all I felt was a slight tugging of the skin around the wound edges.

The catheter removal and subsequent water retention tests were a bit more interesting. I was taken to a consulting suite and had to lay on a bed and bare all. The nurse first used a syringe to suck out the liquid from the internal catheter balloon and secondly asked me to hold my breath and stay still whilst she literally pulled the tubing out from the end of my penis – a weird sensation to say the least.

The second part of the process (the water retention testing) required sitting in a chair and drinking measured amounts of water and then peeing into a container to measure what was coming out. Part of this measurement required wearing an incontinence pad as my ability to hold on was severely reduced due to the surgery and irritation of the catheter. The nurse simply weighed the pad added it to the weight of captured urine to determine how well my bladder was functioning. This process took a couple of hours to settle down before being allowed to go home again – this time sitting more comfortably with the “golf ball” removed.

Now I was starting to feel more normal – could sleep without tubes and a bucket, take showers and wash myself without managing catheter bags strapped to my leg and/or the daily routine of unplugging the catheter bag, rinsing it and then reconnecting it all.

But then reality quickly bit me on the butt when having to decide appropriate incontinence products as well as taking sessions with a physiotherapist to learn how to re-strengthen my pelvic floor.

The first and easiest step was the incontinence management which meant using the recommended 'pull-ups' (like Huggies for adults) as they provided all round protection with the ability to hold a reasonable amount of liquid if I miscued a trip to the toilet.

The second part of the early management process was attending Pelvic floor sessions with a physiotherapist. These started with an ultrasound taken between the scrotum and rectum so the physiotherapist could see muscle movement and thereby determine the type and number of exercises required for my situation.

Next came a whole lot of questions about my bladder habits prior to and post-surgery to plan the frequency of exercises to be done.

My plan included holding the pelvic floor in for 10 seconds and then releasing for 10 seconds repeated 10 times followed by rapid hold/release 60 times followed by a short (10-20 second) break and lastly, to hold the pelvic floor for 60 seconds, or as long as I could initially, building to 60 seconds. All this had to be done three times a day – once standing and twice laying down to start with.

The other thing the physiotherapist asked me to do was to keep a log of everything I drank, every time I peed (including the millilitres passed) and how much leakage occurred into my pads which had to be weighed to determine volume of liquid therein. I also had to record how often pads had to be changed. What we quickly saw was progress in terms of increasing time gaps between piddles but also noticed I was a frequent Piddler of small amounts. Interestingly, my bladder is a normal size – I simply didn't have the ability to hold on

well. Pelvic floor exercises helped but I still piddle more often than most others.

The lady physiotherapist floored me with her next suggestion which was to masturbate to orgasm in order to strengthen blood flow in the actual penis and to help with ensuring restoration of healthy internal blood and urinary vessels.

I remember Liz and I both laughing about my not only having permission to play with myself (rather than being told that doing so would make me go blind) and that it was part of my therapy.

I was good, I did my exercises (all of them) and I'm sure it did help with shortening the time it took to re-strengthen my pelvic floor over the six or so weekly physio sessions – it just didn't make any difference to the damage done by the surgery in terms of my ability to rise to the occasion and the possibility of any normal sex life.

When talking to the Urologist about the physiotherapist suggestions at our first quarter check-up, he did mention the option of having a pump implanted into the scrotum that could be used to create an erection. As Liz and I had already discussed and come to terms with this aspect of our lives being of little importance at our age, the offer was declined but the chuckles went on for a while.

At this stage, I was getting better in terms of NOT having to get up during the night as frequently and staying dry overnight, so Liz and I decided to take a trip to visit family some 350km's away.

Being male, I wanted to drive – my first long drive. This was a combination of pride and, in some ways stupidity, because I was still in the relatively early stages of recovery from fairly major surgery and had no idea how I would cope with a 4 hour drive.

So all packed, all padded up (incontinence pads that is) and off we went. We finally arrived at our destination after 5½ hours of driving instead of the usual 4 caused by several rest and piddle stops. To be honest, I was physically knackered but emotionally satisfied as I had achieved (in my mind) an important goal of claiming back some independence.

What I had also done during the time prior to this trip was change incontinence protection from pull ups to pads. This is a story in its own right. Trying to work out which style and liquid retention capacity was most suitable for me as well as determining which ones provided the most protection against chaffing of the surrounding skin. Believe me, there are quite a few variations.

One of the issues not spoken about when getting advice is the potential for getting ‘nappy rash’ – and yes, it really does happen to adults. Fortunately, Liz works for Warburton Wellbeing who have a range of natural skin products called Warbotanicals and I was able to get hold of their Calendula and Aloe Cream which both soothed irritated skin and created a moisture barrier to keep me both dry and comfortable. Explore more at <https://warbotanicals.com/>

After some experimentation I settled initially on a style from Moli-Care (see photo) because it had two dry barrier flaps that created a sort of pouch to put the tackle in which created protection from both spillage and chaffing of surrounding skin. These pads are level 5 capacity, meaning they hold a good amount of piddle if I ever got caught short.



You can check out their range and get a free sample at <https://www.molicare.au/>

Whilst pads do provide protection, they don't stop the need to piddle as I found out one day when Liz and I went shopping. It was just one of those days when all the busyness and noise of the shopping centre was stressing me out.

Sadly, when managing post-surgery incontinence, stress is NOT our friend – it simply made me piddle more frequently. In this instance 5 times within an hour and two pad changes because I couldn't get to the loo fast enough. This really tipped me over the edge. We went back to the car, and I burst into tears with my confidence shattered about getting my piddles back under control and about going anywhere without quick access to toilets.

Fortunately, all the personal development work I had done previously gave me the tools to get myself back together and after about ½ an hour we drove home, to my ‘safe spot’.

