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AWARD NUMBER: W81XWH-07-1-0069

TITLE: The Impact of Prostate Cancer Treatment-Related Symptoms on Low-Income Latino Couples

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REPORT DATE: March 2011

TYPE OF REPORT: Final

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

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REPORT DOCUMENTATION PAGE			<i>Form Approved</i> <i>OMB No. 0704-0188</i>		
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1. REPORT DATE 1 March 2011		2. REPORT TYPE Final		3. DATES COVERED 1 Mar 2007 – 28 Feb 2011	
4. TITLE AND SUBTITLE The Impact of Prostate Cancer Treatment-Related Symptoms on Low-Income Latino Couples			5a. CONTRACT NUMBER		
			5b. GRANT NUMBER W81XWH-07-1-0069		
			5c. PROGRAM ELEMENT NUMBER		
6. AUTHOR(S) Sally L. Maliski, Ph.D. E-Mail: smaliski@sonnet.ucla.edu			5d. PROJECT NUMBER		
			5e. TASK NUMBER		
			5f. WORK UNIT NUMBER		
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) University of California, Los Angeles Los Angeles, CA 90024			8. PERFORMING ORGANIZATION REPORT NUMBER		
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012			10. SPONSOR/MONITOR'S ACRONYM(S)		
			11. SPONSOR/MONITOR'S REPORT NUMBER(S)		
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT Prostate cancer is the most commonly diagnosed non-skin cancer among men in the United States, and Latinos are the most rapidly growing minority in the United States. Even when prostate cancer is diagnosed and treated early, there are a number of side effects that can have an impact on men's quality of life including erectile dysfunction, incontinence, and a diminished desire for sexual relations. Because of these treatment side effects, prostate cancer is often considered a couples' disease. The purpose of our study is to describe the impact of prostate cancer treatment-related symptoms on low-income couples, including Latino couples, undergoing a radical prostatectomy. We have started interviewing couples at three time points following the man's surgery. The men are asked to complete a questionnaire that asks about urinary, bowel, sexual, and hormonal symptoms and one that asks about his relationship with his partner. The partner is asked to complete the same relationship questionnaire. Couples are interviewed by telephone. Analysis of this data will allow us to identify the types of interventions that are needed and would be acceptable to these couples. It is essential to understand the needs, perspective, and culture of individuals for whom interventions are to be developed, information from this study will be critical to the development of interventions that are specific to the culture and needs of low-income couples who are managing the symptoms of prostate cancer treatment					
15. SUBJECT TERMS Low-Income, Latino, Couples, Qualitative, prostate cancer, radical prostatectomy					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			19b. TELEPHONE NUMBER (include area code)
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I. INTRODUCTION

Prostate cancer is the most commonly diagnosed non-skin cancer among men in the United States, and Latinos are the most rapidly growing minority in the United States. Latino and African-American men tend to be diagnosed with later stage prostate cancer than white men and therefore are likely to have more symptoms. However, low-income, uninsured Caucasian men also tend to have more advanced disease at diagnosis. Even when prostate cancer is diagnosed and treated early, there are a number of side effects that can have an impact on men's quality of life including erectile dysfunction, incontinence, and a diminished desire for sexual relations.

Because of these treatment side effects, prostate cancer is often considered a couples' disease. Studies show that men with partners have better treatment and quality of life outcomes than men without partners. Partners have been shown to be important in prostate-cancer decision-making, helping men with managing their prostate cancer symptoms, and providing support. However, partners often feel unprepared to deal with the effects of prostate cancer both for themselves and their partners.

Most of the studies with partners or couples affected by prostate cancer have been conducted with Caucasian couples or partners of relatively affluent men and we know that people with low incomes tend not to have insurance and may not have access to health care. Thus, there is little information to guide the development of interventions to help low-income Latino couples manage prostate cancer and its symptoms even though their need is great.

Therefore, the purpose of our study is to describe the impact of prostate cancer treatment-related symptoms on low-income Latino, African-American, and Caucasian couples at 3 different times after the man's prostate cancer surgery. We will interview couples who participate in the study 3-6 months, 9-12 months, and 12-18 months after the man's surgery. Each time, the man and his partner will be interviewed separately and then together by a male interviewer for the men and a female interviewer for female partners. The men will be asked to complete a questionnaire that asks about urinary, bowel, sexual, and hormonal symptoms and one that asks about his relationship with his partner. The partner will be asked to complete the same relationship questionnaire. Couples will be interviewed by telephone. Analysis of this data will allow us to identify the types of interventions that are needed and would be acceptable to these couples.

Because it is essential to understand the needs, perspective, and culture of individuals for whom interventions are to be developed, information from this study will be critical to the development of interventions that are specific to the culture and needs of low-income Latino, African-American, and Caucasian couples who are managing the symptoms of prostate cancer treatment.

II. BODY

Task 1: *Elicit descriptions post prostatectomy symptoms as experienced by the patient and his partner and their perception of the impact on their relationship at 3 points in time following the prostate cancer surgery.*

- a. Identify and recruit 100 potential couple participants or until 50 couples have completed all 3 interviews with category saturation (Months 1-24).
- b. Conduct initial interviews (Months 1-12).
- c. Conduct second interviews (Months 7-18).
- d. Conduct third interviews (Months 19-30).

Accomplishments: We were able to enroll a total of 30 couples into the study. All 30 couples completed a baseline interview.

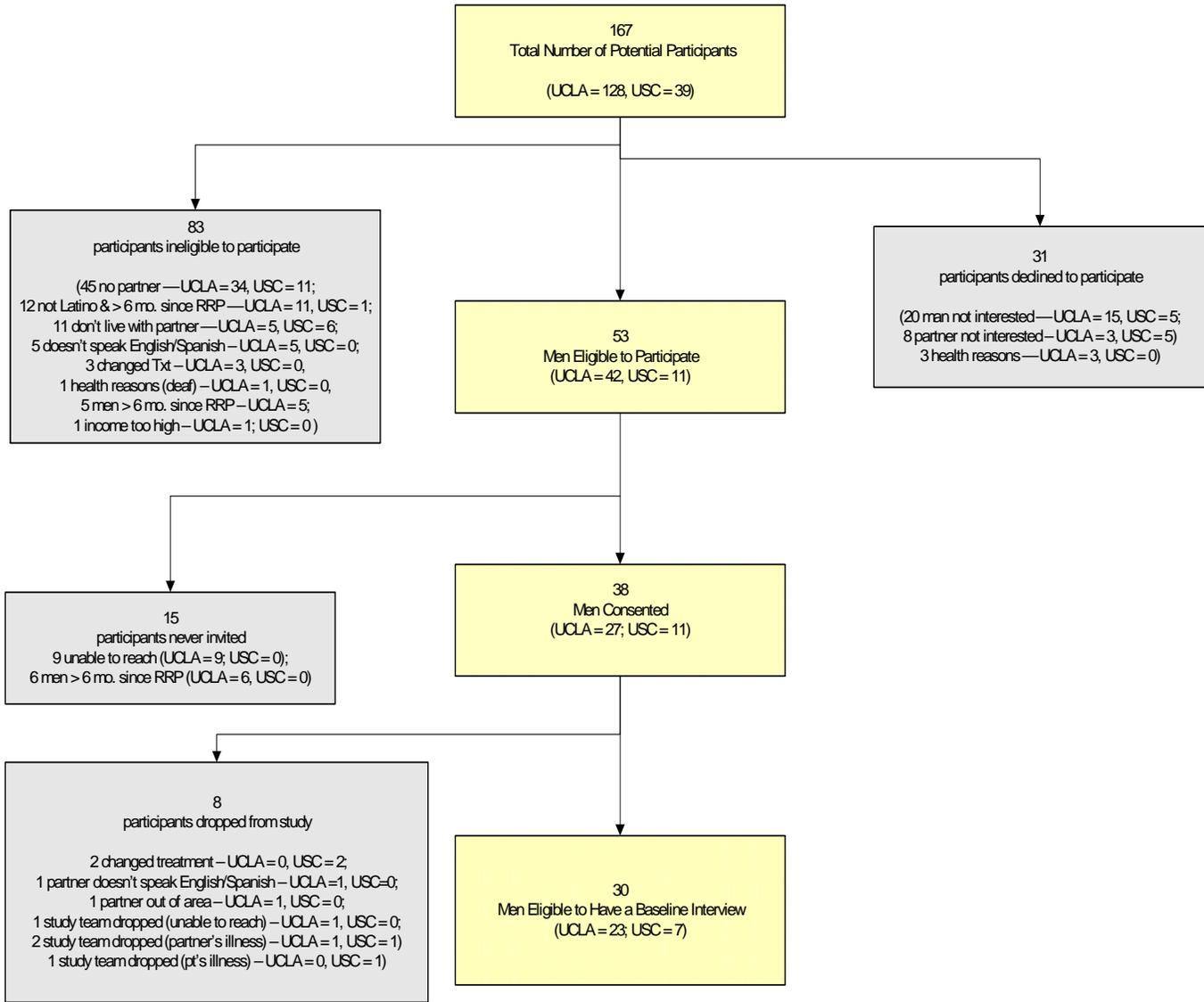
Despite intensive recruitment efforts at both UCLA and USC were unable to reach the recruitment number of 50 couples completing interviews at all three time points. These efforts included, targeted newspaper advertisements, posting of study flyers at USC and in neighboring communities, posting of flyers and advertisements in local church bulletins with majority Latino populations, expansion of study to include couples of all race/ethnicities, and allowing an additional 12 months of recruitment.

Recruitment remained slower than expected at USC and through the IMPACT Program. USC's recruitment efforts were hampered by (1) their move to the new Los Angeles County-University of Southern California (LAC-USC) County hospital and (2) a dramatic shift away from prostatectomies to radiation therapy for treatment of localized prostate cancer. The move to the new facility led to delays in surgeries that were considered non-emergent leading to a decreased recruitment pool. At the same time, USC saw a substantial change in the number of men undergoing radiation therapy versus undergoing surgery to treat their prostate cancer. USC averaged 2-3 prostatectomies per month among men who meet the minimum income eligibility requirements for the study.

Recruitment through the IMPACT program was also hampered by an overall decrease in the number of prostatectomies received by men in the IMPACT Program as well. Furthermore, due to the California state budget crisis, IMPACT spent its allocated funds for FY 09-10 and no further funds were available to enroll men in need of treatment. A waitlist for entry into the Program was started but enrollment was not reopened until July 1, 2010 at which time enrollment in the study was closed.

Given the current economic situation, we speculate that (1) men who are uninsured may be delaying treatment or (2) changing their choice of prostate cancer treatment to allow them the opportunity to keep working while undergoing treatment.

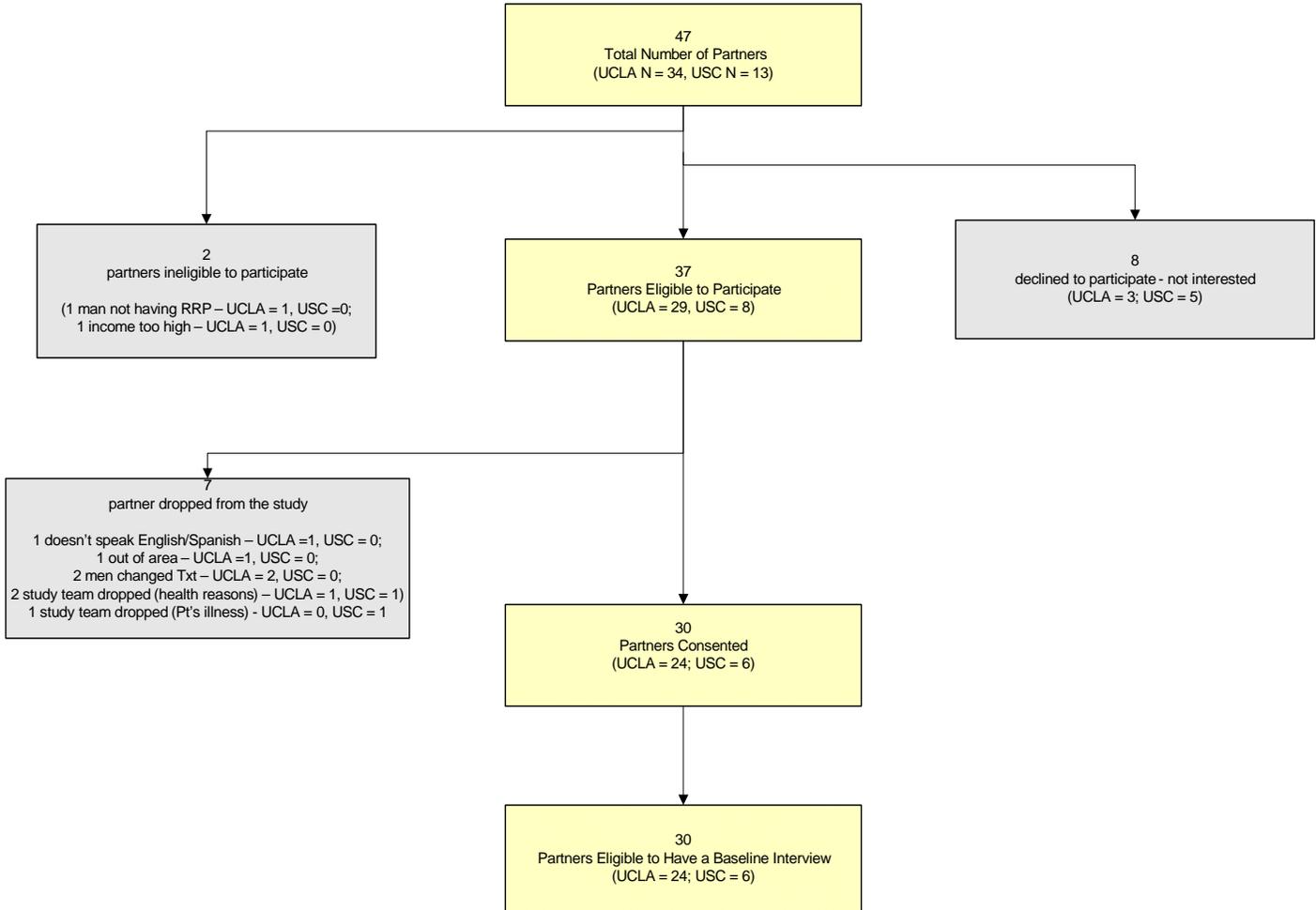
Figure 1. Enrollment Statistics for Men with Prostate Cancer



RRP = radical retropubic prostatectomy
 Txt = treatment
 Mo. = month
 Pt = patient

Table 1. Demographic Characteristics of Men with Prostate Cancer		
	Latino N=28	Other N=2
Primary Language Spoken		
English	0	2
Spanish	28	0
Current Age		
50-59	6	0
60-69	20	2
>70	2	0
Age at Diagnosis		
<50	1	0
50-59	14	0
60-70	13	2
Educational Attainment		
Grade school or less	14	1
Some high school or technical school	3	1
High school or technical school graduate	5	0
Some college	3	0
College graduate	3	0
Employment Status		
Retired	4	0
Unemployed	15	1
Employed, Full-time	6	1
Employed, Part-time	3	0
Number of Years with Partner		
10-19	4	0
20-29	6	0
30-39	7	0
40-49	6	1
>50	2	0
Unknown	3	1

Figure 2. Enrollment Statistics for Partners of Men with Prostate Cancer



RRP = radical retropubic prostatectomy

Txt = treatment

Pt = patient

Table 2. Demographic Characteristics of Partners of Men with Prostate Cancer		
	Latino	Other
	N=28	N=2
Primary Language Spoken		
English	0	2
Spanish	28	0
Age		
<50	5	0
50-59	6	0
60-70	17	2
>70	0	0
Educational Attainment		
Grade school or less	19	0
Some high school or technical school	4	0
High school or technical school graduate	4	0
Some college	0	1
College graduate	1	1
Employment Status		
Retired	0	1
Unemployed	4	1
Employed, Full-time	18	0
Employed, Part-time	5	0
Refused to Answer	1	0

Task 2: Prepare data for analysis

- a. Verbatim transcription of transcripts (Months 1-32).
- b. Translation and verification of translated transcripts (Months 2-32).
- c. Entry of transcripts into NVivo (Months 1-32).
- d. Transfer Expanded Prostate Cancer Index Composite (EPIC) and Dyadic Adjustment Scale (DAS) responses into SAS database (Months 30-32).

Accomplishments: 30 couples were recruited into the study. Please see Tables 3-5 below for a breakdown of interviews, transcriptions, and translations completed. Despite the closure of the study, transcription and translation of interviews is ongoing. Funding has been secured from the UCLA School of Nursing to assist in the completion of all transcription and translation which will aid in the publication of the study's results. Charmaz (2006) describes that an adequate sample for grounded theory is obtained when theoretical saturation is achieved. That is when no new categories emerge and the identified categories have been described fully. Creswell (1998) contends that this occurs with 20-30 participants. In this study, we achieved saturation for "Healing Environment" at 20 couples enabling us to use the additional 10 couples for verification and confirmations. All EPIC and DAS responses have been entered into a SAS database and analysis is ongoing. Analysis of Baseline DAS shows that: 1) relationship satisfaction was high in all except two of the participants; 2) No significant demographic differences were found between discordant and concordant couples, and 3) Being age 60 or older was associated with higher levels of subscale correlation within couples (See Appendix D for sample interviews). This database is a very rich source of data that will continue to be used to produce multiple manuscripts. After working with the data in NVivo, we found that manual coding and analysis was more effective and accurate. All publications and future presentations prepared from study data will be forwarded to the DoD.

Time Point	Man with Prostate Cancer		Partner	
	English	Spanish	English	Spanish
Baseline	2	28	2	28
Second	2	26	2	25
Third	2	24	2	24

Transcription	Man with Prostate Cancer		Partner	
	English	Spanish	English	Spanish
Baseline	2	12	2	21
Second	2	3	1	13
Third	2	2	2	3

Translation	Man with Prostate Cancer	Partner
Baseline	12	21
Second	2	11
Third	2	2

Task 3: *Explore relationship quality and satisfaction over time in relation to the man's prostate cancer symptoms from the couples' perspective.*

- a. Line-by-line coding of interview data using constant comparative technique (Months 2-34).
- b. Identify categories related to impact of prostate cancer symptoms on relationship at each time point and across time points and by relationship quality categorization based on DAS scores (Months 30-34).
- c. Verify categories with participants during 2nd and 3rd interviews (Months 7-30).
- d. Develop concepts from the categories (Months 32-34).
- e. Correlational analysis of DAS scores with EPIC domain scores (Months 32-34).
- f. Create situational, social worlds, and positional maps integrating qualitative and quantitative analysis results (Months 32-34).
- g. Develop grounded theoretical formulation describing the impact of post prostatectomy symptoms on low-income Latinos' relationships from the perspective of the couples (Months 33-36).

Accomplishments: The initial focus of our coding and analyses was on the partners' interviews which were used to develop the "healing environment" framework (See Appendix C). We have identified categories related not only to the impact of prostate cancer treatment-related symptoms on a relationship but on how a couple manages these symptoms. We have an initial understanding by relationship category based on the DAS scores looking at correlations between those with high level of consistency to those with low level of consistency relative to the man's EPIC domain scores, education, and age. We have verified categories when conducting our second and third interviews. Please see Table 6 below for the total number of interviews coded as of March 31, 2011. Data from the coded transcripts were analyzed and are being developed into concepts related to prostate cancer treatment-related symptom management in couples. One such concept is the "healing environment." We continue to identify and develop other major concepts. Initial correlational analysis has been started using DAS and EPIC domain scores. We continue to work on creating the social worlds and positional maps integrating qualitative and quantitative analysis results. Grounded theory formulation has begun with the "healing environment." Theoretical formulation based on the categories and concepts and the relationships between them are being developed through the ongoing analysis of the data.

Coding	Man with Prostate Cancer		Partner	
	English	Spanish	English	Spanish
Baseline	2	12	2	23
Second	2	0	2	12
Third	0	2	0	2

DAS Baseline Statistics Summary
N=30

The Dyadic Adjustment Scale (DAS) measures the quality of marriage and other similar relationships and satisfaction with the relationship. The 32-item scale is scored on Likert-type scales with the total score range of 0-151. There are 4 subscales; dyadic cohesion, dyadic satisfaction, dyadic consensus, and affectional expression. The internal consistency reliability coefficient is 0.96.

DAS Range (Man): 83-148

DAS Range (Partner): 73-139

DAS Difference (man's score minus partner's score): -28-33

Higher minus or positive difference is more discordance within couple.

Variable	N	Mean	SD
Total DAS	30	124.46	14.31
Consensus	30	59.03	6.53
Cohesion	30	15.17	4.14
Satisfaction	30	40.06	5.46
Affection	30	10.17	2.57

Variable	N	Mean	SD
Total DAS	30	121.39	14.00
Consensus	30	58.98	8.08
Cohesion	30	16.07	4.51
Satisfaction	30	38.45	5.78
Affection	30	9.94	2.43

	Partners Total DAS	Partners Consensus	Partners Cohesion	Partners Satisfaction	Partners Affection
Men Total DAS	0.3682 0.05	0.2366 0.2080	-0.019 0.9201	0.4291 0.02	0.5511 <0.01
Men Consensus	0.2543 0.18	0.2300 0.22	-0.2027 0.28	0.3236 0.08	0.5297 <0.01
Men Cohesion	0.3384 0.07	0.1591 0.40	0.2543 0.05	0.2795 0.1347	0.1770 0.3494
Men Satisfaction	0.2905 0.2294	0.1566 0.41	-0.0477 0.80	0.4293 0.02	0.3758 0.04
Men Affection	0.3347 0.07	0.1726 0.36	0.0643 0.74	0.2594 0.17	0.7198 <.0001
p-value \leq 0.05					

Correlational analysis of Baseline DAS scores with EPIC domain scores

The Expanded Prostate Cancer Index Composite (EPIC) was used to assess prostate cancer specific symptoms. The EPIC is a 50-item Likert-type scale with responses ranging from 0 (no problem) to 4 (big problem). Responses are summed to obtain scale and subscale scores. Subscales include Urinary Domain, Bowel Domain, Sexual Domain and Hormonal Domain. Reliability and internal consistency were high ($r \geq 0.80$, Cronbach's $\alpha \geq 0.82$) and correlations with the SF-12 were modest.

Baseline DAS scores were divided into Balanced (within-couple scores close, difference $\leq \pm 10$) and Unbalanced (within-couple scores not close, difference ≥ 10). No significant differences were found between groups by age (man or partner), months from diagnosis to baseline, EPIC domain scores, and education.

Task 4: Disseminate findings

- Develop manuscripts (Months 35-36 and post-study).
- Prepare final reports (Months 35-36).
- Present findings at national conference (Months 34-36 and post-study).
- Develop intervention strategies to be tested (Post-study).

Accomplishments. We recently presented a poster that the 2011 IMPaCT Research Conference, "Creating and Maintaining a Healing Environment" based on the qualitative analysis. We are now developing this into a manuscript for publication within the month. This provide an explanatory framework to guide couple-based interventions that are culturally relevant within the Latino population providing the foundation for intervention strategies to address prostate cancer treatment-related symptoms and to minimize risks associated with androgen deprivation therapy. With additional intramural funding from the UCLA School of Nursing, we are conducting additional analyses to integrate the quantitative data with the qualitative by comparing processes among

those with high marital satisfaction based on the DAS scores to those with lower marital satisfaction over time to identify areas and time points for focused intervention.. We will continue submitting abstracts and manuscripts for publication as these findings emerge.

III. KEY RESEARCH ACCOMPLISHMENTS

1. Initial interviews have been conducted with 60 participants (30 men and 30 partners).
2. Second interviews have been conducted with 55 participants (28 men and 27 partners).
3. Third interviews have been conducted with 52 participants (26 men and 26 partners).
4. Transcription, verification, and coding of transcripts are ongoing. 59 interviews have been transcribed, translated, verified and coded. Intramural funding is assisting with timely completion.
5. Initial EPIC and DAS data analyses has been completed and more in-depth analyses are ongoing.
6. Additional funding was secured from the UCLA School of Nursing to aid in the completion of all transcriptions, translations, and coding of interviews.
7. A descriptive framework of processes used in Latino couples to manage prostate cancer treatment and its symptoms has been articulated and disseminated at a national conference with the corresponding manuscript nearing completion.
8. A rich set of data from Latino couples including both quantitative and qualitative data collected over 18 months following treatment for prostate cancer has been established. This will be the source of numerous analyses and publications for some time into the future.

IV. REPORTABLE OUTCOMES:

- Abstracts, manuscripts, and presentations: Please see Appendices A and B.
- Based on preliminary work developed from this project we have received additional funding from the UCLA School of Nursing to complete coding and analyses of the qualitative and quantitative data collected. This work is currently in progress.
- The “healing environment” framework will be used to develop interventions to assist couples in managing prostate cancer treatment-related symptoms.

V. CONCLUSION:

Little is known about how Latino couples experience and manage prostate cancer treatment-related symptoms. Understanding the processes used by these couples is critical to developing culturally sensitive intervention strategies for the Latino population. The framework developed from this study provides a foundation on which to develop a culturally relevant couple-based symptom management strategy for the Latino population. Furthermore, the data set which includes longitudinal qualitative and quantitative data from couples will foster further analysis and concept development along with abstracts and publications. We can conclude that although there were unforeseeable challenges with recruitment, we succeeded in enrolling and maintaining a sufficient number of couples and have obtained a tremendous amount of rich data that is already yielding a foundation upon which to develop culturally relevant couples-based intervention strategies for the Latino population.

REFERENCES

Charmaz K (2006). *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. Thousand Oaks: Sage Publications

Creswell JW (1998). *Qualitative Inquiry and Research Design: Choosing among Five Traditions*, Thousand Oaks: Sage Publications

Appendices

A. Professional Presentations

B. Manuscripts under Development

C. Healing Environment Framework

D. Sample Interviews

1. Baseline interviews

- a. Man with prostate cancer Spanish language transcript
- b. Man with prostate cancer Spanish language transcript translated
- c. Man with prostate cancer Spanish language transcript coded
- d. Partner of man with prostate cancer Spanish language transcript
- e. Partner of man with prostate cancer Spanish language transcript translated
- f. Partner of man with prostate cancer Spanish language transcript coded

2. Second interviews

- a. Man with prostate cancer Spanish language transcript
- b. Man with prostate cancer Spanish language transcript translated
- c. Man with prostate cancer Spanish language transcript coded
- d. Partner of man with prostate cancer Spanish language transcript
- e. Partner of man with prostate cancer Spanish language transcript translated
- f. Partner of man with prostate cancer Spanish language transcript coded

3. Third interviews

- a. Man with prostate cancer Spanish language transcript
- b. Man with prostate cancer Spanish language transcript translated
- c. Man with prostate cancer Spanish language transcript coded
- d. Partner of man with prostate cancer Spanish language transcript
- e. Partner of man with prostate cancer Spanish language transcript translated
- f. Partner of man with prostate cancer Spanish language transcript coded

E. Personnel Receiving Pay

A. Professional Presentations

- Creating and Maintaining a Healing Environment: Partners of Latino Men with Prostate Cancer. The Innovative Minds in Prostate Cancer Today (IMPACT) Conference, Orlando, Florida, March 9-12, 2011.



Creating and Maintaining a Healing Environment: Partners of Latino Men with Prostate Cancer



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INTRODUCTION

- Partners are affected by and affect prostate cancer symptom management
- Partners feel they have insufficient information to support their husbands and themselves
- Partnered men have better prostate cancer treatment outcomes
- Traditional role of Latina wives and health
- Little is known about the experience of Latino couples with prostate cancer

OBJECTIVES

- Describe the impact of prostate cancer treatment-related symptoms on Latino couples
- Develop an explanatory framework for management of prostate cancer treatment-related symptoms by Latino couples

RESULTS

Quantitative Analysis

Dyadic Adjustment Scale (DAS)

- Relationship satisfaction high in all except 2 participants
- No significant demographic differences between discordant and concordant couples

Qualitative Analysis

Couples created and maintained an environment in which men could “heal” post prostatectomy.

“When, when one person faces cancer, it’s not, you’re not solitary in it, it becomes, it becomes a family, a family matter.”

Processes included:

- Mutuality in communication and understanding
 “...we can handle it and he asks me if it’s all right. I said, “My goodness it’s OK...with me.”
- “...of course, whatever comes his way it is my way, whatever comes my way it is his way.”
- Managing and providing care
 “And then when I’d get back from work I’d help him clean the wound and at times when I wasn’t home my daughter would help him as well, but it wasn’t something how should I say it something hard for me um I did it gladly.”
- “I usually tell the doctor everything that he has, all the, you know, so the doctor is advised and all that.”
- Controlling surroundings
 “I see he’s lying down I leave him alone. I don’t tell him get up or do this or that and I tell others to be quiet.”
- Supporting Identity
 “I am so proud of him. He’s taken control of it (incontinence).”

METHODS

- Participants: 30 Latino couples, post prostatectomy
- Design: Mixed Methods, Longitudinal
- Procedures:
 - In-depth, semi-structured interviews
 - Administration of DAS & the Expanded Prostate Cancer Index Composite
 - Translation process to produce English transcripts
- Analysis: Grounded theory technique (Charmaz, 2009) for qualitative integrated with descriptive statistical analysis

CONCLUSIONS

- Couples were older and in long-term relationships
- Facing it together with mutual supportiveness and communication created perceived positive outcomes for the prostate cancer treatment and the relationship

IMPACT

- Understanding how relationships promote recovery is foundational to developing couple-based interventions

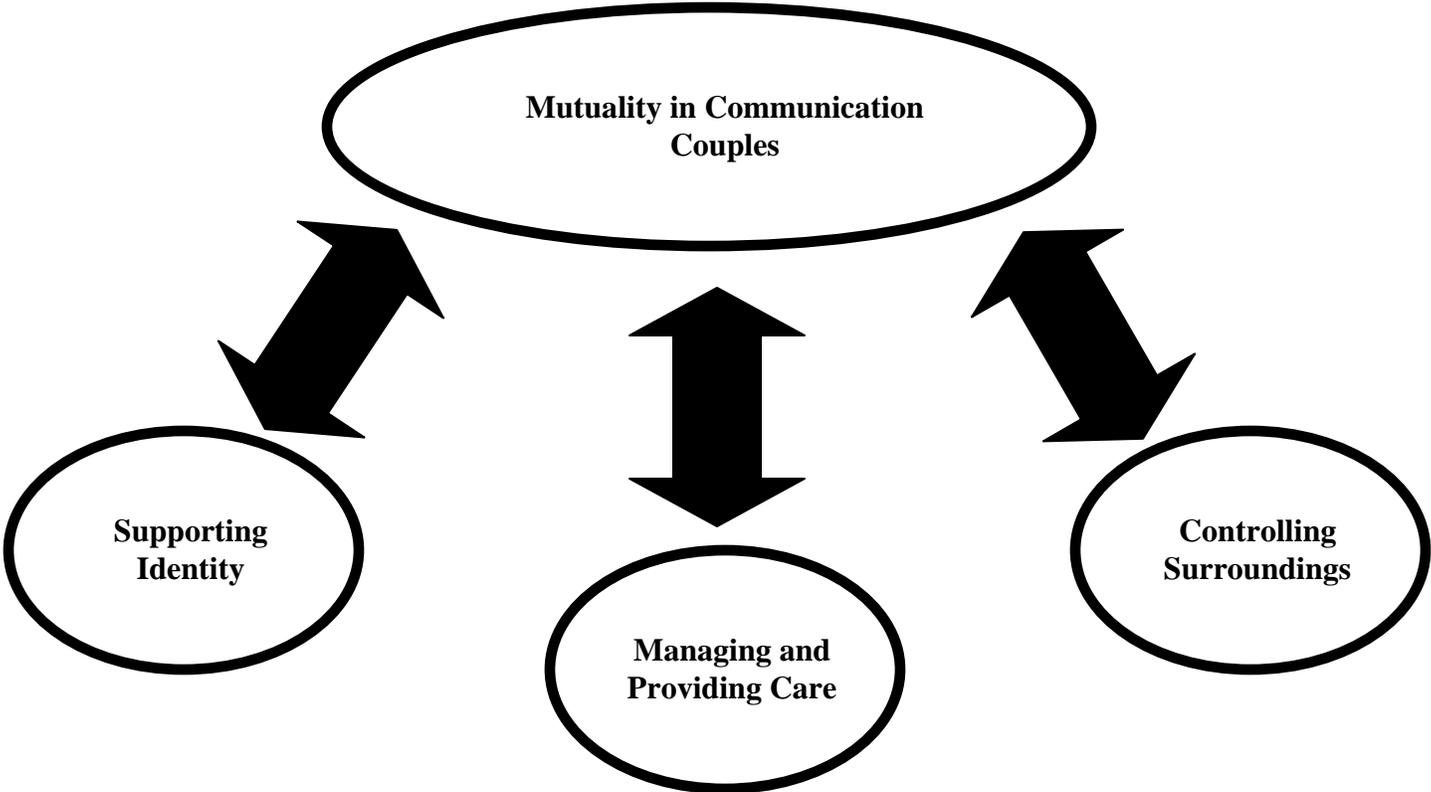
Grant Number: W81WH-07-1-0069

B. Manuscripts under Development

- Creating and Maintaining a Healing Environment: Partners of Latino Men with Prostate Cancer
- Comparing Themes Highly Cohesive and Less Cohesive Couples
- Patterns of Men's Management of Prostate Cancer Treatment-Related Symptoms over Time
- Patterns of Women's Management of Prostate Cancer Treatment-Related Symptoms over Time
- Marital Satisfaction and Prostate Cancer Treatment-Related Specific Quality of Life

C. Healing Environment Framework

Healing Environment



D. Sample Interviews

1. Baseline interviews
 - a. Man with prostate cancer Spanish language transcript
 - b. Man with prostate cancer Spanish language transcript translated
 - c. Man with prostate cancer Spanish language transcript coded
 - d. Partner of man with prostate cancer Spanish language transcript
 - e. Partner of man with prostate cancer Spanish language transcript translated
 - f. Partner of man with prostate cancer Spanish language transcript coded
2. Second interviews
 - g. Man with prostate cancer Spanish language transcript
 - h. Man with prostate cancer Spanish language transcript translated
 - i. Man with prostate cancer Spanish language transcript coded
 - j. Partner of man with prostate cancer Spanish language transcript
 - k. Partner of man with prostate cancer Spanish language transcript translated
 - l. Partner of man with prostate cancer Spanish language transcript coded
3. Third interviews
 - m. Man with prostate cancer Spanish language transcript
 - n. Man with prostate cancer Spanish language transcript translated
 - o. Man with prostate cancer Spanish language transcript coded
 - p. Partner of man with prostate cancer Spanish language transcript
 - q. Partner of man with prostate cancer Spanish language transcript translated
 - r. Partner of man with prostate cancer Spanish language transcript coded

BASELINE INTERVIEWS

Man with prostate cancer Spanish language transcript

Baseline Interview of Patient ID#1866

Date: 5/30/09

Interviewer AS: ¿OK Sr. [NAME] me pudiera contar un poco como fue...cuando...lo diagnosticaron con cáncer de próstata? ¿Cómo se sintió?

Patient ID#1866: Uhm...si...uhm...si fue un estudio normal...visita normal al doctor...uh huh...entonces...y no recuerdo realmente por que razón...eh...entonces eh...fui a la clínica...el me mando hacer algunos estudios de...de la sangre...ahí descubrió que el nivel del PSA

Interviewer AS: Uh huh

Patient ID#1866: Estaba un poquito alto si no mal recuerdo, estaba sobre 4 punto y tantos. A raíz de este resultado mando hacer mas análisis...eh...sospechaba que a la mejor había algún problema con la próstata y ya posteriormente con algunas organizaciones...este...no lucrativas digamos...como IMPACTO y otras...eh...mi hicieron mas estudios y descubrieron que si habia cáncer

Interviewer AS: Uh huh.

Patient ID#1866: Entonces IMPACT fue la organización que me ayudo a llevar a cabo la cirugía para...eh...se puede decir que extraer complementamente la próstata que fue una radical prostatectomy

Interviewer AS: Uh huh

Patient ID#1866: Eso pasó en enero 13 del 2009....osea hace aproximadamente 6 meses

Interviewer AS: Si. ¿Y su esposa estuvo con usted cuando recibió la noticia?

Patient ID#1866: Uhm...bueno...

Interviewer AS: ¿O como fue?

Patient ID#1866: ¿Lo que sucede es que pues yo voy a hacerme los exámenes normalmente pero pues inmediatamente eh le entero a ella de todos los...[CLEARs THROAT] osea los resultados, no? Oye, mira esta pasando esto, esta pasando aquello...me dijeron esto...osea que inmediatamente ella se entera de lo que esta pasando como ella también me dice lo que le pasa a ella. Uh huh.

Interviewer AS: ¿OK señor, que significa eso para usted cuando le dieron el diagnóstico de cáncer? ¿Qué significa?

Patient ID#1866: Bueno en un principio....en un principio...pues si...me preocupe...nos preocupamos...pensando en la palabra cáncer...ya...significa mucho. ¿No?

Interviewer AS: ¿Qué significa?

Patient ID#1866: Entonces...eh...

Interviewer AS: ¿Me puede explicar que quiere decir la...la...palabra cáncer para usted?

Patient ID#1866: Pues...casi es básicamente “aguas, que estás en peligro!” ¿Si?

Interviewer AS: Uh huh

Patient ID#1866: Entonces...eh...básicamente nos pusimos a leer al respecto...eh...saber...eh...que...que es...básicamente el cáncer...eh...como se refleja concretamente la próstata...cuales serian los procedimientos a seguir...cuales serian las diferentes opciones

Interviewer AS: Uh huh

Patient ID#1866: Y este...inclusive...también las diferentes cirugías por decirle así. ¿Uh huh?

Interviewer AS: Uh huh

Patient ID#1866: Para este...poder erradicar ese problema o tenerlo bajo control...todo eso. Entonces seguimos todo este proceso...en alguna ocasión se pensó en implantar las semillas radioactivas

Interviewer AS: OK

Patient ID#1866: Creo que se llama...creo que se llama esta...

Interviewer AS: ¿Braquiterapia?

Patient ID#1866: Ah...aya...exacto...braquithrapy....algo asi. ¿verdad?

Interviewer AS: Si si

Patient ID#1866: Uh huh. Braquioterapia...eh...bueno a final de cuentas...eh...IMPACT autorizo el que se me hiciera una...prostactectomía radical...que es extraerla totalmente

Interviewer AS: Si

Patient ID#1866: Por medios quirúrgicos...y ya...este...le repito se llevo a cabo julio 13 del 2009 y pues ya...afortunadamente según estudios que se me han hecho posteriormente para tener lecturas del PSA

Interviewer AS: Uh huh

Patient ID#1866: Eh...tengo entendido...que no he recibido yo copia...de estos estudios posteriores a la cirugía...pero me han comentado señoritas en IMPACT y también de la oficina del...del cirujano...el doctor NAME...actualmente me nivel es punto 01 (.01)...bajísimo actualmente

Interviewer AS: Que bueno

Patient ID#1866: En lo cual son buenas noticias

Interviewer AS: Si si

Patient ID#1866: Lo que se me ha explicado

Interviewer AS: Si

Patient ID#1866: Y llegó a estar a...si no mal recuerdo...a 9 o 11

Interviewer AS: Si...ay...que bueno señor

Patient ID#1866: Si...entonces...eso es básicamente lo que...

Interviewer AS: ¿Y el doctor lo...le ayudo ha entender todos los diferentes procedimientos que podía...todas la opciones de tratamiento que podía usted tener?

Patient ID#1866: Si...

Interviewer AS: ¿O solamente le dio documentos para leer?

Patient ID#1866: Si básicamente...yo pienso que IMPACT fue la organización mas me ayudo a entender que era el cáncer y cuales serian las diferentes opciones para seguir para controlarlo. ¿Si?

Interviewer AS: Si

Patient ID#1866: Uh huh. Cuando también el doctor NAME...también me ayudó a entender un poquito mas algunas dudas. Pero creo que toda la información que tienen ustedes tanto en ingles como en español

Interviewer AS: Uh huh

Patient ID#1866: Es muy muy útil

Interviewer AS: Uh huh

Patient ID#1866: Y..

Interviewer AS: ¿Y que tipo de información? ¿Eran CDs?

Patient ID#1866: Si...eran CDs...y también este...vamos a decir que...información impresa...para explicar básicamente...lo que viene en el CD

Interviewer AS: Uh huh

Patient ID#1866: Tanto ingles como en español

Interviewer AS: Uh huh

Patient ID#1866: También tiene su versión impresa

Interviewer AS: Si

Patient ID#1866: Y esto me ayudaba mucho... si...ha entender...desde luego tambien fui a las biblioteca aquí en Santa Rosa para alguna duda...para ver otros puntos de vista. ¿Si?

Interviewer AS: Si claro

Patient ID#1866: Y también através del Internet...este...en alguna duda...ver alguna información adicional con respeto algún punto...alguna técnica...entonces eso nos ayudo muchísimo a tener una visión general y mas concreta...de cada uno de los procedimientos para tomar una...una decisión... que consideramos era la mas optima...dada las circunstancias...

Interviewer AS: Si

Patient ID#1866: De mi edad...del avance del cáncer...de la gravedad del cáncer...de la localización...todo eso...y lo repito...IMPACT y todas las personas fueron una gran ayuda

Interviewer AS: Ay que bueno señor. ¿Y ha quien le comento o con quien platico sobre...el...la...diagnóstico del cáncer? ¿Con su familia?

Patient ID#1866: Si básicamente nada mas con mi esposa

Interviewer AS: Básicamente...OK. ¿Y como cree que fue para su...para su...esposa?

Patient ID#1866: Bueno...[CLEARS THROAT]...eh...

Interviewer AS: [SNEEZES]...perdón...

Patient ID#1866: Si...no tenga cuidado. Mira lo que pasa es que

Interviewer AS: Uh huh

Patient ID#1866: Mi esposa también había trabajado con un problema similar como un cáncer en el seno

Interviewer AS: Oh...OK

Patient ID#1866: Uh huh...a penas como un ano antes...

Interviewer AS: Ay Dios...uh huh...

Patient ID#1866: Un ano o dos años antes...entonces habíamos pasado por este proceso...y la radioterapia...

Interviewer AS: Si

Patient ID#1866: Entonces...como que ya...tenemos una poquita de experiencia y pues...saber de que hay maneras de...de solucionar estos problemas. ¿Si?

Interviewer AS: Si

Patient ID#1866: Cuando siempre estará presente la posibilidad de que regrese el cáncer...pero pues...por lo menos...había la posibilidad combatirlo, atacarlo, eliminarlo en cierto punto

Interviewer AS: Si

Patient ID#1866: Y sabemos que...lo que es muy importante es seguir con...[CLEARS THROAT]...eh...como decir....pues tenerlo bajo supervisión.

Interviewer AS: Uh huh

Patient ID#1866: Para ver si regresa o no...y...

Interviewer AS: Uh huh

Patient ID#1866: Estar al tanto

Interviewer AS: ¿Entonces el hecho de que ella había tenido cáncer eso les ayudo porque pues ya...no se sentían tan...uh...pues quizás estaban un poco mas preparados?

Patient ID#1866: Exactamente. Yo creo que psicológicamente...eh...nos afecto mas cuando le descubrieron a ella cáncer nos preocupamos mas...pues porque era nuevo. ¿No?

Interviewer AS: Si

Patient ID#1866: La experiencia...entonces...ya afortunadamente todo salio bien con ella

Interviewer AS: Que bueno

Patient ID#1866: Y ya cuando me lo descubrieron a mi...pues fue cosa de empezar a...averiguar, estudiar....que es lo que pasaba

Interviewer AS: Uh huh

Patient ID#1866: Y...pues nos dimos cuenta que había forma de solucionarlo...entonces...pues no fue tan...tan critica....digamos la reacción

Interviewer AS: Si

Patient ID#1866: Cuando nos enteramos de esto...pues debido a que ya habíamos tenido esa experiencia

Interviewer AS: ¿Y le ayudo también que ella...pues....salio adelante...no...que...?

Patient ID#1866: Exactamente

Interviewer AS: Uh huh. Uh huh. ¿Entonces tenían quizás...uh...una perspectiva mas positiva? ¿Si?

Patient ID#1866: Uh huh. Exacto. No lo tomamos como ME VOY A MORIR

Interviewer AS: Uh huh

Patient ID#1866: ¿No?

Interviewer AS: Uh huh. Uh huh.

Patient ID#1866: Si no simplemente tenemos un problema y lo vamos a solucionar....hay maneras de solucionarlo....Gracias a Dios...digamos...eh...los avances...eh... científicos.... tecnológicos...

Interviewer AS: Si

Patient ID#1866: Van ayudar a solucionar el problema....hay manera de cómo defendernos...

Interviewer AS: Que bueno señor.

Patient ID#1866: No no fue una...[CLEARS THROAT]...una noticia la cual nos hubiera afectado en...en...en gran forma...si no que la tomamos con las debida precauciones....y....empezar a leer sobre el tema...y...es lo que nos ayudo a comprenderlo...y...y pienso yo que fue una...una buena experiencia....definitivamente.

Interviewer AS: ¿OK señor y que síntomas ha tenido que sean relacionados al cáncer de próstata? ¿Qué tal la incontinencia?

Patient ID#1866: Eh bueno si...la incontinencia...fue...vamos a decir un gran problema después de la cirugía...yo creo que unos dos meses durante dos meses después de la intervención...si representa un problema porque pues se tiene poco control sobre la orina vamos...entonces este...pero con la ayuda de los...eh...pañales...

Interviewer AS: Si

Patient ID#1866: Eh...pues nada mas cosa de acostumbrarse. ¿No? Y los ejercicios Kegel...

Interviewer AS: Uh huh

Patient ID#1866: Para poder fortalecer el control de los esfínteres...

Interviewer AS: Si

Patient ID#1866: Entonces eso ayuda mucho y através del tiempo pues...ya se va uno...eh...va uno mejorando ese control y...y después pues ya es mínimo...es mínimo...eh...vamos a decir que el uso de esto pañales

Interviewer AS: Uh huh

Patient ID#1866: Y también se acostumbra uno...y...no representa un mayor problema

Interviewer AS: Me había dicho cuando estamos haciendo el cuestionario que usa mas o menos uno al dia. ¿No?

Patient ID#1866: Si

Interviewer AS: Uh huh. ¿Cuándo...después...recién la operación...tuvo que usar más?

Patient ID#1866: Si como no...yo creo que usaba tal vez unos...hay caray...como unos tres o cuatro al día.

Interviewer AS: Ah...entonces ha mejorado mucho.

Patient ID#1866: Si si si porque no había no había control inclusive cuando sale de...cuando sale de la operación...

Interviewer AS: Uh huh

Patient ID#1866: Sale con una sonda conectada al pene...precisamente para estar evacuando constantemente...precisamente por la sonda en el pene...

Interviewer AS: Si

Patient ID#1866: No...primero no puede haber un control de los esfínteres...ni recomiendan hacer uso...o practicar los ejercicios Kegel...

Interviewer AS: Oh...OK!

Patient ID#1866: Osea como esta ese tubito ahí...

Interviewer AS: Uh huh

Patient ID#1866: Esta drenando constantemente la orina. ¿Si?

Interviewer AS: Si

Patient ID#1866: Es parte tal vez se surja de las más incómodas...

Interviewer AS: Hmm...uh huh

Patient ID#1866: Porque tiene que estar vaciando la...la bolsa que tiene...eh...uno...en cierta forma atada la...a la pierna

Interviewer AS: Si

Patient ID#1866: Va uno y la vacía y...pero es constante...yo tuve esa sonda aproximadamente dos semanas...después me la retiraron...y fue cuando empecé ha usar los pañales

Interviewer AS: Ah OK. ¿Y que tal otros problemas...si usted tuviera que escoger el problema mas grande cuando uno habla de los síntomas que ha tenido después de la cirugía...cual es el problema que ha tenido que pues que le afecta mas en su vida diaria...que ha tendido que hacer cambios debido a este síntoma? ¿Por ejemplo la disfunción eréctil?

Patient ID#1866: Si...se...por lo que he leído...es posible...que se recupere la capacidad de erección...eso varia...puede ser tres meses seis meses...inclusive un año

Interviewer AS: Uh huh

Patient ID#1866: Entonces...oh...yo creo que ahí fluye muchísimo la cooperación de la pareja. ¿Si?

Interviewer AS: Uh huh

Patient ID#1866: Este...porque aun cuando ya no existe...la eyaculación...bueno eso es una parte...eh...muy importante y muy extraña. ¿No?

Interviewer AS: Uh huh

Patient ID#1866: Eh...en el momento del orgasmo...ya no existe eyaculación. ¿Si?

Interviewer AS: Si

Patient ID#1866: Sin embargo todos los...uhm...todas las sensaciones del orgasmo están presentes

Interviewer AS: Si

Patient ID#1866: Entonces es muy raro cuando...pues usted no ve que ya no hay eyaculación...y claro eso ya lo sabíamos desde antes. ¿Si?

Interviewer AS: Uh huh

Patient ID#1866: Y...los doctores llaman una eyaculación seca

Interviewer AS: Si

Patient ID#1866: Quiere decir...entonces...pero...pues creo que es una ayuda psicológica...y también este...física el hecho de que todos los...todos los...uh...sensaciones...de un orgasmo

Interviewer AS: Uh huh

Patient ID#1866: Estan presente. ¿Si?

Interviewer AS: OK.

Patient ID#1866: Eso ayuda...eso ayuda muchísimo. ¿Si?

Interviewer AS: Uh huh

Patient ID#1866: Porque si le digo es...es raro...por lo al respecto a las erecciones...pues yo pienso que van a mejorar...claro no hay ninguna seguridad. Quiero comentarle que yo tuve esta prostatectomia....la realizo el doctor...uh...Bennett...con un robot

Interviewer AS: Ah!! OK.

Patient ID#1866: Uh huh. Entonces eso permite...eso permite que tengan un control mucho mas preciso

Interviewer AS: Si...

