

Dr. Zachary Klaassen: Thank you, Dr. Loeb. And as, our back end gets Dr. Newman and Dr. King back in for final Q&A, I'll start off by saying, give us a little more. You mentioned some potential expansion on the sleep hygiene. I'm feeling convicted about getting 7 to 9 hours of sleep.

I'm probably the worst at it, but tell us a little bit about some of those tips as we get the panel activated.

Dr. Stacy Loeb: Okay, so one thing that really stood out to me when I was training last year for my lifestyle medicine boards is the importance of light exposure and just how much that affects your circadian rhythms. So you really want bright light in the morning. You do not want bright light exposure in the evening. You want to avoid it at all costs. So for example, if you are somebody that is waking up at night to urinate, you don't want to turn on a bright light because that is going to offset the circadian rhythm. And then, you know, things like not having big meals right before bedtime. For most people exercising earlier in the day is better, and also avoiding vigorous activity right before bed.

And maybe one of the hardest things of all is watching out for your screen time. This goes along with the bright light, but you really don't want to be on your cell phone, and especially not doing stressful things like attending to work emails right before you're trying to go to bed. So creating some kind of gap between the end of your workday and your bed time, where you're just doing something relaxing, whether it's taking a bath, doing meditation, whatever it might be for you.

Dr. Zachary Klaassen: Excellent, excellent. There we go. We got everybody in the panel. Fantastic. Thank you all. The survivorship panel is so important. I'm a big fan of prostate cancer survivorship. A lot of work with mental health. So I'm delighted to have the next 11 minutes to ask you guys some questions. So I'll start with Dr. Newman.

There's one of the write-in questions I thought was interesting. Just going into the, the, the Cunningham clamp or the incontinence clamp. Is this safe to do during sports? Is there any potential issues of wearing it during vigorous activities such as pickleball or playing golf?

Dr. Diane Newman: Well, you know it does. It clamps, it goes around the penis. Most of these clamps, and I have to tell you that there's, you know, men would come in, they found them on the internet. So I do bring these clamps up. And, you know, they do work. You have to release them to urinate. So what we tell men is that you cannot wear it past, 1 to 2 hours.

But, you know, if you're going to, I don't know, go exercise or even throughout your golf game, you can wear them. But you should not wear them at night. And then again, you want to make sure that that, you know, depending on how comfortable they are. Some men like them. Some men say not uncomfortable, but they are an option. And I try to give me as many options as possible to manage the urine leakage.

Dr. Zachary Klaassen: Yeah, absolutely. That's great. Dr. King, how long after surgery should a patient wait for sort of a, quote unquote natural erection? There's a write-in question about up to a year being out and still having some difficulty. What's sort of your opinion on time after, whether it be radiotherapy or surgery?

Dr. Sherita King: Yeah. So I think a year is plenty of time to expect that you're going to get back to where you're going to be, and that's going to be your new baseline. So if you're at this at a year, that's probably going to be your new normal. And if you're not quite where you want to be, then that's the time to really start speaking up if you want to get treatment. I do encourage you to get treatment as soon as possible, but I know some people are holding out hope, that they'll get their own erections back.

Dr. Zachary Klaassen: That's great. Dr. Loeb, in terms of the diet and and I know you have ... your entire talk, there's so many things you could unpack just from that. But, so specific question was: plant based diet, do you have to be 100% plant based to potentially get some of these benefits, not just for maybe heart health, but also for prostate cancer health?

Dr. Stacy Loeb: It's a great question. And, you know, the short answer is no. But it is what you're hoping to get out of it. And so, every bit makes a difference.

And the same thing actually applies to exercise, you know, in the physical activity guidelines for Americans, they used to have a lower limit for exercise where it had to be like at least 10 minutes and they dropped it because literally even one minute is better than zero minutes. And the same applies to the plant based diet. It's great to go all in, and if you are expecting a dramatic change, then you do have to do a more intensive lifestyle modification.

And so things like the coronary heart trial that Dean Ornish did, where they were actually reversing cardiovascular disease effects in the body, was with a fully plant based diet. However, in our studies, we have looked at several studies with people who are omnivorous, where they are not on a specific plant based diet and even stepwise changes where they eat less animal based food and more plant based food made a big difference.

So I think it's it's what you're trying to get out of it. Smaller changes are going to have a smaller impact, but some larger changes will have a larger impact.

Dr. Zachary Klaassen: You know, it's a great answer. Dr. Newman, for patients that are preparing for therapy, whether it be radiation or probably maybe a little bit more on the radical prostatectomy side of things, maybe you can just sort of summarize and highlight again what these men can do leading up to that time where they're going to start their therapy.

