

# **Prostate 180**

## **From Diagnosis to Direction**

**Dr. Christopher J. Walinski, DDS**

***A practical guide for men with prostate cancer  
and the people who love them.***

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## **How to Use This Guide**

If you are newly diagnosed with prostate cancer, or reading this because someone you love has been, this guide is meant to help you think more clearly. You don't need to read it cover to cover, and you don't need to read it all at once. You may feel overwhelmed at this stage, so there is no "right" pace. This guide is designed to orient you, not to push you toward any particular decision. Get your bearings first.

You may also find that this guide is most useful when shared with a spouse, partner or family member so you can process the information together. Prostate cancer rarely affects just one person. In most cases making difficult decisions are often easier when you don't have to make them alone.

As you read, pay attention to which questions resonate with you. Those questions are often the more important ones. Bring them with you to medical appointments or use them as a starting point for conversations with your care team.

Above all, remember this: you are not expected to understand everything immediately. This guide exists to help you gain clarity over time, so that the choices you make reflect not only medical facts, but your own judgement and priorities.

If what you find here is helpful, I continue this conversation twice each week in the *Prostate 180* newsletter, where I explore up to the minute scientific research and personal decision-making in more depth.

## **Chapter 1 – Standing on Both Sides of the Desk**

Every day in the United States, nearly 100 men hear the words “*You have prostate cancer.*” Nearly 100! Every day!

Some hear it in an exam room.

Some over the phone (like I did).

Some while sitting alone in their car.

For most men, it stops time for a moment. Life immediately divides into *before* and *after*. A profound point in your life.

If you are reading this because you’ve just been diagnosed, or because someone you love has, I want you to know something right away: the uncertainty and confusion you’re feeling is understandable and expected. You don’t have to make every decision immediately. And please don’t make any decisions about your care alone.

I’m writing this because I have been on both sides of the desk so to speak.

I am a doctor. I’ve spent my professional life in healthcare (dentistry). I understand how medical systems work, how clinicians think and how decisions are often framed based on the scientific evidence. But I am also a patient. I have heard my own diagnosis. I have felt with the same uncertainty you have. And, I have felt the pressure to “move quickly” without always being given the full context to understand why speed was important. Sometimes it wasn’t. I was told to cancel a once a year fishing trip with my son, not knowing whether I would ever have the opportunity to fish with him again. That urgency scared the hell out of me.

When you are only a clinician, it’s easy to underestimate how overwhelming a diagnosis feels once it becomes personal. When you are only a patient, it’s hard to know which questions to ask and how to interpret your proposed treatment within a complex medical system. Standing on both sides of the desk has taught me that men are given

plenty of information, but very little help understanding what to do with it. This book, and the newsletter that grew out of it, exist to provide that clarity.

To be clear, this book will not tell you which treatment to pick. And, it should not be considered medical advice. It certainly is not anti-doctor or anti-medicine. I'm just here to tell my story, what I did and how I've been able to extend my own life.

It is my hope that I can help you think clearly at a time when clear thinking is hardest because of all the uncertainty and demands for you to make decisions quickly.

Prostate cancer is unusual among cancers. Many cases are slow-growing. However, some are more aggressive. Some require immediate action. Others do not. Yet the emotional weight of the word *cancer* can make everything feel urgent, even when it isn't. From this point on, I will use the abbreviation *PCa*. After four years I still don't like hearing the words. I feel like I'm giving it strength. I prefer *PCa*. I think you may prefer it as well.

One of the most common regrets I hear from men afterwards is not about the treatment they chose, but about how they felt forced to choose it. Decisions made under pressure, without full understanding, can linger long after the physical recovery. A few personal memories come to mind. I may share details in the future. My goal is to help you avoid that.

After my diagnosis, I started having conversations with other men. Most were newly diagnosed, but some were a couple of years into treatment. Some were spouses, siblings or adult children trying to help someone they loved.

