

'Every Day's a Good Day to Me'
Statement Reflects Prostate Cancer Survivor's Outlook on Life

Ask N. Elliott Harden how he's doing and he'll reply enthusiastically, "Every day's a good day." Spend some time with this man known to friends and associates as Elliott, and you'll find that this is not a casual, "Pollyanna" reply but rather the reflection of someone that who faced prostate cancer and used the experience to change his outlook on life.

According to the American Cancer Society's "Cancer Facts and Figures 2006", more than there were an estimated 5,490 new cases of prostate cancer expected to be diagnosed in Georgia, making it the 20th lowest rate in the nation. Conversely, the Society expects were an estimated 640 deaths in the state in the same period, making it the 6th highest state per capita. What this means is that when the disease is discovered in men in Georgia, it is relatively late and there are fewer effective treatment options.

Elliott's journey from diagnosis to today is anything but a straight line. Rather, it's one reflecting flexibility as to responses, family support, and faith in God. As a 44 year-old transit worker, he went to the doctor in 1994 for what he thought was a reaction to medication. While there, the doctor suggested he have a full physical, including blood work. Elliott thought to himself "the doctor's just trying to run up my bill."

As it turned out, Elliott's PSA reading was 91. On this scale, any reading over 5 can signal the presence of prostate cancer. Not feeling comfortable with what the urologist recommended to him, he got a referral from his father-in-law doctor, a doctor in Birmingham, Alabama, to an Emory doctor who confirmed Elliott's condition and recommended treatment options. Initially, surgery was followed by radiation which was later supplanted by hormones and then off hormones altogether.

Elliott is a strong advocate of the benefits of PSA testing, especially for African American men beginning at age 40. Four years before he discovered he had prostate cancer, he was told by a doctor not to pay much attention to PSA tests, especially before age 45, because they give off many false positives. Elliott is emphatic in pointing out that had he waited until turning 45, he would likely not be alive today. As a result, he is a big believer in the value of PSA tests as are many of his fellow board members in the Georgia Prostate Cancer Coalition (GPCC, <http://www.georgiapcc.org/>).

He frequently represents GPCC at health fairs because he is committed to being active in the cause. People, especially men at health fairs, don't ask questions. He has concluded that men's attitudes toward prostate cancer, particularly in minority communities, are shaped more by macho bravado than good medical information. "Guys want to be he men all the time, every time" is his assessment. Sadly, the resulting denial does not serve them well especially for a potentially fatal disease for which early detection and effective treatment are available.

Those most responsible for getting men to go to a doctor for prostate screening are women. A majority of his most earnest visitors at health fairs are women who have a key role in the lives of their men – wives, girlfriends, or trusted family members. Rather than having women harp on their men to see a doctor, the strategy most successful is to offer information to these significant women who leave it at home so that their men see it and act on it.

Elliott's early days of treatment were trying. While taking the radiation treatment, in the waiting room was a six-year-old child half of whose brain was covered with cancer. Elliott, who was 44 at the time, had a personal epiphany. At least he had an opportunity to reach his age 44, something the six-year old was not assured. This realization enabled him to no longer feel sorry for himself. Though fearful of dying, he felt compelled to listen to an inner voice that directed him to have faith to walk through his time of illness and treatment.

Over time he has educated himself and others about prostate cancer. While quick to point out that he is not a doctor, he encourages others, especially men at risk, to become knowledgeable about the condition. And if they have questions, ask their doctors. As for Elliott, he has had a rising PSA since July 2005. Currently it's at 0.89, and if / when his PSA reaches 2, he plans to resume hormone treatment. A healthy attitude begins with knowledge and that is a mission he has taken on with great determination and conviction.

10 Starting Questions about Prostate Cancer based on Elliott's experience:

1. How did he find out he had prostate cancer?

When he went to the doctor for another, unrelated condition. A high prostate-specific antigen (PSA) reading showed up in a blood test.

2. What are the common tests for prostate cancer screening?

A painless blood test that measures prostate-specific antigen (PSA), a chemical typically produced in the prostate, as well as digital rectal exam (DRE). Neither is foolproof on its own but together they form an effective approach. The PSA test is "controversial" as it generates false positives and for that reason some "experts" deem it not worthwhile. Anecdotally, most survivors are strong supporters of PSA testing which they credit with alerting them to a potentially fatal condition that they didn't know they had.

3. What typical symptoms are there?

This is tricky, as there are outward symptoms for some men and none for others. Typical outward symptoms are frequency in urination, blood in semen or urine, sensitivity in groin area, etc.

4. What kind of doctor do you go to for diagnosis and treatment options?

A urologist

5. Are all urologists the same?

While professional skills may be similar, there are some with whom you will be more comfortable. Elliott definitely recommends that you pay attention to intuition or hunches you pick up about certain doctors and choose a urologist that you feel comfortable with professionally and at a gut level.

6. What common treatment options are available?

Radiation, Surgery, Hormones

7. Who decides which treatment is best for you?

You do, in conjunction with your doctor and wife or "significant other"

8. Who is most at risk?

The disease occurs only in men and the primary risk groups are African Americans, Hispanics, and native Americans. While these groups are the primary ones, the disease is an equal opportunity afflictor striking men of all races, especially those with diets high in beef and high-fat dairy products or those whose fathers, uncles or grandfathers had prostate cancer.

9. What's the appropriate age to begin screening?

For high-risk groups or those with a family history of prostate cancer, testing can begin as early as age 35 (or sooner to establish a baseline). For those not in primary risk groups, testing can begin at age 40.

10. Who gets men to go to the doctor to get screened?

By and large, it is important women in their lives – wives, girlfriends, or other relatives diagnosed with cancer.

Note that the above questions are only some of many about prostate cancer. Many more questions and answers are available online and in books. Helpful resources are the web site for the Georgia Prostate Cancer Coalition (www.georgiapcc.org) and the book "100 Questions & Answers About Prostate Cancer" by Ellsworth, Heaney & Gill, a publication underwritten by drug manufacturer Sanofi Aventis.

Editor's Note: The above article resulted from an interview Elliott Harden gave to Richard Lapin, who wrote it. Both Harden and Lapin serve as members on the Georgia Prostate Cancer Coalition Board of Directors.