

# How I Beat Prostate Cancer

*Blair Hawkins*



*Title photo will change.  
(Draft Copy Nov 25)*

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The book is formatted as a paperback 4 inch by 7 inch. For printing, you can duplicate the title page as front cover and first page of Chapter 1 as back cover.

# Acknowledgements

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who made this journey possible.*

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## Disclaimer

*Make sure you double check anything you  
might learn here. This book is informal so I avoid  
citing sources or naming individuals  
where possible.*

# Dedication

*This book is dedicated to my father, who passed away from pancreatic cancer, after surviving leukemia.*



## Chapter 1

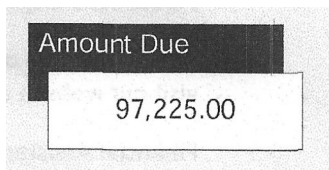
Luckily I came down with an approved disability. Unfortunately it's prostate cancer. It's the type you can live with for a long time. It's not an illness or injury you can recover from fully. But you can beat it for a while.

After two years living in my van with my cat Hero, and occasional house-sitting, struggling without any income or realistic prospects, it was a blessing. It gave my life a purpose. Cancer is my full-time job. This book is my report.

How did I survive the cancer so far? What's my secret? Special diet or vitamin supplement? Magic exercise routine? No. The standard, conventional therapy at the hospital. Hormone blocker + radiation.

Diagnosis on April 10 was Stage 4 Prostate Cancer Metastatic to Intra Pelvic Lymph Node. Later CT scans and biopsy showed it spread to the right shoulder blade. When the prostate was inflamed during February and March, my shoulder was irritated from work, event cleanup at John Paul Jones arena. Since it was prostate cancer, it responded to hormone therapy same as the prostate.

My final dose of radiation was October 28. Prognosis is continued enlarged prostate, now full of dead cancer cells. That's better than living or dormant cancer cells, I guess. And the hormone shot every three months to block testosterone for at least two years.



Frequent urination to continue, but steady stream from start to finish most of the time now. When the prostate was inflamed, there was urgency and hesitancy at the same time with painful urination. You had to pee but couldn't. The hormone blocker calmed the inflammation.

My health plan was the emergency room eventually when unable to void. On March 16, I finally went to the Free Clinic.

After skin cancer, prostate is the most common cancer

in men. About 13% of men will get prostate cancer at an average age of 66. I am 56 years old. About 2% will eventually die from it.

The prostate is below the bladder and in front of the rectum. So its enlargement affects #1 and #2 in the bathroom. Enlarged prostate isn't necessarily cancer.

The urethra passes through the prostate, which can squeeze or shut off the urethra. Then you need a catheter, a tube to insert into the penis to empty the bladder.

The prostate is part of the male reproductive system. It creates seminal fluid (pre-cum) and ejaculation, where sperm mix into this fluid. The mixture is called semen. The prostate doesn't control erection.

The hormone blocker causes erectile dysfunction, impotence. You can orgasm but not ejaculate with a brief erection. The radiation causes shortening of the penis. But I need my libido and sexual desire. I am still in demand after 16 years dating the same guy. I didn't hit rock bottom because I have romance.

Medical is only half the story. The other half is the paperwork and bureaucracy. I have three 3-ring binders of document protectors to keep all the documents compact and visible. And they're more convenient and versatile than a box of hanging folders. A rich reference for this book. A treasure trove of documents. Medicaid, food stamps, disability, hospital bills, test results, brochures, radiation booklet, prescriptions.

But I had help from a variety of people. A MedAssist technician filled out the application for Medicaid. MedAssist is a network of administrative clerks dispersed across the country, who fill out some forms for you. Another MedAssist finalized the financial application to the pharmaceutical company for the hormone blocker.

The online food stamps application was an hour and a half. But they called right back. First phase of Disability was a 3-hour online application. It required much discipline in the June 4 heat to get through. Then the 8-page written questionnaire.

Then there was the phone app for the medical chart at

the hospital. It took about a half dozen steps to get through. But the phone crashed repeatedly and made it one step further each re-try. Finally there was no app for my particular phone. Come to find out, you don't need the app. You can go to the website on your phone. That was a couple hours wasted time.

In addition to patience, you must have a tolerance for being under the wrong impression.

For example, I was taking an iron supplement for anemia based on a doctor's interpretation of a blood test two years ago. But gastroenterology looked at the results, both pages scanned to my webpage, and found no mention. So why did I think that?

The nurse asked if I ever had a colonoscopy. I said, Yes, here in 2001. She responded, Nope, it was 2000 and a sigmoidoscopy. But it was the right clinic. I got one out of three correct.

So take this book with a grain of salt. It's unrealistic to think you can remember everything or absorb all the information in a conversation. The brochures and booklets are great, comprehensive and convenient.

## **Chapter 2**

### **Medical Timeline**

**2017 November 22.** Blood test Prostate-Specific Antigen PSA=8. Above 4 may indicate cancer and recommend biopsy. In my case, a doctor's exam indicated a normal prostate. I was cleared to have inguinal hernia surgery performed January 16, 2018 in Maryland.

**2019 December.** It's obvious my prostate is enlarged and inflamed.

**2020 March 16.** Free Clinic. PSA=137. They can't believe the number is so high and want a re-test.

**March 27.** Urologist believes the high PSA number based on exam. Prescribes 14 days of FloMax prostate muscle relaxer.

**April 3.** Biopsy of prostate.

**April 7.** Cancer is confirmed in all 6 samples from prostate.

**April 9.** Full body bone scan CT scan. Lytic lesion is found in right shoulder blade.

**April 10.** Diagnosis stage 4 prostate cancer. PSA=190. Testosterone=392. First hormone shot 90-day Lupron. X-ray of right shoulder. Year of FloMax is prescribed.

**April 17.** MRI of right shoulder.



**April 24.** Biopsy of shoulder is cancelled. Orthopedic specialist May 13: Lesion appears consistent with lung cancer.

**May 8.** Pre-screening for colonoscopy in the morning. Oncology blood test in the afternoon. PSA=14. Testosterone=29.

**May 18.** First Covid-19 test nasal swab is negative.

**May 20.** Colonoscopy is all clear and healthy. Next one is recommended in ten years.

**May 28.** Biopsy of right shoulder blade bone lesion is prostate cancer.

**June 2.** CT scan of chest is negative for lung cancer.

**July 3.** PSA=15. Testosterone=20.

**July 8.** Second hormone shot 90-day Lupron.

**July 21.** Two Covid tests: nasal swab is negative and blood test comes back later as PROBABLY never had



Covid. New general practitioner intern at UVA Primary Care clears me for surgery.

**July 24 Friday.** Preparation for radiation. Surgery to insert 2 markers into the prostate and a barrier between prostate and rectum. Complication requires a catheter for two weeks.

**August 17 to October 14.** Daily radiation to prostate.

**September 30.** Third hormone shot, this time 60-day Eliguard. PSA=9. Testosterone=38. Inherited cancer genetic marker BRCA2.

**October 28.** Final of 3 radiation treatments to the shoulder.

**November 25.** PSA=2. Testosterone=28. Second 60-day Eliguard shot. Fourth hormone shot total.

**December 10.** Publish this book.

**2021 January 20.** Followup. PSA. Testosterone. Fifth shot of hormone blocker.

**January 22.** Radiation followup.

### Chapter 3

What was I thinking?

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