I know this may sound wimpy, but that sense of loss of ability to do normal things without constantly wetting myself really hit hard and I felt emotionally crushed. The other challenge was the ongoing emotional stress of constantly being in fear of wetting myself which led to anxiety when going anywhere which, in turn, led to piddling more frequently.

Over the 12 months post-surgery, there were many physical and emotional ups and downs, mostly around the impact of incontinence. Fortunately, as said before, the many personal development techniques I had learned helped me manage these emotional challenges. However, I wasn’t prepared for the physical ones.

These included initial soreness and weakness around the abdomen from the surgery. They also included the need to lay down for approximately an hour during the day (rather than sitting all the time) to stop cramping and to help stretch both the muscles and internal plumbing to speed up my recovery time.

It also meant managing my diet to avoid foods that created wind and/or avoid drinks that were diuretic by nature. This meant no tea, coffee, alcohol, gassy drinks or fruit juices for over six months.

I remember we always used to tease my mother about her weak teas (literally, it was one dunk with a tea bag) or hot water but now I

understood why and had to do the same. If I didn't, I piddled more frequently and got caught out more often.

The other physical challenge was, and still is, exercise. Movement whether just walking (especially going uphill), working in the garden or more vigorous types all create pressure on the bladder and therefore the need to piddle more frequently.

Over time I was able to decrease the liquid retention capacity of pads and changed from pads to what are called guards or liners. As the name suggests, these are much thinner and are used to line your undies rather than being undies in their own right.

I find wearing trunk style undies to keep these in place is still the most comfortable way for managing incontinence wear.

This change to guards or liners meant developing a system whereby I use different grades of liquid capacity pads depending on activity.

I found that swapping between Tena Level 1 and level 2 pads/liners (see picture) gave me more flexibility and better protection for doing different activities. My system was/is Level 1



for normal activities when going out to the shops or visiting places where I know there is a toilet close by and level 2 when going for a walk, working around the garden or travelling as 'pit stop' places are less predictable. Free samples and information are available from the Tena website at <https://tena.com.au/pages/for-men>

When using pads, just remember to peel off the backing so they stick to your undies – a mistake I made once and won't forget. I couldn't understand why the pad was so uncomfortable one day whilst at the shops so went to the loo to re-adjust and realised the backing strip for the sticky part was still attached – a quick fix made things a lot more comfortable and shopping continued – you may laugh, but you may also make the same mistake.

Suffering incontinence issues, whether as a result of prostate surgery or not, can be a real challenge particularly when urgency is often an issue and when travelling to unfamiliar places.

A tool I have found invaluable to overcome these problems is the smart phone app – ***where is public toilet.***



This one has saved me from embarrassment on more than one occasion and is invaluable when in unfamiliar places. Simply download the app from either the Google Play or Apple App stores.

It probably took me about 3 or 4 months to get my confidence back after the shopping centre episode and a wet bed at home one night before Liz and I decided we needed a small holiday. We decided to do a road trip to and around Mount Gambier.

To minimise tiredness and/or stress, we booked a motel about halfway to break up the journey followed by a few days at Mount Gambier and a couple of days at Warrnambool on the way home.

All went well until the first night in Mount Gambier. We checked in, had a meal and went to bed as normal (i.e., without pads as I seemed to be OK during the night). During the night, I awoke with a shock to

find I had failed to wake for the loo and had wet the bed. This one really cracked me hard emotionally – trying to sleep on a towel, fearing it might happen again and knowing I had to face the embarrassment of asking for a bed change in the morning. Thankfully, we caught the cleaning staff, and I explained how I had recently had prostate surgery and an accident overnight – they were truly wonderful in their response of no questions or disapproving looks but simply said we'll fix it and did.

Gutted and confidence about continence shattered again, it was pads (the thick Moli-Care ones) every night thereafter whilst we travelled.

I find it challenging to describe the emotional feelings around incontinence other than being a combination of the experience of real vulnerability and stress accompanied by shame and embarrassment when things go wrong.

My way of coping with these was/is to wear pads when going out or being active. Sadly, this doesn't help with rebuilding confidence.

The rest of my post-surgery recovery was fairly uneventful and focused around getting my life back in terms of regular activities, going out and spending time with people I care about.

It was at my 4th check-up with George when my world both suddenly and dramatically changed again as explained in the next chapter.



Chapter 5

Oh S#%t, it's back – now what

Oh S#%t, it's back - now what?

It was at the fourth check-up meeting with George (fourteen months after surgery) when he slammed me with his opening comment, *“I hadn't expected to see it come back so quickly but we need to do another PET scan because your PSA is steadily increasing. In fact it has gone from 0.2 to 0.4 to 0.8 to 1.4 over the year”*.

This was definitely not the news I wanted to hear and was also a real emotional kick in the guts after believing the surgery had got all the cancer as previously advised.

He immediately ordered a PET scan which revealed two small spots of cancer recurrence. – one on the pubis bone and the other in the lymph nodes near the prostate bed.

George made it clear that the best way to minimise future spread was to hit this outbreak hard with combined hormone and radiation treatments. He told me he had already contacted Professor Michael Chao (a highly regarded Radiation Oncologist), and confirmed he was honoured to take on my case. Introductions and referrals were duly made along with an appointment to work out next steps.

This time, the emotional sense of bravado was gone and there was only an empty feeling of Oh s#%t – not again! – in fact I'm pretty sure I dropped the “F” bomb a couple of times.

Yeah... welcome to prostate cancer round two!

Going home to tell Liz and seeing her face drop as we spoke about the diagnosis and our options about what to do next was gut wrenching. There were a few tears (on both sides) and then a joint resolution that we would have a real good go at 'beating this bastard', albeit with no idea about what this meant or the impact it was going to have on me.

I made the appointment with Professor Chao and subsequently went along with Liz to find out more.

