

One in Eight: My Prostate Cancer Journey

By Ronald Semanick, CPA | Easton, PA

Staying Active, Staying Healthy

I have always been a very active person, exercising daily and volunteering for various organizations and events. I rarely missed work due to illness, so I didn't see a doctor regularly until I turned 55 because I considered myself extremely healthy. As a Certified Public Accountant (CPA) and Chief Financial Officer (CFO), I pride myself on being detail-oriented and analytical, but nothing prepared me for what lay ahead.

The First Red Flag

In July 2016, during a routine physical, my Prostate-Specific Antigen (PSA) was considered elevated, measuring 4.77 ng/mL. My urologist started testing my PSA on a regular basis. Over the next eight months, my PSA stayed above the 4.0 ng/mL threshold, prompting my urologist to order regular follow-ups and monitoring.

A week after my first PSA, my doctor recommended a digital rectal exam (DRE). I assumed "digital" meant something tech-related – zeros and ones! When Debra explained the procedure, I was a bit embarrassed – but I was relieved to learn that my 60-gram prostate was firm, smooth, and apart from its size, unremarkable.

Diagnosis: Gleason 6 (3+3)

In March 2017, my urologist performed a biopsy on my prostate. Out of the 12 core tissue samples, only one sample revealed a tiny focus (less than 10%) of prostate cancer. There was a 1 cm mass along the right lateral border at the base of the prostate. Under National Comprehensive Cancer Network (NCCN) Guidelines, I was diagnosed with Gleason 6 (3+3) Prostate Cancer and Grade Group 1 Prostate Cancer. My Prostate Imaging Reporting and Data System (PI-RADS) score was 4, indicating probable malignancy. Also, my pathological stage was T2, which meant my tumor was localized or early-stage Prostate Cancer and appeared to be confined to the prostate. I was also diagnosed with Benign Prostatic Hyperplasia (BPH). My prognosis appeared good and I felt somewhat relieved that I had Gleason 6 Prostate Cancer, which is considered the lowest risk group – indicating a slow-growing, less aggressive cancer confined to the prostate with a low risk of spreading. Based on these characteristics, I was placed on active surveillance or watchful waiting. I did not participate in any clinical trials.

Processing the News

Initially, I couldn't believe it – I felt fine aside from frequent bathroom trips. Bear in mind that the vast majority of my prostate was benign, and it was the benign tissue driving my urinary symptoms – such as incomplete emptying, urinary frequency, and waking up at least two to three times during the night to urinate. I even wondered if the testing center made a mistake regarding my Prostate Cancer diagnosis. Over the next year and a half, I sought five second opinions; interviewing each urologist about:

- Confirming the diagnosis
- Treatment options
- Alternatives and additional testing
- Potential risks and side effects
- The prognosis
- Insurance coverage and out-of-pocket costs
- Recovery time and expected outcomes for each treatment option
- Availability of clinical trials and studies
- The physician's years of experience, volume (number of surgeries), and success rate with patients who had conditions similar to mine

I learned cancer truly doesn't discriminate. It affects famous people, average people, athletes, the rich, the middle class, and the poor alike. The vast majority of cancers (approximately 90–95%) are caused by chance or acquired genetic mutations, meaning mutations that occur during a person's lifetime due to lifestyle choices and environmental factors. The remaining 5–10% of cancers are caused by inherited genetic mutations passed down from parents.

Building My Support Network

I wanted to learn as much as possible about Prostate Cancer and how it could impact me. One of the resources I turned to was the Prostate Cancer Foundation (PCF), founded in 1993 by Mike Milken. The articles disseminated by PCF were easy to read and comprehend. I'm also a sports enthusiast—especially when it comes to baseball and football—and I found that the stories about famous athletes dealing with Prostate Cancer resonated the most with me. Their openness about their personal struggles helped me feel I could handle whatever lay ahead. I also enjoy the annual PCF Home Run Challenge, which raises awareness to support Prostate Cancer research.

I believe that it's always helpful to confide in others about what you're going through. In 2018, I visited my foot doctor, Dr. William F. Dunleavy, for plantar fasciitis pain. He asked if there were any changes to my medical history since my last visit, so I told him about my Prostate Cancer diagnosis. He mentioned that a friend of his—also a doctor in the Lehigh Valley—had Prostate Cancer and underwent a successful radical robotic prostatectomy. Dr. Dunleavy couldn't recall the surgeon's name, so he reached out to his friend, who then provided the contact information for Dr. Ashutosh (Ash) K. Tewari of Mount Sinai Hospital in New York City. Shortly thereafter, I met with Dr. Tewari. I was amazed by his knowledge and felt comfortable with his approach to treating Prostate Cancer. If it hadn't been for my foot doctor, I might never have learned about Dr. Tewari.

