

The story of Dick Howe, as told by Aaron Bacher:

I met Dick Howe and his wife Peggy one day at the Toronto-Sunnybrook Regional Cancer Centre, shortly after Man To Man started volunteering there on Thursdays in the prostate cancer clinics toward the end of last year.

He told me that he was the first man to have Brachytherapy at Sunnybrook six years earlier, of interest to me since I also had Brachytherapy there 4 ½ years ago. We compared notes as to how we were doing and wished each other well.

I met them there again in late March and he told me that he was there to see Dr. Robert Nam as a follow-up to the Radical Prostatectomy he had on January 21st of this year. I thought he was kidding and said something like, “Yah, right! We BOTH know WE CAN’T HAVE SURGERY!”

Well, I was wrong!

In 1994 Dick’s GP Dr. Mike Mathews referred him to Dr. Kodama, a urologist at Sunnybrook Hospital, because his PSA was going up slowly. A biopsy was done but nothing was found of any concern. Because the PSA continued to climb however, Dick was followed closely by his doctors and had two more biopsies over the next two years.

Dr. Neil Fleshner, who was at Sunnybrook at that time, told Dick that there must be something there, and that he was going to find it. Well, unfortunately he did find prostate cancer there in 1997, and turned Dick over

to Dr. Morton, who was about to start a new treatment we now know as Brachytherapy. Dick's Gleason was 6 and, after undergoing a few other tests, he apparently qualified for this new treatment. Since he did not want to undergo surgery, as he had only been in hospital once in his lifetime to have his tonsils taken out, he and his wife Peggy thought that this new Brachytherapy could be the answer for him.

While trying to decide whether or not to have Brachytherapy, Dick spoke about it again with Dr. Neil Fleshner, who was extremely positive about the treatment. So was Dick, who was told that several doctors and technicians would be in on the procedure with Dr. Morton and, because he was the first at Sunnybrook Hospital to go through it, he would be watched very closely after having the procedure by everyone associated with the Brachytherapy team.

He underwent the procedure in 1998.

Dick's PSA dropped for roughly two years, then started creeping up again. The doctors watched it climb slowly over a couple of years, not knowing why this was happening. In October 2003 Dr. Morton thought that Dick should speak to Dr. Robert Nam.

The two doctors met with Dick and Peggy and they decided that Dr. Nam should take over Dick's case. Dr. Nam ordered a few tests, including a CT Scan and a bone density test, to make sure that the cancer was still contained within the prostate gland. Once that was confirmed, Dr. Nam suggested to Dick that one of his options, aside from going on Hormone Therapy or

perhaps Cryotherapy, was surgery to remove the prostate – a radical prostatectomy!

Dr. Nam, very confident about the outcome of the surgery, was also very honest and upfront with Dick about the potential side-effects, especially concerning the probability of experiencing serious incontinence problems. Dick has told me that he is still experiencing slight leaking, now six months after his surgery, but many of you out there who had an RP as your primary treatment may also have still experienced “leaking” six months after your surgery as well.

Aside from this “inconvenience”, Dick is doing very well, is here tonight with his wife Peggy, and he will be taking part in our panel following our break, answering whatever questions you might have for him.

We welcome them both here tonight.

I must tell you that following my discussion with Dick at the hospital that day in late March, I went looking for Dr. Nam immediately, with one major question to ask him.

The question was obvious to me, and I’m sure you’re thinking right along with me now, and that question was, “what about the fact that we’ve been telling newly-diagnosed men that if they have radiation, whether External Beam or Brachytherapy, they cannot have surgery if they experience a recurrence? What do we tell them now?”

Dr. Nam and I spoke for about 10 minutes about this topic, and he mentioned to me that Dick was the first man that he had operated on after having had Brachytherapy, but that the surgery had gone extremely well. He

did not have to cut much wider than he had anticipated and the gland was removed very cleanly. He also told me that since then he has done two more similar surgeries, another Brachy patient and a man who had had External Beam Radiation Therapy. He said that he had found less collateral damage in surrounding tissue from the Brachy than from the EBRT, which is what they would have expected.

As far as my question is concerned, he recommended that we continue to say the same thing that we have been saying all along: that, generally speaking, radiation cannot be followed by surgery. However, as we now know with what happened to Dick, in some cases of Radiation failure which includes Brachytherapy, surgery might become an option for you.

As a Brachytherapy patient myself, I told Dr. Nam, a very good friend of Man To Man, that I enjoy talking to him at any time, and, although I don't mean anything personal by it, I have no interest in ever meeting him in his operating room!

However, even though I made my decision knowing that surgery was not going to be an option for me in the future at least I now know that if that situation should ever arise, and I surely don't want it to, there could be another option available to me.

Update:

As of August 2006, Dr. Nam has now successfully operated on 15 failed radiation patients: 12 External Beam Radiation Therapy patients and 3 Brachytherapy patients.