

**3RD OPINION ON
PROSTATE
CANCER**

THE SCREENPLAY

JESSIE WRIGHT

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SHORT TREATMENT

INITIAL INTRO OF THE MOVIE, BEFORE IT STARTS.

The script of *Third Opinion on Prostate Cancer* OR a similar different name is 181 pages. In part it is a true story about the author of *Third Opinion on Prostate Cancer*, but in this script, it is about a real estate developer (Steven Jones) who starts showing symptoms of prostate cancer issues with frequent urination, and it mistakenly turns out to be benign prostatic hyperplasia (BPH) and not prostate cancer with high Gleason 8.

First, he is in denial; and it interrupts his life and his marriage, until he meets Ellie Powell who is a pathologist and a litigation attorney. She is an advocate for obtaining third opinions, every time a person is told that he has prostate cancer. She loses her fiancé due to an unnecessary prostate cancer surgery that most people unknowingly and typically get misdiagnosed, and such unnecessary surgeries would possibly cause impotence. She ends up meeting Steven after his wife cheats on him (infidelity).

Ellie along with several other urologists start a series of webinars to educate patients and urologists to explain that (1) surgery should be the last option and not the first; (2) prostate surgeons in some cases may have a conflict of interest between the health of the patient and making just under \$100K profit for each unnecessary surgery; (3) visualizing, reading, and determination of the biopsy of a person to

see if he has cancerous cells or not is most difficult by comparison from any other types of biopsies; (4) no biopsies are typically done after removal of the gland after a surgery, or otherwise, it may reveal that the surgery was not necessary; and (5) multiple treatments are available that hardly get presented to patients.

The story goes through a lot of twists and turns:

- A. The likelihood of survival of any hospital due to lack of certain number of surgeries is high as it hurts the hospital's financial status.
- B. How clinics and outpatient locations rely on surgeries to stay in business.
- C. Crooked surgeons who still do other unrelated businesses while in a surgery.
- D. The romantic relationship between Ellie and Steven. Ellie being short tempered and Steven with so much baggage makes the relationship a challenge for both.
- E. Steven's wife shacking up with Steven's real estate agent, causing a divorce and a conspiracy to kill Steven to cash a \$10M life insurance.
- F. Steven saves Ellie's life and takes a gunshot from a robber in the hotel lobby at the time that they did not know each other.
- G. Since Steven saves Ellie's life, Ellie feels obligated to help Steven at the beginning of the story. Neither one wants to have a romantic relationship because Steven's divorce is not finalized, nor does Ellie's work schedule after losing her fiancé allow her to have a relationship considering her legal litigation cases and number of patients with member of prostate issues.
- H. In order to get financing for Steven's Florida project, Steven must show to the lender that he has a good bill of health, and that is where Ellie comes in. Would she do that for him?

- I. Steven is mistakenly told that he has prostate cancer; and the scheduled surgery soon gets interrupted by Ellie, wanting a third opinion, preferably from a pathologist outside of the state. Why? Because any surgeon always refers the patient to another local surgeon in the same circle of the network, and 98 percent of the time, the second opinion is almost the same as the first opinion. No second surgeon will disagree that the first surgeon was wrong in his or her diagnosis.
- J. Multiple supplements will be discussed in addition to minimally invasive types of treatments for BPH within the story.
- K. There will be discussions about bladder cancer and treatments.
- L. A funny scene where Ellie asks Steven to drop his pants not to have sex, but bend over to examine him with her finger to see if there are nodules and BPH.
- M. Ellie ends up representing Steven on a conspiracy plot to murder him by Steven's ex-wife's boyfriend and representing him in the divorce court.
- N. Steven gets poisoned by an informant who was contacted by Steven's ex-wife's boyfriend.
- O. Several court scenes covering criminal and civil cases involving the DA.
- P. Propositioning and sexual advances against Ellie by Steven's ex-wife's attorney in a restaurant, on a settlement of the assets of their clients between the two attorneys.
- Q. Divorce settlement agreement that ends up in court.
- R. Highest and best types of treatments for prostate cancer and BPH will be presented.
- S. Marriage proposal between Steven and Ellie in a chartered 747 plane at 37,000 feet.

The typical viewer of this movie would be male over the age of forty with prostate issues with his wife *or* the wives who are concerned about their husbands' prostate issues.

This movie is part thriller and romance but at the same time part true and educational. What is important is being able to cover the educational portion of the story that is about 20 percent of the script. The possibility of any cast member to cover the technical/educational part of the movie is not great. Therefore, we need to find a way to cover that. It is important to the viewer as he along with his wife learn something over and above the entertainment and excitement of the movie. Not to just walk out of the theater without learning anything. There is a real substance in this movie, unlike other movies.

