

A Prostate Cancer Survivor and His Surgeon Speak Out

Radius, Fall, 2009

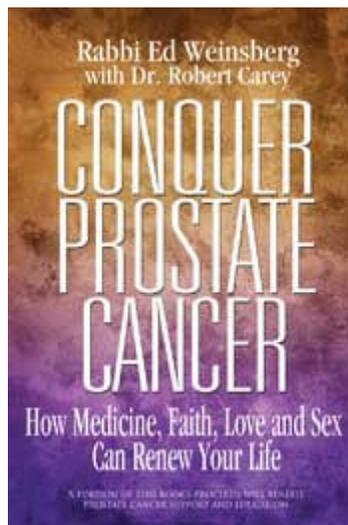


Dr. Carey at the helm prepares for robotic assisted surgery on Rabbi Ed. Carey performs over 200 robotic and laparoscopic urologic cancer operations per year.

As a prostate cancer survivor, rabbi and gerontologist Ed Weinsberg knows first-hand the importance of good doctor-patient relationships. Moved by his positive experience with robotic surgery, he became a healthcare educator and penned *Conquer Prostate Cancer: How Medicine, Faith, Love and Sex Can Renew Your Life*. His urologist and surgeon, Dr. Robert Carey, contributed a physician's perspective to the book.

The co-authors urge patients to become active members of their medical team enabling doctors to provide better healthcare. They also stress the need for patients to express their deepest concerns and for doctors and other medical staff to listen with greater empathy.

Weinsberg says patients owe it to themselves to ask their specialists several vital questions before agreeing to any treatment, including how many procedures the doctor has performed and



whether he minds if the patient gets a second medical opinion.

“Bring a family member or friend to provide another set of ears when hearing the doctor’s explanations,” Weinsberg adds. In his view, this second set of ears is indispensable in helping patients absorb all of the information when they are apprehensive about their illness.

Recognizing the value of doctor-patient relationships, surgical robotics manufacturer, Intuitive Surgical, has sponsored the distribution of *Conquer Prostate Cancer* to hundreds of doctors and physician assistants, most recently at the World Robotics Symposium. Dr. Vipul Patel, a urology professor and director of the Global Robotics Institute, calls the book “a great resource for patients and healthcare providers alike.” It has received four national book awards in the category of health as well as men’s issues.

Weinsberg’s book empowers patients to choose suitable treatment options in conjunction with their doctors. It also helps boomers and seniors, like the twenty patients he profiles, cope with adverse treatment effects through pain and stress reduction, biofeedback, humor, and the healing power of faith.

Tour will promote new testing standard

Rabbi Weinsberg will embark on a national tour promoting the importance of PSA and DRE screening for men age men age forty and above. This is in keeping with the new Standard of Practice declared by the American Urological Association last April. The new standard replaces the standard of fifty and above (except for African -Americans or individuals with fathers or brothers who had prostate cancer), previously the AUA standard set in 2000. Award-winning off-Broadway African-American actor, Kevin Byrd, who heads the Brown/Byrd Prostate Cancer Foundation, will be another of the participant in the tour .

Conquer Prostate Cancer

An excerpt by Ed Weinsberg

On April 12, 2007, robotic-assisted surgery eradicated my cancerous prostate and reconstructed part of my bladder. A number of days later my surgeon removed the catheter he had inserted at the beginning of the operation. When, after reviewing the post-op biopsy reports, he declared me cancer-free. My wife gulped and whispered to me, "You are now a cancer survivor."

Even before the doctor gave me a clean bill of health, I knew I had to share my experience and what I had learned from other prostate cancer patients. I began writing this book just a week after my surgery. Sitting in front of my home computer on an office chair while my "bottom" was still raw was a bit daunting. But I felt compelled to record what I went through before and during the surgery, and in the first year after the operation.

Sharing my experiences was sufficient reason for beginning to write this book, but a more comprehensive goal led me to complete it. I knew I had to write about localized prostate cancer because it accounts for three-fourths of newly diagnosed prostate cancers each year and because it threatens so many men who don't realize it has become increasingly treatable.

