

YOU GOT CANCER: My setback is only a setup for my comeback!

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My world was rocked earlier this year. As an activist Pastor, a retired health executive, and an advocate for aggressive preventive health practices, I have always tried to “walk my talk.” In recent years, I have lost 55 pounds because of participating in the “Cookie Congregation Diet,” a weight loss program I co-founded. I have maintained low blood pressure, low levels of unhealthy cholesterol and normal blood sugar levels. I don’t drink or smoke, and I exercise as much as possible. I also have routine physical examinations that are appropriate for my age, gender and race. This includes periodic colonoscopies, HIV screenings and annual checks on the health of my prostate gland. My Church, Bryant Temple AME, has been a leader in advocating for health screening. In the past, we have supported health initiatives which include major Prostate Cancer Screening drives with the Real Men Cook Foundation. Over the years, we have participated in screening thousands of men.

So when I got back my reports from my regular health examinations earlier this year, I expected to receive the usual good news. Every report came back with encouraging news except one: I had an elevated PSA (prostate specific antigen) report. I had always had values around 1.11, however with this last physical, my PSA reading was 4.44. That is a significant change for me.

I was shocked and surprised but I knew what needed to be done - so did my Internist at Kaiser Health Plan, my HMO. He referred me to an urologist who ordered another PSA and performed a digital rectal examination (DRE) to determine if there were any abnormalities. The urologist reported that the PSA was still too high (for me), 3.08, and the DRE suggested there might be a problem. The next step was to have a biopsy. Two weeks later, the biopsy was performed and there was conclusive evidence that I had cancer of the prostate. The laboratory analysis also reported that the cancer was early in its development and not yet at an “aggressive stage.” The bottom line was I had cancer despite the fact that I had been living a healthy lifestyle. What was going on? My world had been rocked. That was my set back.

I am a person of prayer. I believe in the power of prayer and the power of healing prayers. Not only in my daily prayers, but once I received the elevated PSA report, I was praying for a touch of the “hem of His garment” experience. I knew God could make whatever the problem that caused the elevated PSA go away and that it would be confirmed BEFORE I saw the urologist. I knew that the Lord works in mysterious ways – but the problem did not go away.

Once the urologist confirmed the diagnosis of cancer, I had to make a decision about what course of action to take. I could have chosen to “watchfully wait”, that is, wait to see if the cancer was going to grow and monitor how fast if it did in fact grow. By choosing to wait, I could give God more time to make the tumor go away (as if time matters to an all-powerful God). Or, I could chose some form of treatment: 1) Having the prostate removed with all of the cancer (hopefully) removed with it, or 2) Having some radiologic treatment which would destroy the cancer cells inside the prostate, but not have the prostate removed. There were some alternative treatment options available. I knew, however, that I was not willing to consult one of the community non-medical peddlers who might advocate some herbs, juices, or some other unproven methods that have already contributed to the pre-mature deaths of Black men who were looking for an easier way to deal with this very serious condition. As a former medical professional I knew that there were no easy ways to deal with my diagnosis. I knew I had to just “man up” and do what is proven to save lives if I wanted to live.

Prostate Cancer Incidence and Death Rates

Racial/Ethnic Group	Prostate	
	<u>Incidence</u>	<u>Death</u>
All	168.0	27.9
African American/Black	255.5	62.3
Asian/Pacific Islander	96.5	11.3
Hispanic/Latino	140.8	21.2

American Indian/Alaska Native	68.2	21.5
White	161.4	25.6

Statistics are for 2000-2004, age-adjusted to the 2000 U.S. standard million population, and represent the number of new cases of invasive cancer and deaths per year per 100,000 men.* **National Cancer Institute data.**

I am not only a person of prayer; I am also a person of preparation. Long before prostate cancer became a personal issue, I had researched the options for men like myself, so that I could help educate and counsel the men in my congregation and the men in our community regarding this disease. The reality is that prostate cancer is most common in African American men. It is also the cancer that kills more African American men than any others, principally because Black men discover their cancer at a much later stage of development when the most successful treatment options are no longer effective. Also, and sadly so, African American men have been duped by non-medical charlatans who convince some of my brothers to try some “natural” or “alternative” treatment which is not only criminal in my judgment, but also stops too many of my brothers from getting treatment in the early stages. These treatments are not proven, documented, nor advocated by anyone who is willing to shoulder the responsibility for failure when they are not successful.

I knew in advance, based upon my research, that if prostate cancer was ever detected in me, I was going to opt for early aggressive treatment – and the only issue for me would be if it would be the laparoscopic radical prostatectomy or robotic radical prostatectomy. There are radiation therapy and chemotherapies that are viable alternatives, but given all the options – I was more comfortable with outcomes reported with the surgical options.

