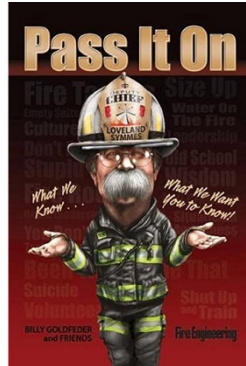




Survivor Story: Chief Billy Goldfeder
Deputy Fire Chief Loveland-Symmes Fire Department, Ohio
Diagnosed with Prostate Cancer 2021



I've been a firefighter since 1973, and I still love it. Today, I continue as a very active deputy chief who regularly responds to fires and participates in training; doing and learning.

My journey with cancer started in 2021. I had no issues with the "gloved hand" test; nothing unusual was found. My issues started with an elevated PSA.

The PSA test is a simple blood test that screens for prostate cancer. The test measures the amount of prostate-specific antigen (PSA) that's in your blood. PSA is a protein that's produced by both cancerous and noncancerous tissue that's in the prostate. Prior to what I describe below, my PSA level rose only slightly over three years, but with the added risk of firefighter-related cancers, exposures and an unknown family history (I was adopted), I realized that I was at risk.

In July 2021, the PSA was rising again (but still under 10). I went to The Urology Group, which has some three dozen urologists with locations in Cincinnati, elsewhere in Ohio, Indiana, and Kentucky. I underwent numerous tests, including a prostate biopsy (I was asleep; there was no pain), a CT scan (listened to music; no pain), an MRI (listened to music; no pain), and a bone scan (listened to music; no pain).

A few days later, my urologist told me, "You have prostate cancer." Although my cancer was stage 1, my cancer cells were very aggressive, resulting in a Gleason score of 9. The worst is 10 and anything less than 6 isn't overly concerning. So, not great news, but still no pain, and no discomfort physically.

The urologist added that, even though we caught the cancer early, he was concerned about the cancer cells escaping my prostate and the Gleason score (aggressiveness) indicated that those cancer cells wanted to escape very badly.

To be honest, I wasn't scared nor worried about me. I was (and remain) concerned about my family. My wife, Teri, and I have five children and six grandchildren, and my disabled sister counts on me each day. That was my 100 percent worry and focus.

Our Vision: To be the global leader in firefighter cancer support, awareness, and education.

Our Mission: To assist firefighters and EMS providers and their immediate families diagnosed with cancer by providing badge to badge support, training and guidance.



I saw this cancer issue as a fire: We're on scene, we size it up, we determine what we are going to do, and we do it hard, fast, and with the best-trained and well-staffed folks anywhere.

It's my opinion that it isn't a good idea to share that you have cancer until after you decide on a course of action. This prevents you from getting advice from all of the "firehouse physicians" who know about all of the exotic and nonexotic treatments and the resulting horror stories.

On the other hand, don't decide on a treatment until you reach out to the [Firefighter Cancer Support Network \(FCSN\)](#). The people there will connect you with other firefighters who survived, to hear about their experiences first-hand.

My urologist explained to my wife and me that two options existed for treatment of my specific cancer: There was radiation, and there was surgery. Of course, there are pros and cons to both of the options. Interestingly, I initially wanted radiation because of experiences of friends—even though I had very little knowledge of the two options. But surgery? That sounded like, well, surgery, and I didn't like that sound. Silly me.

Teri and I weighed the options and spoke with friends at the FCSN. I also spoke with some longtime fire service friends who survived prostate cancer.

I have remained very close to many of my brother and sister firefighters over these many years. One of those firefighters (Dr. Jonathan B. Orens, MD) is a highly respected physician internationally. He and his peers (who are experts in urology) were my second opinion. *You must get a second opinion.*

After sizing it up, Teri and I agreed on surgery (robotic) as the best option to achieve the best results, which is to come out it cancer free.

My surgery (three-and-a-half hours and another four hours to wake up) was on Oct. 8, 2021. I was in the hospital one night. What was really cool is that they "traded" my cancer-filled prostate for a catheter. OK. Go ahead now and squint your eyes. Say, "Nope. No way. Uh-uh. No one sticking no tube up into my 'pal' down there!" Again, there was no pain. Was it awkward for the seven days that I had to use the catheter? Of course. I normally don't have anything attached to my "pal," but, really, no big deal. Come on, think back to what you and your little buddy have been through in your life together. A little catheter? Piece of cake. When the tube is in, you don't know when you are peeing (you sleep through the night), because the urine automatically goes/flows into a small bag (taped to the leg), and you (or the best wife ever) dump it a few times a day.

It isn't what I was used to, and it's a little different, but keep things in perspective. This all happened because I had cancer.

Plus, remember, I had no symptoms and only two options. If I ignored the PSA test (or never got the test), my outcome was predictably horrible.

After surgery, I was home for a total of 30 days. No lifting, light schedule, etc., which meant no bunker gear, which meant no work or runs.

A week after surgery, they removed my catheter. It stung for about a second as it was removed, but I was fine after that. Not a big deal.

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When my prostate was removed via the radical prostatectomy, some tissues around it, including the seminal vesicles and lymph nodes, also were removed and were tested for cancer, to see whether any “micro stuff” escaped from the artist formerly known as my prostate.

At my 30-day appointment, the surgeon took blood and tested to see what my PSA was. Fingers crossed. Prayers. Hope. Etc. He called me two days later and stated enthusiastically, “Your PSA is perfect at 0.01, and I will see you in three months.” Outstanding!

Sort of. I am far better off than if I didn’t have my PSA checked in the past several years and didn’t have the surgery. Not the slightest doubt in my mind. The alternative: My fire department would have a spare chief’s car.

However, because my cancer was confirmed (by the post-surgery pathology report) to be highly aggressive (a confirmed Gleason score of 9), despite being considered cancer-free at the time of this writing, a high risk of metastasis (cancer spreading to other organs) exists. I will get blood tests every three months to ensure that there is no rekindle. (Do you see what I did there?)

This was the closest call that I ever had. I was in several crashes responding. I was in two fire collapses. I was lost and disoriented once. I was assaulted at a fire in a bad neighborhood and got my bell rung. I was transported twice for smoke inhalation, and I wasn’t transported despite smoke inhalation many times more than that and puked. I faced whatever else a typical suburban firefighter would over 49 years. But cancer was the biggie—and that’s why I wrote this survivor story for you.

You, as a male firefighter, have the greatest chance of losing your life at the hands of prostate cancer.

Soon, you will see a campaign—~~40~~**PlusFIRE**—that will focus on active firefighters who are 40 years of age or older and will push them to get a PSA check annually. No excuses. No B.S.

If you are 40 and you go to fires, you must get checked. Ask for it. Make sure that it happens. No excuses. If you know members who are 40 or older and go to fires, push them to get checked.

If you ignore getting a simple PSA test and have cancer, it won’t go away. It will get worse and can kill you. Too many firefighters have ignored the slight rising of a PSA, or didn’t get a PSA test, or got one and were told to see a urologist and ignored it or put it off. After all, no symptoms, how bad can it be?

I had no symptoms!

Don’t be a dope. Look at the photos of your family in your phone, in your wallet, in your helmet, and in your locker. Get your PSA test now.

The odds are that you are fine. But if not, you will be way ahead of it and can knock down your “room and contents fire” versus a fully involved, out-of-control personal conflagration.

Make your appointment. Just do it.

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