In 2018, I selected Dr. Ashutosh K. Tewari of Mount Sinai Hospital in New York City as my urology specialist. My wife, Nancy—a retired teacher who taught for forty years—accompanied me to every appointment. She served as my note-taker and maintained a clear mind when I felt uneasy or worried. I believe that in order to get healthier, a patient must have a strong support system and confidence in their medical team.

I was introduced to the Man Cave Health Virtual Prostate Cancer Support Group in 2019 by Dr. Tewari's team at Mount Sinai. Man Cave Health was founded by Thomas V. Milana, Jr. to promote

medical attention and educational resources on prostate health. This introduction proved pivotal in my journey.

Monitoring the Disease

Between 2018 through 2021, I met annually with Dr. Tewari. During this timeframe, I had two additional biopsies, four MRIs (with and without contrast), and two ultrasounds. I was awake for all my biopsies.

Based on my four MRIs, the size of my prostate was:

Year Dimensions

- **2018:** 5.2 cm x 4.2 cm x 6.0 cm
- **2019:** 5.7 cm x 4.3 cm x 6.3 cm
- **2020:** 5.2 cm x 5.0 cm x 6.7 cm
- **2021:** 5.2 cm x 5.1 cm x 6.4 cm

The MRI in 2021 depicted three lesions on my prostate:

Number Dimensions

- **Lesion #1:** 1.4 cm x 1.1 cm x 0.6 cm
- **Lesion #2:** 1.4 cm x 0.8 cm x 1.2 cm
- **Lesion #3:** 2.5 cm x 1.6 cm x 0.6 cm

The MRIs indicated that I suffered from prostatomegaly with evidence of chronic bladder outlet obstruction, meaning my enlarged prostate gland was causing a long-term blockage of urine flow from the bladder. This led to various urinary symptoms and potential complications.

During the summer of 2021, I noticed I was losing weight rapidly—about 30 pounds—without changing my diet or exercise habits. I weighed 140 pounds, a weight I hadn't seen in 40 years since my college days.

A Urologic Emergency

On the morning of Saturday, September 18, 2021, my life changed dramatically. Although I typically got up at least two to three times a night to use the bathroom, on this particular day, I was unable to urinate for approximately 12 hours. I was sweating profusely, dry-heaving, and experiencing urinary retention. Because I'd always joked, "I never met a bathroom or porta potty I didn't like," this sudden urinary retention was alarming and completely new to me.

My wife rushed me to the nearest hospital's emergency room. The waiting room was packed, and I was in so much pain that I lay down on the bathroom floor until my name was called. Once I was finally taken to a room, a team of nurses placed a catheter in me. One of the nurses said I had voided approximately 700 mL (24 ounces) of urine, and she was amazed that my bladder had

retained that much. My blood pressure immediately dropped from 171/90 to a normal level, my pulse dropped from 126 to a normal level, and I felt immense relief. I was surprised that I couldn't go to the bathroom. I was taking Tamsulosin (Flomax) on a regular basis and this was supposed to relax the muscles in the prostate and the opening of the bladder and help increase the flow of urine.

After I was stabilized, I was sent home with the catheter still in place. Five days later, the catheter was removed. Shortly thereafter, I had a cystoscopy to determine the cause of my urinary retention. I had never heard of a cystoscopy before. A cystoscopy is a procedure where the doctor uses a thin, flexible tube with a camera (the cystoscope) to view the inside of the bladder and urethra in order to diagnose or treat urinary tract problems. The attending physician said that I had trilobar hyperplasia and an enlarged median lobe of the prostate, both stemming from benign prostatic hyperplasia (BPH). This meant my prostate gland was larger than normal, putting pressure on the bladder and urethra, leading to urinary issues. The benign tissue was strangling my urethra. In layman's terms, my prostate had grown so large that it pinched my urethra, similar to a kinked garden hose. I thought this was a one-time incident, but I was wrong.

On the morning of Sunday, October 17, 2021, I went into urinary retention again. It felt like déjà vu. My wife rushed me to the emergency room, another catheter was placed in me, and I voided approximately 400 mL (14 ounces) of urine. My blood pressure immediately dropped from 173/94 to a normal level and my pulse dropped from 123 to a normal level. The attending physician said I would have to leave the ER with the catheter once again and warned that removing it too soon might risk renal failure and I could possibly die if I went into urinary retention a third time.

