

00:00:00:00 – 00:00:25:06

Unknown

Okay, Good afternoon and good evening, everybody. Thank you all for joining us. I am Chuck Ryan. I'm the prostate, the CEO of the Prostate Cancer Foundation. And tonight, we're going to talk about mental and emotional wellness in the course of prostate cancer therapy and treatment, societal and pandemic related issues have have made mental health a key part of the national discussion.

00:00:25:06 – 00:00:54:12

Unknown

And it's no secret, perhaps, why mental health concerns, anxiety concerns have risen to the top of our national conscience. And what does a cancer diagnosis do? On top of that, specifically a prostate cancer diagnosis and the therapies that come with prostate cancer diagnosis? Well, that's the topic of tonight's webinar, and we're going to just do a couple of introductory session slides here.

00:00:54:12 – 00:01:18:07

Unknown

And first of all, I want to thank Lantheus for their support of this event, and we'll say that the views expressed during this webinar represent those of the speakers. The Prostate Cancer Foundation is now in its 30th year funding research and driving positive and improved patient outcomes. We were founded in 1993 with the mission to reduce the death and suffering from prostate cancer.

00:01:18:09 – 00:01:47:01

Unknown

We now have a global footprint funding research in 28 countries with multiple, multiple teams of sciences. Scientists deployed against this mission, and many of the therapies that some of you may be on or considering or have been on have PCF work PCF fingerprints on their work. And we're very proud of that. Many of the diagnostic tests and the therapies that are used in this disease stem from the work of our scientists.

00:01:47:01 – 00:02:18:09

Unknown

Over the past three decades. We have multiple resources on PCF dot org where you can sign up for updates, you can download guides, you can register for our next webinar on October 17th on Hormone Sensitive Disease. You can view past webinars, join an online support group, and I would also refer you over to prostate cancer patient Voices dot com where you can listen to men who are undergoing a diagnosis of prostate cancer and perhaps sharing the journey.

00:02:18:13 – 00:02:45:17

Unknown

It's a very similar journey to what you and your loved ones have been

going through. And we established prostate cancer patient voices with exactly that goal in mind of helping you find people with whom you may be able to share a story and understand their journey. So join our research mission. In 2022, we funded over 50 projects totaling over \$30 million in deployable research funding.

00:02:45:19 – 00:03:05:11

Unknown

Many of them working towards reducing the death and suffering. All of them were going towards reducing the death and suffering from this disease, and many of them, in fact, going towards our survivorship mission. We have a growing interest in survivorship, whether it's Dr. Patel who were highlighted here from Emory, who is studying the role of hormone therapy on heart disease.

00:03:05:13 – 00:03:31:15

Unknown

We also have a number of studies looking at nutrition and exercise and cognitive function as they relate to ongoing therapy for prostate cancer. So if you would like more information, like to download any of our guides or or help us with financial support, go to Prostate Cancer Foundation, PCF dot org and we would be delighted if you could think about us at the time of year, end of year, charitable giving.

00:03:31:17 – 00:03:58:20

Unknown

So let's get on to the show tonight. I'm delighted we have two really outstanding and guests. I think it's going to be a really great conversation. The first is Dr. Drew PINSKY, known nationally, if not internationally, as Dr. Drew. He has been a ubiquitous fixture here, both on television and radio for the entirety of his career, focuses on successful media, medical practice, while also cultivating a successful media career.

00:03:58:22 – 00:04:29:11

Unknown

And he's had many opportunities as an expert contributor and site reviewer and panel moderator. His newest project, Dr. Drew Dot TV, is where his programs ask Dr. Drew and dose of Dr. Drew live streamed on a variety of platforms. It's the outlet where Dr. Drew explores relevant news topics, emerging science, social issues and more. And Dr. Drew, in addition to all of that work, is a vital member of the Prostate Cancer Foundation board of directors.

00:04:29:13 – 00:05:06:10

Unknown

Drew PINSKY, great to see you and thank you for joining us this evening. Our second contributor at the half hour will be Mindy Uta, who is a licensed clinical social worker practices in New York City and has a very unique practice as a psychotherapist for individuals

and couples focusing on resolution of conflicts for personal and professional relationships. And in addition to this, she's trained in stress reducing practices such as breath, body, mind, breathwork, open focused meditation and mindfulness based stress reduction, which she uses with patients and will teach us a little bit about tonight.