The same themes came up again and again:

“I didn't even know what questions to ask.”

“I felt rushed.”

“I trusted my doctors, but no one explained all the details of the treatment I had agreed to.”

When I was diagnosed, no one ever talked with me about what might have contributed to my cancer in the first place. That may be because PCa does not have a single, clear cause. It is multifactorial, shaped by genetics, environment, age and lifestyle and no one factor can be blamed with certainty.

Still, as I immersed myself in the research, it became hard to ignore the role my own habits likely played. For years, my diet leaned heavily on processed foods and I probably drank more alcohol than I should have, never thinking even once about my prostate. PCa simply was not on my radar. That realization is why nutrition occupies such a central place in this book and in my newsletter. Well, that and my lifetime interest in cooking from “scratch.” I bought my first microwave when I got married 7 years ago 😊

I am certainly not advocating for extreme dietary overhauls. I am trying to encourage better, more intentional habits. Meaningful change usually happens gradually. Ultra-processed foods have already been stripped, refined and reassembled long before they reach our plates, often bearing little resemblance to the foods they started as. They have pretty much already been digested by the time we eat them.

Combining my love of cooking with a deep dive into nutrition science, I believe that I am uniquely positioned to help make this message practical and realistic for everyday life. Don’t worry, an anti-cancer cookbook is in the works!

As I continue my research daily, there is definitely a gap between the medical information being published every month and real-world therapies. This lag is a result of translational research. Translational means that the research bridges the gap between basic scientific discoveries and real-world health applications. This eventually moves

findings from the lab to patients to create new treatments and practices. It can take years to get from the research lab to the cancer patient. The time in between can be attributed to accounting for safety and efficacy. Think of the process as an extremely large barge making its way down a river. It takes a long time to change course.

Another observation I made was that there are excellent research papers and clinical guidelines, but not many that spoke honestly in a way that anyone could understand, to the human experience or offering practical takeaways. That is not the role of a scientific research paper. And, that's precisely why I started writing.

The *Prostate 180* newsletter is published twice a week. It is where I translate the most important and interesting research, share my perspective and offer practical takeaways that you can use immediately. It is written for men with PCa and the people who love and support them. This book is the longer, deeper version of that same mission with more emphasis on “good” and “bad” food categories.

In the first few days after diagnosis, most men are looking for clarity. What is already known, which risks are most important to recognize, and which decisions are reversible? This is especially important because PCa treatment decisions often involve tradeoffs. *Longevity, quality of life, sexual function, continence and peace of mind.* These are the difficult decisions you are faced with. They can't be rushed. And yet, often they are. They affect your daily life and your relationships. Hell, they can affect your basic identity and as a consequence, your mental health.

The first words of advice my doctor gave me was to stay off the internet. Of course, I logged on as soon as I got home. And, I read the things he didn't want me to see. If you're a loved one, you are the calm voice when fear takes over and you may be the person helping to slow things down when everything feels so rushed. Your role is critical! For sure, this book is for you too.

If you take nothing else from this chapter, take this: You do not have to be passive in this process. Ask the questions. We are taught to respect the decisions and recommendations our doctors make. I know you've heard this before, but *you must be your own advocate*. I am hoping that by putting all this information together, in one place you will be able to make informed decisions as they need to be made.

And if what you read here makes sense, please check out *Prostate 180*. It costs nothing and reflects the same thinking. Let's keep it going.

<https://prostate-180.beehiiv.com/> ← Link to the newsletter. You can unsubscribe at any time if you don't feel it's right for you.

## **Chapter 2 – The Day Life Divides into Before and After**

Everyone has a day. At least one moment in their life when everything permanently shifts. Sometimes it is joyful. The day you meet the person you know you will spend your life with. The birth of a child. Other times it arrives without warning, carrying weight you do not yet fully understand.

For me, that day was June 8, 2022.

