Program Introduction and Guest Welcome

taking time for your health. The African American Wellness Watch. Trusted information for us, by us. Dr. Mike Lenore and other experts from around the country and around world have the latest on how you and your family can get healthy and stay well.

All right, welcome to today's edition of the Wellness Watch. I'm your host, Dr. Michael Noor. A very special program for us today. One of my very dearest friends, a very knowledgeable man who has had an opportunity to deal with prostate cancer in a different way, Mr.

Robert Christmas. Mr. Christmas lives in the Bay Area, and he has prostate cancer in a way that many of you may not experience. So, Mr Christmas, hey, welcome to our program.

I've been trying to get you for a long time. Tell us a little bit about yourself, especially about your hospital experiences. Certainly. Thank you, Dr.

Lenore. It's an honor to be here. Um, I started working in hospitals as a very young man, uh, Mercy Hospital in Chicago. And it was because of my mom working there as a nurse and my her grandfather, my great-grandfather was a physician in this hospital.

Um, and so all of life I've been, uh, exposed to healthcare. And I think that is helped me address the issue, the disease that I'm working with now. But I, as I said, I saw patients, would do work on patients.

as a medical technologist, and I always appreciated how important it was to understanding patients. I became a special surveyor with the Joint Commission.

So I used to inspect hospitals all over the world.

Robert Christmas's Healthcare Background

And because of my health background, I was very sensitive about doing the necessary screening that all of us are encouraged to do. and I would have a PSA regularly every year and i would get the results back and they were normal as well as other things glucose let me ask you you run some of the biggest hospitals in the country in Harlem Hospital and other things.

And I'll never forget the day you called me and said that your PSA was hot. That kind of stunned me a little bit. You told me what the number was and it was significant.

How did you respond to my response to your PSA? For those of you who don't know, PS A is the prostate specific antigen that all of us you should get, black males should, get in order to define your level if any of prostate cancer.

But tell me, what was your first feeling? Well, I was just getting ready to get to that Dr. Lenore. And again, so I would do all the things that you do, get my eyes checked and what have you.

So I got the PSA and, excuse me, was doing PSAs. For some reason, and I don't know the reason I stopped doing, PSAS in COVID. Late 2019 and going into 2020. And in 23 I said, gee, I ought to start doing this again.

And I was asymptomatic except for excess urination. I got the PSA and it was at a panic level high and I panicked. Literally panicking. And I'm telling everyone who's listening to this, the first thing I did, and I never thought about anything other than that, is calling Dr.

Michael Lenore for two reasons. One is Michael is a dear friend and Michael, he's an esteemed clinician. So I knew I would get empathy from him, sympathy and empathy, from because of the results, but as a friend, I knew that he would provide comforting words for me.

You know, one of problems so often in situations like this is that the doctor is insensitive. to the kind of way you respond to a major medical issue.

And I think the fact that you are certainly very receptive and you were a friend of mine, obviously we try to dialogue at kind a different level, but not a level that other people shouldn't have with their physicians when they get a diagnosis like that.

What were your first questions to ask medically to yourself, to me, and to your First Urologist?

Rising PSA and Initial Panic

Well, my first question, and before I talk to any other clinician other than you, My first questions was, Oh my God, is this okay? I mean, the numbers were high, but is it, oh gee, they said, you know, this will normally happen.

So what you did, And this was comforting, I think it's a direct response to the question you just asked. The first thing you said to me, First of all, before we do anything, we're going to validate the results.

So he says, I want you to get another PSA. Sometimes there could be, you know, an error and what have you. And you said that, let's get that first. The second thing you've said to me is I'm going introduce you a young urologist.

I think you'll find that he's going be very helpful to you and the third thing that you have said, which was the most comforting, You said, don't worry.

We're going to get through this. And when you said we're gonna get to this, you immediately made me feel I have a partner in this so my Initial feeling was absolute shock and I didn't even know what to do.

And when I called you, because I call you within five minutes of that, you comforted me and you gave me some suggestions about what do as I said earlier.

So that was the initial and because I used to be a lab technician, I know what critical results are. And I said, oh no, this is way out of the range of normality for this particular thing.

So tell me about the process that you went through after that to get to a final conclusion as to where you were clinically. Certainly. I contacted this physician and his name is Dawoud Langford, African American physician that Michael introduced me to.

And I went to his office and the first thing, of course, he said, you know, I've talked to Dr. O'Nour, and I know a little bit about you, but please tell me about.