Thank goodness Liz was with me because my mind was once again in a deep emotional fog as I attempted to come to terms with being told I had recurring cancer AND knowing this wasn't like the surgery in that, we can't cut the cancer out this time and be alright. Added to my shock were the renewed and combined feelings of apprehension about what I was going to subject my body to plus a heightened fear of the prospect of a quickened death.

Michael asked what I had already been told and what I understood to be going on so he could get a reference point for telling me what I needed to know. I had made it plain to him that I didn't want any sugar coating but would rather have the facts delivered as they are.

He welcomed my approach and told it to me straight with one of his first comments being – *“the only reason he was even considering going through the treatment process at age 73 was because of my general good health and that without that, he would not be attempting anything”*.

Maybe I should have asked for a bit of sugar coating after all as this sounded way more serious than either Liz or I were expecting and/or hoping for.

The rest of the information Michael presented seemed to come through a foggy blur after this bombshell. The essence of it was that he would be conducting a telephone planning session with George and the Radiation team to determine the how and when of my treatment regime in a couple of days' time and would be in a position to be clearer once that was completed.

He also advise that there would be a 3 prong attack of treatment...

1. Hormone treatment using daily pills and a six monthly injection to reduce testosterone levels as quickly as possible
2. A round of radiation beam treatment to address the issue in the bone as this had the highest spread risk followed by a short break
3. A second round or radiation treatment to address the soft tissue areas of nodes and prostate bed to remove the small amount of cancer therein and to prevent reoccurrence from any potential residual traces of cancer not already found

He gave me a couple of brochures to read about radiation therapy and told me I would be required to come back for a hormone reduction injection and a CT Planning session where I would be given further information about treatment preparation and when measurements would be taken so they could accurately work out treatment dosages and timings.

Liz and I went home, and I remember sitting in the lounge in what seemed like a daze whilst I attempted to process all the emotions and information as I attempted to make sense of what was both happening and was about to happen over the next few months.

I admit it took several hours and a few bouts of tears to create a calmer space where I could start preparing myself for the future by setting up a positive mindset for jumping into the void and dealing with each step as and when it showed itself.



Chapter 6

My radiation treatment journey



My radiation treatment journey

My treatment process started on the 6th of July with an injection of Diphereline in my butt muscles. Being a six month dosage meant it was big and I felt it – not just when it went in but for a few days afterwards. The nurse told me this would be repeated every six months for the next couple of years but to make it easier, they would swap cheeks each time. Some consolation but not necessarily a comforting thought.

I was booked in for the CT (computer tomography) session (a scan to assist with planning for treating my cancer) and given a briefing document that explained how I needed my bladder full, bowels empty and that the session would last for approximately an hour and a half.

The full bladder for over an hour part created an interesting challenge for a “Piddler” like me who has a bladder that doesn’t work by the clock or convenience of medical staff and has to go when the urge is there.

Added to my anxiety was the preparation regime which required using a product called Microlax (a small enema type product used daily) to ensure bowel clearance for the 3 days leading up to and including the day of the CT Planning session.

I must say the thought of using this product was much more off putting than the actual usage. What I did quickly find out was how really important it was to stay close to the loo.

The instructions say it can take up to 30 minutes for the product to work - my experience was around 5-10 minutes.

The CT Planning session included the creation of a mould of my body to ensure I would be in the exact same position for all treatment sessions. This was achieved by having me lay on a “bean bag” like vacuum cushion placed on a bed similar to an X-ray machine and being physically manoeuvred into the appropriate position. Once correctly positioned the staff sucked all the air out of the “bean bag” and gave me 2 pinpoint tattoos to ensure the lateral position of my body could be matched with the radiation beams. Images were taken of my full bladder and empty bowel so staff could firstly measure and secondly create some kind of scale for radiation dosage.

Next came the first round of actual radiation treatment to attack the cancer spot on the bone. This involved 3 sessions of Stereotactic body radiation therapy that enabled the machine to precisely deliver high doses of radiation directly to the cancer cells whilst sparing surrounding normal tissues. The treatment was easy in that, like an X-ray, there was no physical feeling. I had no ill-effects from these sessions other than a little fatigue.

Three weeks later I had a follow up session with Professor Chao to determine how I was going and to confirm the next steps for addressing the cancer in the soft tissue areas of the prostate bed and nearby lymph nodes.

I went into this meeting expecting the second phase of treatment to be the same as the first – i.e., three sessions of radiation in a week.

I was shocked when Professor Chao told me (because I had forgotten our previous conversation) that I would be receiving 39 daily sessions of treatment. In other words eight weeks of daily sessions.

When asked why, he explained that the level of radiation given at each session was much lower than the Stereotactic dosages. In fact, he said the previous dosage would most likely rupture my bowel if applied to the soft tissue areas – something that neither of us considered to be a good outcome.

I remember going home and telling Liz and sharing my surprise about the duration of treatment. Naturally, a two month commitment to treatment meant clearing my calendar and stepping down from some of my activities so I could focus on getting my health fixed.

The lovely (and surprising to me) thing was the generous amount of understanding and caring this generated from people in my life.

The next stage of this journey of daily radiation treatment began without much impact other than attempting to get the bladder/bowel requirements met when having to empty the bladder 30 minutes before treatment and then drink 300ml of water when I had a 45 minute drive to the treatment centre. I soon worked out all the potential loo stops on the journey and identified five – and yes, I used them all (albeit on different days).

It was approximately a week into the treatment when I hit a wall where the anxiety of travel, balancing bladder and bowel requirements, loo stops and drinking water to refill really got to me.

I was so stressed out from being told I needed my bladder fuller and on occasions having the next patient going before me so I could achieve this I truly considered giving up and ending the ongoing trauma I was putting myself through.