INTRODUCTION

In the United States, about one man in nine will be diagnosed with prostate cancer during his lifetime. Based on 330 million US population in 2020, with 49.48 percent male population, the male population represents 163 million. From the 163 million, 18 million males will be diagnosed with prostate cancer in their lifetime. The statistics do not include benign prostatic hyperplasia or BPH. Six out of ten people who get prostate cancer are over the age sixty-five.

Patients get diagnosed with prostate cancer, but is this really a true diagnosis? Prostate cancer increased by 5.1 percent between the years 2010 and 2017.

As you view this movie, you will find that medical professionals can and will make a variety of undisclosed mistakes causing misdiagnosis. This is a true story in part, and what happened to the author after being diagnosed with prostate cancer with a Gleason score of 8 (with 10 being the worst case) will prepare you for what lies ahead. The failure to correctly diagnose prostate cancer by negligent urologists who rely on faulty pathology reports alone is an appalling error that must stop. Hospitals and urologists must take responsibility for their negligence and disclose their mistakes that may cause a lifetime suffering to their patients. When these sorts of mistakes are made, it is not the patient's fault in selecting an incompetent urologist, but it is certainly the urologist's fault in selecting incompetent pathologists and inadequate laboratories that produce faulty interpretations of the biopsy results in the first place.

I certainly hope that this movie will inspire the American Medical Association to require urologists to pass the same tests required of pathologists to be able to interpret biopsy results. In order to provide an accurate diagnosis, the urologist not only needs to consider the symptoms reported by the patient but also needs to be able to review and analyze the patient's biopsy report. Just knowing the symptoms is not sufficient in order to render an appropriate diagnosis.

Humans, just like cars, can be recalled for misdiagnosis. You may laugh, but it is true. If you have had surgery to remove your prostate just to find out several months later that you did not have cancer, how would you feel? If you were recalled, just like thousands of other patients, because an unnecessary surgery was conducted, you would definitely be part of a class action lawsuit against this kind of practice. There is no difference between this and amputating your right leg instead of your left leg by mistake.

Currently, urologists rely on pathologists to read biopsy slides and often are unable or unwilling to double-check the readings they've received from pathologists after they receive their report from the laboratory of their choice. One of the gruesome consequences of such process is that if a pathologist in that laboratory makes a mistake in interpreting your biopsy slides, you will be sent to an unnecessary surgery—a surgery that will produce income for both the surgeon and the hospital and might be fatal for you.

If you trust your physician 100 percent and are unwilling to obtain a second, let alone a third, opinion in a diagnosis of your prostate cancer, this movie is not for you.

Just because an opinion comes from a professional doesn't mean that the opinion is accurate and trustworthy. There will always be a risk when putting your health into another person's hands; but that risk can be minimized by your common sense, experience, and willingness to learn about your new condition without blindly trusting what you were told by a medical professional.

You may select the best surgeon that the money can buy; but if you do not have the correct diagnosis, which includes an accurate pathology report, you may end up with impotence after the surgery, among other complications.

INITIAL SCENE

DINING ROOM SCENE WITH TWO COUPLES HAVING DINNER

It is seven o'clock on a Saturday night, and four people—two couples—are having dinner in a wealthy suburb of Beverly Hills. Steven Jones and his wife, Julie Jones, are the hosts to Adrian and Jennifer Marks. The discussion is about the commercial real estate market after COVID and wealthy surgeons that care only for making money and not the health and well-being of their patients.

Steven is a real estate broker and developer, and Julie is a residential high-end sales agent. Adrian is a urologist with his wife, Jennifer, as a housewife.

Adrian: As a urologist, it is hard to accept that we have lost many patients during COVID, and that explains why the hospitals have financial issues as the healthcare system is tightening up, and creation of more restrictions for unnecessary surgeries is warranted despite of financial gains.

Steven: As a commercial real estate broker and developer, my business is just as strong post-COVID, but I think in the healthcare industry, the hospitals need to still be honest with their patients. This is about patients and human life and not money.

Julie: Well, the high-end residential sales have not been affected by COVID. As a residential salesperson, I am doing great. There are not as many honest people like you guys. Unfortunately, it is all about the money. These money-driven surgeons have to feed their lifestyles and care less about human life, and there are a lot of them out there. Some of them turn up to be clients, you know?

Jennifer: I happen to agree. The high-priced homes are always up for grabs by surgeons and attorneys and other professionals.

Adrian: Well, it's time for Jennifer and me to get back. It's getting late.

Steven: Well, thanks for coming, guys, and we should do this again. Good night.

CUT AWAY

BEDROOM SCENE: STEVEN JONES AND JULIE JONES

At 2:00 AM, Steven wakes up with the urge of using the bathroom. It causes Julie to wake up.