Deciding on Surgery

Three days later, on October 20, 2021, I participated in the Man Cave Health Virtual Prostate Cancer Support Group Zoom meeting. I explained my situation, and Carmelo Cintron, a support representative, took down my information. The very next day, October 21, 2021, Tom Milana from Man Cave Health reached out to help me get the immediate attention I needed. He personally contacted Dr. Tewari's office on my behalf, and Dr. Tewari called me that afternoon, asking if I could come to New York City the following morning, October 22, 2021. I quickly agreed.

During my visit, Dr. Tewari said it was time to treat my prostate cancer with a radical robotic prostatectomy. Based on my most recent MRI, my prostate was enlarged, and I had several more lesions compared to previous scans. I believed that I was a good candidate to undergo a radical robotic prostatectomy because physically I was in good health, young (age 60), had no underlying medical conditions, and mentally I thought that I could tolerate a one day surgery better than a series of radiation treatments. Also I thought that if my Prostate Cancer returned in the future, I would pursue radiation therapy and hormone therapy to treat my recurrence. Surgery may not be suitable for some Prostate Cancer patients if they are at an advanced age, morbidly obese, had extensive previous abdominal surgeries, or pre-existing heart or lung conditions. Surgery was scheduled for Thursday, November 4, 2021—Dr. Tewari's next available opening. I told him that November 4, 2021 couldn't come soon enough because I was tired of walking around with a catheter and just wanted to use the bathroom like a "normal" human being.

PSA Trends Pre-Surgery

Prior to my radical robotic prostatectomy on November 4, 2021, my PSA test results were as follows:

<u>Date</u>	<u>PSA (ng/mL)</u>
• July 6, 2016	4.77
• August 1, 2016	4.98
• November 18, 2016	5.02
• January 19, 2017	4.37
• September 15, 2017	4.73
• March 17, 2018	4.32
• November 29, 2018	4.60
• July 12, 2019	4.49
• September 13, 2019	4.40
• March 6, 2020	4.52
• June 29, 2020	6.06
• July 17, 2020	4.40
• September 30, 2020	3.58
• April 2, 2021	4.17
• July 13, 2021	5.08
• October 22, 2021	5.20

The average of my aforementioned PSA test results was 4.67.

Surgery and Recovery

Once again, the day before my surgery, Tom Milana from Man Cave Health reached out to offer help. I was nearly moved to tears that this busy man would take time out of his schedule to check on someone he had never met in person.

I'm happy to report that on November 4, 2021, Dr. Tewari performed a four-and-a-half-hour radical robotic prostatectomy surgery that went smoothly. He said my cancer was small and confined to the prostate. I did have to walk around with a catheter for another week while I healed, but on November 11, 2021, it was removed for good. From September 18 through November 11, 2021, I had spent a total of 32 days with a catheter. I was able to use the bathroom again like a "normal" human being.

I reviewed my pathology reports after my surgery. My surgery was called a Robot-Assisted Laparoscopic Radical Prostatectomy (RALP), or stated another way, it was a laparoscopy with radical prostatectomy and nerve sparing by a retropubic approach with robotic assistance. Based on my individual cancer characteristics, nerve sparing was deemed appropriate. Dr. Tewari determined it was safe and necessary to preserve the nerves responsible for sexual function (erections) and bladder control. RALP is a minimally invasive surgical procedure used to treat Prostate Cancer, involving the robotic removal of the prostate gland through approximately six

small incisions across the abdomen, while carefully preserving the nerves responsible for erections.

Dr. Tewari removed the prostate and stated that no cancer cells were found at the edge of the tissue removed during surgery, indicating he likely removed all visible cancerous tissue—cutting to negative margins. Furthermore, he stated that there was no evidence of lymph-node involvement, no evidence of Prostate Cancer in the prostate bed, and no evidence of disease (NED) remaining in my body. The probability of extracapsular extension (ECE) was 3% on the left side, meaning there was a 3 in 100 chance that the tumor had spread beyond the capsule of the prostate gland into surrounding tissues on that side. This is a relatively low probability. Based on these findings and my Prostate Cancer characteristics, my life expectancy is 10 years or more.

My prostate weighed 64.8 grams, which is considered larger than the normal range and suggestive of benign prostatic hyperplasia (BPH). A healthy adult prostate gland weighs between 20 and 25 grams, or about the size of a walnut.

