

## **Restoring Quality of Life: Managing Side Effects**

**Rudy Lombard, PhD**

**Patient, Researcher**

[

My research interest now is what is the optimum diet for the prevention of prostate cancer and for lowering the risk of recurrence in African-American men? This is a real issue with real controversy regarding what is good versus what is not good. In the survivor community, all that patients can offer one another was to talk about diet and exercise and how to approach the possibility of lowering the risk of recurrence. There appears to be a growing consensus in the area of diet, but not so much in the area of physical activity; African-Americans face a problem with the issue of being overweight with obese.

There is very little said in the literature about the impact or trauma of a prostate cancer diagnosis and how to cope with it. When my urologist told me in 2003 that I had prostate cancer, I did not hear anything else he said to me. I asked how long did I have to live; I thought it was a death sentence.

Demographics tells us that the Black men who die from prostate cancer, the numbers are somewhere between 3000-7500. That is not very impressive when talking about African-American prostate cancer mortality. While there are about approximately 800,000 survivors, the issues of side effects and quality of life when dealing with cancer remains a reality. Aggressive monitoring is very important because it affects more people than the numbers of people we are losing to prostate cancer mortality.

Men tend to get prostate cancer when their partners or spouses are going through menopause, creating situations where primary sexual organs are changing and attacking them. The patient needs to have a conversation with his significant other about that.

Black men choose radiation over surgery because they are concerned about issues of libido. Latino men tend to get radical prostatectomy, White men tend to get surgery, but Black men choose radiation more often in an attempt to hold onto their virility.

How do men get the information if they get a prostate cancer diagnosis and what do they do? We need to encourage men to talk to survivors because that has been a lifesaver for me.

A lot of clinicians will not sit still to engage in a dialogue between their patients and themselves. They do not necessarily want that feedback, and that is something we have to work on improving.