

## **Urology Care Podcast Transcript**

### **Episode 151 – Talking Prostate Cancer with Cal Ripken Jr.**

**Host:** Welcome back to "The Urology Care" podcast, a very special edition today. We have baseball's Iron Man joining us today and we also have Dr. Ronald Tutrone. Dr. Tutrone, I'll have you introduce yourself first.

**Dr. Tutrone:** Sure. Thank you, Casey. My name is Ronald Tutrone. And I'm an urologist with Chesapeake Urology Associates out of Baltimore, Maryland.

**Host:** And of course, we all know Cal Ripken Jr., perhaps the greatest shortstop that's ever lived is also on the line today and...

**Cal:** Can I introduce myself?

**Host:** Yeah, how would you do that? Go ahead, sure.

**Cal:** Cal Ripken here, washed-up old baseball player living out the rest of his years.

**Host:** (laughs) Very fair. So of course, we will want to talk baseball but we also really want to know what happened with your recent prostate cancer journey, Cal. So please, just, first of all, take us through that day you learned you had prostate cancer?

**Cal:** Yeah, I mean, I joke and laugh about it a little bit. I'm gonna say how'd you find out you had it I go, "Well, Dr. Tutrone sit across the desk from me, and then he told me." And also make light of it, in some ways, if you get that bad news, you never want to get that bad news from your doctor. But if you do, you want to make sure the next words out of his mouth is that we caught it early. And I think that's the real moral to this story is that through regular checkups, we were able to act proactively. When my PSA number was not out of the norm, it was just moving just ever so slightly. And there could have been a number of reasons for that. But I had a proactive doctor that pushed me towards a Dr. Tutrone and said, "You know, you should go get this checked out just in case."

And I wasn't ready to jump into a biopsy right away, I can think of there has to be other explanations for this. You know, I don't know, that's the extreme. And so we did a test in between. It's called the ExoDx test, and it's just a urine analysis. But it gave me the confidence once I came back and it gave me the indication that I might be in a higher risk. It gave me the confidence to say, "Okay, let's go get the biopsy." And the biopsy found it, found out that it was

early enough. And then the story gets really good. It was taken out quickly by surgery, was all in the prostate. And so I'm cancer-free. And now I'm doing everything exactly the same as I did before. So my life has resumed. So I just wanted to be able to tell that story and encourage other men that's like me that normally wouldn't go to the doctors until they had some sort of symptoms. You know, get your regular checkups, get your regular bloodwork, and if something does go wrong, you'll catch it early.

**Host:** Dr. Tutrone, anything to add to that?

**Dr. Tutrone:** Well, yes, I do. Because I think Cal did not introduce himself adequately. This is the fifth anniversary of him breaking Lou Gehrig's streak. And I'm sure everybody knows about that, but it's a big occasion and it is also prostate cancer awareness month. So they go hand-in-hand. What I'll add to this is first, I want to thank Cal for coming out and sharing his experience with other men because it's important that men get the message to get regular checkups. Most men with prostate cancer, like Cal alluded to, do not have symptoms. And the importance of getting annual checkup is to have a PSA test every year and follow the velocity of that test. Now, in Cal's case, his PSA really was not that elevated, it was up to 2.9. And it crept up from 2.1 to 2.5, a year earlier, and now 2.9.

So I was not that impressed. And in addition to that, his digital rectal exam was normal. So his prostate was nice and smooth, I didn't feel any suspicious lumps. So I was really at a loss to make a decision whether to proceed with biopsy or not. And we decided to do a urine-based test which is not involved PSA, it looks at three genes in the urine. And it gives you a number of and if you're above the 15.6 cutoff, it's suspicious and you should proceed with a biopsy. And that's the test that Cal did. And what was great is that he was able to do the test at home. Given the COVID pandemic, this test is available to be shipped to patients and they could do it at home. And it's great for us as clinicians urologist when we're on the fence whether to proceed with biopsy or not. It could help us discriminate whether there is a higher risk for a bad cancer or not. That's what Cal did.

**Host:** Absolutely. And Cal, did you feel any symptoms of the disease? I mean, there's very few and just how was your overall health before this leading up to it? How'd you feel?

**Cal:** My overall health was fine, I didn't have any symptoms whatsoever that would send me to an urologist. With the exception that my PSA had moved just a little bit. And I kept thinking I'm well within the norm for my age. And I thought that I was riding my bike a lot, you know, and sitting on top of that,

you're rotating it, maybe there was an infection, maybe it's just normal enlarging that takes place as you go. So that's how I was approaching that. And it wasn't until when I got to Dr. Tutrone, and we were on the fence, at least I was on the fence, thinking, "Why do I want to get the needles stuck in me to find out whether I have it or not? I mean, can we just watch it? Can we do this now?"