The radiation staff noticed my stress and spoke with Professor Chao who made the decision to reassess my treatment plan. The staff told me that it was quite common for the actual treatment to upset bowel and bladder functions as it was with me and that a CT reassessment might help reduce the anxiety. I was taken back to the CT planning suite after the 9th day of daily treatment to get reassessed. I remember feeling so despondent from not being able to get the bladder right that day that I was almost in tears as I sat and waited to be seen. Once ushered in and remeasured for future treatments I went home and literally told Liz I wanted to give up.

Fortunately I hung in there and thankfully the recalibration worked for me – I didn't need to hold onto as much urine for treatment and therefore had more flexibility around how much I had to drink and when I could pee. This simple change made an enormous difference to my anxiety levels and enabled me to face the rest of the journey with greater ease.

That's not to say the daily grind of preparing bladder and bowels, traveling to and from treatment plus attempting to be an active participant of daily life whilst getting much needed rest from the exhaustion and physical lethargy caused by the radiation treatment are easy to manage. They are not.

They provided their own roller coaster of feelings, loo stops on the journey to and from treatment (sometimes 3 or 4 in a trip), seeing the vast numbers of people going through their own cancer treatment journeys whilst sitting in the waiting room plus my own sense of inadequacy in terms of participating in daily life.

In an overall sense, the hardest part of undergoing two months of daily radiation treatment was dealing with physical exhaustion, the return of incontinence issues and seeing the worry in the faces of Liz, friends and family.

Looking back, I now realise how the addition of an extra medication had a significant impact on both my physical body and emotional state. Unfortunately for me, I experienced several side effects from this particular medication including higher than expected levels of lethargy plus brain fogginess that impacted the connections between thought and expressed word. It felt like thinking and speaking through honey whereby I couldn't find words in my head that matched what I was attempting to say. I often had to apologise up front when talking to people other than family for being slow. It sort of felt like how I perceive the challenges someone with dementia might have to face with communicating.

I refused to continue with this medication once the 28 day dosage regime was completed and was glad to find my faculties returning to normal over the course of around 10 days.

Side effects are an expected part of the radiation treatment process, and I was not immune to them. Fortunately, mine were relatively mild (other than fatigue and emotional mood swings related to hormones) and were limited to some skin irritations, a niggling sense of continuous bloating and changes to the body signals for going to the toilet.

The latter continues to this day and is exacerbated by the setback in terms of a decline in urinary continence. So it's back on the pads so I don't constantly smell like a homeless person and/or experience wet pants or nappy rash again.

Another unexpected side effect of the hormone treatment was found one morning in the shower. Whilst washing the 'tackle' I noticed my testicles had shrunk. Being a bit alarmed, I hopped onto Dr Google again and found this is quite normal when undergoing hormone treatment – just wish someone had told me about this beforehand. I mentioned it to the nurse and one of the radiologists at my next treatment session. Surprisingly, the nurse knew about it, but the radiologist had never heard of it

Despite these negatives, going through the radiation treatment process has also been one of the most uplifting experiences of my life. The love and support shown to me by Liz, friends, my daughter Elissa, my best mate David, members of my local Probus Club and the Warburton wellbeing family was both humbling and a huge boost of

strength to face the many challenges across two months of daily radiation treatment.

Thank you all, although genuinely meant, seems so inadequate.



Chapter 7

My emotional 'tug of war' summarised



My emotional ‘tug of war’ summarised

I, like many others have experienced prostate cancer.

When trying to work out how and why this happened, I took time to reflect on my life and how I had turned my body into a petri dish for the development of cancer.

In terms of life, my parents brought me to Australia in 1964 which led to changes in countries, schools and cultural environments which led to me developing a coping method of not looking back.

Like most adolescents and young men, I worked and dated until I met someone, married and started on the life of a family man raising 3 daughters and developing a comfortable middle class life.

This all crashed in 1990 when, my then wife, told me that my best mate meant more to her than me and said she wanted a divorce.

My world, hopes and dreams shattered in that moment, and I spiralled into a deep depression (sometimes suicidal) over the ensuing year or two. Getting counselling led me to a 15+ year journey of personal development whilst attempting to rebuild my home life and career. This part of my transitioning truly helped me understand how the wounds from childhood and family framed the way I thought and behaved and therefore the way I engaged with others. It was a conscious changing of these patterns that enabled me to become the person I now am.

That part of my life journey was the darkest I ever faced and want to face. I spent those 15+ years coming to terms with anger, fear of repeating old familial patterns and deep sadness over the loss of my family.

In looking back, I see times where I tried too hard to put things right, openly expressed anger or resentment when I should have kept my mouth shut and kept quiet at other times, instead of speaking up.

I won't trivialise this journey by saying it was easy because, in truth, it was damn hard, often lonely and always confronting.

What it did do however was teach me coping mechanisms to bring light into dark moments and gave me tools to help navigate life's challenges.

The benefits of these learnings really came to be when I spent approximately four years supporting business owners impacted by natural disasters. I had an understanding of their loss, could empathise with their grief and had tools to help them rebuild their lives.

So why am I revealing this background information?

The simple answer is to help you understand some of the precursors and building blocks that led to me getting cancer and to explain how I was able to draw upon those experiences to both accept and fight this roller coaster journey called prostate cancer.

The thing most different and challenging with facing prostate cancer compared to my other life challenges is that I never had to confront the real prospect of death or a protracted long-term decline in health and quality of life before.

The announcement that I had prostate cancer did exactly that and was the catalyst for what is now 2 years of physical and emotional ups and downs like I had never experienced.

I remember the first feelings of surprise, shock and fear at those simple words – you have prostate cancer.

As stated earlier in this book, my partner Liz had bowel cancer which was successfully operated on with no further treatment being required. This gave me a strong belief that the cancer in me could similarly be dealt with and therefore helped ease the fear as we started the journey of discovery, treatment and recovery.

Whilst it gave me some strength to face those early fears and trepidation about the surgery and recovery, I still found the responses from family and friends challenging to deal with.