Patient ID#1866: Sobre los cortes...sobre todo el procedimiento. ¿Si?

Interviewer AS: Si si

Patient ID#1866: Porque ellos están en un consola anexa y pues es...es...muy interesante

Interviewer AS: ¿Entonces no daño mucho los nervios?

Patient ID#1866: Exacto.

Interviewer AS: Uh huh

Patient ID#1866: A final de cuentas son los que controlan la erección...uh huh...entonces...este...si se siente como un pequeño vacío haya adentro la zona de la base del pene

Interviewer AS: Si

Patient ID#1866: Y todo donde esta localizada la próstata...se siente algo raro...esta mas sensible...

Interviewer AS: Uh huh

Patient ID#1866: Este...pero pues también por lo mismo...todavía tengo la esperanza de que esto con el tiempo va mejorar y que voy a poder tener erecciones. ¿Si?

Interviewer AS: ¿Y como se siente su pareja al respecto?

Patient ID#1866: Yo pienso que si...no...no puede decirle que este muy feliz. ¿no?

Interviewer AS: Uh huh

Patient ID#1866: Pero pues esto ya lo habíamos discutido aun antes de la operación y... y ella sabia cuales eran los riesgos...

Interviewer AS: Uh huh

Patient ID#1866: Eh...entonces como en alguna ocasión lo...lo leímos ahí en toda esta información...había que dar prioridades

Interviewer AS: Si si

Patient ID#1866: A este problema...el primero era acabar con el cáncer

Interviewer AS: Si

Patient ID#1866: Eso es el peligro de perder la vida

Interviewer AS: Si

Patient ID#1866: Después de esto...pues la segunda prioridad era conservar los nervios para poder seguir teniendo erecciones

Interviewer AS: Si

Patient ID#1866: Pero pues esto...nunca...ningunos de los doctores....lo puede garantizar

Interviewer AS: Si

Patient ID#1866: Le digo afortunadamente esta...esta operación fue hecha con robot...entonces...este...pues hay mayores probabilidades de que...esto vuelva a una normalidad

Interviewer AS: Uh huh

Patient ID#1866: Y digamos que yo mentalmente...tengo...una meta que en un año...ósea para enero del 2009...yo a saber lo que realmente va ha pasar...no...en ese sentido

Interviewer AS: Que bueno. ¿Y usted...usted decía que no la ve muy feliz...como la nota diferente a su esposa o que le dice ella...comparte dudas que ella tenga?

Patient ID#1866: Platicamos que...ya sabemos de este problema...entonces...pues ahorita...eh...digamos los dos podemos llegar a...al orgasmo...ayudándonos mutuamente...

Interviewer AS: Uh huh

Patient ID#1866: Tal vez...pero tal vez...falta ese poquito de...a lo que estábamos acostumbrados ¿sí?

Interviewer AS: Si

Patient ID#1866: Entonces aun cuando ella no lo expresa abiertamente...pero pienso...pienso yo que aun cuando...nunca a reclamado...nunca me ha dicho algo....pero yo pienso sería muy bueno para los dos...tal vez uno como macho...[giggles]

Interviewer AS: Si

Patient ID#1866: Quisiera uno...sentirse otra vez como...siempre. ¿No? Pero...vamos a mi, en lo particular no me preocupa mucho, el volver a tener las erecciones como las tenía...no...claro me gustaría...eh...pero si me gustaría por ella el poder tenerlas...ese tipo...bueno darle esa...eh...esa intercambio digamos. ¿Si?

Interviewer AS: Si si

Patient ID#1866: Pero vamos...eh...repito...para mi no es tan importante pero...si es importante el función de ella...y ella...pues yo la siento bien...tranquila y eso...pero creo que si necesita un poquito eso también

Interviewer AS: OK. ¿Y de que manera cree que usted se relaciona o responde diferente hacia su pareja o que se relacionan diferente ya que pues ahorita no hay erecciones...o que estan pasando por esto....se relacionan diferente?

Patient ID#1866: Eh...no....no porque...mire...los dos tenemos alrededor de 60 anos

Interviewer AS: Uh huh

Patient ID#1866: 59...58...

Interviewer AS: Uh huh

Patient ID#1866: Entonces...eh...siento yo que...es...tenemos una vida...sexual...tal vez no tan activa. ¿Si?

Interviewer AS: Uh huh

Patient ID#1866: Podemos decir que es una vez a la semana...o...a veces una vez cada dos semanas

Interviewer AS: Uh huh

Patient ID#1866: Entonces...eh...yo pienso que si puede haber un poquito de enfriamiento...porque este...eh...tal vez la baja de interés...eh...también un poquito un lado con mi diabetes....pues ella tiene problemas con su artritis...

Interviewer AS: Uh huh

Patient ID#1866: Osea estamos un poquitín cansados...eso es lo que he notado...que si estamos cansados frecuentemente. ¿No?

Interviewer AS: Uh huh

Patient ID#1866: Pero...pues yo pienso que es un poco de seguir avanzando juntos...y...y tratar de...nuevas...nuevas cosas

Interviewer AS: Si si claro. ¿Y que aspectos de su relación le han ayudado ha estar lidiando con todo esto?

Patient ID#1866: Bueno...este...

Interviewer AS: ¿La comunicación?

Patient ID#1866: Realmente lo que nos ha ayudado muchísimo es que coincidió que tenemos un...nuestro primer nieto...ahorita tiene año y medio...

Interviewer AS: Ah...

Patient ID#1866: Eh...y tiene...como su mama estudia en...estudia...su papa que es mi hijo...

Interviewer AS: Uh huh

Patient ID#1866: Eh...trabaja

Interviewer AS: Uh huh

Patient ID#1866: Entonces el bebito viene aquí normalmente en tiempos de escuela

Interviewer AS: Uh huh

Patient ID#1866: De lunes a jueves

Interviewer AS: Ah...que lindo

Patient ID#1866: Este bebito nos ha ayudado mucho a concentrarnos

Interviewer AS: En la vida

Patient ID#1866: Uh huh...osea que llegó en un momento muy adecuado [laughs] en nuestras vidas porque...usted se ha de imaginar como cambio

Interviewer AS: Si

Patient ID#1866: ...nuestro estado de animo...eh...él...él nos ayuda muchísimo....nos absorbe mucho de nuestras atenciones...estamos muy...muy felices. ¿Si?

Interviewer AS: Uh huh

Patient ID#1866: Con el niño...entonces...eso creo que ahorita...ha ayudado a que el supuesto problema...situación que...se pudiera derivar de la operación...de la próstata y un poquito de la disminución del deseo sexual...como que...ha podido...no le puede decir que ha pasado a segundo término no...pero como que no tiene tanta importancia...si...porque con el bebito....cuando esta aquí en la casa pues estamos todo el tiempo....

Interviewer AS: Uh huh...que bueno

Patient ID#1866: Con el...y me esposa estudio también para para maestra y pues ella esta muy al tanto de las etapas del niño....y...lo que le necesita

Interviewer AS: Uh huh. ¿Entonces al lo menos lo ocupa a su esposa...a ella su mente no hacer algo diferente?

Patient ID#1866: Exacto. Exacto. Y ahí también a mi desde luego.

Interviewer AS: Uh huh.

Patient ID#1866: Entonces...este...creo que claro...le repito no se trata de tapar el sol con un dedo no...pero que vamos bien y...y esto tiene que...que mejorar

Interviewer AS: Uh huh.

Patient ID#1866: Espero que para...el próximo el año...en enero...el cumplir 12 meses de la operación ya estamos un poquito más...normales...en el sentido

Interviewer AS: Si si

Patient ID#1866: Lo que teníamos.

Interviewer AS: Si todo todo punta hacia es dirección. ¿Verdad?

Patient ID#1866: Ojala.

Interviewer AS: Si si claro. ¿Y para terminar señor [NAME] hay alguna cosa que le gustaría mencionar que usted siente que es importante que nosotros sepamos para entender cómo el estar recibiendo tratamiento para el cáncer de próstata afecta a las parejas?

Patient ID#1866: Bueno yo creo que es...eh...es muy...creo que es importante enfatizar

Interviewer AS: Uh huh

Patient ID#1866: Hello....el bebito...ya llegó el bebito...[laughs]

Interviewer AS: [laughs]

Patient ID#1866: Si...come in come in

Interviewer AS: Ya mero terminamos...[laughs]

Patient ID#1866: Si esta bien. Yo creo que el apoyo que ustedes nos han dado es magnifico....hola papi...hola mi amorcito venga para aca [talking to grandson]

Interviewer AS: [laughs]

Patient ID#1866: Si este....es eso...hay alguna cosa que yo quería comentarle yo...no se si ustedes lo tienen...este...al raíz de esto...he estado teniendo unos granitos que me salen...nosotros llamamos como granitos enterados...pero es uno digamos este cada quince días

Interviewer AS: Uh huh

Patient ID#1866: Y en esta zona pélvica. ¿Si?

Interviewer AS: Si si

Patient ID#1866: Que puede ser por las pompas...por la parte frontal...eh...son muy dolorosas...como le llamamos un grano enterado

Interviewer AS: Uh huh. ¿Puede ser por el pañal?

Patient ID#1866: Yo no se que pudiera ser....eh...yo tengo una cita con el doctor

Interviewer AS: Uh huh

Patient ID#1866: Con el urólogo....

Interviewer AS: Uh huh. Uh huh.

Patient ID#1866: El próximo 17...

Interviewer AS: Uh huh

Patient ID#1866: Quiero comentarle porque es bien extraño...yo nunca había tenido este problema...y yo no se

Interviewer AS: Si fijese yo le sugiero que hable con pues con el doctor y si no con él...pues con la enfermera del programa IMPACTO...ella sabe de todo esto

Patient ID#1866: Correcto. Si les voy hablar para a ver...estoy aplicando nada más un poco de crema...inclusive me baño dos veces al día

Interviewer AS: ¿Y eso ayuda?

Patient ID#1866: Seguro que no es cosa de higiene...es...es algo yo no se...ya ve que siempre...al hacer la cirugía todos los vasos linfáticos y eso..

Interviewer AS: Uh huh

Patient ID#1866: No se...si estoy menos protegido....[como estas mi amor...talking to grandson]...entonces es lo que estoy ahorita preocupado

Interviewer AS: OK. Pues usted coméntelo al doctor y como le digo también puede llamar al programa de IMPACTO y hablar con su enfermera....si sabe el nombre de su enfermera

Patient ID#1866: Bueno...este...la tenía....coincidió con que se terminó mi cobertura...pero ya me dieron la nueva cobertura...

Interviewer AS: Si

Patient ID#1866: El nuevo contrato

Interviewer AS: Si

Patient ID#1866: Entonces...este...me dijeron que me iban a cambiar enfermera

Interviewer AS: Ah OK

Patient ID#1866: No lo se pero puedo hablar con la señorita NAME

Interviewer AS: Si si con toda confianza

Patient ID#1866: Para poder hablar con un enfermera

Interviewer AS: Si claro. NAME ya no está pero puede pedir por NAME....y...y ella la puede ayudar para hablar con su enfermera

Patient ID#1866: Correcto. Si. Lo voy hacer.

Interviewer AS: OK señor pues muchas gracias por su tiempo. La información que ha compartido con nosotros es muy valiosa y en verdad se la aprecia. Voy a parar la grabación. ¿OK?

Patient ID#1866: Correcto.

END OF CASSETTE

Man with prostate cancer Spanish language transcript translated

Baseline Interview of Patient ID#1866

Date: 5/30/09

Interviewer AS: Ok Mr. [NAME] can you tell me a bit about how it was when you were diagnosed with prostate cancer? How did you feel?

Patient ID#1866: Uhm....yes...uhm it was a normal test....a normal visit to the doctor....uh huh...so...and I don't remember really for what reason...uh...so uh...I went to the clinic, he sent me to do some tests for, for my blood, there he discovered that my PSA level...

Interviewer AS: Uh huh

Patient ID#1866: Was a bit high, if I remember correctly, it was over 4 points or so. Because of that result, he sent me to do more tests...uh...he suspected that perhaps there was a problem with my prostate and then later with some organizations, uh, not very lucrative, we can say,...like IMPACT and some others...uh...they did more tests and discovered that there was cancer.

Interviewer AS: Uh huh.

Patient ID#1866: So IMPACT was the organization that helped me go through with the surgery for...uh...you can say to completely remove the prostate, which was a radical prostatectomy...

Interviewer AS: Uh huh

Patient ID#1866: That happened January 13th 2009, I mean, approximately 6 months ago.

Interviewer AS: Yes. And was your wife with you when you received the news?

Patient ID#1866: Uhm...well...

Interviewer AS: Or how was it?

Patient ID#1866: What happens is that well I go get the exams done normally but well immediately uh, I tell her all of the.....[CLEARS THROAT] I mean the results, right? "Look, this is happening, this other thing is happening...they told me this..." So she finds out right away what is happening, since she also tells me what happens to her. Uh huh.

Interviewer AS: Ok Sir, what did it mean to you when you were given the prostate cancer diagnosis? What did it mean?

Patient ID#1866: Well in the beginning....in the beginning...well I did...I got worried...we got worried...thinking about the word cancer means a lot, right?

Interviewer AS: What did it mean?

Patient ID#1866: So uh...

Interviewer AS: Can you explain to me what the word cancer means to you?

Patient ID#1866: Well...its almost basically "watch out, you are in danger!" Right?

Interviewer AS: Uh huh

Patient ID#1866: So...uh...basically, we started to read about it...uh...to know what...what it...what cancer basically is...uh, what the prostate is concretely...what are the steps to follow...what are the different options...

Interviewer AS: Uh huh

Patient ID#1866: And uh, inclusively, what the different surgeries are, to say it like that. Uh-huh?

Interviewer AS: Uh huh

Patient ID#1866: To uh...be able to remove that problem or have it under control, all of that. So we continue through that whole process...on one occasion we though about implanting the radioactive seeds...

Interviewer AS: OK

Patient ID#1866: I think it's called...I think it's called...

Interviewer AS: Brachytherapy...

Patient ID#1866: Ah...yea...exactly...brachytherapy....something like that right?

Interviewer AS: Yes, yes.

Patient ID#1866: Uh huh. Brachytherapy...uh...well at the end...uh IMPACT authorized for me to have a radical prostatectomy...which is to extract it completely.

Interviewer AS: Yes.

Patient ID#1866: Through surgical procedures...and uh...it took place on July 13th 2009 and well... fortunately, according to the tests that were done before to have the readings for the PSA...

Interviewer AS: Uh huh

Patient ID#1866: Uh, I have understood that I have not received a copy of the tests that were done before the surgery...but girls from IMPACT have told me and also in the office of the surgeon...Dr. NAME...the level right now is .01...very low right now.

Interviewer AS: That's great

Patient ID#1866: Which is great news.

Interviewer AS: Yes, yes.

Patient ID#1866: What they have explained to me.

Interviewer AS: Yes.

Patient ID#1866: And it got up to, if I remember correctly, to 9 or 11.

Interviewer AS: Yes, oh that's great Sir.

Patient ID#1866: Yes, so, so that is basically what...

Interviewer AS: And did the doctor help you...understand all of the different procedures that you could...all of the different options that you had for treatment?

Patient ID#1866: Yes...

Interviewer AS: Or did he only give you documents to read?

Patient ID#1866: Yes, basically, I think that IMPACT was the organization that most helped me understand what prostate cancer is and what the different options are to control it. Right?

Interviewer AS: Yes.

Patient ID#1866: Uh huh. When Dr. NAME...he also helped me understand a bit more some of the questions I had. But I think that all of the information you have both in English and in Spanish...

Interviewer AS: Uh huh

Patient ID#1866: Is very useful...

Interviewer AS: Uh huh

Patient ID#1866: And..

Interviewer AS: And what kind of information was it? Were they CDs?

Patient ID#1866: Yes, they were CDs and also uh...we are going to say that...printed information .. to explain basically, what comes on the CD.

Interviewer AS: Uh huh

Patient ID#1866: Both in English and in Spanish.

Interviewer AS: Uh huh

Patient ID#1866: It also has its printed version.

Interviewer AS: Yes.

Patient ID#1866: And that helps me a lot...yes... to understand...I also when to the library here in Santa Rosa for any questions, to see other points of view. Right?

Interviewer AS: Yes of course

Patient ID#1866: And also through the Internet...uh...for any doubt...to see additional information with respect to a certain point...a technique...so, that helped us a lot to have general vision and more concrete...for each procedure...to make a...a...decision...that we thought was the most optimal...given the circumstances...

Interviewer AS: Yes...

Patient ID#1866: For my age...for the growing cancer...for the severity of the cancer...for the localization...all of that, and I repeat...IMPACT and all of those people were a great help

Interviewer AS: Oh, that's great sir. And who did you tell or who did you talk to about the...the cancer diagnosis? With your family?

Patient ID#1866: Yes basically only my wife.

Interviewer AS: Basically...ok. And how do you think it was for your wife?

Patient ID#1866: Well... [CLEARS THROAT]...uh...

Interviewer AS: [SNEEZES]...I'm sorry...

Patient ID#1866: Yes, it's fine. Look what happens is that...

Interviewer AS: Uh huh

Patient ID#1866: My wife also had a similar problem with breast cancer.

Interviewer AS: Oh...OK

Patient ID#1866: Uh huh...recently, like a year before...

Interviewer AS: Oh my god...uh huh...

Patient ID#1866: A year or 2 before...so we had gone through this process...and the radiation...

Interviewer AS: Yes...

Patient ID#1866: So...we have a little bit of experience and well...knowing that there are ways to...to solve these problems, right?

Interviewer AS: Yes.

Patient ID#1866: There is always the possibility that the cancer comes back, but well, at least there is a possibility to fight it, attack it, eliminate it in a certain way.

Interviewer AS: Yes.

Patient ID#1866: And we know that... what is very important is to continue with ... [CLEARS THROAT]...uh....how do I say it...well, having it under supervision...

Interviewer AS: Uh huh

Patient ID#1866: To see if it comes back or not...and...

Interviewer AS: Uh huh

Patient ID#1866: Be on top of it...

Interviewer AS: So, the fact that she had cancer helped you because well, you didn't feel so...uh...well perhaps you were a bit more prepared?

Patient ID#1866: Exactly. I think that psychologically...uh...it affected us more when they found the cancer in her and we worried more..well because it was new, right?

Interviewer AS: Yes.

Patient ID#1866: The experience...so...fortunately, everything came out fine with her.

Interviewer AS: That's great.

Patient ID#1866: And when they found it in me, well it was a thing where we had to...find out, study, what was going on with me.

Interviewer AS: Uh huh

Patient ID#1866: And...well, we found out that there was a way to resolve it...so, well it wasn't so, so critical, we can say the reaction.

Interviewer AS: Yes.

Patient ID#1866: When we found out about this...well due to the fact that we had already had that experience...

Interviewer AS: And did it help her a lot too...well, she got through it, right...that... ?

Patient ID#1866: Exactly

Interviewer AS: Uh huh. Uh huh. So you had, perhaps, uh, a more positive perspective, right?

Patient ID#1866: Uh huh. Exactly. We didn't take it like, I'M GOING TO DIE

Interviewer AS: Uh huh

Patient ID#1866: Right?

Interviewer AS: Uh huh. Uh huh.

Patient ID#1866: But simply, we have a problem and we are going to solve it. There are ways to solve it. Thank God, we can say, uh, the advances, scientific advances, technological...

Interviewer AS: Yes.

Patient ID#1866: Are going to help solve the problem...there is a way for us to defend ourselves.

Interviewer AS: That's great Sir.

Patient ID#1866: It was not a ...[CLEARS THROAT]...news that affected us in, in, in a big way...but we took it with the necessary precautions...and we started to read about the topic and that is what helped us understand it...and... I think that it was aa good experience, definitely...

Interviewer AS: OK sir and what symptoms have you had that are related to prostate cancer? What about incontinence?

Patient ID#1866: Uh, well yes, incontinence was, we can say, a big problem after the surgery... I think that two months during two months after the intervention...does represent a problem because well you have little control with your urine, let's say, so uh, but with the help of the uh...diapers...

Interviewer AS: Yes...

Patient ID#1866: Eh...well, it's only a question of getting used to it, right? With the Kegel exercises.

Interviewer AS: Uh huh

Patient ID#1866: To be able to strengthen the control of your sphincters...

Interviewer AS: Yes..

Patient ID#1866: So that helps a lot and through out time, well, you go on, uh, you start improving that control and...and afterwards well, it is minimal, it's minimal...uh...we are going to the say that using the diapers...

Interviewer AS: Uh huh

Patient ID#1866: And you also get used to it...and...it does not represent a big problem.

Interviewer AS: When we were doing the questionnaire you told me that you use more or less one per day, right?

Patient ID#1866: Yes.

Interviewer AS: Uh huh. When...after...right after the operation, did you have to use more?

Patient ID#1866: Yes of course, I think that I used...oh my...I think like 3 or 4 a day.

Interviewer AS: Ah...so you have gotten a lot better?

Patient ID#1866: Yes, yes, yes because there was no control, inclusively, when you get out of the operation, when you get out of the operation..

Interviewer AS: Uh huh

Patient ID#1866: You come out with catheter connected to your penis...precisely to be voiding constantly...precisely through the catheter in your penis..

Interviewer AS: Yes...

Patient ID#1866: Right...first you don't have control of your sphincters...and they don't recommend use of...or practicing the Kegel exercises..

Interviewer AS: Oh...OK!

Patient ID#1866: I mean, since it is stuck in there...

Interviewer AS: Uh huh

Patient ID#1866:The urine is constantly draining, right?

Interviewer AS: Yes.

Patient ID#1866: It's part, perhaps, the most uncomfortable the arises..

Interviewer AS: Hmm...uh huh

Patient ID#1866: Because you have to be emptying out the...the bag that you have...uh...in a certain way tied to your leg...

Interviewer AS: Yes.

Patient ID#1866: You go and empty it and....but it's constant...I had that catheter for approximately 2 weeks...afterwards they removed it...and that's when I started using the diapers...

Interviewer AS: Ah OK. And what about other problems...if you had to choose the biggest problem when you talk about the symptoms that you have had after the surgery...what is the problem that you have had that well, affects more of your daily life, that you have had to make changes to your daily life because of that symptoms? For example, erectile dysfunction?

Patient ID#1866: Yes, from what I have read, it's possible...that the capacity to have an erection can be recovered...that varies, it can be 3 months, 6 months, and even a year.

Interviewer AS: Uh huh

Patient ID#1866: So...oh, I think that the cooperation of the partner influences a lot as well. Right?

Interviewer AS: Uh huh

Patient ID#1866: Uh, because when the ejaculation doesn't exist, well, that is a part that very important and very odd. Right?

Interviewer AS: Uh huh

Patient ID#1866: Uh, in the moment of the orgasm, ejaculation does not exist. Right?

Interviewer AS: Yes.

Patient ID#1866: Nevertheless, all of the sensations of the orgasm are present.

Interviewer AS: Yes

Patient ID#1866: So it is very rare when....well, you see that there is no ejaculation, and of course we already knew that since before. Right?

Interviewer AS: Uh huh

Patient ID#1866: And the doctors call it dry ejaculation.

Interviewer AS: Yes.

Patient ID#1866: That means...so...but...well I think that it's a psychological help...and also uh, physical, the fact that all of the...all of the...uh...feelings of an orgasm.

Interviewer AS: Uh huh

Patient ID#1866: Are present. Right?

Interviewer AS: OK.

Patient ID#1866: That helps...that helps a lot. Right?

Interviewer AS: Uh huh

Patient ID#1866: Because it is weird...with regard to the erections...well I think that they are going to get better...of course there is no certainty. I want to comment that I had this prostatectomy, it was done by Dr. Bennett, with a robot.

Interviewer AS: Oh!! OK.

Patient ID#1866: Uh huh. So that allows...that allows them to have a much more precise control.

Interviewer AS: Yes...

Patient ID#1866: With the incisions...above all the procedure. Right?

Interviewer AS: Yes, yes.

Patient ID#1866: Because they are in an adjacent console and well it is...is very interesting.

Interviewer AS: So he didn't harm your nerves?

Patient ID#1866: Exactly.

Interviewer AS: Uh huh

Patient ID#1866: Ultimately, they are the ones that control the erection....uh-huh ...so..uh...you do feel a little emptiness inside the zone at the base of the penis...

Interviewer AS: Yes.

Patient ID#1866: And everything, where the prostate is located...you feel something strange...it is more sensitive...

Interviewer AS: Uh huh

Patient ID#1866: Uh...but well, also for the same thing, I still have the hope that this will improve with time and that I am going to be able to have erections. Right?

Interviewer AS: And how does your wife feel with respect to that?

Patient ID#1866: I think that yes, no I can't say that she is very happy, right?

Interviewer AS: Uh huh

Patient ID#1866: But well, we had already talked about this before the operation and, and she knew what the risks were.

Interviewer AS: Uh huh

Patient ID#1866: Uh...so like in some occasion we...we read it in all of that information...you had to give priority.

Interviewer AS: Yes, yes...

Patient ID#1866: To this problem...the first was to destroy the cancer...

Interviewer AS: Yes...

Patient ID#1866: That is the danger of losing your life.

Interviewer AS: Yes...

Patient ID#1866: After this....well the second priority was to conserve the nerves to continue having erections...

Interviewer AS: Yes..

Patient ID#1866: But well this, never, none of the doctors, can guarantee.

Interviewer AS: Yes...

Patient ID#1866: I'm telling you, fortunately this, this operation was done with a robot...so..uh, well there is a great probability that ...this will go back to normal.

Interviewer AS: Uh huh

Patient ID#1866: And we can say that mentally, I, have a goal that in one year, so by June of 2009, I will know what is really going to happen right, in that sense...

Interviewer AS: That's great. And you, you see that she doesn't look too happy...how do you see that your wife is different or what does she tell you...does she share doubts that she has?

Patient ID#1866: We talked that...we already know about this problem...so well now...uh, we can say that both of us can have an orgasm...helping each other out mutually.

Interviewer AS: Uh huh

Patient ID#1866: Perhaps...but perhaps ...we lack a bit of that...of what we are used to, right?

Interviewer AS: Yes...

Patient ID#1866: So even when she doesn't express it openly...but I think...I think that even when...she has never demanded anything...she has never said anything...but I think that it would be very good for both of...perhaps one as a man...[giggles]

Interviewer AS: Yes.

Patient ID#1866: One wants to...feel again like I always felt...Right? But, for me, in particular, it doesn't bother me much, having erections again like I used to... no, of course I would like to...uh....but I would like to for her, being able to have them...that type...well give her that, that exchange we can say. Right?

Interviewer AS: Yes, yes.

Patient ID#1866: But, as I said earlier, for me that is not that important but, her functioning is important...and she...well I feel that she is fine....calm, but I also think that she needs a little bit of that.

Interviewer AS: OK. And in what way do you feel that you relate or respond differently to your wife or that you relate differently to each other now that, well, now that there are no erections or that you are going through this....do you relate differently?

Patient ID#1866: Uh...no....no because...look, we are both around 60 years old...

Interviewer AS: Uh huh

Patient ID#1866: 59...58...

Interviewer AS: Uh huh

Patient ID#1866: So...uh....I feel that...we have a sexual life...perhaps not too active, right?

Interviewer AS: Uh huh

Patient ID#1866: We can say that it is once a week or sometimes once every 2 weeks.

Interviewer AS: Uh huh

Patient ID#1866: So....uh, I think that there can be a bit of coldness because uh, uh, perhaps decreased interested...uh...also a bit on one side with my diabetes...well she has problems with arthritis.

Interviewer AS: Uh huh

Patient ID#1866: So, I mean we are a bit tired...that is what I have noticed...that we are tired frequently. Right?

Interviewer AS: Uh huh

Patient ID#1866: But....well I think that it's a bit about moving forward together...and...and trying new things.

Interviewer AS: Yes, yes of course. And what aspects of your relationship have helped you deal with all of this?

Patient ID#1866: Well...uh...

Interviewer AS: Communication?

Patient ID#1866: In reality what has helped a lot is that it coincided that our first grandchild right now is one and a half years old.

Interviewer AS: Ah...

Patient ID#1866: Uh...and he has...since his mom goes to school in...goes to school...his dad who is my son...

Interviewer AS: Uh huh

Patient ID#1866: Eh...works...

Interviewer AS: Uh huh

Patient ID#1866: So, the baby comes here normally during school time..

Interviewer AS: Uh huh

Patient ID#1866: Monday to Thursday...

Interviewer AS: Ah...that's great...

Patient ID#1866: This baby has helped us a lot to concentrate...

Interviewer AS: On life...

Patient ID#1866: Uh huh...I mean that he came in a very adequate time [laughs] in our lives, because, you can imagine how it changed...

Interviewer AS: Yes...

Patient ID#1866: ...our mood...uh, he, he helps us out a lot...he absorbs a lot of our attention...we are very, very happy, right?

Interviewer AS: Uh huh

Patient ID#1866: With him....so...that I think that now...has helped so that the supposed problem...situation that can derive from the operation...from the prostate a bit from the decrease of sexual desire...it seems to have...I can't say that it has gone to second place but, it doesn't have that much importance...yes...because with the baby...when he is here at home, well we are here all the time..

Interviewer AS: Uh huh...that's great...

Patient ID#1866: With him...and my wife...studied to be a teacher and well she is very on top of his stages...and...what he needs.

Interviewer AS: Uh huh. So at least your wife puts her mind on doing something different?

Patient ID#1866: Exactly. Exactly. And mine too.

Interviewer AS: Uh huh.

Patient ID#1866: So...uh...I think that of course...I repeat, its not about trying to cover up the sone with a finger, right, but, that we are doing fine and, and that is has to get better.

Interviewer AS: Uh huh.

Patient ID#1866: I hope that by next year, in Janaury, 12 months after the operation, I will bea bit more...normal in that sense.

Interviewer AS: Yes, yes.

Patient ID#1866: What we had.

Interviewer AS: Yes, everything points in that direction, right?

Patient ID#1866: Hopefully.

Interviewer AS: Yes, yes, of course. And to conclude Mr. [NAME] is there anything else that you would like to mention that you feel is important for us to know in order to understand how receiving prostate cancer treatment affects couples?

Patient ID#1866: Well I think that it is uh...it's very...I think that it's very important to emphasize...

Interviewer AS: Uh huh

Patient ID#1866: Hello....the baby...the baby just got here...[laughs]

Interviewer AS: [laughs]

Patient ID#1866: Yes...come in come in

Interviewer AS: We're almost done...[laughs]

Patient ID#1866: Yes, that's fine. I think that the support that you have given us is magnificent...hi sweetie...hi my love...come over here... [talking to grandson]

Interviewer AS: [laughs]

Patient ID#1866: Yes uh....that is...there is something that I wanted to comment...I don't know if you have it...uh...the root of this...I have had some pimples that...we call them buried pimples...but its one every 15 days..

Interviewer AS: Uh huh

Patient ID#1866: And in the pelvic area?

Interviewer AS: Yes, yes..

Patient ID#1866: Around my buttocks...around the frontal area...they are very painful..we call them buried pimples..

Interviewer AS: Uh huh. Could it be because of the diaper?

Patient ID#1866: I don't know what it could be due to...uh...I have an appointment with the doctor...

Interviewer AS: Uh huh

Patient ID#1866: With the urologist...

Interviewer AS: Uh huh. Uh huh.

Patient ID#1866: On the 17th...

Interviewer AS: Uh huh

Patient ID#1866: I want to say that because it is very strange...I have never had that problem...and I don't know what..

Interviewer AS: Yes, look I suggest that you talk to well with the doctor and you don't talk to him well talk to the nurse from the IMPACT program...she knows all about that.

Patient ID#1866: Correct. I am going to call them to see...I am applying only a little bit of lotion...inclusively, I shower twice a day.

Interviewer AS: And that helps?

Patient ID#1866: Of course not, it's something I do for hygiene..it's...it's something, I don't know, you know how, after a sugery all of the lymphatic vessels and that...

Interviewer AS: Uh huh

Patient ID#1866: I don't know...if I am less protected.... [how are you my love...talking to grandson]...so it's what I am worried about right now...

Interviewer AS: OK. Well talk to the doctor about it and like I told you, you can call the IMPACT program and talk to your nurse...if you know the name of your nurse.

Patient ID#1866: Well...uh...I had...it coincide that my coverage has ended...but they already gave me new coverage...

Interviewer AS: Yes.

Patient ID#1866: A new contract...

Interviewer AS: Yes

Patient ID#1866: So...uh...they told me that they were going to switch my nurse..

Interviewer AS: Ah OK

Patient ID#1866: I don't know but I can talk to Miss [NAME] about it.

Interviewer AS: Yes, yes feel free to.

Patient ID#1866: To be able to talk to the nurse.

Interviewer AS: Yes of course. [NAME] is no longer here but you can ask for [NAME]...and...and she can help you talk to your nurse.

Patient ID#1866: Ok. I am going to do it.

Interviewer AS: Ok Sir. Well thank you so much for you r time. The information that you have shared is very valuable and we truly appreciate it. I am going to stop the recording ok?

Patient ID#1866: Ok.

END OF CASSETTE

Man with prostate cancer Spanish language transcript coded

Baseline Interview of Patient ID#1866

Date: 5/30/09

Interviewer AS: Ok Mr. [NAME] can you tell me a bit about how it was when you were diagnosed with prostate cancer? How did you feel?

Patient ID#1866: Uhm....yes...uhm it was a normal test....a normal visit to the doctor....uh huh...so...and I don't remember really for what reason...uh...so uh...I went to the clinic, he sent me to do some tests for, for my blood, there he discovered that my PSA level...

Going to the doctor for a regular checkup.

Being sent to do some blood work.

Interviewer AS: Uh huh

Patient ID#1866: Was a bit high, if I remember correctly, it was over 4 points or so. Because of that result, he sent me to do more tests...uh...he suspected that perhaps there was a problem with my prostate and then later with some organizations, uh, not very lucrative, we can say,...like IMPACT and some others...uh...they did more tests and discovered that there was cancer.

Discovering his PSA was too high.

Remembering his PSA was over 4.0.

Being sent to do more tests because of his abnormal PSA results.

Knowing the doctor suspected there was something wrong with his prostate.

Having more tests done.

Discovering his prostate cancer.

Interviewer AS: Uh huh.

Patient ID#1866: So IMPACT was the organization that helped me go through with the surgery for...uh...you can say to completely remove the prostate, which was a radical prostatectomy...

Receiving help from IMPACT so he could get his surgery.

Interviewer AS: Uh huh

Patient ID#1866: That happened January 13th 2009, I mean, approximately 6 months ago.

Having surgery to remove his prostate 6 months ago on 01/13/09.

Interviewer AS: Yes. And was your wife with you when you received the news?

Patient ID#1866: Uhm...well...

Interviewer AS: Or how was it?

Patient ID#1866: What happens is that well I go get the exams done normally but well immediately uh, I tell her all of the.....[CLEARS THROAT] I mean the results, right? "Look, this is happening, this other thing is happening...they told me this..." So she finds out right away what is happening, since she also tells me what happens to her. Uh huh.

Going to the doctor for checkups on a regular basis.

Telling his wife the results of all his exams and tests.

Telling his wife about everything that is happening.

Knowing his wife always tells him what is happening with her.

Interviewer AS: Ok Sir, what did it mean to you when you were given the prostate cancer diagnosis? What did it mean?

Patient ID#1866: Well in the beginning....in the beginning...well I did...I got worried...we got worried...thinking about the word cancer means a lot, right?

Becoming worried when he was given his prostate cancer diagnosis.

Thinking that the word cancer means a lot.

Interviewer AS: What did it mean?

Patient ID#1866: So uh...

Interviewer AS: Can you explain to me what the word cancer means to you?

Patient ID#1866: Well...its almost basically "watch out, you are in danger!" Right?

Thinking that cancer is synonymous with danger.

Interviewer AS: Uh huh

Patient ID#1866: So...uh...basically, we started to read about it...uh...to know what...what it...what cancer basically is...uh, what the prostate is concretely...what are the steps to follow...what are the different options...

Starting to read about and do research on prostate cancer.

Wanting to know what prostate cancer was and what his options for treatment were.

Interviewer AS: Uh huh

Patient ID#1866: And uh, inclusively, what the different surgeries are, to say it like that. Uh-huh?

Research the different treatment options.

Interviewer AS: Uh huh

Patient ID#1866: To uh...be able to remove that problem or have it under control, all of that. So we continue through that whole process...on one occasion we thought about implanting the radioactive seeds...

Wanting to remove and control his prostate cancer.

Interviewer AS: OK

Patient ID#1866: I think it's called...I think it's called...

Interviewer AS: Brachytherapy...

Thinking about having brachytherapy for his prostate cancer treatment.

Patient ID#1866: Ah...yea...exactly...brachytherapy....something like that right?

Interviewer AS: Yes, yes.

Patient ID#1866: Uh huh. Brachytherapy...uh...well at the end...uh IMPACT authorized for me to have a radical prostatectomy...which is to extract it completely.

Being authorized by IMPACT to have a radical prostatectomy to remove his entire prostate.

Interviewer AS: Yes.

Patient ID#1866: Through surgical procedures...and uh...it took place on July 13th 2009 and well... fortunately, according to the tests that were done before to have the readings for the PSA...

Having his prostate cancer surgically removed.

Having surgery on 07/13/09 (interview done in 05/09??)

Interviewer AS: Uh huh

Patient ID#1866: Uh, I have understood that I have not received a copy of the tests that were done before the surgery...but girls from IMPACT have told me and also in the office of the surgeon...Dr. NAME...the level right now is .01...very low right now.

Being told that his PSA level is now .01.

Interviewer AS: That's great

Patient ID#1866: Which is great news.

Being pleased with the news of his PSA level.

Interviewer AS: Yes, yes.

Patient ID#1866: What they have explained to me.

Interviewer AS: Yes.

Patient ID#1866: And it got up to, if I remember correctly, to 9 or 11.

Remembering his PSA level before surgery was between 9.0 and 11.0

Decreasing PSA.

Interviewer AS: Yes, oh that's great Sir.

Patient ID#1866: Yes, so, so that is basically what...

Interviewer AS: And did the doctor help you...understand all of the different procedures that you could...all of the different options that you had for treatment?

Patient ID#1866: Yes...

Understanding the different treatment options that were available to treat his prostate cancer.

Interviewer AS: Or did he only give you documents to read?

Patient ID#1866: Yes, basically, I think that IMPACT was the organization that most helped me understand what prostate cancer is and what the different options are to control it. Right?

Thinking IMPACT helped him the most when it came to understanding what prostate cancer is and what his different treatment options were.

Interviewer AS: Yes.

Patient ID#1866: Uh huh. When Dr. NAME...he also helped me understand a bit more some of the questions I had. But I think that all of the information you have both in English and in Spanish...

Having his questions answered by his doctor.

Interviewer AS: Uh huh

Patient ID#1866: Is very useful...

Thinking the fact that he was given the educational materials in both English and Spanish was very useful.

Interviewer AS: Uh huh

Patient ID#1866: And..

Interviewer AS: And what kind of information was it? Were they CDs?

Patient ID#1866: Yes, they were CDs and also uh...we are going to say that...printed information .. to explain basically, what comes on the CD.

Being given both audio and printed educational materials in English and Spanish

Interviewer AS: Uh huh

Patient ID#1866: Both in English and in Spanish.

Interviewer AS: Uh huh

Patient ID#1866: It also has its printed version.

Interviewer AS: Yes.

Patient ID#1866: And that helps me a lot...yes... to understand...I also when to the library here in Santa Rosa for any questions, to see other points of view. Right?

Researching prostate cancer at the library in Santa Rosa

Interviewer AS: Yes of course

Patient ID#1866: And also through the Internet...uh...for any doubt...to see additional information with respect to a certain point...a technique...so, that helped us a lot to have general vision and more concrete...for each procedure...to make a..a...decision...that we thought was the most optimal....given the circumstances...

Turning to the internet for additional information.

Believing that having any idea of what each procedure involved was helpful in making his treatment decision

Trying to make the best decision given the circumstances.

Interviewer AS: Yes...

Patient ID#1866: For my age...for the growing cancer....for the severity of the cancer....for the localization...all of that, and I repeat...IMPACT and all of those people were a great help

Receiving a lot of help from IMPACT.

Interviewer AS: Oh, that's great sir. And who did you tell or who did you talk to about the...the cancer diagnosis? With your family?

Patient ID#1866: Yes basically only my wife.

Talking only with his wife about his prostate cancer.

Interviewer AS: Basically....ok. And how do you think it was for your wife?

Patient ID#1866: Well... [CLEARS THROAT]...uh...

Interviewer AS: [SNEEZES]...I'm sorry...

Patient ID#1866: Yes, it's fine. Look what happens is that...

Interviewer AS: Uh huh

Patient ID#1866: My wife also had a similar problem with breast cancer.

[Knowing his wife went through a similar situation when she had breast cancer.](#)

Interviewer AS: Oh...OK

Patient ID#1866: Uh huh...recently, like a year before...

Interviewer AS: Oh my god...uh huh...

Patient ID#1866: A year or 2 before...so we had gone through this process...and the radiation...

Interviewer AS: Yes...

Patient ID#1866: So...we have a little bit of experience and well...knowing that there are ways to...to solve these problems, right?

[Having experience with cancer and the treatment options](#)

Interviewer AS: Yes.

Patient ID#1866: There is always the possibility that the cancer comes back, but well, at least there is a possibility to fight it, attack it, eliminate it in a certain way.

[Knowing there is always a possibility that cancer comes back but that there are also ways to fight it and eliminate it.](#)

Interviewer AS: Yes.

Patient ID#1866: And we know that... what is very important is to continue with ... [CLEARS THROAT]...uh....how do I say it...well, having it under supervision...

[Knowing that it is very important to continue being monitored to see if the cancer starts to come back.](#)

Interviewer AS: Uh huh

Patient ID#1866: To see if it comes back or not...and...

Interviewer AS: Uh huh

Patient ID#1866: Be on top of it...

Trying to be on top of his cancer.

Interviewer AS: So, the fact that she had cancer helped you because well, you didn't feel so...uh...well perhaps you were a bit more prepared?

Patient ID#1866: Exactly. I think that psychologically...uh...it affected us more when they found the cancer in her and we worried more..well because it was new, right?

Feeling somewhat prepared to handle his prostate cancer because they had just been through breast cancer diagnosis and treatment with his wife.

Thinking that he and his wife were more affected from her breast cancer than from his prostate cancer because when his wife was diagnosed with breast cancer it was a new experience and when he was diagnosed with prostate cancer they had already dealt with cancer.

Interviewer AS: Yes.

Patient ID#1866: The experience...so...fortunately, everything came out fine with her.

Feeling fortunate that his wife came out fine from her breast cancer treatment.

Interviewer AS: That's great.

Patient ID#1866: And when they found it in me, well it was a thing where we had to...find out, study, what was going on with me.

Doing research on prostate cancer.

Interviewer AS: Uh huh

Patient ID#1866: And...well, we found out that there was a way to resolve it...so, well it wasn't so, so critical, we can say the reaction.

Discovering that prostate cancer was very treatable.

Having a more subdued reaction to his prostate cancer diagnosis because it was very treatable and because they had already dealt with cancer once before.

Interviewer AS: Yes.

Patient ID#1866: When we found out about this...well due to the fact that we had already had that experience...

Having experienced cancer once before prior to his prostate cancer diagnosis.

Interviewer AS: And did it help her a lot too...well, she got through it, right...that... ?

Patient ID#1866: Exactly

Interviewer AS: Uh huh. Uh huh. So you had, perhaps, uh, a more positive perspective, right?

Patient ID#1866: Uh huh. Exactly. We didn't take it like, I'M GOING TO DIE

Not thinking he was going to die from the prostate cancer

Interviewer AS: Uh huh

Patient ID#1866: Right?

Interviewer AS: Uh huh. Uh huh.

Patient ID#1866: But simply, we have a problem and we are going to solve it. There are ways to solve it. Thank God, we can say, uh, the advances, scientific advances, technological...

Seeing his prostate cancer as a problem that needed to be resolved.

Thanking God that there are ways now to treat prostate cancer.

Interviewer AS: Yes.

Patient ID#1866: Are going to help solve the problem...there is a way for us to defend ourselves.

Interviewer AS: That's great Sir.

Patient ID#1866: It was not a ...[CLEARS THROAT]...news that affected us in, in, in a big way...but we took it with the necessary precautions...and we started to read about the topic and that is what helped us understand it...and... I think that it was aa good experience, definitely...

Not being greatly affected by his prostate cancer diagnosis.

Taking the necessary precautions.

Reading about prostate cancer.

Thinking that reading about prostate cancer helped him and his wife understand it more.

Interviewer AS: OK sir and what symptoms have you had that are related to prostate cancer? What about incontinence?

Patient ID#1866: Uh, well yes, incontinence was, we can say, a big problem after the surgery... I think that two months during two months after the intervention...does represent a problem because well you have little control with your urine, let's say, so uh, but with the help of the uh...diapers...

Experiencing incontinence after surgery.

Seeing his incontinence as a big problem.

Having little control of his urine.

Wearing diapers to help control his urine

Interviewer AS: Yes...

Patient ID#1866: Eh...well, it's only a question of getting used to it, right? With the Kegel exercises.

Trying to get used to the incontinence.

Performing the Kegel exercises to help strengthen his muscles and regain control of his bladder.

Interviewer AS: Uh huh

Patient ID#1866: To be able to strengthen the control of your sphincters...

Interviewer AS: Yes..

Patient ID#1866: So that helps a lot and through out time, well, you go on, uh, you start improving that control and...and afterwards well, it is minimal, it's minimal...uh...we are going to the say that using the diapers...

Thinking that the Kegel exercises help a lot.

Beginning to regain control of his urine.

Decreasing incontinence.

Using diapers

Interviewer AS: Uh huh

Patient ID#1866: And you also get used to it...and...it does not represent a big problem.

Getting used to the incontinence so it's not such a big problem

Interviewer AS: When we were doing the questionnaire you told me that you use more or less one per day, right?

Patient ID#1866: Yes.

Using about one diaper per day.

Interviewer AS: Uh huh. When...after...right after the operation, did you have to use more?

Patient ID#1866: Yes of course, I think that I used...oh my...I think like 3 or 4 a day.

Using 3-4 diapers a day right after surgery.

Interviewer AS: Ah...so you have gotten a lot better?

Patient ID#1866: Yes, yes, yes because there was no control, inclusively, when you get out of the operation, when you get out of the operation..

Improving urinary control.

Having no control of his urine right after surgery.

Interviewer AS: Uh huh

Patient ID#1866: You come out with catheter connected to your penis...precisely to be voiding constantly...precisely through the catheter in your penis..

Coming out of surgery with a catheter so his bladder was being emptied constantly.

Interviewer AS: Yes...

Patient ID#1866: Right...first you don't have control of your sphincters...and they don't recommend use of...or practicing the Kegel exercises..

Having no control of his urinary sphincter at first.

Interviewer AS: Oh...OK!

Patient ID#1866: I mean, since it is stuck in there...

Being told not to do Kegel exercises while he had a catheter.

Interviewer AS: Uh huh

Patient ID#1866:The urine is constantly draining, right?

Interviewer AS: Yes.

Patient ID#1866: It's part, perhaps, the most uncomfortable the arises..

Interviewer AS: Hmm...uh huh

Patient ID#1866: Because you have to be emptying out the...the bag that you have...uh...in a certain way tied to your leg...

Feeling very uncomfortable with the catheter.

Interviewer AS: Yes.

Patient ID#1866: You go and empty it and....but it's constant...I had that catheter for approximately 2 weeks...afterwards they removed it...and that's when I started using the diapers...

Having the catheter for approximately 2 weeks after surgery.

Starting to wear diapers after he had his catheter removed.

Interviewer AS: Ah OK. And what about other problems...if you had to choose the biggest problem when you talk about the symptoms that you have had after the surgery...what is the problem that you have had that well, affects more of your daily life, that you have had to make changes to your daily life because of that symptoms? For example, erectile dysfunction?

Patient ID#1866: Yes, from what I have read, it's possible...that the capacity to have an erection can be recovered...that varies, it can be 3 months, 6 months, and even a year.

Reading that one might not regain the ability to achieve erections for 3 months to a year after surgery.

Interviewer AS: Uh huh

Patient ID#1866: So...oh, I think that the cooperation of the partner influences a lot as well. Right?

Thinking that the cooperation of one's partner influences one's ability to regain erections after surgery.

Interviewer AS: Uh huh

Patient ID#1866: Uh, because when the ejaculation doesn't exist, well, that is a part that very important and very odd. Right?

Interviewer AS: Uh huh

Patient ID#1866: Uh, in the moment of the orgasm, ejaculation does not exist. Right?

Knowing that after prostate cancer surgery when a man has an orgasm he will not ejaculate

Interviewer AS: Yes.

Patient ID#1866: Nevertheless, all of the sensations of the orgasm are present.

Interviewer AS: Yes

Patient ID#1866: So it is very rare when....well, you see that there is no ejaculation, and of course we already knew that since before. Right?

Interviewer AS: Uh huh

Patient ID#1866: And the doctors call it dry ejaculation.

Knowing that he would have dry ejaculations after surgery.

Interviewer AS: Yes.

Patient ID#1866: That means...so...but...well I think that it's a psychological help...and also uh, physical, the fact that all of the...all of the...uh...feelings of an orgasm.

Thinking it is helpful that all the sensations of an orgasm are present even if he is not functioning sexually the way he was before surgery

Interviewer AS: Uh huh

Patient ID#1866: Are present. Right?

Interviewer AS: OK.

Patient ID#1866: That helps...that helps a lot. Right?

Interviewer AS: Uh huh

Patient ID#1866: Because it is weird...with regard to the erections...well I think that they are going to get better...of course there is no certainty. I want to comment that I had this prostatectomy, it was done by Dr. Bennett, with a robot.

Interviewer AS: Oh!! OK.

Patient ID#1866: Uh huh. So that allows...that allows them to have a much more precise control.

Having robotic surgery to allow the doctors more precision and control.

Interviewer AS: Yes...

Patient ID#1866: With the incisions...above all the procedure. Right?