I was flying to San Diego to meet my birth father for the first time. We had found each other through a genetic testing site, not because either of us was searching, but because that is how these things happen these days. A database. An algorithm. A coincidence that suddenly becomes extremely personal.

I had discovered I had a half-brother, but I had no intention of reaching out. I invented stories in my head, as people do. Maybe his father had been stationed overseas. Maybe there had been an affair. Maybe he never knew I existed. I decided it was better to leave the past alone. Of course, none of this was true.

Then a letter arrived. Typed. Thoughtful. Signed simply, Rod.

That is not the story I am telling here. I mention it only because it explains where I was when my life divided into before and after.

I was sitting in an uncomfortable chair at a crowded gate at Dallas–Fort Worth Airport, waiting for my connecting flight. The terminal was loud. The gate agent’s voice crackled over the speakers, mostly unintelligible, the way it always is. People were standing, shifting, lining up. Boarding was about to begin.

That is when my phone vibrated in my pocket.

It was a nurse I had met at Memorial Sloan Kettering. She wanted to review my bloodwork and recent diagnostic tests. I already knew. As she spoke, the world around me slowed. People moved, but it felt

distant, like watching through frosted glass. I could hear her voice, but it seemed far away, fading in and out.

“Do you have a sense of what’s going on?” she asked.

She made me say the words.

“Yes,” I replied. “I think I have prostate cancer.”

In that moment, everything snapped back into focus. My boarding group was being called. The line was moving. Life, apparently, was continuing on schedule, with or without my participation.

She told me the doctor needed to see me urgently, the next day. Treatment has to start now.

“I’m sorry,” I said, glancing toward the gate. “My flight is boarding.”

There was a pause of disbelief on the other end of the line.

As I walked out of the San Diego terminal later that day, Rod and his wife, Carol, were waiting for me, big smiles, ready to take my bag and begin a relationship that had been delayed by decades. I smiled back. I hugged them. Another before and after had begun. But inside, I was somewhere else.

I tell this story not for drama, and not for sympathy, but because this is how PCa often enters a man’s life. Not ceremoniously. Not neatly. It arrives in the middle of something else. At an airport. At work. Between responsibilities. The diagnosis is an interruption. And once it comes, nothing feels simple again.

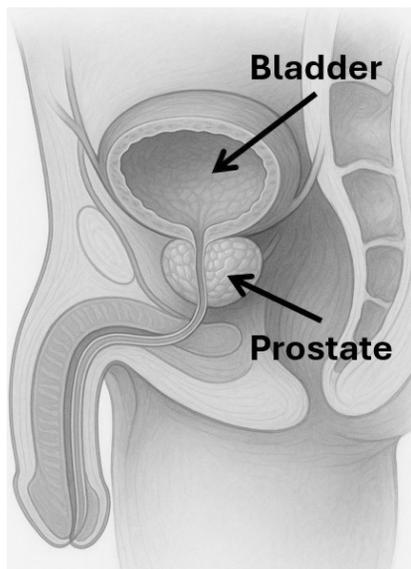
From that day forward, I was no longer just a clinician and researcher who understood disease. I was a patient learning how quickly information can overwhelm, how easily decisions can feel urgent, and how little space there is to simply stop and think.

That experience shapes everything that follows.

### Chapter 3: Understanding Your Prostate

Before we talk about treatments, nutrition or risk reduction, it helps to understand the organ at the center of all of this. When people hear the word prostate, it's often in the context of disease. Words like enlargement, inflammation or cancer usually follow. Yet surprisingly few people understand what the prostate is and what it actually does.

Before we do a deep dive into ways to help you with your prostate disease, I thought it might be helpful to discuss the prostate's role in your body, its connection to hormones and the reasons it is so vulnerable to cancer, because, the real question is: why do so many men develop PCa? As comparison, in women, breast cancer is also a hormone driven disease. Any knowledge you have about breast cancer might be helpful in understanding disease progression and treatment options with the prostate.



