

Scott Redding: Welcome to 3Ps of Cancer Podcast, where we'll discuss prevention, preparedness, and progress in cancer treatments and research, brought to you by the University of Michigan Rogel Cancer Center. I'm Scott Redding.

We're here with prostate cancer survivor, George Baier, to talk about his diagnosis and treatment. Some might recognize his voice from his past years on Detroit radio stations, W4, WRIF, WLLZ, and [crosstalk 00:00:26].

George Baier: Listen to me, you pencil neck geek. When you're talking to me, it's Mr. Bruiser. Yeah, some people might remember that voice and others.

Scott Redding: Welcome, George.

George Baier: How you doing?

Scott Redding: So walk us through. Tell us about being diagnosed with prostate cancer. Was there something that was bothering you, or was it just through a normal physical that you were given a PSA test? Or how did your diagnosis come about?

George Baier: Right. And that's a funny thing too about this is I had no idea it was happening. I mean, there were no symptoms, at least to my knowledge. You know what to look for. Normally, when I've ever had a problem, it's because I hurt myself somehow. I did something stupid, fell down, got hurt, whatever, and had an injury. But fortunately, I do get regular physicals, and my doctor always does, well, since I turned 50 or whatever, did a PSA test. And that's what showed up.

There was an elevated PSA. So they said, "We'll do it again to make sure we don't have a false number here." Did it again. "It's still elevated. So going to schedule you for a biopsy to confirm it," because it doesn't necessarily mean you have prostate cancer if you have a high PSA, but I guess it's an indicator.

So anyway, I'd made an appointment with the Urology Department. It's pretty funny too, because as soon as I call them up, "Urology, could you please hold?" That's a pretty... Urology Department, can you please hold?" Good one. I tell you, I pointed it out to him. I said, "You might want to say, 'Could you wait a minute on the phone?'" I went and got the biopsy, which was an eye-opening experience, let me tell you that. But yeah, it came back as a positive. And so I then made the appointment with the Rogel Center.

Scott Redding: Not necessarily related to your diagnosis, but was the entire care through Michigan Medicine? Did you start somewhere else and then come over to Rogel? Or how did that happen?

George Baier: Yeah, I started somewhere else, but I read about the reputation of the Michigan Cancer Center at the U of M. So they said they're the best in the state, one of the best in the country. That's where I want to go.



Scott Redding: So you were diagnosed. You decided to come to the Rogel Cancer Center for your care. What then went through your mind as far as that, as far as what your treatment decisions were? Did you have a robotic prostatectomy? Did you have brachytherapy? Did you have radiation therapy? Did you just watch and wait for a little bit? Talk me through your treatment decision.

George Baier: Well, I've been watching my weight for a while, but it doesn't seem to do any good. Oh, watch and wait, oh, okay, I'm sorry. Yeah. Well, first thing they do is they hook you up with the team, and you do an interview with a surgeon, then you do an interview with a radiologist. And they talk about the pros and cons, and this and that and the other. And for me, I went with radiation. I like the fact that it's less invasive, because I'm a slow healer. I've had a couple of operations before, just minor stuff, but it seems to take me forever to heal. And I'm griping about it all the time.

Now, for some people, surgery, they want it, boom, bing, bing. It's done. But I'm not the type of guy that needs to have a bronze prostate hanging from my rearview mirror. I'll take their word for it that they got it. But having said that, that's the goofy part about it. It's like the disease itself is invisible and you don't really feel anything. You get those radiation done, you don't really feel anything. And then you can't tell whether or not it worked.

I mean, I got to go back. I got to get tested again in March. I had my procedures done in late August into September, and I got to go back in March and get tested again. And I guess they look for markers in your blood and whatnot. Maybe it's the same thing. Maybe they look for the PSA. I don't know. But any rate, at that point, and hopefully at that point, they'll tell me, "Boom, you're clear." That's the downside of it, is you got to wait around for it.

But I think, even when you get surgery, you got to go back and get checked just to make sure that all that cancer was in the prostate. Now don't quote me. I'm not a doctor, but each one has its plus and minuses. But my understanding was that each has the same success rate. So I went with the less invasive one. But then I [inaudible 00:05:12]. You still pay the price. All the procedures involve laxatives. So nobody gets off easy in this, let me tell you that. You got to pay the price one way or the other.

Scott Redding: So you paid the price via that. But so when it comes to the actual radiation treatments, what was the experience like? Was there a lot of treatments? Did you only have a few? Because you hear sometimes with certain people that have radiation therapy that they have to come for months on end for [crosstalk 00:05:45].

George Baier: And you grow bald and you throw up and all that. But that's chemo, and this is radiation treatment. And it's, I'm going to use layman's terms, but it's highly pinpoint and highly concentrated. They actually map out, they do a digital map of your prostate. They do an MRI and a CT scan, and they combine the data. And



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then they implant gold markers, little gold seeds that are about the size of a grain of rice, a little bit smaller in diameter. That's no fun either, but they put those in there and then they can almost use those like a GPS navigation system, so they can zoom in and hit particular areas of your prostate and not hit other things. So that's the deal in layman's terms.

As far as going through it, I had five treatments over a two week period. And the only downside I had was about the third treatment in I started getting fatigued, just pretty beat up. But I was still able to... I get a couple miles in every day with a walk. But I take my walk, sit around all day. Then that's like, "Holy mackerel, I'm beat." But I knew you want to try to keep yourself healthy. So yeah, I just want to just sit around like a vegetable for a couple of weeks. But anyway, that was the only downside of that, that and the preparation, doing the laxatives and whatnot.