Interviewer AS: Yes, yes.

Patient ID#1866: Because they are in an adjacent console and well it is...is very interesting.

Interviewer AS: So he didn't harm your nerves?

Patient ID#1866: Exactly.

Sparing the nerves that are involved with achieving erections and orgasms.

Interviewer AS: Uh huh

Patient ID#1866: Ultimately, they are the ones that control the erection....uh-huh ...so..uh...you do feel a little emptiness inside the zone at the base of the penis...

Interviewer AS: Yes.

Patient ID#1866: And everything, where the prostate is located...you feel something strange...it is more sensitive...

Feeling a strange and sensitive sensation where the prostate was located

Interviewer AS: Uh huh

Patient ID#1866: Uh...but well, also for the same thing, I still have the hope that this will improve with time and that I am going to be able to have erections. Right?

Hoping that his sexual functioning will improve and that he will be able to achieve erections.

Interviewer AS: And how does your wife feel with respect to that?

Patient ID#1866: I think that yes, no I can't say that she is very happy, right?

Thinking that his wife is not very happy about his current sexual functioning.

Interviewer AS: Uh huh

Patient ID#1866: But well, we had already talked about this before the operation and, and she knew what the risks were.

Talking with his wife about the possibility of ED before he had the surgery.

Knowing his wife was aware of the risks.

Interviewer AS: Uh huh

Patient ID#1866: Uh...so like in some occasion we...we read it in all of that information...you had to give priority.

Reading about the possibility of ED as a side effect of the surgery.

Interviewer AS: Yes, yes...

Patient ID#1866: To this problem...the first was to destroy the cancer...

Making destroying his cancer the number one priority.

Interviewer AS: Yes...

Patient ID#1866: That is the danger of losing your life.

Knowing that if untreated prostate cancer can put you in danger of losing your life.

Interviewer AS: Yes...

Patient ID#1866: After this....well the second priority was to conserve the nerves to continue having erections...

Making retaining his ability to achieve erections his second priority

Interviewer AS: Yes..

Patient ID#1866: But well this, never, none of the doctors, can guarantee.

Understanding that none of the doctors can guarantee that he will have 100% sexual functioning after prostate surgery.

Interviewer AS: Yes...

Patient ID#1866: I'm telling you, fortunately this, this operation was done with a robot...so..uh, well there is a great probability that ...this will go back to normal.

Feeling fortunate that his prostatectomy has done with a robot.

Believing there is a good chance he will be able to regain normal sexual functioning

Interviewer AS: Uh huh

Patient ID#1866: And we can say that mentally, I, have a goal that in one year, so by June of 2009, I will know what is really going to happen right, in that sense...

Setting a goal to regain his ability to achieve erections in one year from the surgery

Interviewer AS: That's great. And you, you see that she doesn't look too happy...how do you see that your wife is different or what does she tell you...does she share doubts that she has?

Patient ID#1866: We talked that...we already know about this problem...so well now...uh, we can say that both of us can have an orgasm...helping each other out mutually.

Talking about his sexual problems with his wife.

Knowing that both he and his wife can have orgasms.

Interviewer AS: Uh huh

Patient ID#1866: Perhaps...but perhaps ...we lack a bit of that...of what we are used to, right?

Having to adjust he and his wife's sexual relationship from what it was before the surgery to accommodate his sexual problems.

Interviewer AS: Yes...

Patient ID#1866: So even when she doesn't express it openly...but I think...I think that even when...she has never demanded anything...she has never said anything...but I think that it would be very good for both of...perhaps one as a man...[giggles]

Knowing his wife has never demanded sex from him and doesn't openly express any negative feelings about his current sexual condition.

Thinking that it would be good for both he and his wife to be able to engage in sexual intercourse again.

Interviewer AS: Yes.

Patient ID#1866: One wants to...feel again like I always felt...Right? But, for me, in particular, it doesn't bother me much, having erections again like I used to... no, of course I would like to...uh....but I would like to for her, being able to have them...that type...well give her that, that exchange we can say. Right?

Wanting to be able to feel like he did before the surgery.

Not being worried about achieving erections for himself but rather so he can satisfy his wife.

Interviewer AS: Yes, yes.

Patient ID#1866: But, as I said earlier, for me that is not that important but, her functioning is important...and she...well I feel that she is fine....calm, but I also think that she needs a little bit of that.

Thinking that sexual functioning to him is not that important.

Knowing that for his wife sex is important.

Seeing that his wife feels fine, feels calm.

Thinking his wife needs sex more than she says.

Interviewer AS: OK. And in what way do you feel that you relate or respond differently to your wife or that you relate differently to each other now that, well, now that there are no erections or that you are going through this....do you relate differently?

Patient ID#1866: Uh...no....no because...look, we are both around 60 years old...

Knowing both he and his wife are almost 60 years old.

Interviewer AS: Uh huh

Patient ID#1866: 59...58...

Interviewer AS: Uh huh

Patient ID#1866: So...uh....I feel that...we have a sexual life...perhaps not too active, right?

Feeling that he and his wife's sex life is not very active.

Interviewer AS: Uh huh

Patient ID#1866: We can say that it is once a week or sometimes once every 2 weeks.

Having sex only 1-2x/week.

Interviewer AS: Uh huh

Patient ID#1866: So....uh, I think that there can be a bit of coldness because uh, uh, perhaps decreased interested...uh...also a bit on one side with my diabetes...well she has problems with arthritis.

Thinking that he had his wife have stopped having sex so often because they are both losing sexual desire.

Interviewer AS: Uh huh

Patient ID#1866: So, I mean we are a bit tired...that is what I have noticed...that we are tired frequently. Right?

Noticing that both he and his wife are tired.

Interviewer AS: Uh huh

Patient ID#1866: But....well I think that it's a bit about moving forward together...and...and trying new things.

Trying to move forward together and try new things.

Interviewer AS: Yes, yes of course. And what aspects of your relationship have helped you deal with all of this?

Patient ID#1866: Well...uh...

Interviewer AS: Communication?

Patient ID#1866: In reality what has helped a lot is that it coincided that our first grandchild right now is one and a half years old.

Having their first grandchild who is 1.5 years old.

Interviewer AS: Ah...

Patient ID#1866: Uh...and he has...since his mom goes to school in...goes to school...his dad who is my son...

Interviewer AS: Uh huh

Patient ID#1866: Eh...works...

Interviewer AS: Uh huh

Patient ID#1866: So, the baby comes here normally during school time..

Taking care of their grandchild during the day Monday through Thursday

Interviewer AS: Uh huh

Patient ID#1866: Monday to Thursday...

Interviewer AS: Ah...that's great...

Patient ID#1866: This baby has helped us a lot to concentrate...

Concentrating on their grandchild rather than on any problems they might be experiencing.

Interviewer AS: On life...

Patient ID#1866: Uh huh...I mean that he came in a very adequate time [laughs] in our lives, because, you can imagine how it changed...

Knowing that he and his wife are going through a lot of changes both as individuals and as a couple

Interviewer AS: Yes...

Patient ID#1866: ...our mood...uh, he, he helps us out a lot...he absorbs a lot of our attention...we are very, very happy, right?

Giving a lot of attention to their grandson.

Being very happy.

Believing their grandchild helps to elevate their moods.

Interviewer AS: Uh huh

Patient ID#1866: With him....so...that I think that now...has helped so that the supposed problem...situation that can derive from the operation...from the prostate a bit from the decrease of sexual desire...it seems to have...I can't say that it has gone to second place but, it doesn't have that much importance...yes...because with the baby...when he is here at home, well we are here all the time.

Making their grandchild rather than their sex life their number one priority.

Interviewer AS: Uh huh...that's great...

Patient ID#1866: With him...and my wife...studied to be a teacher and well she is very on top of his stages...and...what he needs.

Knowing his wife studied to be a teacher and is very on top of taking care of her grandchild and being aware of what he needs.

Interviewer AS: Uh huh. So at least your wife puts her mind on doing something different?

Patient ID#1866: Exactly. Exactly. And mine too.

Focusing their minds on something else besides their sex life.

Interviewer AS: Uh huh.

Patient ID#1866: So...uh...I think that of course...I repeat, its not about trying to cover up the sone with a finger, right, but, that we are doing fine and, and that is has to get better.

Doing fine.

Being optimistic about his sexual functioning getting better.

Interviewer AS: Uh huh.

Patient ID#1866: I hope that by next year, in Janaury, 12 months after the operation, I will bea bit more...normal in that sense.

Hoping that his sexual functioning will have improved during the year after surgery.

Hoping to regain his normal sexual functioning.

Interviewer AS: Yes, yes.

Patient ID#1866: What we had.

Interviewer AS: Yes, everything points in that direction, right?

Patient ID#1866: Hopefully.

Interviewer AS: Yes, yes, of course. And to conclude Mr. [NAME] is there anything else that you would like to mention that you feel is important for us to know in order to understand how receiving prostate cancer treatment affects couples?

Patient ID#1866: Well I think that it is uh...it's very...I think that it's very important to emphasize...

Interviewer AS: Uh huh

Patient ID#1866: Hello....the baby...the baby just got here...[laughs]

Interviewer AS: [laughs]

Patient ID#1866: Yes...come in come in

Interviewer AS: We're almost done...[laughs]

Patient ID#1866: Yes, that's fine. I think that the support that you have given us is magnificent...hi sweetie...hi my love...come over here... [talking to grandson]

Thinking he has received a magnificent amount of help from IMPACT

Interviewer AS: [laughs]

Patient ID#1866: Yes uh...that is...there is something that I wanted to comment...I don't know if you have it...uh...the root of this...I have had some pimples that...we call them buried pimples...but its one every 15 days..

Interviewer AS: Uh huh

Patient ID#1866: And in the pelvic area?

Interviewer AS: Yes, yes..

Patient ID#1866: Around my buttocks...around the frontal area...they are very painful..we call them buried pimples..

Having some painful pimples/sores in his pelvic area around his buttocks and groin

Interviewer AS: Uh huh. Could it be because of the diaper?

Patient ID#1866: I don't know what it could be due to...uh...I have an appointment with the doctor...

Being unsure of what his causing the pimples/sores.

Having an appointment with the urologist

Interviewer AS: Uh huh

Patient ID#1866: With the urologist...

Interviewer AS: Uh huh. Uh huh.

Patient ID#1866: On the 17th...

Interviewer AS: Uh huh

Patient ID#1866: I want to say that because it is very strange...I have never had that problem...and I don't know what..

Never having had sores/pimples in his pelvic region before.

Interviewer AS: Yes, look I suggest that you talk to well with the doctor and you don't talk to him well talk to the nurse from the IMPACT program...she knows all about that.

Patient ID#1866: Correct. I am going to call them to see...I am applying only a little bit of lotion...inclusively, I shower twice a day.

Applying lotion to his pimples/sores.

Showering twice a day.

Interviewer AS: And that helps?

Patient ID#1866: Of course not, it's something I do for hygiene..it's...it's something, I don't know, you know how, after a sugery all of the lymphatic vessels and that...

Interviewer AS: Uh huh

Patient ID#1866: I don't know...if I am less protected.... [how are you my love...talking to grandson]...so it's what I am worried about right now...

Interviewer AS: OK. Well talk to the doctor about it and like I told you, you can call the IMPACT program and talk to your nurse...if you know the name of your nurse.

Patient ID#1866: Well...uh...I had...it coincide that my coverage has ended...but they already gave me new coverage...

Interviewer AS: Yes.

Patient ID#1866: A new contract...

[Starting a new contract with IMPACT.](#)

Interviewer AS: Yes

Patient ID#1866: So...uh...they told me that they were going to switch my nurse..

Interviewer AS: Ah OK

Patient ID#1866: I don't know but I can talk to Miss [NAME] about it.

Interviewer AS: Yes, yes feel free to.

Patient ID#1866: To be able to talk to the nurse.

Interviewer AS: Yes of course. [NAME] is no longer here but you can ask for [NAME]....and...and she can help you talk to your nurse.

Patient ID#1866: Ok. I am going to do it.

[Planning on talking to his IMPACT nurse about the pimples and sores he is experiencing.](#)

Interviewer AS: Ok Sir. Well thank you so much for you r time. The information that you have shared is very valuable and we truly appreciate it. I am going to stop the recording ok?

Patient ID#1866: Ok.
END OF CASSETTE

Partner of man with prostate cancer Spanish language transcript

Baseline Interview of Participant #P1866

Date: 6/6/09

Interviewer AS: ¿OK señora, me pudiera usted contar un poco como fue cuando usted recibió la noticia que su esposo tenía cáncer de próstata?

Participant ID#P1866: Pues...uh...fueron sentimientos encontrados...no...me dio tristeza me dio...pues miedo

Interviewer AS: Uh huh

Participant ID#P1866: Me preocupe muchísimo...pero...pues sabia que...porque yo lo había tenido...cáncer...en el seno...sabia que...que lo que menos necesitaba el era que yo fuera expresiva. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Entonces...trate de ayudarle que...asimilar...las cosas...y...pues...afrentar las cosas. ¿No?

Interviewer AS: Uh huh. ¿Y dijo usted que le dio miedo...miedo de que tenía?

Participant ID#P1866: Pues...miedo de que...de que el se deprimiera mucho. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: De que el sintiera que ya iba en decadencia...si yo sabia que sintiódose el apoyado si iba poder saltar bien la enfermedad. ¿No? Yo sabia que...que el estado de animo es muy importante...en las personas de...con cáncer. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Les das a ver que...pues que es algo muy malo...que es algo ya...ya algo terminal...si ellos se dejen llevar...y la enfermedad se te anida más. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Pero si tu les das el apoyo y si tu les dices OK...pues es un obstáculo mas en tu vida y pues hay que saltarlo...

Interviewer AS: ¿Y usted de donde aprendió esto...esta filosofía...es porque usted tuvo cáncer o porque?

Participant ID#P1866: Es por eso...es por eso...ósea...tu le dices a las personas es que soy sobreviviente de cáncer...y...como que hasta se te hacen hacia un lado. ¿No? Ellos creen a veces...mucha gente cree que es...hay algo muy funesto...porque hasta inclusive te dicen, "¡hay lo siento!"

Interviewer AS: Uh huh

Participant ID#P1866: Y no...no te deben de decir lo siento porque...pues es una enfermedad...ósea común y corriente...así...y ahorita gracias a Dios...hay muchos medicamentos y hay muchas cosas para...poder quitar el cáncer. ¿No?

Interviewer AS: Si

Participant ID#P1866: Siempre cuando lo detecten en un principio...pero si tú dices... “o si tengo”...que le lloras mas a la enfermedad y la enfermedad mas se te queda y mas se te hace grande. ¿No?

Interviewer AS: Si

Participant ID#P1866: Entonces dices...bueno OK...tengo cáncer...no me siento viejo todavía...se que puedo aguantar la radiación o puedo aguantar la intervención...y es preferible ahorita que tengo esto a que yo este mas grande y que ya no se pueda hacer nada. ¿No?

Interviewer AS: Si si. ¿Y a quien le comento o con quien platico sobre...pues...lo que estaba pasando su esposo?

Participant ID#P1866: Pues no...no...lo quise comentar mas que con el...estuvimos viendo las consecuencias...y...las formas en el que podría el poder tomar su...su...ósea...su...como se llama...las cosas que el podría hacer. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Por que a el le dieron la opción de que podría extirparla...de que podia ponerle radiación...que le podían dar medicamentos...pues nada mas con el...ósea no quise tratar este asunto con nadie...primero por respeto a el porque yo he visto que...la gente entre ellos...que se comentan de que “fulano tuvo y ya se lo sacaron” a veces como que he escuchado comentarios de que...pues ya pierdo su virilidad. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Si...ya...ya no vale...como ya no puede tener hijos.

Interviewer AS: Uh huh

Participant ID#P1866: Y yo dije bueno...yo no soy nadie como para que la gente se vaya burlar de el...si...inclusive yo dije...siempre...cuando operen a mi esposo...pero es que tiene una hernia...yo nunca les quise decir el que tiene...cáncer de próstata

Interviewer AS: ¿Y por que cree que...usted piensa que es algo de la comunidad latina...que...que uno piensa que decir...

Participant ID#P1866: Uh huh

Interviewer AS: ¿Que uno tiene cáncer de próstata es como ser menos hombre...o...?

Participant ID#P1866: Ah huh. Si para ellos es algo importante yo sabia que...si...yo no quería que mi esposa se desplomara...que me esposa sintiera...que es...lo primero que dijo el...es que si me quitan la próstata ya no voy a tener hijos...y le digo a estas alturas [laughs] para que quieras tener hijos

Interviewer AS: Si

Participant ID#P1866: Mejor que estés sano...mejor que estés...si...no...yo sentía que si...pues es que...osea nosotros como latinos...de salud...casi no sabemos mucho. ¿No? Ya nuestros abuelos nunca tuvieron cáncer...nunca...algunos si tuvieron diabetes...ya sabia uno como mas o menos...este...sobrellevar ese asunto pero...cáncer...casi muy pocas de nuestra familia...entonces...este...

Interviewer AS: ¿Y luego no se habla mucho si uno si tiene verdad?

Participant ID#P1866: No no. Entonces yo si trate...ya hasta después...yo lo comente con su hermano mayor que el le dije fijate que a [NAME] le acaban de detectar cáncer de próstata y...entonces no se si fue contraproducente porque se angustio mucho y estuvo hable y hable...y hable cada ratito...y entonces [NAME] me iba a decir es que no debes de decirselo...por que se lo estas diciendo...le digo...pero es que yo quiero compartirlo primero con alguien

Interviewer AS: Si

Participant ID#P1866: Y en segundo pues si sucede algo funesto pues yo quiero que ellos estén enterados de cual va ser el procedimiento

Interviewer AS: Uh huh

Participant ID#P1866: Entonces...

Interviewer AS: ¿Y es el único hermano que tiene su esposo...varón?

Participant ID#P1866: No...son ellos...son cuatro hombres y una mujer

Interviewer AS: Uh huh. ¿Y no sabe si ellos conocen el riesgo del hecho que ellos tengan un hermano con cáncer de próstata?

Participant ID#P1866: Pues a raíz de esto si mi esposo después les dijo bueno se los estamos informando nada mas por...por que tomes también precaución. ¿Si?

Interviewer AS: Uh huh. Que bueno.

Participant ID#P1866: Hay que...nosotros...pues casi siempre hemos tratado de ser lo mas naturistas. ¿Si?

Interviewer AS: Si

Participant ID#P1866: Si por eso fue un "shock" es decir porque dices oye no tomo, no fumo, siempre estoy tratando de llevar una dieta sana y hacer ejercicio...y me paso esto!

Interviewer AS: ¿Entonces el...su esposo no tuvo síntomas? ¿O como?

Participant ID#P1866: Eh..si..

Interviewer AS: ¿Cómo fue que empezó?

Participant ID#P1866: Si mi esposo...osea no es de que se queje mucho...si...no...uh...le dolia...estaba muy inquieto

Interviewer AS: Uh huh

Participant ID#P1866: Pero...uh...después si...dijo sabes que...es que...estoy sangrando

Interviewer AS: Oh...

Participant ID#P1866: ¿Verdad? ¿Pero porque?

Interviewer AS: Uh huh

Participant ID#P1866: No sabíamos si era su intestino...o...era...nunca pensamos que fuera la prostata. ¿No?

Interviewer AS: Si

Participant ID#P1866: Entonces ya dije bueno...pues si ya estas sangrando...quiere decir que ya es de cuidado...tienes que ir que te chequen. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Osea si estaba haciendo sus chequeos cada año

Interviewer AS: Si

Participant ID#P1866: Pero después cuando vino eso dije pues no esto ya es...tiene que ser un estudio mas profundo...decidimos saber si es el intestino o si es la próstata. ¿No?

Interviewer AS: Uh huh. ¿Y el tenia miedo de ir o usted lo animo o como fue eso?

Participant ID#P1866: Hmm...no tenia miedo si no...uhm...siempre estaba de que...de que...para después (*later*)

Interviewer AS: Oh...

Participant ID#P1866: Osea uno no es asi de que hay...la primera esto y después...entonces...pero ahorita... ahorita después...después...dije no pero es que tienes que hacerlo ya....

Interviewer AS: Si

Participant ID#P1866: No pero si ya me hicieron el chequeo del año...pues si me dijeron que estaba bien...pero pues la verdad es que no esta bien porque si estas sangrando es una...es una alarma. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Una alerta de que algo esta mal ahí

Interviewer AS: Si

Participant ID#P1866: Entonces ya cuando vino dice sabes que dijeron que si es cáncer de próstata...digo no pero...vamos a tratar de aminorar eso. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Si empezamos pues a buscar...cosas naturistas...que con esto y con lo otro...que...pero nada mas se le desinflamo...dejo de sangrar...y ya pero...ósea nos habíamos dado un...un tiempo [inaudible]. ¿No? Dijimos que si en...seis meses la situación sigue igual...pues no queda otra cosa más que operación...

Interviewer AS: Uh huh

Participant ID#P1866: Igual asi los ancianos...tienes edad...puedes aguantar...estas en el...en el momento y en el lugar preciso

Interviewer AS: Si. ¿Y el doctor platico con usted sobre las diferentes opciones de tratamiento?

Participant ID#P1866: No

Interviewer AS: ¿No?

Participant ID#P1866: No...yo...

Interviewer AS: ¿Y por que...

Participant ID#P1866: Yo las supe porque mi esposo pues me las estaba...me comentaba...y yo vi que llegaron muchos...mucho propaganda...muchos videos...mucho...información

Interviewer AS: ¿Yo creo del programa IMPACTO no?

Participant ID#P1866: ¿Perdon?

Interviewer AS: ¿Del programa IMPACTO?

Participant ID#P1866: Ah huh

Interviewer AS: Uh huh

Participant ID#P1866: Entonces ahí fue como estuve viendo las opciones...estuve viendo los libritos que tenia...estuve viendo las dietas...estuve viendo las...pues todas las opciones...y entonces estuvimos comentando con el cual seria la mejor opción

Interviewer AS: Uh huh

Participant ID#P1866: Pero...

Interviewer AS: ¿Y porque no le platico...por que no discutió el doctor con el las doctores...que paso ahí?

Participant ID#P1866: No si...el doctor con el si los comento el doctor...inclusive le dio escoger. ¿No?

Interviewer AS: Oh OK

Participant ID#P1866: El había escogido que le pusiesen este...así como unas balitas...no...de...de radiación que se iban implantar ahí que después con el tiempo se iban a explotar y que lo iban a desbaratar...

Interviewer AS: Uh huh

Participant ID#P1866: Le comento al doctor cuales serian los riesgos de esto. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Le había comentado a el que si era ese método pues nadie...fértil...se podía acercar a el...que...

Interviewer AS: Ah...

Participant ID#P1866: Un bebe tampoco...este...que no había problema conmigo...pero que si este...osea estamos así temeros pero el no había escogido eso...no...después cuando le dije que no...que no que...era difícil hacer ese método por que si se lo iban a extirpar...entonces pues ya se resigno y ya...uh huh

Interviewer AS: ¿Oh OK entonces el doctor si hablo con el pero con usted?

Participant ID#P1866: Uh huh

Interviewer AS: ¿Por qué usted no estaba ahí?

Participant ID#P1866: Uh huh

Interviewer AS: Uh. OK. Ya entendí.

Participant ID#P1866: Si con el si.

Interviewer AS: Que bueno, que bueno.

Participant ID#P1866: Si como el doctor está hasta Marin...Marino...no se

Interviewer AS: Si

Participant ID#P1866: Cuando iba el a sus consultas...este...si era eso lo que le comentaba...yo no pude acompañarlo por que...yo cuido a mi nieto...entonces aquí lo tenia y no podia llevarlo

Interviewer AS: Uh huh. ¿Y usted menciona que ustedes usan el Internet?

Participant ID#P1866: Si

Interviewer AS: ¿Si?

Participant ID#P1866: Si yo siempre trato de...de ver...uhm...cuales son...es lo ultimo...

Interviewer AS: Uh huh

Participant ID#P1866: Para las enfermedades. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Yo tuve un restaurante vegetariano tuvimos en México durante 16 años...entonces...siempre me he inclinado por lo naturista...

Interviewer AS: Oh....

Participant ID#P1866: Por los masajes...por es...ósea...

Interviewer AS: ¿16 años tuvieron ese negocio?

Participant ID#P1866: Si

Interviewer AS: OK.

Participant ID#P1866: Uh huh. Entonces por eso es que yo siempre me he...inclinado hacia una opcion mas sana

Interviewer AS: Uh huh

Participant ID#P1866: Y ya si no se puede...si es [inaudible]...no que otra que la intervención. ¿No? Sobre todo con el cáncer que...creo que...que no se puede esperar. ¿No?

Interviewer AS: Uh huh. Uh huh.

Participant ID#P1866: De momento en que aparece pues hay que extirparlo porque...osea lo que no quiere uno es que se extienda. ¿No?

Interviewer AS: Si claro.

Participant ID#P1866: Entonces si opciones asi...es que la medicina...uh... naturista es efectiva...pero es muy lenta

Interviewer AS: Uh huh

Participant ID#P1866: Osea una...una medicamento alópata...las 72 años haber si te funciona o no te funciona...

Interviewer AS: Uh huh

Participant ID#P1866: Pero...un tratamiento naturista...a veces...uhm...asi como si tienes con un catarro...por decir por una semana esperas que se te quite en un a semana....osea tiene que retroceder. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Y con un alópata osea ya sabes que en las 72 años no te cayo...no te funciona y puedes cambiar. ¿no?

Interviewer AS: Uh huh

Participant ID#P1866: Y con un naturista pues no...es may lento...es efectivo pero es mas lento...por eso no podíamos esperar osea un año hasta que....[SIGHS]...pensamos que era demasiado un año. ¿No?

Interviewer AS: Si. ¿Y que síntomas ha tenido su esposo relacionados al tratamiento...a la cirugía? ¿Por ejemplo la incontinencia?

Participant ID#P1866: Pues en un principio si fue muy...fue mal para el por que...no lo podia controlar. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Entonces...este...siempre ha sido muy...su piel es muy delgada entonces...el...los pañales como que le rozan...

Interviewer AS: Uh huh

Participant ID#P1866: Y siempre andaba con excoriaciones. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Y...eso ha sido muy incomodo para el...sentirse...con el pañal ahí...y...en las primeras veces pues...se salía de...el liquido se salía del pañal. ¿No?

Interviewer AS: Si

Participant ID#P1866: Pues esto como que le incomodaba mucho...como que...por que siempre ha sido un poco exagerado en su limpieza. ¿no?

Interviewer AS: Uh huh

Participant ID#P1866: Entonces cuando...manchaba las sabanas había que cambiar todo...había que...aunque fuera una gotita...no...el se sentía muy incomodo...cuando caminaba...pues siempre estaba "hay...no se me salio...hay no se me ve...hay no..." uh huh

Interviewer AS: ¿Y?

Participant ID#P1866: Pero ya ahorita pues ya...ya la pudo control...creo que ya es minimo...pero ya lo veo mas tranquilo...pero si en un principio si fue muy incomodo tanto para el como para mi

Interviewer AS: ¿Y usted tuvo que ayudarle a cambiarse?

Participant ID#P1866: Si todo.

Interviewer AS: Si. ¿Y como fue eso para usted?

Participant ID#P1866: Pues...desde que salio del quirófano que salio demasiado inflamado...demasiado...no se me...me dio mucha tristeza verlo así...pero...trate de ser fuerte y decir creo que lo menos quiere el es ver que alguien se sienta derrotado. ¿no?

Interviewer AS: Si

Participant ID#P1866: Entonces...trate de ser mas positiva con el...y...

Interviewer AS: Uh huh

Participant ID#P1866: El estaba asi muy angustiado...le digo pues...no...no se quería parar...le digo no es que tienes que...que guardar reposo...tienes que...eh...otra vez a poner fuerzas y...ya no...entonces...si claro que si me asuste muchísimo...estuve aya fuera...entro a las 6 de la mañana y salio hasta las...que serian...como a las 7 de la noche que me dijeron que ya estaba...en recuperación y eso para mi fue muy angustiante porque...estaba sola

Interviewer AS: ¿No fueron sus hijos?

Participant ID#P1866: No. Mi hijo fue y me dijo pero como yo...cuidaba el bebe y ese día no había quien cuidaba el bebe...pues se no hizo mas practico que se quedara el bebe el con el bebe aquí en la casa. ¿No?

Interviewer AS: Si

Participant ID#P1866: Entonces nomás fue y nos dejo y se regreso rápido...entonces yo estuve ahí...

Interviewer AS: ¿Solo tienen un hijo?

Participant ID#P1866: Si nomás tenemos uno...entonces este...pues ya cuando llego...cuando salio de eso...pues...pues ayudarle ha...ha que se recuperara rápido....a que...y ahí me quede con el...los...que fueron...dos tres noches

Interviewer AS: Uh huh. ¿Y usted sintió la necesidad de hablar con alguien si sintió sola? ¿Cómo se sintió?

Participant ID#P1866: Ah...pues si tuve esa necesidad de...de compartir la carga. ¿No?

Interviewer AS: Si

Participant ID#P1866: Pero pues no había nadie...nadie hablaba español...

Interviewer AS: Uh huh

Participant ID#P1866: Pues trate de [STARTS CRYING] ósea no se si esta yo tan desesperada que la señora que estaba ahí estaba...estaba haciendo un crucigrama y voltio y me aranco de su...de su libreta tres hojas me las dio...no...y me dio una pluma...y la empecé pues a llenarlo y como que me relaje un poco. ¿No? [CRYING]

Interviewer AS: Uh huh.

Participant ID#P1866: Es que yo veía que entraba y salía gente y...y que unos que habían llegado antes que salían...osea los llamaban...y que ya se había terminado...y yo nada. ¿No?

Interviewer AS: Entonces muy angustia...mucha

Participant ID#P1866: Uh huh. Mucha tensión.

Interviewer AS: Si. ¿Y como fue...como manejo que usted...pues usted tiene lo suyo y también tuvo que lidiar con lo...con lo que le pasaba su esposo? ¿Cómo fue eso para usted el tener que manejar las dos cosas?

Participant ID#P1866: Pues...pues yo deje mis dolores a un lado...y...trate de...ósea tenia que bañarlo...tenia que cambiarlo...tenia que ayudarlo en todo que pudiera. ¿No?

Interviewer AS: ¿Y como cambio su relación en este tiempo? Pues a veces puede resultar una de dos cosas. ¿No? Uno se puede acercar mas a su pareja o puede haber mas distancia. ¿Cómo fue para usted?

Participant ID#P1866: Pues...

Interviewer AS: ¿O fue un poquito de los dos?

Participant ID#P1866: Si un poquito de los dos...ósea yo...pues trataba de...de estar al pendiente de todo su movimiento...de...ósea yo sentía que...[STARTS CRYING]...ósea que el...el proceso después de la operación era muy importante. ¿No? La recuperación por la sangre que había perdido y que había tenido problemas de respiración...ósea siempre estaba tratando de escuchando respiración...de...

Interviewer AS: ¿Estaba muy pendiente de el?

Participant ID#P1866: Uh huh. Trate de darle su medicamento...de...de...de lavarlo sobre todo porque siempre estaba el inquieto de que...se...como se baña dos veces al día...y a veces hasta tres...[giggles]...

Interviewer AS: Uh huh

Participant ID#P1866: Entonces yo sabia que eso para el era muy importante...entonces...tenia que estando lavando con las toallitas...y...

Interviewer AS: ¿Y cambio la forma de cómo el la trataba a usted?

Participant ID#P1866: Pues si...como que...ahora comprende ya más cosas. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Siento que a veces....con mi enfermedad....[STARTS CRYING]...a veces como que la gente cree que...[CRYING]...un dolor artrítico es....que tu lo puedes manejar

Interviewer AS: Si

Participant ID#P1866: Y no es cierto

Interviewer AS: ¿Qué uno se queja mucho...que ya no te quejes...ya no estés....?

Participant ID#P1866: Uh huh. Uh huh.

Interviewer AS: Uh huh. Ya no estés haciendo tanto...

Participant ID#P1866: Déjame dormir...osea muchas cosas...y no...ahora sabe bien que es estar en un hospital....el estar dependiendo de una pastilla para el dolor...y luego que esa pastilla de provoca...pues otras consecuencias que te...congestiona...que te...

Interviewer AS: Uh uh

Participant ID#P1866: Osea muchas de esas cosas siento que si

Interviewer AS: ¿Entonces antes de la operación, de esto, como que el porque no tener experiencia personal...

Participant ID#P1866: Uh huh

Interviewer AS: ¿No lo entendía mucho?

Participant ID#P1866: Uh huh. Si.

Interviewer AS: Uh huh. Uh huh.

Participant ID#P1866: Si a veces creía que era chantaje. ¿No?

Interviewer AS: Si, si.

Participant ID#P1866: Y ahora sabe que no...que...que es muy diferente. ¿No? Me decía es que tu no has ido...es que tu no has ido a que te revisen...es que tu no has ido a que te den medicamento...es que...el ahora saber que es deprimente el estar ahí

Interviewer AS: Uh huh

Participant ID#P1866: Que...este...

Interviewer AS: Ya reconoce más

Participant ID#P1866: Uh huh

Interviewer AS: Lo que es estar enfermo

Participant ID#P1866: Uh huh. Si ya reconoce que...que...pues que la salud es...

Interviewer AS: A veces uno no tiene control total

Participant ID#P1866: Uh huh. Es que teníamos nosotros...siempre tratando de...pues ser mas vegetarianos que carnívoros...de...hacer ejercicio...o...si...así mas [inaudible]...entonces cuando nos dan esas noticias dices...pero que paso...

Interviewer AS: Si...uno...

Participant ID#P1866: Que paso...osea no...no no lo aceptas...

Interviewer AS: Si

Participant ID#P1866: Si por que...si yo no fumo no tomo...[hago] ejercicio...como yo sanamente...por que se me vino el cáncer...[CRYING]

Interviewer AS: Si si

Participant ID#P1866: Entonces ya después lees...y vez que todo mundo tenemos cáncer. ¿Si?

Interviewer AS: Uh huh

Participant ID#P1866: Lo que pasa es que a veces nuestra alimentación hace que se extienda y a veces otros...tarde o temprano se les va detectar

Interviewer AS: Uh huh

Participant ID#P1866: Y dices bueno OK hay que aceptarlo que ahorita a la edad que yo tengo las fuerzas que yo tengo...lo voy a salvar

Interviewer AS: Si si. Y en términos de...de la disfunción eréctil...de que no puede el tener erecciones o relaciones sexual como antes

Participant ID#P1866: Uh huh

Interviewer AS: ¿Cómo cree que usted se siente al respecto?

Participant ID#P1866: Bueno...pues es que...pues uno como mujer...ósea no ha sido para mí el sexo así algo primordial. ¿Si?

Interviewer AS: Uh huh

Participant ID#P1866: Cuando el se vino aquí duro...uh...siete años...y...yo estuve en México sola...entonces yo tuve otra relación sentimental o sexual con nadie. ¿No?

Interviewer AS: Si

Participant ID#P1866: Pues para mí...siempre era pues el trabajo...el trabajo...el trabajo...el trabajo...y...ósea me bloque en ese sentido. ¿No? Para mí el sexo no existía...

Interviewer AS: Uh huh

Participant ID#P1866: Entonces cuando pasó eso ahora...para mí no es algo muy importante. ¿No? Yo se que aquí lo primero que te preguntan...con que frecuencia tienes...relaciones sexuales...ósea para ellos...pues si es algo...por salud me imagino que...que es importante. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Pero...no...no así...una tragedia no...no ha sido para mí. ¿No?

Interviewer AS: Uh huh. ¿Y para el como cree que ha sido?

Participant ID#P1866: Pues...uhm...uhm...el dice que tiene mas insensibilidad ahora...pero...aun no es tan frecuente como antes...uh huh

Interviewer AS: Si.

Participant ID#P1866: Pero...osea...virilmente yo veo que...no le afectado mucho a el. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: No, no. Si yo dijera...su yo hubiese dicho....de otra mentalidad le habia dicho ya para que...ya no sirves...o ya...uhm...uhm...no...osea yo he respetado su...condición y...y...y cuando...como...osea no le atrevo como a decirle oye tengo necesidad de...sexualmente. ¿No? Si yo le doy su espacio y si quiere bueno y si no pues ni modo. ¿No?

Interviewer AS: ¿Pero usted siente que si tiene necesidad a veces?

Participant ID#P1866: ¿Yo?

Interviewer AS: Si

Participant ID#P1866: Uhm...no...no...no como que...no...no no...no me he obsesionado con eso...[giggles] la verdad

Interviewer AS: Si si. OK OK. ¿Y el no le comenta como que...estoy muy inquieto que...pues quizás no pueda tener relaciones sexuales...me siento mal...me siento menos hombre?

Participant ID#P1866: Pues en un principio si...en un principio si como que tenia el así una incertidumbre de...voy a poder o ya no voy a poder. ¿No?

Interviewer AS: Uh huh.

Participant ID#P1866: Porque si en un principio...como que ni se quería...este...tocar el tema porque pues no sabíamos si se había dañando algún...algún algo...una venita o algo que ya no iba ha poder nunca. ¿No?

Interviewer AS: Si

Participant ID#P1866: También ese era mi temor por que dije bueno si es así se va desplomar y va decir de te que sirvo. ¿No?

Interviewer AS: Si.

Participant ID#P1866: Entonces también yo nunca lo tocaba porque también era mucho temor para mi. ¿No?

Interviewer AS: Si claro.

Participant ID#P1866: Osea el estaba preocupado...porque no habíamos tenido relaciones duramos que tres meses mas o menos...antes y después...entonces...como que no se atrevía el a...a probar si podía o no podía...y ahora hasta que te diga el doctor...hasta que te diga...ósea no puedes aresgiar...una operación así

Interviewer AS: Si claro. ¿Y usted como lo ha notado ya que han pasado...pues ya han pasado 6 meses...

Participant ID#P1866: Uh huh

Interviewer AS: Uhm. ¿O cuanto tiempo ha pasado? ¿El tuvo la cirugia en diciembre?

Participant ID#P1866: No en enero

Interviewer AS: En enero. Pues si ya mas o menos 6 meses.

Participant ID#P1866: Uh huh

Interviewer AS: ¿Cómo lo nota usted? ¿Con mas animo...con?

Participant ID#P1866: Pues...eh...si...osea lo que temía era...primero que pudiese salvar la operación. ¿No? No se porque pensaba que a la mejor la anestesia...que no lo dejaba regresar...entonces el siempre estaba...yo quiero...osea estaba muy obsesionado con el bebe...con su nieto

Interviewer AS: Ah...

Participant ID#P1866: Osea el siempre estaba pidiendo que por favor Dios le deje...pues verlo grande...[STARTS CRYING]...verlo profesionista

Interviewer AS: Ah...

Participant ID#P1866: Verlo...un...un hombre de bien. ¿No?

Interviewer AS: ¿Usted tiene una hija o un hijo?

Participant ID#P1866: Hijo.

Interviewer AS: Oh un hijo. OK

Participant ID#P1866: Si cuando nos casamos yo iba en segundo de ley...y...yo un segundo de leyes y el un segundo de arquitectura...y entonces...trabajas y estudiabas y...y...poco veías al hijo. ¿No?

Interviewer AS: Si

Participant ID#P1866: Entonces ahora que...que ya tenemos mas tiempo...ya mas madurez y es...y vemos que cometimos muchos errores...en primero en tener un solo hijo y en segundo el estar ocupado en demasiadas cosas y no ponerle atención. ¿No?

Interviewer AS: Uh huh

Participant ID#P1866: Pues ahora que Dios nos ha dado oportunidad de...de gozar un bebe y de...seguirle los pasos...y ver todos sus avances...entonces ahora es hacer que...que demos...lo que no pudimos hacer con el hijo...pues ahora con el nieto

Interviewer AS: Si. ¿Y para terminar Sra. [NAME] hay alguna otra cosa que quisiera mencionar que usted cree que es importante que nosotros sepamos para entender como el estar recibiendo tratamiento para el cáncer de próstata afecta a las parejas?

Participant ID#P1866: Pues solo entender que el cáncer es algo que tiene solución...que hay que seguir adelante...de tener fe...de seguir luchando.

Interviewer AS: Si. OK señora pues muchas gracias por la información que usted ha compartido con nosotros en verdad se le aprecia. Voy a parar la grabación. ¿OK?

Participant ID#P1866: Si gracias.

Partner of man with prostate cancer Spanish language transcript translated

Baseline Interview of Participant #P1866

Date: 6/6/09

Interviewer AS: Ok Ma'am, can you tell me a bit about how it was when you received the news that your husband had prostate cancer?

Participant ID#P1866: Well...uh...I had opposing feelings...no...I was sad...well, scared

Interviewer AS: Uh huh

Participant ID#P1866: I got very worried...but...well I knew that ...because I had had it...cancer...in my breast...I knew that...that the last thing he needed was for me to be expressive, right?

Interviewer AS: Uh huh

Participant ID#P1866: So, I tried to help him to assimilate things and well, face things, right?

Interviewer AS: Uh huh. And you said that you were scared, scared of what?

Participant ID#P1866: Well scared that, that he would get very depressed, right?

Interviewer AS: Uh huh

Participant ID#P1866: That he would feel that his life was ending...yes, I knew that if he felt supported he was going to be able to overcome the disease. Right? I knew that, that your emotional state is very important, in people with cancer, right?

Interviewer AS: Uh huh

Participant ID#P1866: (If) you let them see that, well that it is something very bad, that it is something, something terminal, if they get carried away with that, then the disease increases more, right?

Interviewer AS: Uh huh

Participant ID#P1866: But if you give them support and you say OK, well it's an additional obstacle in your life and well, we have to jump it...

Interviewer AS: And where did you learn this, this philosophy, is it because you had cancer or why?

Participant ID#P1866: It's because of that, it's because of that, that is, you tell people, it's because I am a cancer survivor, and like, they even move aside. Right? They think sometimes, a lot of people think that it is...that there is something very fatal, because they even tell you, "Oh, I'm sorry!"

Interviewer AS: Uh huh

Participant ID#P1866: And they shouldn't, they shouldn't say I'm sorry because, well it is a disease, I mean, ordinary, like that, and now, thank God, there are a lot of medications and there are a lot of things to, to remove the cancer. Right?

Interviewer AS: Yes.

Participant ID#P1866: Always when they detect it in the beginning...but if you say... "oh, I do have it" and you cry more to the nurse and the disease stays more in you and gets larger. Right?

Interviewer AS: Yes..

Participant ID#P1866: So you say, well ok, I have cancer, I don't feel old yet...I know that I can endure the radiation or I can endure the intervention...and it is preferable now that I have this then when I am older and can't do anything about it, right?

Interviewer AS: Yes, yes. And who told you or who did you talk to about ...what was happening to your husband?

Participant ID#P1866: Well no...no...I did not want to tell anyone other than him...we were looking at the consequences and the ways in which he could make his...his...his...how do you say it...the things that he could do. Right?

Interviewer AS: Uh huh

Participant ID#P1866: Because they gave him the option that he could have it removed...that he could get radiation...that he could get medications...well, only with him...I mean, I didn't want to talk about this topic with anybody... first out of respect for him... because I have seen that...people, within themselves...they comment that... "such and such person had and they took it out already" sometimes I have heard comments that... well that they lose their manliness. Right?

Interviewer AS: Uh-huh

Participant ID#P1866: Yes...it...he's worthless...since he can't have kids anymore..

Interviewer AS: Uh huh

Participant ID#P1866: And I said well, I am nobody to have people make fun of him...if...inclusively, I said...always...when they operated my husband...but it's because he has a hernia...I never wanted to tell them that he has....prostate cancer.

Interviewer AS: And why do you think that...you think that it something of the Latin community that that you think that to say...

Participant ID#P1866: Uh huh

Interviewer AS: That someone has prostate cancer is like saying he is less of a man or?

Participant ID#P1866: Uh-huh. Yes for them it is something very important, I knew that...if ..I didn't want my wife to collapse... for my wife to feel...that is...the first thing he said was...it's because if they take out my prostate, I am not going to have children...and I told him, at this age [laughs] why do you want to have children?

Interviewer AS: Yes.

Participant ID#P1866: It's best for you to be healthy...it's best for you to be...yes...no...I felt that if...well it's because...I mean, we, as Latinos, about our health, we don't really know much. Right? Our grandparents never had cancer...never...some of them did have diabetes...you already knew more or less how to bear that issue but, cancer, only a few in our family, so uh...

Interviewer AS: And then you don't talk about it much if you don't understand right?

Participant ID#P1866: No no. But I did try...until later...I told his older brother that he, I told him, look, that [NAME] was just diagnosed with prostate cancer and...so I don't know if it was counterproductive because he was greatly distressed and he was calling and calling...and calling, every little while...and so [NAME] was going to tell me, it's because you shouldn't say it...because you are telling them...I said... but it's because I want to share it first with somebody.

Interviewer AS: Yes.

Participant ID#P1866: And secondly well, if something fatal happens, well I want them to be informed of what the process will be.

Interviewer AS: Uh huh

Participant ID#P1866: So...

Interviewer AS: And is that the only brother that your husband has....male?

Participant ID#P1866: No...they are...they are 4 men and one woman.

Interviewer AS: Uh huh. And do you know if they are aware of the risk of the fact they have a brother with prostate cancer.

Participant ID#P1866: Well as a result of this, yes, my husband afterwards said, well, we are informing you only because, so that you can also take precaution, yes?

Interviewer AS: Uh huh. That's good.

Participant ID#P1866: Well we, well we have almost always tried to be more naturists, yes?

Interviewer AS: Yes.

Participant ID#P1866: Yes, that is why it was a "shock" that is, because you say, hey, I don't drink, I don't smoke, I am always trying to maintain a healthy diet and exercise...and this happened to me!

Interviewer AS: So he, your husband did not have any symptoms? Or how?

Participant ID#P1866: Uh...yes.

Interviewer AS: How did it start?

Participant ID#P1866: Yes my husband...he is not the kind that complains a lot...yes...no..uh...it hurt him a lot...he was very uneasy..

Interviewer AS: Uh huh

Participant ID#P1866: But...uh....afterwards...yes...he said you know what... I am bleeding...

Interviewer AS: Oh...

Participant ID#P1866: Really? But why?

Interviewer AS: Uh huh

Participant ID#P1866: We didn't know if it was his intestine....or ...if it was...we never thought it would be the prostate, right?

Interviewer AS: Yes.

Participant ID#P1866: So, I said, well if you are already bleeding...that means that you have to be careful...you have to get checked, right?

Interviewer AS: Uh huh

Participant ID#P1866: I mean, he was doing his checks every year.

Interviewer AS: Yes.

Participant ID#P1866: But afterwards, when this came, I said well, no, this is now...he has to do a more in-depth test...we decided to know if it is the intestine or if it is the prostate, right?

Interviewer AS: Uh huh. And was he afraid of going or did you encourage him or how was that?

Participant ID#P1866: Hmm...he wasn't scared no...uhm...he was always...to...to leave it for later.

Interviewer AS: Oh...

Participant ID#P1866: I mean, he is not like oh, at first this and afterwards...so...but now...now..after...after...I said, no you have to do it now...

Interviewer AS: Yes.

Participant ID#P1866: No, but if they already did the test for the year...well, if they told me that I was fine...but well, the truth is that you are not fine because if you are bleeding, that's a...it's an alarm, right?

Interviewer AS: Uh huh

Participant ID#P1866: An alert that something is wrong there.

Interviewer AS: Yes.

Participant ID#P1866: So when he came he says you know what, they said that it is prostate cancer...I said no but...we are going to try to slow it down, right?

Interviewer AS: Uh huh

Participant ID#P1866: Yes, we started to look for...natural things...that with this and with that...that...but nothing, it grew more enlarged...he stopped bleeding...and yea, but... I mean, we had given ourselves some...some time [INAUDIBLE]. Right? We said that if in ...6 months, the situation stays the same...well, we have no other choice but an operation

Interviewer AS: Uh huh

Participant ID#P1866: Same thing for old people...you're of a certain age...you can tolerate it...you're in the...at the right place and time.

Interviewer AS: Yes, and did the doctor talk to you about the different options for treatment?

Participant ID#P1866: No

Interviewer AS: No?

Participant ID#P1866: No...I...

Interviewer AS: And why...?

Participant ID#P1866: I knew it because my husband well, was...would tell me...and I saw that a lot...a lot of propaganda...a lot of videos...a lot of information was arriving.

Interviewer AS: I think from the IMPACT program, right?

Participant ID#P1866: I'm sorry?

Interviewer AS: From the IMPACT program

Participant ID#P1866: Ah huh

Interviewer AS: Uh huh

Participant ID#P1866: So that was how I was looking at the options...I was looking at the little books that I had... I looked at the diets...I looked at the...well, all of the options...and so, we were talking about which one would be the best option.

Interviewer AS: Uh huh

Participant ID#P1866: But...

Interviewer AS: And why did the doctor not talk to you...why did the doctor not discuss with him the options...what happened there?

Participant ID#P1866: No, yes...the doctor, with him we did talk...inclusively he had him choose, right?

Interviewer AS: Oh OK

Participant ID#P1866: He had chosen that they put uh...like little bullets...right...for..for radiation that they were going to implant and that with time they were going to explode and they were going to break down.

Interviewer AS: Uh huh

Participant ID#P1866: The doctor told him what the risks of this would be, right.

Interviewer AS: Uh huh

Participant ID#P1866: I told him that if it was this method, well nobody....fertile...could come close to him that...

Interviewer AS: Ah...

Participant ID#P1866: A baby neither...uh...that there was no problem with me...but that if uh...we are like that fearful, but he did not choose that... right...afterwards when I told him no...that, that...it was difficult to do that method because if they were going to remove it...so, well, he resigned and there....uh-huh..

Interviewer AS: Oh OK so the doctor did talk to him but with you?

Participant ID#P1866: Uh huh

Interviewer AS: Because you were not there?

Participant ID#P1866: Uh huh

Interviewer AS: Uh. OK. I understood.

Participant ID#P1866: Yes, with him, yes.

Interviewer AS: That's great, that's great.