The prostate is a small, walnut-sized gland that is part of the male reproductive system. It is located just below the bladder and in front of the rectum, and it wraps around the upper part of the urethra which is the tube that carries urine and semen out of the body.

Although small, the prostate has a significant impact on male health, particularly as men age. The prostate's primary function is to produce and secrete seminal fluid, which nourishes and transports sperm. This fluid makes up about 20–30% of a man's total ejaculate.

Key functions of the prostate gland include producing *prostate-specific antigen (PSA)* which is a protein that helps keep semen liquefied. The prostate also secretes zinc and other nutrients that

protect sperm from *oxidative stress*, and acts as a muscular pump to propel semen during ejaculation. So, although, the prostate is not essential for life, it is critical for male fertility and reproductive health.

From an evolutionary perspective, the prostate exists to optimize reproduction. Its secretions are *alkaline*, which helps neutralize the acidity of the vaginal tract and improve sperm viability. Without the prostate, sperm cells would be damaged by the acidic environment and lose their ability to move and fertilize an egg. Although the prostate doesn't directly control urination or erections, it supports overall sexual function and fertility. A man can live without a prostate (as is the case after *prostatectomy* for cancer), however its removal can impact urinary control, sexual performance and quality of life which is why removing the prostate "just in case" is not a reasonable preventive measure.

After my own diagnosis, I began to wonder why the prostate is problematic in so many men. The answer lies in its hormonal sensitivity. As I have said, PCa is similar in that way to breast cancer. Due to hormone irregularities, stress and cellular aging can lead to prostate enlargement (*benign prostatic hyperplasia*, or BPH), or cancerous transformation.

The most common prostate conditions include *Prostatitis* (painful inflammation), a non-cancerous enlargement that can cause urinary symptoms (BPH) and PCa, which is malignant cell growth. Note that BPH and PCa share some hormonal and inflammatory pathways but behave differently and have different risk factors.

PCa is an age-associated disease. Over 60% of cases occur in men over 65. While no single cause explains PCa, several factors consistently appear in the research.

1. Hormonal Influence – The prostate thrives on *androgens* (male sex hormones). Over time, repeated exposure to high levels of

testosterone and *DHT* may promote abnormal cell growth. Some prostate cells may mutate and become resistant to normal controls, continuing to grow even in the absence of hormones.

2. Inflammation and Oxidative Stress – Chronic inflammation from infection, diet, or toxins leads to increased cellular turnover (speeds up cell death and new cell growth). Over time, this can cause DNA damage and cellular mutations. The prostate is particularly susceptible due to its rich blood supply and hormonal sensitivity. We will discuss at length the role of blood supply; especially new blood vessels (angiogenesis) in later chapters.

3. Genetics and Family History – Men with a father or brother who had PCa have 2 to 3 times the risk. If your mother had breast cancer, you may be up to 8 times more likely to develop PCa. This is especially true with a *BRCA1* or *BRCA2* mutation, so genetic testing and counseling might be beneficial in these cases.

4. Diet and Lifestyle – High consumption of red meat, saturated fats, alcohol and low intake of fruits and vegetables are associated with a higher risk of aggressive PCa. Obesity (chronic inflammation) and insulin resistance may also contribute to cancer development.

