

# Man with prostate cancer says he's lucky to be alive

David Bender delayed the test that led to his cancer diagnosis – he wants no other man to do the same

The first time David Bender ever heard the words “prostate cancer,” he was 55, and a co-worker’s father had just died from the disease. In the months that followed, David’s co-worker urged him to have a PSA test – a simple blood test that measures the level of a prostate-specific protein. By 58, David decided he wanted to have the test, despite his doctor’s protests that he had no symptoms. But David insisted. And when he didn’t hear anything about the results, he didn’t think any more about it.

A year later, in his doctor’s waiting room, David read a brochure about prostate cancer and PSA “doubling time” – how the rate at which PSA levels double is a good indication of whether cancer may be present or not.

PSA tests are also essential tools for how doctors treat patients with prostate cancer – a marker for how the disease is advancing and what course of treatment is best at that time. “The PSA test is the entry point,” explains Dr. Stuart Edmonds, vice-president of Research, Health Promotion and Survivorship at Prostate Cancer Canada. “Without that information we wouldn’t be able start that path to potential early diagnosis, so it’s really important that men understand what their PSA level is.”

Between the brochure on doubling time and his friend’s persistent urging, David knew to ask his doctor about his PSA test results. He discovered that the previous year, his PSA level was 4; a year later it had doubled to 8. “Now, I had criteria that should raise some eyebrows,” says David, who is now 75.

A digital rectal exam and an ultrasound confirmed that David’s prostate was enlarged, but doctors still didn’t think it was anything to worry about. David and his wife, Susan, disagreed. After seeing another family doctor, David was referred to a urologist.

“He had my test results, and my PSA was over 20,” he recalls. “It had more than doubled in six months.” He had a biopsy, which confirmed

David Bender, 75, has been living with prostate cancer for almost 14 years. He and his wife, Susan, have attended support group meetings to help them cope. IAN STEWART



that three years after his first PSA test, David did have prostate cancer.

“This is when your body goes numb,” he recalls. “This is like a meltdown moment.” All sorts of emotions rush in, he adds – anger at the doctors and at the gods, self-blame, panic, sadness. “It’s a really hard time.”

In 2013, when David was 62, he had surgery to remove his prostate and surrounding tissue. After he recovered, the next step was radiation every day for 30 days. “Your life is going to the hospital. You don’t go to the office, you go to the cancer centre,” he says. “It knocks the crap out of you and you just go home and sleep.”

And everyone in the family is affected. In fact, Susan says that her husband’s prostate cancer has “consumed” both of their lives for the past 14 years. “You hear the phrase, ‘cancer’s a word, not a sentence,’” says Susan. “But it *is* a sentence, and that’s the best way to describe it. It becomes your life.”

Following the initial stages of treatment, David went through hor-

mone therapy and was doing well; his doctor suggested he try going off medication, which he did for five years, but his PSA numbers were creeping up slowly, a stage known as non-metastatic castration-resistant prostate cancer.

During that stage, a patient is no longer responding to hormone therapy; their PSA levels are climbing but there are no signs yet of metastases and PSA is still not high enough for the next level of treatment. It’s an anxious in-between period of watching and waiting.

“For anything from a few months to a decade or more, you can keep prostate cancer at bay,” explains Dr. Bobby Shayegan, associate professor and head of urology at McMaster University in Hamilton. “But prostate cancer will learn to circumvent an environment that’s deprived of testosterone [the male hormone that fuels the cancer]. Once you cross into that state, you’re considered castration resistant.” Fortunately, he adds, in the past 18 months new treatments for non-metastatic castration-resistant prostate cancer, a previously

untreatable stage, became available in Canada.

Indeed, the advances in treatment for prostate cancer have been coming steadily over the past decade, with no signs of abating. “Everything I’ve been taking didn’t even exist five years ago,” David says, of his hormone therapy.

He considers himself lucky to still be alive with something that kills three of four men when not detected early. And he is paying forward his co-worker’s urgings to get tested all those years ago – even though, in his case, it wasn’t soon enough to catch the disease early. “He had to keep at me,” he acknowledges. “I didn’t have time for the conversation. But you’d better make time. It’s a game changer.”

Experts agree that PSA tests should be strongly considered in men from age 50. Men with a family history of prostate, breast or ovarian cancer, and black men are considered at higher risk and should start PSA testing at age 45.

If prostate cancer is not caught early enough and has spread to the

## HOW CANCER CAN IMPACT A CAREGIVER

Susan Bender has also been living with her husband’s prostate cancer for almost 14 years, but the reality of it is almost as fresh today as it was then. And it has changed her forever – as it does for most of the people who love and care for someone with prostate cancer.

No matter how many checkups there are and no matter how frequently, there is always anxiety, she says. “It consumed us, but then we could leave it for a bit and go on with our lives.”

For help, the couple went to regular support group meetings; Susan has been through counselling and is considering starting again. She also goes to yoga classes when she can. “You need to have a routine in your life,” she says. “And I know it sounds selfish, but you just need to have something that’s yours so that it *doesn’t* consume your life.” And surround yourself with positive people. “If someone makes you laugh, go for it!”

lymph nodes and the bones, the impact can be devastating. Advanced prostate cancer can cause pain in the bones – typically the hip, spine and pelvis – leg swelling, blood in the semen and painful urination, among other things. Ultimately, it can be fatal.

In an effort to spare others from that burden, David does not shy away from talking about his experience with others. “There’s so much good news out there if you’re on top of it and get prostate cancer at the earlier stage,” he says. “You’ve got to be open; you’ve got to share. You’re not looking for empathy, you’re not looking for pity. You’re looking to save somebody’s life.”

To learn more, go to Prostate Cancer Canada’s website at [prostatecancer.ca](http://prostatecancer.ca). Sponsored by Janssen Inc.