

BOOKS

by Charles (Chuck) Maack – Prostate Cancer Advocate
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I suggest everyone diagnosed with prostate cancer add the following books to their home library of important prostate cancer information. Check with your local bookstore to see if in stock or order (ISBN: 0-9658777-7-9) or go to www.pcri.org or www.lef.org. to purchase a copy of "A Primer on Prostate Cancer - The Empowered Patient's Guide" by Stephen B. Strum, M.D., FACP., a Medical Oncologist who has specialized specifically in prostate cancer research and treatment since 1983, and co-authored by Donna Pogliano, a caregiver who spent years in research and study of our insidious disease to insure her partner received appropriate treatment, and through her study, was the impetus to encourage Dr. Strum to develop and produce, with her, this excellent and thorough book. The book provides authoritative answers by an expert reflecting the concerns of patients from a perspective that only patients and partners can know. Many of we prostate cancer patients, survivors, and advocates consider this book our prostate cancer "bible" since it is likely one of the best among the rest.

Another important book for those moving to androgen deprivation, as well as those interested in improving their "prostate cancer diet," is "BEATING PROSTATE CANCER: HORMONAL THERAPY & DIET" by Charles E. "Snuffy" Myers, M.D.. another Medical Oncologist who specializes in prostate cancer and is also a scientist and nutrition expert. This book can be purchased at www.prostateforum.com, a website of Dr. Myers that provides much informative information regarding prostate cancer.

Yet another excellent book, "EAT TO BEAT PROSTATE CANCER" by David Ricketts, a PC survivor, can be obtained at www.prostatecancercookbook.com. Jacquie Strax speaks favorably about this book on her website www.psa-rising.com.. In addition, The National Prostate Cancer Coalition, the Dana-Farber Cancer Institute, and Cedars-Sinai Prostate Cancer Center have endorsed the book.

For men and their wives/partners experiencing difficulty with intimacy as the result of their treatment, an excellent book is "INTIMACY WITH IMPOTENCE – THE COUPLE'S GUIDE TO BETTER SEX AFTER PROSTATE DISEASE" by Ralph and Barbara Alterowitz, both certified sexuality counselors (AASECT). This book can be purchased at www.renewintimacy.org.

It appears from the below, that we should all be adding "Saving Your Sex Life: A Guide for Men with Prostate Cancer" to our home libraries. Dr. Mulhall is well known as likely the most experienced physician in the nation in treating sexual dysfunction. Take particular note where he remarks "It takes 18-24 months for most men to reach maximal recovery of sexual function after radical prostatectomy." The last paragraph is of particular importance.

John P. Mulhall, MD, director of the Male Sexual and Reproductive Medicine Program at Memorial Sloan-Kettering Cancer Center in New York City, has written a new book titled Saving Your Sex Life: A Guide for Men with Prostate [Cancer](#) (Hilton Publishing Company, Chicago, 2008). In it, Dr. Mulhall discusses male sexual anatomy and sexual function; how prostate enlargement can cause sexual dysfunction; the effects of radical prostatectomy, radiation, and hormone therapy on sexual function; and strategies for recovering some or all of the patient's pre-surgery sexual function. It is the first book written exclusively for men with prostate cancer about sexual function.

The interview was conducted by Rosemary Frei, MSc, a Toronto-based medical journalist.

“Who is your main audience?”

Patients as well as urologists. There are plenty of physicians out there who are going to get prostate cancer. Everybody knows someone who's got prostate cancer.

What was your primary objective?

I realize doctors are uncomfortable with sexual issues, so I'm trying to empower patients to feel comfortable asking their physicians about this. Prostate cancer is a slow-growing cancer. So it's not as if men are diagnosed this week and need surgery the next. Men are not going to get the best treatment if they don't know what questions to ask, and they have time to do research and figure out what those questions should be. So there's a chapter about deciding on which treatment to have. I try to tie the decision in with sexual function—one of the topics for questions you should ask your [doctor](#). For example, just because a doctor is a urologist doesn't mean he's an expert on radical prostatectomy—maybe he only does one a year. And we know that surgeon [procedure] volume is a predictor of success. So men need to ask how many he does.