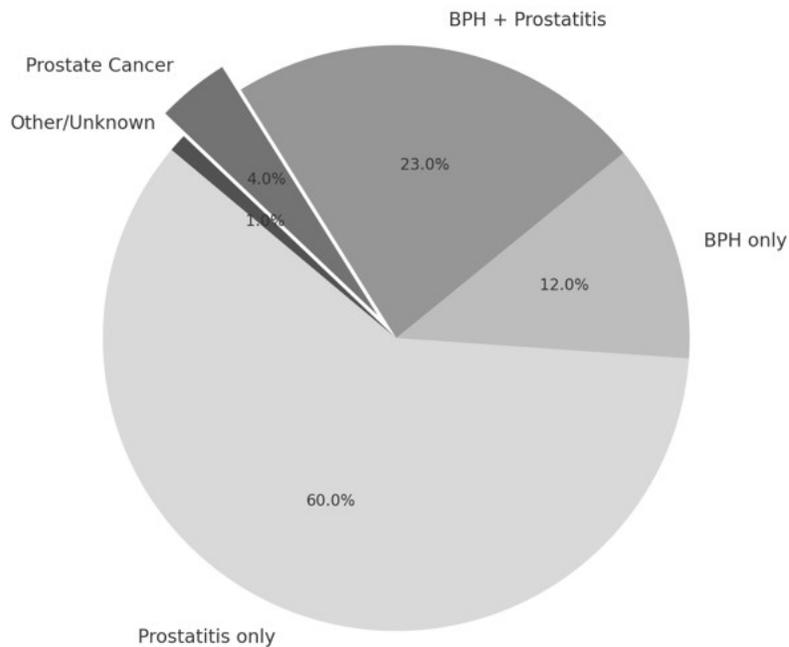
5. Longevity – Ironically, part of the reason PCa is so common is that men are living longer. What used to be a disease of old age now affects a growing population of men in their 50s and 60s due to improved detection and longer life expectancy.

While some PCa grow slowly and may never cause harm, others are more aggressive. The challenge is knowing which is which and acting accordingly. That's why smart lifestyle choices, early screening and nutritional strategies are key components in reducing risk and improving outcomes after diagnosis.

The prostate may be small and often overlooked, but understanding it could not be more important. By learning how it works and how cancer

develops, you are taking a powerful step toward being more informed. In the chapters that follow, we'll explore how specific foods and nutrients can help support a healthy prostate before, during and after treatment.

### Estimated Distribution of Diagnosed Prostate Diseases



*Here's a pie chart showing the estimated distribution of prostate diseases. The proportions are based on available data, with prostatitis as the most common diagnosis. PCa and other conditions make up a smaller share. Considering that 1 in 8 men are diagnosed with PCa, think about how many men have BPH and prostatitis.*

## **Chapter 4 – Understanding PSA**

For most men, everything gets real when the PSA number goes up. That's the moment the small gland none of us ever think about suddenly becomes a threat. If you are reading this book, then it is likely that things started getting serious when your doctor did a PSA screening and yours was elevated to the point of concern.

Although somewhat based on age, a PSA above 4 typically indicates a 25% higher risk of PCa. Once it heads above 10, your risk of PCa rises significantly to between 50% - 70%.

So, what exactly is PSA and why do we use it as one of the markers for disease? The PSA (prostate-specific antigen) test measures a protein produced by the prostate gland and circulates in the blood. While elevated PSA levels can indicate PCa, it can also result from benign conditions like inflammation or urinary tract issues. This is one reason some physicians dismiss PSA testing. Not because it's useless, but because it isn't perfect. But no early PCa marker is perfect.

Part of the controversy related to testing PSA is that screening can detect slow-growing PCa that would likely never cause symptoms. Treating these can lead to side effects like urinary incontinence, erectile dysfunction and emotional distress.

That being said, I have lost count of the number of men who have told me that PSA testing saved their life. The PSA test is not the enemy. Misinterpretation and overreaction are the culprits. I believe the problem lies in how it is interpreted and then, what is done with those results.

Traditionally, doctors have recommended a biopsy for men with an elevated PSA, once it reaches a target value. Sometimes the biopsy causes unwanted side effects like pain or bleeding, which is why other methods of confirmation using blood and urine samples are showing promising results.

In 2012, an independent panel of medical experts called the U.S. Preventive Services Task Force (USPSTF) issued a “Grade D” recommendation (discouraged the use of PSA testing) against PSA screening for all men, concluding that the potential harms outweighed the benefits. They had previously (2008) advised against screening men over 75. Other groups like the American Academy of Family Physicians aligned with this guidance, so PSA testing dropped dramatically.