I became acutely aware, when telling them I had cancer, of the looks on their faces, their fearful expressions as well as their words and questions.

I know that many see cancer as a death sentence so it wasn't surprising (just challenging) to see their looks of seeing a dead man walking, or their saying – *Oh, I'm so sorry to hear that* and/or the silly

questions like *will you lose your hair?* – look at me, I’m semi bald – do you think hair loss is really an issue?

I got into a place of not saying anything to avoid those looks, their sympathy and silly questions. However, whilst this gave some temporary relief from talking about it, it did NOT help me stop thinking about the cancer inside and/or worrying about what the potential outcomes would look like.

Obviously, losing the ability to make love to your partner is devastating for a male as we tend to use sex as a large part of our love language. Being 72 at the time of finding out about the cancer made it a little easier for me than I believe it would be for a younger man, BUT it was still the finality of losing that part of my maleness that was difficult to accept and come to terms with.

I tend to joke around about subjects that make me uncomfortable hence my telling George (my Urologist) that this just meant I was transitioning my willy from the unemployed to the unemployable. However, the sadness and, at times, anger within were very real. Thankfully I had a very understanding and loving partner to share my thoughts with and am grateful for her support in helping me deal with these emotional challenges.

The earliest parts of my journey with cancer went so quickly (7 weeks from diagnosis to surgery) that the busyness of appointments meant I unintentionally glossed over a lot of the emotional experiences and didn’t spend as much time as I probably should have on coming to terms with these.

My most challenging emotional aspects came after my post-surgery recovery when I was told the cancer had returned. I had been buoyed by the real belief that the cancer was all gone as told straight after the operation and during quarterly checkups.

My biggest (and ongoing) emotional stumbling block has been the issues around incontinence (many shared earlier in the book) and the accompanying feelings of frustration and hopelessness at not being in control of my bodily functions as well as being afraid to go out or visit family and friends in case I wet myself.

My journey of regaining confidence in continence came and went almost as often as I had a piddle. I guess this was both buoyed by George saying I would be all sorted by Christmas (9 months after surgery) and flattened by my bladder obstinately not conforming.

I admit I was getting a lot better (i.e., with managing my continence) towards the end of the first year post-surgery other than the wetting the bed setbacks shared in earlier chapters.

I recall how it was sometime during my post-surgery recovery that I first had the idea of writing this book – partly to help with my own recovery and partly to help others get a better understanding of prostate cancer from a patient's perspective.

Interestingly, I shelved the idea after some initial research because the emotions of vulnerability and the embarrassment I was experiencing at the time were more overwhelming than I realised.

It was at my fourth check-up meeting with George fourteen months after surgery that I was totally emotionally slammed by his opening comments of *“I hadn’t expected to see it come back so quickly but we need to do another PET scan because your PSA is steadily increasing. In fact it has gone from 0.2 to 0.4 to 0.8 to 1.4 over the year”*.

This was a brutal shock and a really unexpected emotional slap in the face that I was simply and totally unprepared for. I literally went home and collapsed in tears as I told Liz this latest news.

My emotional sense of bravado was truly shattered and replaced by a very deep and empty feeling of Oh s#%t – not again! – in fact I’m pretty sure I dropped the “F” bomb a few times when telling Liz.

The ensuing PET scan revealed two small spots of cancer recurrence, followed by discussions about how we could treat these. All the while, I was experiencing a rising fear that this might be an ongoing drama. Something I truly did NOT want to either go through or put my family through, particularly after spending 18 months helping my mother through treatment and decline at the end of her life.

Deep down, I knew I had only two choices – fight or die. I chose the latter and am grateful I did – albeit without any knowledge at that time of what this meant.

The hardest part of this second round of cancer treatment has been dealing with physical exhaustion, the return of incontinence issues and seeing the worry in the faces of both Liz and my friends/family.

I have been both blessed and humbled from the experience of having some truly wonderful people around me and being showered with their incredible love and support over the 3 months of radiation treatment and recovery thereafter.

They may not realise it, but it has been their warmth and genuine concern that took an immense load from my shoulders and gave me the strength to keep going even when I felt like giving up.

The emotional waves of this journey, whilst challenging to deal with, are a natural part of the process and were eased by the support I had. I can only imagine how much harder that might have been if I had to face this alone as many men do.

It is for this reason I do offer this small piece of advice – **get help** whether from family, friends or any of the services covered in the next chapter.

My second piece of advice is to start a project of some sort that can be undertaken and performed whilst feeling good and can be set aside on the days you feel like crap. Believe me, I had plenty of those days during the radiation treatment phase when exhaustion, lethargy and despair took hold and, despite my best attempts, could not be put aside or ignored. I literally had to accept these feelings as part of the journey and give my body and mind the rest it required.

In terms of a project, mine was deciding to take up this book again. Having something to work on, research and create truly helped me move my focus away from a problem to something worthwhile, particularly during those darker days.

My spirits were even more lifted when telling Professor Chao and the staff at the radiation clinic about my “project” and their genuine interest in the concept. They were eager to learn about the patient perspective of the work they do and thereby identified another potential market for this book to me – that being medical staff working with cancer patients.

In my now post radiation treatment (completed on the 30th of October 2023) phase of this journey with prostate cancer I feel both my emotional and physical strength returning.

Whilst feeling both good and optimistic about the future, I am yet to find out whether I have truly ‘beaten this bastard’. Coming and ongoing meetings with Professor Chao, George and an Oncologist over the next couple of years for both ongoing hormone treatment and to monitor my body will hopefully give me a BIG positive yes

I accept this journey is now the same as managing any other chronic disease and is therefore not completely finished, the incontinence is yet to be conquered (or not) and there may be a future recurrence of cancer to face. What I do know is that spending time dwelling on what can go wrong is NOT going to help me.