00:05:06:12 – 00:05:32:02

Unknown

And in addition to the private practice, she leads employee stress reduction workshops and communication skills and has been a contributor to our efforts here at the Prostate Cancer Foundation. So welcome, Mindy, and delighted to have you with us. So there's Dr. Drew. Drew, good to see you. Thank you for joining us. I wonder if you might just give us a little bit of introduction on your own interface of the topic of tonight and how it's personal for you.

00:05:32:04 – 00:06:06:21

Unknown

Yeah, And before I do, let me just pile on Dutch Ryan's comments about the PCP. It is one of the most extraordinary organizations, one of the few organizations that hands just hands money over to researchers to be as creative and do as they wish with essentially we watch them very carefully, of course, but but it's the most it's the most creative and result in in research that has led the way in cancer for breast cancer, ovarian cancer, prostate cancer, and really opening up some deep answers and questions about genomics and how cancer responds to treatment.

00:06:06:22 – 00:06:30:21

Unknown

So it's an extraordinary organization. I, I just we have the great pleasure of sitting through these lectures every couple of weeks about the current research. And it's just so exciting. So anyway, please do support the organization. It's extraordinary. I came to the organization as a patient. I came I backed into the organization, as it were. I was diagnosed in at the age of 50 with prostate cancer.

00:06:30:21 – 00:06:59:09

Unknown

I had it in my family. My father, my uncle had it. They both diagnosed in their seventies. I assumed I would have the same thing. I was very angry when I had it at age 50. I thought that was unfair. But because it seemed so sort of extraordinary to me when I came upon Skipp Holden, who one of the also another PCF board member, he at the time was doing a lot of active surveillance.

00:06:59:09 – 00:07:21:21

Unknown

And so I went under an active surveillance program because I knew this was a slow moving tumor based on my grade and stage and whatnot, and I

could wait a bit and not have any kind of definitive treatment. And there was a lot of discussion at the time about excessive interventions and things and actually wasn't ready yet. I really wasn't and went through several a couple of years of of active surveillance.

00:07:21:24 - 00:07:49:07

Unknown

And suddenly the tumor began to grow, even though its grade didn't seem to change. Dr. Holden wisely thought it's time to take the prostate out. I went through a robotic surgery and was in complete remission with no side effects from the surgery. I want to point out to people from for ten years. I subsequently had a little bump in one of the markers and underwent SVR radiation therapy, which is again a new this is a thing about prostate.

00:07:49:07 - 00:08:33:10

Unknown

If you wait a few minutes, there's new treatments available. They're less less problematic and more effective. And MRI guided SVR is one of those things. And instead of eight weeks of three times a week radiation, I had five treatments and was felt. Nothing was over. And so the field continues to rock forward very aggressively. But in the course of that, of course, I experienced many of the things our emotional level that most people do first, you know, that sense of disbelief and shock and, you know, you've you start bargaining and it's unfair and all the things that we all do as we go through the stages of grief, essentially struggling with a diagnosis like this.

00:08:33:10 - 00:08:52:15

Unknown

I thankfully had my medical training to lean on. A lot of people don't have, and I understood what it meant to get this particular, you know, grade of tumor. And I wasn't, you know, my, my, my feeling all along had always been after I was diagnosed, I'll take this one. This if I got to have a cancer diagnosis, I'll take it.

00:08:52:21 - 00:09:36:16

Unknown

This is fine. We can do a lot with this, which is true of many, I would say most cancers these days and certainly most prostate cancers, there's so much to be done. So when it comes to the anxiety and the mood instability, we'll talk a little bit more about that. That follows a diagnosis. One of the things to do is to sort of locate yourself in a locus of control, and that includes educating yourself properly about the reality of this condition, not recoiling from it and hiding, but actually reach out, embracing information and trying to get some locus of control where you can feel reassured, which is again, with this cancer, highly, highly likely.