And then the ExoDx test was the one that pushed me over the top and said, "Okay, now we need to act, I need to get this biopsy." And then that's how I found out. And, again, the improvements that have been made in cancer research period, but especially in the prostate area, things are moving really quickly. If you do get diagnosed early, you got plenty of options, and the prognosis is very good. And a lot of people think that your life changes afterwards, but mine has not, you know, the surgery went really well. The nerves were laid back down really easily. I had a quick recovery. And again, there's nothing that I can't do now that I didn't do before.

**Host:** And Dr. Tutrone, we know that Cal's case of not having any symptoms is quite common. Are there any indicators at all that men may have that they could have prostate cancer?

**Dr. Tutrone:** So in the majority of Cal's case, you know, there are not symptoms and the point here is that Cal is the Iron Man, but prostate cancer doesn't discriminate. And the important message here is that you get an annual checkup and you really have to be aware of those who are at higher risk for prostate cancer, specifically African-American men and family histories. Now, it's important to get your PSA checked every year and have a rectal exam. But like Cal said, PSA is not exact, many things could cause you to elevate just having an enlarged prostate. Or I counseled men to not ejaculate for a couple of days before having the PSA test. And you probably shouldn't ride a bike for a couple days beforehand, because that puts pressure on the prostate and may elevate your PSA.

**Host:** And Cal, this disease process can be such an emotional journey. What advice would you have for men about when you were talking to your loved ones about this, about the diagnosis, how did you break the news to them? How did that kind of go?

**Cal:** Well, first advice I'd give to a man is listen to your wife, your sister, your mom, they're the smart ones. And they're the ones that look after and say, "You need to go get a checkup." I was really, really lucky in many ways that I'm a baseball player, all the medical was always provided to us and we had a good baseline every single year getting tested and that was just part of our job. And

so when you retire, you at least have that sort of basis and say, "Okay, now I have to keep up with it." And sometimes I was pretty good at it. Sometimes I was not, but overall, I had regular checkups. And as you get older, you know 60 years old, or I guess, in this case, when you're past 50, you're much more likely to have something go wrong.

So I did have a doctor here in Annapolis that was my age, kind of in tune to issues that 60-year-olds might have and he was very aggressive in examining things and encouraged me to get this checked out, and I just take for granted that it's aging or something normal. They say it is a slow-moving cancer. And then when I was diagnosed, we were actually even talking about, "Well, you got six or eight months in which you can make this decision and etc., etc." But with the COVID coming on really quickly and the hospitals starting to make decisions on elective surgeries and those sorts of things, I couldn't think...I don't want the cancer to continue to grow ever so slowly inside of me and then schedule the surgery that far down the road. So maybe the COVID made me make a decision faster. And I'm glad I did. Because the pathology report did come back that one area was growing towards the edge and you don't want it to break from you don't want to get in the rest of your body. So again, I was very lucky that it was all contained. And when they took it out in the pathology report came back, I guess I can say freely that I am cancer-free.

**Host:** Yeah. And of course, there are so many different treatment options available for prostate cancer. So surgery was elected in this case, Dr. Tutrone, why was that? Why did we come to that conclusion?

**Cal:** Well, Cal was very decisive, but he also did his research and he made the decision. He didn't make the decision by himself. He had his wife with him and he counseled me about the different options and the side effects and risks. But essentially what I say to most men is, first of all, diagnosis early where it is contained within the prostate, then it can be cured, then you have to choose whether you're going to go the route of surgery or radiation. And in my mind, surgery is best for men with a good long-term survival, meaning that they have a good chance of living another 20 years because that's the advantage of surgery, it has the best long-term cure. If your life expectancy, if you're in your mid-70s, 80s, surgery is not going to be the best option and radiation will get you to 10, 15 years just as well as surgery without the risk of surgery. And also the younger you are and the healthier you are, the better you're going to tolerate surgery. So Cal was an ideal candidate to have his prostate removed. And that's what he chose.

**Host:** Absolutely. And what was the recovery like, Cal? How did that go, and when were you, you know, starting to feel like your old self?

**Cal:** I'm laughing a little bit because I didn't really want to be in the hospital that long, you know, going in and scheduled the surgery early, early in the morning. I think I got in there at 4:30 in the morning, I think I was done my surgery before 8:00 in the morning. I was walking around the hospital around 1:00 or 2:00 in the afternoon, and I was discharged at 6:30 that night. And so I went through the anesthesia really well and they wouldn't have discharged me unless I was perfectly fine. But I might be one of the only ones that have actually had the surgery and left the same day. And so I laugh, and then going home, you know, it has to heal for 10 days or so. And that was a fairly easy process. And after that, it just seems like it gets better and better. And, you know, I was very lucky that the surgery went really well. The nerves lay down really well, I didn't have any other issues that could accompany the surgery. So again, I look at myself that I can do anything I want, the same way that I did, you know, before the surgery after surgery. So I could say that I'm one of the lucky ones or I have good healing powers. I don't know, or I had great docs.

