

Prostate Cancer Screening Early Detection Starts with a Simple Blood Test

Phillip Koo, MD [00:00:00] Dr. Lee was one of the early pioneers in robotic prostatectomies. And I remember when he had first joined the University of Pennsylvania, I was a lowly intern, and I remember just the buzz around this new technology, this new technique. And I remember being able to, not scrub in, but observe him at work. And it's amazing to see how far this has advanced. And David, can you tell us how many procedures you've done so far?

David Lee, MD [00:00:26] Thanks for the very kind introduction. So, I've done over 7,200 robot prostatectomy cases now. And that's really like the only thing that I do. I see guys with elevated PSA and prostate cancer diagnoses and help but, you know, I feel like my biggest role in my job is to help educate. It's such a critical piece of what I do, where you know, I don't ever want to recommend surgery for somebody and not have them understand exactly why it's good for them as opposed to other treatment options which are available, such as radiation or focal therapy. And you know, what I do a lot of also is active surveillance, which you know isn't technically a procedure, but it's a great option for guys when they're carefully selected and meet all the criteria, which makes them a good surveillance candidate. Then, you know, I have a lot of guys that I'm following in that regard. So yeah, so it's a real pleasure to, you know, be here tonight so that we can talk about, you know, this very important topic of PSA screening.

Phillip Koo, MD [00:01:40] Great. So, thank you. So absolutely the screening piece is the critical piece here and unfortunately it still is not utilized correctly and appropriately across so many different patient populations. Before we get into that, just tell us what is PSA screening, what is prostate cancer screening.

David Lee, MD [00:01:58] Yeah, yeah. So, first of all, I think it's really fortunate that we have this great tool which is PSA. And so, PSA, for those who don't know, it's a blood test. So, PSA stands for prostate specific antigen. And antigen just means protein. So, it's a blood test that you can do. You don't have to be fasting for it. You get this level of this molecule that's floating around in men's blood, because it's a protein that's really just produced by the prostate. And when the levels get a little bit too high, then we suspect that those guys may have prostate cancer. And so, it's a really easy way to determine that, you know, it's not any different than getting your cholesterol checked. But then the nice thing about PSA is that it can be a very cancer specific tool because PSA, this protein, is produced by normal prostate cells, but they're produced at a little higher level by prostate cancer cells. And so, if there is prostate cancer developing in somebody's prostate, then that level of PSA in their blood goes up. And so, it's a great first step at seeing whether somebody may or may not have prostate cancer.

Phillip Koo, MD [00:03:18] Right. So, you know, oftentimes I hear there's a lot of misconception in the community that screening involves a digital rectal exam as well. Can you sort of demystify that for all of us tonight?

David Lee, MD [00:03:29] Yeah. So, you know, it has been for, you know, many, many years a standard part of the screening for prostate cancer. But just last year it fell off as an official recommendation by AUA and NCCN that you don't actually need a digital rectal exam anymore. It's probably not a bad thing to include in a physical exam. And you can check the prostate while you're there. But you know, checking for rectal cancers, you know, it can be a really helpful piece of your physical examination, but that men need to

get this every year to check for prostate cancer, that's not a necessary recommendation anymore.

Phillip Koo, MD [00:04:14] All right, great. Thank you for clarifying that. So, talk to us about risk factors. Like are there certain behaviors, genetic factors that place men at greater risk of getting prostate cancer?

David Lee, MD [00:04:26] Yeah, for sure. So, these are part of our standard history taking when we see somebody who gets a PSA and they have a high level, or you know, just to know as a man that you have a prostate, at what point do you need to get screened and who is at higher risk. So, men who have a family history, they definitely have a higher risk of having prostate cancer. Those members of your family which count as family history, it's your dad or your son or your dad's brother. So, it doesn't necessarily translate through your mom side of the family, although there is an exception for that. African American men. So, there are certain races where prostate cancer is found at a little higher rate. So, we recommend that African American men get PSA screening probably at an earlier age. And then there are certain genetic mutations, such as the BRCA gene, which then can get passed through a mother to a son. So, if there's a strong family history of breast cancer, that is also seen with prostate cancer, that is also definitely a risk factor. So, but then how does that translate? We usually recommend that men start getting screened with an annual PSA blood test, officially recommended by the American Urological Association at age 55 and continue until age 69. But I personally recommend starting at age 50. And then for men who have these higher risk factors, starting at age 40, at least with your first one. And then at that point, if you have a really low level, then you probably don't need it every year. But doing it every other year is being on the safer side.