Also, more people need to hear a patient's perspective on how to deal with prostate cancer. I wanted to provide the latest information about recent developments concerning robotic and other medical treatments.

Equally important I felt it was necessary to convey ways men and their families can cope effectively when this disease strikes. My story explains how I decided that robotic assisted laparoscopic radical prostatectomy would be in my best interest, although there's a lot more to tell. But I don't feel all prostate cancer patients should automatically come to the same conclusion I did. After all, everyone has a different set of concerns that must be satisfied and has to consider which alternative is the best fit.

However, I do feel robotic surgery needs to be given a fair hearing on an equal footing with other treatment possibilities. Although prostate cancer is widespread, there is cause for optimism. After considerable research, I became increasingly aware of new developments in biotechnology and the availability of coping strategies. Rather than dwelling on the negative, I want to confirm

that these considerations mean we are well on our way toward conquering prostate cancer.

Dr. Carey's perspective:

As a urologic oncology surgeon and research scientist, my primary goal has been to guide each of my patients through a prostate cancer treatment that provides the best possible long-term outcome for him. My goal in my patient's behalf is to obtain an effective oncological cure while preserving his continence and potency.

Every prostate cancer patient I've treated is different, physically and emotionally. For that reason, I believe it's imperative to get to know each of my patients well, not just to know him as a particular case to be studied and treated.

With that in mind, I initially assess every patient for age, Gleason score, tumor location and volume, prostate size, preoperative staging, lower urinary tract symptoms and erectile function. Equally important I assess each patient's overall performance status, family history, and medical history. I feel it's essential to learn how well a patient functions cognitively and emotionally before I focus on the dysfunctional body part that concerns him at the moment. I am convinced that getting a patient's full history is the first step toward helping him resolve his maladies.

After getting the whole picture, I believe I'm in a much better position to help the patient assess how best to proceed. I need to take the time to provide a detailed explanation—whether or not a patient has already done a personal computer search on popular medical websites or has read the concise, but often dry brochures found in every doctor's office. Regardless of a patient's medical knowledge, my working assumption is that many patients simply don't know what to do when they are first diagnosed with prostate cancer. Given the initial shock or confusion, it's important to help him figure out what's best for him and his family.

During my initial interview with Rabbi Weinsberg, I welcomed his bringing his wife Yvonne to my office because in my view prostate cancer is as much a family problem as it is an individual concern. My chief objective was not only to tell them what I thought, but borrowing from psychoanalyst Theodor Reik, to listen to their

issues with “a third ear.” This is an approach incumbent on every doctor to best help his patients during any initial encounter or in subsequent meetings.

Like most patients I’ve met, the Weinsbergs had a pressing need to express what was on their minds regarding pre-operative considerations such as “How long should we wait to take action?”, and post-operative considerations such as, “How much pain and stress might we expect, and how can we counter matters like any impotence and incontinence?” They also raised peripheral but important matters like, “How long is it necessary to wear a catheter following surgery?” Only after they articulated these pressing concerns, was I ready to address these separate points and a myriad of unasked questions I sensed were on their minds.

After ascertaining the patient’s background and personal history, I present my own personal history and background apart from being a scientist and a surgeon. I let them know more about me as a human being as well as a healthcare professional.

I also make them aware that I perform over 200 robotic and laparoscopic urologic cancer operations per year, the vast majority of which are robotic prostatectomies. I inform patients that I have been performing da Vinci robotic-assisted surgery since 2003, and I encourage patients to carefully consider all their options for treatment prior to making their decision.

While conveying my area of expertise, I do my best to speak in a light-hearted conversational tone with the least amount of technical jargon, to maximize communication. As I speak, I sit near the patient rather than behind a large desk. I do this to make myself more accessible, so the patient will feel comfortable asking questions while he and I critically evaluate each treatment option relative to the patient’s specific cancer and overall health.