**Host:** Yeah. Yeah. Dr. Tutrone, any comments on his experience, on Cal's experience? Was that not the norm that you would know? Or did the fact that he is such a durable individual, broke the record for most consecutive starts? Might have some good genes? Does any of that play a role? What do you think?

**Dr. Tutrone:** Yes, it certainly does, Casey. Most men will spend the night in the hospital. But again, with the pandemic, Cal was anxious to get home early. And he's in great shape and is tougher than most men, certainly tougher than me. But I counsel most men that they will be in the hospital overnight. We've come a long way with surgery now from 25 years ago when I trained when I was doing them all open, now they're done robotically. And so the recovery is a lot easier than it used to be.

**Host:** And Cal, you did keep your diagnosis initially a secret, is that right? Do you want to tell us why you decided to change your mind about that?

**Cal:** Yeah. I went through different phases of... Again, I didn't have a whole lot of time, the shock first happens. And then I didn't want to tell anybody, you know, when I was diagnosed, because I didn't want anybody to feel sorry for me. You know, and I don't know whether that's my pride or what it is. And then the surgery happened so quickly. And the end result was so good. But first, in the second stage, I didn't want to talk about it, because I'm thinking something was wrong with me. And you know, we'll just move on and not think about it. But then I started to think about the positive effects, you know, baseball's giving me a platform to do some good stuff. We use the platform a lot of times for our foundation and for encouraging other people to help in the community.

And I've always seen a real value in using that in areas that I was really comfortable in.

And so when I started to think about it, the simple...and Joe Torre was sort of a role model for me in this regard because he was diagnosed with prostate cancer and he chose to share his story. And I kept thinking that is really good because you can encourage men, stubborn men, you know, that don't want to go to the doctors. My dad was one. I mean, I think given my disposition, I would just wait until I had a symptom or two. But just to encourage them to get regular blood work, regular physicals, stay on top of your health. Because if you do find yourself in that situation, you want to be able to catch it early. And this is the way to do it.

**Host:** Yeah. And, Cal, you know, is there anything that you would have done differently looking back on it now?

**Cal:** No, I don't think so. It did happen really fast. And at first, you know, there's a small period of time you recover from the biopsy, and then so getting used to the idea of you're going to have surgery, and then you're going to have your prostate removed, mentally, I was trying to get used to that. But because the COVID made me make that decision a little earlier, which I think ultimately was better for me, I didn't have to really think about it and worry about it. That was the answer. That was clear to me. And so just scheduling that as soon as I could, that probably worked out better than waiting a few months before I made that decision.

So I don't think I do anything different. You know, we have a lot of great Docs in the area of Baltimore, as everyone knows, and I'm thankful that when you do have something that needs to be treated, that you have all the options that we have, right here in front of us. So I can't say that I would have done anything differently. I'm thankful that I had a doctor that was very aggressive and proactive and say you need to check this out.

**Host:** Cal, I want to get more advice for men. I know you said you talked to Joe Torre, legendary MLB, manager of the Yankees, great all-around guy. Do you encourage, you know, maybe men talking with their peers who have gone through something like this? What advice would you have for a guy who maybe doesn't have their prostate health on the top of their mind?

**Cal:** Well, it seems like, since I came out, there's a lot of people have shared their stories with me. And it seems like it's a whole lot more common than you think. And I didn't realize that to be the case, and you find out that it's a whole lot more common or normal. And you can find a lot of other people that will share their stories with you what give you some confidence. I immediately called my brother, Billy, you know. We don't have it in our family. There's no real history of that. And I'm wondering if Billy was going through his normal tests, and he assured me, yes, he is, and he had his normal PSA. And I said, "Well, stay on top of that." You know, I don't think it's necessary for him to get his blood drawn four times a year, or I'm sure one time would be enough. But if he has his regular physicals, I felt good that since I had it, that now I think that he could be susceptible to it.

So I find it very comforting to talk to people that have gone through the process. And, you know, the stories are pretty similar. When you catch it early, and then still they're very encouraging when you catch it a little bit later. You know, there's a lot of treatments and a lot of things that can happen. So it's more positive and encouraging by sharing the story and by having people share the story back to you, so I would search people out and start talking to them if you are in this situation. I'm not a doctor, so I can't tell them what to do from a doctor standpoint, but I can relate my story in my experiences some of the education that I've gone through learning because it's happened to me.