Phillip Koo, MD [00:06:26] You know, that's really helpful 'cause you know, I agree a lot of those, you know, papers published and recommendations out there are really confusing, and I sort of like this approach of 40 if you're at higher risk, 50, you know. And if you get it sooner, there's probably no harm, you know. In getting that done.

David Lee, MD [00:06:44] Right. No, that that's a great point too, you know, because there has been a lot of controversy about PSA, you know, some people say men shouldn't get it regularly. I think it's super important because it's really the fundamental way that we catch prostate cancer early. But unless you do the PSA, we're really behind the eight ball in it for a lot of men. And so just thinking like, you know, age 50, start getting an annual PSA, I think that just makes it easy. And the other point is that most men who get a PSA blood test, it's normal. And then they don't have to worry about it. And that's the big majority of guys who get screened. But having a good number, you know, just relieves a lot of worry and concern, especially when there are cases where you know my dad had prostate cancer. So, you know, you always have to be on the lookout. But if your number looks normal, then that's great.

Phillip Koo, MD [00:07:49] So all right, so that's really helpful with regards to when to start PSA screening. Another question that comes up that's often difficult to understand is when do you stop? 'Cause a lot of times people say stop after seventy, but we know that's not true.

David Lee, MD [00:08:04] Right. Yeah. No, totally. And there's a great example, you know, in the news fairly recently where former President Biden got diagnosed with late-stage prostate cancer. And it sounds like he stopped screening at age 70 or so and then therefore didn't get picked up early. This unfortunate circumstance could have been

prevented, you know, possibly if he maintained that annual PSA screening. But you know, it becomes kind of this actuarial game, you know, prostate cancer in general is slower growing, and if you catch it early, then you know, a lot of guys may die of something else, and that's why active surveillance is a recommended form of treatment these days. But the way that I look at it more is that not every 70-year-old guy is in the same general health category. And there are some 80-year-old guys that I see who look much healthier than some 65-year-old guys that I see. And so, I kind of think about an individual's life expectancy. So, when I see somebody who's 78, but they don't take a single medication and they're super healthy and they're active and athletes still like I think those guys should still get PSA screening because if they get a bad prostate cancer, then that could still potentially hurt them. And so, if somebody's got a more than 10-year life expectancy, which you know can be a somewhat tricky call, but if that's that individual's goal, then I think it's important for them to continue to do PSAs.

Phillip Koo, MD [00:09:48] All right. That's really helpful. So, you know, 10-year life expectancy, if you feel good, you're in good shape. Yeah, by all means continue getting that test. So oftentimes there are questions about what do you need to do to prepare for a PSA blood test? You talked about there's no real preparation, but there's, you know, questions about riding bicycles and other things that might cause false positives. Help us demystify that.

David Lee, MD [00:10:12] Yeah, absolutely. I think the most common way that guys get a little bit thrown off is sexual activity. So that's one thing that guys should kind of avoid 24 to 48 hours before they're getting a PSA blood test. I think that bike riding is potentially something, but if you just stay off your bike for 24 hours, I think that's plenty. And then, you know, otherwise the digital rectal exam was something that was potentially implicated with artificially elevated PSA. And so, you know, but because that's not part of our routine screening anymore, I think that's something that is easily avoidable before you get your PSA. But yeah, that sexual activity part, I think that's the thing that guys can avoid, which can help make a clean PSA number.

Phillip Koo, MD [00:11:09] How do you define what is an abnormal PSA? And then what do you do when you have an abnormal PSA? Most of these are gonna be drawn in the primary care provider's office, but what sort of happens afterwards? So, what is abnormal and what do you do afterwards?

David Lee, MD [00:11:26] Yeah, so in general the kind of more well accepted number is a PSA of 4, or higher would be abnormal. Although when I hear of guys getting PSAs and they're less than you know 55, then I ratchet that down a little bit to two and a half actually. But in general, it's 4. Another big or important thing to keep an eye out for is change in your PSA. So, if somebody's been getting a regular PSA annually and they've been at 1.8 for a long time, but then it goes up to three the next year, then I think that's also a concern. And so that kind of PSA velocity or change over time is an important concept, which can be a tip-off for us to catch prostate cancer early. But The next step doesn't have to necessarily be a prostate biopsy, which you know, 30 years ago that was the next step when we saw an elevated PSA. But these days there's a lot of things that we put in between. And the first thing that I usually recommend is just to recheck the PSA. PSA can be kind of off, you know, a guy may have had sexual activity and forgot and then didn't even put two and two together. So just getting another PSA can be really helpful and weed out a lot of the guys who then don't need extra treatment. But yeah, if somebody then does have a repeat PSA and it's still high, then I think a referral to the urologist is very important. At that point, when I see somebody who's got a confirmed high PSA, then I'll usually do

some more testing. And then, you know, if that testing shows any suspicion, then we'll proceed to that next step of the prostate biopsy.