I have therefore chosen to live, enjoy having good people around me, try new things and find new experiences to enjoy and lastly, to live as positively as I can.

Oh yeah, that thing about losing my hair – well it happened but not as expected. I lost hair all around the track of the radiation treatment

(i.e., across the top of my butt and lower abdomen) so now I look like I've been ring-barked- hopefully it will grow back. Time will tell.

What I am confident about is that I am alive, I have a purpose to get this book out to as many men as I can and a strong belief that all the appropriate opportunities and support will arrive as needed.

I truly wish you well on YOUR journey with prostate cancer (and it is a journey) whether you either have it, are recovering from it or are one of the many men likely to get it at some future time.



Chapter 8

Tips and support organisations



Tips and support organisations

Tips

One of the most common questions that have come up as I discussed this book with others was – what tips can you give me about how to manage MY prostate cancer journey?

The following represent some of the most important things I gleaned along my journey of facing and beating prostate cancer.

- **If in doubt – check it out.** In other words stop ignoring what's right in front of your nose. As said earlier, it was an unrelated condition that got me to my GP in time to find out I had a prostate issue and take the steps that saved my life. The same adage applies to all and any questions I had and/or you might have about treatment, medications and available support for people undergoing the prostate cancer journey
- **Take someone with you to key appointments** - particularly in the early stages. I found the information provided was at times, confusing, overwhelming and confronting. I clearly remember being emotionally bombarded with fears, questions and concerns for people I love. Having someone with you who heard what was said helps make it easier to later discuss options and sort facts from fears.

- **Prepare your mind and body.** Simple things like a healthy diet, light exercise and having something to live for makes dealing with health issues easier and recovery times faster
- **Get support.** Men (me included) are notorious for going it alone or seeing help as a sign of weakness. In reality, none of us have the knowledge and skills to handle every burden that comes our way. Things like clubs, support groups and counselling are truly helpful during stressful times as they help give us different tools and perspectives for dealing with traumas, issues and problems. The old saying that a problem shared is a problem halved is never truer, as I found out, than when faced with our own potential mortality
- **Take advantage of freebies and ask for discounts.** This is particularly true for things like testing out different incontinence products as most companies provide free samples via their websites. Other freebies can include support services provided by drug companies for patients using their medications, trial medications, downloadable online publications from organisations working in the men's health and prostate cancer support spaces – a selection of these are provide later in this chapter. Also, remember to use free treatment sources or ask for discounts particularly if facing financial hardships

- **Get the right undies.** As explained earlier, trunk style undies are really great for keeping catheter tubing in place and supporting the tackle when using incontinence pads. I've found them the most comfortable whilst navigating my prostate issues
- **Listen to your body.** Whilst every journey will be different, everyone WILL have their good and bad days and your body will tell you loud and clear what type of day you're having. My experience showed it was best to rest when I felt I needed to, plan activities for the morning when I was at my strongest and not to push when energy felt high as I flagged out very quickly – especially during the early post-surgery and radiation treatment periods
- **Create a project.** One of the best things I did was to focus my energies (when I had them) into this book. In your case, I understand writing may not be your thing, but I strongly suggest finding something creative, mind absorbing and positive that gets you into that 'zone' where we lose track of time and forget about issues or feeling lousy

There are no doubt many more tips to provide for this journey. I simply share the ones that helped me the most in the genuine hope they may also help you focus on the 'big picture' of dealing with prostate cancer rather than getting caught up in all the little things that keep us stuck in 'what's wrong' rather than focusing on what's right for us in that moment.

I know from business training I have both received and provided that most people don't appreciate the true value of the 80/20 rule – i.e., 80% of results come from 20% of activity.

Sadly, many of us spend 80% of our time dealing with all the little things that keep us busy and distracted but have little real impact on results instead of focusing energies on the 20% of things that provide the best results in the shortest period of time.

Another little trick I learned was to break down an issue or goal into five steps as shown in the following diagram...

Phase 5	Final Picture Achieved
Phase 4	About 3/4 of the way
Phase 3	About half of the way
Phase 2	About ¼ of the way
Phase 1	Where you are now

The idea is to first acknowledge where you are now (Phase 1) and then determine where you want to end up (Phase 5). Next, decide what ½ way along the journey might look like followed by the ¼ and ¾ way points respectively. All you then have to do is focus on the actions required to move from Phase 1 to Phase 2 followed by Phase 2 to Phase 3, Phase 3 to Phase 4 and then Phase 4 to Phase 5.

Don't worry about what needs to be done in latter phases when working on the first stages – the answers to this will come as the journey evolves so you are prepared for when you need them.

Support Organisations

Us men are notorious for being, and are often expected to be, stoic strong supporters of our families, communities and workplaces.

Inherent in this belief has been that men are weak if they feel emotionally challenged and often express themselves badly as a result. The truth is men's health is now more accepted in the 2020's than it has ever been and there are many groups and organisations around to help men transition from harmful to constructive ways of dealing with emotions.

The following organisations are representative of the many who primarily support Men's Health and Wellbeing in various forms and, whilst some of these may (or may not) appeal to YOU, they all provide services related to this very important category.

Please take time to read through the following summaries of what they offer and take the step of contacting the one (or ones) you feel most drawn to, to help you on your prostate cancer journey.

Australian Prostate Cancer



Australian Prostate Cancer is a research organisation that seeks funding support to advance their efforts with detection, treatment and management of prostate cancer. They also have some interesting news and patient stories to help provide support information.

Website - <https://australianprostatecancer.org.au>



**AUSTRALIAN
MEN'S SHED
ASSOCIATION**
Shoulder to Shoulder

Australian Men's Shed Association

The men's shed movement has been vital in helping lonely and isolated men find a sense of community, belonging and purpose over the decades with over 900 around Australia. The Association provides safe spaces for both young and old men to learn new skills, engage in projects, and meaningfully talk in a spirit of mateship.

