

Defusing The Panic of Prostate Cancer

BY CHRISTINE MORRIS



The paralyzing fear that grips those diagnosed with the disease often requires special attention

BACK HOME: Robert Garner on his ranch near Amarillo, Texas, Garner, who underwent laparoscopic surgery in South Florida, was more terrified of being impotent and incontinent than of death.

Carolyn Garner watched her husband, a successful trial lawyer who often represents celebrities, disintegrate into an obsessed, terrified, emotional wreck of a man who would walk up to strangers and say, "My name is Bob Garner and I have prostate cancer."

The diagnosis, the threat of debilitating side effects from surgery, the decision about the best treatment nearly paralyzed Robert Garner — as they will paralyze many of the 200,000 men who will learn this year that they have prostate cancer.

"I haven't been as frightened about anything in my life as I was over this," said Garner, 63, who came to Miami in March from his home in Amarillo, Texas, for prostate surgery. "I've had bypass surgery and I've had a lot of problems in life with my family, but it's the most traumatic thing I ever went through."

Dr. Arnon Krongrad, who performed a relatively new laparoscopic prostate procedure on Garner in North Shore Medical Center, described his first meeting with the patient:

"He walks into my office, sits down, looks me in the face and says, 'I sue doctors.'"

"'Fine,' I said to him, 'but you're a patient here.'"

Every diagnosis of every type of cancer brings, at least initially, unspeakable fear. That emotional fallout is too often ignored or underestimated, said psychiatrist Michael A. Burke, who has treated men with prostate cancer.

"I believe it's not a daily occurrence to see a prominent lawyer reduce to tears," Krongrad said to Garner. "Prostate cancer does that."

"But when patients' anxiety and depression are recognized and addressed, they make rational decisions. This is the part that is often overlooked," Krongrad said. "For a population as distressed as the prostate cancer population, our over-

sight is painful and debilitating."

Burke joined forces with Krongrad and other specialists several years ago to provide a higher level of support to men with newly diagnosed prostate cancer at a clinic at Miami's Veterans Affairs Medical Center. Patients got help with the severe anxiety caused by concerns about impotence and incontinence, about the effect of the disease on their spouses, about the conflicting possibilities for treatment.

INSIGHTS INTO MOODS

Research done at the clinic gave doctors insight into the previously unexplored moods and judgments of their patients. By presenting their findings at professional meetings and in articles and books, Burke and Krongrad are helping urologists understand and, with any luck, address the emotional side of their patients' experience.

"These are men in the prime of life, they have built careers, they've gone through life's ups and downs," Krongrad said. "When a crisis strikes, they normally make lists and they talk to experts."

"But this is like Russian roulette — you don't know if the bullet's in the next chamber. You can't reason yourself to the next level; there are too many permutations in biology. You have to have faith."

For Garner, the potential disasters — incontinence and impotence — were just unfathomable.

"I wasn't afraid of dying," said Garner, whose clients have included Oprah Winfrey. "I'm a Christian and I'm ready to die any time God wants me. But I didn't want to go just yet. And I certainly didn't want to be here without the capacity to have sex and to hold my water."

"If I can't do that, I'd just as soon go on home."

He worried a lot about how any loss of function would affect his marriage. "My wife is 10 years younger," he said. "We've been married 26 years. She is the most wonderful thing that ever happened to me."

Carolyn Garner said she struggled to get her husband to focus less on side effects and more on the reality of his tumor. "We can make it through incontinence, we can certainly make it through impotence," she told him. "Cancer's the No. 1 deal — you have to get rid of it."

She was traumatized by her husband's reaction to his diagnosis. "The only way I can describe this is that it goes to the very being of a man's existence. It cuts all the way through," she said. "And the more people he talked to who had had the surgery, the scarer he got."

THE CHOICES

Many men get conflicting advice about treatment. Surgery, radiation, even doing nothing and continuing to monitor

Continued on page 2

Uncertainty adds to prostate cancer patients' fears

the cancer can all be reasonable choices, depending on the severity of the disease. That lack of clarity can be extremely unnerving.

"Patients hear different point of view, from the radiation oncologists, from the surgeon," said Christina Pozo-Kaderman, co-director of psychosocial services at the Mount Sinai Comprehensive Cancer Center. "People become very, very distressed because of the uncertainty."

Complicating Garner's picture was the heart disease that made him a high-risk candidate for surgery.

Talking to other men who have been through treatment becomes critical to making decisions and achieving any peace of mind. A Boca Raton psychiatrist who had prostate surgery recently finds great reward in counseling other men facing the same decision.

"It's like a fraternity — a fraternity of men who have come together in terror," Krongrad said.

The Boca psychiatrist, who asked not to be named, remembers his puzzlement when New York Mayor Rudolph Giuliani said he was going to take some time to decide how to treat his prostate cancer. The Boca doctor thought it should be a swift decision — until he faced it himself. He talked to six or seven specialists around the country, consulted alternative medicine sources, scheduled surgery and then canceled it — twice.

Like Garner, he was terrified of the side effects. Only 56 years old, he is rebuilding his life, planning to get married.

When the research and conversations finally allow the patient to make the leap from reason to faith and decide on treatment, "the relief is almost palpable," Krongrad said. "It's almost like you let the air out of the tires and there's not any pressure any more."

PLAN OF ACTION

Pozo-Kaderman sees that phenomenon with all types of cancer. "By the time treatment starts and the patient has a plan of action, 50 to 55 percent of patients have a decrease in depression of fear, and they really cope quite well," she said.

Any treatment decision requires a leap, but choosing laparoscopic surgery for prostate cancer represents a particu-



CONFLICTING ADVICE: Christina Pozo-Kaderman of Mount Sinai Comprehensive Cancer Center says a lack of clarity is unnerving.



WHERE'S THE BULLET? Dr. Arnon Krongrad says being diagnosed with prostate cancer is 'like Russian roulette.'

larly large act of faith. That's because very few surgeons do it in this country; Garner was only patient No. 23 for Krongrad, who had done open prostate surgery for years.

In laparoscopic prostatectomy, a robot arm holds a tiny camera, inserted into the patient's abdomen through a small incision. The surgeon's voice controls the movement of the camera inside the body. There is less pain, less bleeding, and in general a much quicker recovery time.

"My doctor here in Amarillo told me, 'I wouldn't let anybody do it unless he'd done at least 50 or 100.'" Garner said. While he was in Krongrad's waiting room, he learned of the surgeon's relative inexperience from a copy of a newspaper story.

That did it. Garner was literally walking out the door, heading for the elevator and a plane ride home, when he was called into Krongrad's office.

GAINED CONFIDENCE

"I gave him three or four opportunities to stretch the truth, and he wouldn't do it," Garner said. "He told me some of the problems his patients had had and he gained my confidence as I was about to say no.

"I finally decided, I'm here, I'm not a good candidate for surgery because of my heart and blood problems, this guy must be a straight shooter."

The day after the operation, Garner left the hospital. Two days after that, he flew home and returned to work within the week.

Three months later he was riding his horse, getting ready to show it in a national competition in Fort Worth.

"He just has done fabulous," said a grateful Carolyn Garner. Though they don't expect to know whether Robert Garner will regain sexual function until six months after the surgery, they are confident the cancer had been removed. And they are grateful the diagnosis came so early.

"We feel very fortunate," Carolyn Garner said. "We just feel like we were led to do this. We were taken care of."