What followed was an unintentional public health experiment on millions of men. As a result of the USPSTF 2012 recommendation, PSA screening declined by up to 40% in men over age 50. Since prostate screening declined, early-stage PCa diagnoses dropped as a result, while metastatic cases rose.

In other words, if you’re not testing for PCa, you’re not finding as many cases early. But advanced prostate disease comes with symptoms and are more difficult to treat, so those cases kept rising. Biopsies decreased by 41%, yet high-grade cancer detections increased by 72% overall and as much as 92% in men between 55-69 years of age.

This is what I find troubling. The only reason the incidence of early PCa “decreased” is because doctors stopped recommending their patients get tested. No testing = no positive results.

According to the American Cancer Society, PCa incidence fell from 2001 to roughly 2013 (likely due to declines in PSA screening), but reversed course in 2014, with overall rates increasing, especially advanced-stage cancers. Notably, metastatic PCa rose by 6.7% per year between 2011 and 2021.

My personal experience with prostate disease has brought me to this place where I feel I can be an agent for change and increase awareness to help men make better choices. I did everything “right,” or so I

thought, and still wound up with prostate cancer. That changed how I view screening.

My mission has been made more difficult for several reasons. Conflicting messages from medical groups; some of which are against routine testing. This can be confusing. And, as you know, when we are confused, we don't act. One thing we all understand is that it is far easier to treat problems, medical or otherwise, when they are addressed early on.

So how do we use the PSA test wisely, without ignoring it and without panicking over it and overtreating? Many men are not aware of the risk-benefit balance of PSA testing.

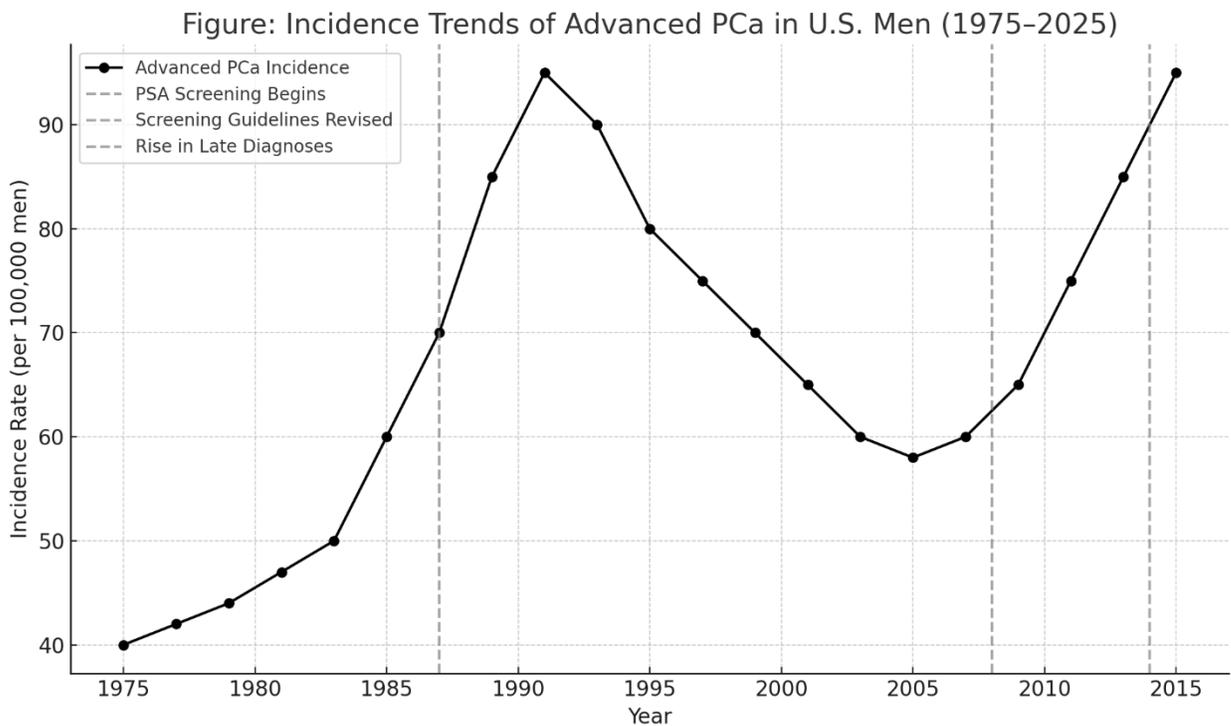
The rules are simple. If you have a parent or sibling who has had breast or PCa, start talking to your Doctor about PSA screening at 40 years old because you are two to eight times more likely to develop PCa. This also holds true for men of African or Caribbean descent, independent of whether they have a family history of cancer.