Participant ID#P1866: Yes, since the doctor is in Marin...Marino... I don't know..

Interviewer AS: Yes...

Participant ID#P1866: When he would go to his consultations....uh...that is what they would talk about...I could not go with him because, I take care of my grandson....so I had him here and I could not take him.

Interviewer AS: Uh huh. And you mentioned that you use the Internet.

Participant ID#P1866: Yes.

Interviewer AS: Yes?

Participant ID#P1866: Yes, I always try to...to see...uhm....what are the...is the latest..

Interviewer AS: Uh huh

Participant ID#P1866: For diseases, right?

Interviewer AS: Uh huh

Participant ID#P1866: I had a vegetarian restaurant, we had one in Mexico for 16 years...so...I was always inclined toward natural things...

Interviewer AS: Oh....

Participant ID#P1866: For massages...that's why... I mean...

Interviewer AS: You had that business for 16 years?

Participant ID#P1866: Yes.

Interviewer AS: OK.

Participant ID#P1866: Uh huh. That is why I have always been inclined toward the healthier options...

Interviewer AS: Uh huh

Participant ID#P1866: And if we can't... if it is [INAUDIBLE] right, than another intervention. Right? Above all, with cancer that...I think that...that it cannot wait. Right?

Interviewer AS: Uh huh. Uh huh.

Participant ID#P1866: As soon as it shows up, well, you have to remove it because...I mean, what you don't want is for it to grow, right?

Interviewer AS: Yes of course.

Participant ID#P1866: So, with options like that...is that medicine...uh...natural medicine is effective...but it is very slow...

Interviewer AS: Uh huh

Participant ID#P1866: That is an...an allopathic medication...72 years to see if it worked or did not work...

Interviewer AS: Uh huh

Participant ID#P1866: But a natural treatment...sometimes...uhm...like if you have a cold...to say, one week you wait for it to go away in a week...that is, it has to go away, right?

Interviewer AS: Uh huh

Participant ID#P1866: And with an allopathic one, you know that at 72 years of age it didn't work for you...it didn't work and you can always switch, right?

Interviewer AS: Uh huh

Participant ID#P1866: And with a natural one, well no, it is too slow...it's effective but slower...that's why we couldn't wait, I mean a year until....[SIGHS] ...we thought that one year was too much, right?

Interviewer AS: Yes. And what symptoms has your husband had, related to the treatment, to the surgery? For example, incontinence.

Participant ID#P1866: Well in the beginning it was very,...it was bad for him because...he could not control it. Right?

Interviewer AS: Uh huh

Participant ID#P1866: So...uh...he has always been very...his skin is very thin so...him...the diapers rub against his skin....

Interviewer AS: Uh huh

Participant ID#P1866: And he always had abrasions, right?

Interviewer AS: Uh huh

Participant ID#P1866: And that has been very uncomfortable for him...to feel...the diaper there... and in the first times...the liquid would come out of the diaper, right?

Interviewer AS: Yes.

Participant ID#P1866: Well this made him feel very uncomfortable....like it...because he has always been a bit extreme in his cleanliness, right?

Interviewer AS: Uh huh

Participant ID#P1866: So when...when he would stain the sheets, we had to change everything...we had to...even if it was one drop...no...he would feel very uncomfortable...when he would walk...well, he was always, "oh, ...no it came out...oh, no it will be noticeable....oh, no..." uh huh.

Interviewer AS: And?

Participant ID#P1866: But now, now well, now, now he can control it...I think that it is at the minimum...but now I see him more at ease...but yes in the beginning it was very uncomfortable, for him and for me.

Interviewer AS: And did you have to help him change?

Participant ID#P1866: Yes, everything.

Interviewer AS: Yes. And how was that for you?

Participant ID#P1866: Well...since he got out of the OR he came out very swollen...very swollen...I don't know, I got very sad to see him like that...but... I tried to be strong and say, I think that the last thing he wants is to see that someone feels defeated, right?

Interviewer AS: Yes.

Participant ID#P1866: So...I tried to be more positive with him... and...

Interviewer AS: Uh huh

Participant ID#P1866: He was very distressed...I'm telling you, well, he didn't...didn't want to stand up...I told him, I don't know what is wrong with you...you have to...to get bed rest...you have...uh... gain strength again and...no longer...so, yes of course I got very scared...I was outside...he went in at 6 in the morning and he got out at...like 7 at night that they told me that he was ...in recovery and that, for me, was very distressful because I was alone.

Interviewer AS: Your children did not go?

Participant ID#P1866: No. My son went and he told me but since I...took care of the baby and that day there was nobody to take care of the baby...well it was more practical for him to stay and take care of the baby, for him to stay with the baby here at home, right?

Interviewer AS: Yes.

Participant ID#P1866: So he just went and dropped us off and he came back fast...so I was there...

Interviewer AS: You only have one son??

Participant ID#P1866: Yes, we only have one...so uh...well, when he arrived...when he got out of that...well...well... help him to recover fast...to...and I stayed with him...the...they were...two, three nights...

Interviewer AS: Uh huh. And did you feel the necessity to speak with someone, did you feel alone? How did you feel?

Participant ID#P1866: Uh...well I did have the necessity to...to share the load, right?

Interviewer AS: Yes.

Participant ID#P1866: But well, there was nobody...nobody spoke Spanish...

Interviewer AS: Uh huh

Participant ID#P1866: Well I tried to [STARTS CRYING] I mean, I don't know, I was so desperate that the lady who was there was...was doing a crossword puzzle and she turned around and she took out from her notebook 3 sheets, she gave them to me...and she gave me a pen....and I started to fill it out and it relaxed me a little bit. Right? [CRYING]

Interviewer AS: Uh huh.

Participant ID#P1866: It's because I saw that people would come in and out and...and that some had arrived before they left....I mean, they would call them...and they had already finished...And I nothing...right?

Interviewer AS: So a lot of distress.... a lot.

Participant ID#P1866: Uh huh. A lot of tension.

Interviewer AS: Yes. And how was it...how did you manage that you...well, you have your problem and also had to deal with the...with what was happening to your husband? How was that for you, having to manage both things?

Participant ID#P1866: Well...well...I put my pains aside...and I tried to...I mean, I had to shower him...I had to change him....I had to help him in all that I could, right?

Interviewer AS: And how did your relationship change at that time? Well sometimes one of two things can result, right? You can get closer to your mate or there could be more distance. How was it for you?

Participant ID#P1866: Well...

Interviewer AS: Or was it a bit of both?

Participant ID#P1866: Yes a bit of both...I mean I...well would try to...to be tuned in to all of his activity...of... I mean I felt that...[STARTS CRYING] that is, that the...the process after the operation was very important...Right? The recovery because of the blood he had lost and he had had problems breathing...that is, I always tried to hear his breathing...to...

Interviewer AS: You were taking good care of him?

Participant ID#P1866: Uh huh. I tried to give him his medication...of...of...of washing him above all because he was always uneasy that....he showers twice a day...and sometimes up to three...[giggles]...

Interviewer AS: Uh huh

Participant ID#P1866: So I knew that for him that was very important...so...I had to be washing him with the little towels...and....

Interviewer AS: And did he change in the way that he treated you?

Participant ID#P1866: Well yes...like now...now he understands things more. Right?

Interviewer AS: Uh huh

Participant ID#P1866: I feel that sometimes...with my disease....[STARTS CRYING] sometimes it seems that people think that...[CRYING]...an arthritic pain is...that you can manage it.

Interviewer AS: Yes..

Participant ID#P1866: And it is not true...

Interviewer AS: That you shouldn't complain a lot, that you shouldn't complain anymore...don't be...?

Participant ID#P1866: Uh huh. Uh huh.

Interviewer AS: Uh huh. Don't be doing so much...

Participant ID#P1866: Let me sleep...I mean, a lot of things...and no...now he knows well what it is to be in a hospital...to be depending on a pill for pain...and then that pill provokes...well other consequences that...congest...that...

Interviewer AS: Uh uh

Participant ID#P1866: I mean, a lot of those things I feel do...

Interviewer AS: So before the operation, of this, like the why not have a personal experience....

Participant ID#P1866: Uh huh

Interviewer AS: I did not understand you much...

Participant ID#P1866: Uh huh. Yes..

Interviewer AS: Uh huh. Uh huh.

Participant ID#P1866: Yes, sometimes I thought it was blackmail. Right?

Interviewer AS: Yes, yes.

Participant ID#P1866: And now you know that...that... that it is very different. Right? He was telling me it's because you have not gone...it's because you have not gone to get looked at...it's because you have not gone to get medications....it's because...he now knows that it is depressing to be there...

Interviewer AS: Uh huh

Participant ID#P1866: That...uh...

Interviewer AS: He understands more....

Participant ID#P1866: Uh huh

Interviewer AS: What it is to be sick...

Participant ID#P1866: Uh huh. Yes, he now recognizes that...that...well that health is...

Interviewer AS: Sometimes you don't have complete control

Participant ID#P1866: Uh huh. It's because we had...we were always trying to...well to be more of vegetarians than carnivores...to...exercise...or...yes...more [INAUDIBLE] so when they gave us the news, you say...but what happened..

Interviewer AS: Yes...you...

Participant ID#P1866: What happened...that is, you don't, you don't accept it..

Interviewer AS: Yes..

Participant ID#P1866: Yes because, if I don't smoke, don't drink...exercise...eat healthy...why did I get cancer...[CRYING]

Interviewer AS: Yes, yes..

Participant ID#P1866: Then you read and you see that the whole world has cancer. Yes?

Interviewer AS: Uh huh

Participant ID#P1866: What happens is that sometimes our diet makes the cancer spread and sometimes others...sooner or later it is going to be detected...

Interviewer AS: Uh huh

Participant ID#P1866: And you say, OK, we have to accept it that now at the age that I have and the strength that I have...I am going to save it...

Interviewer AS: Yes yes. And in terms of...of erectile dysfunction...that you cannot have erections or sexual relations like before.

Participant ID#P1866: Uh huh

Interviewer AS: How do you think that you feel with respect to that?

Participant ID#P1866: Well....well it's that...well as a woman...I mean, sex has not been like something fundamental for me. Yes?

Interviewer AS: Uh huh

Participant ID#P1866: When he came here...uh... for 7 years...and ...I was in Mexico alone...so I did not have another emotional or sexual relationship with anybody, right?

Interviewer AS: Yes.

Participant ID#P1866: Well for me... it was always work...work...work...work...and...I mean, I was blocked in that sense. Right? For me, sex did not exist.

Interviewer AS: Uh huh

Participant ID#P1866: So when this happened now, for me it is not something very important. Right? I know that here, the first thing that they ask you...with what frequency do you have...sexual relations...that is, for them, ...well it's something...for health, I imagine that...that it is important...Right?

Interviewer AS: Uh huh

Participant ID#P1866: But...not...not like...a tragedy...no...it has not been for me, right?

Interviewer AS: Uh huh. And for him, how do you think it has been?

Participant ID#P1866: Well...uhm...uhm...he says that he has more sensitivity now, but...still not as frequently as before...uh-huh.

Interviewer AS: Yes.

Participant ID#P1866: But...I mean...I don't think it has affected his manliness...it has not affected him much...right?

Interviewer AS: Uh huh

Participant ID#P1866: No, no. If I would say...if I would have said...in another mentality I had told him so that...you're worthless...or...uhm...uhm...no...I mean, I have respected his...condition...and...and...and...when...like...I mean I don't dare to tell him, listen I have a sexual need. Right? I give him his space, and if he wants it good and if not well, oh well. Right?

Interviewer AS: But do you feel that you have necessity sometimes?

Participant ID#P1866: Me?

Interviewer AS: Yes.

Participant ID#P1866: Uhm...no...no...no like...no...no no...I have not obsessed over that...[giggles] the truth...

Interviewer AS: Yes, yes. Ok, ok. And he doesn't tell you anything like, I am very uneasy that, well perhaps I cannot have sex, I feel bad, I feel less of a man?

Participant ID#P1866: Well in the beginning, yes, in the beginning yes, like he had an uncertainty of, will I be able to or I will no longer be able to, right?

Interviewer AS: Uh huh.

Participant ID#P1866: Because yes, in the beginning, like he did want to, uh, talk about the topic because well, we didn't know if any of the, if something had been harmed...a vein or something and that he never going to be able to. Right?

Interviewer AS: Yes.

Participant ID#P1866: That was also my fear because I said, if it is like that, he is going to break down and is going to say, what am I worth to you. Right?

Interviewer AS: Yes,

Participant ID#P1866: So I also never touched the topic also because it was very fearful for me, right?

Interviewer AS: Yes, of course.

Participant ID#P1866: He was worried....because we had not had sexual relations, 3 months more or less before and after....so...he didn't dare...try to see if he could or not...and now, until the doctor says...until he says,...I mean you can't risk and operation like that...

Interviewer AS: Yes of course. And how have you seen him, now that 6 months have passed?

Participant ID#P1866: Uh huh

Interviewer AS: Uhm. Or how much time has passed? Did he have the surgery in December?

Participant ID#P1866: No, in January.

Interviewer AS: In January. Well, yes, more or less 6 months.

Participant ID#P1866: Uh huh

Interviewer AS: How do you see him? With more encouragement...with?

Participant ID#P1866: Well..uh... yes...I mean what I feared was...first that the operation could save him. Right? I don't know why I thought that perhaps the anesthesia....would not let him come back...so, he was always...I want... I mean, he was very obsessed with the baby, with his grandson.

Interviewer AS: Ah...

Participant ID#P1866: Always asking God to let him ...well see him grown up...[STARTS CRYING]...see him as a professional

Interviewer AS: Ah...

Participant ID#P1866: To see him as a man of good, right?

Interviewer AS: Do you have a daughter or a son?

Participant ID#P1866: Son.

Interviewer AS: Oh a son. OK

Participant ID#P1866: Yes, when we got married, I was in my second year in law, and, I was in my second year of law, and he was in his second year of architecture...and so...you work and study...and...and you see your son very little, right?

Interviewer AS: Right.

Participant ID#P1866: So now that...that we have more time...more maturity and it isand we see that we made a lot of errors...first in having only one son and second in being so busy with too many things and not paying any attention to him, right?

Interviewer AS: Uh huh

Participant ID#P1866: Well now that God has given us the opportunity to...to enjoy a baby and to see all of the advances...so now we have to...to give...what we couldn't do with our son...now with our grandson.

Interviewer AS: Yes. And to conclude Mrs. [NAME] is there anything else that you would like to mention that you think is important for us to know to understand how receiving treatment for prostate cancer affects couples?

Participant ID#P1866: Well only understand that cancer is something that has a solution...that we have to move forward...have faith...continue struggling...

Interviewer AS: Yes. Ok, Ma'am well thank you so much for the information that you have shared with us, we greatly appreciate it. I am going to stop the recording ok?

Participant ID#P1866: Yes, thank you.

END OF CASSETTE

Partner of man with prostate cancer Spanish language transcript coded

Baseline Interview of Participant #P1866

Date: 6/6/09

Interviewer AS: Ok Ma'am, can you tell me a bit about how it was when you received the news that your husband had prostate cancer?

Participant ID#P1866: Well...uh...I had opposing feelings...no...I was sad...well, scared

Feeling sad and scared by her husband's prostate cancer diagnosis.

Interviewer AS: Uh huh

Participant ID#P1866: I got very worried...but...well I knew that ...because I had had it...cancer...in my breast...I knew that...that the last thing he needed was for me to be expressive, right?

Being very worried by her husband's prostate cancer diagnosis.

Having had breast cancer

Knowing that the last thing her husband would want her to do is become very emotional.

Interviewer AS: Uh huh

Participant ID#P1866: So, I tried to help him to assimilate things and well, face things, right?

Trying to help her husband accept and face his prostate cancer diagnosis.

Interviewer AS: Uh huh. And you said that you were scared, scared of what?

Participant ID#P1866: Well scared that, that he would get very depressed, right?

Being scared that her husband would become very depressed.

Interviewer AS: Uh huh

Participant ID#P1866: That he would feel that his life was ending...yes, I knew that if he felt supported he was going to be able to overcome the disease. Right? I knew that, that your emotional state is very important, in people with cancer, right?

Being scared that her husband would think his life was ending.

Knowing that her husband would be able to overcome his prostate cancer if he felt supported.

Knowing that one's emotional state is very important especially in people that have cancer.

Interviewer AS: Uh huh

Participant ID#P1866: (If) you let them see that, well that it is something very bad, that it is something, something terminal, if they get carried away with that, then the disease increases more, right?

Believing if a cancer patient gets carried away with how bad their disease is, their cancer will get worse.

Interviewer AS: Uh huh

Participant ID#P1866: But if you give them support and you say OK, well it's an additional obstacle in your life and well, we have to jump it...

Believing it is important to show your support to and encourage cancer patients to view their cancer as just another obstacle to get through.

Interviewer AS: And where did you learn this, this philosophy, is it because you had cancer or why?

Participant ID#P1866: It's because of that, it's because of that, that is, you tell people, it's because I am a cancer survivor, and like, they even move aside. Right? They think sometimes, a lot of people think that it is...that there is something very fatal, because they even tell you, "Oh, I'm sorry!"

Developing her philosophy and her way of thinking from her own experience with cancer.

Being a cancer survivor.

Knowing a lot of people see cancer as a fatal disease.

Having people feel bad for her because of the cancer.

Interviewer AS: Uh huh

Participant ID#P1866: And they shouldn't, they shouldn't say I'm sorry because, well it is a disease, I mean, ordinary, like that, and now, thank God, there are a lot of medications and there are a lot of things to, to remove the cancer. Right?

Believing people shouldn't say, "Sorry" when people are diagnosed with cancer.

Seeing cancer as an ordinary part of life.

Thanking God that there are medications and procedures that can treat cancer.

Interviewer AS: Yes.

Participant ID#P1866: Always when they detect it in the beginning...but if you say... "oh, I do have it" and you cry more to the nurse and the disease stays more in you and gets larger. Right?

Believing one should accept their cancer diagnosis so it can be treated instead of being in denial and letting the cancer grow and spread

Interviewer AS: Yes..

Participant ID#P1866: So you say, well ok, I have cancer, I don't feel old yet...I know that I can endure the radiation or I can endure the intervention...and it is preferable now that I have this then when I am older and can't do anything about it, right?

Thinking logically about reasons to pursue cancer treatment initially rather than putting it off until later.

Interviewer AS: Yes, yes. And who told you or who did you talk to about ...what was happening to your husband?

Participant ID#P1866: Well no...no...I did not want to tell anyone other than him...we were looking at the consequences and the ways in which he could make his...his...his...how do you say it...the things that he could do. Right?

Not wanting to disclose her husband's prostate cancer diagnosis to anybody.

Looking at the options for prostate cancer treatment with her husband.

Interviewer AS: Uh huh

Participant ID#P1866: Because they gave him the option that he could have it removed...that he could get radiation...that he could get medications...well, only with him...I mean, I didn't want to talk about this topic with anybody... first out of respect for him... because I have seen that...people, within themselves...they comment that... "such and such person had and they took it out already" sometimes I have heard comments that... well that they lose their manliness. Right?

Knowing her husband was given multiple different treatment options: radiation, surgery, medication.

Talking only with her husband about his prostate cancer and prostate cancer treatment.

Respecting her husband's privacy

Hearing people gossiping about men who have gone through prostate cancer treatment and now are impotent.

Interviewer AS: Uh-huh

Participant ID#P1866: Yes...it...he's worthless...since he can't have kids anymore..

Hearing people talk about how if a man can't have kids anymore he is worthless.

Interviewer AS: Uh huh

Participant ID#P1866: And I said well, I am nobody to have people make fun of him...if...inclusively, I said...always...when they operated my husband...but it's because he has a hernia...I never wanted to tell them that he has....prostate cancer.

Not wanting to subject her husband to such gossip.

Telling people her husband was having surgery for a hernia.

Not disclosing her husband's prostate cancer diagnosis to others.

Interviewer AS: And why do you think that...you think that it something of the Latin community that that you think that to say...

Participant ID#P1866: Uh huh

Interviewer AS: That someone has prostate cancer is like saying he is less of a man or?

Participant ID#P1866: Uh-huh. Yes for them it is something very important, I knew that...if ..I didn't want my wife to collapse... for my wife to feel...that is...the first thing he said was...it's because if they take out my prostate, I am not going to have children...and I told him, at this age [laughs] why do you want to have children?

Believing sexual function is something that is perceived as very important in the Latin community.

Knowing her husband understood that removing his prostate meant being unable to have any more children.

Asking her husband why, at his age, would he want to have more kids?

Knowing her husband was concerned about how she would react to his ED.

Interviewer AS: Yes.

Participant ID#P1866: It's best for you to be healthy...it's best for you to be...yes...no...I felt that if...well it's because...I mean, we, as Latinos, about our health, we don't really know much. Right? Our grandparents never had cancer...never...some of them did have diabetes...you already knew more or less how to bear that issue but, cancer, only a few in our family, so uh...

Reminding her husband that the most important thing is for him to be health.

Believing that Latinos are lacking in knowledge about their health.

Interviewer AS: And then you don't talk about it much if you don't understand right?

Participant ID#P1866: No no. But I did try...until later...I told his older brother that he, I told him, look, that [NAME] was just diagnosed with prostate cancer and...so I don't know if it was counterproductive because he was greatly distressed and he was calling and calling...and calling, every little while...and so [NAME] was going to tell me, it's because you shouldn't say it...because you are telling them...I said... but it's because I want to share it first with somebody.

Telling her husband's older brother that her husband had been diagnosed with prostate cancer.

Noticing her brother-in-law was very distressed over he husband's prostate cancer diagnosis.

Receiving lots of phone calls from her brother-in-law regarding her husband's prostate cancer diagnosis.

Wanting to share her husband's prostate diagnosis with somebody.

Interviewer AS: Yes.

Participant ID#P1866: And secondly well, if something fatal happens, well I want them to be informed of what the process will be.

Wanting somebody to be informed of what was going on should her husband die.

Interviewer AS: Uh huh

Participant ID#P1866: So...

Interviewer AS: And is that the only brother that your husband has....male?

Participant ID#P1866: No...they are...they are 4 men and one woman.

Having 4 brothers-in-law.

Having 1 sister-in-law.

Interviewer AS: Uh huh. And do you know if they are aware of the risk of the fact they have a brother with prostate cancer.

Participant ID#P1866: Well as a result of this, yes, my husband afterwards said, well, we are informing you only because, so that you can also take precaution, yes?

Informing her husband's brothers of his prostate cancer diagnosis so they could get checked.

Understanding that prostate cancer has a genetic component.

Interviewer AS: Uh huh. That's good.

Participant ID#P1866: Well we, well we have almost always tried to be more naturists, yes?

Interviewer AS: Yes.

Participant ID#P1866: Yes, that is why it was a "shock" that is, because you say, hey, I don't drink, I don't smoke, I am always trying to maintain a healthy diet and exercise...and this happened to me!

Being shocked by her husband's prostate cancer diagnosis.

Not drinking.

Not smoking.

Trying to maintain a healthy diet and exercise.

Interviewer AS: So he, your husband did not have any symptoms? Or how?

Participant ID#P1866: Uh...yes.

Interviewer AS: How did it start?

Participant ID#P1866: Yes my husband...he is not the kind that complains a lot...yes...no..uh...it hurt him a lot...he was very uneasy..

Knowing her husband is not one to complain.

Seeing her husband was hurting and feeling very uneasy.

Interviewer AS: Uh huh

Participant ID#P1866: But...uh....afterwards...yes...he said you know what... I am bleeding...

Being told by her husband that he was experiencing some bleeding.

Interviewer AS: Oh...

Participant ID#P1866: Really? But why?

Interviewer AS: Uh huh

Participant ID#P1866: We didn't know if it was his intestine....or ...if it was...we never thought it would be the prostate, right?

Not knowing what was causing her husband to experience bleeding.

Not thinking about the prostate as a possibility for the source of the bleeding.

Interviewer AS: Yes.

Participant ID#P1866: So, I said, well if you are already bleeding...that means that you have to be careful...you have to get checked, right?

Telling her husband to be careful and to get checked.

Interviewer AS: Uh huh

Participant ID#P1866: I mean, he was doing his checks every year.

Knowing her husband was getting checked every year.

Interviewer AS: Yes.

Participant ID#P1866: But afterwards, when this came, I said well, no, this is now...he has to do a more in-depth test...we decided to know if it is the intestine or if it is the prostate, right?

Wanting the doctor to do a more thorough, in-depth test.

Deciding to figure out what was causing her husband's bleeding

Interviewer AS: Uh huh. And was he afraid of going or did you encourage him or how was that?

Participant ID#P1866: Hmm...he wasn't scared no...uhm...he was always...to...to leave it for later.

Believing her husband wasn't scared of getting his prostate checked but that he wanted to leave it to later.

Interviewer AS: Oh...

Participant ID#P1866: I mean, he is not like oh, at first this and afterwards...so...but now...now..after...after...I said, no you have to do it now...

Knowing her husband wanted to put off his prostate exam

Telling her husband that he couldn't put the exam off and he had to get checked now.

Interviewer AS: Yes.

Participant ID#P1866: No, but if they already did the test for the year...well, if they told me that I was fine...but well, the truth is that you are not fine because if you are bleeding, that's a...it's an alarm, right?

Knowing her husband wanted to wait to get checked again when he went back for his routine visit.

Telling her husband that he is not fine because he is bleeding.

Interviewer AS: Uh huh

Participant ID#P1866: An alert that something is wrong there.

Knowing her husband's bleeding was a sign that something was wrong.

Interviewer AS: Yes.

Participant ID#P1866: So when he came he says you know what, they said that it is prostate cancer...I said no but...we are going to try to slow it down, right?

Being told by her husband that he had been diagnosed with prostate cancer.

Being surprised by her husband's prostate cancer diagnosis.

Asking her husband if he was planning on trying to treat his prostate cancer.

Interviewer AS: Uh huh

Participant ID#P1866: Yes, we started to look for...natural things...that with this and with that...that...but nothing, it grew more enlarged...he stopped bleeding...and yea, but... I mean, we had given ourselves some....some time [INAUDIBLE]. Right? We said that if in ...6 months, the situation stays the same...well, we have no other choice but an operation

Looking for natural remedies for her husband's prostate cancer.

Knowing that even though her husband stopped bleeding his cancer kept growing.

Waiting 6 months from her husband's prostate cancer diagnosis to pursue surgery.

Interviewer AS: Uh huh

Participant ID#P1866: Same thing for old people...you're of a certain age...you can tolerate it...you're in the...at the right place and time.

Interviewer AS: Yes, and did the doctor talk to you about the different options for treatment?

Participant ID#P1866: No

Not talking with the doctor about the different options for prostate cancer treatment.

Interviewer AS: No?

Participant ID#P1866: No...I...

Interviewer AS: And why...?

Participant ID#P1866: I knew it because my husband well, was...would tell me...and I saw that a lot...a lot of propaganda...a lot of videos...a lot of information was arriving.

Being told by her husband about the different options for prostate cancer.

Receiving a lot of information (pamphlets, videos etc.) about prostate cancer treatment.

Interviewer AS: I think from the IMPACT program, right?

Participant ID#P1866: I'm sorry?

Interviewer AS: From the IMPACT program

Participant ID#P1866: Ah huh

Interviewer AS: Uh huh

Participant ID#P1866: So that was how I was looking at the options...I was looking at the little books that I had... I looked at the diets...I looked at the...well, all of the options...and so, we were talking about which one would be the best option.

Looking at and reading about the different prostate cancer treatment options.

Talking to her husband about what the best treatment option would be.

Interviewer AS: Uh huh

Participant ID#P1866: But...

Interviewer AS: And why did the doctor not talk to you...why did the doctor not discuss with him the options...what happened there?

Participant ID#P1866: No, yes...the doctor, with him we did talk...inclusively he had him choose, right?

Talking with the doctor about the different treatment options.

Interviewer AS: Oh OK

Participant ID#P1866: He had chosen that they put uh...like little bullets...right...for..for radiation that they were going to implant and that with time they were going to explode and they were going to break down.

Knowing the doctor had recommended seed implantation and radiation as her husband's prostate cancer treatment.

Interviewer AS: Uh huh

Participant ID#P1866: The doctor told him what the risks of this would be, right.

Being told by the doctor what the risks of seed implantation would be.

Interviewer AS: Uh huh

Participant ID#P1866: I told him that if it was this method, well nobody....fertile...could come close to him that...

Interviewer AS: Ah...

Participant ID#P1866: A baby neither...uh...that there was no problem with me...but that if uh...we are like that fearful, but he did not choose that... right...afterwards when I told him no...that, that...it was difficult to do that method because if they were going to remove it...so, well, he resigned and there....uh-huh..

Knowing her husband did not choose seed implantation and radiation as his prostate cancer treatment.

Talking with her husband about his prostate cancer treatment decision.

Interviewer AS: Oh OK so the doctor did talk to him but with you?

Participant ID#P1866: Uh huh

Interviewer AS: Because you were not there?

Participant ID#P1866: Uh huh

Not talking directly with the doctor about her husband's prostate cancer treatment choices because she was not at the appointment with her husband

Interviewer AS: Uh. OK. I understood.

Participant ID#P1866: Yes, with him, yes.

Knowing he husband talked to the doctor about his treatment options.

Interviewer AS: That's great, that's great.

Participant ID#P1866: Yes, since the doctor is in Marin...Marino... I don't know..

Interviewer AS: Yes...

Participant ID#P1866: When he would go to his consultations....uh...that is what they would talk about...I could not go with him because, I take care of my grandson....so I had him here and I could not take him.

Not accompanying her husband to his doctor's appointments because she had to stay home and take care of her grandson.

Interviewer AS: Uh huh. And you mentioned that you use the Internet.

Participant ID#P1866: Yes.

Interviewer AS: Yes?

Participant ID#P1866: Yes, I always try to...to see...uhm....what are the...is the latest..

Using the Internet to do some research about prostate cancer treatments.

Interviewer AS: Uh huh

Participant ID#P1866: For diseases, right?

Interviewer AS: Uh huh

Participant ID#P1866: I had a vegetarian restaurant, we had one in Mexico for 16 years...so...I was always inclined toward natural things...

Running a vegetarian restaurant in Mexico for 16 years.

Leaning towards treating things naturally.

Interviewer AS: Oh....

Participant ID#P1866: For massages...that's why... I mean...

Interviewer AS: You had that business for 16 years?

Participant ID#P1866: Yes.

Interviewer AS: OK.

Participant ID#P1866: Uh huh. That is why I have always been inclined toward the healthier options...

Trying to choose the healthiest options.

Interviewer AS: Uh huh

Participant ID#P1866: And if we can't... if it is [INAUDIBLE] right, than another intervention. Right? Above all, with cancer that...I think that...that it cannot wait. Right?

Understanding that with cancer other interventions besides natural remedies are necessary.

Interviewer AS: Uh huh. Uh huh.

Participant ID#P1866: As soon as it shows up, well, you have to remove it because...I mean, what you don't want is for it to grow, right?

Believing cancer should be removed as soon as possible so it doesn't spread.

Interviewer AS: Yes of course.

Participant ID#P1866: So, with options like that...is that medicine...uh...natural medicine is effective...but it is very slow...

Believing natural medicine is effective in treating cancer it is just too slow.

Interviewer AS: Uh huh

Participant ID#P1866: That is an...an allopathic medication...72 years to see if it worked or did not work...

Interviewer AS: Uh huh

Participant ID#P1866: But a natural treatment....sometimes...uhm...like if you have a cold...to say, one week you wait for it to go away in a week...that is, it has to go away, right?

Believing natural treatments are better for smaller, less threatening medical conditions.

Interviewer AS: Uh huh

Participant ID#P1866: And with an allopathic one, you know that at 72 years of age it didn't work for you...it didn't work and you can always switch, right?

Interviewer AS: Uh huh

Participant ID#P1866: And with a natural one, well no, it is too slow...it's effective but slower...that's why we couldn't wait, I mean a year until....[SIGHS] ...we thought that one year was too much, right?

Believing natural medicine is effective but too slow.

Not wanting to wait too see if natural medicine would be effective in treating her husband's prostate cancer.

Interviewer AS: Yes. And what symptoms has your husband had, related to the treatment, to the surgery? For example, incontinence.

Participant ID#P1866: Well in the beginning it was very,...it was bad for him because...he could not control it. Right?

Knowing that immediately after surgery her husband experience very bad incontinence and could not control his urine.

Interviewer AS: Uh huh

Participant ID#P1866: So...uh...he has always been very...his skin is very thin so...him...the diapers rub against his skin....

Knowing her husband used diapers to help control his incontinence.

Interviewer AS: Uh huh

Participant ID#P1866: And he always had abrasions, right?

Knowing the diapers her husband was using would give him rashes.

Interviewer AS: Uh huh

Participant ID#P1866: And that has been very uncomfortable for him...to feel...the diaper there... and in the first times...the liquid would come out of the diaper, right?

Knowing her husband feels very uncomfortable when he wears the diapers.

Knowing sometimes the diapers were not effective in controlling her husband's incontinence and urine would leak out anyways.

Interviewer AS: Yes.

Participant ID#P1866: Well this made him feel very uncomfortable....like it...because he has always been a bit extreme in his cleanliness, right?

Noticing her husband was not comfortable dealing with his incontinence.

Knowing her husband is very meticulous when it comes to his personal cleanliness.

Interviewer AS: Uh huh

Participant ID#P1866: So when...when he would stain the sheets, we had to change everything...we had to...even if it was one drop...no...he would feel very uncomfortable...when he would walk...well, he was always, "oh, ...no it came out...oh, no it will be noticeable....oh, no..." uh huh.

Having to change the sheets every time her husband would leak urine in bed.

Noticing her husband felt very uncomfortable.

Knowing her husband worried about people noticing his incontinence.

Interviewer AS: And?

Participant ID#P1866: But now, now well, now, now he can control it....I think that it is at the minimum....but now I see him more at ease....but yes in the beginning it was very uncomfortable, for him and for me.

Decreasing incontinence.

Knowing that now her husband can control his urine.

Seeing her husband being more at ease.

Noticing her husband was very uncomfortable in the beginning.

Sharing her husband's discomfort with him.

Interviewer AS: And did you have to help him change?

Participant ID#P1866: Yes, everything.

Helping her husband change when he was experiencing incontinence.

Interviewer AS: Yes. And how was that for you?

Participant ID#P1866: Well....since he got out of the OR he came out very swollen...very swollen....I don't know, I got very sad to see him like that...but... I tried to be strong and say, I think that the last thing he wants is to see that someone feels defeated, right?

Seeing that her husband had some swelling when he came out of his operation.

Becoming very sad having to see her husband in such a vulnerable position after surgery.

Trying to be strong.

Thinking the last thing her husband would want to see is her acting defeated.

Interviewer AS: Yes.

Participant ID#P1866: So...I tried to be more positive with him... and...

Trying to act more positive with and around her husband.

Interviewer AS: Uh huh

Participant ID#P1866: He was very distressed...I'm telling you, well, he didn't...didn't want to stand up...I told him, I don't know what is wrong with you...you have to...to get bed rest....you have...uh... gain strength again and...no longer...so, yes of course I got very scared....I was outside...he went in at 6 in the morning and he got out at...like 7 at night that they told me that he wasin recovery and that, for me, was very distressful because I was alone.

Noticing her husband was very distressed.

Observing her husband not wanting to stand up.

Not knowing what was wrong with her husband.

Reminding her husband that he has to rest so he can gain his strength.

Being very scared while her husband was in surgery.

Seeing her husband go into surgery at 6 am and come out at 7 pm.

Being told by the doctors that her husband was in recovery.

Feeling distressed because she was alone.

Interviewer AS: Your children did not go?

Participant ID#P1866: No. My son went and he told me but since I...took care of the baby and that day there was nobody to take care of the baby...well it was more practical for him to stay and take care of the baby, for him to stay with the baby here at home, right?

Having her son watch the baby so she could be at the hospital with her husband for his surgery.

Interviewer AS: Yes.

Participant ID#P1866: So he just went and dropped us off and he came back fast...so I was there...

Being dropped off at the hospital by her son.

Interviewer AS: You only have one son??

Participant ID#P1866: Yes, we only have one...so uh...well, when he arrived....when he got out of that...well....well... help him to recover fast....to....and I stayed with him...the...they were...two, three nights...

Having only one son.

Helping her husband to recover fast.

Staying with her husband in the hospital for 2-3 nights

Interviewer AS: Uh huh. And did you feel the necessity to speak with someone, did you feel alone? How did you feel?

Participant ID#P1866: Uh...well I did have the necessity to...to share the load, right?

Wanting to share the load of her husband's surgery with somebody.

Interviewer AS: Yes.

Participant ID#P1866: But well, there was nobody...nobody spoke Spanish...

Having nobody to talk to at the hospital because nobody spoke Spanish.

Interviewer AS: Uh huh

Participant ID#P1866: Well I tried to [STARTS CRYING] I mean, I don't know, I was so desperate that the lady who was there was...was doing a crossword puzzle and she turned around and she took out from her notebook 3 sheets, she gave them to me...and she gave me a pen....and I started to fill it out and it relaxed me a little bit. Right? [CRYING]

Feeling so desperate while her husband was in surgery.

Being given crossword puzzles by a stranger to help take her mind of things.

Feeling more relaxed when she started filling out the crossword puzzles.

Interviewer AS: Uh huh.

Participant ID#P1866: It's because I saw that people would come in and out and...and that some had arrived before they left....I mean, they would call them...and they had already finished...And I nothing...right?

Seeing people enter the hospital and leave the hospital.

Wondering why she was waiting so long.

Interviewer AS: So a lot of distress.... a lot.

Participant ID#P1866: Uh huh. A lot of tension.

Feeling a lot of tension waiting for her husband's surgery to be over.

Interviewer AS: Yes. And how was it...how did you manage that you...well, you have your problem and also had to deal with the...with what was happening to your husband? How was that for you, having to manage both things?

Participant ID#P1866: Well...well...I put my pains aside...and I tried to...I mean, I had to shower him...I had to change him...I had to help him in all that I could, right?

Putting her pain aside.

Having to help her husband in every way she could.

Showering her husband.

Changing her husband.

Interviewer AS: And how did your relationship change at that time? Well sometimes one of two things can result, right? You can get closer to your mate or there could be more distance. How was it for you?

Participant ID#P1866: Well...

Interviewer AS: Or was it a bit of both?

Participant ID#P1866: Yes a bit of both...I mean I...well would try to...to be tuned in to all of his activity...of... I mean I felt that...[STARTS CRYING] that is, that the...the process after the operation was very important...Right? The recovery because of the blood he had lost and he had had problems breathing...that is, I always tried to hear his breathing...to...

Feeling as though her husband's prostate cancer both brought her and her husband closer and created some distance between them

Trying to stay aware of everything that was happening with her husband.

Feeling that her husband's recovery process was very important.

Understanding that her husband had lost blood during surgery.

Knowing her husband had problems.

Interviewer AS: You were taking good care of him?

Participant ID#P1866: Uh huh. I tried to give him his medication...of...of...of washing him above all because he was always uneasy that...he showers twice a day...and sometimes up to three...[giggles]...

Taking good care of her husband.

Giving her husband his medication.

Washing her husband.

Knowing her husband showers 2-3x/day.

Interviewer AS: Uh huh

Participant ID#P1866: So I knew that for him that was very important...so...I had to be washing him with the little towels...and....

Understanding that staying clean was very important to her husband.

Interviewer AS: And did he change in the way that he treated you?

Participant ID#P1866: Well yes...like now...now he understands things more. Right?

Believing the prostate cancer has made her husband more understanding.

Interviewer AS: Uh huh

Participant ID#P1866: I feel that sometimes...with my disease....[STARTS CRYING] sometimes it seems that people think that...[CRYING]...an arthritic pain is...that you can manage it.

Interviewer AS: Yes..

Participant ID#P1866: And it is not true...

Interviewer AS: That you shouldn't complain a lot, that you shouldn't complain anymore...don't be...?

Participant ID#P1866: Uh huh. Uh huh.

Interviewer AS: Uh huh. Don't be doing so much...

Participant ID#P1866: Let me sleep...I mean, a lot of things...and no...now he knows well what it is to be in a hospital...to be depending on a pill for pain...and then that pill provokes...well other consequences that...congest...that...

Believing her husband now knows what she went through when she had cancer.

Knowing her husband now knows what it's like to be in a hospital, to depend on a pill for pain management, and to deal with the side effects of the pain medication.

Interviewer AS: Uh uh

Participant ID#P1866: I mean, a lot of those things I feel do...

Interviewer AS: So before the operation, of this, like the why not have a personal experience....

Participant ID#P1866: Uh huh

Interviewer AS: I did not understand you much...

Participant ID#P1866: Uh huh. Yes..

Interviewer AS: Uh huh. Uh huh.

Participant ID#P1866: Yes, sometimes I thought it was blackmail. Right?

Interviewer AS: Yes, yes.

Participant ID#P1866: And now you know that...that... that it is very different. Right? He was telling me it's because you have not gone...it's because you have not gone to get looked at...it's because you have not gone to get medications....it's because...he now knows that it is depressing to be there...

Interviewer AS: Uh huh

Participant ID#P1866: That...uh...

Interviewer AS: He understands more....

Participant ID#P1866: Uh huh

Interviewer AS: What it is to be sick...

Participant ID#P1866: Uh huh. Yes, he now recognizes that...that...well that health is...

Believing that now her husband understands how depressing it is to be in the hospital and what it's like to be sick.

Interviewer AS: Sometimes you don't have complete control

Participant ID#P1866: Uh huh. It's because we had...we were always trying to...well to be more of vegetarians than carnivores...to...exercise...or...yes...more [INAUDIBLE] so when they gave us the news, you say...but what happened..

Trying to eat healthy and exercise.

Being shocked when they received the cancer diagnosis.

Interviewer AS: Yes...you...

Participant ID#P1866: What happened...that is, you don't, you don't accept it..

Not understanding how cancer could develop if one lives a healthy lifestyle.

Not accepting the cancer diagnosis.

Interviewer AS: Yes..

Participant ID#P1866: Yes because, if I don't smoke, don't drink...exercise...eat healthy...why did I get cancer...[CRYING]

Not smoking.

Not drinking.

Exercising and eating health.

Wondering why/how the cancer could have developed.

Interviewer AS: Yes, yes..

Participant ID#P1866: Then you read and you see that the whole world has cancer. Yes?

Reading about how common cancer is and how a lot of people develop cancer.

Interviewer AS: Uh huh

Participant ID#P1866: What happens is that sometimes our diet makes the cancer spread and sometimes others...sooner or later it is going to be detected...

Understanding that there are various reasons cancer might develop.

Interviewer AS: Uh huh

Participant ID#P1866: And you say, OK, we have to accept it that now at the age that I have and the strength that I have...I am going to save it...

Accepting the cancer diagnosis.

Having the strength to overcome the cancer.

Interviewer AS: Yes yes. And in terms of...of erectile dysfunction...that you cannot have erections or sexual relations like before.

Participant ID#P1866: Uh huh

Interviewer AS: How do you think that you feel with respect to that?

Participant ID#P1866: Well...well it's that...well as a woman...I mean, sex has not been like something fundamental for me. Yes?

Not seeing sex as something fundamental.

Interviewer AS: Uh huh

Participant ID#P1866: When he came here...uh... for 7 years...and ...I was in Mexico alone...so I did not have another emotional or sexual relationship with anybody, right?

Not having a sexual relationship for 7 years when her husband came to the US and she stayed in Mexico.

Interviewer AS: Yes.

Participant ID#P1866: Well for me... it was always work...work...work...work...and...I mean, I was blocked in that sense. Right? For me, sex did not exist.

Focusing on work to take her mind of sex.

Interviewer AS: Uh huh

Participant ID#P1866: So when this happened now, for me it is not something very important. Right? I know that here, the first thing that they ask you...with what frequency do you have...sexual relations...that is, for them, ...well it's something...for health, I imagine that...that it is important...Right?

Not seeing sex as something very important.

Understanding that having sex is health.

Interviewer AS: Uh huh

Participant ID#P1866: But...not...not like...a tragedy...no...it has not been for me, right?

Not seeing her husband's inability to have sexual relations as a tragedy.

Interviewer AS: Uh huh. And for him, how do you think it has been?

Participant ID#P1866: Well...uhm...uhm...he says that he has more sensitivity now, but...still not as frequently as before...uh-huh.

Being told by her husband that he still has some sexual desire but not as frequently as before the prostate cancer diagnosis.

Interviewer AS: Yes.

Participant ID#P1866: But...I mean...I don't think it has affected his manliness...it has not affected him much...right?

Thinking her husband's ED hasn't affected his manliness.

Interviewer AS: Uh huh

Participant ID#P1866: No, no. If I would say...if I would have said...in another mentality I had told him so that...you're worthless...or...uhm...uhm...no...I mean, I have respected his...condition...and...and...and...when...like...I mean I don't dare to tell him, listen I have a sexual need. Right? I give him his space, and if he wants it good and if not well, oh well. Right?

Not seeing her husband as worthless because of his ED>

Respecting and understanding his condition and situation.

Not voicing her sexual needs to her husband.

Giving her husband his space.

Being OK if her husband doesn't want to have sex.

Interviewer AS: But do you feel that you have necessity sometimes?

Participant ID#P1866: Me?

Interviewer AS: Yes.

Participant ID#P1866: Uhm...no...no...no like...no...no no...I have not obsessed over that...[giggles] the truth...

Not agonizing over her sexual needs and desires.

Interviewer AS: Yes, yes. Ok, ok. And he doesn't tell you anything like, I am very uneasy that, well perhaps I cannot have sex, I feel bad, I feel less of a man?

Participant ID#P1866: Well in the beginning, yes, in the beginning yes, like he had an uncertainty of, will I be able to or I will no longer be able to, right?

Knowing that her husband thought about whether or not he would be able to perform sexually after surgery.

Interviewer AS: Uh huh.

Participant ID#P1866: Because yes, in the beginning, like he did want to, uh, talk about the topic because well, we didn't know if any of the, if something had been harmed...a vein or something and that he never going to be able to. Right?

Talking to her husband about the topic of ED.

Not knowing if a nerve or vein had been damaged causing him to be impotent.

Interviewer AS: Yes.

Participant ID#P1866: That was also my fear because I said, if it is like that, he is going to break down and is going to say, what am I worth to you. Right?

Fearing that her husband would see himself as worthless if he was unable to perform sexually.

Interviewer AS: Yes,

Participant ID#P1866: So I also never touched the topic also because it was very fearful for me, right?

Avoiding the topic of ED.

Interviewer AS: Yes, of course.

Participant ID#P1866: He was worried....because we had not had sexual relations, 3 months more or less before and after....so...he didn't dare...try to see if he could or not...and now, until the doctor says...until he says,...I mean you can't risk and operation like that...

Knowing her husband is worried about the possibility of ED.

Knowing her husband was waiting until the doctor told him it was OK to try and have sex.

Interviewer AS: Yes of course. And how have you seen him, now that 6 months have passed?

Participant ID#P1866: Uh huh

Interviewer AS: Uhm. Or how much time has passed? Did he have the surgery in December?

Participant ID#P1866: No, in January.

Interviewer AS: In January. Well, yes, more or less 6 months.

Participant ID#P1866: Uh huh

Interviewer AS: How do you see him? With more encouragement...with?

Participant ID#P1866: Well..uh... yes...I mean what I feared was...first that the operation could save him. Right? I don't know why I thought that perhaps the anesthesia...would not let him come back...so, he was always...I want... I mean, he was very obsessed with the baby, with his grandson.

Fearing that her husband would not wake up from his operation.

Knowing her husband loved his grandson very much.

Interviewer AS: Ah...

Participant ID#P1866: Always asking God to let him ...well see him grown up...[STARTS CRYING]...see him as a professional

Knowing her husband asked God to let him live so he could see his grandson grow up.

Interviewer AS: Ah...

Participant ID#P1866: To see him as a man of good, right?

Interviewer AS: Do you have a daughter or a son?

Participant ID#P1866: Son.

Interviewer AS: Oh a son. OK

Participant ID#P1866: Yes, when we got married, I was in my second year in law, and, I was in my second year of law, and he was in his second year of architecture...and so...you work and study...and...and you see your son very little, right?

Interviewer AS: Right.

Participant ID#P1866: So now that...that we have more time...more maturity and it isand we see that we made a lot of errors...first in having only one son and second in being so busy with too many things and not paying any attention to him, right?

Looking back at their life and thinking they made a lot of mistakes.

Wishing they had had more than one child.

Wishing they had paid more attention to and spent more time with their son when he was younger.

Interviewer AS: Uh huh

Participant ID#P1866: Well now that God has given us the opportunity to...to enjoy a baby and to see all of the advances...so now we have to...to give...what we couldn't do with our son...now with our grandson.

Being given a grandson and being given the opportunity to spend time with their grandson.

Trying to do things with their grandson that they didn't do with their son.

Interviewer AS: Yes. And to conclude Mrs. [NAME] is there anything else that you would like to mention that you think is important for us to know to understand how receiving treatment for prostate cancer affects couples?

Participant ID#P1866: Well only understand that cancer is something that has a solution...that we have to move forward...have faith...continue struggling...

Understanding that cancer is a disease that can be cured.

Having to move forward.

Having faith.

Continuing to fight.

Interviewer AS: Yes. Ok, Ma'am well thank you so much for the information that you have shared with us, we greatly appreciate it. I am going to stop the recording ok?

Participant ID#P1866: Yes, thank you.

END OF CASSETTE

SECOND INTERVIEWS

Man with prostate cancer Spanish language transcript

Couples Study 6 months follow up

Patient ID# 1797

Date: 1/14/09

Interviewer MF: OK señor NAME, eh primero que nada quisiera que habláramos de cómo han cambiado sus síntomas desde la última entrevista que tuvimos.

Patient #1797: Muy bien, eh particularmente sobre el control de la orina...

Interviewer MF: Uhm.

Patient #1797: Está más controlado ya ya tengo mas un poquito de control sobre sobre ese problema.

Interviewer MF: Sí.