You. He listened very intently as I told him my background in health care and what have you. And so he said, OK, so let's do this. He said let us find out more about you.

So he ordered tests on me. I had, when I say tests, screening tests for diagnosis. so I have an MRI. Had a PET CT. We did biopsies. All of the time that he was ordering these tests and I was getting them done I Was kind of really in a cloud because I didn't know the results But I said gee I've seen other patients go through this now I know what it's like so we went through a series of those he got all of The tests together and call me in his office.

He had a whiteboard and And he pointed out, well, this test indicates this. This test is a case that and so on and, so forth. It was very nice. And then he concluded, he said, Robert, you have you, have metastatic prostate cancer and widespread metas disease stage five.

And I, I almost passed out. I was with my wife. And she was sitting next to me and I.

Urology Workup and Metastatic Diagnosis

Almost passed up. But he quickly said, okay, now what we're going to do is manage this. So he said we got a series of things, you know, there's different tests that are done.

There's. Different approaches to this it's not like it was years ago where this was a death nail. And it's a cancer that can be managed. So he says, so the first thing we're going to do is introduce you to a physician at Stanford that specializes in metastatic prostate cancer.

Ali Khaki. One of the things before we move forward is most people may not know the term metostatic. The metastatic means that the prostate cancer had already spread, several organ systems in the body, maybe even to the bone and other places.

And the reason that's so important, Robert, is that a lot of people, when they get something like that, feel this is like a death sentence. But we know now, and we knew then, that even if you have metatatic prostate cancers, that it's not a death sentence.

So continue your story. I just want to explain that to you all. No, thank you. And again, I, this was, first of all, having the PSA, which I've done many times, as I said, and getting these results, i was in shock.

and I was In shock, thinking back retrospectively, because I Besides increased urination, which I said a lot of African American men, or as they get older, that was my only symptom.

I didn't have aches and pains like, and so then I start studying and I know and metastatic means like it's spread. And I made a big mistake when I had one of those tests that I just talked about.

And it was a full body scan and the results came back and results headed, the heading was widespread metastasis. Those were the two words. Of course, each one I looked at and I literally was in panic and didn't realize that there is options And then I met Dr.

Langford and Dr Kaki and they sat with me and said together, we're gonna handle this. And there's two things that are very important, Robert, and that's quality of life and you taking care of yourself.

I said, okay, that good, I understand that. So because it was a cancer, they said we are gonna address this cancer with a treatment pharmaceutically. And so I had abirutarone, I was taking that with prednisone.

And I remember after a couple months of that, we did the PSA and it was 140, 151 and had got down to 11. A month later, continued taking this medication, it got to undetectable.

And of course I was just, I went from being shocked about it and then being shock that at least it's in a manageable area now. And so I continued. Yes.

Now, what have your doctors told you about the plan for you moving forward? Obviously. Many of the men who are looking at our program don't have access to the latest treatment like you get at a Stanford University.

What have they told you about how you're going to deal with this and what the prognosis looks like? Very good question. And again, as some of you who were in the audience may know, when you go into a doctor's office, or any kind of health care provider's office, they tell you a lot of things.

And some of the things were a little shocking. So all the time this was happening, my wife accompanied me and she took copious notes.

Treatment Plan and PSA Response

and we would come back home and then we'd compare to her understanding of what was stated and my understanding. And that was so helpful because she heard things differently than I did as a patient.

But both of the physicians that I was fortunate to see kept telling me, And I'm gonna quote Khaki, he says, look, nobody wants to have cancer, Nobody.

But if you have Cancer, that is one disease entity that we can manage. And we manage more than any other type. Again, He said manage, use the word manage and he used the quality of life.

Because I am in healthcare, I sorry, go ahead. No, because I'm in healthcare, I know how important it was that I became a very compliant patient. And I was.

Everything they told me to do I did. What kind of impact is it having on your daily life? Because I think a lot of men want to be very surprised by the fact that even metastatic prostate cancer, there are ways to manage it.

But what kind, what's your day to day life like? Is there a load of pain involved or are there other things involved? What are some of the side effects of your treatments?

Great. Another great question. Well, one of the things that I didn't say that it was discussed with me, the pharmaceutical approach has some side effects.

And one the side affects that what we were doing, it reduced testosterone and they told me that's the key. We're going to reduce testosterone because the cancer likes to feed off of testosterone.