Phillip Koo, MD [00:13:27] Great. So, thank you very much for that. We're gonna now transition into some survivor stories. And first up we have Robert Ginyard, who we introduced earlier. The impact you've had on the world continues to grow. And we really appreciate you taking the time to sort of talk to us about your own journey. But before we dip into that, on the heels of Thanksgiving, tell us what you're thankful for today.

Robert Ginyard [00:13:54] Dr. Koo, I'm thankful for life. And we'll talk about this a little later, but had it not been for early detection, I would not be on this panel tonight. And so that's a blessing that I carry each day with me. That had it not been for a primary care physician who was really in my corner, I would not be on this call. So, I am thankful, and I know that's cliché for a lot of people to say, but I am truly a testament of what early detection did for me. And so therefore I'm thankful every day.

Phillip Koo, MD [00:14:30] That's wonderful. That's great to hear. Tell us about your journey, because I know there's a lot of lessons to be learned and thank you for sharing with us.

Robert Ginyard [00:14:39] Sure. Well, I was diagnosed at 48. And it was a result of a rising PSA level. And again, that's why I'm so thankful for my primary care physician. Had been seeing my doctor for almost 25 years. So, we had a relationship, and you know, even he brought up that, you know, as an African American man that, you know, you want to make sure that you check your PSA. And also, I will add, with the pressure of my wife, who also wanted to make sure that I get screened. And so, my PSA started to rise to a certain degree. And Dr. Koo, that's when my primary care physician said, I don't like what I'm seeing. So, let's refer you to a urologist and take it to the next step. And so sure enough, it was confirmed. But I gotta tell you, what made the process, I mean, cancer is something that I don't wish on anyone, but what made that process a lot smoother was that I had a primary care physician who knew me, my body, my family. And so, there was a relationship, and to a certain degree I knew a lot of the medical language from seeing him for so long. And so that made the process a little smoother in terms of being able to have a conversation with my urologist. And once we did that, I gotta tell you that it was a very good team that did my treatments. And so, I really did have a, and I hesitate to say this sometimes because it's cancer, but I had a good experience in terms of a team that was working with me. And so yeah, 48 hours diagnosed. And you know, initially, Dr. Koo, I decided that I didn't want to tell anybody about it. You know, I thought I was gonna stay silent. My wife had prompted me to go to a walk-run race. And initially I thought I'd hang out in a coffee shop for a couple of hours and then just go back home and not go to the race. So sure enough, I went to the race, met so many survivors, and hearing other men and their stories is really what got me out into speaking and letting other men know about the disease.

Phillip Koo, MD [00:16:57] So, you know, I remember hearing that you had a family history of prostate, but you weren't necessarily aware. Can you tell us more about that?

Robert Ginyard [00:17:06] Sure. That was my father, and this happens in a lot of communities, whether it's black or white, Latino, you name it. Men in their efforts to try to take care of the family and not have them worry, he did not want the kids to know about his prostate cancer because he didn't want us to worry about him. And again, I thought that was an isolated incident, but coming to find out there are a lot of men who share some

of those same stories. And so, my dad had prostate cancer. I found out years later, but that was also a warning sign for me to make sure that I get checked. And again, having a physician on my team to help me go through that process, that's what really made me stay on track with those screenings.

Phillip Koo, MD [00:17:53] You know, I think there's really so many good learning points here. Number one, having that relationship with your primary care provider and seeing that person every year builds a relationship and really helps. And then number two, you're not doing your family and even anyone around you a favor by sort of keeping this closed. You do need to share it because it does have implications for so many people around you. So, you know, you've spoken across the country about this topic and a lot of other topics. What do you see as some of the barriers to prostate cancer screening, especially in the African American communities?

Robert Ginyard [00:18:32] Well, we have to look at the historical perspective with Tuskegee and Henrietta Lacks. And we've got to look at those things that while they happened years ago, they are still on the minds of many men across the country. But what I will say to that as well is that now we have, I think a lot more transparency in terms of who's treating you, what the research is being used for, and so there's so many ways you can eyeball what's going on in the research community. And so, I think that's a benefit. I think for a lot of men, it's still, and we talked about this earlier, in terms of the sexual piece of this, that anything below the waistline is off limits. And so that still played into this stigma that a lot of men did not want to get tested for prostate cancer. But what I am finding, Dr. Koo is that the more and more I talk to men, and if I can help them identify their why in life, then they will do all the things that they need to do to live a longer life, be there for their family and kids. So, I am seeing a change in men once they know why they're here, then they begin to take their health a little bit more seriously. And I'm proud to say that I've seen just in my years, and this over maybe about 10 to 12 years of advocacy work, I'm starting to see a lot of men make that change to say, hey, look. You know what? I'm shortchanging my family if I don't take care of myself. And so, I've been overwhelmed to see that happen in the communities.