00:09:36:18 - 00:10:01:21

Unknown

The other thing that we actually didn't have a good experience with at first is that the partner has got to be in the mix because the partner's mental health figured prominently into this whole experience. This is an interpersonal condition, right? You're that you're potentially affecting sexuality and sexual functioning. And of course, the partner is going to have feelings about this as well.

00:10:01:23 - 00:10:22:08

Unknown

And my wife had a very specific experience of this, which that she was marginalized initially by. Some of the people were taking care of me. Dr. Holden came in and was very matter of fact. I just answered every question and said, Yeah, you should be worried about this and you should anticipate his sexual functioning being preserved. And the meantime, we're just going to watch this thing.

00:10:22:08 - 00:10:52:13

Unknown

And do you have any more questions and how are you feeling? It's as simple as that. As including the partner in the conversation, openly encourage and encourage participation. And same with same with me. I was little I think I was a little bit all I was. Were you worry about yourself and you you may miss what's happening with the partner and you have to make sure your empathic attunement is is present because your partner is having an experience also in.

00:10:52:14 - 00:11:15:24

Unknown

If anything, this kind of brought us closer together. Interestingly, not the first time I've heard that. Yeah, I bet. And then the other issue is that I hear commonly I didn't have this because I was a I was a clinician, of course, but men are embarrassed about this and they feel finished by it and they feel as though their masculinity is somewhat is in jeopardy and none of that is real.

00:11:16:02 - 00:11:38:07

Unknown

I would say with most of the vast, vast, vast majority of prostate cancer diagnoses and treatment. And it's just a feeling. Right. And it's why also, by the way, everybody why men are properly diagnosed, they they worry that it's going to mean all that. So they won't even go so far as getting their PSA done, which is anathema, which is a disaster.

00:11:38:09 - 00:11:57:03

Unknown

We are so much we can do with early diagnosis of treatment. Please don't make that mistake. And certainly my African-American friends and

patients, you're more likely to be have an advanced tumor and be diagnosed late because of these issues. Please take care of it. Digital rectal exam is going away, and in the name of just a blood test.

00:11:57:03 - 00:12:17:18

Unknown

So just don't get that blood test. So, Dr. Ryan, what do you say so far? Well, you've you've identified a number of really important hot button issues, and you start out right off the bat with this issue of the vulnerability that people face when they're diagnosed with the disease and and the vulnerability that people feel even when they're being tested for the disease.

00:12:17:18 - 00:12:48:21

Unknown

Right. Fear. And it's fear. And and it's really important for us to confront that. It's we men are not great at lifting our emotions and raising them. And and this is a big problem. But as you point out correctly, it is that fear that often can delay the diagnosis. And a delay in diagnosis can mean the difference between having an outcome like yours, which is active surveillance, followed by a successful surgery and one that isn't so successful.

00:12:48:21 - 00:13:18:02

Unknown

And so really confronting. That is key point. You also bring up a really something that I want to thread I want to pull on a little bit, which is you talked about the locus of control. Yes. I think one of the keys to confronting any crisis in life is to sit back and say, what's under my control and what's not under my control and that which is under my control I'm going to work on and that which is not under my control, I'm going to turn over to others or I'm going to have to, you know, accept these things.

00:13:18:04 - 00:13:43:15

Unknown

But to put it back to you, all of these things create this vulnerability, this anger, a mixture of emotions that you bring up. And so let's pull on those threads a little bit. You know, anger, vulnerable to depression, etc.. Yes, there are problems. And of course, you take a random slice of 50 year old men in the country now and the incidence of depression is high.

00:13:43:15 - 00:14:07:14

Unknown

It's upwards of 25%. So you've got a preexisting problem in many people. Well, I actually had a major depressive episode when I was 19, and I've always thought I had a proclivity that direction. Thankfully, this didn't really do that to me. It didn't precipitate anything, but

it really is the stages of grief, the old Kubler-Ross thing. And you don't have to go through all the stages.