For everyone else, 50 is the age you should start talking with your doctor about your prostate and whether PSA testing is appropriate at that time. Since 2008, screening after 70 is discouraged, but aggressive cancer can still appear in older men and newer treatments can extend your life considerably. Use your own judgement and be your own advocate. Just do it. Get your PSA tested yearly.

Since determining factors include age, family history, ethnicity and health, a routine for every man is not universal, so informed decisions should be made by discussing potential benefits with your doctor.

Moving forward, be sure to monitor emerging alternatives and new diagnostic methods. MRI-guided biopsies and novel blood or urine *biomarkers* are now being used to improve accuracy and reduce unnecessary interventions.

You can't act on what you don't know. A single PSA number doesn't define your future, but it does open a door. And if there's one thing I've learned, it's this: if you're waiting for symptoms you'll be behind, trying to catch up.



**Figure: Incidence Trends of Advanced PCa in U.S. Men (1975–2025)**

This chart illustrates the age-adjusted incidence rates of advanced PCa (per 100,000 men) from 1975 through a projected value in 2025. The initial rise in the late 1980s and early 1990s reflects increased detection due to widespread PSA (prostate-specific antigen) screening. A subsequent decline followed revisions to screening guidelines in the early 2000s. Since approximately 2014, however, rates of advanced-stage diagnoses have reversed and are rising steadily, suggesting delayed detection or decreased early screening.

## PSA Screening Recommendations by Age and Risk

Age Group	Risk Category	Recommendation	Details
<b>Under 40</b>	All men	Not recommended	Low prevalence of PCa; no benefit to screening.
<b>40–54</b>	Average risk	Not routinely recommended	Unless symptomatic or strong family history*.
	<b>High risk</b> (e.g., African American men, or family history)	Consider screening at 40	Discuss your concerns with your medical team.
<b>55–69</b>	All men	Offer screening	Most overall benefit from PSA testing occurs in this group.
<b>70+</b>	All men	Not routinely recommended	Unless in excellent health with >10–15 year life expectancy. Limited benefit shown in older men.

### \*Definitions of High Risk

- First-degree relative (father, brother) with prostate cancer before age 65
- African American ancestry
- Known BRCA1 or BRCA2 gene mutations

## Chapter 5 - Where to Focus First After Diagnosis

After a PCa diagnosis, most men feel pressure to do everything all at once. Learn everything. Fix everything. Decide everything. Now. My own Docs made me feel guilty that I was away for a week because treatment had to begin NOW! Was I jeopardizing my own life? Should I book a return flight today instead of in a few days?

With pressure comes urgency, fear and the feeling that time is suddenly scarce. One of the most important things I have learned, both as a clinician and as a patient is that it is important to do the *right* things, in the *right order*, at the *right pace*. I wrote this guide to help you find that order for you. The pace is yours to determine on your own.