Dr. Diane Newman: Well, one thing I, you know, I talked about pelvic floor muscle exercises. The research has shown that, and actually international guidelines recommend that men start pelvic floor muscles exercise prior to prostate cancer treatments. We have actually quite a bit of research. Some of this research goes back over 20 years where they took men who started an exercise program before surgery and compared it to men who did not, in their time to continence, which means that after the surgery, how long did it take for them to become dry?

Basically was quicker in the group who did the exercises before surgery. So it should be a standard of care that really any of these treatments, men start understanding where is the pelvic floor muscles, and to start using them prior to their treatment.

Dr. Zachary Klaassen: What message would you give to the folks on the line that maybe don't have....Maybe they're not in Philadelphia. They can't come see you. They don't have somebody with your expertise. How do they how do they get that information? And what sort of the best way to go about, you know, understanding that earlier the better for helping with continence?

Dr. Diane Newman: Well, you know, like I said, if you go to UroToday, I have these MP3 files that I developed actually back in the early 90s when I did home care and I was teaching frail elders how to use this muscle.

Now, these are individuals in their 70s, 80s and 90s who had urinary incontinence, and I had a cassette tape. So now you can download this MP3 file on your iPhone. And it's just like downloading, you know, songs and it walks you through an exercise program. I gave that to every one of my men who I saw.

Editor's Note: <https://www.urotoday.com/center-of-excellence/bladder-health/bladder-health-audio-resources/144974-controlling-bladder-urgency-frequency-and-incontinence-bladder-leaks.html>

And another way that to identify the muscle is, I tell people all the time is, if you were in an elevator and you felt like you're going to pass gas, what do you do? Is you kind of automatically tighten your rectum. That's tightening the pelvic floor muscle. So that's one way to learn how to do it.

Dr. Zachary Klaassen: That's great. Dr. King, we talked about sexual dysfunction and prostate cancer therapy. Typically that's associated with erectile dysfunction. What sort of other potential sexual side effects may patients need to know about.

Dr. Sherita King: Yeah. So another one that I see commonly is patients who are on androgen deprivation therapy is that their testosterone is going to go lower.

So with the lower testosterone you're going to have a lower libido. You'll also see the erectile dysfunction with that. And then you'll see some mental health changes. So all of those things are very important to keep an eye on. And for us to make sure we're treating our patients for.

So, if you're actively on - and I know testosterone and prostate cancer is very controversial, there are studies that are coming out that are showing that it is safe, in a certain population of patients, and, it is important to find someone that can treat you appropriately and safely.

Dr. Zachary Klaassen: And obviously, if you're in the Augusta area, come see Dr. King, or even if you're in South Carolina and Florida or anywhere around us. But for people, again, that don't have maybe access or know where to find people like you and your colleagues, what's the best resource to find those types of urologist?

Dr. Sherita King: So I know SMSNA, the Society of Sexual Medicine for North America, they have a provider finder on their website. You can also go, depending on what you're looking for. So if it's erectile dysfunction and you know you're at the end stages of it, you've tried pills, you tried injections, you want to find a good surgeon.

You can go to the Society of Urologic Prostatic Surgeons, or you can even go to the implant companies because they'll have providers that are considered center of excellence. So these are providers who actually do a lot of these surgeries. So you know they're going to have pretty good outcomes from it. And I think that's very important. Do your research on your, providers to know that you're going to get great care.

Dr. Zachary Klaassen: Well said. Dr. Loeb, I want to circle back to the mental health support. It's super important and obviously as a urologist, radiation oncologist and not necessarily it's our specialty, but our job is to identify patients that may be struggling and offer support - and that support, maybe looping in people like a psycho oncologist. Maybe you can talk about how big of a team it takes and what those team members may, may look like in terms of really providing excellent mental health support.

Dr. Stacy Loeb: Yes. Thank you for the question and also for your leadership in this area and bringing more light to this. Certainly this is a big issue where studies have even shown, you know, higher rates of suicide in patients with localized prostate cancer. So, definitely, there are a lot of people who are struggling and having, you know, anxiety, depression or other issues.

And definitely, help is out there, whether it may be in the form of individual counseling, in some cases, medication therapy may be needed to help manage things like depression or anxiety during the cancer journey. There are other issues that may come up as well, and especially as related to the sexual health aspects.

And so if, some of the struggles are related to that area, the [AASECT web site](#) has tools to help find sex therapists and sex educators. They can also help to work with couples to work through some of those issues. So lots of options.

Dr. Zachary Klaassen: Outstanding.