Why was your book necessary? Do most urologists fail to discuss with prostate cancer patients the effects of treatment on their sex lives?

For physicians who manage prostate cancer patients, their first focus is oncologic—prostate-specific antigen measurements, etc. Their next concern is [restoring] continence. Sexual function isn't near the top of the list. And they often don't have the comfort level to talk to patients about it either. There's a famous slide I often use during talks—it shows a patient on a bed beside the doctor and both have “thought bubbles” that say, “I hope he brings up the topic of erection problems.” So it's usually on people's minds but rarely discussed. In addition, we only get one or two hours of sex [medicine](#) information in medical school. There's more time spent on tropical medicine.

How should urologists counsel prostate cancer patients?

The most important thing is to convey realistic expectations. I tell all the patients who come to see me the same thing: Don't base your decision [on which treatment to opt for] on sexual function. After three years, the outcomes from all the procedures are the same. Patients need to make an informed decision. If they don't know what questions to ask and the physician doesn't bring up sexual function, they're going to make an ill-informed decision. Every day I have a man sit in front of me with tremendous regret—with tears in his eyes—who tells me, “If I had known it was going to be like this, I would have never opted for that treatment.” Such patients weren't given realistic expectations.

It takes 18-24 months for most men to reach maximal recovery of sexual function after radical prostatectomy. The problem is that if patients are told they will recover [sexual function] in six months and erections haven't come back after nine months, they get depressed and stop doing anything [sexual]. Another consequence of unrealistic expectations is demonstrated in a European paper that was published earlier this year and looked at satisfaction with open vs. robotic-assisted prostatectomy. Satisfaction was lower with the robot because patients undergoing robotic prostatectomy are given unrealistic expectations, and their urinary and sexual outcomes are no better than with the non-robotic laparoscopic or open approach.”

I also reviewed well known Urologist Dr. Patrick Walsh's "GUIDE TO SURVIVING PROSTATE CANCER" second edition. This is another informative and descriptive book regarding prostate cancer and its treatment, however, it does not provide the more technical medical description of treatment and medications and their purpose as explained by Strum & Pogliano in the "Primer." Walsh's book can be ordered from www.amazon.com.

Two recently published books available at www.amazon.com are “BRACHYTHERAPY AND IMRT: A PRIMER ON SEED IMPLANTS AND INTENSITY MODULATED RADIATION THERAPY FOR INFORMED PATIENTS” by Michael Dattoli, M.D., and “INTERPRETING YOUR PSA AND RELATED PROSTATE CANCER BLOOD TESTS” also by Michael Dattoli and members of his staff, Jennifer Cash, ARNP, MS, OCN, and Don Kaltenbach.

Michael Dattoli is one of the leading physicians in the seed implant and IMRT procedures. Important is the comprehensive workup the Dattoli Cancer Center in Sarasota, Florida provides each patient visiting the center and the advances this center has made in positive treatment results because of having purchased the most advanced radiological equipment for brachytherapy palladium seed implants using 4D IG-IMRT (4 Dimensional Image Guided Intensity Modulated Radiation Therapy) equipment with the aid of DART (Dynamic Adaptive Radiation Therapy) and the use of 3D Color Flow Doppler Ultrasound (CDU) caught the attention of everyone present. F18 PET/CT bone scan and Endorectal Coil MRI are also available locally if required. In my opinion, the equipment present in the Dattoli Cancer Center is state-of-the-art unlikely to be present at any other facility treating PC with Brachtherapy seed implants. And Dr. Dattoli and his staff have proven their expertise with exceptional outcomes. A visit to www.dattoli.com should provide you the assurance you might require that if your option choice is brachytherapy seed implants accompanied by IMRT and possibly short term ADT to insure all areas in which PC may be present are attacked, a trip to Sarasota would be an excellent choice. You can either find contact information on the website to discuss your concerns with a

representative or you can email Dr. Dattoli's oncology nurse, Jennifer Cash, MS/ARNP/OCN, at brachyrn@aol.com who offered her consult when I met her and Dr. Dattoli at the conference. I believe they offer support in finding least expensive accommodations while there for treatment and you could also ascertain if your insurance coverage is accepted (Medicare IS accepted).