So we're gonna starve the. Cancer. by reducing your testosterone. And I said, okay, fine. I'm taking the medication. Now there's some side effects with taking.

The testosterone in terms of, I felt more fatigue than I did, and I don't know if it was psychosomatic, you know, uh, because I sent you, got cancer, man.

In every little feeling I had. It was, oh man, that's cancer, and it spread. It's gone through your whole body and that see you, it's a cancer. So I had to work through that because as you know, I have a full nine station gym in my house and I worked out every day.

And then I became scared to workout. I said, man don't do that, you're gonna hurt yourself and what have you. so I to make that adjustment. Then the last adjustment was the issue of not having testosterone, It is going to affect my libido.

And let me ask you, while we're on this particular subject, what has been the hardest thing for you to deal with, I mean, in terms of activities and quality of life since you made this diagnosis?

Fatigue, fatigue. And one of the things, just little things. I think we all get a little tired, but I felt really fatigued, and I would sleep. a lot. Now meanwhile 2023 is when this was diagnosed, I had a full time job.

So I was traveling and I think the traveling, the challenge of traveling helped me take my mind off of me, off my body. And I worried about getting places and And again, I said I inspected hospitals all over the world.

And I kept doing that, kept going that. I felt fatigued. Of course, being in healthcare, was around clinicians all the time and I would share with them my situation, asking them to look, watch me.

Do I do anything different? So all those types of things, invited individuals into my life to look at my life and kind of see, Robert, are you any different?

Are you doing anything different now? And so that was new for me. Well, you know, I know one of the things that makes it, and that impacted, no, we were golf buddies and we've been playing hard golf for a long time.

Managing Side Effects and Daily Life

I'm not going to let you get away with the fact that you have metastatic prostate cancer. I didn't give you any strokes. None. And I think that may have been one of the hardest things because we were both so involved in it.

Well, it was hard, but I am glad the audience was. As I said, I was very blessed to have Michael as a dear personal friend. And if Michael would have said, hey man, I'm gonna give you some strokes.

I would do this. That would've made me feel worse. And so I said well, now I am handicapped. So Michael, and he never did that. He got even crueler to me.

Yeah, and so that's it. But that made me feel more normal. That's the fact. Michael wouldn't let me fell as sickly. I'm never gonna get in trouble. No, that is never going to happen.

How are you doing emotionally right now? Well, during this time, and it actually started before, I had an arthritic knee. And so it was getting worse.

So I have knee surgery. My oncologist agreed it's no problem at all. It went well. Actually, my one-year anniversary, March 10th of last year, so one year anniversary.

I feel much better. That was bothering me, aches and pains and this. And so I feel as positive as I felt in a long, long time because I'm dealing with this, it seems to me that the approach that we're taking, pharmaceutical approach is very good.

I'll say one other thing. What about some clinical trials? Would I be a candidate for clinical trials? And their response was, no, what we're doing is working.

The pharmaceutical approach is. So we don't need to talk about any kind of clinical. And so the only thing I've done besides the pharmaceutical, and I started this in October of last year, I did a immunotherapy where they would draw blood from me.

take out certain cells, white cells for sure. And then they would mix that with cancer fighting cells and infuse it back into me. I had six treatments of those, basically a whole month of October.

So that has also made me feel, I ain't just sitting around feeling, why me? I'm doing something. What my doctors are telling me to do and what my friends are We're talking with Mr.

Robert Christmas. Mr Christmas is an experienced healthcare executive who, during his lifelong journey, found out he had metastatic prostate cancer. He has subsequently gotten adequate treatment.

he's in a different place now. And now we're going to deal with a little bit more of the kinds of things that many of you might ask. What's important to you now that wasn't important I think appreciation, gratitude.

Gratitude, you know, I've been healthy all my life, so whatnot. I never felt that feeling, oh, why me? What have I done? I'm a good person. Why are you letting this happen to me, God?

And I have been in healthcare all of my live, and I see people that are so sick, they're just trying to get through the day. So I think that perspective helped me.

Emotional Support, Gratitude, and Spouse's Role

But the thing that's helped to me, and I'm not saying this because Michael's on the phone, but to having a friend like Michael, who I can talk to and he won't give me any strokes here, he said that.

So, I don't talk him about golf, But I talked to him what a wonderful, positive aspect I have in my life to have friends

like him. That has helped me think positively.