00:14:07:14 - 00:14:29:23

Unknown

You can jump around. You can have just two of them. You know, it's it's disbelief. It's bargaining, it's anger. And ultimately you get to acceptance and acceptance. Hopefully it's where you get you go from denial to acceptance in some through, some are out. And when you get to acceptance, like Dr. Ryan was saying, the locus of control can also include education and reassurance.

00:14:29:23 - 00:14:49:07

Unknown

So if you if you really educate yourself about what your options are with the realities of the condition, it is, though important to be able to identify mood disorders when they occur. So I would say know your risk. Have you had previous major depressive episodes? If you have your risk in your lifetime of another episode is already 50%.

00:14:49:09 - 00:15:11:12

Unknown

Yeah. You put in something like this and it gets a little bit higher. If you have bipolar disorder, things can be destabilized by a situation like this and realize that it's it's definitely normal to have situational symptomatology. Like you should have anxiety. It's not it's not a fun that's something you welcome into your life. You should feel a little nervous about this.

00:15:11:17 - 00:15:32:01

Unknown

It could be easily a little depressing like I don't want to deal with. I, I was more in the I wouldn't want to deal with it kind of like really, you know, it really is like that kind of anger that it was now and not 75 when I was expecting it. And I felt, you know, you get this feeling of it's not fair and you start bargaining about it and it's all silliness.

00:15:32:01 - 00:15:56:23

Unknown

You're trying to get to acceptance. You're trying to deal with the the grieving of the reality you thought you were in and contending with the reality you are now in, which is a grief reaction. Let's let's be honest about that. But being careful to be able to tease out when you have an actual mood disorder. Right. If you are having trouble functioning, if you are having major changes in your sleep patterns and your appetite.

00:15:57:00 - 00:16:19:10

Unknown

And by the way, if you had that for a week or so after diagnosis like this, I would not be that concerned about it. But if we're in week two and it's still going, that's when we start to kind of think, hmm, maybe we need to get this separately to sort of organized and and to be fair to the patient, you know, there's different stages that people are being diagnosed with.

00:16:19:10 - 00:16:37:24

Unknown

If it's something a little more difficult, something a little with higher implications of more aggressive kinds of treatment, It it, of course, can be a little more depressing. And it does. And again, those things should be treated or there are various ways to go about that. Somebody is talk therapy, obviously, and some of it is pharmacology. And now there's many, many other options.

00:16:37:24 - 00:17:02:08

Unknown

In addition, of course, for mood disorders, just talking to somebody yesterday about transcranial magnetic stimulation and how that's advancing rapidly. So these things are out there. But but don't be don't be fearful of admitting it, Don't feel that it's even more of a defeat or something if you're if you are having these sorts of symptomatology and be careful of catastrophizing.

00:17:02:10 - 00:17:18:17

Unknown

If you if you start assuming, you know, you do jump to some you know, I'm laughing because we do all men, particularly we do this. We don't go to the doctor. I would say in my practice, certainly it's mostly women that drag the man in when they get this. I was definitely that person to my wife dragged me and said, That was wrong with you.

00:17:18:19 - 00:17:37:01

Unknown

I was like, not no. And and and then you go from denial. It's really easy to go into catastrophizing, which is obviously end of the world is the end of everything. And and again, when you go into catastrophizing, you can start going into sort of minimizing and denying it's not worth it. And I don't want to do anything.

00:17:37:02 - 00:18:02:17

Unknown

It's all over anyway. You could zero dangerous but you catastrophize and realize even if you have a diagnosis of metastatic disease, there is a lot to be done these days. And by the way, that a lot is progressing rapidly. As I said, I get the great pleasure of sitting through lectures on a regular basis as a member of the Board of the Prostate Cancer Foundation, where I'm just like, Oh man, this is this is a whole new world.

00:18:02:19 – 00:18:29:01

Unknown

But we do we do still do some anti add, you know, androgen deprivation therapies. And that can add to the mood disturbances. Trying to let you sort of address that. Yeah. So a couple of things. One is this is an existential moment, I think for every man when they're diagnosed, whether they're diagnosed with a, you know, a low grade tumor that can go undergo active surveillance or whether they're diagnosed with metastatic disease, it is it is a moment for reflection.