Phillip Koo, MD [00:20:04] That's wonderful. So, you know, as a patient advocate, what's sort of the message that you have for the community regarding prostate cancer screening?

Robert Ginyard [00:20:16] I would say that it's now easier than ever now. You know, we talked about the digital rectal exam is not so much part of the process anymore. And so that should ease the mind of men who do still have a problem with that. But the PSA, it's painless. Well, if you're, you know, if you have a thing against a little pinch of a needle, but for the most part it's painless. And I'd say, you know, with the PSA test, the blood test, I mean, you're talking a couple of seconds that could save your life. And so that's when you have to do the math and say, Well, look, what is this really worth to me? And so again, I'm starting to see more men care about their health and general welfare. And so, I'm proud to say that I do see a change.

Phillip Koo, MD [00:21:05] Great. And Dr. Lee, you know, the African American population, there's a higher incidence. You know, the number we hear is one in six versus one in eight, which is a pretty significant increase. And there's also sort of questions about the aggressiveness of disease in the African American population. Can you sort of help us explain or understand that?

David Lee, MD [00:21:27] Yeah, so it does seem like African American men do have a slightly higher percentage of having higher Gleason scores on their prostate biopsies, which translates to more aggressive disease, which then translates to worse outcomes, unfortunately. So that's actually kind of a double reason to make sure that African American men get PSA on a regular basis to make sure that it's caught early. Because especially with the more aggressive diseases, then that's the only way that we're gonna help these guys to beat it. And so yeah, it's super important point.

Phillip Koo, MD [00:22:10] Wonderful. So, we're gonna transition now to Tom and Lauren and we'll welcome Robert back a little later. Tom and Lauren, thank you so much for joining us. We really appreciate the time and the insights. And I know Tom, you actually had cataract surgery this morning and again this is just one of many instances which show your commitment to all of us.

Tom Hulsey [00:22:30] Thank you, Doctor Koo. It's our honor to be here this evening.

Phillip Koo, MD [00:22:34] Great. So, we're gonna do the same thing. On the heels of Thanksgiving. What are you guys thankful for? And I'll start with you, Lauren.

Lauren Hulsey [00:22:41] Well, first thing is I'm glad to have Tom with me, who is also a survivor, a cancer survivor, prostate. And just have a wonderful area where we live and we've got great grandchildren that we like to invite every once in a while. And so, I'm very thankful for these things you know, that we have here and today.

Phillip Koo, MD [00:23:10] Great. And you Tom?

Tom Hulsey [00:23:12] Well, there's I'm thankful for a lot of things. I'm really thankful for having a purpose. I'm able to help others by sharing my lived experiences. I'm thankful for the hard days that I've experienced, 'cause those are what really shaped me and those struggles is what really built my character. And lastly and most importantly, I'm thankful for Lauren, my co survivor. I couldn't have done this without her.

Phillip Koo, MD [00:23:45] That's great to hear. And I know you've been through so much and you've really inspired so many people. Tell us more about your journey and how screening sort of helped, you know, save your life.

Tom Hulsey [00:23:58] Well, I heard the words you never want to hear on my 61st birthday in 2015, that I was diagnosed with prostate cancer, and it was a complete shock. I was, you know, I was super fit, never expected anything like this. And I was filled with so many emotions. And one of those emotions, though, was the fact that I didn't want to talk about it, kind of like Robert said earlier, because the societal stigma of prostate cancer is real. But again, I had so many emotions that, but I was over able to overcome that though. But part of my angst was that we had just witnessed one of our best friends lose his life to prostate cancer, and it was a four-year battle, and it was absolutely gut-wrenching. And this happened just prior to my own diagnosis. But with that said, I've always been proactive with my health, and I was an advocate for, you know, having the PSA as part of my annual exam. And I was having it checked annually, and we had a really good baseline there. It just stayed the same for years and years, but then it started to slowly creep up. And eventually it was to the point where my urologist recommended doing a biopsy and from there, because it was caught early because of early detection, and it was contained within the prostate, and I had my prostate removed. And so early detection really in the PSA I attribute to saving my life and why I'm still here ten years later.

Phillip Koo, MD [00:25:56] You know, that's great to hear. And it's really sad to hear those stories of, you know, friends, loved ones who unfortunately die of prostate cancer, and I guess sometimes I guess the light is that others around them it sort of serves as a reminder to get tested, but obviously we want to avoid that.