Patient #1797: Ah al grado que solamente tengo usar ah dos toallitas al día. Eh lo único que si siento es que no he podido vaciar la vejiga cada vez que voy al baño...

Interviewer MF: Uhm.

Patient #1797: Por lo cual tengo que levantarme varias veces de noche.

Interviewer MF: Uhm.

Patient #1797: Ah la herida de la cirugía está completamente cerrada no hay problemas ahí y por todo lo demás solamente hay que estarse checando seguido la sangre.

Interviewer MF: Claro.

Patient #1797: Para ah a ver cómo estamos.

Interviewer MF: Uhm. ¿Los cambios que ha tenido usted son los que esperaba?

Patient #1797: Ah no vaya, yo esperaba que al salir de la cirugía y pasara toda toda la recuperación volviera a lo normal pero siento que todavía me falta algo de tiempo.

Interviewer MF: Uhm.

Patient #1797: Ah específicamente ah con la inyección Lupron...

Interviewer MF: Sí.

Patient #1797: Ah creo que una vez que pase el efecto vuelva yo a recuperar mis funciones vitales y mis funciones de [inaudible]... y eso me va a dejar completamente satisfecho

Interviewer MF: Entiendo. ¿Entonces con lo que tuvo con la cirugía le dieron otros tratamientos adicionales?

Patient #1797: Ah si vaya me dieron 8 semanas de radiación.

Interviewer MF: Uhm.

Patient #1797: Y me dieron uh un tratamiento hormonal.

Interviewer MF: Uhm.

Patient #1797: Uh por un año basado en cuatro inyecciones.

Interviewer MF: Sí.

Patient #1797: Así es.

Interviewer MF: ¿Y ya terminó con el tratamiento hormonal también?

Patient #1797: Así es terminé en Diciembre.

Interviewer MF: ¿Ok, y cómo se siente ahora que ya termino con ese tratamiento señor?

Patient #1797: Con la esperanza de de volver a ser normal vaya.

Interviewer MF: Entiendo. Uh quisiera que habláramos un poquito sobre la disfunción eréctil o la impotencia sexual...

Patient #1797: Sí.

Interviewer MF: ¿Cómo ha afectado eso su vida después de que ya tuvo su tratamiento?

Patient #1797: Bueno, emocionalmente me tiene un poco depresionado por el hecho de que yo era muy activo sexualmente.

Interviewer MF: Aha.

Patient #1797: Lo que es normal.

Interviewer MF: Sí.

Patient #1797: Y uh el hecho de no tener una relación eh íntima con mi esposa eh antes un poquito más de un año....

Interviewer MF: Uhm.

Patient #1797: Pues eso me tiene un poquito eh preocupado....

Interviewer MF: Sí.

Patient #1797: Y más bien depresivo.

Interviewer MF: Uhm.

Patient #1797: Pero siento que... como le vuelvo a repetir una vez que pase el efecto de las hormonas o me dijeron se me dijo que voy a volver a mi normalidad.

Interviewer MF: Uhm. Que con quien hablo sobre eso señor, con su medico, con uh con enfermera, quien le comento que esto va a pasar?

Patient #1797: Sí. El doctor en oncología...

Interviewer MF: Uhm.

Patient #1797: El oncólogo fue él me dijo esto que ah era necesario esa inyección para cortar el flujo de testosterona de las células cancerosas.

Interviewer MF: Uhm.

Patient #1797: Y que una era una castración virtual.

Interviewer MF: Sí.

Patient #1797: Una vez que terminara el tratamiento me iba a volver a regenerar, regenerar.

Interviewer MF: Uhm.

Patient #1797: Y iba a retomar mis funciones normales.

Interviewer MF: Uhm. ¿OK, y cómo afecto su vida, que sintió usted cuando le dijeron que después de haber pasado por la cirugía y después de pasar por la recuperación tenía que tener otros tipos de tratamiento señor?

Patient #1797: Uh pues los acepté con la idea de que era para un bien.

Interviewer MF: Uhm

Patient #1797: Y que era por el bien de mi salud.

Interviewer MF: Sí.

Patient #1797: Y lo tomé como venia.

Interviewer MF: OK. Aparte de los eh de algún eh efecto emocional eh efectos de su vida diaria como por ejemplo trabajar, cambios en su vida diaria, cómo ha pasado todo eso?

Patient #1797: Bueno mire antes de la cirugía yo padecí de de ca... de estrés.

Interviewer MF: Sí.

Patient #1797: Se me veía así como que tenía depresión bastante alta.

Interviewer MF: Aha.

Patient #1797: Estuve bajo tratamiento y después de la cirugía parece que lo había superado.

Interviewer MF: Sí.

Patient #1797: Pero conforme pasó el tiempo y como le vuelvo a repetir a pesar de que acepté, acepté de que uh era por el bien mío, pues eh inconscientemente volví a caer en esa depresión.

Interviewer MF: Aha.

Patient #1797: No quiero ahorita decirle a mi esposa, aparento con ella que estamos bien pero solamente yo se lo que traigo

Interviewer MF: Uhm.

Patient #1797: Debido a dos factores no he podido encontrar trabajo.

Interviewer MF: Uhm.

Patient #1797: Y a parte mi disfunción eréctil.

Interviewer MF: Uhm.

Patient #1797: Son dos factores que me han puesto a a como se llama, a tener mi depresión como antes.

Interviewer MF: Y me dice que no le ha comentado a su esposa, por qué no le ha comentado nada señor?

Patient #1797: Ah bueno, si si le he comentado pero o sea la hago aparentemente de que estoy bien para no preocuparla debido a que ella también tiene varias enfermedades.

Interviewer MF: Uhm.

Patient #1797: Y no quiero preocuparla más porque yo se que con el tiempo voy a superar eso esto siento que es pasajero, siento yo que es pasajera.

Interviewer MF: OK, y ha hablado con alguien más sobre esto, amistades, familiares, con su doctora, le ha comentado algo sobre lo que está sintiendo?

Patient #1797: Ah sí. Tengo una doctora en el Roybal...

Interviewer MF: Sí.

Patient #1797: El nombre de mi doctora es NAME.

Interviewer MF: Uhm.

Patient #1797: Ella es la que siempre me ha atendido y me volvió a poner en un tratamiento anti-depresivo.

Interviewer MF: OK.

Patient #1797: Si en eso es en lo que estoy ahorita otra vez.

Interviewer MF: Ok ok.

Patient #1797: Y me recomendó me recomendó otra vez me receto, Prozac.

Interviewer MF: Uhm.

Patient #1797: Y es lo que estoy tomando una vez al día y es lo que ha ayudado a solventar este problema ahorita.

Interviewer MF: Sí. ¿Em algunos otros cambios que haya notado por ejemplo con calores o bochornos después del tratamiento?

Patient #1797: Ah si o sea desde la primera inyección que que me pusieron...

Interviewer MF: Uhm.

Patient #1797: Eh noté esos cambios de bochornos.

Interviewer MF: Sí.

Patient #1797: Que hasta la fecha no no se me han quitado y yo entiendo que eso es ya parte de la de la influencia de la inyección.

Interviewer MF: Sí.

Patient #1797: Y yo sé que como le dije hace rato que mis pechos crecieron un poco.

Interviewer MF: Sí.

Patient #1797: Mas de lo... lo normal.

Interviewer MF: Uhm.

Patient #1797: Pero siento que una vez que pase el efecto de la inyección y haciendo ejercicio.

Interviewer MF: Sí.

Patient #1797: Ah van a volver a su a su forma normal.

Interviewer MF: Forma normal. ¿Y cómo se siente usted con eso, cómo lo hace sentir?

Patient #1797: Ah no le doy mucha importancia.

Interviewer MF: Uhm. ¿Le afecta en algo?

Patient #1797: No no en lo absoluto.

Interviewer MF: OK. ¿Uh ha tenido usted problemas intestinales después del tratamiento?

Patient #1797: Ah en situaciones no muy a menudo pero si de vez en cuando vaya.

Interviewer MF: Aha. ¿Eso es algo que se considere problemático?

Patient #1797: Ah no eso no.

Interviewer MF: Eso no. ¿Uh y que tipo de cambios ha tenido que hacer usted en su vida diaria debido a los efectos que le ha dejado el tratamiento señor NAME?

Patient #1797: Bueno es uhm efecto de que me tengo que adaptarme a las circunstancias.

Interviewer MF: Uhm.

Patient #1797: O sea es un sistema de adaptación, yo se que eso no va a ser de siempre.

Interviewer MF: Sí.

Patient #1797: Y pues tengo que superarlo.

Interviewer MF: Sí. ¿Em me puede hablar un poquito sobre la relación con su pareja? ¿Cómo cree que se siente ella ahora después que han pasado algunos meses después de su cirugía y que ya completó los siguientes tratamientos que le dieron, ¿cómo cree que se siente ella señor con todo lo que ha pasado?

Patient #1797: Ah bueno, primeramente le reconozco la paciencia que ha tenido mi mujer.

Interviewer MF: Uhm.

Patient #1797: Y pues por el amor que nos tenemos tengo que considerar todo esto.

Interviewer MF: Sí.

Patient #1797: P'a pa' ir adelante.

Interviewer MF: Sí.

Patient #1797: Eh hablamos de nuestros... uh no problemas sino de lo que estamos experimentando ahorita sabemos que es pasajero.

Interviewer MF: Uhm.

Patient #1797: Y tenemos que tener suficiente paciencia tanto ella como yo.

Interviewer MF: Uhm.

Patient #1797: Para poder salir adelante y que todo vuelva a la normalidad.

Interviewer MF: Entiendo. Em volviendo un poquito atrás, hablando de los síntomas que ha tenido, me dijo que la incontinencia ha mejorado bastante verdad?

Patient #1797: Sí.

Interviewer MF: Después de que tuvimos la entrevista.

Patient #1797: Así es.

Interviewer MF: ¿Que más le ayudo a mejorar ese aspecto señor?

Patient #1797: Creo yo que fue aparte de psicológicamente eh fueron los ejercicios que hice, hacia un promedio de 200 ejercicios al día.

Interviewer MF: Uhm.

Patient #1797: Y y eso me ayudó bastante.

Interviewer MF: Uhm.

Patient #1797: Y después creo yo que psicológicamente por el hecho de uh no me puse las las toallitas...

Interviewer MF: Uhm.

Patient #1797: Y anduve como una semana sin necesidad de usarlas.

Interviewer MF: Uhm.

Patient #1797: Vaya, pero la tentación del café es mucho vaya siempre he acostumbrado a tomarme una taza de café al día.

Interviewer MF: Aha.

Patient #1797: E entonces me imagino que todavía tengo mi vejiga algo irritable.

Interviewer MF: Irritable.

Patient #1797: E el hecho de haber tomado café....

Interviewer MF: Aha.

Patient #1797: Me volvió otra vez la incontinencia pero de una manera mucho más controlada ya.

Interviewer MF: O OK perfecto. ¿Desde los síntomas que ha tenido después de la del tratamiento señor, cual es el que más le ha molestado?

Patient #1797: Uh los bochornos.

Interviewer MF: ¿Ah por que siente que es lo que más le molesta?

Patient #1797: Uh pues es que es algo que no era parte de de de mi constitución.

Interviewer MF: Uhm.

Patient #1797: De el hecho como por ejemplo ahora que ha estado haciendo bastante frío y a veces tengo que que botar las cobijas uh quitarme todo porque siento que me estoy quemando.

Interviewer MF: Sí.

Patient #1797: Pero por suerte son efectos que solamente son pasajeros que no me duran... más o menos un minuto más o menos.

Interviewer MF: Ok.

Patient #1797: Y y pasan.

Interviewer MF: Y que es lo que hace usted para lidiar con esos síntomas, que es lo que más le ayuda, que siente usted que ha funcionado mejor?

Patient #1797: Uh cambié cambié la leche regular...

Interviewer MF: Uhm.

Patient #1797: Uh por la de soya.

Interviewer MF: OK.

Patient #1797: Y siento que la de soya me esta ayudando bastante.

Interviewer MF: OK, ¿entonces tanto su alimentación como su eh actitud, siente que le han ayudado a mejorar y a lidiar con estos síntomas?

Patient #1797: Así es, sobre todo la actitud porque yo siento que son síntomas pasajeros...

Interviewer MF: Uhm.

Patient #1797: Y y que no me duran mas de un minute vaya. Tengo tengo la fé de que voy a seguir adelante.

Interviewer MF: ¿OK muy bien señor, ahora regresando a hablar un poquito con su relación con su pareja, eh ha visto usted algún tipo de cambio en relación con su pareja después de su tratamiento?

Patient #1797: No vaya todo todo eso lo hablamos, tuvimos un entendimiento eh mutuo.

Interviewer MF: Uhm.

Patient #1797: Y sabemos que eso no va a durar por siempre entonces tratamos de eh eh solventar todos estos pequeños problemitas sabemos que son piedras en el camino que tenemos que eludir.

Interviewer MF: Sí.

Patient #1797: ¿Y y va más adelante va a volver todo a la normalidad.

Interviewer MF: Sí. ¿Qué le comenta su esposa, ella habla con usted sobre lo que ella esta sintiendo emocionalmente con la situación?

Patient #1797: Bueno el hecho de saber que superé el problema del cáncer...

Interviewer MF: Uhm.

Patient #1797: Eso le ayudo bastante vaya.

Interviewer MF: Uhm.

Patient #1797: El hecho también de que pues todavía estoy con ella...

Interviewer MF: Sí.

Patient #1797: Porque si el cáncer estuviera uh desparramado pues quizás no hubiera estado aquí con ella, entonces todo eso ella lo aprecia mucho.

Interviewer MF: Uhm.

Patient #1797: Y lo reconsidera y lo valora.

Interviewer MF: Claro.

Patient #1797: Entonces eso lo hace eso la hace a ella apreciar mas lo que tiene aquí.

Interviewer MF: Claro. ¿Ha notado usted cambios en ella por ejemplo de cuándo tuvo usted la cirugía hasta ahora que ya ha pasado el tratamiento, ha notado cambios en su actitud hacia usted en su relación?

Patient #1797: Bueno si NAME uh si he notado que está menos preocupada eh que yo le veía la angustia en su cara.

Interviewer MF: Sí.

Patient #1797: Uh los primeros días y uh a aumentado su confianza.

Interviewer MF: Uhm.

Patient #1797: Y veo un cambio positivo.

Interviewer MF: Uhm. ¿Hablando de la relación como pareja, qué es lo que más les has ayudado a ustedes a lidiar con todos los síntomas que ha tenido y todos los obstáculos que han tenido que superar?

Patient #1797: Uh yo creo que ha sido NAME el entendimiento y la comprensión mutua NAME.

Interviewer MF: Uhm.

Patient #1797: Que los dos hemos sabido solventar este problema.

Interviewer MF: Uhm.

Patient #1797: Uh platicando y y hablando sobre ellos...

Interviewer MF: Sí.

Patient #1797: Pues el entendimiento sobre todo y yo creo el hecho de que nos queremos también.

Interviewer MF: Como no.

Patient #1797: Vea, ha ha sabido vea, eso ha sido uno de los factores principales.

Interviewer MF: Sí.

Patient #1797: Para salir adelante.

Interviewer MF: Uhm. ¿Y lo más difícil señor como pareja, qué ha sido?

Patient #1797: Uh lo más difícil como pareja que ha sido ahorita pues... no no no veo yo ningún...algún situación que haya sido difícil para nosotros NAME.

Interviewer MF: Uhm.

Patient #1797: Siempre hemos tenido un entendimiento mutuo.

Interviewer MF: Uhm.

Patient #1797: Basado en el respeto uh del uno al otro.

Interviewer MF: Uhm.

Patient #1797: Vea, respeto y la confianza...

Interviewer MF: Sí.

Patient #1797: Y y el amor.

Interviewer MF: Entiendo. ¿Con respecto a la impotencia sexual o disfunción eréctil, ha notado uh algún tipo de cambio en en como se comporta su esposa con usted o en la relación?

Patient #1797: No, no NAME porque como ella es muy comprensiva y sabe por lo que estoy pasando.

Interviewer MF: Sí.

Patient #1797: Y ella comprende que es una situación pasajera también.

Interviewer MF: Uhm.

Patient #1797: Si y entonces ella tiene paciencia y además con eh algunas enfermedades que tiene ella no no no se le apetece mucho, entonces eso ha ayudado en gran gran forma.

Interviewer MF: Uhm.

Patient #1797: Ha ayudado a que solventemos este problema.

Interviewer MF: Uhm. ¿Hablan ustedes sobre este problema en específico?

Patient #1797: Uh si si hablamos oiga.

Interviewer MF: Uhm. ¿Siente que ella ella lo comprende y entiende todo lo que está pasando entonces?

Patient #1797: Efectivamente así es NAME.

Interviewer MF: Uhm. ¿Uh y la ultima pregunta que tengo para usted, qué es lo que le ha ayudado en su relación mientras ha estado usted pasando por todos estos síntomas para poder manejarlos?

Patient #1797: Uh el apoyo emocional que me da mi esposa NAME.

Interviewer MF: Sí.

Patient #1797: Eh que me ha dado mi familia mis hijos.

Interviewer MF: Sí.

Patient #1797: Eso eso para mí es un apoyo psicológico emocional o espiritual por así decirlo.

Interviewer MF: Uhm.

Patient #1797: Eh es lo que me ha estado ayudando a salir adelante.

Interviewer MF: OK señor, bueno y entonces ya para terminar hay alguna cosa que usted eh quiera mencionar que sienta que es importante que nosotros sepamos para entender cómo el estar recibiendo tratamiento para el cáncer de próstata afecta las parejas señor NAME?

Patient #1797: Uh no yo no tengo ni una pregunta ni comentarios, ha sido una una charla y unas preguntas muy constructivas.

Interviewer MF: Muchas gracias.

Patient #1797: Y no no no no tengo preguntas NAME.

Interviewer MF: Bueno, entonces le agradezco muchísimo su tiempo, la información que ha compartido con nosotros es muy valiosa y en verdad apreciamos todo lo que nos ha informado y y nos da mucho gusto que ya vaya mejorando todo señor NAME.

Patient #1797: Muchísimas gracias por el contrario, se los agradezco que que lo tomen a uno en cuenta y y pues les estoy muy agradecido NAME.

Interviewer MF: Por nada señor NAME, ahora voy apagar la grabadora permítame un segundito señor NAME.

Patient #1797: Muchísimas gracias.

END OF CASSETTE

Man with prostate cancer Spanish language transcript translated

Couples Study 6 months follow up

Interview of patient # 1797

Date: 1/14/09

Interviewer MF: OK, Mr. [NAME], first, I'd like it if we talked about how your symptoms have changed since the last interview that we had.

Patient #1797: Very well, in particular, regarding urinary control...

Interviewer MF: Uhm.

Patient #1797: It's more controllable, I have more, a little more control over this problem.

Interviewer MF: Yes.

Patient #1797: To the point that I only have to use two little towels a day. The only thing is that I feel that I can't empty out my bladder every time I go to the bathroom.

Interviewer MF: Uhm.

Patient #1797: For which I have to get up several times a night.

Interviewer MF: Uhm.

Patient #1797: Oh, the scar from the surgery is completely closed, so there are no problems there. And as for the rest, there's only that I have to get my blood checked often...

Interviewer MF: Of course.

Patient #1797: ...to see how I'm doing.

Interviewer MF: Uhm. The changes that you've had, are they what you expected?

Patient #1797: Oh, no way, I expected that after the surgery and all the recovery passed, I'd return to normal, but I feel that I still need some more time.

Interviewer MF: Uhm.

Patient #1797: Oh and specifically with the Lupron injection.

Interviewer MF: Yes.

Patient #1797: I feel that once the effect passes I'll be able to recuperate my vital functions and my [INAUDIBLE] functions and that will leave me completely satisfied.

Interviewer MF: I understand. So in addition to the surgery they gave your other treatments?

Patient #1797: Oh, yes, they gave me eight weeks of radiation.

Interviewer MF: Uhm.

Patient #1797: And they gave me hormonal treatment.

Interviewer MF: Uhm.

Patient #1797: Four injections for a year.

Interviewer MF: Yes.

Patient #1797: That's right.

Interviewer MF: And you already stopped the hormonal treatment?

Patient #1797: That's right, I stopped [the treatment] in December.

Interviewer MF: OK and how do you feel now that you're done with that treatment, Sir?

Patient #1797: Oh, well, with the hope to return to normal.

Interviewer MF: I understand. I'd like it if we talked a little about erectile dysfunction or sexual impotence.

Patient #1797: Yes.

Interviewer MF: How has that affected your life after you had your treatment?

Patient #1797: Well, emotionally, it has me a little sad for the fact that I used to be very active sexually.

Interviewer MF: Uh huh.

Patient #1797: What is normal.

Interviewer MF: Yes.

Patient #1797: And the fact that I haven't had any intimate relations with my wife, for a little more than a year.

Interviewer MF: Uhm.

Patient #1797: Well, that has me a little worried...

Interviewer MF: Yes.

Patient #1797: More like depressed.

Interviewer MF: Uhm.

Patient #1797: But I feel that...as I've said before...once the effect of the hormones wears off...or they told me, yes, they told me, that'd I return to normal.

Interviewer MF: Uhm. With whom did you talk to about this, Sir? With your doctor, your nurse, who mentioned that this would happen?

Patient #1797: Yes, the oncologist.

Interviewer MF: Uhm.

Patient #1797: The oncologist was the one who told me that the injection was necessary to cut the production of testosterone in the cancerous cells.

Interviewer MF: Uhm.

Patient #1797: And that it was a virtual castration.

Interviewer MF: Yes.

Patient #1797: Once I finished with the treatment, I would begin to regenerate.

Interviewer MF: Uhm.

Patient #1797: And I'd regain my normal functions.

Interviewer MF: Uhm. OK and how did it affect your life, how did you feel when they told you that after having had the surgery and after the recovery that you had to have other types of treatments, Sir?

Patient #1797: Uh, well, I accepted it, with the idea that it was for the best.

Interviewer MF: Uhm

Patient #1797: And that it was for the good of my health.

Interviewer MF: Yes.

Patient #1797: And I took it as it came.

Interviewer MF: OK. In addition to any emotional affects, affects to your daily living, for example, with your work, changes to your daily life, how has all this been for you?

Patient #1797: Well, see, before the surgery, I suffered from stress.

Interviewer MF: Yes.

Patient #1797: You could tell that I had quite a strong depression.

Interviewer MF: Uh huh.

Patient #1797: I was under treatment and after the surgery it appears that I've overcome it.

Interviewer MF: Yes.

Patient #1797: But as time passed and as I've mentioned to you before, even though I accepted that it was for my own good, subconsciously I succumbed to depression again.

Interviewer MF: Uh huh.

Patient #1797: I don't want to tell my wife right now. I pretend that we are fine, but only I know what I am experiencing.

Interviewer MF: Uhm.

Patient #1797: Because of two factors [I have been depressed] - I have not returned to work.

Interviewer MF: Uhm.

Patient #1797: And there's also my erectile dysfunction.

Interviewer MF: Uhm.

Patient #1797: These two factors have made me, how do I say, have depression like before.

Interviewer MF: And you tell me that you haven't mentioned this to your wife. Why haven't you mentioned this to your wife, Sir?

Patient #1797: Oh, well, I have mentioned it, but in other words, but I feign that I'm fine so that I don't worry because she also has several illnesses.

Interviewer MF: Uhm.

Patient #1797: And I don't want to worry here more because with time I'm going to overcome this...that is what I feel, that it will pass.

Interviewer MF: OK, and have you spoke to anyone else about this, friends, family members? Have you mentioned to your doctor how you are feeling?

Patient #1797: Oh yes. I have a doctor at the Roybal (?)

Interviewer MF: Yes.

Patient #1797: My doctor's name is [NAME].

Interviewer MF: Uhm.

Patient #1797: She is the one who has always cared for me and she put me on an anti-depressive treatment again.

Interviewer MF: OK.

Patient #1797: Yes, that is what I'm dealing with, once again.

Interviewer MF: OK OK.

Patient #1797: And she recommended, once again she prescribed Prozac.

Interviewer MF: Uhm.

Patient #1797: And that's what I'm taking once a day and that's what has helped me solve this problem right now.

Interviewer MF: Yes. Any other changes that you've noticed? For example, hot flashes after the treatment?

Patient #1797: Oh yes, in other words, since the first injection that they gave me.

Interviewer MF: Uhm.

Patient #1797: I noticed those changes, the hot flashes.

Interviewer MF: Yes.

Patient #1797: That to this day, they haven't gone away and I understand that this is the [effect] of the injection.

Interviewer MF: Yes.

Patient #1797: And I know that, like I told you, not too long ago, my breasts grew a little.

Interviewer MF: Yes.

Patient #1797: More than what is normal.

Interviewer MF: Uhm.

Patient #1797: But I feel that once the effect of the injection passes and by doing some exercise...

Interviewer MF: Yes.

Patient #1797: ...they will return to their normal shape.

Interviewer MF: Normal shape. And how do you feel about this, how does this make you feel?

Patient #1797: Oh, I don't give it much importance.

Interviewer MF: Uhm. Does it affect you in any way?

Patient #1797: No, not at all.

Interviewer MF: OK. Have you had intestinal problems after the treatment?

Patient #1797: On occasion, but not very often, but yes, once in a while.

Interviewer MF: Uh huh. Is that something problematic?

Patient #1797: Oh, no, not that.

Interviewer MF: Not that. And what types of changes have you had to make in your daily life because of the effects of the treatment, Mr. NAME.

Patient #1797: Well, it's an effect to which I must adapt to the circumstances.

Interviewer MF: Uhm.

Patient #1797: In other words, it's an adaptation system. I know this is not going to be forever.

Interviewer MF: Yes.

Patient #1797: And well, I have to overcome it.

Interviewer MF: Yes. Could you talk to me a little bit about the relationship with your partner? How do you think she feels now that some months have passed since the surgery and that you finished with the additional treatment that they gave you? How do you think she feels, Sir, with all that has happened?

Patient #1797: Oh, well, first of all, I recognize the patience that she's had with me.

Interviewer MF: Uhm.

Patient #1797: And for that love that we have I have to consider all of that.

Interviewer MF: Yes.

Patient #1797: To press forward.

Interviewer MF: Yes.

Patient #1797: We've talked...not about problems...but about we are experiencing right now. We know this will pass.

Interviewer MF: Uhm.

Patient #1797: And we have to have enough patience, both her and I.

Interviewer MF: Uhm.

Patient #1797: So that we can press forward and that everything returns to normal.

Interviewer MF: I understand. Going back a little bit, regarding the symptoms that you've had, you mentioned that the incontinence has improved quite a bit, is that right?

Patient #1797: Yes.

Interviewer MF: After we had the interview.

Patient #1797: That's right.

Interviewer MF: What helped you the most, in the respect, Sir?

Patient #1797: I believe that apart from psychologically, it was the exercises I did. I would do about 200 of the exercises a day.

Interviewer MF: Uhm.

Patient #1797: And that helped me quite a bit.

Interviewer MF: Uhm.

Patient #1797: And after that I think that psychologically [I helped myself] and as a matter of fact, I didn't use towelettes.

Interviewer MF: Uhm.

Patient #1797: And I went about a week without needing to use them.

Interviewer MF: Uhm.

Patient #1797: Oh, but the temptation to have coffee is big. You see, I've always been accustomed to have a cup of coffee every day.

Interviewer MF: Uh huh.

Patient #1797: So I imagine that my bladder is still somewhat irritable.

Interviewer MF: Irritable.

Patient #1797: Because of the fact that I drink coffee...

Interviewer MF: Uh huh.

Patient #1797: The incontinence came back but in a much more controllable form.

Interviewer MF: Oh, OK, perfect. Regarding the symptoms that you've had since having the treatment, which one has been the most bothersome?

Patient #1797: Uhm, the hot flashes.

Interviewer MF: Why do you think this is what has bothered you the most?

Patient #1797: Oh, well, it that it is something that is not part of my being.

Interviewer MF: Uhm.

Patient #1797: As a matter of fact, for example, now that it's been quite cold, sometimes I have to remove the covers and take everything off because I feel that I'm burning up.

Interviewer MF: Yes.

Patient #1797: But, luckily, these are effects that are just in passing, that don't last, more or less a minute, more or less.

Interviewer MF: OK.

Patient #1797: And they pass.

Interviewer MF: And what do you do to deal with these symptoms? What is that helps you the most that you feel has been most effective?

Patient #1797: I changed from regular milk

Interviewer MF: Uhm.

Patient #1797: To soy milk

Interviewer MF: OK.

Patient #1797: And I feel the soy one has helped me quite a bit.

Interviewer MF: OK. So then, your nutrition, as much as your attitude, is what you feel has helped you improve and deal with these symptoms?

Patient #1797: That's right. Above all, the attitude because I feel that they are symptoms that will pass...

Interviewer MF: Uhm.

Patient #1797: And that won't last more than a minute, you see. I have faith that I will move beyond it.

Interviewer MF: OK, very well, Sir, now returning to talk a little bit about your relationship with your partner. Have you noticed any type of changes in your relationship with your partner since the treatment?

Patient #1797: Oh, no, we talked about all of that, we had a mutual understanding.

Interviewer MF: Uhm.

Patient #1797: And we know that is not going to last forever, so, we try to solve all of these little problems. We know they are stones in the road that we have to elude.

Interviewer MF: Yes.

Patient #1797: And later everything will return to normal.

Interviewer MF: Yes. What is it that your wife tells you? Have she spoken with you about how she feels emotionally about the situation?

Patient #1797: Well, the fact that I overcame the problem with cancer...

Interviewer MF: Uhm.

Patient #1797: ...oh, that has helped her quite a bit...

Interviewer MF: Uhm.

Patient #1797: ...the fact that I'm still here with her [alive]

Interviewer MF: Yes.

Patient #1797: Because if the cancer had spread, well, perhaps, I wouldn't be here with her. So, she is very grateful for all of that.

Interviewer MF: Uhm.

Patient #1797: And she [recognizes] it and values it.

Interviewer MF: Of course.

Patient #1797: So that makes her appreciate more what she has here.

Interviewer MF: Of course. Have you noticed changes in her, for example, since the time when you had the surgery up to now that you've already had the treatment? Have you noticed changes in her attitude toward you in your relationship?

Patient #1797: Well, yes, [NAME], I have noticed that she is less worried because I used to see the anguish on her face.

Interviewer MF: Yes.

Patient #1797: The first days her confidence increased.

Interviewer MF: Uhm.

Patient #1797: And I see a positive change.

Interviewer MF: Uhm. Speaking about the relationship with your partner, what is it that has helped you both the most to deal with all of the symptoms that you've had and all of the obstacles that you've had to overcome?

Patient #1797: Uh I think [NAME] that the mutual understanding [NAME]...

Interviewer MF: Uhm.

Patient #1797: ...that we've both been able to solve this problem.

Interviewer MF: Uhm.

Patient #1797: Uh chatting and talking about them...

Interviewer MF: Yes.

Patient #1797: Well, the understanding above all and also the fact that we also love each other.

Interviewer MF: Of course.

Patient #1797: You see, it has been one of the principal factors.

Interviewer MF: Yes

Patient #1797: To [help us] press forward.

Interviewer MF: Uhm. And the most difficult, Sir, as a couple, what has that been?

Patient #1797: Uh the most difficult thing as a couple has been...no, no, I don't see any situation that has been difficult for us, [NAME]

Interviewer MF: Uhm.

Patient #1797: We've always had a mutual understanding.

Interviewer MF: Uhm.

Patient #1797: Based on the respect we have one for the other.

Interviewer MF: Uhm.

Patient #1797: You see, it's respect and trust...

Interviewer MF: Yes.

Patient #1797: ...and the love.

Interviewer MF: I understand. With respect to the sexual impotence and erectile dysfunction, have you noticed any type of change in how your wife acts toward you in the relationship?

Patient #1797: No, no, [NAME], because she's so understanding and she knows what I'm going through.

Interviewer MF: Yes.

Patient #1797: And she also knows that this is a situation that will pass.

Interviewer MF: Uhm.

Patient #1797: Yes, so she has patience and she also has some illnesses she doesn't [desire sex] too much, so that has helped in a grand way.

Interviewer MF: Uhm.

Patient #1797: It has helped us solve this problem.

Interviewer MF: Uhm. Do you talk to each other about this problem, specifically?

Patient #1797: Uh, yes, yes, we do talk, sure.

Interviewer MF: Uhm. Do you feel that she understands everything that you're going through, then?

Patient #1797: Exactly, that's right, [NAME].

Interviewer MF: Uhm. And the last question I have for you is what has helped you in your relationship while you've been going through all of these symptoms, to help you manage them?

Patient #1797: Uh, the emotional support that my wife gives me, [NAME].

Interviewer MF: Yes.

Patient #1797: That my family, my children, have given me.

Interviewer MF: Yes.

Patient #1797: That is a psychological, emotional, spiritual support, so to speak.

Interviewer MF: Uhm.

Patient #1797: That is what has helped me move forward.

Interviewer MF: OK, Sir, well, so to finish, is there something that you'd like to mention that you feel is important for us to know to understand how receiving treatment for prostate cancer affects couples, Mr. [NAME]?

Patient #1797: Uh, no, I don't have any questions or comments. It's been a chat and some very constructive questions.

Interviewer MF: Thank you very much.

Patient #1797: And no, no, I don't have any questions, [NAME].

Interviewer MF: Well, then, I greatly appreciate your time, the information that you've shared with us is very valuable and we truly appreciate everything that you've informed us about and we are very glad that everything is improving, Mr. [NAME].

Patient #1797: On the contrary, thank you very much. Thank you for taking one into consideration and well, I'm very grateful, [NAME].

Interviewer MF: You're welcome, Mr. [NAME]. Now I'm going to turn off the recording. Excuse me one little second, Mr. [NAME].

Patient #1797: Thank you very much.

END OF CASSETTE

Man with prostate cancer Spanish language transcript coded

Couples Study 6 months follow up

Interview of patient # 1797

Date: 1/14/09

Interviewer MF: OK, Mr. [NAME], first, I'd like it if we talked about how your symptoms have changed since the last interview that we had.

Patient #1797: Very well, in particular, regarding urinary control...

Interviewer MF: Uhm.

Patient #1797: It's more controllable, I have more, a little more control over this problem.

Having more urinary control.

Improving incontinence.

Interviewer MF: Yes.

Patient #1797: To the point that I only have to use two little towels a day. The only thing is that I feel that I can't empty out my bladder every time I go to the bathroom.

Using two pads per day.

Sensing incomplete bladder emptying.

Interviewer MF: Uhm.

Patient #1797: For which I have to get up several times a night.

Having to get up at night to urinate.

Experiencing nocturia.

Interviewer MF: Uhm.

Patient #1797: Oh, the scar from the surgery is completely closed, so there are no problems there. And as for the rest, there's only that I have to get my blood checked often...

Having his incision completely heal.

Getting his blood (PSA) checked often.

Interviewer MF: Of course.

Patient #1797: ...to see how I'm doing.

Interviewer MF: Uhm. The changes that you've had, are they what you expected?

Patient #1797: Oh, no way, I expected that after the surgery and all the recovery passed, I'd return to normal, but I feel that I still need some more time.

Expecting that he would have recovered/returned to normal by now.

Feeling like he needs more recovery time.

Interviewer MF: Uhm.

Patient #1797: Oh and specifically with the Lupron injection.

Receiving Lupron injections

Interviewer MF: Yes.

Patient #1797: I feel that once the effect passes I'll be able to recuperate my vital functions and my [INAUDIBLE] functions and that will leave me completely satisfied.

Interviewer MF: I understand. So in addition to the surgery they gave your other treatments?

Patient #1797: Oh, yes, they gave me eight weeks of radiation.

Having eight weeks of radiation therapy.

Interviewer MF: Uhm.

Patient #1797: And they gave me hormonal treatment.

Receiving hormonal treatment.

Interviewer MF: Uhm.

Patient #1797: Four injections for a year.

Interviewer MF: Yes.

Patient #1797: That's right.

Interviewer MF: And you already stopped the hormonal treatment?

Patient #1797: That's right, I stopped [the treatment] in December.

Discontinuing hormone treatment

Interviewer MF: OK and how do you feel now that you're done with that treatment, Sir?

Patient #1797: Oh, well, with the hope to return to normal.

Hoping to return to normal

Interviewer MF: I understand. I'd like it if we talked a little about erectile dysfunction or sexual impotence.

Patient #1797: Yes.

Interviewer MF: How has that affected your life after you had your treatment?

Patient #1797: Well, emotionally, it has me a little sad for the fact that I used to be very active sexually.

Feeling sad about his ED.

Having once been very sexually active.

Interviewer MF: Uh huh.

Patient #1797: What is normal.

Interviewer MF: Yes.

Patient #1797: And the fact that I haven't had any intimate relations with my wife, for a little more than a year.

Being unable to have sex with his wife.

Having no intimate relations with his wife for over a year.

Interviewer MF: Uhm.

Patient #1797: Well, that has me a little worried...

Feeling worried about ED.

Interviewer MF: Yes.

Patient #1797: More like depressed.

Feeling dpressed about his ED.

Interviewer MF: Uhm.

Patient #1797: But I feel that...as I've said before...once the effect of the hormones wears off...or they told me, yes, they told me, that'd I return to normal.

Believing that once the effects of his hormone therapy wear off he will return to normal.

Interviewer MF: Uhm. With whom did you talk to about this, Sir? With your doctor, your nurse, who mentioned that this would happen?

Patient #1797: Yes, the oncologist.

Talking with the oncologist about how the hormone therapy would cause ED.

Interviewer MF: Uhm.

Patient #1797: The oncologist was the one who told me that the injection was necessary to cut the production of testosterone in the cancerous cells.

Being told what the purpose of the Lupron injection was, what it was used for.

Interviewer MF: Uhm.

Patient #1797: And that it was a virtual castration.

Interviewer MF: Yes.

Patient #1797: Once I finished with the treatment, I would begin to regenerate.

Interviewer MF: Uhm.

Patient #1797: And I'd regain my normal functions.

Being told that Lupron was essentially virtual castration but that after treatment he would begin to regain his normal functioning.

Interviewer MF: Uhm. OK and how did it affect your life, how did you feel when they told you that after having had the surgery and after the recovery that you had to have other types of treatments, Sir?

Patient #1797: Uh, well, I accepted it, with the idea that it was for the best.

Accepting the fact that he needed more treatment after his surgery.

Interviewer MF: Uhm

Patient #1797: And that it was for the good of my health.

Believing the additional treatment was for the best, was good for his health.

Interviewer MF: Yes.

Patient #1797: And I took it as it came.

Taking things as they came at him.

Interviewer MF: OK. In addition to any emotional affects, affects to your daily living, for example, with your work, changes to your daily life, how has all this been for you?

Patient #1797: Well, see, before the surgery, I suffered from stress.

Interviewer MF: Yes.

Patient #1797: You could tell that I had quite a strong depression.

Suffering from stress and depression before his surgery.

Interviewer MF: Uh huh.

Patient #1797: I was under treatment and after the surgery it appears that I've overcome it.

Feeling that he overcame his depression.

Interviewer MF: Yes.

Patient #1797: But as time passed and as I've mentioned to you before, even though I accepted that it was for my own good, subconsciously I succumbed to depression again.

Succumbing to his depression occasionally.

Interviewer MF: Uh huh.

Patient #1797: I don't want to tell my wife right now. I pretend that we are fine, but only I know what I am experiencing.

Not wanting to tell his wife about his depression.

Pretending that he is fine.

Being the only one who knows what he is actually feeling and experiencing.

Interviewer MF: Uhm.

Patient #1797: Because of two factors [I have been depressed] - I have not returned to work.

Interviewer MF: Uhm.

Patient #1797: And there's also my erectile dysfunction.

Interviewer MF: Uhm.

Patient #1797: These two factors have made me, how do I say, have depression like before.

Being depressed because of his ED and because he has not returned to work.

Interviewer MF: And you tell me that you haven't mentioned this to your wife. Why haven't you mentioned this to your wife, Sir?

Patient #1797: Oh, well, I have mentioned it, but in other words, but I feign that I'm fine so that I don't worry because she also has several illnesses.

Mentioning his depression to his wife.

Faking that he is fine so his wife won't worry about him.

Interviewer MF: Uhm.

Patient #1797: And I don't want to worry here more because with time I'm going to overcome this...that is what I feel, that it will pass.

Believing that he will overcome everything and that it will pass.

Seeing no need for his wife to worry about him.

Interviewer MF: OK, and have you spoke to anyone else about this, friends, family members? Have you mentioned to your doctor how you are feeling?

Patient #1797: Oh yes. I have a doctor at the Roybal (?)

Seeing a doctor for his depression.

Interviewer MF: Yes.

Patient #1797: My doctor's name is [NAME].

Interviewer MF: Uhm.

Patient #1797: She is the one who has always cared for me and she put me on an anti-depressive treatment again.

Taking antidepressants.

Interviewer MF: OK.

Patient #1797: Yes, that is what I'm dealing with, once again.

Interviewer MF: OK OK.

Patient #1797: And she recommended, once again she prescribed Prozac.

Being prescribed Prozac.

Interviewer MF: Uhm.

Patient #1797: And that's what I'm taking once a day and that's what has helped me solve this problem right now.

Taking Prozac once a day.

Believing taking Prozac is helping with his depression.

Interviewer MF: Yes. Any other changes that you've noticed? For example, hot flashes after the treatment?

Patient #1797: Oh yes, in other words, since the first injection that they gave me.

Interviewer MF: Uhm.

Patient #1797: I noticed those changes, the hot flashes.

[Experiencing hot flashes.](#)

Interviewer MF: Yes.

Patient #1797: That to this day, they haven't gone away and I understand that this is the [effect] of the injection.

[Understanding that the hot flashes are a side effect of the hormone injections.](#)

Interviewer MF: Yes.

Patient #1797: And I know that, like I told you, not too long ago, my breasts grew a little.

Interviewer MF: Yes.

Patient #1797: More than what is normal.

[Experiencing breast swelling.](#)

Interviewer MF: Uhm.

Patient #1797: But I feel that once the effect of the injection passes and by doing some exercise...

Interviewer MF: Yes.

Patient #1797: ...they will return to their normal shape.

[Believing once the effects of hormone therapy wear off and with some exercise his breasts will return to normal.](#)

Interviewer MF: Normal shape. And how do you feel about this, how does this make you feel?

Patient #1797: Oh, I don't give it much importance.

[Not worrying about his breast swelling too much.](#)

Interviewer MF: Uhm. Does it affect you in any way?

Patient #1797: No, not at all.

[Being unaffected by his breast swelling.](#)

Interviewer MF: OK. Have you had intestinal problems after the treatment?

Patient #1797: On occasion, but not very often, but yes, once in a while.

Experiencing occasional intestinal problems.

Interviewer MF: Uh huh. Is that something problematic?

Patient #1797: Oh, no, not that.

Seeing the intestinal problems as non-problematic.

Interviewer MF: Not that. And what types of changes have you had to make in your daily life because of the effects of the treatment, Mr. NAME.

Patient #1797: Well, it's an effect to which I must adapt to the circumstances.

Adapting to the circumstances.

Interviewer MF: Uhm.

Patient #1797: In other words, it's an adaptation system. I know this is not going to be forever.

Knowing that the side effects won't last forever.

Interviewer MF: Yes.

Patient #1797: And well, I have to overcome it.

Feeling that he has overcome everything.

Interviewer MF: Yes. Could you talk to me a little bit about the relationship with your partner? How do you think she feels now that some months have passed since the surgery and that you finished with the additional treatment that they gave you? How do you think she feels, Sir, with all that has happened?

Patient #1797: Oh, well, first of all, I recognize the patience that she's had with me.

Recognizing how patient his wife has been with him.

Interviewer MF: Uhm.

Patient #1797: And for that love that we have I have to consider all of that.

Interviewer MF: Yes.

Patient #1797: To press forward.

Pressing forward.

Interviewer MF: Yes.

Patient #1797: We've talked...not about problems...but about we are experiencing right now. We know this will pass.

Talking with his wife about what they are experiencing.

Knowing everything will pass.

Interviewer MF: Uhm.

Patient #1797: And we have to have enough patience, both her and I.

Having patience.

Interviewer MF: Uhm.

Patient #1797: So that we can press forward and that everything returns to normal.

Needing patience to press forward until everything returns to normal.

Interviewer MF: I understand. Going back a little bit, regarding the symptoms that you've had, you mentioned that the incontinence has improved quite a bit, is that right?

Patient #1797: Yes.

Interviewer MF: After we had the interview.

Patient #1797: That's right.

Interviewer MF: What helped you the most, in the respect, Sir?

Patient #1797: I believe that apart from psychologically, it was the exercises I did. I would do about 200 of the exercises a day.

Believing the Kegel exercises helped his incontinence to resolve.

Doing 200 Kegel exercises per day.

Interviewer MF: Uhm.

Patient #1797: And that helped me quite a bit.

Interviewer MF: Uhm.

Patient #1797: And after that I think that psychologically [I helped myself] and as a matter of fact, I didn't use towelettes.

Thinking he psychologically helped himself over the incontinence.

Interviewer MF: Uhm.

Patient #1797: And I went about a week without needing to use them.

Interviewer MF: Uhm.

Patient #1797: Oh, but the temptation to have coffee is big. You see, I've always been accustomed to have a cup of coffee every day.

Feeling tempted to drink coffee.

Being used to having one cup of coffee a day.

Interviewer MF: Uh huh.

Patient #1797: So I imagine that my bladder is still somewhat irritable.

Believing the coffee he drank irritated his bladder.

Interviewer MF: Irritable.

Patient #1797: Because of the fact that I drink coffee...

Interviewer MF: Uh huh.

Patient #1797: The incontinence came back but in a much more controllable form.

See his incontinence as controllable.

Interviewer MF: Oh, OK, perfect. Regarding the symptoms that you've had since having the treatment, which one has been the most bothersome?

Patient #1797: Uhm, the hot flashes.

Believing the hot flashes have been the most bothersome side effect

Interviewer MF: Why do you think this is what has bothered you the most?

Patient #1797: Oh, well, it that it is something that is not part of my being.

Interviewer MF: Uhm.

Patient #1797: As a matter of fact, for example, now that it's been quite cold, sometimes I have to remove the covers and take everything off because I feel that I'm burning up.

Having to remove the covers and take all of his clothes off at night due to hot flashes.

Interviewer MF: Yes.

Patient #1797: But, luckily, these are effects that are just in passing, that don't last, more or less a minute, more or less.

Having the hot flashes last for about one minute each.

Interviewer MF: OK.

Patient #1797: And they pass.

Interviewer MF: And what do you do to deal with these symptoms? What is that helps you the most that you feel has been most effective?

Patient #1797: I changed from regular milk

Interviewer MF: Uhm.

Patient #1797: To soy milk

Interviewer MF: OK.

Patient #1797: And I feel the soy one has helped me quite a bit.

[Drinking soy milk to help with the hot flashes](#)

Interviewer MF: OK. So then, your nutrition, as much as your attitude, is what you feel has helped you improve and deal with these symptoms?

Patient #1797: That's right. Above all, the attitude because I feel that they are symptoms that will pass...

Believing that having a good attitude and believing the symptoms would pass has helped with his side effects.

Interviewer MF: Uhm.

Patient #1797: And that won't last more than a minute, you see. I have faith that I will move beyond it.

[Having faith that he will be able to move beyond the side effects](#)

Interviewer MF: OK, very well, Sir, now returning to talk a little bit about your relationship with your partner. Have you noticed any type of changes in your relationship with your partner since the treatment?

Patient #1797: Oh, no, we talked about all of that, we had a mutual understanding.

Communicating with his wife.

Having a mutual understanding with his wife.

Interviewer MF: Uhm.

Patient #1797: And we know that is not going to last forever, so, we try to solve all of these little problems. We know they are stones in the road that we have to elude.

Knowing the side effects won't last forever.

Trying to solve the little problems.

Understanding there are obstacles that have to be overcome.

Interviewer MF: Yes.

Patient #1797: And later everything will return to normal.

Interviewer MF: Yes. What is it that your wife tells you? Have she spoken with you about how she feels emotionally about the situation?

Patient #1797: Well, the fact that I overcame the problem with cancer...

Interviewer MF: Uhm.

Patient #1797: ...oh, that has helped her quite a bit...

Interviewer MF: Uhm.

Patient #1797: ...the fact that I'm still here with her [alive]

Interviewer MF: Yes.

Patient #1797: Because if the cancer had spread, well, perhaps, I wouldn't be here with her.

So, she is very grateful for all of that.

Knowing his wife is very grateful his cancer did not spread and that he is still alive.

Interviewer MF: Uhm.

Patient #1797: And she [recognizes] it and values it.

Seeing that his wife recognizes and values the time they have together.

Interviewer MF: Of course.

Patient #1797: So that makes her appreciate more what she has here.

Knowing his cancer made his wife appreciate what she has more.

Interviewer MF: Of course. Have you noticed changes in her, for example, since the time when you had the surgery up to now that you've already had the treatment? Have you noticed changes in her attitude toward you in your relationship?

Patient #1797: Well, yes, [NAME], I have noticed that she is less worried because I used to see the anguish on her face.

Noticing his wife is less worried.

[Remembering seeing the anguish on her face.](#)

Interviewer MF: Yes.

Patient #1797: The first days her confidence increased.

Interviewer MF: Uhm.

Patient #1797: And I see a positive change.

Seeing his wife's confidence increase, seeing a positive change in his wife since the surgery.

Interviewer MF: Uhm. Speaking about the relationship with your partner, what is it that has helped you both the most to deal with all of the symptoms that you've had and all of the obstacles that you've had to overcome?

Patient #1797: Uh I think [NAME] that the mutual understanding [NAME]...

Having a mutual understanding with his wife has helped them to overcome the obstacles they've had to deal with.

Interviewer MF: Uhm.

Patient #1797: ...that we've both been able to solve this problem.

Solving problems together.

Interviewer MF: Uhm.

Patient #1797: Uh chatting and talking about them...

Talking about their problems.

Interviewer MF: Yes.

Patient #1797: Well, the understanding above all and also the fact that we also love each other.

Interviewer MF: Of course.