Website - <https://mensshed.org/>

Below the Belt



Australian and New Zealand

Urogenital and Prostate (ANZUP) Cancer Trials Group is a charity that conducts clinical trials research to improve treatment of bladder, kidney, testicular, penile and prostate cancers along with information and activities to support cancer sufferers and their families.

Website - <https://www.belowthebelt.org.au/>



Beyond Blue is one of Australia’s most recognised names for the provision of mental health support services. Their website states “Your mental health is important. Some days are better than others and we all need a helping hand from time to time. Wherever you are in your mental health journey, we'll be here to help”.

Many of their personal and/or business assistance services are free and accessible via their website - <https://www.beyondblue.org.au/>

Big Aussie Barbie - Australia’s leading community-based organisation for prostate cancer research, awareness, and support. Their vision is a future where no man dies of prostate cancer, and Australian men and their families get the support they need – including yours.



Website - <https://www.bigaussiebarbie.com.au/>

Black Rainbow

National advocacy program Black Rainbow has become an indispensable support base for LGBTQI peoples of Aboriginal and Torres Strait Islander descent. One hundred per cent Indigenous owned and operated, Black Rainbow works tirelessly to alleviate health issues experienced disproportionately by LGBTQIA+ First Nations People, including suicide and non-suicidal self-harm. Profits from Donations to Black Rainbow go to micro-grants to support minority-operated causes in their communities.



Website - <https://blackrainbow.org.au/>



Everyman

What began as a twice-weekly drop-in space for men to seek support has blossomed into Everyman, a charity that aims to support (as the name implies) every man, whether he suffers from mental health issues, he's living with a disability, he's a survivor or perpetrator of violence or he's feeling socially isolated. Everyman believes that every man deserves a change, and through violence prevention programs, Indigenous support and accommodation services and counselling, it gives every man exactly that.

Website - <https://www.everyman.org.au/>



The Distinguished Gentleman's Ride unites classic and vintage styled motorcycle riders from all over the world to raise funds and awareness for prostate cancer research and men's mental health.

The Distinguished Gentleman's Ride was founded in Sydney, Australia, by Mark Hawwa. It was inspired by a photo of TV Show Mad Men's Don Draper astride a classic bike and wearing his finest suit. Mark decided a themed ride would be a great way of connecting niche motorcycle enthusiasts and communities while raising funds to support the men in our lives.

Website - <https://www.gentlemansride.com/>

Healthier Men

MHT Foundation, a subsidiary of Spinnaker Health Research Foundation, was developed to address poor health outcomes of men in Western Australia from preventable disease and injury. MHT Foundation aims to reset the course of men's health and achieve measurable outcomes in mitigating of prevalent health conditions, the uptake of services and improvements in health literacy. MHT Foundation focus is on the complex relationships between mental and physical health and barriers to men accessing services and implementing positive change.



Website - <https://healthiermen.com.au/>



Healthy Male

HEALTHY MALE
Generations of healthy Australian men

Healthy Male is a national Australian organisation, established in 2000 as a provider of information for men's health. They facilitate action on men's health in collaboration with others, advocate for change, empower men and boys to prioritise their health, build the capabilities of the health system and workforce, and focus their efforts to close the health and wellbeing gaps in specific groups.

They make information available to everybody, regardless of gender, age, education, sexual orientation, religion or ethnicity by collaborating with Australia's leading researchers, specialists, clinicians and educators to develop information that fills the gaps in men's health. Healthy Male is supported by the Australian Government Department of Health.

Website - <https://www.healthymale.org.au/>

It's a Bloke Thing

It's a Bloke Thing is a not-for-profit (NFP) foundation that hosts annual fundraising and awareness-raising events for Prostate Cancer research, care and education. The events include the annual Wagners It's A Bloke Thing Prostate Cancer Luncheon which commenced in Toowoomba and is now the largest day-time fundraising event in Queensland.



Website - <https://www.itsablokething.com.au/>



MensLine Australia

Acknowledges that men might need help for any kind of mental health issues, be it something that impacts you directly or others, can be a pretty daunting thing to do if you don't know who you're going to be speaking to on the other end of the line. It's for this reason that MensLine exists — a purpose-built counselling service for men dealing with behavioural or mental afflictions, from anger to anxiety.

Website - <https://mensline.org.au/>

Men's Wellbeing

Men's Wellbeing was formed in Queensland in 1998. They believe that building stronger communities of men makes a unique contribution to improving the wellbeing of individual men and in turn strengthens the families and communities those men belong to.



Website - <https://menswellbeing.org/>



THE MEN'S TABLE
MEN SERVING MEN

The Men's Table – formed in 2011 when a group of men decided to have dinner with the intention of having a place to connect with other men and talk about the highs and lows of their

lives.

They've been meeting once a month ever since to talk, laugh and share about what's going on for them, and have forged meaningful relationships based on trust and acceptance of each other.

Each Men's Table is distinct and has its own personality, guided by the lessons learned through the experience of existing Men's Tables, and supported by the Kitchen (central office) of The Men's Table, a registered not for profit organisation.

Website - <https://themenstable.org/>

Movember

From humble beginnings, the Movember movement has grown into a truly global one that's made epic progress in men's health.

Since 2003, Movember has funded more than 1,250 men's health projects around the world, challenging the status quo, shaking up men's health research and transforming the way health services reach and support men.



Website - <https://au.movember.com/>



**Prostate Cancer
Foundation
of Australia**

Prostate Cancer Foundation of Australia - is Australia's leading community-based organisation for prostate cancer research, awareness, and support.

Their Vision is "A future where no man dies of prostate cancer and Australian men and their families get the support they need".

Their Mission is to reduce the burden of prostate cancer for all Australians, mobilising the community to drive research, prevention and early detection, improved treatment, and world-class psychosocial care.