Tom Hulsey [00:26:13] One thing I might add too about our great friend. There was one significant difference between he and I regarding our diagnosis and outcomes and that was the early detection in the PSA. He was like he was like me and very proactive with his health, but he skipped a year in getting his PSA checked, and that's what ultimately led to his demise. And so that's why I'm a huge advocate of early detection and it really did save my life.

Phillip Koo, MD [00:26:50] So that's a really good point. You know, I think sometimes you get a normal value, and you think, Oh, I don't need to worry about it. But you know, tumors change, cancer changes, and you know, going two years is very different from going one year. And there are probably instances in which every other year is reasonable, but maybe Doctor Lee, can you sort of give us your perspective on timing and regularity?

David Lee, MD [00:27:13] Yeah, no it -Oh, go ahead, Tom.

Tom Hulsey [00:27:15] No, I'm sorry. Sorry, go ahead.

David Lee, MD [00:27:18] Oh, okay. Yeah. Yeah, no, it's actually a really good question. There's some pretty good data which shows that screening every two to three years is way better than not screening at all, obviously. But then the difference between one year and every two to three years may not be a lot. So, Tom's friend unfortunately was one of those guys where it didn't work for him. And so like, to me it makes sense, just do it every year because you don't want to be one of those outliers, right? Because if you're playing the odds, like if you lose on that and it costs you your life, that's not worth it, right? That's not worth the gamble of just getting an annual PSA. That's easy. So then like, if you just plan to do it every other year, then you forget, you know, to do it that interval, then you could go four years and not get a PSA, then that's like potentially like really a big deal. So just once a year with all your regular other blood work, it just makes it easy to remember.

Phillip Koo, MD [00:28:30] So Lauren, you know, oh, go ahead.

Tom Hulsey [00:28:33] Part of what motivated me too was the fact that I had a family history of prostate cancer. My grandfather had prostate cancer, so that made me very aware of the potential and again that's what really helped, you know, keep me on track on as far as getting my PSA checked every year.

Phillip Koo, MD [00:28:53] So, you know, Tom, I love the way how you described Lauren as your co survivor. So, Lauren, tell us you know, your perspective on this journey. You know, he's getting his screening, you don't think twice and then you know, you get the news that it's abnormal. Walk us through that and how you felt like your role fit during his journey through this diagnosis.

Lauren Hulsey [00:29:19] Well, just being with him and knowing his history, his own history. We got married. I was 40 when we got married. And so, at the time didn't know him really all that long, but here we are now, 26 years later. But I knew he was a good healthy guy and running and doing all of these things, which yay, it prompted me to do the

same. So, taking care of myself. But it was really hard. When he did go and all of a sudden everything just came to a dead stop. Well, I was excited he was going to it, just like we women do, and that is we go for our mammograms. It's really not a big deal anymore for us women, we just go and do it, but I understand why for the men and trying to get him to go, or maybe some of the people that I know. I've met women, they've come to me and asked me questions about you know, Tom's prostate cancer. But when I found out that his numbers were going up. And so, we took a breath and I had to learn a whole new language for some of the things his doctors were talking to him about. And you know, we just we talked about it as often as we needed to, and we looked a little bit more in-depth and, you know, we tried to make ourselves very comfortable. Because I'm a big proponent of, especially now these days now, and that is early detection really improves the outcome. And I think that is so important. And I try to tell other women, you know, I just ask them sometimes in questions when we've had you know more personal conversation. But watching Tom go through this, he was scared to death. But so, a couple of things, and this is one of the things that I tell some of the women that when I'm talking to them and they're telling me their husbands are really, you know, uptight, they're nervous. My father had prostate cancer. So, I've written down three things. Number one is to always offer to make the appointment for your husband or your partner. It's always nice to do if you can try to do that, to schedule that appointment, because that means now you're starting to get really involved. And then go with them. And that's part of your support too. Drive, whatever you need to do to calm that down and talk about it. And then of course, you know, try to help you know your partner or the cancer [patient], make sure that they that they find a doctor that they're gonna feel really feel really comfortable about. But with Tom, I just had to sometimes sit back and wait and watch and what he was going to do next so that I could help and support him.

Phillip Koo, MD [00:32:19] Sure. It's yeah, I can imagine it's challenging and very dynamic. Tom, you are a fitness guru. You before the diagnosis, you were a triathlete. Following your treatment, I believe in six months you ran another triathlon. Amazing. We're hoping people are inspired and will sign up for the LA Marathon in support of PCF after hearing Tom's story. But Tom, tell me how that has fit into your life and how that has helped you through this journey.