Patient #1797: You see, it has been one of the principal factors.

Interviewer MF: Yes

Patient #1797: To [help us] press forward.

Loving one another has helped them to move forward.

Interviewer MF: Uhm. And the most difficult, Sir, as a couple, what has that been?

Patient #1797: Uh the most difficult thing as a couple has been...no, no, I don't see any situation that has been difficult for us, [NAME]

Seeing no situation that has been difficult for him and his wife.

Interviewer MF: Uhm.

Patient #1797: We've always had a mutual understanding.

Interviewer MF: Uhm.

Patient #1797: Based on the respect we have one for the other.

Respecting one another.

Interviewer MF: Uhm.

Patient #1797: You see, it's respect and trust...

Interviewer MF: Yes.

Patient #1797: ...and the love.

Having a mutual understanding with his wife based on respect, trust, and love.

Interviewer MF: I understand. With respect to the sexual impotence and erectile dysfunction, have you noticed any type of change in how your wife acts toward you in the relationship?

Patient #1797: No, no, [NAME], because she's so understanding and she knows what I'm going through.

Believing his wife does not act differently towards him in regards to his ED.

Seeing his wife as understanding.

Knowing his wife knows what he is going through.

Interviewer MF: Yes.

Patient #1797: And she also knows that this is a situation that will pass.

Believing his wife knows the situation will pass.

Interviewer MF: Uhm.

Patient #1797: Yes, so she has patience and she also has some illnesses she doesn't [desire sex] too much, so that has helped in a grand way.

Observing his wife's patience.

Knowing his wife doesn't desire sex because of her illnesses.

Interviewer MF: Uhm.

Patient #1797: It has helped us solve this problem.

Believing his wife's lack of sexual desire has helped them solve the problem of his ED.

Interviewer MF: Uhm. Do you talk to each other about this problem, specifically?

Patient #1797: Uh, yes, yes, we do talk, sure.

Talking with his wife about his ED.

Interviewer MF: Uhm. Do you feel that she understands everything that you're going through, then?

Patient #1797: Exactly, that's right, [NAME].

Feeling that his wife understands everything he is going through.

Interviewer MF: Uhm. And the last question I have for you is what has helped you in your relationship while you've been going through all of these symptoms, to help you manage them?

Patient #1797: Uh, the emotional support that my wife gives me, [NAME].

Interviewer MF: Yes.

Patient #1797: That my family, my children, have given me.

Interviewer MF: Yes.

Patient #1797: That is a psychological, emotional, spiritual support, so to speak.

Interviewer MF: Uhm.

Patient #1797: That is what has helped me move forward.

Receiving psychological, emotional, and spiritual support from his wife, children and family has helped him to move forward.

Interviewer MF: OK, Sir, well, so to finish, is there something that you'd like to mention that you feel is important for us to know to understand how receiving treatment for prostate cancer affects couples, Mr. [NAME]?

Patient #1797: Uh, no, I don't have any questions or comments. It's been a chat and some very constructive questions.

Interviewer MF: Thank you very much.

Patient #1797: And no, no, I don't have any questions, [NAME].

Interviewer MF: Well, then, I greatly appreciate your time, the information that you've shared with us is very valuable and we truly appreciate everything that you've informed us about and we are very glad that everything is improving, Mr. [NAME].

Patient #1797: On the contrary, thank you very much. Thank you for taking one into consideration and well, I'm very grateful, [NAME].

Interviewer MF: You're welcome, Mr. [NAME]. Now I'm going to turn off the recording. Excuse me one little second, Mr. [NAME].

Patient #1797: Thank you very much.

END OF CASSETTE

Partner of man with prostate cancer Spanish language transcript

Six months follow / couple study

ID #P1797

Date: 1/13/09

Interviewer MF: Muy bien ahora eh señora NAME, desde la ultima entrevista que tuvimos para este estudio eh, como han cambiado los síntomas que ha tenido su esposo después de la cirugía?

Participant #P1797: Yo lo veo muy positivo.

Interviewer MF: Uhm.

Participant #P1797: Lo he sentido muy positivo. Ah no ha n habido horita relaciones porque le han puesto una inyección...

Interviewer MF: Sí.

Participant #P1797: Y eso uh no no como que lo apaga.

Interviewer MF: Sí.

Participant #P1797: Pero yo una vez que que tiene son cada tres meses se le empieza acabar la potencia de la inyección y empieza el a pues yo me pongo con el porque el también si el se pone bien yo también me pongo bien le digo la va a salir, la va a librar.

Interviewer MF: Claro.

Participant #P1797: Verdad.

Interviewer MF: ¿Si, eh aparte de la disfunción eréctil tiene algún otro problema que le haya quedado después de la cirugía señora?

Participant #P1797: Pues... yo pienso que no digo porque no se ha quejado de o que yo no lo veo desesperado ni nada.

Interviewer MF: Uhm.

Participant #P1797: Será porque lo apoyo y no lo estoy aprisionando.

Interviewer MF: Claro.

Participant #P1797: Ve. Si yo lo veo que no se puede hay que esperar.

Interviewer MF: Uhm.

Participant #P1797: La ultima inyección se la pusieron hoy en diciembre.

Interviewer MF: OK.

Participant #P1797: O sea que hay que esperar.

Interviewer MF: ¿Y cuando comenzaron a ponerle la inyección?

Participant #P1797: ¿Ah de después de la operación?

Interviewer MF: ¿Fue rápido después de la operación?

Participant #P1797: Si fue fueron cuatro ya la ultima fue en diciembre.

Interviewer MF: Uhm.

Participant #P1797: Aha.

Interviewer MF: ¿Y ya no le van a volver a poner?

Participant #P1797: No ya no. Estamos en la espera de esta a ver que reacción hay.

Interviewer MF: Ojala que todo salga muy bien.

Participant #P1797: Yo pienso que si va a salir todo bien.

Interviewer MF: ¿Si, entonces eso también le ha ocasionado eh problemas con la impotencia sexual?

Participant #P1797: Sí.

Interviewer MF: Cómo cree que se sienta su esposo sobre eso.

Participant #P1797: Uh yo creo que pues mire quién sabe en su pellejo cómo se sienta pero no lo demuestra.

Interviewer MF: Uhm.

Participant #P1797: Ve, yo pienso que si yo fuera otra persona estuviera yo exigiendo.

Interviewer MF: Uhm.

Participant #P1797: Entonces no si yo veo que él no puede por qué voy a exigir.

Interviewer MF: Sí.

Participant #P1797: ¿Ve? No nomás de pan vive el hombre.

Interviewer MF: Eso es cierto.

Participant #P1797: Veda. Digo mientras estemos juntos y no al cabo ya hijos ya no vamos a tener.

Interviewer MF: Uhm.

Participant #P1797: Ve hay que apoyarnos uno al otro.

Interviewer MF: Es muy cierto señora. ¿El señor NAME eh tuvo otro problema como por ejemplo con la incontinencia urinaria?

Participant #P1797: Si todavía uh siempre que cuando se agacha o se ríe...

Interviewer MF: Uhm.

Participant #P1797: Se le se le...gotea.

Interviewer MF: Uh.

Participant #P1797: Pero a veces todo el día esta sequecito pero así que quiere o va a cargar una bolsa de mandado...

Interviewer MF: Sí.

Participant #P1797: Este... se le sale la pipí.

Interviewer MF: Ok.

Participant #P1797: Pero no es frecuentemente es uh esta pero ya parece que va o cuando toma café ...

Interviewer MF: Uhm.

Participant #P1797: O coca...

Interviewer MF: Uhm.

Participant #P1797: Entonces si empieza a estar orinando y si lo necesita entonces le digo tienes que dejarlo de tomar para que no estés así.

Interviewer MF: Aha. ¿Tiene que utilizar todavía pañales o protectores para adultos?

Participant #P1797: No. Entonces digo para que no pase un bochorno en la calle.

Interviewer MF: ¿Si si y eso cómo lo hace sentirse a él?

Participant #P1797: El lo toma a broma.

Interviewer MF: Uhm.

Participant #P1797: El lo toma a broma, a veces le digo quitatelo no te acostumbres a el.

Interviewer MF: Uhm.

Participant #P1797: Para que puedas este, manejarlo por ti mismo.

Interviewer MF: Sí.

Participant #P1797: Ve, y a veces no se lo pone pero a veces que vamos a salir dijo no no vayamos a pasar una una pena.

Interviewer MF: Uhm.

Participant #P1797: Entonces es cuando se lo pone.

Interviewer MF: Uhm. ¿Cuándo tuvo la cirugía la incontinencia estaba peor?

Participant #P1797: Sí. Cuando se la hicieron de reciente sí.

Interviewer MF: Sí. ¿Tuvo que usar pañales?

Participant #P1797: Si tuvo que usar pañales sí.

Interviewer MF: ¿Por cuanto tiempo mas o menos utilizó los pañales señora?

Participant #P1797: Como unos seis meses por ahí.

Interviewer MF: Uhm.

Participant #P1797: Uhm.

Interviewer MF: ¿Y él cómo se sentía con eso?

Participant #P1797: Pues no no no era de mucho agrado pero no había otro remedio.

Interviewer MF: Uhm uhm.

Participant #P1797: Se tiene que... nos tenemos que adaptar.

Interviewer MF: Claro claro.

Participant #P1797: No hay otro remedio.

Interviewer MF: Uhm.

Participant #P1797: Hay otra gente que está peor que uno.

Interviewer MF: Si eso es cierto.

Participant #P1797: Uhm.

Interviewer MF: ¿Ha tenido el algunos otros síntomas como por ejemplo los bochornos o calores que le llaman?

Participant #P1797: Sí.

Interviewer MF: También eso lo ha tenido.

Participant #P1797: Aha cada inyección que le ponen.

Interviewer MF: Uhm.

Participant #P1797: Como este mes que pasó...

Interviewer MF: Uhm.

Participant #P1797: Eh a veces a veces estaba el friaso...

Interviewer MF: Sí.

Participant #P1797: Y él se siente con mucho calor.

Interviewer MF: Sí.

Participant #P1797: Y a veces tiene frió y a veces se tapa y se destapa y así esta conforme va el mes pasando se le va yo creo que a la inyección se le va acabando la fuerza...

Interviewer MF: El efecto.

Participant #P1797: El efecto aha y ya empieza ya normal.

Interviewer MF: Uhm.

Participant #P1797: Aha.

Interviewer MF: ¿Cómo cree que se sienta él con esto, con ese síntoma de los calores?

Participant #P1797: ¡Ay! Yo lo veo desesperado sí.

Interviewer MF: Sí.

Participant #P1797: Cuando está así lo veo desesperado... reniega.

Interviewer MF: Uh OK.

Participant #P1797: Y le digo quítate pues no te pongas cobijas, no reniegues, porque uno de mujer también lo ha pasado.

Interviewer MF: Sí.

Participant #P1797: Aha le digo que no reniegue y pues ahí va nos echamos porras.

Interviewer MF: Claro.

Participant #P1797: ¿Verdad y qué vamos hacer?

Interviewer MF: ¿Ha tenido algún otro síntoma por ejemplo fatiga eh que se cansa muy rápido?

Participant #P1797: Sí.

Interviewer MF: Uhm.

Participant #P1797: Sí sí sí cuando más cuando se agache o va a hacer algo.

Interviewer MF: Sí.

Participant #P1797: O será porque esta un poquito de peso.

Interviewer MF: Uhm. ¿El esta trabajando ahorita?

Participant #P1797: Ahorita, no ha podido hallar trabajo.

Interviewer MF: ¡O! OK.

Participant #P1797: El esta yendo a buscar trabajo y no ha podido hallar.

Interviewer MF: Uhm.

Participant #P1797: Y horita menos.

Interviewer MF: Si la situación está bastante difícil.

Participant #P1797: Aha.

Interviewer MF: ¿Desde que tuvo su cirugía no ha regresado a trabajar?

Participant #P1797: No ha regresado a trabajar, primero por la operación y después la incontinencia...

Interviewer MF: Uhm.

Participant #P1797: Y el dice como voy a ir con el pamper así.

Interviewer MF: Sí.

Participant #P1797: Vea, entonces ya empezó así y el ya empezó a buscar trabajo, si lo han llamado pero va y luego dicen que lo van a llamar y pues yo pienso que también tiene que ver mucho la edad.

Interviewer MF: Uhm.

Participant #P1797: Que pues hay otra gente más joven.

Interviewer MF: Uhm. OK. ¿Y que tipo de cambios han tenido que hacer ustedes en su vida diaria después que tuvo el la cirugía señora?

Participant #P1797: Pues eh me imagino yo el tipo es es de la comida...

Interviewer MF: Si.

Participant #P1797: Hemos cambiado algo de de de las comidas.

Interviewer MF: ¿Me puede platicar un poquito sobre eso señora?

Participant #P1797: Si porque antes mira el comía bastante carne.

Interviewer MF: Uhm.

Participant #P1797: Eh bastante chile...

Interviewer MF: Uhm.

Participant #P1797: Mucho condimento, bastante grasita si p'a que voy a decir que no, pero ahora ya pues el pollo a vapor, el pollo en caldito quitado el pellejito, allá si queremos un poquito de carne es un pedacito.

Interviewer MF: Aha.

Participant #P1797: Comemos cada mes un pedacito no como antes cada quien un bistezote.

Interviewer MF: (LAUGHS)

Participant #P1797: Si y no no puede ser eso. Hay que cambiar la... veda.

Interviewer MF: Sí. ¿Y usted empezó a cambiar eso después de que el tuvo la cirugía?

Participant #P1797: No mire antes si cocinábamos pero no no no no de mucha grasa...

Interviewer MF: Aha.

Participant #P1797: Pero si comíamos así me imagino pasamos mas de lo que no debíamos de comer.

Interviewer MF: Entiendo.

Participant #P1797: Si si era un bistec teníamos que tener la tercera parte ve, antes si eran cuatro pedazos de pollo los hacemos dos.

Interviewer MF: Sí.

Participant #P1797: Antes de dos cucharas de arroz nos ponemos una o media.

Interviewer MF: Aha.

Participant #P1797: ¿Ve?

Interviewer MF: Y usted hizo esos cambios porque le recomendaron una dieta más...sana.

Participant #P1797: Si para él si yo pienso que para... por eso se alivió más rápido.

Interviewer MF: Uhm.

Participant #P1797: Eh ahí decía los síntomas que el podía tener.

Interviewer MF: Sí.

Participant #P1797: Si comía cosas que no debía.

Interviewer MF: Aha.

Participant #P1797: Entonces una vez le caló y se me puso malito.

Interviewer MF: ¿Qué fue lo que le paso señora?

Participant #P1797: El acidez, por ejemplo el limón...

Interviewer MF: Uh.

Participant #P1797: El café.

Interviewer MF: Uhm.

Participant #P1797: Ve, que sentía que la boca como sabor a hierro, sabor a hierro.

Interviewer MF: Uhm.

Participant #P1797: Y decía que se sentía desesperado. Entonces le quitamos todo eso.

Interviewer MF: Sí.

Participant #P1797: Y ya dije no hay necesidad de que estés... ni el limón ni nada la naranja.

Interviewer MF: Aha.

Participant #P1797: Ve, ahora ya lo puede asimilar.

Interviewer MF: Uhm.

Participant #P1797: Pero vamos poco a poquito pero no porque asimile este hay hay que volver otra vez a la misma rutina.

Interviewer MF: Eso es cierto señora. Y esos cambios bueno usted obviamente esta cambiando también su dieta. Alguien mas en su familia ha lo esta ayudando también a cambiar a que coma lo mismo que ustedes?

Participant #P1797: Sí. Mis hijos este comen cosas no no grasosas. Por ejemplo el pescado, el pollo, casi mucho mucho pollo.

Interviewer MF: Aha.

Participant #P1797: Eh el pescado muy poco pues ya ve que tiene mucho mercurio.

Interviewer MF: Sí.

Participant #P1797: Y hay que comerlo por lo menos una o dos veces a la semana.

Interviewer MF: Uhm.

Participant #P1797: Si se puede sino pues mejor pollito.

Interviewer MF: Uhm.

Participant #P1797: Si no pues se puede comer verduras.

Interviewer MF: Uhm.

Participant #P1797: Verduras.

Interviewer MF: Sí.

Participant #P1797: O soya he estado comprando soya.

Interviewer MF: Uhm.

Participant #P1797: Uhm.

Interviewer MF: ¿Algún otro tipo de cambio que haya tenido que hacer por ejemplo ahora que dejó de trabajar después de la cirugía, esto ha significado cambios para ustedes?

Participant #P1797: No fijese que no no no mucho cambio.

Interviewer MF: Uhm.

Participant #P1797: Porque como te digo eh al contrario eh respecto a la vida como dicen dice uno hay que no es muy cara.

Interviewer MF: Uhm.

Participant #P1797: Me refiero me refiero en esta manera que si uno puede comer menos con menos dinero y no porque uno no quiera si no el estómago te dice no.

Interviewer MF: Es cierto.

Participant #P1797: Por ejemplo la pimienta de las hamburguesas en la calle, olvídense.

Interviewer MF: Las eliminaron.

Participant #P1797: No no no no nada de eso.

Interviewer MF: Uhm.

Participant #P1797: Pero a veces si se antoja y como ambos comemos venimos mal para que más que la verdad.

Interviewer MF: (LAUGHS)

Participant #P1797: Y más que la verdad ya digo no y así decimos y y mejor evitar.

Interviewer MF: Sí.

Participant #P1797: O mejor mira te hago tu hamburguesa de soya compramos el pan integral y nos la comemos aquí.

Interviewer MF: ¡Ah perfecto!

Participant #P1797: Y es lo que hacemos.

Interviewer MF: Hay que bien señora, que bien. Uh el señor NAME ha mencionado algún otro problema, algún otro síntoma, algo que haya sentido después de que tuvo la cirugía?

Participant #P1797: Pues no no me ha comentado nada más que sus... tiene dolores de huesos.

Interviewer MF: OK.

Participant #P1797: El talón que dice que le duele mucho pero ahí dice que nos dijeron pues en el papel que nos dan.

Interviewer MF: Uhm.

Participant #P1797: Que son consecuencias de la radiación, si radiación.

Interviewer MF: Uhm. ¿Tuvo también radiación él?

Participant #P1797: Si tuvo radiación y la la inyección.

Interviewer MF: Ah OK.

Participant #P1797: Porque pienso que ahí decía no pienso si no que los síntomas que puede tener pero se le van a a se le van ir alejando.

Interviewer MF: Uhm.

Participant #P1797: Le duelen sus manos como si tuviera artritis.

Interviewer MF: Uhm.

Participant #P1797: Que a veces de estar caminando uh andaba renqueando ve.

Interviewer MF: ¿El le comenta a usted cómo la hace sentir todo eso?

Participant #P1797: Si se siente pues no como antes, pues él decía es que antes estaba más joven.

Interviewer MF: Uhm.

Participant #P1797: Ve, y a veces jugamos y ya ya es la bola es la Chechen...

Interviewer MF: (LAUGHS)

Participant #P1797: Veda, pero comas dice apenas empiezo en mis 20s en mis 40s dice.

Interviewer MF: Claro.

Participant #P1797: Son cuarenta ya va p'a los cin... son sesenta.

Interviewer MF: Aha. ¿Y em en la relación de pareja señora, en la convivencia diaria, cómo ha cambiado eso después que tuvo el el tratamiento?

Participant #P1797: Hm más unidos estamos.

Interviewer MF: Ah qué bueno.

Participant #P1797: Más unidos si porque tanto él como yo nos nos nos tenemos que ayudar apoyar.

Interviewer MF: Sí.

Participant #P1797: A veces yo me siento mal el ya anda ahí qué qué te doy que te hago, yo te ayudo yo puedo.

Interviewer MF: Uhm.

Participant #P1797: O si el está me dice espérate yo lo hago.

Interviewer MF: Uhm.

Participant #P1797: ¿Ve?

Interviewer MF: Sí.

Participant #P1797: Tenemos que apoyarnos uno al otro.

Interviewer MF: Sí. ¿Qué es lo que usted cree que le ha ayudado más a él a recuperarse de los síntomas que le ha dejado la cirugía?

Participant #P1797: Me imagino yo que es el de... que lo chiqueamos.

Interviewer MF: Uhm.

Participant #P1797: Eso es o sea que lo chiqueamos y que pues como esté así vamos a estar.

Interviewer MF: Uhm.

Participant #P1797: No va cambiar nada.

Interviewer MF: Uhm.

Participant #P1797: Hay que seguir adelante.

Interviewer MF: Sí. ¿Usted cómo se siente señora? ¿Que es lo que más le ha ayudado a lidiar con todo lo que pasado después de la cirugía?

Participant #P1797: No pues tener mucha paciencia.

Interviewer MF: Uhm.

Participant #P1797: Tanto él como yo.

Interviewer MF: Uhm.

Participant #P1797: Estar pacientes y decirnos lo que mira... esto esto y esto y y haber cómo hacemos las cosas para no estar discutiendo lo que o se va a poder.

Interviewer MF: Sí.

Participant #P1797: Y hay que seguirle.

Interviewer MF: Seguir adelante.

Participant #P1797: Seguir adelante si es que no va haber de otra.

Interviewer MF: Como no. ¿Usted platica con alguien más sobre cómo se siente sobre los problemas que han surgido?

Participant #P1797: La verdad no.

Interviewer MF: Uhm.

Participant #P1797: Porque pues a veces uno quiere comentar a alguna amistad a alguna amiga o una hermana y ya cuando menos piensa ya lo divulgo mas adelante y ya no es como uno lo platicó.

Interviewer MF: OK.

Participant #P1797: Desde aquí nosotros aquí la familia aquí estamos.

Interviewer MF: Uhm.

Participant #P1797: ¿Ve?

Interviewer MF: ¿Usted siente apoyo de su esposo y de su familia entonces?

Participant #P1797: Sí de mi esposo sí.

Interviewer MF: OK muy bien. ¿Con sus hijos habla también usted sobre cómo se siente usted?

Participant #P1797: Si con ellos si tengo confianza con ellos.

Interviewer MF: Uhm. ¿Y qué le comentan ellos a usted?

Participant #P1797: Pues a veces para jugar o algo verdad que tu papá aquí que tu aquí y nomás les da risa.

Interviewer MF: Sí.

Participant #P1797: Verdad, pero no no no como se dice están todos estamos bien pues no no hay como le diré... que diferencias de algo.

Interviewer MF: OK.

Participant #P1797: Aha.

Interviewer MF: Ahora em me gustaría hablar de cómo usted cree que los síntomas que ha tenido el por ejemplo obviamente la impotencia sexual...

Participant #P1797: Uhm.

Interviewer MF: ¿La incontinencia uh puedan estar afectando su relación de pareja? ¿Usted cree que ha cambiado en algo todo esto?

Participant #P1797: No yo no lo siento así.

Interviewer MF: Uhm.

Participant #P1797: Yo no lo siento así porque yo yo estoy segura que va va a salir bien todo.

Interviewer MF: Uhm. ¿Que ha sido lo más difícil para usted con con los síntomas que ha tenido su esposo señora?

Participant #P1797: ¿Cómo hombre? Porque a ellos no les gusta estar enfermos.

Interviewer MF: Uhm.

Participant #P1797: Y se pone y se apachurra.

Interviewer MF: Sí.

Participant #P1797: Entonces es lo que yo noto y le digo pero no te pongas así todo va a salir adelante, todo va a salir bien.

Interviewer MF: Uhm.

Participant #P1797: Hay que tener paciencia.

Interviewer MF: Sí.

Participant #P1797: Verdad.

Interviewer MF: ¿Y lo y lo que a el se la ha hecho mas difícil, que cree que a el se le ha hecho mas difícil de todos los efectos que ha tenido de la cirugía señora?

Participant #P1797: Pues lo difícil es machismo. (LAUGHS)

Interviewer MF: Sí.

Participant #P1797: Es machismo.

Interviewer MF: Aha. ¿Usted lo nota de alguna forma o le comenta el algo?

Participant #P1797: Antes si de primero si daba sus suspiros y lo veía yo apachurradón.

Interviewer MF: Uhm.

Participant #P1797: Pero como le digo no le digo ya nomás le pasa el efecto de la inyección.

Interviewer MF: Uhm.

Participant #P1797: Y empieza...

Interviewer MF: OK.

Participant #P1797: El gusanito y empieza y ya es que ya se está sintiendo bien.

Interviewer MF: Aha.

Participant #P1797: Aha.

Interviewer MF: ¿Entonces ustedes cómo cómo se ve de aquí a por ejemplo digamos seis meses que ya no va a tener la la inyección?

Participant #P1797: Pues yo creo que ojalá en eso estemos y que ojalá que todo salga bien cómo cómo estamos viendo y esperando que hay! yo pienso que si cuando se le acabe el efecto va empezar a tener su celebridad.

Interviewer MF: OK. ¿Y les ha comentado algo el doctor, sobre esto han hablado con él?

Participant #P1797: El si ha hablado.

Interviewer MF: Uhm.

Participant #P1797: El si, él me comenta.

Interviewer MF: Uhm.

Participant #P1797: Eh que si en cuanto pase las reacción si no pues hay otros métodos.

Interviewer MF: Uhm.

Participant #P1797: Como la Viagra.

Interviewer MF: Uhm.

Participant #P1797: O la bombita o hay una inyección.

Interviewer MF: Uhm.

Participant #P1797: Pero si no la necesitas le digo vamos a calar.

Interviewer MF: Ha...

Participant #P1797: A probar pues.

Interviewer MF: ¿Ha probado alguno de ustedes eh como por ejemplo medicamentos como la Viagra, ha tomado él algo?

Participant #P1797: Si de primero si pero no no la pudo soportar porque le lastimaba.

Interviewer MF: Hm.

Participant #P1797: Pero le digo yo espérate hombre al cabo eh eh primero que te acabes las inyecciones y luego ya vamos a ver.

Interviewer MF: Sí. Cuando tomó el Viagra que fue lo que, tuvo algún efecto secundario de la...

Participant #P1797: No no, nomás le dio miedito...

Interviewer MF: Ah bueno.

Participant #P1797: Se tomó la cuarta tercera parte yo creo.

Interviewer MF: Sí.

Participant #P1797: Se tomo muy poquito y decía no no le tengo miedo mejor me aplaco.

Interviewer MF: Decidieron esperar.

Participant #P1797: Estamos esperando, sí.

Interviewer MF: O OK perfecto.

Participant #P1797: Sí uhm.

Interviewer MF: ¿Hay alguna eh algo que usted note que haya cambiado ya sea que responde diferente, se comporta diferente después del tratamiento en alguna forma?

Participant #P1797: Mire de cambiar en lo que si ha cambiado muy chiqueado.

Interviewer MF: Uhm.

Participant #P1797: Es lo que tiene a veces hace unas razones de niño. Como que si un chocolate o algo ah el quiere su chocolate.

Interviewer MF: Sí.

Participant #P1797: ¿Ve? Cómo cómo si estuviera un adolescente, un chiquitillo un chiquitillo que quiera aquello.

Interviewer MF: Uhm.

Participant #P1797: Eh, como niño chiquito.

Interviewer MF: Sí.

Participant #P1797: Uhm.

Interviewer MF: ¿Y usted cómo se siente con eso señora?

Participant #P1797: ¿Ah pues nomás me da risa y que voy hacer?

Interviewer MF: Aha.

Participant #P1797: No lo voy a regañar ni voy a enojarme ni nada, le digo mira nomas hay que sacarte una foto para que veas el berrinche que estas haciendo.

Interviewer MF: (LAUGHS)

Participant #P1797: Aha.

Interviewer MF: OK señora.

Participant #P1797: Y después se me baja y ya es un ratito nada más.

Interviewer MF: OK.

Participant #P1797: Uhm.

Interviewer MF: ¿Entonces en general en términos generales, como pareja qué les ayuda a ustedes más para lidiar con todos los síntomas con todo lo que ha pasado después de que le diagnosticaron a él señora?

Participant #P1797: Pues echarle ganas.

Interviewer MF: Uhm.

Participant #P1797: Echarle ganas y seguir adelante. A seguir adelante y esperar.

Interviewer MF: Sí.

Participant #P1797: A esperar nomás con el miedo que no se le vuelva el cáncer.

Interviewer MF: Aha.

Participant #P1797: Que no vuelva a repetir... que no vuelva a retoñar el cáncer.

Interviewer MF: Claro.

Participant #P1797: Aha.

Interviewer MF: ¿El habla con usted sobre esto?

Participant #P1797: Si a veces hablamos, a veces le comento vete hacer tus chequeos tus análisis de sangre...

Interviewer MF: Uhm.

Participant #P1797: Si el si va a sus chequeos.

Interviewer MF: Uhm.

Participant #P1797: Y hay que estar pendientes de eso de no dejarnos de nada.

Interviewer MF: Uhm.

Participant #P1797: Porque a menos piensa se duerme aquello y ya vuelve a veces hasta peor.

Interviewer MF: Exacto.

Participant #P1797: Uhm.

Interviewer MF: Em ya para eh ya casi terminamos con la entrevista señora, ahora que ya han empezado varios meses ya casi un año de la cirugía, como se siente usted?

Participant #P1797: Pues yo me siento bien porque aquí lo tengo y todo salió bien.

Interviewer MF: Uhm.

Participant #P1797: Me siento bien y si veo que el se siente bien como le digo yo lo veo bien.

Interviewer MF: Sí.

Participant #P1797: Lo veo bien que veces como le digo a veces se ... tenemos el que sentir.

Interviewer MF: Si como no.

Participant #P1797: Aha, pero a veces amanecemos bien amanecemos con la... le digo a el con la paragua abierta o cerrada.

Interviewer MF: Si.

Participant #P1797: Abierta porque ya estamos enojados y cerrada porque ya se le bajo.

Interviewer MF: (LAUGHS) Es una señal.

Participant #P1797: Es una señal, por eso le digo.

Interviewer MF: ¿Claro, muy bien señora, entonces ya para concluir señora hay alguna cosa que usted crea que es importante que otras parejas sepan sobre los síntomas eh y los efectos secundarios que deja una cirugía, que cree que es lo más importante que hay que recordar para poder lidiar con todo esto?

Participant #P1797: No pues uh este como le diré, es importante comunicarnos.

Interviewer MF: Uhm.

Participant #P1797: Y si conoces a una persona y lo tienes en tu casa decir mira esto tengo a mi me paso esto y el otro y a seguir adelante.

Interviewer MF: Sí.

Participant #P1797: Ve, dale buena reconocion o mira has esto las comidas hay muchas personas que no saben y se ponen mas malas porque comen cualquier comida y no debe de ser.

Interviewer MF: Exacto.

Participant #P1797: ¿Eh? Les afecta pues las comidas que no deben de comer.

Interviewer MF: Claro. Muy bien señora, pues entonces con esto concluimos la entrevista, tiene algún comentario, ¿algo que crea que nos pueda ayudar a nosotros a entender lo que es pasar por un tratamiento de cirugía y de cáncer de próstata?

Participant #P1797: Ah pues que le puedo decir yo, el cáncer es el mas el mas... la enfermedad mas hay no, que no se puede explicar, no respeta...

Interviewer MF: Uhm.

Participant #P1797: Ni sexo ni edad.

Interviewer MF: Exacto.

Participant #P1797: ¿Verdad?

Interviewer MF: Sí. Pero ya este van saliendo adelante.

Participant #P1797: Vamos saliendo yo pienso que ya estamos afuera.

Interviewer MF: Que bien. Ojala que todo vaya saliendo bien.

Participant #P1797: Que todo salga así uhm.

Interviewer MF: Pues con esto concluye la entrevista señora, voy a parar la grabación le agradezco muchísimo su tiempo y su confianza para comentarnos todo lo que nos compartió.

Participant #P1797: Aha si vamos bien gracias a Dios.

Interviewer MF: Me da mucho gusto, permítame un segundo...

Participant #P1797: Aha.

END OF CASSETTE

Partner of man with prostate cancer Spanish language transcript translated

Six months follow / couple study

ID #P1797

Date: 1/13/09

Interviewer MF: Very well, now, Mrs. [NAME], since the last interview that we had for this study, how have the symptoms changed that your husband has had since the surgery?

Participant #P1797: I see him very positive.

Interviewer MF: Uh huh.

Participant #P1797: I feel he is very positive. Right now there haven't been any sexual relations because they have given him an injection

Interviewer MF: Yes.

Participant #P1797: And that like turns him off

Interviewer MF: Yes.

Participant #P1797: But once, every three months, the potency of the injection wears off and he starts to, I get with him, because he starts to feel better and I also start to feel better, I tell him, he will get out of this, he will be freed of this.

Interviewer MF: Of course.

Participant #P1797: Right?

Interviewer MF: And apart from the erectile dysfunction does he have any other problem that the surgery has left behind, M'am?

Participant #P1797: Well...I don't think so because he hasn't complained and to me he doesn't seem frustrated or anything.

Interviewer MF: Uhm.

Participant #P1797: It must be because I'm supportive and I'm not pressuring him.

Interviewer MF: Of course.

Participant #P1797: You see, if I see that he can't, one must wait.

Interviewer MF: Uhm.

Participant #P1797: They gave him the last injection this December.

Interviewer MF: OK.

Participant #P1797: In other words, one must wait.

Interviewer MF: And when did they start to give him the injections?

Participant #P1797: Oh, after the surgery.

Interviewer MF: Was it soon after the surgery?

Participant #P1797: Yes, there were four of them and the last one was in December.

Interviewer MF: Uhm.

Participant #P1797: Uh huh.

Interviewer MF: And they're not giving him any more?

Participant #P1797: No, not anymore. We are waiting to see what reaction he has.

Interviewer MF: Let's hope that everything turns out well.

Participant #P1797: I think that everything will turn out well.

Interviewer MF: Yes, so that also has caused problems with sexual impotence?

Participant #P1797: Yes.

Interviewer MF: How do you think your husband feels about this?

Participant #P1797: Uhm, I think, well, see, who knows what he feels in his own skin, but he doesn't show it.

Interviewer MF: Uhm.

Participant #P1797: See, I think that if I was a different person, I'd be demanding.

Interviewer MF: Uhm.

Participant #P1797: So if I see that he can't, why am I going to demand it.

Interviewer MF: Yes.

Participant #P1797: You know what I mean? Man doesn't live by bread alone.

Interviewer MF: That is true.

Participant #P1797: Right? I say as long as we're together since children we're not having anymore.

Interviewer MF: Uhm.

Participant #P1797: You see, we must be supportive of each other.

Interviewer MF: It's very true, M'am. Did Mr. [NAME] have another problem, for example, with urinary incontinence?

Participant #P1797: Yes, he still does, every time he bends over or he laughs...

Interviewer MF: Uhm.

Participant #P1797: It leaks.

Interviewer MF: Uh.

Participant #P1797: But sometimes he's dry all day but if he wants to or carries a bag of groceries...

Interviewer MF: Yes.

Participant #P1797: He leaks pee [urine].

Interviewer MF: Ok.

Participant #P1797: But it's not frequent, but it seems that, or when he drinks coffee

Interviewer MF: Uhm.

Participant #P1797: Or coke

Interviewer MF: Uhm.

Participant #P1797: Then he does start to urinate and if he needs it, I tell him you have to stop drinking so that doesn't happen like that.

Interviewer MF: Uh huh. Does he still have to use pampers or protectors for adults?

Participant #P1797: No. So I tell him so that he won't experience an embarrassment in the streets.

Interviewer MF: Yes, yes and does that make him feel?

Participant #P1797: He takes it as a joke.

Interviewer MF: Uhm.

Participant #P1797: He takes it as a joke, but I tell him, take it off, don't get used to it.

Interviewer MF: Uhm.

Participant #P1797: So that you can control it on your own.

Interviewer MF: Yes.

Participant #P1797: And sometimes he doesn't wears it but sometimes when we're planning to go out, I tell him, we don't want to suffer an embarrassment.

Interviewer MF: Uhm.

Participant #P1797: So that is when he puts one on.

Interviewer MF: Uhm. When he had the surgery was the incontinence worse?

Participant #P1797: Yes, when he just had it, yes.

Interviewer MF: Yes. Did he have to use pampers?

Participant #P1797: Yes he had to use pampers, yes.

Interviewer MF: For about how long did he have to use the pampers, Sir?

Participant #P1797: Like around some six months.

Interviewer MF: Uhm.

Participant #P1797: Uhm.

Interviewer MF: And how did he feel about that?

Participant #P1797: Well, no, it wasn't very pleasant, but there was no other choice.

Interviewer MF: Uhm uhm.

Participant #P1797: He has to...we have to adapt.

Interviewer MF: Of course, of course.

Participant #P1797: There's no other choice.

Interviewer MF: Uhm.

Participant #P1797: There other people who are worse off.

Interviewer MF: Yes, that's true.

Participant #P1797: Uhm.

Interviewer MF: Has he had any other symptoms, for example, hot flashes, as they call them?

Participant #P1797: Yes.

Interviewer MF: He's also had that?

Participant #P1797: Aha with every injection that they give him.

Interviewer MF: Uhm.

Participant #P1797: Like this month that just passed...

Interviewer MF: Uhm.

Participant #P1797: Sometimes it was very cold...

Interviewer MF: Yes.

Participant #P1797: ...and he feels very hot.

Interviewer MF: Yes.

Participant #P1797: And sometimes he's cold and he puts the covers on and takes them off and that's how he is and once the month passes I think that the injection loses its strength.

Interviewer MF: The effect.

Participant #P1797: Yes, the effect and he starts to feel normal.

Interviewer MF: Uhm.

Participant #P1797: Yes.

Interviewer MF: How do you think he feels about this, with this symptom of the hot flashes?

Participant #P1797: Oh! I see that he's frustrated, yes.

Interviewer MF: Yes.

Participant #P1797: When he's like that I see that he's frustrated...he complains.

Interviewer MF: Uh OK.

Participant #P1797: And I tell him, take it off, don't put the covers on, don't complain, because as a woman, I've also gone through it.

Interviewer MF: Yes.

Participant #P1797: Yes, I tell him not to complain and well we give each other support.

Interviewer MF: Of course.

Participant #P1797: Right? What else are we going to do?

Interviewer MF: Have you had any other symptom, for example, fatigue that makes him get tired easily?

Participant #P1797: Yes.

Interviewer MF: Uhm.

Participant #P1797: Yes, yes, more so when he bends over or is going to do something.

Interviewer MF: Yes.

Participant #P1797: Or maybe it's because he's a little overweight.

Interviewer MF: Uhm. Is he currently working?

Participant #P1797: Right now he hasn't been able to find work.

Interviewer MF: Oh! OK.

Participant #P1797: He's been going out to find work, but he hasn't been able to find any.

Interviewer MF: Uhm.

Participant #P1797: And now even less.

Interviewer MF: Yes, the situation is quite difficult.

Participant #P1797: Yes.

Interviewer MF: Since he had the surgery he hasn't returned to work?

Participant #P1797: He hasn't returned to work, first, because of the surgery, and then because of the incontinence...

Interviewer MF: Uhm.

Participant #P1797: And he says how can I go back to work if I'm wearing a pamper.

Interviewer MF: Yes.

Participant #P1797: You see, he has started to look for work and they have called him and then they tell him they will call him and well, I think that his age has a lot to do with it.

Interviewer MF: Uhm.

Participant #P1797: Because there are people who are much younger.

Interviewer MF: Uhm. OK. And what types of changes have you both had to make in your daily life since the surgery, M'am?

Participant #P1797: Well, I imagine, the type is...the food

Interviewer MF: Yes.

Participant #P1797: We have changed some of the meals.

Interviewer MF: Can you talk to me a little bit about this, M'am?

Participant #P1797: Yes, because, you see, he used to eat quite a bit of red meat.

Interviewer MF: Uhm.

Participant #P1797: And quite a bit of chile...

Interviewer MF: Uhm.

Participant #P1797: A lot of condiments, quite a bit of fat, why should I say he didn't, but now, he eats steamed chicken, chicken soup, chicken without the skin, and if we want some red meat, we'll have just a little piece.

Interviewer MF: Yeah.

Participant #P1797: We have a little piece of red meat once a month, not like before we'd each have a huge steak.

Interviewer MF: (LAUGHS)

Participant #P1797: Yes it can't be like that anymore. We have to change the...right?

Interviewer MF: Yes. And you began to make those changes after he had the surgery?

Participant #P1797: No, look, we didn't use a lot of fat when we cooked...

Interviewer MF: Aha.

Participant #P1797: But we would eat like that...I just imagine that we ate more than we should...

Interviewer MF: I understand.

Participant #P1797: Yes, if it was steak, we had to have the third piece, you know what I mean? Before we used to eat four pieces of chicken, now we eat only two.

Interviewer MF: Yes.

Participant #P1797: Before we had two servings of rice and now we have just one or half of one.

Interviewer MF: Yes.

Participant #P1797: You know what I mean?

Interviewer MF: And you made those changes because they recommended a healthier diet?

Participant #P1797: Yes, for him, I think so that...because of that he had a speedier recovery.

Interviewer MF: Uhm.

Participant #P1797: There it said the symptoms that he could have...

Interviewer MF: Yes.

Participant #P1797: ...if he ate things he shouldn't.

Interviewer MF: Yeah.

Participant #P1797: Then one day he tried it and he got sick.

Interviewer MF: What is it that happened to him, M'am?

Participant #P1797: The acidity of, for example, of the lemon

Interviewer MF: Uh.

Participant #P1797: The coffee

Interviewer MF: Uhm.

Participant #P1797: You know what I mean? He felt he had the taste of iron in his mouth, the taste of iron.

Interviewer MF: Uhm.

Participant #P1797: And he would say that the felt frustrated. So then we eliminated all those things for him.

Interviewer MF: Yes.

Participant #P1797: And I told him, there's no need for you to have lemon or oranges.

Interviewer MF: Aha.

Participant #P1797: And now look, he can handle them.

Interviewer MF: Uhm.

Participant #P1797: But little by little. Just because he can handle them doesn't mean that once again he'll return to the same routine.

Interviewer MF: That is true, M'am. And those changes, you are also obviously making those changes in diet? Has anybody else in your family also helped you to make these changes or who is eating the same as you?

Participant #P1797: Yes. My children eat things that aren't too fatty, for example, fish, chicken, mostly chicken.

Interviewer MF: Aha.

Participant #P1797: Very little fish, as you know, it has a lot of mercury.

Interviewer MF: Yes.

Participant #P1797: And one should eat it once or twice a week.

Interviewer MF: Uhm.

Participant #P1797: If we can't, then, chicken instead.

Interviewer MF: Uhm.

Participant #P1797: If not, we can also eat vegetables.

Interviewer MF: Uhm.

Participant #P1797: Vegetables.

Interviewer MF: Yes.

Participant #P1797: Or soy, I've been buying soy.

Interviewer MF: Uhm.

Participant #P1797: Uhm.

Interviewer MF: Any other type of change that you've had to make, for example, now that he's stopped working after the surgery, has this been a significant change for the both of you?

Participant #P1797: Actually no, not much of a change.

Interviewer MF: Uhm.

Participant #P1797: Because as I say, on the contrary, with respect to living, like they say, it's not that expensive.

Interviewer MF: Uhm.

Participant #P1797: I'm referring to it in this way, that you can eat less with less money and not because you don't want to, but because your stomach tells you that you can't [eat more].

Interviewer MF: That's true.

Participant #P1797: For example, the seasonings of fast food hamburgers, forget about it.

Interviewer MF: You've eliminated them.

Participant #P1797: Right, none, none of that.

Interviewer MF: Uhm.

Participant #P1797: But sometimes you do crave them and since we both eat them, we return home feeling sick, to tell you the truth.

Interviewer MF: (LAUGHS)

Participant #P1797: And worse than before, I rather not, so we decide it's better to avoid them.

Interviewer MF: Yes.

Participant #P1797: So instead I'll make him his soy burger, we can buy wheat bread, and we can eat them here at home.

Interviewer MF: Oh perfect!

Participant #P1797: And that's what we do.

Interviewer MF: Oh, that's great, M'am, very good. Has Mr. [NAME] mentioned any other problem, any other symptom, something that he's felt since he had the surgery?

Participant #P1797: Well, no, he hasn't mentioned any more than just his...he has pain in his bones.

Interviewer MF: OK.

Participant #P1797: He says his heel hurts very much but it says that in the paper they gave us.

Interviewer MF: Uhm.

Participant #P1797: That these are consequences of the radiation, yes, the radiation.

Interviewer MF: Uhm. He also had radiation?

Participant #1797: Yes he has radiation and the injection.

Interviewer MF: Oh, OK!

Participant #P1797: Because I think that's what it says there, yes, I think it lists the symptoms that he can have, but they'll start to go away.

Interviewer MF: Uhm.

Participant #P1797: His hands hurt as if he had arthritis.

Interviewer MF: Uhm. And sometimes instead of walking, he's like limping, you see?

Participant #P1797:

Interviewer MF: Has he mentioned how all of this makes him feel?

Participant #P1797: Well, he doesn't feel like before, well he says that before he was much younger.

Interviewer MF: Uhm.

Participant #P1797: You know what I mean? And sometimes we joke that it's old age.

Interviewer MF: (LAUGHS)

Participant #P1797: Right? But he says that he's just starting his 20s, he's in his 40s, he says.

Interviewer MF: Of course.

Participant #P1797: In his 40s, he's heading toward 50...no, it's 60.

Interviewer MF: Aha. And in your relationship as a couple, M'am, in your daily co-habitation, how has that changed after he had the treatment?

Participant #P1797: Hm, we're more united.

Interviewer MF: Ah, that's good.

Participant #P1797: Yes, more united, because he, as much as I, have to help to support each other.

Interviewer MF: Yes.

Participant #P1797: Sometimes I don't feel well and he's going around asking what can I give you, what can I do for you, I'll help you, I can.

Interviewer MF: Uhm.

Participant #P1797: And if he doesn't feel well, I say, wait, I'll do it.

Interviewer MF: Uhm.

Participant #P1797: You see what I mean?

Interviewer MF: Yes.

Participant #P1797: We have to be supportive of each other.

Interviewer MF: Yes. What is it that you think has helped him the most to recover from the after effects of the surgery?

Participant #P1797: I imagine that it's that we baby him (spoil him).

Interviewer MF: Uhm.

Participant #P1797: That's it, in other words, that we spoil him and no matter what, we'll be here for him.

Interviewer MF: Uhm.

Participant #P1797: That's not going to change.

Interviewer MF: Uhm.

Participant #P1797: We have to move beyond this.

Interviewer MF: Yes. How do you feel, M'am? What is it that has helped you the most to deal with all that happened since the surgery?

Participant #P1797: No, well, having a lot of patience.

Interviewer MF: Uhm.

Participant #P1797: So much him as me (Both of us).

Interviewer MF: Uhm.

Participant #P1797: Being patient and to tell each other this, that and the other, and figure out how things should be done if we can do them so that we don't fight.

Interviewer MF: Yes.

Participant #P1797: And we have to keep moving forward.

Interviewer MF: Move forward.

Participant #P1797: Yes, move forward, since there's no other choice.

Interviewer MF: Of course. Do you talk to anybody else about this, about how you feel about the problems that have emerged?

Participant #P1797: Honestly, no.

Interviewer MF: Uhm.

Participant #P1797: Because, well, sometimes, a person wants to mention it to an acquaintance, a friend, or a sister and before you know it, you've divulged more than you should and it turns out not like you said it.

Interviewer MF: OK.

Participant #P1797: Here the family is here with him.

Interviewer MF: Uhm.

Participant #P1797: You know what I mean?

Interviewer MF: So you feel support from your husband and your husband, then?

Participant #P1797: Yes, from my husband, yes.

Interviewer MF: OK very well. Do you also talk with your children about how you feel?

Participant #P1797: Yes, with them I do have trust.

Interviewer MF: Uhm. And what do you tell them?

Participant #P1797: Well sometimes to joke around or something that your dad did this or that and we just laugh.

Interviewer MF: Yes.

Participant #P1797: You know what I mean? But, how do you say, we're all doing fine, there isn't, how do you say, any disagreements over anything.

Interviewer MF: OK.

Participant #P1797: Aha.

Interviewer MF: Now I'd like to talk about how you think that the symptoms that he's had, for example, obviously the sexual impotence...

Participant #P1797: Uhm.

Interviewer MF: ...or the incontinence could be affecting your relationship as a couple. Do you think it has changed in any way?

Participant #P1797: No, I don't feel it is.

Interviewer MF: Uhm.

Participant #P1797: I don't feel it is because I'm sure that everything will turn out well.

Interviewer MF: Uhm. What has been most difficult for you with the symptoms that your husband has had, M'am?

Participant #P1797: As a man? Because [men] don't like to be sick.

Interviewer MF: Uhm.

Participant #P1797: If he gets sick, he feels down.

Interviewer MF: Yes.

Participant #P1797: So that is what I've noticed and I tell him, but don't get like that, you will move beyond this, everything will turn out well.

Interviewer MF: Uhm.

Participant #P1797: We have to be patient.

Interviewer MF: Yes.

Participant #P1797: Right?

Interviewer MF: And what has been most difficult for him, what do you think has been the most difficult of all the side effects he's had from the surgery, M'am?

Participant #P1797: Well, the difficult thing is the machismo. (LAUGHS)

Interviewer MF: Yes.

Participant #P1797: It's machismo.

Interviewer MF: Aha. Do you notice act in a certain way or does he mention something to you?

Participant #P1797: Before yes, in the beginning, he would sigh and I would see that him kind of down.

Interviewer MF: Uhm.

Participant #P1797: But as I said once the effect of the injection wears off...

Interviewer MF: Uhm.

Participant #P1797: ...and he starts to

Interviewer MF: OK.

Participant #P1797: to think about [sex] and you know he's starting to feel better...

Interviewer MF: Aha.

Participant #P1797: Aha.

Interviewer MF: And so how do you see yourself in, for example, six months, when he won't have to have the injection?

Participant #P1797: Well, let's hope that everything turns out well, we are waiting to see, I think that once the effect wears off he'll start to be in his glory

Interviewer MF: OK. And has the doctor mentioned anything to you? Have they talked to him about this?

Participant #P1797: Yes my husband has.