00:18:29:01 – 00:18:55:21

Unknown

And it is, as you said, if you're not stressed at first, that would be a little bit abnormal. So it's very common to be stressed. But, you know, one of the things I try to impart on this webinar in my own practice and through the PCF is to just say, look, there is a very broad spectrum of what can happen with prostate cancer and there are very few moments, there are very few people who are diagnosed with this disease where it is immediately life threatening.

00:18:55:23 – 00:19:15:09

Unknown

And even in some of the worst cases we see, we are able to get good control of the disease. And hopefully in a in the vast majority of men for many, many years. So it's a condition that people are going to be living with for many, many years. So, you know, understanding where you are on that spectrum is a critically important part of it.

00:19:15:11 – 00:19:52:09

Unknown

I like to say, you know, in my own personal life, you know, when when stressed or in doubt, collect the data, make sure you have the right information. A lot of time catastrophizing is because of a disconnect in and between understanding and expectation. And and so I think in many cases and you know this is something that you and your loved ones, you and your doctor and even through sources like the PCP Patient Guide or cancer prostate cancer patient voices dot com, you can go and you can find where you are on the spectrum of this disease.

00:19:52:09 – 00:20:20:05

Unknown

And that can help, I think, ground ground you in in sort of understanding the role of your anxiety and the role of your response to it. Yeah, a key point we really want people to leave with is as we think about this is, again, when do you get to the point where you say, I need some help here, This is now, this is this is way too much depression, way too much anxiety than just a normal reactive stress.

00:20:20:05 – 00:20:46:17

Unknown

And I need additional help, duration and ability to function. Those are sort of the domains we look at to to to distinguish between a a reaction, a situational reaction and a psychopathology, something that needs an intervention. And sometimes, by the way, it's okay to say, I'm so distressed in this moment, I'd like some help. Yeah, that that is another thing.

00:20:46:17 - 00:21:05:01

Unknown

And so I think in addition to us teasing out what is something that needs very specific treatment and somebody that just needs some relief in the moment, don't be afraid to bring any of that up with your physician. That's the only way we're going to know what your experience and stoicism. Well, you know, I don't want you to become hysterical.

00:21:05:01 - 00:21:26:13

Unknown

I'm not sure it's just a stoicism has a great role to be played at the moment. In the first few weeks of contending with a new diagnosis, I would say stoicism fits with the figure out what you can control. You can't control stoicism to the to the, you know, sort of standard way. We think about it as blocking your emotions, which really isn't stoicism so much.

00:21:26:13 - 00:21:55:09

Unknown

But it, you know, is is not helpful. And as you point out, it's really key to find the people where you can share your emotions and and and hopefully it's you have a network of people where that's that's actually useful. Let's talk a little bit doctor doctor about how we would like patients to bring these things up and how you know it's it's we definitely want to hear about this from our patients and how can we inform how can we empower the patients to bring this up to the physician?

00:21:55:11 - 00:22:20:00

Unknown

You pointed out in your own anecdote that resistance can be kind of quick and how can we stop it? How can we how can the patient self advocate? Well, you know, it's I always hate blaming the patients when things don't go right. I always feel like that's our responsibility. And we missed something. If we didn't ask the right question or we we didn't make the patient feel comfortable enough to bring certain things up.

00:22:20:02 - 00:22:45:11

Unknown

But but it certainly is helpful from my perspective to prompt

prompting is important. And and B, you know, I changed doctors a couple of times before I got where I wanted to be. So if you're not comfortable or you want another die, in other opinion, that's always a good thing. A good doctor wants the patient to be happy, wants to feel insecure in what they're doing, if it means you see three or four people.

00:22:45:16 – 00:23:02:14

Unknown

So one thing I love about the PCF, you know, you're getting the last word. You know, you've you're really figuring out what's the state of the art is. And you know, they're going to great lengths to try to make sure all the community urologists are with us and understand what we're what we understand about the state of the art.

00:23:02:16 – 00:23:26:11

Unknown

So I would say, you know, make sure you're comfortable, get consultation if you wish. Come to the community is a piece for the information that we have there, of course. But if your feels or you can't bring things up or you're not being heard and I understand it's difficult to bring things up, but you should we we pick up we should be picking up on the hits.