Tom Hulsey [00:32:49] Well, one of the things I learned early on was that you know, during those dark times that I needed to set to set goals for myself to get beyond those dark days. And I set short, intermediate, and long-term goals. And the goal you just mentioned was my intermediate goal, and that was to be able to do a half IRONMAN six months after my surgery. And so that those, you know, really setting those goals really had helped me, you know, in my long-term outlook and all, because as I mentioned, I think I mentioned earlier that you know I didn't talk about it for over a year about my diagnosis. I kept it or we kept it bottled up inside. And that was a lesson learned that you know, you shouldn't do that because it was very isolating, isolating and overwhelming for us not to talk about it. And she was sworn to secrecy. So, but anyway, I set goals to get beyond those dark days, and that eventually led to where I am today with my advocacy was one of the things that Lauren encouraged me to do was to write a blog about my journey because I had kept it all inside. And so, I wrote a blog and the first response I got back was from a gentleman in New Zealand. I had given him hope and inspiration. And it just kind of went from there. But at the time I wasn't trying to make a difference, but it was so, so therapeutic for me, for us to write about it.

Phillip Koo, MD [00:34:33] I think that's really a great story and a great lesson for all of us about you know talking, sharing and finding strength in in the community, whether it's you

know locally, nationally and whatnot. Let's invite Robert back on camera and I'm gonna ask some questions and sort of hopefully just drill down on the importance and maybe give patients some tools to ask their physician. So, Robert, one thing that always comes up is oftentimes patients know they need a prostate cancer PSA test. They're going to the doctor or their provider, and then that person might say, No, you don't qualify, you don't need it. And because of that sort of power dynamic, they sort of shut off and say, Okay, and they just leave and never think about it again. What advice do you have as a patient advocate to sort of stick up and speak up for themselves?

Robert Ginyard [00:35:26] Yeah. Excellent question, Dr. Koo. And what I try to encourage patients to do is claim your superpower. You are the one who is in charge of your body and decisions. Be insistent about getting the exam. You know, and then some of that gets back to knowing what your plan is, what your medical benefits are, so that you have ammunition to say, hey, look, I know this is covered. I have a family history. And so, you lay out your case and your superpower and use your superpower to get the exam. And so again, a lot of that is about, hey, this is my why. I want to live, this is what I want done. And again, knowing what your plan is, what it covers, requires a little homework on us. But again, I would say use your superpower because it's your life and you want to live the best of it.

Phillip Koo, MD [00:36:20] Great. Tom and Lauren, anything if that you wanted to add regarding sort of speaking up and claiming your superpower?

Tom Hulsey [00:36:29] Well, I would actually echo what Robert just said, but you've got to be proactive with your own health. I mean you just have to be, especially if you're getting pushback from the doctor, and it's very important to educate yourself. As I like to say, an educated patient is an empowered patient. And with medical care evolving into to patient-centered care, it's very important for a man and his loved one to be informed and look out for what's best for him.

Phillip Koo, MD [00:37:08] Great. So, Dr. Lee, this is probably something that occurs very often and there are a lot of providers out there who sort of stick to these old mantras that PSA test is useless. What's your perspective being on the provider side of things and how can patients sort of speak up for themselves?

David Lee, MD [00:37:27] Yeah, no, that's a great question. So, I there's a lot of controversy, but the data at the end of the day I think is very supportive that prostate cancer screening through PSA blood testing saves lives. And I have a lot of information about this and always happy to discuss it. But then, I think the most convincing trial when patients really want to drill down is the ERSPC study. It's a multi-center study out of Europe which looked at 180,000 men over 25 years and really demonstrated that there's a survival benefit by doing PSA screening. The benefit of PSA screening with the blood test is just as good as mammography for women. So, if anybody has any kind of question about that, if you look at that study, that's what it boils down to. And I don't think there's anybody who tells women that they shouldn't get a mammography because it saves lives too. And so, but knowing that that data is out there, then men can use that to advocate for themselves and their health. And say to their primary care physicians, if there's pushback that, yeah, no, there's a lot of data that supports PSA screening, and can you order that for me? Like it's easy. Just put that in, you know, with my CBC and my chemistry and my cholesterol and my liver profile, and let's see what that is. And so yeah, I think there is data, and you just need to ask for it. And so, yeah, use your superpower. I love that. I love that from Robert.

Tom Hulsey [00:39:21] I think Dr. Lee, what I tell men and their families is the is that the PSA is not an absolute, but it's an indicator that something might be wrong. And you may have do further testing, but it's not an absolute because I get asked that a lot about, you know, because the PSA is somewhat controversial.