Interviewer MF: Uhm.

Participant #P1797: Yes, he has, he has mentioned it to me.

Interviewer MF: Uhm.

Participant #P1797: Once the reaction passes, well, there will be other methods.

Interviewer MF: Uhm.

Participant #P1797: Like Viagra.

Interviewer MF: Uhm.

Participant #P1797: Or the little pump and there's also an injection.

Interviewer MF: Uhm.

Participant #P1797: But if you don't need those things, we go ahead and try.

Interviewer MF: Ha...

Participant #P1797: To test it, in other words.

Interviewer MF: Has he tried any, like, for example, any medications like Viagra? Has he taken anything?

Participant #P1797: Yes, at first he did, but he couldn't withstand it because it hurt him.

Interviewer MF: Hm.

Participant #P1797: But I told him, you need to wait until you finish with the injections and later we will try.

Interviewer MF: Yes. When he took the Viagra, what is it...did he have a side effect?

Participant #P1797: No, no, he just got a little scared

Interviewer MF: Oh OK.

Participant #P1797: He took $\frac{3}{4}$ of a piece, I think.

Interviewer MF: Yes.

Participant #P1797: He took very little and he said, no, no, I'm scared, I better just calm down.

Interviewer MF: You decided to wait.

Participant #P1797: We are waiting, yes.

Interviewer MF: Oh, OK, perfect.

Participant #P1797: Yes.

Interviewer MF: Is there anything you've noticed, such as him responding differently, does he act differently in any way since the treatment?

Participant #P1797: Let's see in terms of changes, he has changed, he's very spoiled (like a baby/needy).

Interviewer MF: Uhm.

Participant #P1797: That's what he has. He sometimes has the reasoning of a child. If he wants a chocolate, he has to have his chocolate.

Interviewer MF: Yes.

Participant #P1797: You know what I mean? As if he was an adolescent, a little kid, a little kid that wants whatever.

Interviewer MF: Uhm.

Participant #P1797: Yeah, like a little kid.

Interviewer MF: Yes.

Participant #P1797: Uhm.

Interviewer MF: And how do you feel about that, M'am?

Participant #P1797: Oh, well, I just laugh, what else can I do?

Interviewer MF: Aha.

Participant #P1797: I'm not going to scold him or get upset or anything. I just tell him, let's take a picture so you can see the tantrum you're throwing.

Interviewer MF: (LAUGHS)

Participant #P1797: Aha.

Interviewer MF: OK, M'am.

Participant #P1797: And later he stops. It's just for a little while.

Interviewer MF: OK.

Participant #P1797: Uhm.

Interviewer MF: So then, in general, in general terms, as a couple, what has most help you both to deal with all of the symptoms, with everything that has passed since they diagnosed him, M'am?

Participant #P1797: Well we have to give it our all.

Interviewer MF: Uhm.

Participant #P1797: Give it our all and move forward. Press ahead and wait.

Interviewer MF: Yes.

Participant #P1797: To just wait with the fear that the cancer will return.

Interviewer MF: Aha.

Participant #P1797: That it won't happen again...that the cancer won't return.

Interviewer MF: Of course.

Participant #P1797: Aha.

Interviewer MF: Does he talk to you about this?

Participant #P1797: Yes, sometimes we talk; sometimes I tell him, go get your check-ups, your bloodwork

Interviewer MF: Uhm.

Participant #P1797: And he does go get his check-ups

Interviewer MF: Uhm.

Participant #P1797: We have to be on top of that, not let any of that go.

Interviewer MF: Uhm.

Participant #P1797: Because if you don't keep your eye on that, it'll return and maybe even worse.

Interviewer MF: Exactly.

Participant #P1797: Uhm.

Interviewer MF: And we're almost done with the interview, M'am. Now that several months have passed, almost one year since the surgery, how do you feel?

Participant #P1797: Well, I feel fine because I have him here and everything turned out okay.

Interviewer MF: Uhm.

Participant #P1797: I feel fine and if I see him well, because as I've said, he seems fine to me.

Interviewer MF: Yes.

Participant #P1797: I see that he is fine, but sometimes we have to feel.

Interviewer MF: Yes, of course.

Participant #P1797: Aha, but sometimes we wake up well and sometimes [not]. Like I tell him, sometimes we wake up with an open umbrella, sometimes with it closed.

Interviewer MF: Yes.

Participant #P1797: Open because we're upset and closed because [the upset] went away.

Interviewer MF: (LAUGHS) It's a sign.

Participant #P1797: It's a sign, that's why I tell him that.

Interviewer MF: Of course. Very well, M'am, so to conclude, M'am, is there anything else that you believe is important for other couples to know about the symptoms and the secondary effects that result from surgery? What do you think is the most important thing that you have to remember to be able to deal with all of this?

Participant #P1797: No, well, how can I say this, it's important that we communicate.

Interviewer MF: Uhm.

Participant #P1797: And if you know a person and you live with them you have to tell him, look, this happened to me and move forward...

Interviewer MF: Yes.

Participant #P1797: You know what I mean? Pay them attention or tell them do this with the meal. There are a lot of people that don't know and they get worse because they eat anything and that's not how it should be.

Interviewer MF: Exactly.

Participant #P1797: The food that they shouldn't eat does affect them.

Interviewer MF: Of course. Very well, M'am, then with this we conclude this interview. Do you have any comment? Anything that you believe could help us understand what it's like to go through a treatment, a surgery, for prostate cancer?

Participant #P1797: Oh, well, what can I tell you, cancer is the most, the most, the illness that doesn't consider...

Interviewer MF: Uhm.

Participant #P1797: ...sex or age.

Interviewer MF: Exactly.

Participant #P1797: Right?

Interviewer MF: Yes, but now you're moving past it.

Participant #P1797: We're moving past it and I think we're done with it.

Interviewer MF: That's good. Let's hope everything goes well.

Participant #P1797: That everything goes well, yes.

Interviewer MF: Well, then, this concludes this interview, M'am, I'm going to stop the recording. Thank you very much for your time and your trust for all the things you've shared with us.

Participant #P1797: Yes, we're doing well, thank God.

Interviewer MF: I've very glad, excuse me one second.

Participant #P1797: Uh huh.

END OF CASSETTE

Partner of man with prostate cancer Spanish language transcript coded

Six months follow / couple study

ID #P1797

Date: 1/13/09

Interviewer MF: Very well, now, Mrs. [NAME], since the last interview that we had for this study, how have the symptoms changed that your husband has had since the surgery?

Participant #P1797: I see him very positive.

[Seeing husband as positive](#)

Interviewer MF: Uh huh.

Participant #P1797: I feel he is very positive. Right now there haven't been any sexual relations because they have given him an injection

[Feeling husband has been very positive.](#)

[Being unable to have sexual relations with her husband due to the Lupron injections](#)

Interviewer MF: Yes.

Participant #P1797: And that like turns him off

Interviewer MF: Yes.

Participant #P1797: But once, every three months, the potency of the injection wears off and he starts to, I get with him, because he starts to feel better and I also start to feel better, I tell him, he will get out of this, he will be freed of this.

Interviewer MF: Of course.

Participant #P1797: Right?

Interviewer MF: And apart from the erectile dysfunction does he have any other problem that the surgery has left behind, M'am?

Participant #P1797: Well...I don't think so because he hasn't complained and to me he doesn't seem frustrated or anything.

[Believing her husband hasn't been experiencing any other problems from the surgery.](#)

Noticing husband has been complaining and doesn't seem frustrated.

Interviewer MF: Uhm.

Participant #P1797: It must be because I'm supportive and I'm not pressuring him.

Being supportive.

Not pressuring husband

Interviewer MF: Of course.

Participant #P1797: You see, if I see that he can't, one must wait.

Interviewer MF: Uhm.

Participant #P1797: They gave him the last injection this December.

Interviewer MF: OK.

Participant #P1797: In other words, one must wait.

Waiting because she sees that her husband can not have sexual relations

Interviewer MF: And when did they start to give him the injections?

Participant #P1797: Oh, after the surgery.

Interviewer MF: Was it soon after the surgery?

Participant #P1797: Yes, there were four of them and the last one was in December.

Knowing her husband has received 4 Lupron injections, the first soon after his surgery and the last in December.

Interviewer MF: Uhm.

Participant #P1797: Uh huh.

Interviewer MF: And they're not giving him any more?

Participant #P1797: No, not anymore. We are waiting to see what reaction he has.

Knowing her husband is no longer receiving Lupron injections.

Waiting to see how her husband reacts to being off Lupron

Interviewer MF: Let's hope that everything turns out well.

Participant #P1797: I think that everything will turn out well.

Thinking everything will turn out well.

Interviewer MF: Yes, so that also has caused problems with sexual impotence?

Participant #P1797: Yes.

Interviewer MF: How do you think your husband feels about this?

Participant #P1797: Uhm, I think, well, see, who knows what he feels in his own skin, but he doesn't show it.

Being unsure of exactly how her husband feels.

[Knowing her husband doesn't show his frustration](#)

Interviewer MF: Uhm.

Participant #P1797: See, I think that if I was a different person, I'd be demanding.

Thinking that if she were a different person she might demand sex from her husband.

Interviewer MF: Uhm.

Participant #P1797: So if I see that he can't, why am I going to demand it.

Seeing no purpose in demanding sex if she can see that he can't perform sexually.

Interviewer MF: Yes.

Participant #P1797: You know what I mean? Man doesn't live by bread alone.

Interviewer MF: That is true.

Participant #P1797: Right? I say as long as we're together since children we're not having anymore.

[Believing that being together is the important thing](#)

Interviewer MF: Uhm.

Participant #P1797: You see, we must be supportive of each other.

[Being supportive of one another](#)

Interviewer MF: It's very true, M'am. Did Mr. [NAME] have another problem, for example, with urinary incontinence?

Participant #P1797: Yes, he still does, every time he bends over or he laughs...

Interviewer MF: Uhm.

Participant #P1797: It leaks.

Interviewer MF: Uh.

Participant #P1797: But sometimes he's dry all day but if he wants to or carries a bag of groceries...

Interviewer MF: Yes.

Participant #P1797: He leaks pee [urine].

Noticing husband experiencing stress incontinence.

Interviewer MF: Ok.

Participant #P1797: But it's not frequent, but it seems that, or when he drinks coffee

Interviewer MF: Uhm.

Participant #P1797: Or coke

Interviewer MF: Uhm.

Participant #P1797: Then he does start to urinate and if he needs it, I tell him you have to stop drinking so that doesn't happen like that.

Noticing husband urinates frequently when he drinks coffee or coke.

Interviewer MF: Uh huh. Does he still have to use pampers or protectors for adults?

Participant #P1797: No. So I tell him so that he won't experience an embarrassment in the streets.

Telling husband to stop drinking caffeinated beverages

Interviewer MF: Yes, yes and does that make him feel?

Participant #P1797: He takes it as a joke.

Interviewer MF: Uhm.

Participant #P1797: He takes it as a joke, but I tell him, take it off, don't get used to it.

Interviewer MF: Uhm.

Participant #P1797: So that you can control it on your own.

Encouraging her husband to learn to control his urine.

Interviewer MF: Yes.

Participant #P1797: And sometimes he doesn't wears it but sometimes when we're planning to go out, I tell him, we don't want to suffer an embarrassment.

Interviewer MF: Uhm.

Participant #P1797: So that is when he puts one on.

Knowing husband doesn't have to use pampers/protectors anymore.

[Encouraging husband to wear the pampers/protectors when the go out to spare them any embarrassment.](#)

Interviewer MF: Uhm. When he had the surgery was the incontinence worse?

Participant #P1797: Yes, when he just had it, yes.

Being aware her husband's incontinence was worse right after surgery.

Interviewer MF: Yes. Did he have to use pampers?

Participant #P1797: Yes he had to use pampers, yes.

Interviewer MF: For about how long did he have to use the pampers, Sir?

Participant #P1797: Like around some six months.

[Observing husband having to use pampers for 6 moths after surgery](#)

Interviewer MF: Uhm.

Participant #P1797: Uhm.

Interviewer MF: And how did he feel about that?

Participant #P1797: Well, no, it wasn't very pleasant, but there was no other choice.

Being aware it was not pleasant for her husband to wear diapers.

Interviewer MF: Uhm uhm.

Participant #P1797: He has to...we have to adapt.

Having to adapt.

Interviewer MF: Of course, of course.

Participant #P1797: There's no other choice.

Feeling there was no other choice.

Interviewer MF: Uhm.

Participant #P1797: There other people who are worse off.

Knowing there are other people who are worse off.

Interviewer MF: Yes, that's true.

Participant #P1797: Uhm.

Interviewer MF: Has he had any other symptoms, for example, hot flashes, as they call them?

Participant #P1797: Yes.

Interviewer MF: He's also had that?

Participant #P1797: Aha with every injection that they give him.

[Knowing husband experiences hot flashes due to the Lupron injections](#)

Interviewer MF: Uhm.

Participant #P1797: Like this month that just passed...

Interviewer MF: Uhm.

Participant #P1797: Sometimes it was very cold...

Interviewer MF: Yes.

Participant #P1797: ...and he feels very hot.

Observing husband feeling very hot when the actual temperature is very cold.

Interviewer MF: Yes.

Participant #P1797: And sometimes he's cold and he puts the covers on and takes them off and that's how he is and once the month passes I think that the injection loses its strength.

Interviewer MF: The effect.

Participant #P1797: Yes, the effect and he starts to feel normal.

Noticing, after one month, the Lupron starts to lose its strength and her husband starts to feel normal.

Interviewer MF: Uhm.

Participant #P1797: Yes.

Interviewer MF: How do you think he feels about this, with this symptom of the hot flashes?

Participant #P1797: Oh! I see that he's frustrated, yes.

[Seeing that the hot flashes frustrate her husband](#)

Interviewer MF: Yes.

Participant #P1797: When he's like that I see that he's frustrated...he complains.

[Hearing husband complain about the hot flashes](#)

Interviewer MF: Uh OK.

Participant #P1797: And I tell him, take it off, don't put the covers on, don't complain, because as a woman, I've also gone through it.

Instructing husband about how to minimize the hot flashes.

[Telling husband not to complain about the hot flashes.](#)

[Expressing her empathy.](#)

Interviewer MF: Yes.

Participant #P1797: Yes, I tell him not to complain and well we give each other support.

Telling her husband not to complain.

[Giving one another support.](#)

Interviewer MF: Of course.

Participant #P1797: Right? What else are we going to do?

Feeling there is nothing else to do.

Interviewer MF: Have you had any other symptom, for example, fatigue that makes him get tired easily?

Participant #P1797: Yes.

Noticing her husband getting fatigued

Interviewer MF: Uhm.

Participant #P1797: Yes, yes, more so when he bends over or is going to do something.

Interviewer MF: Yes.

Participant #P1797: Or maybe it's because he's a little overweight.

Questioning whether her husband's fatigue is from the Lupron or because he is overweight.

Interviewer MF: Uhm. Is he currently working?

Participant #P1797: Right now he hasn't been able to find work.

Interviewer MF: Oh! OK.

Participant #P1797: He's been going out to find work, but he hasn't been able to find any.

Being aware her husband is currently unable to find work.

Interviewer MF: Uhm.

Participant #P1797: And now even less.

Interviewer MF: Yes, the situation is quite difficult.

Participant #P1797: Yes.

Interviewer MF: Since he had the surgery he hasn't returned to work?

Participant #P1797: He hasn't returned to work, first, because of the surgery, and then because of the incontinence...

Knowing her husband hasn't returned to work due to his surgery/incontinence.

Interviewer MF: Uhm.

Participant #P1797: And he says how can I go back to work if I'm wearing a pamper.

Knowing husband feels he cannot go back to work if he is wearing a pamper.

Interviewer MF: Yes.

Participant #P1797: You see, he has started to look for work and they have called him and then they tell him they will call him and well, I think that his age has a lot to do with it.

Interviewer MF: Uhm.

Participant #P1797: Because there are people who are much younger.

Believing her husband's age has a lot to do with him being unable to find work.

Interviewer MF: Uhm. OK. And what types of changes have you both had to make in your daily life since the surgery, M'am?

Participant #P1797: Well, I imagine, the type is...the food

Interviewer MF: Yes.

Participant #P1797: We have changed some of the meals.

Interviewer MF: Can you talk to me a little bit about this, M'am?

Participant #P1797: Yes, because, you see, he used to eat quite a bit of red meat.

Interviewer MF: Uhm.

Participant #P1797: And quite a bit of chile...

Interviewer MF: Uhm.

Participant #P1797: A lot of condiments, quite a bit of fat, why should I say he didn't, but now, he eats steamed chicken, chicken soup, chicken without the skin, and if we want some red meat, we'll have just a little piece.

Making changes in the way her and her husband eat.

[Eating healthier foods, having a healthier diet.](#)

Interviewer MF: Yeah.

Participant #P1797: We have a little piece of red meat once a month, not like before we'd each have a huge steak.

Eating red meat only once a month.

Interviewer MF: (LAUGHS)

Participant #P1797: Yes it can't be like that anymore. We have to change the...right?

Having to change.

Interviewer MF: Yes. And you began to make those changes after he had the surgery?

Participant #P1797: No, look, we didn't use a lot of fat when we cooked...

Interviewer MF: Aha.

Participant #P1797: But we would eat like that...I just imagine that we ate more than we should...

Eating more than the should have.

Interviewer MF: I understand.

Participant #P1797: Yes, if it was steak, we had to have the third piece, you know what I mean? Before we used to eat four pieces of chicken, now we eat only two.

Interviewer MF: Yes.

Participant #P1797: Before we had two servings of rice and now we have just one or half of one.

Interviewer MF: Yes.

Participant #P1797: You know what I mean?

Interviewer MF: And you made those changes because they recommended a healthier diet?

Participant #P1797: Yes, for him, I think so that...because of that he had a speedier recovery.

Making the changes because the recommended a healthier diet.

[Thinking that because of the diet changes her husband had a faster recovery.](#)

Interviewer MF: Uhm.

Participant #P1797: There it said the symptoms that he could have...

Interviewer MF: Yes.

Participant #P1797: ...if he ate things he shouldn't.

Interviewer MF: Yeah.

Participant #P1797: Then one day he tried it and he got sick.

Interviewer MF: What is it that happened to him, M'am?

Participant #P1797: The acidity of, for example, of the lemon

Interviewer MF: Uh.

Participant #P1797: The coffee

Interviewer MF: Uhm.

Participant #P1797: You know what I mean? He felt he had the taste of iron in his mouth, the taste of iron.

Interviewer MF: Uhm.

Participant #P1797: And he would say that the felt frustrated. So then we eliminated all those things for him.

Knowing her husband was frustrated when he would suffer the consequences after eating foods he should have been eating.

[Eliminating unhealthy foods from husband's diet.](#)

Interviewer MF: Yes.

Participant #P1797: And I told him, there's no need for you to have lemon or oranges.

Interviewer MF: Aha.

Participant #P1797: And now look, he can handle them.

Knowing her husband can handle acidic/caffeinated products now.

Interviewer MF: Uhm.

Participant #P1797: But little by little. Just because he can handle them doesn't mean that once again he'll return to the same routine.

Believing that husband won't go back to the way he used to eat.

Interviewer MF: That is true, M'am. And those changes, you are also obviously making those changes in diet? Has anybody else in your family also helped you to make these changes or who is eating the same as you?

Participant #P1797: Yes. My children eat things that aren't too fatty, for example, fish, chicken, mostly chicken.

Making diet changes with husband.

[Having children eat healthier too.](#)

Interviewer MF: Aha.

Participant #P1797: Very little fish, as you know, it has a lot of mercury.

Interviewer MF: Yes.

Participant #P1797: And one should eat it once or twice a week.

Interviewer MF: Uhm.

Participant #P1797: If we can't, then, chicken instead.

Interviewer MF: Uhm.

Participant #P1797: If not, we can also eat vegetables.

Interviewer MF: Uhm.

Participant #P1797: Vegetables.

Interviewer MF: Yes.

Participant #P1797: Or soy, I've been buying soy.

Eating more fish, chicken, vegetables, and soy.

Interviewer MF: Uhm.

Participant #P1797: Uhm.

Interviewer MF: Any other type of change that you've had to make, for example, now that he's stopped working after the surgery, has this been a significant change for the both of you?

Participant #P1797: Actually no, not much of a change.

Denying having to change very much since her husband's surgery.

Interviewer MF: Uhm.

Participant #P1797: Because as I say, on the contrary, with respect to living, like they say, it's not that expensive.

Interviewer MF: Uhm.

Participant #P1797: I'm referring to it in this way, that you can eat less with less money and not because you don't want to, but because your stomach tells you that you can't [eat more].

Interviewer MF: That's true.

Participant #P1797: For example, the seasonings of fast food hamburgers, forget about it.

Interviewer MF: You've eliminated them.

Participant #P1797: Right, none, none of that.

Eliminating fast food.

Interviewer MF: Uhm.

Participant #P1797: But sometimes you do crave them and since we both eat them, we return home feeling sick, to tell you the truth.

Interviewer MF: (LAUGHS)

Participant #P1797: And worse than before, I rather not, so we decide it's better to avoid them.

Avoiding fast food.

Interviewer MF: Yes.

Participant #P1797: So instead I'll make him his soy burger, we can buy wheat bread, and we can eat them here at home.

Interviewer MF: Oh perfect!

Participant #P1797: And that's what we do.

Interviewer MF: Oh, that's great, M'am, very good. Has Mr. [NAME] mentioned any other problem, any other symptom, something that he's felt since he had the surgery?

Participant #P1797: Well, no, he hasn't mentioned any more than just his...he has pain in his bones.

[Knowing husband has pain in his bones](#)

Interviewer MF: OK.

Participant #P1797: He says his heel hurts very much but it says that in the paper they gave us.

Interviewer MF: Uhm.

Participant #P1797: That these are consequences of the radiation, yes, the radiation.

[Thinking that the bone pain is a side affect of radiation](#)

Interviewer MF: Uhm. He also had radiation?

Participant #1797: Yes he has radiation and the injection.

Stating husband had radiation therapy and received Lupron injections.

Interviewer MF: Oh, OK!

Participant #P1797: Because I think that's what it says there, yes, I think it lists the symptoms that he can have, but they'll start to go away.

Interviewer MF: Uhm.

Participant #P1797: His hands hurt as if he had arthritis.

Interviewer MF: Uhm.

Participant #P1797: And sometimes instead of walking, he's like limping, you see?

Interviewer MF: Has he mentioned how all of this makes him feel?

Participant #P1797: Well, he doesn't feel like before, well he says that before he was much younger.

Being aware of how old her husband feels.

Interviewer MF: Uhm.

Participant #P1797: You know what I mean? And sometimes we joke that it's old age.

Interviewer MF: (LAUGHS)

Participant #P1797: Right? But he says that he's just starting his 20s, he's in his 40s, he says.

Interviewer MF: Of course.

Participant #P1797: In his 40s, he's heading toward 50...no, it's 60.

Interviewer MF: Aha. And in your relationship as a couple, M'am, in your daily co-habitation, how has that changed after he had the treatment?

Participant #P1797: Hm, we're more united.

Being more united with her husband.

Interviewer MF: Ah, that's good.

Participant #P1797: Yes, more united, because he, as much as I, have to help to support each other.

Supporting each other.

Interviewer MF: Yes.

Participant #P1797: Sometimes I don't feel well and he's going around asking what can I give you, what can I do for you, I'll help you, I can.

Knowing her husband will help her if she doesn't feel well.

Interviewer MF: Uhm.

Participant #P1797: And if he doesn't feel well, I say, wait, I'll do it.

Doing the same for her husband.

[Helping her husband if he doesn't feel well.](#)

Interviewer MF: Uhm.

Participant #P1797: You see what I mean?

Interviewer MF: Yes.

Participant #P1797: We have to be supportive of each other.

[Being supportive of one another](#)

Interviewer MF: Yes. What is it that you think has helped him the most to recover from the after effects of the surgery?

Participant #P1797: I imagine that it's that we baby him (spoil him).

Interviewer MF: Uhm.

Participant #P1797: That's it, in other words, that we spoil him and no matter what, we'll be here for him.

Spoiling her husband.

[Being there for her husband no matter what.](#)

Interviewer MF: Uhm.

Participant #P1797: That's not going to change.

Interviewer MF: Uhm.

Participant #P1797: We have to move beyond this.

Having to move past her husband's prostate cancer.

Interviewer MF: Yes. How do you feel, M'am? What is it that has helped you the most to deal with all that happened since the surgery?

Participant #P1797: No, well, having a lot of patience.

Having a lot of patience.

Interviewer MF: Uhm.

Participant #P1797: So much him as me (Both of us).

Interviewer MF: Uhm.

Participant #P1797: Being patient and to tell each other this, that and the other, and figure out how things should be done if we can do them so that we don't fight.

Being patient with one another.

Telling each other things.

Communicating with each other.

Interviewer MF: Yes.

Participant #P1797: And we have to keep moving forward.

Moving forward.

Interviewer MF: Move forward.

Participant #P1797: Yes, move forward, since there's no other choice.

Feeling there is no other option but to move forward.

Interviewer MF: Of course. Do you talk to anybody else about this, about how you feel about the problems that have emerged?

Participant #P1797: Honestly, no.

Not talking to anybody about how she feels regarding the problems that have emerged.

Interviewer MF: Uhm.

Participant #P1797: Because, well, sometimes, a person wants to mention it to an acquaintance, a friend, or a sister and before you know it, you've divulged more than you should and it turns out not like you said it.

Wanting to talk to somebody about how she feels.

Being afraid of saying too much or having things come out not like she meant.

Interviewer MF: OK.

Participant #P1797: Here the family is here with him.

Interviewer MF: Uhm.

Participant #P1797: You know what I mean?

Interviewer MF: So you feel support from your husband and your husband, then?

Participant #P1797: Yes, from my husband, yes.

Feeling support from her husband.

Interviewer MF: OK very well. Do you also talk with your children about how you feel?

Participant #P1797: Yes, with them I do have trust.

Talking with her children about how she feels.

[Trusting her children.](#)

Interviewer MF: Uhm. And what do you tell them?

Participant #P1797: Well sometimes to joke around or something that your dad did this or that and we just laugh.

[Joking around and laughing with her children](#)

Interviewer MF: Yes.

Participant #P1797: You know what I mean? But, how do you say, we're all doing fine, there isn't, how do you say, any disagreements over anything.

Doing fine.

[Denying the presence of any disagreements.](#)

Interviewer MF: OK.

Participant #P1797: Aha.

Interviewer MF: Now I'd like to talk about how you think that the symptoms that he's had, for example, obviously the sexual impotence...

Participant #P1797: Uhm.

Interviewer MF: ...or the incontinence could be affecting your relationship as a couple. Do you think it has changed in any way?

Participant #P1797: No, I don't feel it is.

Feeling that the ED and incontinence have not affected her relationship with her husband

Interviewer MF: Uhm.

Participant #P1797: I don't feel it is because I'm sure that everything will turn out well.

Being sure everything will turn out well.

Interviewer MF: Uhm. What has been most difficult for you with the symptoms that your husband has had, M'am?

Participant #P1797: As a man? Because [men] don't like to be sick.

Believing men don't like to be sick.

Interviewer MF: Uhm.

Participant #P1797: If he gets sick, he feels down.

Noticing if her husband gets sick he begins to feel down

Interviewer MF: Yes.

Participant #P1797: So that is what I've noticed and I tell him, but don't get like that, you will move beyond this, everything will turn out well.

Telling her husband not to get down hearted.

Encouraging her husband to move beyond everything.

Reminded him that everything will turn out OK.

Interviewer MF: Uhm.

Participant #P1797: We have to be patient.

Having/Needing to be patient.

Interviewer MF: Yes.

Participant #P1797: Right?

Interviewer MF: And what has been most difficult for him, what do you think has been the most difficult of all the side effects he's had from the surgery, M'am?

Participant #P1797: Well, the difficult thing is the machismo. (LAUGHS)

Believing the most difficult thing for her husband has been the ED.

Interviewer MF: Yes.

Participant #P1797: It's machismo.

Interviewer MF: Aha. Do you notice act in a certain way or does he mention something to you?

Participant #P1797: Before yes, in the beginning, he would sigh and I would see that him kind of down.

Seeing her husband feeling down about his ED.

Interviewer MF: Uhm.

Participant #P1797: But as I said once the effect of the injection wears off...

Interviewer MF: Uhm.

Participant #P1797: ...and he starts to

Interviewer MF: OK.

Participant #P1797: to think about [sex] and you know he's starting to feel better...

Knowing that when her husband begins to think about sex he is feeling better.

Interviewer MF: Aha.

Participant #P1797: Aha.

Interviewer MF: And so how do you see yourself in, for example, six months, when he won't have to have the injection?

Participant #P1797: Well, let's hope that everything turns out well, we are waiting to see, I think that once the effect wears off he'll start to be in his glory

Hoping everything turns out well.

[Waiting to see what will happen once the effects of the Lurpon wear off.](#)

Interviewer MF: OK. And has the doctor mentioned anything to you? Have they talked to him about this?

Participant #P1797: Yes my husband has.

Knowing her husband has talked with the doctor about his ED.

Interviewer MF: Uhm.

Participant #P1797: Yes, he has, he has mentioned it to me.

Communicating with her husband about what the doctor told him regarding his ED.

Interviewer MF: Uhm.

Participant #P1797: Once the reaction passes, well, there will be other methods.

Interviewer MF: Uhm.

Participant #P1797: Like Viagra.

Interviewer MF: Uhm.

Participant #P1797: Or the little pump and there's also an injection.

Being aware of the possible ED treatment options.

Interviewer MF: Uhm.

Participant #P1797: But if you don't need those things, we go ahead and try.

Interviewer MF: Ha...

Participant #P1797: To test it, in other words.

Interviewer MF: Has he tried any, like, for example, any medications like Viagra? Has he taken anything?

Participant #P1797: Yes, at first he did, but he couldn't withstand it because it hurt him.

[Observing husband experiencing pain when he tried Viagra](#)

Interviewer MF: Hm.

Participant #P1797: But I told him, you need to wait until you finish with the injections and later we will try.

Telling her husband they would wait until he finished his Lupron injections to try and have sex.

Interviewer MF: Yes. When he took the Viagra, what is it...did he have a side effect?

Participant #P1797: No, no, he just got a little scared

Knowing her husband got a scared when he tried the Viagra

Interviewer MF: Oh OK.

Participant #P1797: He took $\frac{3}{4}$ of a piece, I think.

Interviewer MF: Yes.

Participant #P1797: He took very little and he said, no, no, I'm scared, I better just calm down.

Interviewer MF: You decided to wait.

Participant #P1797: We are waiting, yes.

Waiting to have sex.

Interviewer MF: Oh, OK, perfect.

Participant #P1797: Yes.

Interviewer MF: Is there anything you've noticed, such as him responding differently, does he act differently in any way since the treatment?

Participant #P1797: Let's see in terms of changes, he has changed, he's very spoiled (like a baby/needy).

Thinking her husband has changed.

Perceiving husband as being spoiled and needy.

Interviewer MF: Uhm.

Participant #P1797: That's what he has. He sometimes has the reasoning of a child. If he wants a chocolate, he has to have his chocolate.

Knowing that if her husband wants something he needs to have it.

Interviewer MF: Yes.

Participant #P1797: You know what I mean? As if he was an adolescent, a little kid, a little kid that wants whatever.

Interviewer MF: Uhm.

Participant #P1797: Yeah, like a little kid.

Observing her husband acting like a little kid.

Interviewer MF: Yes.

Participant #P1797: Uhm.

Interviewer MF: And how do you feel about that, M'am?

Participant #P1797: Oh, well, I just laugh, what else can I do?

Laughing at her husband's childish behavior.

[Believing there is nothing else she can do.](#)

Interviewer MF: Aha.

Participant #P1797: I'm not going to scold him or get upset or anything. I just tell him, let's take a picture so you can see the tantrum you're throwing.

Not scolding or getting upset at her husband.

[Being amused at the tantrums her husband throws](#)

Interviewer MF: (LAUGHS)

Participant #P1797: Aha.

Interviewer MF: OK, M'am.

Participant #P1797: And later he stops. It's just for a little while.

Interviewer MF: OK.

Participant #P1797: Uhm.

Interviewer MF: So then, in general, in general terms, as a couple, what has most help you both to deal with all of the symptoms, with everything that has passed since they diagnosed him, M'am?

Participant #P1797: Well we have to give it our all.

Interviewer MF: Uhm.

Participant #P1797: Give it our all and move forward. Press ahead and wait.

Giving it their all and moving forward.

Pressing ahead.

Interviewer MF: Yes.

Participant #P1797: To just wait with the fear that the cancer will return.

Waiting.

Fearing that the cancer might return.

Interviewer MF: Aha.

Participant #P1797: That it won't happen again...that the cancer won't return.

Hoping that the cancer won't return

Interviewer MF: Of course.

Participant #P1797: Aha.

Interviewer MF: Does he talk to you about this?

Participant #P1797: Yes, sometimes we talk; sometimes I tell him, go get your check-ups, your bloodwork

Talking with her husband about their feelings.

Reminding her husband to go get his check-ups and blood work.

Interviewer MF: Uhm.

Participant #P1797: And he does go get his check-ups

Interviewer MF: Uhm.

Participant #P1797: We have to be on top of that, not let any of that go.

Being on top of things regarding her husband's health.

Interviewer MF: Uhm.

Participant #P1797: Because if you don't keep your eye on that, it'll return and maybe even worse.

Feeling that if her husband doesn't get his check-ups the cancer might return

Interviewer MF: Exactly.

Participant #P1797: Uhm.

Interviewer MF: And we're almost done with the interview, M'am. Now that several months have passed, almost one year since the surgery, how do you feel?

Participant #P1797: Well, I feel fine because I have him here and everything turned out okay.

Feeling fine.

Having her husband with her.

Believing everything turned out OK.

Interviewer MF: Uhm.

Participant #P1797: I feel fine and if I see him well, because as I've said, he seems fine to me.

Seeing her husband as doing well/feeling fine.

Interviewer MF: Yes.

Participant #P1797: I see that he is fine, but sometimes we have to feel.

Interviewer MF: Yes, of course.

Participant #P1797: Aha, but sometimes we wake up well and sometimes [not]. Like I tell him, sometimes we wake up with an open umbrella, sometimes with it closed.

Interviewer MF: Yes.

Participant #P1797: Open because we're upset and closed because [the upset] went away.

Interviewer MF: (LAUGHS) It's a sign.

Participant #P1797: It's a sign, that's why I tell him that.

Understanding that everybody has days/moments where they will be upset.

Interviewer MF: Of course. Very well, M'am, so to conclude, M'am, is there anything else that you believe is important for other couples to know about the symptoms and the secondary effects that result from surgery? What do you think is the most important thing that you have to remember to be able to deal with all of this?

Participant #P1797: No, well, how can I say this, it's important that we communicate.

[Stressing the importance of communication](#)

Interviewer MF: Uhm.

Participant #P1797: And if you know a person and you live with them you have to tell him, look, this happened to me and move forward...

Sharing experiences.

[Encouraging others to move forward as well.](#)

Interviewer MF: Yes.

Participant #P1797: You know what I mean? Pay them attention or tell them do this with the meal. There are a lot of people that don't know and they get worse because they eat anything and that's not how it should be.

Paying attention.

[Offering advice](#)

Interviewer MF: Exactly.

Participant #P1797: The food that they shouldn't eat does affect them.

Interviewer MF: Of course. Very well, M'am, then with this we conclude this interview. Do you have any comment? Anything that you believe could help us understand what it's like to go through a treatment, a surgery, for prostate cancer?

Participant #P1797: Oh, well, what can I tell you, cancer is the most, the most, the illness that doesn't consider...

Interviewer MF: Uhm.

Participant #P1797: ...sex or age.

Interviewer MF: Exactly.

Participant #P1797: Right?

Interviewer MF: Yes, but now you're moving past it.

Participant #P1797: We're moving past it and I think we're done with it.

Moving past her husband's cancer.

Thinking they are done with her husband's cancer.

Interviewer MF: That's good. Let's hope everything goes well.

Participant #P1797: That everything goes well, yes.

Hoping that everything goes well.

Interviewer MF: Well, then, this concludes this interview, M'am, I'm going to stop the recording.
Thank you very much for your time and your trust for all the things you've shared with us.

Participant #P1797: Yes, we're doing well, thank God.

Doing well.

Interviewer MF: I've very glad, excuse me one second.

Participant #P1797: Aha.

END OF CASSETTE

THIRD INTERVIEWS

Man with prostate cancer Spanish language transcript

Couples Study 12 Month Follow Up ID #1924

Date: 2/03/10

Interviewer AS: Ok señor [NAME], ¿me puede platicar un poco de cómo han cambiado sus síntomas desde la última entrevista que tuvimos hace seis meses?

Participant #1924: Pues ay he andado allí mas mejorcito

Interviewer AS: ¿Que, que a notado usted que a mejorado mas?

Participant #1924: Pues, ah, pues me siento, pues como no trabajo aquí nomas

Interviewer AS: Uh huh

Participant #1924: Aquí le doy vuelta a unos chivitos que están aquí, unas gallinitas y ahí me la paso agusto señor.

Interviewer AS: Sí. ¿Eh que tal la incontinencia? ¿Eh usted todavía utiliza pañales para adultos?

Participant #1924: Ya no más una toallita me pongo y para el todo el día ya sirve

Interviewer AS: A sí

Participant #1924: Ey con una.

Interviewer AS: ¿Y antes usaba mas?

Participant #1924: Hasta, hasta, tres, dos

Interviewer AS: ¿Dos que?

Participant #1924: Pañales

Interviewer AS: Oh sí, entonces ha mejorado

Participant #1924: Ey si [inaudible]

Interviewer AS: Muy bien. ¿Y ha tenido problemas intestinales?

Participant #1924: No señor.

Interviewer AS: No. ¿Que tal eh, calores o bochornos?

Participant #1924: Pues no, no mas que como siempre si hago ejercicio mucho me mareo pues pero eso son del diabetes así que.

Interviewer AS: Ah ok, ok. ¿Pero no es por la próstata?

Participant #1924: No, no

Interviewer AS: Y que tal las erecciones, ¿puede tener erecciones?

Participant #1924: No seño.

Interviewer AS: No, ok. Eh ha hecho, no se para, ¿qué tipo de cambios a llevado en su vida diaria? ¿Algún tipo de cambio desde la, desde el cáncer de próstata?

Participant #1924: Pues de todo eso me siento bien seño todavía hasta horita hace como unos, hace unas semanas, la semana pasada fui con el doctor. Me dijo el doctor que todo estaba bien

Interviewer AS: Uh huh, ok. ¿Usted a modificado su dieta, o, o, o algo mas para que se sienta mejor?

Participant #1924: Pues trato de comer que no sea mucha grasa

Interviewer AS: Uh huh

Participant #1924: Ensaladas así. Que no lleven mucha grasa lo siento bien

Interviewer AS: Si

Participant #1924: Si, si camino, me pongo a hacer ejercicio me siento mejor

Interviewer AS: Ah que bueno. ¿Usted procura hacer ejercicio?

Participant #1924: Ey, me pongo a caminar como de aquí donde estoy con un hijo

Interviewer AS: Si

Participant #1924: Él tiene, tiene una yarda muy grande

Interviewer AS: Uh huh

Participant #1924: Allí me pongo a dar vueltas todo el día

Interviewer AS: Ah que bueno. ¿Y me decía que andaba allí dándole comida a las chivas?

Participant #1924: Ey, tiene unos animalitos él y el se va a trabajar

Interviewer AS: Uh huh

Participant #1924: Y yo me quedo allí dándoles de comer

Interviewer AS: Ah que bueno muy bien

Participant #1924: Y ya me la paso pues ahí agosto

Interviewer AS: ¿Entonces siente usted que tiene mas energía, o que si, o como va la energía?

Participant #1924: Ey eso esta bien, pero le digo si trabajo ó si me pongo a trabajar duro

Interviewer AS: Uh huh

Participant #1924: Yo siento mareos, pero eso es por el diabetes pues

Interviewer AS: Ok

Participant #1924: Y el colesterol

Interviewer AS: Uh huh, uh huh

Participant #1924: Y por eso de que me pongo a caminar pues me siento tranquilo

Interviewer AS: Uh huh ¿Y para el diabetes también procura comer mejor?

Participant #1924: Ey

Interviewer AS: Si

Participant #1924: Ey

Interviewer AS: Ok, eh ¿y que piensa usted que lo a ayudado lidiar con, con los síntomas, eh con todo lo que ha pasado desde la cirugia, que lo ayuda a lidiar?

Participant #1924: Pues llevar todas las dietas que me han dicho seño.

Interviewer AS: Uh huh, uh huh. Y para que se distraiga, se, se de animo ¿que hace usted para sentirse mejor?

Participant #1924: Pues como le digo me salgo acá a caminar, acá andar como la yarda da para un arroyo va corriendo el agua y allí me voy hasta el arroyo y luego, aquí me la paso todo el día

Interviewer AS: Ah que bueno

Participant #1924: Ey

Interviewer AS: ¿Y hace algo con su esposa, los dos juntos, de, de pareja?

Participant #1924: No, pues estamos todo el día solos los dos y yo me vengo para acá y ay veces que se viene también para acá para la yarda

Interviewer AS: Uh huh, uh huh

Participant #1924: Y al rato va hacer de comer ella o me llama, y ahí no la pasamos a gusto

Interviewer AS: Ok. ¿Y su familia si supo que usted tuvo cáncer de próstata?

Participant #1924: Sí

Interviewer AS: Si, ¿y ellos lo apoyan?

Participant #1924: Si, pues todos me apoyan, me, me dan animo

Interviewer AS: Uh huh. ¿Que tipo de animo le dan, que le dicen?

Participant #1924: Pues que, que no haga caso de nada, que como si no me hubiera de haber pasado nada

Interviewer AS: Ok. ¿Y usted piensa que usted responde o se porta diferente con su pareja desde que esto sucedió?

Participant #1924: Pues los primeros días me sentía agüitado ya ahora no. Pues ella misma me dice no pues no te apures.

Interviewer AS: Uh huh

Participant #1924: Y ya a que salir adelante y no te agüites de nada

Interviewer AS: Si. ¿Y porque se, porque se agüitaba eh?

Participant #1924: Pues de primero pues por, por pensar que pierde uno todo

Interviewer AS: Uh huh, usted se refiere a la, ¿se refiere a que?

Participant #1924: Por ejemplo

Interviewer AS: ¿A las relaciones?

Participant #1924: Que me agüitaba ella, que a las relaciones, o sea pues me agüitaba ya ahora no

Interviewer AS: Ya se siente mejor

Participant #1924: Ey

Interviewer AS: Uh huh. ¿Que piensa que ha sido lo más difícil de toda esta experiencia?

Participant #1924: Pues lo más difícil era eso pues. Pero pues se hace uno el animo a todo y ya me.

Interviewer AS: ¿Entonces lo más difícil era no tener relaciones?

Participant #1924: Ey no tener era lo que me agüitaba mas

Interviewer AS: Ahora, ¿y como a superado eso?

Participant #1924: No pues igual, no sé no, nunca, no se me ha ocurrido decirle al doctor si ay alguna medicina para eso

Interviewer AS: Uh huh, ¿tiene intención de preguntarle?

Participant #1924: Pues es lo que pienso. Pero llevar algo porque el doctor que me atiende habla puro ingles, y por eso no

Interviewer AS: Uh huh

Participant #1924: Y me llevo una hija y pues no nunca la ha dicho

Interviewer AS: Ok

Participant #1924: O un hija o la nuera son la que me llevan

Interviewer AS: Si, pues la ley requiere que haya alguien que le traduzca señor

Participant #1924: Oh si, si

Interviewer AS: Entonces usted no que no le de pena si el doctor no habla español dígale a la enfermera que necesita alguien que le traduzca, ¿ok?

Participant #1924: Ey, eso es lo que pienso para lo otra vez que vaya

Interviewer AS: Porque si es una ley, entonces que no le de pena

Participant #1924: Ey

Interviewer AS: ¿Ok?

Participant #1924: Ey esta bien ey

Interviewer AS: Y, usted eh ya que ha pasado por todo esto ¿un aprendizaje o un tipo de consejo que le daría a una pareja que va a empezar con este proceso?

Participant #1924: ¿Como seño?

Interviewer AS: Eh ¿algo que usted ha aprendido que, que quizás le quisiera dar a una pareja de consejo?

Participant #1924: Oh con lo que me a pasado a mí entonces

Interviewer AS: Si

Participant #1924: Pues decirle lo mismo pues que no se agüite uno, salir adelante de todo

Interviewer AS: Uh huh. ¿Y por que es importante salir adelante?

Participant #1924: Pues, pues, pues pienso yo que si se agarra uno piense y piense verdad pues mas se agüita mas

Interviewer AS: Si

Participant #1924: No sale uno pues de la enfermedad rápido

Interviewer AS: Uh huh

Participant #1924: Entonces es mejor dejar todo al olvido oiga. Yo ahorita me siento bien, pero los primeros días pues si me agütaba un poco

Interviewer AS: Si

Participant #1924: Por la mujer y todo, y ya ella misma me dice no, no, no, no te apures pues ya que hay que hacer, tenemos hijos y ya. Y ahí se la pasa uno a gusto seño que es lo que le podría decirle yo

Interviewer AS: Uh huh, uh huh. Y para terminar con esta parte de la entrevista ¿alguna otra cosa que usted sienta que es importante que nosotros sepamos?

Participant #1924: Pues no seño estoy, estoy bien, esta bien

Interviewer AS: Uh huh

Participant #1924: Como le digo aquí me la paso a gusto

Interviewer AS: Ok, ok

Participant #1924: Ey

Interviewer AS: ¿Y usted piensa que el cáncer de próstata me dice que usted piensa que afecta a la pareja o, o, que piensa usted?

Participant #1924: Pues, pues yo pienso seño como hice el animo de la operación y todo

Interviewer AS: Uh huh

Participant #1924: Pues lo, como le digo ahora fui con el doctor me saco sangre y todo para ver si tenia cáncer, pues me dice no, no te apures no, no hay nada, todo va bien. Va bien todo

Interviewer AS: Uh huh

Participant #1924: Y pues

Interviewer AS: Se siente

Participant #1924: Lo único pues que no puedo trabajar por, pero eso es por la, el azúcar

Interviewer AS: Uh huh, uh huh

Participant #1924: Se me sube, o será que se sube la azúcar o se baja. Pero pues yo, yo ya sé. No hacer trabajos muy pesados ahí al pasito

Interviewer AS: Uh huh, uh huh

Participant #1924: Ey

Interviewer AS: Ok, entonces, em, pues muchas gracias por la información que compartió conmigo. Voy a seguir a la segunda parte ¿y voy a parar, apagar la grabación, le parece bien?

Participant #1924: Esta muy bien señor

Interviewer AS: Ok

Man with prostate cancer Spanish language transcript translated

Couples Study 12 Month Follow Up ID #1924

Date: 2/03/10

Interviewer AS: OK. Ok Mr. [NAME], can you talk to me a bit about how your symptoms have changed since the last interview we had 6 months ago?

Participant #1924: Well I have been a little better.

Interviewer AS: What, what have you noticed, that has gotten better?

Participant #1924: Well uh, well I feel, well since I don't work, I'm just here..

Interviewer AS: Uh huh

Participant #1924: I stroll around with the little goats that are here, some chickens and I feel good Ma'am.

Interviewer AS: Yes. Uh, what about incontinence? Uh, do you still use adult diapers?

Participant #1924: I only use a little towel and it lasts all day.

Interviewer AS: Oh yes?

Participant #1924: Yea, with one.

Interviewer AS: And did you use more before?

Participant #1924: Up to, up to three, two.

Interviewer AS: Two what?

Participant #1924: Diapers.

Interviewer AS: Oh yes, so you have gotten better.

Participant #1924: Uh yes. [Inaudible]

Interviewer AS: Very well. And have you had intestinal problems?

Participant #1924: No Ma'am.

Interviewer AS: No. What about hot flashes?

Participant #1924: Well no, since I always exercise a lot, I get dizzy, well, but that is because of the diabetes.

Interviewer AS: Ah ok, ok. But it's not because of the prostate?

Participant #1924: No, no

Interviewer AS: And what about erections, can you have erections?

Participant #1924: No Ma'am

Interviewer AS: No, ok. Uh, have you, do you, what types of changes have you made to your daily life? Any type of change since the, since the prostate cancer?

Participant #1924: Well from all of that I feel good Ma'am, up to now, about, a few weeks ago, last week I went to the doctor. The doctor told me that everything was fine.

Interviewer AS: Uh huh, ok. Have you modified your diet or, or, or, anything else so that you feel better?

Participant #1924: Well I try to not eat that much fat.

Interviewer AS: Uh huh

Participant #1924: Salads, like that. That doesn't have a lot of fat, I feel fine.

Interviewer AS: Yes, yes.

Participant #1924: Yes, yes, I exercise and I feel better.

Interviewer AS: Oh, that's great. Do you try to exercise more?

Participant #1924: Yea, I start walking like from here where I am with one of my sons.

Interviewer AS: Yes.

Participant #1924: He has, has a very big yard.

Interviewer AS: Uh huh

Participant #1924: I stroll around there all day.

Interviewer AS: Ah, that's great. And you were telling me that you would feed the goats there?

Participant #1924: Yea, he has some animals and he leaves to go to work.

Interviewer AS: Uh huh

Participant #1924: I stay there, feeding them.

Interviewer AS: Ah that's great, very good.

Participant #1924: And yea, I stay there, very comfortable.

Interviewer AS: So do you feel that you have more energy or how is your energy?

Participant #1924: Yea, that is fine, but I'm telling you, if I work or I start to work hard...

Interviewer AS: Uh huh

Participant #1924: I get dizzy, but that is because of the diabetes.

Interviewer AS: Ok

Participant #1924: And the cholesterol.

Interviewer AS: Uh huh, uh huh

Participant #1924: And because I walk, I feel more at ease.

Interviewer AS: Uh huh. And for the diabetes do you also try to eat better?

Participant #1924: Yea.