And so, yeah, that's just, I'm blessed. Hello, are you there? Are we gone? No? Michael, Are you here? Yeah, what is your goal now? You know, you're moving forward.

Obviously, what is the role of the spouse in a situation like this? Excellent question. Stephanie and I have been together for 30 years, and we met in 1994. And of course, she is in health care herself.

But her role to me has been an absolute partner. I've noted in her style, She listens a lot more than she used to. She writes notes. so much. So I said, quit asking me.

She asked me 10 times a day. How do you feel? How Do you Feel? I Said, Quit asking Me that I don't, you know, and so I feel that she's asking in a sense of loving and curiosity and I'm loving because she can tell if I am deviating.

And so in that sense, The part that you mentioned before, Michael, and that is the libido that I mentioned, we've talked about that. And fortunately for us in our lives, that has not been an issue at all.

I'm sure if that ever was an issues with a couple, it could be very difficult. for both, but particularly the person who has health challenges. But we don't have any of that.

She cooks every day and she never cooked before that, she makes food, uh, She makes smoothies. It's called soursop, for those of you who are on S-O-U-R-S-OP, it's a plant.

So she mixes the plant and makes soussop tea for me. In that sense, my partner is a real partner in this and that she told me, she says, when you were diagnosed, I was diagnosed Robert.

And so this is both of our health challenge to deal with. So I can just say to you, who's ever on this call, that was much better and much more effective than any of the medication or any other approach that I have is her.

No question about that, no question. Robert, you're very good about summarizing things and talking to people about health. What do you want people to get out of this interview?

that we're all subject to health challenges in our lives. And some of them, as Dr. Lerner has shared with us over the years, some African-American men are more prone to some than others, and African American women more than prone than other.

Uh, God is punishing me, uh, and it's a challenge. Uh I like challenges and, it is something that I have to deal with. I've never ever in my life been talking about as much as I do now about end of life.

You know, this, approach is going to help you live, I read something today that approach, is gonna help your live six months longer. and it startled me, six months longer?

And so I hear those kinds of things now, and I think about that. I feel, as I said, I will say one quick thing. When I first got the results of the PSA, I talked to Michael Lenore and then I thought, I'm going to get a Lamborghini.

And I know that sounds silly and sounds very shallow. I don't know why, but I said, shit, i'm not going live long.

Lessons for Men and Closing Advice

i'll be here another two weeks. Imma get me a, a lamborghini to drive. That's the first thought that came in my mind. Of course it left, well I was in shock.

Well, I think that the important thing is for people to understand that, A, you need to get your PSA. If you're a black man, understand it. You need select the right healthcare system to help you deal with it, very important that you get

biopsies on an MRI rather than a blind biopsy.

But even in this, and I don't think you mind me saying this. Your PSA was as high as any I've seen in my career. And yet here we are two and a half years later, we're still talking.

I was still walking, and I'm still waiting to get that money from you. I know. That's the thing that bothers me the most, is I have these debts hanging over me from Dr.

Lenora on the golf course. And I want black men to understand that no matter what your PSA is, nowadays, a PS A is not a death sentence. And you need to find the right doctor, get the information.

And if you can't do that, go to our website at alwellnessproject.org. Mr. Christmas, thank you. Can I say one last thing? You can say more than one. Well, I'll say this.

One of the things that I think is important, not just because of my diagnosis, but just important anyway, think of positive things you can do. Don't sit around in the dark, which I did initially, and I just, you know, I would look and, oh, yeah, then I'd think, some people say, what do you want to do?

And I told him, there's two things I'm looking forward to doing, that's playing more golf with Mike Lenore, And why? A puppy is going to make me do things.

It's going make take him for a walk. it's gonna make focus on helping something else. And I'm doing that, I love dogs anyway, but I am doing it psychologically because I think it will help me maintain a healthy approach.

All right, well, I want to thank Mr. Christmas for joining us. I wanted the audience to understand that he's sharing his story, not because he is that kind of person.

He's a very private person, but because, he thinks his example will have some impact on you. And if you get your PSA and you have a problem, or even if have any kind a chronic medical challenge, it's very important for you to your attitude toward that challenge makes a big difference.

You need to be intelligent, you need look for solutions, need them make suggestions, and you to keep yourself up emotionally and those around you. So as we always say at the end of the African American Wellness Projects, Wellness Watch, because health is your biggest asset, so protect it.