

Don't be shy on prostate cancer support

I can't recall when I first heard about cancer. It was probably early in childhood, because it turned out the women in one branch of our family were susceptible to breast cancer. Horribly susceptible - all five sisters died of it. It was the death of the youngest one, a close friend of Mum's, that may have alerted me to this sinister force that seems to touch everyone's lives.

We were reminded of it recently when someone I grew old with died. I didn't really know Dierdre Barlow of Coronation Street, of course, but I'd watched her chaotic screen life for four decades. On telly, Dierdre's death was attributed to an aneurism, yet the real person, Anne Kirkbride, succumbed to cancer. We'd already heard about it on the news several years ago. I suppose it was done that way out of respect.

It's not a thing we like to talk about, is cancer. Which is probably one of the many reasons I was so shocked when I was told I had it. Me? Cancer? Come on. Not possible. Very possible, it turned out. Hold back with any sympathy. That was more than eight years ago. I'm still alive. In fact, I reckon I'm cured. One of the lucky ones, one of the ones who got a form of cancer that many people survive if they learn of it early enough. Prostate cancer.

It's an extraordinarily common disease. The majority of blokes will get it eventually, but most in a slow-growing form that won't have time to nail them before something else does. In fact, most males I know in my age bracket have had it. Only a couple died, because most were as fortunate as me to find out in time and get treatment.

My confidence about being clear was given a bit of a shake just recently, though. I went to my first meeting of the local prostate cancer support group and was shocked to hear of someone who remained symptom-free for a dozen years but now has signs the cancer did after all get out into his body.

My shock came from an understanding that once you get to 10 years you're usually considered home free. Like me, this man had a radical prostatectomy - medical jargon for having the little bugger chopped out. Success is partly judged on whether the surgeon gets it all. If he doesn't, secondary tumours will most likely show up within a couple of years. After a decade, recurrence is rare.

The other thing that surprised me at the meeting was how few men attended. Given the prevalence of prostate cancer, you'd assume the support group would be over-whelmed with sufferers keen to know what to expect.

One of the reasons may be that despite the government's best efforts to suppress national screening by insisting the medical profession take a passive role, most GPs are good at acting on the slightest cue from patients. Once regular testing is embarked on, doctors are well-equipped to advise those with a diagnosis.

There still remains a problem, however, once the presence of a tumour is confirmed - what treatment should a patient choose? The patient is the one who decides. And what should he expect once that decision is made? At that stage, the internet may be playing a role in keeping support group numbers low. As we all know, you can find the answer to anything there, and with prostate cancer there are many Google pages clamouring for your attention. Few are reliable, serious ones often impenetrable.

Looking back, I decided on surgery because my Wellington GP sent me to his neighbour, a urologist, and while he was meticulously neutral, it just seemed easier to put myself in his capable hands without further ado. He did a brilliant job.

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It was only later, when during a couple of months off work I started writing a blog about it (it's still going, although I add to it only once a year now; there have been more than a quarter of a million visitors) that I realised I should have put more thought into my choice of treatment. My message is - make use of the support group, guys. It has access to the latest information and it sure beats sitting alone at a computer screen trying to sort the quacks from the real thing.

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