Interviewer AS: Yes?

Participant #1924: Yea.

Interviewer AS: Ok, uh, and what do you think has helped you deal with, with the symptoms, uh, with everything that has happened since the surgery, what helps you deal with it?

Participant #1924: Well, keeping all of the diets that they have given me.

Interviewer AS: Uh huh, uh huh. And so that you can get distracted, so that you can get encouraged, what do you do to feel better?

Participant #1924: Well, like I told you, I go out for walks, over here, since the yard goes out to a stream, the water comes running and I go up to the stream and I am there all day.

Interviewer AS: Oh, that's great.

Participant #1924: Yea.

Interviewer AS: And do you do something with your wife, both of you, as, as a couple?

Participant #1924: No, well we are alone all day both of us and I come over here and there are times that she comes over here to the yard

Interviewer AS: Uh huh, uh huh

Participant #1924: And later on she makes something to eat or she calls me and we have a good time together...

Interviewer AS: Ok. And did your family find out that you have prostate cancer?

Participant #1924: Yes.

Interviewer AS: Yes. And do they support you?

Participant #1924: Yes, well everyone supports me, they encourage me.

Interviewer AS: Uh huh. What type of encouragement do they give you? What do they tell you?

Participant #1924: Well to, to not pay attention to anything, as if nothing had happened

Interviewer AS: Ok. And do you feel that you respond different with your wife since this happened?

Participant #1924: Well the first days I felt depressed now I don't. Well, she tells me herself, don't worry.

Interviewer AS: Uh huh

Participant #1924: And to get through it and to not get depressed.

Interviewer AS: Yes. And why, why would you get depressed?

Participant #1924: Well, at first because you think that you are losing everything.

Interviewer AS: Uh huh, you are referring to, what are you referring to?

Participant #1924: For example.

Interviewer AS: To sexual relations?

Participant #1924: She would make me feel bad, about sexual relations, I mean, well I used to feel bad but not anymore.

Interviewer AS: You feel better now.

Participant #1924: Yea.

Interviewer AS: Uh huh. What do you think has been most the difficult part of this whole situation?

Participant #1924: Well the most difficult was that. But well, you get the strength and now...

Interviewer AS: So the most difficult thing was not having sexual relations?

Participant #1924: Yea, not having it was made me feel the most depressed.

Interviewer AS: Now, how have you overcome that?

Participant #1924: No well, I don't know, I have never thought to ask the doctor if there is a medicine for that...

Interviewer AS: Uh huh, do you intend to ask him?

Participant #1924: Well that's what I think. But take someone with me because the doctor who sees me speaks only English, and that's why I don't....

Interviewer AS: Uh huh

Participant #1924: And I can take one of my daughters and well she has never...

Interviewer AS: Ok

Participant #1924: Or my daughter or my daughter in law, they are the ones that take me...

Interviewer AS: Yea, well the law requires that there be someone who translates for him...

Participant #1924: Oh yes, yes.

Interviewer AS: So you should not be embarrassed if the doctor doesn't speak Spanish, tell the nurse that you need someone to translate, ok?

Participant #1924: Yea, that is what I think to do the next time that I go.

Interviewer AS: Because if it is a law, you shouldn't be embarrassed.

Participant #1924: Yea

Interviewer AS: Ok?

Participant #1924: Yea, that's fine, yea.

Interviewer AS: And, now that you have gone through all of this, is there something that you learned, some type of advice that you would give to a couple that is going to start with this process?

Participant #1924: What do you mean?

Interviewer AS: Uh, something that you have learned that, that perhaps you would like to give it to a couple as advice.

Participant #1924: Oh so with what has happened to me?

Interviewer AS: Yes.

Participant #1924: Well tell them the same thing, to not feel bad, to get through everything.

Interviewer AS: Uh huh. And why is it important to get through it?

Participant #1924: Well, well, well I think that if you start thinking and thinking, right, well you get more depressed.

Interviewer AS: Yes.

Participant #1924: You don't get out of the disease quickly.

Interviewer AS: Uh huh

Participant #1924: So it's best to forget about everything. I feel good right now, but the first days well, I would get a bit depressed.

Interviewer AS: Yes.

Participant #1924: Because of my wife and everything, and she tells me, no, no, no, no, don't worry, what are we going to do, we have kids already. And there we are, comfortable, what can I tell you.

Interviewer AS: Uh huh, uh huh. And to conclude with this part of the interview, any other thing that you feel is important for us to know?

Participant #1924: Well I don' know, I'm, I'm fine, it's fine.

Interviewer AS: Uh huh

Participant #1924: Like I told you, I am very comfortable.

Interviewer AS: Ok, ok

Participant #1924: Yea.

Interviewer AS: And do you think that the prostate cancer, you were telling me that it affects the couple, or, or what do you think?

Participant #1924: Well, well I think that since I brought myself to have the operation and everything

Interviewer AS: Uh huh

Participant #1924: Well the, like I am telling you, I went to the doctor, he drew my blood and everything to see if I had cancer, well he tells me no, no don't worry, there is nothing, everything is fine. Everything is going well.

Interviewer AS: Uh huh

Participant #1924: And well....

Interviewer AS: You feel....

Participant #1924: The only thing that I can't work because, but that is because of my sugar.

Interviewer AS: Uh huh, uh huh

Participant #1924: It goes up, or it goes up or it comes down. But well I, I already know. Not doing very strenuous work, slowly.

Interviewer AS: Uh huh, uh huh

Participant #1924: Yea.

Interviewer AS: Ok, so uh, well thank you so much for the information that you shared with me. I am going to continue with the second part, and I am going to stop, turn off the recorder, is that fine?

Participant #1924: That's fine.

Interviewer AS: Ok

END OF CASSETTE

Man with prostate cancer Spanish language transcript coded

Couples Study 12 Month Follow Up ID #1924

Date: 2/03/10

Interviewer AS: OK. Ok Mr. [NAME], can you talk to me a bit about how your symptoms have changed since the last interview we had 6 months ago?

Participant #1924: Well I have been a little better.

Feeling a little better

Interviewer AS: What, what have you noticed, that has gotten better?

Participant #1924: Well uh, well I feel, well since I don't work, I'm just here..

Not working.

Interviewer AS: Uh huh

Participant #1924: I stroll around with the little goats that are here, some chickens and I feel good Ma'am.

Feeling good.

Interviewer AS: Yes. Uh, what about incontinence? Uh, do you still use adult diapers?

Participant #1924: I only use a little towel and it lasts all day.

No longer using diapers.

Using one little towel all day to help control the incontinence.

Interviewer AS: Oh yes?

Participant #1924: Yea, with one.

Interviewer AS: And did you use more before?

Participant #1924: Up to, up to three, two.

Interviewer AS: Two what?

Participant #1924: Diapers.

Using 2-3 diapers before.

Improving incontinence.

Interviewer AS: Oh yes, so you have gotten better.

Participant #1924: Uh yes. [Inaudible]

Getting better.

Improving incontinence.

Interviewer AS: Very well. And have you had intestinal problems?

Participant #1924: No Ma'am.

Experiencing no intestinal problems.

Interviewer AS: No. What about hot flashes?

Participant #1924: Well no, since I always exercise a lot, I get dizzy, well, but that is because of the diabetes.

Experiencing no hot flashes.

Getting dizzy when he exercises a lot because of his diabetes.

Interviewer AS: Ah ok, ok. But it's not because of the prostate?

Participant #1924: No, no

Interviewer AS: And what about erections, can you have erections?

Participant #1924: No Ma'am

Being unable to achieve erections.

Interviewer AS: No, ok. Uh, have you, do you, what types of changes have you made to your daily life? Any type of change since the, since the prostate cancer?

Participant #1924: Well from all of that I feel good Ma'am, up to now, about, a few weeks ago, last week I went to the doctor. The doctor told me that everything was fine.

Feeling good.

Going to the doctor a week ago.

Being told by his doctor that everything was fine.

Interviewer AS: Uh huh, ok. Have you modified your diet or, or, or, anything else so that you feel better?

Participant #1924: Well I try to not eat that much fat.

Trying to not eat very much fat.

Interviewer AS: Uh huh

Participant #1924: Salads, like that. That doesn't have a lot of fat, I feel fine.

Eating salads and other foods that don't have much fat.

Feeling fine.

Interviewer AS: Yes, yes.

Participant #1924: Yes, yes, I exercise and I feel better.

Exercising.

Feeling better.

Interviewer AS: Oh, that's great. Do you try to exercise more?

Participant #1924: Yea, I start walking like from here where I am with one of my sons.

Going on walks with his one of his sons.

Interviewer AS: Yes.

Participant #1924: He has, has a very big yard.

Having a son who lives somewhere with a very big yard.

Interviewer AS: Uh huh

Participant #1924: I stroll around there all day.

Walking around his son's yard all day.

Interviewer AS: Ah, that's great. And you were telling me that you would feed the goats there?

Participant #1924: Yea, he has some animals and he leaves to go to work.

Having a son who has animals at his house.

Interviewer AS: Uh huh

Participant #1924: I stay there, feeding them.

Staying home and feeding his son's animals when his son goes to work.

Interviewer AS: Ah that's great, very good.

Participant #1924: And yea, I stay there, very comfortable.

Staying at his son's house.

Being very comfortable.

Interviewer AS: So do you feel that you have more energy or how is your energy?

Participant #1924: Yea, that is fine, but I'm telling you, if I work or I start to work hard...

Believing his energy level is fine.

Interviewer AS: Uh huh

Participant #1924: I get dizzy, but that is because of the diabetes.

Noticing that when he starts working hard he gets dizzy.

Thinking the dizziness is from his diabetes and cholesterol levels.

Interviewer AS: Ok

Participant #1924: And the cholesterol.

Interviewer AS: Uh huh, uh huh

Participant #1924: And because I walk, I feel more at ease.

Feeling more at ease when he walks.

Interviewer AS: Uh huh. And for the diabetes do you also try to eat better?

Participant #1924: Yea.

Trying to eat better because of diabetes as well as his prostate cancer.

Interviewer AS: Yes?

Participant #1924: Yea.

Interviewer AS: Ok, uh, and what do you think has helped you deal with, with the symptoms, uh, with everything that has happened since the surgery, what helps you deal with it?

Participant #1924: Well, keeping all of the diets that they have given me.

Thinking that keeping a strict diet and eating the way he was told to have helped him deal with his symptoms after surgery.

Interviewer AS: Uh huh, uh huh. And so that you can get distracted, so that you can get encouraged, what do you do to feel better?

Participant #1924: Well, like I told you, I go out for walks, over here, since the yard goes out to a stream, the water comes running and I go up to the stream and I am there all day.

Going on walks when he begins to get frustrated.

Feeling better when he goes on walks.

Interviewer AS: Oh, that's great.

Participant #1924: Yea.

Interviewer AS: And do you do something with your wife, both of you, as, as a couple?

Participant #1924: No, well we are alone all day both of us and I come over here and there are times that she comes over here to the yard

Being alone with his wife all day.

Spending time with his wife.

Interviewer AS: Uh huh, uh huh

Participant #1924: And later on she makes something to eat or she calls me and we have a good time together...

Having food made for him by his wife.

Having a good time with his wife.

Interviewer AS: Ok. And did your family find out that you have prostate cancer?

Participant #1924: Yes.

Being aware that his family knows he has prostate cancer.

Interviewer AS: Yes. And do they support you?

Participant #1924: Yes, well everyone supports me, they encourage me.

Being supported and encouraged by his family.

Interviewer AS: Uh huh. What type of encouragement do they give you? What do they tell you?

Participant #1924: Well to, to not pay attention to anything, as if nothing had happened

Being told to act as if nothing happened, as if he never had prostate cancer.

Interviewer AS: Ok. And do you feel that you respond different with your wife since this happened?

Participant #1924: Well the first days I felt depressed now I don't. Well, she tells me herself, don't worry.

Feeling depressed when he received his initial prostate cancer diagnosis.

Being told by his wife not to worry.

Interviewer AS: Uh huh

Participant #1924: And to get through it and to not get depressed.

Being told by his wife that he would get through it and he shouldn't be depressed.

Interviewer AS: Yes. And why, why would you get depressed?

Participant #1924: Well, at first because you think that you are losing everything.

Thinking he was losing everything when he received his prostate cancer diagnosis.

Interviewer AS: Uh huh, you are referring to, what are you referring to?

Participant #1924: For example.

Interviewer AS: To sexual relations?

Participant #1924: She would make me feel bad, about sexual relations, I mean, well I used to feel bad but not anymore.

No longer feeling bad about his inability to perform sexually.

Feeling bad about his inability to perform sexually because his wife made him feel that way.

Interviewer AS: You feel better now.

Participant #1924: Yea.

Feeling better now.

Interviewer AS: Uh huh. What do you think has been most the difficult part of this whole situation?

Participant #1924: Well the most difficult was that. But well, you get the strength and now...

Gaining strength.

Interviewer AS: So the most difficult thing was not having sexual relations?

Participant #1924: Yea, not having it was made me feel the most depressed.

Feeling depressed by his inability to achieve erections.

Interviewer AS: Now, how have you overcome that?

Participant #1924: No well, I don't know, I have never thought to ask the doctor if there is a medicine for that...

Not thinking about asking the doctor for medicine to treat his ED.

Interviewer AS: Uh huh, do you intend to ask him?

Participant #1924: Well that's what I think. But take someone with me because the doctor who sees me speaks only English, and that's why I don't....

Thinking about asking his doctor about his options for ED treatment.

Being seen by a doctor who only speaks English.

[Needing somebody to translate at his doctor's appointments](#)

Interviewer AS: Uh huh

Participant #1924: And I can take one of my daughters and well she has never...

Interviewer AS: Ok

Participant #1924: Or my daughter or my daughter in law, they are the ones that take me...

Going to the doctor with his daughter or daughter-in-law.

[Not wanting to talk to the doctor about his ED with his daughter or daughter-in-law there.](#)

Interviewer AS: Yea, well the law requires that there be someone who translates for him...

Participant #1924: Oh yes, yes.

Interviewer AS: So you should not be embarrassed if the doctor doesn't speak Spanish, tell the nurse that you need someone to translate, ok?

Participant #1924: Yea, that is what I think to do the next time that I go.

Planning on asking the doctor for a translator so he can talk about his ED without his daughter or daughter-in-law present.

Interviewer AS: Because if it is a law, you shouldn't be embarrassed.

Participant #1924: Yea

Interviewer AS: Ok?

Participant #1924: Yea, that's fine, yea.

Interviewer AS: And, now that you have gone through all of this, is there something that you learned, some type of advice that you would give to a couple that is going to start with this process?

Participant #1924: What do you mean?

Interviewer AS: Uh, something that you have learned that, that perhaps you would like to give it to a couple as advice.

Participant #1924: Oh so with what has happened to me?

Interviewer AS: Yes.

Participant #1924: Well tell them the same thing, to not feel bad, to get through everything.

Encouraging other couples dealing with prostate cancer not to feel bad and just to work to get through everything.

Interviewer AS: Uh huh. And why is it important to get through it?

Participant #1924: Well, well, well I think that if you start thinking and thinking, right, well you get more depressed.

Believing the more you think about the prostate cancer the more depressed you will get and the slower you will recover.

Interviewer AS: Yes.

Participant #1924: You don't get out of the disease quickly.

Interviewer AS: Uh huh

Participant #1924: So it's best to forget about everything. I feel good right now, but the first days well, I would get a bit depressed.

Believing it is best to forget about the prostate cancer and focus on something else.

Feeling good.

Being somewhat depressed when he received his prostate cancer diagnosis.

Interviewer AS: Yes.

Participant #1924: Because of my wife and everything, and she tells me, no, no, no, no, don't worry, what are we going to do, we have kids already. And there we are, comfortable, what can I tell you.

Being told by his wife not to worry.

Having kids already.

Being comfortable.

Interviewer AS: Uh huh, uh huh. And to conclude with this part of the interview, any other thing that you feel is important for us to know?

Participant #1924: Well I don' know, I'm, I'm fine, it's fine.

Being fine.

Interviewer AS: Uh huh

Participant #1924: Like I told you, I am very comfortable.

Feeling very comfortable.

Interviewer AS: Ok, ok

Participant #1924: Yea.

Interviewer AS: And do you think that the prostate cancer, you were telling me that it affects the couple, or, or what do you think?

Participant #1924: Well, well I think that since I brought myself to have the operation and everything

Choosing surgery as his prostate cancer treatment.

Interviewer AS: Uh huh

Participant #1924: Well the, like I am telling you, I went to the doctor, he drew my blood and everything to see if I had cancer, well he tells me no, no don't worry, there is nothing, everything is fine. Everything is going well.

Going to the doctor to have his PSA tested.

Being told by the doctor that his PSA level is low and that everything is fine and going well.

Interviewer AS: Uh huh

Participant #1924: And well....

Interviewer AS: You feel....

Participant #1924: The only thing that I can't work because, but that is because of my sugar.

Being unable to work because of his diabetes.

Interviewer AS: Uh huh, uh huh

Participant #1924: It goes up, or it goes up or it comes down. But well I, I already know. Not doing very strenuous work, slowly.

Being unable to do strenuous work because of his fluctuating sugar levels.

Interviewer AS: Uh huh, uh huh

Participant #1924: Yea.

Interviewer AS: Ok, so uh, well thank you so much for the information that you shared with me. I am going to continue with the second part, and I am going to stop, turn off the recorder, is that fine?

Participant #1924: That's fine.

Interviewer AS: Ok

END OF CASSETTE

Partner of man with prostate cancer Spanish language transcript

Couples Study 12 Month Follow Up ID # P1924

Date: 2/03/10

Interviewer AS: Grabación

Participant #P1924: Uh huh

Interviewer AS: Ok señora [NAME] me puede platicar eh como han cambiado los síntomas de su pareja desde la ultima entrevista que tuvimos hace seis meses

Participant #P1924: Bien

Interviewer AS: Bien

Participant #P1924: Sí

Interviewer AS: Como lo ve, como lo ve

Participant #P1924: Pues mas o menos ya, ya bien horita

Interviewer AS: Ok

Participant #P1924: Ey

Interviewer AS: Como, como, como, siguió con la incontinencia

Participant #P1924: Pues ya mas o menos ya, ya va ya va mas bien

Interviewer AS: Uh huh

Participant #P1924: Uh huh

Interviewer AS: ¿Y que tal con eh él utiliza pañales para adultos?

Participant #P1924: No

Interviewer AS: ¿No ya no?

Participant #P1924: No ya no, ya no

Interviewer AS: ¿Antes cuantos usaba?

Participant #P1924: Pues antes usaba como unos tres

Interviewer AS: ¿A si ahora ya no usa nada?

Participant #P1924: No, ahora no. Ya tiene tiempesito que ya no lo usa

Interviewer AS: ¿Cómo cuanto tiempo?

Participant #P1924: Eh pues ya puede que como unos más tres meses

Interviewer AS: A muy bien, muy bien. ¿Entonces ha mejorado, verdad?

Participant #P1924: Ey. No si ya va mucho mejor

Interviewer AS: Que bueno

Participant #P1924: Si, a como estaba, pues si

Interviewer AS: ¿Y que tal calores o bochornos ha tenido el señor eso?

Participant #P1924: No

Interviewer AS: No

Participant #P1924: No, eso no.

Interviewer AS: ¿Qué tal eh problemas intestinales?

Participant #P1924: No, pues no, no, no todo va bien. Todo no.

Interviewer AS: Muy bien. Y

Participant #P1924: Y luego ahorita pues estamos contentos, llegó un hijo de México

Interviewer AS: Sí

Participant #P1924: Ey nos llego ayer

Interviewer AS: A que bueno. ¿Hace cuanto que no lo veían?

Participant #P1924: Oh, ya mas de un año

Interviewer AS: A que bueno, gracias a Dios que lo pudieron ver

Participant #P1924: Sí

Interviewer AS: Me da gusto

Participant #P1924: Sí

Interviewer AS: Que bueno. Entonces ya están un poco mas contentos.

Participant #P1924: A no sí, uh huh

Interviewer AS: Ay que bien

Participant #P1924: Si, ey

Interviewer AS: ¿Y que tal eh las erecciones?

Participant #P1924: Sí

Interviewer AS: ¿Puede tener el señor?

Participant #P1924: ¿Mande?

Interviewer AS: ¿Puede tener el señor erecciones?

Participant #P1924: No

Interviewer AS: No

Participant #P1924: No

Interviewer AS: ¿Horita no hay relaciones sexuales?

Participant #P1924: No, no, horita no.

Interviewer AS: Ok

Participant #P1924: Uh huh, ey

Interviewer AS: ¿Y han llevado algún tipo de cambio para lidiar con, con lo que sucedió con el cáncer de próstata, y, y la cirugía? ¿Una modificación en los hábitos diarios?

Participant #P1924: No, sí

Interviewer AS: ¿Cómo que ha cambiado?

Participant #P1924: Pues, pues ha cambiado, pues ha cambiado mucho porque ya sé ha sentido mucho mejor

Interviewer AS: Uh huh

Participant #P1924: Ya se ha sentido mucho mejor de eso también.

Interviewer AS: Uh huh

Participant #P1924: Ey

Interviewer AS: ¿Han cambiado la dieta o, o, no sé el ejercicio?

Participant #P1924: No pues, la, el ejercicio él por ahí cada rato hace ejercicio

Interviewer AS: Uh huh

Participant #P1924: Ey

Interviewer AS: ¿Algún otro tipo de cambio que han hecho?

Participant #P1924: No, pues nada, pues no mas así que el no mas se va hacer ejercicio y eso y

Interviewer AS: Uh huh

Participant #P1924: Y no come pues muchas cosas que de que le hacen daño

Interviewer AS: ¿Que no coma muchas cosas?

Participant #P1924: Ey

Interviewer AS: ¿Cómo que cosas le hacen daño?

Participant #P1924: Pues como la, pues como la, él, él, pues eh fruta casi, pues fruta es casi lo que él come

Interviewer AS: Ah

Participant #P1924: Tortilla muy poca

Interviewer AS: Ah muy bien

Participant #P1924: Ey. Tortilla se ha de comer alguna o dos así y casi pura fruta

Interviewer AS: Ah, ok muy bien

Participant #P1924: Ey

Interviewer AS: ¿Y, y que tal el estado de animo?

Participant #P1924: Ah pues hasta horita va, va muy bien

Interviewer AS: Sí

Participant #P1924: Oh antes estaba bien deprimido, de primero se sentía deprimido y bien triste

Interviewer AS: ¿Si, y por qué se sentía él tan, tan deprimido?

Participant #P1924: Ah, porque pues por sabe lo que tenia y que él tenia, tenia, y él tenia el pendiente que peor si le seguía mas adelante

Interviewer AS: Uh huh

Participant #P1924: Y no gracias a Dios mire que esta, que salió todo bien, que esta bien

Interviewer AS: Ok

Participant #P1924: Ey

Interviewer AS: ¿Entonces a él le preocupaba que el cáncer regresara?

Participant #P1924: Ey, si eso era lo que él, él tenía, sí, uh huh

Interviewer AS: ¿Y usted como sigue?

Participant #P1924: Pues yo, yo bien gracias a Dios

Interviewer AS: Uh huh. ¿Que lo, que le ha ayudado mas a lidiar con todo esto?

Participant #P1924: Pues hacer el animo, y hacer animo, y darle animo al él, y todo pues que mas.

Interviewer AS: Sí verdad.

Participant #P1924: Si yo cuando a él lo veía así triste le decía sal adelante que al cabo primeramente Dios vamos a salir bien y todo. Y pues le daba animo de verlo pues tan triste ¿usted cree? Que más.

Interviewer AS: Por supuesto

Participant #P1924: Ey. Uh huh

Interviewer AS: ¿Y, y quien le daba animo a usted?

Participant #P1924: Pues a mí quien, una hija, una hija pero ya se me caso, ya nos dejo solos. Usted cree ya nomás crecen y ya no viven con uno

Interviewer AS: Uh uh, uh huh

Participant #P1924: Ey

Interviewer AS: Ok. Entonces el apoyo de familia ha sido importante

Participant #P1924: Sí

Interviewer AS: Sí

Participant #P1924: Sí, hasta eso sí, uh huh

Interviewer AS: Ok muy bien.

Participant #P1924: Ey

Interviewer AS: ¿Qué piensa usted que ha sido lo más difícil para usted?

Participant #P1924: Pues de verlo ahora pues que cuando estaba enfermo que yo también me sentía bien triste y bien deprimida y pues que vamos a hacer si este hombre sigue mal y todo y

ay. Yo también me ponía triste, no crea. Al principio pues, pues ya hora pues ya vamos haciendo el animo y lo veo que ahora ya esta más mejorcito.

Interviewer AS: Ay que bueno me da mucho gusto saber eso

Participant #P1924: Ey, sí

Interviewer AS: Escucho también en su voz un animo diferente, entonces me da mucho gusto

Participant #P1924: Uh huh

Interviewer AS: Eh, ¿usted cree que su relación de pareja ha cambiado desde el cáncer de próstata?

Participant #P1924: Sí

Interviewer AS: ¿Como ha cambiado?

Participant #P1924: Si pues que, pues a cambiado porque no hay nada pues

Interviewer AS: Porque no hay relaciones sexuales

Participant #P1924: No hay relaciones, uh huh

Interviewer AS: ¿Y como han lidiado con eso, como han manejado eso?

Participant #P1924: No pues mas o menos bien, pues yo veo bien pues que, que no se puede y todo, y el pues, él si reniega verdad.

Interviewer AS: Si reniega

Participant #P1924: Ey, si

Interviewer AS: ¿Y, y platican sobre eso?

Participant #P1924: Sí

Interviewer AS: Sí

Participant #P1924: Si platicamos, si no pues ya, pues, pues le digo pues no pues que tiene, no puedes, y no se puede le digo. Así es pues ya.

Interviewer AS: ¿Entonces están se acuerdo de sobre lo que esta pasando?

Participant #P1924: Sí. No sí, uh huh

Interviewer AS: Uh huh

Participant #P1924: Eso sí. Si pues uno viera que es nomas por gusto, pues no verdad.

Interviewer AS: Uh huh, sí

Participant #P1924: Pero por la enfermedad usted cree

Interviewer AS: Sí, sí

Participant #P1924: Ey, ey

Interviewer AS: ¿Y, y usted piensa que se porta o, o responde diferente hacia su pareja?

Participant #P1924: No, hasta eso no

Interviewer AS: No

Participant #P1924: No

Interviewer AS: Ok. ¿Se, se ven mas unidos después de la operación?

Participant #P1924: Sí

Interviewer AS: Sí

Participant #P1924: Uh huh

Interviewer AS: ¿Porque cree que sucedió eso?

Participant #P1924: Pues yo pienso por lo que le paso pues

Interviewer AS: Uh huh

Participant #P1924: A el pues cundo lo operaron y todo y la enfermedad que se le vino y eso

Interviewer AS: Uh huh

Participant #P1924: Yo pienso que por eso

Interviewer AS: Porque uno, que, eh, ve las cosas diferente.

Participant #P1924: Ey, sí, ey

Interviewer AS: ¿Que, que le paso por la mente o, o que, que pensó que sucedió que los hizo mas unidos?

Participant #P1924: Pues yo pienso que de ahora que lo operaron pues ya reaccionó mas y pensó mas, y todo.

Interviewer AS: Uh huh

Participant #P1924: Y ahora pues como que más bien va él también.

Interviewer AS: Uh huh

Participant #P1924: Pues de todas maneras verdad pero ahora más.

Interviewer AS: Ahora más.

Participant #P1924: Uh huh

Interviewer AS: Valora un poco la vida.

Participant #P1924: Ey la vida.

Interviewer AS: Uh huh, ok muy bien.

Participant #P1924: Uh huh, sí, ey

Interviewer AS: ¿Y ahora señora eh ya que usted ha pasado por esa experiencia con su esposo, eh algún tipo de consejo que le daría a una pareja?

Participant #P1924: Verdad que sí.

Interviewer AS: ¿Qué tipo de consejo le daría?

Participant #P1924: Pues decirles también lo mismo pues que como lo que le pasa a uno y todo, y que pues que es un pues que es un imposible pues que cuando esta la gente enferma.

Interviewer AS: Uh huh

Participant #P1924: Que se le viene alguna enfermedad así pesada pues no ya ve. Ey ya le digo.

Interviewer AS: Ok.

Participant #P1924: Uh huh

Interviewer AS: Y para, y para, para, para terminar esta parte de la entrevista ¿algún, a alguna otra cosa que le gustaría mencionar que usted sienta que es importante que nosotros sepamos para entender como es que el cáncer de próstata afecta a las parejas?

Participant #P1924: Verdad.

Interviewer AS: No tiene nada más.

Participant #P1924: No pues es todo no mas, ey.

Interviewer AS: Ok, muy bien. Entonces voy a para la grabación para seguir con la segunda parte, ok.

Participant #P1924: Andele sí.

Interviewer AS: Ok.

Partner of man with prostate cancer Spanish language transcript translated

Couples Study 12 Month Follow Up ID #1924

Date: 2/03/10

Interviewer AS: OK. Ok Mr. [NAME], can you talk to me a bit about how your symptoms have changed since the last interview we had 6 months ago?

Participant #1924: Well I have been a little better.

Interviewer AS: What, what have you noticed, that has gotten better?

Participant #1924: Well uh, well I feel, well since I don't work, I'm just here..

Interviewer AS: Uh huh

Participant #1924: I stroll around with the little goats that are here, some chickens and I feel good Ma'am.

Interviewer AS: Yes. Uh, what about incontinence? Uh, do you still use adult diapers?

Participant #1924: I only use a little towel and it lasts all day.

Interviewer AS: Oh yes?

Participant #1924: Yea, with one.

Interviewer AS: And did you use more before?

Participant #1924: Up to, up to three, two.

Interviewer AS: Two what?

Participant #1924: Diapers.

Interviewer AS: Oh yes, so you have gotten better.

Participant #1924: Uh yes. [Inaudible]

Interviewer AS: Very well. And have you had intestinal problems?

Participant #1924: No Ma'am.

Interviewer AS: No. What about hot flashes?

Participant #1924: Well no, since I always exercise a lot, I get dizzy, well, but that is because of the diabetes.

Interviewer AS: Ah ok, ok. But it's not because of the prostate?

Participant #1924: No, no

Interviewer AS: And what about erections, can you have erections?

Participant #1924: No Ma'am

Interviewer AS: No, ok. Uh, have you, do you, what types of changes have you made to your daily life? Any type of change since the, since the prostate cancer?

Participant #1924: Well from all of that I feel good Ma'am, up to now, about, a few weeks ago, last week I went to the doctor. The doctor told me that everything was fine.

Interviewer AS: Uh huh, ok. Have you modified your diet or, or, or, anything else so that you feel better?

Participant #1924: Well I try to not eat that much fat.

Interviewer AS: Uh huh

Participant #1924: Salads, like that. That doesn't have a lot of fat, I feel fine.

Interviewer AS: Yes, yes.

Participant #1924: Yes, yes, I exercise and I feel better.

Interviewer AS: Oh, that's great. Do you try to exercise more?

Participant #1924: Yea, I start walking like from here where I am with one of my sons.

Interviewer AS: Yes.

Participant #1924: He has, has a very big yard.

Interviewer AS: Uh huh

Participant #1924: I stroll around there all day.

Interviewer AS: Ah, that's great. And you were telling me that you would feed the goats there?

Participant #1924: Yea, he has some animals and he leaves to go to work.

Interviewer AS: Uh huh

Participant #1924: I stay there, feeding them.

Interviewer AS: Ah that's great, very good.

Participant #1924: And yea, I stay there, very comfortable.

Interviewer AS: So do you feel that you have more energy or how is your energy?

Participant #1924: Yea, that is fine, but I'm telling you, if I work or I start to work hard...

Interviewer AS: Uh huh

Participant #1924: I get dizzy, but that is because of the diabetes.

Interviewer AS: Ok

Participant #1924: And the cholesterol.

Interviewer AS: Uh huh, uh huh

Participant #1924: And because I walk, I feel more at ease.

Interviewer AS: Uh huh. And for the diabetes do you also try to eat better?

Participant #1924: Yea.

Interviewer AS: Yes?

Participant #1924: Yea.

Interviewer AS: Ok, uh, and what do you think has helped you deal with, with the symptoms, uh, with everything that has happened since the surgery, what helps you deal with it?

Participant #1924: Well, keeping all of the diets that they have given me.

Interviewer AS: Uh huh, uh huh. And so that you can get distracted, so that you can get encouraged, what do you do to feel better?

Participant #1924: Well, like I told you, I go out for walks, over here, since the yard goes out to a stream, the water comes running and I go up to the stream and I am there all day.

Interviewer AS: Oh, that's great.

Participant #1924: Yea.

Interviewer AS: And do you do something with your wife, both of you, as, as a couple?

Participant #1924: No, well we are alone all day both of us and I come over here and there are times that she comes over here to the yard

Interviewer AS: Uh huh, uh huh

Participant #1924: And later on she makes something to eat or she calls me and we have a good time together...

Interviewer AS: Ok. And did your family find out that you have prostate cancer?

Participant #1924: Yes.

Interviewer AS: Yes. And do they support you?

Participant #1924: Yes, well everyone supports me, they encourage me.

Interviewer AS: Uh huh. What type of encouragement do they give you? What do they tell you?

Participant #1924: Well to, to not pay attention to anything, as if nothing had happened

Interviewer AS: Ok. And do you feel that you respond different with your wife since this happened?

Participant #1924: Well the first days I felt depressed now I don't. Well, she tells me herself, don't worry.

Interviewer AS: Uh huh

Participant #1924: And to get through it and to not get depressed.

Interviewer AS: Yes. And why, why would you get depressed?

Participant #1924: Well, at first because you think that you are losing everything.

Interviewer AS: Uh huh, you are referring to, what are you referring to?

Participant #1924: For example.

Interviewer AS: To sexual relations?

Participant #1924: She would make me feel bad, about sexual relations, I mean, well I used to feel bad but not anymore.

Interviewer AS: You feel better now.

Participant #1924: Yea.

Interviewer AS: Uh huh. What do you think has been most the difficult part of this whole situation?

Participant #1924: Well the most difficult was that. But well, you get the strength and now...

Interviewer AS: So the most difficult thing was not having sexual relations?

Participant #1924: Yea, not having it was made me feel the most depressed.

Interviewer AS: Now, how have you overcome that?

Participant #1924: No well, I don't know, I have never thought to ask the doctor if there is a medicine for that...

Interviewer AS: Uh huh, do you intend to ask him?

Participant #1924: Well that's what I think. But take someone with me because the doctor who sees me speaks only English, and that's why I don't....

Interviewer AS: Uh huh

Participant #1924: And I can take one of my daughters and well she has never...

Interviewer AS: Ok

Participant #1924: Or my daughter or my daughter in law, they are the ones that take me...

Interviewer AS: Yea, well the law requires that there be someone who translates for him...

Participant #1924: Oh yes, yes.

Interviewer AS: So you should not be embarrassed if the doctor doesn't speak Spanish, tell the nurse that you need someone to translate, ok?

Participant #1924: Yea, that is what I think to do the next time that I go.

Interviewer AS: Because if it is a law, you shouldn't be embarrassed.

Participant #1924: Yea

Interviewer AS: Ok?

Participant #1924: Yea, that's fine, yea.

Interviewer AS: And, now that you have gone through all of this, is there something that you learned, some type of advice that you would give to a couple that is going to start with this process?

Participant #1924: What do you mean?

Interviewer AS: Uh, something that you have learned that, that perhaps you would like to give it to a couple as advice.

Participant #1924: Oh so with what has happened to me?

Interviewer AS: Yes.

Participant #1924: Well tell them the same thing, to not feel bad, to get through everything.

Interviewer AS: Uh huh. And why is it important to get through it?

Participant #1924: Well, well, well I think that if you start thinking and thinking, right, well you get more depressed.

Interviewer AS: Yes.

Participant #1924: You don't get out of the disease quickly.

Interviewer AS: Uh huh

Participant #1924: So it's best to forget about everything. I feel good right now, but the first days well, I would get a bit depressed.

Interviewer AS: Yes.

Participant #1924: Because of my wife and everything, and she tells me, no, no, no, no, don't worry, what are we going to do, we have kids already. And there we are, comfortable, what can I tell you.

Interviewer AS: Uh huh, uh huh. And to conclude with this part of the interview, any other thing that you feel is important for us to know?

Participant #1924: Well I don' know, I'm, I'm fine, it's fine.

Interviewer AS: Uh huh

Participant #1924: Like I told you, I am very comfortable.

Interviewer AS: Ok, ok

Participant #1924: Yea.

Interviewer AS: And do you think that the prostate cancer, you were telling me that it affects the couple, or, or what do you think?

Participant #1924: Well, well I think that since I brought myself to have the operation and everything

Interviewer AS: Uh huh

Participant #1924: Well the, like I am telling you, I went to the doctor, he drew my blood and everything to see if I had cancer, well he tells me no, no don't worry, there is nothing, everything is fine. Everything is going well.

Interviewer AS: Uh huh

Participant #1924: And well....

Interviewer AS: You feel....

Participant #1924: The only thing that I can't work because, but that is because of my sugar.

Interviewer AS: Uh huh, uh huh

Participant #1924: It goes up, or it goes up or it comes down. But well I, I already know. Not doing very strenuous work, slowly.

Interviewer AS: Uh huh, uh huh

Participant #1924: Yea.

Interviewer AS: Ok, so uh, well thank you so much for the information that you shared with me. I am going to continue with the second part, and I am going to stop, turn off the recorder, is that fine?

Participant #1924: That's fine.

Interviewer AS: Ok

END OF CASSETTE

Partner of man with prostate cancer Spanish language transcript coded

Couples Study 12 Month Follow Up ID # P1924

Date: 2/03/10

Interviewer AS: Recording

Participant #P1924: Uh huh

Interviewer AS: Ok Mrs. [NAME] can you tell me uh, how have your husband's symptoms changed since the last interview we had 6 months ago?

Participant #P1924: Good.

Believing her husband is doing good.

Interviewer AS: Good

Participant #P1924: Yes.

Interviewer AS: How do you see him, how do you see him?

Participant #P1924: Well more or less, well good now.

Seeing that her husband is doing good now.

Interviewer AS: Ok

Participant #P1924: Yea..

Interviewer AS: How, how, how is he doing with incontinence?

Participant #P1924: Well more or less, he is doing better.

Thinking her husband's incontinence is doing better.

Interviewer AS: Uh huh

Participant #P1924: Uh huh

Interviewer AS: And does he use adult diapers?

Participant #P1924: No

Noticing her husband is no longer using adult diapers.

Interviewer AS: Not anymore?

Participant #P1924: No not anymore.

Interviewer AS: How many would he use before?

Participant #P1924: Well before he would use like three.

Knowing that her husband used to use 3 diapers a day.

Interviewer AS: Oh yes, and now he doesn't use any?

Participant #P1924: No, not anymore. It's been a while since he has used them.

Noticing it has been a while since her husband last used a diaper.

Interviewer AS: Like how much time?

Participant #P1924: Uh well, it's been around more than 3 months.

Thinking about 3 months have gone by since her husband last used a diaper.

Interviewer AS: Oh very good, very good. So, he's gotten better right?

Participant #P1924: Yea. He's doing a lot better.

Knowing her husband is doing a lot better compared to how he was doing in the past.

Interviewer AS: That's great.

Participant #P1924: Yes, well compared to how he was, well yes.

Interviewer AS: And what about hot flashes, has he had that?

Participant #P1924: No

Knowing her husband is not experiencing any hot flashes.

Interviewer AS: No

Participant #P1924: No, not that.

Interviewer AS: What about intestinal problems?

Participant #P1924: No, well no, no, no everything is fine. Everything, right.

Knowing her husband is not experiencing intestinal problems.

Believing that everything with her father is fine.

Interviewer AS: Very well, and...

Participant #P1924: And then now, well we are happy, one of my sons came from Mexico.

Being very happy.

Having one of her sons come from Mexico.

Interviewer AS: Yes.

Participant #P1924: Yea, he came yesterday.

Interviewer AS: Oh, that's great. How long has it been since you last saw him?

Participant #P1924: Oh, more than a year.

Having gone a year without seeing her son.

Interviewer AS: Oh, that's great, thank God that you were able to see him.

Participant #P1924: Yes.

Interviewer AS: I'm happy to hear that.

Participant #P1924: Yes.

Interviewer AS: That's great. So you are now a bit happier?

Participant #P1924: Oh yes, uh huh

Being happier not that she got to see her son.

Interviewer AS: Oh, that's great.

Participant #P1924: Yes, yea...

Interviewer AS: And what about erections?

Participant #P1924: Yes.

Interviewer AS: Is he able to have them?

Participant #P1924: What?

Interviewer AS: Is he able to have erections?

Participant #P1924: No

Knowing her husband is unable to achieve erections.

Interviewer AS: No

Participant #P1924: No

Interviewer AS: Right now there are no sexual relations?

Participant #P1924: No, no, not right now.

Having no sexual relations with her husband currently.

Interviewer AS: Ok

Participant #P1924: Uh huh, ok.

Interviewer AS: And have you made any changes in order to deal with, with what happened with the prostate cancer, and, and the surgery? Any modifications to your daily habits?

Participant #P1924: Oh yes.

Making changes to deal with her husband's prostate cancer.

Interviewer AS: Like what has changed?

Participant #P1924: Well, well he has changed, well he has changed a lot because he has felt a lot better.

Thinking her husband has changed a lot.

Noticing her husband has been feeling a lot better.

Interviewer AS: Uh huh

Participant #P1924: He has felt a lot better with that also.

Thinking her husband has been feeling a lot better.

Interviewer AS: Uh huh

Participant #P1924: Yea,

Interviewer AS: Have you changed your diet, or, or, I don't know exercise?

Participant #P1924: No, well the, exercise, he exercises all the time..

Knowing her husband exercises all the time.

Interviewer AS: Uh huh

Participant #P1924: Yea

Interviewer AS: Any other type of change that you have made?

Participant #P1924: No, well nothing, well only that he goes out to exercise and that, and...

Noticing that her husband goes out to exercise

Interviewer AS: Uh huh

Participant #P1924: And he doesn't eat a lot of things that are not good for him

Knowing that her husband doesn't eat a lot of things that are not good for him.

Interviewer AS: He doesn't eat things that are not good for him?

Participant #P1924: Yea.

Interviewer AS: Like what things are not good for him?

Participant #P1924: Well like the, well like the, the, the well uh fruit, well fruit is mostly what he eats.

Interviewer AS: Ah

Participant #P1924: Very little tortilla

Noticing her husband eats mostly fruits and very few tortillas.

Interviewer AS: Ah, very good

Participant #P1924: Yea. Tortillas he eats like one or two, but mostly just fruit.

Interviewer AS: Oh, ok very good.

Participant #P1924: Yea.

Interviewer AS: And, and what about his mood?

Participant #P1924: Uh, well right now, he is doing very well.

Noticing that her husband's mood has been good and that emotionally he his doing well.

Interviewer AS: Yes.

Participant #P1924: Before he was very depressed, at first he felt very depressed and very sad.

Knowing that her husband initially felt very depressed and sad.

Interviewer AS: Yes, and why did he feel so, so depressed?

Participant #P1924: Uh, because well, because of what he had and he was, was, was worried that it would be worse ahead...

Believing her husband was depressed because he had been diagnosed with prostate cancer and was worried about what would happen in the future.

Interviewer AS: Uh huh

Participant #P1924: But now, thank God that, that everything came out fine, that everything is fine.

Thanking God that everything came out fine and that her husband is fine.

Interviewer AS: Ok

Participant #P1924: Yea.

Interviewer AS: So he was worried that the cancer would come back?

Participant #P1924: Yes, yes that is what he, what he had, yes, uh-huh.

Believing her husband was worried that his cancer would come back.

Interviewer AS: And how are you doing?

Participant #P1924: Well I am, I am doing fine, thank God.

Doing fine.

[Thanking God.](#)

Interviewer AS: Uh huh. What, what has helped you the most in handling all of this?

Participant #P1924: Well being encouraged, being encouraged and encouraging him and everything, well what else.

Being encouraged.

[Encouraging her husband.](#)

Interviewer AS: Yes, right.

Participant #P1924: Yes, when I would see him sad, I would tell him to get through this, God willing everything is going to be fine and everything. And well, I would give him a lot of encouragement well in seeing him so sad, can you believe that? What else.

Seeing her husband sad sometimes.

[Telling her husband that he would get through it and that everything would be fine.](#)

[Giving her husband a lot of encouragement when she would see him sad.](#)

Interviewer AS: Well of course.

Participant #P1924: Yea. Uh huh

Interviewer AS: And, and who would give you encouragement?

Participant #P1924: Well for me, one of my daughters, one of my daughters but she is married, she left us alone. Can you believe that, they just grow up and don't live with you anymore.

Receiving encouragement from one of her daughters.

Interviewer AS: Uh uh, uh huh

Participant #P1924: Yea,

Interviewer AS: Ok. So the support from your family has been important?

Participant #P1924: Yes.

Being supported by her family.

Interviewer AS: Yes.

Participant #P1924: Yes, even that, yes, uh huh

Interviewer AS: Ok, very good.

Participant #P1924: Yea.

Interviewer AS: What do you think has been the most difficult for you?

Participant #P1924: Well seeing him now that he was sick, I also would feel very sad and depressed and well what are we going to do if this man feels bad and everything and I would also get sad. In the beginning well, well now we are getting encouraged and I see that now he is better.

Feeling sad and depressed having to see her husband so sick.

Getting sad when she would see her husband feeling bad.

Becoming more encouraged.

Seeing that her husband is getting better.

Interviewer AS: Oh, that's great. I'm very happy to hear that.

Participant #P1924: Oh, yes.

Interviewer AS: I also hear in your voice that your mood is different, so I am very happy.

Participant #P1924: Uh huh

Interviewer AS: Uh, do you think that your relationship as a couple has changed since the prostate cancer?

Participant #P1924: Yes.

Believing that her and her husband's relationship has changed since the prostate cancer.

Interviewer AS: How has it changed?

Participant #P1924: Yes well, well he has changed because well there is nothing.

Interviewer AS: Because there are no sexual relations.

Participant #P1924: There are no sexual relations, uh huh

Having no sexual relations with her husband.

Interviewer AS: And how have you dealt with his, how have you managed this?

Participant #P1924: No well more or less good, well I can see that, that well we can't and well he does get upset about it, right.

Dealing with her husband's ED.

Being unable to have sexual relations with her husband.

Seeing that he husband gets upset about his ED.

Interviewer AS: He gets upset.

Participant #P1924: Yea, yes.

Interviewer AS: And, and do you talk about that?

Participant #P1924: Yes.

Talking with her husband about his ED and why he gets about it.

Interviewer AS: Yes.

Participant #P1924: Yes, we talk, yes well, well I tell him well that no, that he has to, he can't and well we can't. That's how it is.

Talking with her husband about his ED.

Understanding that her husband cannot achieve erections and there for they cannot have sex.

Interviewer AS: So you are in agreement with what is happening.

Participant #P1924: Yes. Yes, uh-huh.

Interviewer AS: Uh huh

Participant #P1924: That yes. Yes, someone would say that it is just because, but the truth is that it isn't, right.

Interviewer AS: Uh huh, yes.

Participant #P1924: But because of the disease, can you believe that...

Believing that her husband's ED is a direct result of his prostate cancer and prostate cancer treatment.

Interviewer AS: Yes, yes...

Participant #P1924: Yea, yea...

Interviewer AS: And, and do you think that you act or, or respond differently towards him?

Participant #P1924: No, no...

Thinking that she does not respond different too or act different towards her husband since his prostate cancer.

Interviewer AS: No

Participant #P1924: No

Interviewer AS: Ok. Are you closer after the operation?

Participant #P1924: Yes.

Believing that her and her husband have grown closer since his operation.

Interviewer AS: Yes.

Participant #P1924: Uh huh

Interviewer AS: Why do you think that happened?

Participant #P1924: Well I think that because of what happened...

Thinking that her and her husband grew closer because of their experience with social sports.

Interviewer AS: Uh huh

Participant #P1924: To him, well when he was operated and everything and the disease that came and all of that...

Interviewer AS: Uh huh

Participant #P1924: I think because of that....

Interviewer AS: Because you see things differently

Participant #P1924: Yea, yes, yea.

Seeing things differently and having a different perspective since her husband's prostate cancer.

Interviewer AS: What, what went through your mind, or, or what, what did you think made you get closer?

Participant #P1924: Well I think that now that he was operated well, he reflected more and thought more and everything.

Thinking that her husband thinks about and reflects more on life since his operation.

Interviewer AS: Uh huh

Participant #P1924: And now well he is also doing better.

Seeing that her husband is doing better.

Interviewer AS: Uh huh

Participant #P1924: Well anyhow, right, no more so.

Interviewer AS: Now more.

Participant #P1924: Uh huh

Interviewer AS: He values life a little more.

Participant #P1924: Yea, life.

Believing her husband values life more since his prostate cancer.

Interviewer AS: Uh huh, ok very good.

Participant #P1924: Uh huh, yes, yea.

Interviewer AS: And now that you have gone through this experience with your husband, uh, what kind of advice would you go give to a couple?

Participant #P1924: I really would.

Interviewer AS: What kind of advice would you give?

Participant #P1924: Well tell them also, what happens, that since you go through it and everything, and well that well that it is an impossible thing when someone is sick

Believing that dealing with a prostate cancer diagnosis is a very difficult experience.

Interviewer AS: Uh huh

Participant #P1924: That a tough disease comes to you, well no, you know. Yea, I'm telling you.

Interviewer AS: Ok.

Participant #P1924: Uh huh

Interviewer AS: And to, and to, to, to end this part of the interview, any, any other thing that you would like to mention that you feel is important for us to know to understand how prostate cancer affects couples?

Participant #P1924: It does.

Interviewer AS: You don't have anything else?

Participant #P1924: No, well that's it, nothing is, yea.

Interviewer AS: Ok, very well. I am going to stop the recording in to continue to the second part, ok?

Participant #P1924: Yes.

Interviewer AS: Ok.

END OF CASSETTE

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