Treating PCa is not a single decision. It is a series of decisions made over time. Some matter now. Others can wait. Knowing the difference is one of the most powerful skills you can develop. Early on, clarity is extremely important. Understanding your diagnosis, your risk level and your options puts you in a position of control. Acting before you understand often leads to regret.

If there is one mistake I see men make repeatedly, it is confusing urgency with importance. In the early phase after diagnosis, your priorities should be:

- Understanding your specific disease. Don't worry about what your brother-in-law did when he was diagnosed. Your situation is unique.
- Slowing the decision-making process enough to think clearly.
- Asking the right questions to help you make better decisions.
- Protecting your quality of life throughout the process.

Everything else can follow. Even when there is uncertainty, you are not powerless. There are meaningful things you can focus on without creating pressure on yourself.

You can:

- Gather information from reliable sources. Have I said I'm here to help you? 😊
- Bring a partner or family member into important conversations. My wife was often my biggest voice of reason when I couldn't think straight and she continues to be my rock.
- Track your PSA and understand what changes are important and which are not. The number is important, but the rate it grows can be just as important.
- Begin paying attention to sleep, movement and especially nutrition. Make small changes. Over time they will make a big difference.

You will notice that this guide introduces nutrition and lifestyle without expecting immediate transformation. Would it be better if you cut out all the bad stuff and started eating and drinking all the good stuff? Of course. But that would be unreasonable and unsustainable. Small changes are amazing, especially in moderation.

Later chapters in the full book explore how food, metabolism, inflammation and other systems interact with PCa in more detail. For now, it is enough to know that your daily choices can make a difference. Do what you can when you can.

If you are a spouse, partner, family member or friend, your presence and support are powerful. You may be the one asking questions, organizing information or encouraging patience. One of the most valuable things you can offer is steadiness. Take notes. Helping someone slow down, revisit information and feel supported can change the entire tone of this experience. Thank you for reading this guide. Your support means everything.

A PCa diagnosis does not mean you have to become an expert overnight. It also does not require you to be fearless. Accept that the choices you make may not be perfect.

I am hoping that this guide has helped you feel more grounded, more informed or less alone. If so, then it has done its job. The next steps will come into focus with time. Anytime you want to discuss, please send me an email at [thezendoc@gmail.com](mailto:thezendoc@gmail.com). Yes, that is my personal email.

I continue exploring these topics twice each week in the *Prostate 180* newsletter, where I translate the most important new research, share my perspective and focus on helping men make the best decisions for them, both physically and emotionally.

<https://prostate-180.beehiiv.com/>

You do not have to do this all at once. And you do not have to do it alone.

Let's roll.

## About the Author



Dr. Christopher J. Walinski, DDS is an internationally recognized educator, author and health advocate. With over 30 years of clinical and academic experience, he is a pioneer in laser dentistry and an expert in minimally invasive techniques. Dr. Walinski has been invited to lecture in almost 50 countries and published numerous peer-reviewed papers and textbook chapters on the oral-systemic connection, systemic wellness and dental technologies.

Beyond his contributions to dentistry, Dr. Walinski is also a passionate advocate for PCa awareness. As a PCa patient himself, he founded the *1000 Cranes Project*, a nonprofit initiative focused on education, support and integrative strategies for those affected by the disease. His advocacy emphasizes nutrition, emotional resilience and patient empowerment.

His passion for health and wellness extends far beyond oral care. This was highlighted when he appeared on FOX's *MasterChef* in 2024, cooking under the demanding eye of Chef Gordon Ramsay. His calm, detail-oriented precision in the kitchen mirrored his clinical work, reflecting the same meticulous dedication he brings to patient treatment and health advocacy.

Dr. Walinski resides in the Philadelphia area with his wife Veronica and their English Springer Spaniel Lacey and has three grown children. His journey through diagnosis and treatment has inspired this book and his broader mission to help others live longer, healthier lives through informed lifestyle choices.