

Thirty Years of Success: Ken Malik's Prostate Journey 1995-2025

An 80th birthday is certainly a milestone for anyone, and I have been doing a lot of retrospection as I approach my 80th at the end of March. I tend to break my life into two segments: Pre-prostate cancer and post-prostate cancer. It happened to be my 50th birthday when my urologist at Stanford University Hospital informed me that I had prostate cancer. Looking back on the last 30 years I can honestly say that my life dealing with prostate cancer has been a positive experience and continues to be. That's right, a positive experience. But of course, at the time of diagnosis it seemed like the worst thing that had ever happened to me.

It seemed like my days were numbered. I did not know much about prostate health issues at the time. I had recurrent bouts of prostatitis in the winter for a few years before my diagnosis. My doctor prescribed prescription drugs and symptoms went away only to return each year with flu-like symptoms including fever, burning and painful urination with every flu season. Little did I know at the time that prostatitis can lead to prostate cancer if not handled correctly. Boy, have I gotten an education.

My "real" prostate problems began in Kuwait where I was living and working after the Gulf War. I was drinking a lot of Turkish coffee and going to the bathroom regularly to urinate, sometimes as often as every fifteen minutes. I stopped drinking coffee completely, but the problem persisted. When I came back to the United States my doctor recommended a new test for prostate cancer: The PSA test (Prostate Specific Antigen). My numbers were considered high at 7.4 so they sent me to Stanford University where they performed a biopsy. It turned out that I had a Gleason score of 3+3=6 with 3 small tumors. I was shocked! I had always thought that prostate cancer was an "old man's" disease. Now I know that Gleason 6's are very early stage and in many cases reversible. But at the time I felt it was a death sentence at age 50.

I had always been healthy and sorry to say had let my health insurance lapse while working overseas. Although I could afford the \$50,000 for a Radical Prostatectomy which was the "Gold Standard" treatment at the time I decided to explore my options once I found out that a Radical Prostatectomy failed between 40 and 60% of the time. These statistics have not improved over time. This failure rate seemed absurdly high to me. There had to be a better way!

Another consideration was the severe side effects of the treatments available. They include a high rate of urinary incontinence and pretty much guaranteed sexual dysfunction not to mention the emotional side effects like anger and depression. I had recently divorced after being married for over 20 years, entered a new serious relationship with a lovely woman after being single a few years, and I felt like I/we deserved an active sex life. So, with a background in the social sciences I looked around the world to see who was getting prostate cancer and who died from it.

I put my researching skills to work and learned that "Third World" countries had very little prostate cancer, but when people moved to the US and adopted an American lifestyle with a diet including dairy, sugar, red meat and processed foods, they quickly became subject to the same chronic

diseases of aging we suffer from here in America. I also found out that only 3% of American guys diagnosed with prostate cancer ultimately die from it.

I decided to see if I could stall the progression of my prostate cancer with life-style changes to give the medical community time to find a more effective treatment without the side effects. In many ways this has happened over the last quarter of a century. My strategy is now called *active surveillance* and is catching on all over the country little by little. Monitor disease progression under medical supervision and wait until the cancer becomes a “real” problem or threat requiring intervention.

The Aggressive Watchful Waiting Prostate Cancer protocol I developed for myself evolved over time. It started with a prostate-friendly diet, meaning a macrobiotic diet which became a vegan diet with seafood a few times a week. The other parts of the protocol are regular exercise with resistance training and daily hiking or walking, a stress management program that includes Qi Gong and lastly, nutritional supplements as needed.

In 2014 I read an important, impactful book called “The Great Prostate Hoax: How Big Medicine Hijacked the PSA and Caused a Public Health Disaster” by Richard Albin, PhD and Ronald Piana. Dr Albin, is the research scientist who was the first to isolate and name the Prostate Specific Antigen (PSA). Dr Albin insists that the PSA test was never meant to be a diagnostic tool to determine if one has prostate cancer; that is for the biopsy to determine. He taught me that it is the PSA Doubling time (PSADT) that is the real value of a PSA test. So, even though my PSA continued to rise after my diagnosis, my PSADT time remained in the “safe” range at least in my opinion, with slow but constant increases for 25 years while I checked my PSA every 3-6 months.

My partner died of breast cancer eight years ago, which naturally was both traumatic and stressful. Soon afterwards my PSA doubling time really took off. When it reached 66.9 in 2019, I had a new test called the PSMA (Prostate Specific Membrane Antigen) scan which can determine if there are any metastasis from prostate cancer anywhere in the body (bones, organs, blood). The good news was that my cancer had not metastasized. But an MRI and new biopsy from Katsuto Shinohara, MD at UCSF Medical Center showed possible extracapsular extension and some Gleason 3+4+7 tumors. It was time to act before it spread and became harder to manage. I had one of the best urologists and surgeons in the world, Dr. Peter Carroll, MD of UCSF perform a radical prostatectomy with a ten-armed robot in March of 2020.

That was five years ago. The Ultrasensitive PSA test performed three months post-op is recommended to be .2 or less to be considered a successful intervention. Mine was 2.3! So, what’s a man to do? The experts recommended additional treatment with up to 39 rounds of radiation along with testosterone blockade therapy for 1 to 5 years. I was not up for that. Fortunately, Dr. Carroll felt that since my PSA had been so high my 2.3 was actually encouraging and supported my decision to monitor my situation on a regular basis. To be safe, I had a second PSMA Pet Scan six months after removal in 2020 and it showed no metastasis. When my PSA rose to 6.5 in 2024, although my PSADT was in the safe range, I had a third PSMA Pet Scan with no indication of metastasis.

To be clear, I do have the expected side effects of prostate removal: incontinence and sexual dysfunction. I dealt with the urinary leakage problem with a surgery called the Urethral Sling for Male Urinary Incontinence. I still use a pad just in case, but all in all that has been successful. And oh boy, I have a romantic, active sex life once again with a wonderful woman.

So, I'm still playing out the same strategy: Active Surveillance / Aggressive Watchful Waiting with periodic diagnostic testing as recommended by my physician. I hope that by continuing to follow my protocol and monitoring my PSA levels and doubling time that my cancer story is over. I will decide whether to undergo additional treatment if it becomes necessary.

I also hope my story is useful to some of you. Please call the Prostate Awareness Foundation at (415)675-5661 and visit our website if you have any questions. And consider visiting with men of a similar interest at the Prostate Awareness Foundation's monthly Zoom meeting. It's a great way to learn and share both experiences and information with guys all over the country.



Sincerely,
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