Julie: Are you OK?

Steven: Sure, I am fine.

After coming back from the bathroom, again at 4:00 AM as Julie is awake.

Steven: I think I had too much to drink last night.

Julie: I think it is more serious than that, Steven. You need to check yourself in to see what's wrong.

Steven: Oh, it's probably nothing.

CUT AWAY

AM SCENE AT THE KITCHEN

Steven: OK, honey, have a good day. I got to rush.

Julie: Don't forget this weekend I have the open house on my new listing, so we can't go anywhere.

Steven: Oh OK.

CUT AWAY

BOARD OF DIRECTORS' MEETING AT THE HOSPITAL IN A FANCY CONFERENCE ROOM—EIGHT PEOPLE

The board is meeting to discuss the financial crisis of the community hospital and lack of funds to treat emergency patients due to the lack of insurance of patients and not enough surgeries to sustain the hospital's financial goals.

Board Director Dr. Williams: We do have a financial crisis which we need to discuss to hopefully resolve. This pandemic has cost the hospital nearly \$25M in the third quarter. We have been treating patients with low income, and the collection department is having a rough time.

Dr. Kasper (the director of the hospital) starts to show the charts: I say, although the pandemic has been a part of our financial issues, the main problem has been the reduction of the number of surgeries mainly due to social distancing, and surgeons are just not doing as many surgeries, especially the prostate surgeries that used to be our bread and butter at the hospital.

Dr. Garfield: Are you suggesting that the staff are purposely not diagnosing the surgery patients or part of the business is going to surgery centers?

Dr. Kasper: As you can see in this chart, the shortfall is mainly due to the urology department not having enough surgeries by compresence with pre-COVID time line.

Dr. Eastwood: The problem lies in introduction of proton therapy and new temporary treatments for patients with high PSA and Gleason. Those treatments are just temporary, and if this pattern continues, this hospital, just like a few others, may just have to shut its doors.

Dr. Garfield: Are you then suggesting that the staff must push for more surgeries because the hospital is losing money?

Dr. Kasper: Something must be done or we must close the urology department. It is not sustaining itself.

Dr. Marks: I hope no one in this room is suggesting that in order to keep the hospital going, we need to put money before the patient's health.

Dr. Eastwood: You have to accept the reality that this hospital that has served the community for years is about to go under.

Dr. Kropp: I have been listening to all of you, and the fact is that surgery of any duplicate organs will not kill the patient, so why not?

Dr. Marks: Doctor, I find you dishonest, and I hope the hell no one in this room taped this meeting.

And he rushes out of the meeting.

CUT AWAY

SCENE AT WKRP TV STATION

Investigative reporter Tim Hume comes on after the news and sports and weather.

Tim: Good evening. In the medical segment of our news, we like to cover prostate cancer treatments that one out of nine men get diagnosed in their lifetime. Some die not knowing that they had prostate cancer. You, ladies, I guess you can tune to other channels or at least watch this segment and tape it so you can show it to your husband. We have with us Dr. Eastwood that is a urology surgeon and Ms. Ellie Powel who happens to be a pathologist and a litigation attorney that has tried cases against hospitals and clinics for misdiagnosis and has received millions of dollars from insurance carriers insuring such hospitals for her clients.

Tim: Let me begin with you, Dr. Eastwood. Are you of the opinion that we should get back to basics and once the prostate gland biopsy shows that it might be cancerous, it should be removed under the knife?

Dr. Eastwood: Tim, as you know, there are many treatments of prostate cancer, but I think they are temporary. But yes, going back to basics is what I am after.

Tim: You obviously mean that a surgery after a biopsy and second opinion is necessary, right?

Dr. Eastwood: Oh no, first opinion is good enough. Remember that the prostate gland is an organ that you can still live without.

Tim: Let's get the opposite-side viewpoint. Dr. Powell or Attorney Powell, which would you like me to refer

to you? What about these lawsuits, and do you agree with Dr. Eastwood to get back to basics?

Ellie: Mr. Hume, for this discussion I prefer to be called just Dr. Powell. First of all, not one shoe fits all, so we can't just say get back to basics for everyone. The question is, can the surgeon put away his or her conflict of interest and put the patient's health ahead of financial gain? Removal of any organ in a body shall be the ultimate and last option. As a pathologist, I see so many misdiagnoses; and unfortunately, I never know if it was intentional or on purpose, unless I litigate the case.

Dr. Eastwood: Let me tell you something, Attorney Powell. First of all, I don't know how you can litigate a case as an attorney and be a pathologist and examine biopsy samples at the same time. One thing to consider which you should think about is that the different stages of prostate cancer could happen in different time lines, and due to the fact that the prostate gland is a sphere and circular, taking the samples from the anus is limited only to 25–35 percent of the entire gland. And we as sergeants intentionally do not misdiagnose the patient to make our mortgage payments. Another thing to consider is that we make the diagnosis based on the pathology reports that come from you people.