I look back fondly on the team led by Dr. Tewari at Mount Sinai Hospital who cared for me during my radical robotic prostatectomy. I'm grateful for everything they did. I was again close to tears when Dr. Tewari walked into the operating room on November 4, 2021 and reassured me that I was in good hands. I told him I wanted only his hands operating on me because he's considered one of the best Prostate Cancer doctors in the world.

I would like to share an event that helped me relax before my radical robotic prostatectomy on November 4, 2021. Dr. Daniel M. Gainsburg, the anesthesiologist, came into the operating room and explained everything he would be doing during the procedure. He struck up a casual conversation and asked me where I was from. I replied that I was from Easton, Pennsylvania, about an hour and a half away from New York City. He smiled and said he had attended Lafayette College in Easton, PA. We chatted about local restaurants, and before I knew it, I was fast asleep.

I still remember most of the names of the team members at Mount Sinai Hospital who were there for me, including:

- **Ashutosh K. Tewari (Primary MD)**
- **Dhruti Patel (Assisting MD)**
- **Adriana Pedraza (Assisting MD)**
- **Michaela Slijovich (Post Graduate Year 4 Resident – Assisting)**
- **Daniel M. Gainsburg (Anesthesiologist)**
- **G. Kenneth Haines III (Attending Pathologist)**
- **Fumiko Dekio (Attending Pathologist)**
- **Kacie Schlusel (PA-C)**
- **Vannia C. Foley (PA)**
- **Olivia Kyi (PA)**
- **Hallie Wurst (MD)**
- **Carissa Makwinski (PA)**
- **Fatima Ali (PA)**
- **Marla Gabriele (PA)**

- **Mae Gerenia (NP)**
- **Christina Valdez (RN)**
- **Martha Tabares (Admissions)**
- **Alice Torres (Surgical Patient Liaison)**
- **Mariah Coyle (RN)**
- **Ian Haas (PA-C)**
- **Satish Maharaj (Surgical Supervisor)**
- **Lawrence Breedlove (Medical Administrative Assistant)**
- **Milagros Giribaldi (Front Desk Supervisor)**

I also remember other hospital staff and nurses, though I only recall their first names: Heather, Anastasia, Ron (Nurse), Tara (Nurse), Suzette (Nurse), Liz (Nurse), Cecilia (Nurse), Jemima (Nurse), Willie (who got me out of bed after my surgery and helped me walk around for one mile on the hospital floor), Diana (who brought me my first meal), and Diego (who escorted me out of the hospital in a wheelchair).

While recuperating at Mount Sinai Hospital after my radical robotic prostatectomy, I shared my Prostate Cancer journey with Jemima, the nurse on duty. I still remember her words vividly: because 1 in 8 men are diagnosed with Prostate Cancer, she encouraged me to be an advocate by sharing my story with others. She felt I could offer valuable insight and support, having been through so much myself. That conversation solidified my commitment to helping other men by sharing my experiences.

Life After Surgery

Over the next eight weeks following my surgery, I gradually resumed work, exercise, household chores, attending social events, and volunteering. A common piece of advice I heard from all my doctors was the importance of daily exercise and a healthy diet—specifically, something like the Mediterranean diet. I am now more mindful of what I eat and walk at least five miles each day. I avoid caffeine, carbonated beverages, alcohol, sugary drinks and snacks, red and processed meats, and other processed foods.

My PSA has remained virtually undetectable over the three and a half years since surgery. My latest test result on March 28, 2025, was 0.014. However, if my PSA rises above 0.2, it could mean a recurrence, so I continue to monitor it regularly. I tend to get a little concerned as my quarterly PSA test date approaches wondering if I will stay below the 0.2 threshold.

Since my radical robotic prostatectomy on November 4, 2021, my PSA test results were as follows:

<u>Date</u>	<u>PSA (ng/mL)</u>
• December 14, 2021	.020
• March 18, 2022	.011
• June 22, 2022	.019
• September 23, 2022	.015
• December 29, 2022	.014

• March 31, 2023	.013
• June 30, 2023	.013
• September 30, 2023	.014
• December 29, 2023	.015
• March 29, 2024	.020
• June 25, 2024	.018
• July 13, 2024	.010
• September 27, 2024	.024
• December 27, 2024	.016
• March 21, 2025	.010
• March 28, 2025	.014

The average of my aforementioned PSA test results was .015.