Website - <https://www.pcfa.org.au/>

RULE Prostate Cancer - was established by the Australian Prostate Centre and the E.J. Whitten Foundation joining forces together to protect more Aussie Legends in the fight against prostate cancer.



The E.J. Whitten Foundation was established in 1995 in honour of the great Ted Whitten Senior. With their annual E.J. Whitten Legends Game and numerous awareness programs, the Foundation has raised over \$15 million for men's health.

Website - <https://www.ruleprostatecancer.org.au/>

R U OK?™

A conversation could change a life.

R U OK? - is a public health promotion charity that encourages people to stay connected and have

conversations that can help others through difficult times in their lives.

Their work focuses on building the motivation, confidence and skills of the help-giver – the person who can have a meaningful conversation with someone who is struggling with life.

Website - <https://www.ruok.org.au/>

Rural Aid - offers counselling services to farmers affected by drought, flood and/or fire, the importance of which cannot go understated at a time when living off the land has never been more mentally and emotionally challenging.



Website - <https://www.ruralaid.org.au/>



RSL Australia – Long Ride

The Long Ride Australia is a motorbike tour making a difference by raising awareness and funds for the Prostate Cancer

Foundation of Australia. Groups depart from all States and Territories and travel thousands of kilometres through rural Australia, across the Nullarbor and up through Alice Springs, or from Perth, Sydney, Darwin, Canberra, Melbourne, and Adelaide to Longreach before coming together at Charters Towers, and riding to Port Douglas. The Long Ride™ enables motorcycle enthusiasts to experience freedom and mateship while raising awareness of prostate cancer and men's health.

On these rides, we remember all those that have passed, and those that cannot ride, who are forever in our hearts.

Website - <https://www.rslaustralia.org/long-ride-2024>



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My sincere thanks and gratitude also goes to Radiation Oncologist Professor Michael Chao for his guidance and generosity in providing a Foreword for this book. Also to the team at Genesis Care in Ringwood Victoria for their help with the second round of my prostate cancer journey. Their combined advice, medical expertise and support helped me with navigating this highly scary and emotional journey of dealing with recurring prostate cancer.

Special thanks to DG, my closest mate for all the expressed "inside thoughts" that kept me laughing, kept the journey real and gave me a special support that only the closest brother could give - love ya bro.

Thanks also to Donna and the team at Warburton Wellbeing for adopting me as part of their "family" and for all the kindness love and support given to both Liz and I throughout this journey.

Lastly, an acknowledgement to the sources of pictures used in this book - all of which are free source and came from either Google Pics, Pixabay or CanStock photos. The only exception being the one of the Radiation machine shown at the start of Chapter 6 which I took with permission from staff at Genesis Care in Ringwood.

I'm glad to say the radiation treatment process for me is now complete and I have been regaining my strength and a sense of life again. An Oncologist review on 6th December 2023 with its 'cannot be detected PSA followed by similar test results for meetings with Goerge and Prof. Chao have led me to truly believe I have laid this beast to bed.

Going forward, requires monitoring of my body (as with any chronic issue), by taking regular PSA checks and a two year program of six monthly injections to keep my testosterone levels down. Sure, this means hot flashes for a while longer but hey - beats the alternative.

I sincerely trust this will be the end of the cancer journey for me and that the rest of my life will be both healthy and happy.

I hope, pray and trust you will have a similar outcome should you have to ride the prostate cancer roller coaster.

Time will tell if I am right...

About the Author

Anthony M Turner is an English born Australian who has spent most of his life working in sales, management and marketing roles.



His work in the natural health industry introduced him to many practitioners and became the starting point for a 15+ year journey of personal development when his career and marriage ended in 1990.

During that period, he developed his own business around helping others achieve their best in the form of coaching and training of small business owners.

Anthony has assisted over 5000 small business owners with direct mentoring and support, written and delivered more than 20 core training programs to enhance small business skills on behalf of the Small Business Institute, the Small Business Mentoring Service plus State and Federal Government Departments supporting the small business community.

He spent 4+ years working directly with businesses impacted by bushfires and floods in Victoria and Tasmania and was co-author of the dual 2014 Resilience Australia Award winning book – Are U Ready...surviving small business disaster.

Anthony retired from full time work in 2020 and now spends his time working on specialist writing/training projects for government departments and private organisations.

He is also involved in his local community as foundation President of the Wandin Probus Club and, most recently, working on his recovery from the cancer journey this book speaks to.

PIDDLES

my journey with prostate cancer



"Cancer is indeed a tough opponent, and dealing with it involves a mix of emotions like fear and uncertainty.

This book is a personal account of how Anthony faced and overcame prostate cancer. He doesn't hold back: the ups, the downs, the scary moments, and the hopeful ones are all here.

What makes this story special is that it's not just about one person, it's about all of us. Prostate cancer affects not just the man with the diagnosis, but his family and friends too. As you read, you'll see how we're all connected in facing tough times and finding strength together. Anthony has a chapter completely devoted to helping you find the suitable support group."

Professor Michael Chao - Radiation Oncologist

My intent in writing this book is to share my personal experiences of prostate cancer in a human rather than clinical way with the hope it may give readers an insight into what they might experience when faced with this physically and emotionally confronting condition.

I, like most other men I know, never really considered prostate cancer (or any other cancer for that matter) would be part of my life journey. I was one of those men who only went to the Doctor if my arm was falling off and/or I was feeling so sick that I virtually had to crawl there.

My encounter and subsequent journey with prostate cancer started with an un-related health issue (a suspected pinched sciatic nerve in my right leg) that became the trigger for both finding this cancer and in turn, I have been told, the reason I am still here putting pen to paper and writing this book.

Anthony M Turner



All proceeds from purchases of this book go to charities supporting men's health
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