00:23:26:13 – 00:23:49:03

Unknown

And if the doctors are not picking up on, hey, I'm not sleeping right or I haven't eaten for a couple of days or I'm worried about my wife, any of those things that should be actively addressed, including I will be honest with you, we had one doctor that was uncomfortable talking about sexual functioning, like he might even sort of giggly about it and that your doctor, this is germane.

00:23:49:05 – 00:24:10:00

Unknown

This is basic medicine, the basic aspect of the care, which is your urinary function and your sexual functioning. And that should be a matter of factly discussed with both of you explicitly. So if you have more questions, come on back. And if you're not reassured or you think that this maybe you're not in the right hands, get more information.

00:24:10:02 – 00:24:31:08

Unknown

And I would also add that many medical centers now of all sizes are understanding that some of this care is better when it's compartmentalized. You've got the surgeons who focus on surgery, you've got the oncologists maybe who are the ones who are focusing on hormonal therapies. And then the emotional side of this may not be best handled by the surgeon.

00:24:31:13 - 00:25:01:06

Unknown

And there are centers where they see this. And I would I was at UC San Francisco for many years and we had a we had it call it the symptom management service, and we had the palliative medicine doctors who deal with emotional, etc., as ramifications of having cancer at all, at all points in the spectrum. And many times we would send patients who were newly diagnosed with localized, curable prostate cancer, and they would go and see those individuals because they had the toolkit for it.

00:25:01:08 - 00:25:24:00

Unknown

Yeah, not every medical center is able to do that type of intervention. But two things I would say is that when I met with my surgeon and first with my urologist, Dr. Pulled, and I mentioned I was able to manage all that stuff. He was he's quite skilled in all of those areas. And he did tell me that his surgeon I went to, I just said, what is your what is your side effect rate?

00:25:24:00 - 00:25:39:19

Unknown

You know, how many how many this do you get over that yet? That's all I care about from him. All I want him to do is that Da Vinci procedure all day long, done 1100 at the time or 1200 at the time? I was 1200 and something. And that's all. That's. That's what I want him to do. Nothing more.

00:25:39:19 - 00:26:08:11

Unknown

I don't want him to think about my mental health. So make sure it is important point to think who you who you address this stuff with. And you know, people have a weird bias against psychiatry. Psychiatry are just the brain doctors. They're just they're they're they're experts in your brain and they will easily sort out what is the situation or what is the what is actually a mood disturbance and have a great judgment in being able to offer some suggestions or range of suggestions.

00:26:08:13 - 00:26:29:05

Unknown

So it's not uncommon for a psychiatrist just to go, you know, are you exercising enough? Can we work on your sleep? How is your diet and really work on these things? You know, working out. I worked in addiction medicine for 25 years. Hungry, angry, lonely, tired. These are made major issues in mental health and whether a patient with mental health symptoms is going to do well.

00:26:29:07 - 00:26:58:23

Unknown

And that's, as you point out, the psychiatrists are do many things diagnostician, they can tell you is your depression normal, reactive and and not not leading to loss of your ability to function in the world or is it and does it require medical or other therapies and and yes psychiatrists have a lot to offer. I've had many patients over the years who have started seeing a therapist, started seeing a psychiatrist, a psychologist after their diagnosis.

00:26:59:00 – 00:27:22:15

Unknown

And and of course, in many cases, including their spouse or their partner in those dialogs, which is also very, very helpful. So, you know, a couple of minutes here are sort of key tactics that you think individuals out there. We have a number of questions coming in, you know, talking about I'm unable to relax. We're going to hopefully get to that with with Mindy in a few minutes.

00:27:22:17 – 00:27:48:15

Unknown

I'm worried about my sexual function and what it's going to mean to my partner. And that's compounding my depression. That's that's I think that's probably the most common one, right? It's anxiety and then fear of what's going to happen to my sexual functioning and then what does that mean for my marriage, my relationship. And that is normal. But what I wanted, I want to tell you is that there's just you're very lucky to have this diagnosis.