I have also been blessed to have no side effects from day one—no urinary incontinence or erectile dysfunction, no bleeding or infections, and no discomfort —following my radical robotic prostatectomy.

Family

I was worried about having inherited gene mutations that could be passed on to my two sons, Andrew and Matthew, since prostate cancer runs in my family. My grandfather died of Prostate Cancer at the age of 72. My father had Prostate Cancer and used radiation therapy to treat it; he lived until 86, and the radiation therapy cured his cancer. My cousin died of Prostate Cancer at the age of 60; his prostate was removed, but his cancer was aggressive and spread to other areas of his body. Thankfully, based on genetic testing performed by Myriad Genetics, Inc. and Helix Life Sciences, no genetic mutations were identified.

Veracyte Labs SD calculated my Decipher Score of 0.11 based solely on the genomic characteristics of my tumor, indicating a very low risk of the cancer spreading. I feel incredibly fortunate. I never thought that my Prostate Cancer would spread or negatively impact me to the point of needing surgery. I felt that I could go twenty years or more before requiring surgery; however, in five years I underwent my surgery. Overall, my outlook on life has not changed as I remain extremely positive. I tend to be more helpful and compassionate towards others now that I have gone through and learned so much.

Statistics show that one in eight men may experience Prostate Cancer in their lifetime. Similarly, one in eight women may experience breast cancer. As a family, we thought the worst was behind us, but when it rains, it pours. In June 2023, my wife, Nancy, was diagnosed with breast cancer. I became her note-taker and advocate at her appointments. On Tuesday, July 18, 2023, Nancy had surgery, followed by localized radiation therapy in September 2023, and then hormone therapy (Letrozole) starting in October 2023 and lasting for at least five years. She has come through her breast cancer journey with flying colors and is doing well. Thankfully, based on genetic testing performed by Ambry Genetics, no genetic mutations were identified.

Our two sons, Andrew and Matthew, have been very supportive of us through both of our cancer journeys. They're both graduates of Penn State University. Andrew lives in Easton, Pennsylvania, has three master's degrees from Moravian University, and works for PPL. Matthew lives in Houston, Texas, has a master's degree from Texas A&M University, previously worked at ExxonMobil, and now works for Cognite. They also volunteer at various events in their communities.

Giving Back

We continue to volunteer with various organizations and events to give back to the community, including volunteering at a local homeless shelter (Safe Harbor Easton), where I've served on the Board of Directors for ten years, the State Theatre of Easton, Greater Lehigh Valley Chamber of Commerce events, and helping out at events such as 5Ks, 10Ks, half marathons, and marathons. We especially enjoy helping at breast cancer and prostate cancer related events.

Today, I continue to participate in prostate cancer events and stay informed about new developments in prostate cancer treatments and testing. Tools such as the PSMA PET scan, a specialized imaging test for Prostate Cancer that uses a radioactive tracer to detect prostate-specific membrane antigen (PSMA), a protein found on the surface of prostate cancer cells, helps doctors assess the extent of the cancer, determine if it has spread (metastasized), and guide treatment options. It's also been incredibly fulfilling to share my own journey and offer support to those who are just beginning theirs. The relationships I've built with PCF and the Man Cave Health Prostate Cancer Virtual Support Group have enriched my life and continue to provide invaluable connections.

In addition to my participation in the Man Cave Health Prostate Cancer Virtual Support Group, I was honored to contribute to the Pocono Raceway Fan Zone event in July 2024, in collaboration with PCF, Man Cave Health, Lehigh Valley Health Network, Lehigh Valley Topper Cancer Institute, HNL Lab Medicine, and Pocono Raceway. This event promoted men's health and offered free prostate cancer screenings. It was incredibly rewarding to see so many men take proactive steps by getting their PSA tests. Having my family join me volunteering made it even more meaningful, and I'm grateful for the lasting relationships I formed that weekend.

More recently, in March 2025, my family and I participated in a similar three-day PSA testing event with the same wonderful partners at the 2025 Lehigh Valley Auto Show in Bethlehem, Pennsylvania. We tested 300 men, including some old friends from elementary school, high school, and college, for free. The amazing people at Pocono Raceway gave each man who had their PSA tested two complimentary race day tickets to the upcoming race in June 2025. The Lehigh Valley Auto Show was a relaxed environment where people felt comfortable asking me personal questions about my Prostate Cancer journey. Many of them—or their relatives and friends—were just beginning to navigate Prostate Cancer.