David Lee, MD [00:39:46] Yes. Tom, that's such an important point. I think we all have to realize and understand, and this is just kind of the way that I think about it because I've been dealing with it for so long, PSA is not a binary test, right? It's not zero or one, meaning you do have prostate cancer, or you don't have prostate cancer it's prone to false positives and false negatives, but there's a lot of super valuable information that you can get out of it by doing PSAs over time. And you know, when something is abnormal, then you know, I think some of the controversy is that we used to just go to prostate biopsies, which was kind of more invasive feeling. There were complications associated with it, like sepsis and bleeding. But now we're a lot smarter about it because there's other tests that we put in between, like MRI. MRI utility is super great. It saves a lot of men from getting prostate biopsies. And there's a bunch of other tests available as well. But then the way that we do prostate biopsies is much safer now. So, you know, we perform MRI ultrasound fusion biopsies through a transperineal approach. And so, by putting the needles through the skin rather than through the rectal wall, our infection rate goes to zero and our bleeding rate goes to almost zero. And so, it's a much safer way to do it. But we don't do it unless these other tests are abnormal. We don't go just by PSA. And so, it's a super important point that PSA is just a starting point. We know that it can be wrong, but there's other tests that are more accurate, and we can only order those higher costs tests if it looks necessary from the PSA.

Phillip Koo, MD [00:41:31] Great. So, Robert, you've, you know, been through this journey. It really, you know you talk a lot about, you know, the people in your life that really impacted this. And what advice do you have for the listeners out there today and who'll see it online about how to take control of your health and really make an impact not just for yourself but perhaps those around you as well.

Robert Ginyard [00:41:58] Sure. I think again it gets back to understanding your why. Why do you want to be around to live longer? You know whether it's your kids graduating from high school or college, you know, spending years with your wife, significant other, or partner. Those are the factors that will affect a man's decision to be proactive about his health. And I think when you count the cost, you know, what they say some of the times that your family and the best friends are the highest form of wealth. And if you want to be a wealthy man, you look at your family, you look at your friends. And if you want to be a wealthy man, then you take the measures to make sure that you're around to enjoy your family and friends.

Phillip Koo, MD [00:42:43] I love that. I love the sort of, you know, asking the why, defining the why. And it reminds me of how, you know, when you go on an airplane they say, all right, if the masks come down, you gotta take care of yourself first.

Robert Ginyard [00:42:55] Exactly.

Phillip Koo, MD [00:42:56] So that that's a great message for all the men listening tonight. So, Dr. Lee, I'm gonna go to you. What are some causes of false positives and false negatives with the PSA test?

David Lee, MD [00:43:08] Yep. Yeah, false positives. I think we kind of touched on that. Men should be careful to not have sexual activity soon before their PSA blood test, but a urinary tract infection can cause their PSA to be high. Just having a large prostate, that all by itself can cause somebody's PSA to be high. And then a rectal exam, bike riding potentially. The false negative, I think that actually comes from the idea that when somebody first develops prostate cancer, it's very small, right? It starts off with just a single cell that goes haywire, and then that cell is a cancerous cell and it needs to grow over time in order for it to then start popping off and metastasizing to other parts of the body. Well, in those very early times, it's not gonna have made the PSA go up yet. And so, it takes time for the prostate cancer to grow enough for it to make enough PSA that will then raise the level in the blood. And so, you know, so that's the idea of the false negative that there's really prostate cancer there, but the PSA isn't detecting it. And so, I think practically for every single guy who gets prostate cancer, they're gonna have a time where their PSA it hasn't gone up yet. And so, it just takes time. But fortunately, prostate cancer is a slower growing disease, and that's why we only need to check the PSA once a year to catch it early. But yeah, to Tom's point, if you wait too long in between, that has a potential cost too. And so, you have to stay on top of it, get it on a regular basis because the prostate doesn't stay in the steady state your whole life. It can change over time, and it can get bigger and cause BPH and urinary bother symptoms, but then that's totally different from the prostate cancer risk. And so, you need to stay on top of that over time.

Phillip Koo, MD [00:45:10] Great. So, we're gonna do quick rapid-fire Q&A. We actually addressed a lot of the QA. I'm gonna ask one last question to you, Dr. Lee, and then I'll do closing comments from all of you. Dr. Lee, ultrasensitive PSA versus regular PSA. What's the difference and when do you get each?

David Lee, MD [00:45:27] Yes, great question. So, I routinely get a free and total PSA for guys that I'm screening for prostate cancer. The free percentage adds extra predictive value on whether somebody's got prostate cancer or not. The ultra-sensitive PSA just goes down one more decimal point. So, it'll go down to 0.01 rather than 0.1. And so just for a screening test for prostate cancer, that's not important. But where it is important is for after treatment. So, all the guys that I do surgery for, I get them ultra-sensitive PSA so that we can look for that extra little decimal point to see if there's any risk of recurrence.