00:27:48:15 – 00:28:13:15

Unknown

Now, I remember when prostate cancer used to be one of the sleeps. Urology was very sleepy, by the way, back when I was a resident. And prostate cancer was either something you died of or they didn't even bother with. It was they did nothing or sorry. And that's crazy, given what we're able to do now for everybody, for any presentation of any grade, of any type of cell type.

00:28:13:17 – 00:28:39:18

Unknown

We have so much to offer, including restoration of sexual functioning to your satisfaction. Even if there are major side effects from your treatment. These guys have a ton and I can tell you some of the happiest patients. Well, I've seen it. And the urologist always tell me this. The happiest patients are the one that get some of these restorative interventions.

00:28:39:24 – 00:29:06:19

Unknown

Once they've lost sexual function and now they've regained it with urological magic, you know, various sorts of things. And they are by report and by measurement, some of the happiest patients know.

Absolutely. And I will I will refer our our listeners to previous webinars. We did we did one on urinary incontinence and restorative treatments. We've done one on sexual function and restorative treatments.

00:29:06:21 - 00:29:30:03

Unknown

We actually also did one where we talked a lot about treatment regret, which is another psychological component. Tell me more about that. Like they wish they had had the surgery or so. Well, it's yeah, it's people who who, you know, they go through the surgery. They've had a side effect and and regret having undergone the surgery because they felt that the treatment, the severity of the treatment outweighed the severity of the disease.

00:29:30:03 - 00:29:45:20

Unknown

So it's a problem. Hopefully it's getting less because, you know, my at or at the decision making, that's what I was going to say, that that hopefully is a thing of the past, that we really do this. That's why I was on active surveillance, right? It wasn't clear that the morbidity mortality was worth the risk at the point of which I was diagnosed.

00:29:45:22 - 00:30:04:20

Unknown

Couple of years later, it was clear. Yeah. Like I said, not only clear. I remember I had something going on. We got out of the prostate. That's why I had to have radiation. Thank goodness they intervened right when they did. Yeah, I was ready. It was really it was kind of extraordinary that that readiness because natural because I think I used me I was in the car.

00:30:04:20 - 00:30:19:06

Unknown

I'll never forget this. You said I don't think I can recommend continuous surveillance. I go, okay, I'm ready next week when you want to do this because it won't slow down. Like got to wait a few months to let your prostate heal after the biopsies and this and that. I was like, all right, I'm but I'm ready. I'm really ready now.

00:30:19:11 - 00:30:39:15

Unknown

And I was ready for surveillance. We got you ready. I mean, you did you prepare. It really did. And by that point I was like, and it is, you know, it's back to what we were talking about with the grief, reaction and acceptance. I really was at acceptance by that point. And so I had many conversations with myself, like, Operation is coming, it's coming and you're ready and that's that.

00:30:39:15 - 00:30:59:05

Unknown

And yeah, that's a great way to get through the stages and got you ready for your treatment. Yeah, well, Dr. Drew, it's been great chatting. I want to thank you for your time today, but also just to thank you for your efforts and your presence on the board of directors. You you bring an insight that is incredibly valuable and will continue to do so.

00:30:59:07 - 00:31:31:19

Unknown

I believe and I know that you're you're available many ways over the media. And I would encourage our listeners tonight to to tune in to is is Dr. Drew dot TV if we're multiple multiple resources there so thank you again I appreciate very much. We're going to focus now on sort of some of the tactics of self that individuals can do to help themselves deal with some of the stress that they might experience, either just in life in general or while undergoing treatment for prostate cancer.

00:31:31:19 - 00:31:44:24

Unknown

So thank you, Drew. And I'm going to introduce and Chuck, I'm going to say, for those who have wondered where I disappear, to my wife, who has been my engineer, ran, had to run out. So you're going to see me empty this chair to go across the room to turn off my camera. But it has been an absolute privilege.

00:31:44:24 - 00:32:00:14

Unknown

And thank you so much for your attentiveness, your questions. If there's stuff that you write, if we want to get to after this or whatever, we can certainly answer questions and things that some future day, if we can work on that, it's a great opportunity. Thanks again. Beautiful Again, you're forgiven for the empty screen.