And then you get to drink 20 ounces of water right before the deal. Well, when you're already having problems with your prostate, 20 ounces of water an hour before your deal is a little tricky. But all in all, no big deal, once it was all said and done. I mean, I had my final treatment on a Friday, and by Sunday I woke up, "I feel great." It was really good. I mean, my energy was back and everything. So, pay the price, see what happens.

Scott Redding: As we've talked so far, you've made a few jokes and so forth. And so, they always talk about humor is the best medicine. And obviously, in your past work experience, you used that a lot, because you wanted to make people happy and entertained. Have you found that continuing to do that has helped with your diagnosis?

George Baier: Well, I can sit around and feel sorry for myself and be depressed or whatever, but what are you going to do? You know what I mean? I was talking to the doctors early on and they were explaining one of the options is hormone therapy. Evidently, testosterone in larger amounts can agitate the cancer cells and make them more aggressive and more active. So they were explaining how sometimes we do a hormone therapy, we reduce the amount of testosterone in your system and blah, blah, blah.

So it turns out it wasn't for me, but then they always follow up with the questions. I said, "Yeah, I got a question." Oh, yeah? Go ahead." Well, if you reduce my testosterone significantly, will I still like The Three Stooges?" And you could hear people in the room laughing. The doctor was there and I guess a nurse or somebody else. Yeah. I mean, what are you going to do? You got to laugh about it.

Scott Redding: And besides some jokes with the medical staff, what else have you done? Do you still do many voices?



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George Baier: Here's the deal. I don't do a whole lot of... Well, I guess I still do voices. My kids will tell you I do way too much. But it's like with dad jokes. But no, here's the deal I took early on. I mean, when I first got the news, I'm nuts, I'm going to die. And I have cancer experience in my family. My father got cancer in his 50s. He lived through it and went on to die of other causes in his 70s.

My older brother had NHL, non-Hodgkin's lymphoma. And he got that in his 40s, and got it cured and went into remission. But it came back and killed him at age 60. So I have experience with it. So it's pretty scary. But I also say, you know what? I'm talking to the experts. I'm talking to some of the best in the country, and some of the best in the world, and the best right here in Michigan. And they're telling me I got less than a 2% chance of dying of this stuff over, I think, 10 years or something like that.

So until somebody tells me otherwise, I'm going to live through this. And when they do the treatment, until somebody tells me otherwise, it worked. Now in March, I'm going to find out whether somebody tells me otherwise. I might change my attitude. But at that point it's, okay, what do we do next? That's all you can do. What are you going to do next?

Scott Redding: That's sounds like really great advice. And so wondering, so is that by taking those past experiences and your current experiences, that are you changing how you've approached life, or just continuing to live as you have and enjoy it as much as you can?

George Baier: Yes, I live as I have. I mean, it's not really my first experience either with a life-threatening situation. I was held up at gunpoint when I was 16-years-old, working at a gas station. But I don't say, "Oh, that changed my life forever." It's just it was scary at the time, but then you rebound. You say, "Hey, I'm here." Make the most of it.

Scott Redding: So you're going back in March, and you said you had the treatments this summer. Were you concerned... Obviously, you're concerned about your health because of the cancer and wanting to get done, but were you also concerned at all because of COVID and having to come in and have treatments during that time?

George Baier: No, not at all. They've taken a lot of steps as far as the number of people in the waiting rooms and this and that and the other, and you wear a mask, and they're all masked up. And you wash your hands and blah, blah, blah. That was the least of my concerns, COVID. It did delay initially, because initially the hospital was making a transition, preparing you for worst case scenarios. And so it did delayed me by a couple of months, because I was diagnosed in the spring and I probably would have wanted to get it done right away. But that was right at the COVID outbreak.



However, it also explained... I had a very non-aggressive version of it or development of it, that if I did nothing for a couple of years, probably wouldn't change my status. So time was on my side, but then that goes back to the early diagnosis. Go to your physicals and get that PSA checked and other things. Get your blood pressure checked, all the other stuff that can go wrong with you as you get older. Get it checked. So anyways, COVID was no concern for me. Just get it done. Go in, they'll take the precautions. They know what they're doing.

Scott Redding: You said cancer has run in your family, with your dad and your older brother. Were you concerned at all about this maybe being a genetic situation? And did you consider getting any genetic testing?

George Baier: I did have some genetic testing. I guess they do a DNA of the actual cancer tissue. And that, I don't know if that's going to tell me whether or not, necessarily, it runs in my family. But they can tell by the genetics of the cancer whether it's going to be a more aggressive or not. And here again, it came back favorably. They also told me I was related to the cave people of Southern France, but... It was the missing link. That was the deal there. Cro-Magnon, I think was the guy, some guy named Cro in my family history. I don't know.

Scott Redding: Well, George, I really appreciate the time today. As we wrap up, if there's a key message, as a prostate cancer survivor, that you want people to know, what would that be?

George Baier: Buy bonds, eat your broccoli, get tested. I don't know. But listen to the professionals, get tested, get your physical, get your PSA checked. That's the best thing you can do. Try to have a positive attitude going in. It's no fun. I mean, you think about potential consequences, but what are you going to do? As I said, get it treated.

Scott Redding: Great. Well, I appreciate the time.

George Baier: Yeah. Well, I'm going to come down there, Scott, and I'm going to show you a thing or two. When I get you down there, I'm going to grab that pencil neck. How's that for an ending? Fade to black.

Scott Redding: Thank you for listening, and tell us what you think of this podcast by rating and reviewing us. If you have suggestions for additional topics, you can send them to cancercenter@med.umich.edu, or message us on Twitter @UMRogelCancer. You can continue to explore the Three Ps of Cancer by visiting Rogel Cancer Center.org.



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