I really wanted to check out cars at the Lehigh Valley Auto Show—my family could use some new vehicles! However, I didn't get a chance to explore the Auto Show because we were busy disseminating information on Prostate Cancer to men who passed by. Our goal was to provide free PSA tests to 300 men during the Auto Show. Fifteen minutes before the show ended, we reached

our target by testing our 300th participant. I wanted to spend my time at the show helping others, and I kept thinking that if we could potentially save even one man's life, it would be worthwhile for him, his family, and his friends.

Out of the 300 men tested at the Auto Show, about five told me that one reason they attended was specifically to get a free PSA test because their health insurance didn't cover it. They said the cost of a PSA test could range from \$135 to \$180. I distinctly remember interacting with a 93-year-old man who came with his three sons for the free test. Another encounter was with an elderly woman who brought her son—who used a wheelchair—to the Auto Show for the same reason. She and everyone else I spoke with were extremely grateful that the PSA test was free. Lastly, I ran into a friend of mine who was diagnosed with Prostate Cancer last year at the age of 64. His annual PSA was always low (around 1.0); however, last year his PSA suddenly rose to 25. A biopsy confirmed that he had aggressive Prostate Cancer, which had already spread from the prostate gland to his rectum. He chose radiation therapy and is doing fine today. Many people mentioned they heard about the free testing event on WFMZ, a local TV station, or read about it in *The Morning Call*, a local newspaper, or on social media.

Besides hitting our goal of testing 300 men, another rewarding part of the event was having my wife and son volunteer alongside me again. Volunteering at Prostate Cancer-related events have become a family affair, and it makes me proud that they have been—and still are—right beside me through every step of my Prostate Cancer journey. Although my dad served as a medic in the U.S. Army in England and France during World War II, my parents rarely shared their health matters with me. Now, as a parent myself, I believe that discussing health issues with our children can only help them better understand cancer and its impact on everyone.

Also, I participate with another Prostate Cancer Support Group at the Cancer Support Community of the Greater Lehigh Valley. This fine organization holds Prostate Cancer Support Group meetings on the first Tuesday of each month.

Gratitude

I am incredibly grateful for the support I received from the Prostate Cancer Foundation (PCF) and the Man Cave Health Prostate Cancer Virtual Support Group. Both organizations profoundly impacted my life, providing invaluable resources that helped me navigate every phase of my treatment and recovery. Man Cave Health offered a blend of social support, educational materials, and practical advice, all of which were crucial for me and my family.

Before my radical robotic prostatectomy, I turned to both PCF and the Man Cave Health Prostate Cancer Virtual Support Group to learn about my treatment options. The members of the Man Cave Health Prostate Cancer Virtual Support Group were welcoming, compassionate, and knowledgeable. Their firsthand experiences gave me a realistic perspective on what to expect, and I felt informed and prepared for the journey ahead.

After my surgery, I was overwhelmed by the support from the Man Cave Health Prostate Cancer Virtual Support group. Friends I made there reached out to check on me, offering advice and encouragement. Their kindness was a beacon of hope during a challenging time, and their shared

experiences helped me understand the potential side effects of Prostate Cancer treatments. Most importantly, they gave me the confidence and strength to continue my recovery with optimism.

As I mentioned, one in eight men will be diagnosed with Prostate Cancer. Through Man Cave Health and the Prostate Cancer Foundation, I learned that I am not alone in this fight. As men, we often hesitate to discuss health issues, but within these communities, I found a space where I could openly share my thoughts and feelings. Cancer survivors and support personnel truly listened, and through their wisdom, I gained a sense of community essential to my healing process.

Finally, I would like to express my deepest gratitude to Thomas V. Milana, Jr., Adriana Milana, Chris Masters, Carmelo Cintron, and William Hatzichristos of Man Cave Health, and to Mike Milken, Gina B. Carithers, Patrick Duncan, Luciana Faulhaber, and Riad Ahmed of the Prostate Cancer Foundation, for their unwavering dedication. Their support has made a lasting difference in my life and in the lives of many others.

Through Man Cave Health, the Prostate Cancer Foundation, and the Cancer Support Community of the Greater Lehigh Valley, I have found not only support but also strength and hope. My journey continues, but I now face it with confidence, knowing that I have a community of people who truly understand and are with me every step of the way.

Advice

My advice to others is no matter how tough things seem, someone else is facing a greater challenge. Be grateful for each day, lean on your support system, and don't sweat the small stuff.

Sincerely,

Ronald Semanick, CPA
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