



# A Patient's Journey With Prostate Cancer

**Rick Dole**  
Patient Advocate

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**Jeff Folloder:**

We're going to start with Rick. Rick is 63 years old, and he's a retired electrical engineer. You were diagnosed in 2009. Now, I have a whole bunch of notes here, but I'd rather hear your story. Tell us how you went from being a normal guy to a cancer patient.

**Rick Dole:**

Well, it started with all the TV symptoms they talk about—urinating frequently during the night and so on—and then, there began to be some pain. I knew I had an enlarged prostate issue, and one of the sexual function things came—painful ejaculation. That was saying, "Something's really wrong here."

And, in the typical male fashion, I was saying, "Well, maybe it won't. Maybe—I don't know." And I think to this day what saved my life was a television commercial I saw. I haven't seen it since, but around late 2008, a woman came on, basically saying, "Don't be a dead idiot" about prostate cancer. So that started me on the path.

Due to a change in a couple of jobs, I'd skipped getting my PSA checked on a regular basis, and it went from 4.5 or something—on the high side there—I went in to get checked in early 2009, and my PSA had gone to 18. And so, that led me to getting the biopsy, and in the biopsy, 11 of 12 cores came back positive and fairly aggressive. I think—it's at least a score of 7.

And so, my doctor in Everett, Washington explained to me the radiation options, surgery options, and so on, and at that time, he thought, "Well, I think you're stage II or somewhere in that zone." And so, I opted for surgery—what's called da Vinci surgery, which is robotic surgery. So we did that, and I had a slight complication—I had to go back in. It had to do with the anesthesia problem, but the surgery itself was successful. I did not have nerve-sparing surgery, which is a different story we can get to later. But he got—once Dr. Fong got in there, he discovered, "Uh-oh, this is starting to go places."

And, I had—after the prostate was removed, I had positive margins. It had attached to my bladder. I had about 10 to 15 percent of my bladder removed because of that, and he did the best he could to cleaning up the margins, but he said, "There are positive margins." So I went home with the thought process, "We're going to start hormonal therapy and radiation at some point—both."

About a month after the surgery, before we started the other, I got a phone call. I was out on my boat and got a phone call from Dr. Fong. He was ecstatic. The PSA had gone from 18 to 0.9 just from the surgery, so that was a big plus. And, I started—three months later, I think, I started seven weeks of external beam radiation, and at the same time, I started on a two-year cycle of leuprolide (Lupron).

So, that—the Lupron—the radiation itself was not a big problem. I had a little fatigue from that, but you mentally force through that and go exercise, and I'm a big advocate for exercise as well. The Lupron does—there's a common term amongst Lupron patients called "Lupron belly," and you gain weight from it, although this cycle I'm on right now, I'm losing weight because I'm exercising a lot more and walking a lot more, and I do watch my calories on my Fitbit. But, the Lupron fatigue is there. You mentally have to push through it. You just get up and go. You don't want to do something; you just force yourself. It's a mental issue more than anything else, I think.

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