**Host:** Yeah. And Dr. Tutrone, any final thoughts on Cal's prostate cancer journey for us?

**Dr. Tutrone:** I'll just say Cal may not be a doctor, but he's a lot smarter than most of the physicians I know. And he's been a great spokesperson for this. And I want to thank him for sharing the story.

**Host:** Cal, of course, is a great student of the game, studied pitchers and matchups relentlessly throughout his career, seems like he took the same approach to prostate cancer and learning about the disease. Cal...

**Cal:** Well, I am very analytical, and that's all I could say. And it's one of my greatest strengths. That's also one of your greatest weaknesses too. I could analyze things to death and not make a decision. But fortunately, this one I could come to pretty good.

**Host:** And Cal, I have to ask a couple quick baseball questions as a lifelong fan of the game. And so you're such a student of the game like we're just saying, who's your favorite player going up? Who did you try to emulate? Did you have one?

**Cal:** Yeah, I mean, Brooks Robinson, you know, if you're really lucky, Brooks Robinson was someone we all looked up to in the area. The Orioles had some great teams. So we had some great players, Frank Robinson, Brooks Robinson, Jim Palmer, Boog Powell, and I feel lucky enough to have come to know them personally as people as well. And sometimes when you meet your heroes or the guys that you really look up to, they don't live up to what you think they are, but I can assure you, especially Brooksie, I don't know anybody that's ever said a bad thing about Brooksie. Brooksie is just almost a perfect human being. And I'm so glad that I can call him my friend now. But I can't remember what the question was. Now, tell me where...

**Host:** You answered it perfectly. I just was asking who some of your favorite players were growing up. And Dr. Tutrone alluded to the 25th anniversary of 21,31 that just came up recently, what some people might not talk about as much as you played in baseball's longest game a 33 ending affair in 1981. They're kind of the early signs of your durability and tell us about that plane in the cold weather. I don't know if you ever talked about that or what that was like?

**Cal:** There's a lot about it. But that's very impressive that you know that, by the way. I was in the minor leagues, I was playing for the Rochester Red Wings to Triple-A affiliate for the Orioles. We're playing the Pawtucket Red Sox. They were a Red Sox affiliate in Pawtucket. And it was really cold earlier in the season when was balling really hard in so maybe offense really hard. When it's cold, it's very difficult to hold a burst, so the offense wasn't producing much, pitching was dominating. We had a 1-0 lead going into the bottom of the night. Our pitcher went all the way, we think he's gonna throw a shout out baseboard and squeak to run across in the bottom of the ninth to tie it. We scored a run in

the top of the 21st, they scored a one run in the bottom of the 20 bursts. And we played all the way 32 innings at that night.

And finally, somebody had the presence of mind saying, "Okay, don't we have a curfew." And the curfew was like 1:00, and we stopped playing at 4:07 in the morning. Now, being a young player, you know, you just go with the flow. You just...this is a baseball. We kept thinking, you know, this is odd to play this long. But we didn't realize that it was the longest game in history of professional baseball. And then when it resumed, two months later, we came back to them and we resumed that part of the game before our regular scheduled game. It lasted exactly 1 inning. We didn't score the top of the 33rd, they did, and they won the game 3:2.

So it was a fun experience to catch her on our team Dave Hopper caught all 32 innings. And it was so cold there that we had a barrel that we turned into a fire barrel. So we started burning broken bats because there's plenty of those that night. And we started tearing pieces off the bench and all that kind of stuff, just burn things to stay warm. But again, when you go through some experience like that, you just think this is professional baseball. This is my job. This is what we do. Most people don't remember we had a day game the next day. So we ended up 4:07, yeah, we grab a meal afterwards and then sleep for a couple hours and come back to the field 1:00 in the afternoon. I can't tell you what the outcome of that game was the next day. But I remember thinking, "Man, we hardly slept at all and we got to play another game." But that's professional baseball.

**Host:** That's unreal. I could talk all day about stuff like that with you, Cal. I want to be respectful of your time, Dr. Tutrone you as well. Thank you so much for joining us on today's very special edition of, "The Urology Care" podcast, obviously talking about prostate cancer awareness. And we had the great pleasure of Cal Ripken Jr. joining us, and of course, Dr. Ronald Tutrone, Thank you so much for joining us and this was an absolute pleasure.

**Cal:** It's our pleasure. Thank you.

**Host:** To learn more about prostate cancer, please visit the Urology Care Foundation's Prostate Cancer info Center by visiting [www.urologyhealth.org/pcinfocenter](http://www.urologyhealth.org/pcinfocenter). That's [urologyhealth.org/pcinfocenter](http://urologyhealth.org/pcinfocenter).