When I met with my urologist, I knew enough to listen, ask probing questions and ultimately tell him, with my wife Velma (a retired RN) at my side, that after much prayer and educating ourselves on the topic, we would choose surgery, and it was only a question of which type of surgeon we had the most confidence in doing the surgery – and that would be driven by the level of experience of the surgeon. I chose the laparoscopic radical prostatectomy to be done at the Kaiser Hospital in Harbor City.

As a husband, father, grandfather, great-grandfather and brother, I have a responsibility to share my health history and decisions with my family. I wanted my relatives to know that there are some genetic relationships with prostate cancer, particularly because we don't know enough about the health history of our male ancestors (I am the oldest living male in my extended family). As the Pastor at Bryant Temple AME Church, I believe I had a responsibility to share my health history and decision with my Church family as well. I believe I must be a role model for my congregation. Moreover, as a community health activist, I accepted the fact that I needed to share my story with my community. Prostate cancer is nothing to be ashamed of – in fact, it can represent victory! Armed with a solid plan placed on my heart by God and bolstered by the support of my family, I began to see that my set back was merely a set up for my comeback! I realized that God allowed me to experience these challenges so that my blessing could be shared with others.

Many men have been where I now find myself – a prostate cancer survivor! Notable public figures who have survived this diagnosis include: **Marion Barry** (former Mayor of Washington D.C.) , **Harry Belafonte**, **Robert De Niro**, **Sen. Bob Dole**, **Minister Louis Farrakhan**, former New York Mayor **Rudy Giuliani**, former Senator **John Kerry**, **Nelson Mandela**, **Roger Moore** (actor who played **James Bond**), **Retired General Colin Powell**, **Retired General H. Norman Schwarzkopf**, **Bishop Desmond Tutu** and in our city, former President of the Urban League, **John Mack**, **Rev. Dr. Cecil “Chip” Murray**, the founder of Real Men Cook Foundation, **Dr. Fred Parrott**, **Rev. Ron Wright**, State Senator **Rod Wright**, and recently it was announced that former UCLA coach and now coach of the St. John University basketball team **Steve Lavin**, age **46**, is soon to undergo treatment for prostate cancer.

I am blessed. Yes, I consider having cancer, detecting it early and going through the surgery, a blessing. I have preached on more than one occasion, not every blessing that comes to you is for you. In this case, I believe I can be a vessel for saving the lives of thousands of men, especially African Americans, if I can put a face of hope on the so-called dreaded disease of cancer.

This is what the American Cancer Society reports:

The National Cancer Institute (NCI) keeps a database of survival statistics for different types of cancer. This database does not group prostate cancers by AJCC (American Joint Center on Cancer) stage but instead divides them into local, regional, and distant stages.

Local stage means that there is no sign that the cancer has spread outside of the prostate. This is like AJCC stages I and II. Almost 9 out of 10 prostate cancers are found in this early stage. If the cancer has spread from the prostate to nearby areas, it is called *regional* disease. This includes cancers that are stage III and the stage IV cancers that haven't spread to distant parts of the body. *Distant* stage includes the rest of the stage IV cancers -- all cancers that have spread to distant lymph nodes, bone, or other organs.

5-year relative survival by stage at the time of diagnosis

Stage	5-year relative survival
local	100%
regional	100%
distant	31%

The 5-year relative survival rate compares the number of people who are still alive 5 years after their cancer was found to the survival of others the same age who don't have cancer. Of course, patients might live more than 5 years after diagnosis. These 5-year survival rates are based on men with prostate cancer first treated more than 5 years ago. Treatment has gotten better since then and for recently diagnosed patients this may result in a better outlook.

You see, there will be no invitations to a “pity party” in my honor. There will be no slow walking and soft talking about “my condition.” I have cancer, I was treated, and now, because of God’s grace and early detection – I am cancer free! Praise God. According to the epidemiologists, those persons who study diseases in populations of people, a person such as myself, has nearly a 100% survival rate in five years and a 92% likelihood of being cancer free in the year 2021 – ten years from now. At the age of 66 – I like those odds.

Whenever the Lord calls me home, what will not be on my “death certificate” will be “prostate cancer” as the cause of my departure. I pray that in my obituary someone will record that because of my journey, my testimony and my advocacy, thousands of men have discovered that prostate cancer is no longer a death sentence. In fact, it is a reason to celebrate. My cancer was another opportunity for God to show His mercy in my life. As it turns out, I *did* touch the hem of His garment – and I am cured of prostate cancer. Praise the name of Jesus - This is my comeback!