Phillip Koo, MD [00:46:08] Great. So, Tom and Lauren, I'm gonna turn to you. Closing comments, thoughts, messages, lessons for all the listeners out there.

Tom Hulsey [00:46:17] Well a couple of things for me. First of all, I always refer to prostate cancer as a double silent killer. One is there are typically no symptoms in the early stages. And two, men don't want to talk about it. And we've talked about both of these issues tonight, but that's why I refer to as a double silent killer, and it's so important to get checked. And another thing, and I'll let maybe Lauren talk a little bit more about this, but the family support is so important. I've been involved with a lot of trade shows and car shows or whatever where they offer free PSA screening. And it's usually the couple that's there, and it's usually the woman who makes their man get that free PSA check. The man doesn't want to, he's reluctant, and she insists that he do it. And I just I've always found that kind of very interesting.

Phillip Koo, MD [00:47:21] Lauren.

Lauren Hulsey [00:47:22] Yep. I you know, I try to stay close and learn some of the new things that he's learning. So, you know, when somebody asked me privately, I'd like to be

able to give them a little bit solace and just know that it's you know, that they need to wrangle in their husband or their partners or whatever. But I always make myself available if I need to, if they have any questions. And one of the things that I had to do, one of the most important things I had to do was learn all of the words and the acronyms and so forth. And then the other thing was when he had his surgery and after surgery, the doctor comes in and talks to me. I recorded it so that Tom could be able to hear what the doctor was saying while he was still, you know, under the sedation. But I learned so much more just learning with Tom so that I can be a better...

Phillip Koo, MD [00:48:17] I think that's a great point. Sometimes when you're in, you know, those discussions your mind is sort of all over the place and it's nice to have two sets of ears listening. Robert, your closing thoughts.

Robert Ginyard [00:48:29] I would just say, you know, as the year is ending and the holidays are upon us. I would say this is also a great time to talk with family members about family history of prostate cancer or any other diseases that may be in the family bloodline. But now is that time of the year to really find out what's going on in your family. And I'm not saying have this conversation over Christmas morning while you're unwrapping gifts. But you know, maybe while you're watching the games or having some coffee, but have those conversations about health and wanting to start the new year off right. So, it's really imperative to have conversations with your family because that's where you find the gold nuggets. You find out who passed away from what, who had what. So, it's an excellent opportunity to reunite with your family members and then kind of come to this common bond about how do we all live healthier. And through that conversation, then you'll take the appropriate actions to live your best life.

Phillip Koo, MD [00:49:31] You know, that's a great take home message. And it reminds me of I think it was a beer commercial where guys are sitting around watching football and they don't say anything. So, I think we gotta change that.

Robert Ginyard [00:49:42] Yes Indeed.

Phillip Koo, MD [00:49:42] And maybe it's not the most fun topic, but, Dr. Lee, closing thoughts?

David Lee, MD [00:49:50] Yeah. Number one, PSA screening saves lives. I think that's the bottom line, and everybody should speak up on their own behalf to get their PSA done on a regular basis. And number two, I'm so appreciative of Tom and Lauren and Robert for sharing their stories. Like I can only do so much because people think I'm biased, right? Because I'm a prostate cancer surgeon and they think that I just want to do surgery on everybody and like that's what my life is all about. And no, it's not true. I want to help people live their best lives. If that wasn't the case, I wouldn't be doing what I'm doing, like, because this is too hard, you know. But I really want to help people. But the biggest voices out there are the people who've been through the treatment, realize how it's important for them and their loved ones, and then send that message to everybody out there who, you know, is at risk so that they can get caught early if they have prostate cancer and then have great outcomes. And so, like thank you guys so much for sharing your stories. I really appreciate that.

Phillip Koo, MD [00:50:59] That's wonderful. You know, if everyone who's listening reaches out to five people to get tested, and those people reach out to five more, we'll click quickly have, you know, the whole world covered and maybe that's the goal. And so just

go out there and reach five people and make sure if they need to get tested, they do. Really wanna say thank you so much to Robert, Tom, Lauren and Dr. Lee. So grateful for what you guys do on a daily basis, but what you do to scale and expand the message, which has an even bigger impact on society. And that's something we really, really need today. And we appreciate you sharing your stories and turning something so dark into something so inspiring and helpful for all of us. So, thank you all and good night.

Robert Ginyard [00:51:42] Good night. Thank you.