Ellie: Dr. Eastwood, unlike you or others, I can do two different professions by time management. In other words, I can work and chew gum at the same time; and second, the pathology report is not the only ingredient that makes you as a surgeon decide to use the knife on the patient. In these litigation cases, I have seen it all. I have seen widows that lost their husband because of a surgery gone wrong. I am one of those victims as I lost my fiancé two weeks before our

wedding. I lost him, and he was the inspiration for me to take my bar exam to become an attorney and then to become a pathologist. And most importantly, why is it that after removing the gland, the gland is not examined to indicate that it was cancerous or not? I tell you what, I am heading a group that requires surgery centers and hospitals to preserve the gland and have it examined by an independent pathologist just to see if it was even necessary to take the gland out in the first place. I am also advocating to obtain three, not one or two options.

CUT AWAY

ELLIE POWELL FLASHBACK TO HER CASE

Ellie and Ed Hyatt have been dating for a couple of years. Ed, with twenty years' age difference with Ellie, in his late forties proposes to Ellie. Ellie accepts. The wedding was set. Ed, having had problems urinating, checks into a urology department emergency. The doctor in the hospital orders a blood test and does the finger test to size up the gland. A week later and two weeks before the wedding, Ed gets a call after he is released from the hospital. The doctor asks him to urgently come to the hospital for consultation. Ed calls Ellie, and they both attend the meeting.

Dr. Kropp: I hate to break this bad news to you, Ed. Your PSA has elevated to 8, and you are in Gleason 4 × 4 or 8 as well, and the pathology report shows that the specimen indicates that your prostate cells have a different look than the healthy cells.

Ed: Do I have prostate cancer?

Dr. Kropp: It seems that you do, and I suggest the removal of the gland.

Ellie: Can we get a second opinion?

Dr. Kropp: Sure, you should. Here are a couple of referrals close by so you don't have to go out of your way, and here is the file of biopsy results and the tests.

Ed looks at Ellie and says, "I don't really want to get a second opinion. I trust Dr. Kropp."

Ellie: No, we must get a second opinion. This could also make you impotent. Do you realize that?

Ed: Sure, honey, we'll see.

CUT AWAY

SECOND OPINION—DOCTOR'S APPOINTMENT

In the doctor's office, the doctor turns around after he looks at the biopsy and the tests and says, "Oh yes, I must agree with your primary surgeon. The evidence is very clear without reasonable doubts. You should be hospitalized yesterday to take out your cancerous prostate gland."

Ellie: Let's think about this. What if they made a mistake?

Ed: No, Ellie, we are talking about my life, not yours. My decision has been made. We go forward with the surgery.

A day before the surgery and ten days before the wedding, Ed stops at the lab to give his blood in case during the surgery there would be a blood shortage. The lab technician asks Ed about his blood type, and Ed volunteers that his rare blood type is AB-negative.

CUT AWAY

A SURGERY IS SET WITH DR. KROPP

In the morning of the surgery, the hospital lab makes a mistake by mixing up the blood samples of Ed with another patient that is in the same room number but in a different wing of the hospital.

As Ellie says goodbye to Ed, on a stretcher from his room to the surgery room, Ellie looks at Ed one last time and whispers, “My love, I don’t feel good about this. God, please help.”

Dr. Kropp hears her and comforts her by saying, “Ellie, this is a normal surgery, and I have done dozens of these over the years. Don’t worry, things will be just fine. Please wait in the surgery waiting room, and after the surgery, I will come to get you.”

As Ellie sits in the waiting room, her mom calls her. “Is everything OK with Ed?”

Ellie: Mom, I am sitting in the waiting room crying in disbelief. I don’t really have a good feeling about this surgery, Mom.

CUT AWAY

IN THE SURGERY ROOM

The anesthesiologist puts Ed out on general anesthesia. An incision is made to take out Ed’s prostate as Dr. Kropp is interrupted in the middle of the surgery by a nurse telling him that he has an emergency call. Dr. Kropp gives the surgery knife to the second in command, an intern.

Dr. Kropp: Continue without me. You should be able to do this.
I will be right back.

As the intern takes over, his hands start to shake as Dr. Kropp leaves the room.

ON A PHONE CALL OUTSIDE THE SURGERY ROOM

Dr. Kropp: Yes, I did tell the escrow to release the \$100K deposit to the seller on purchasing the closed clinic. I need this deal closed.

George (the broker): Sorry, I did not know you were in the middle of surgery. I am calling you on an emergency because the appraisal came low, and the lender is reducing the loan amount.

Dr. Kropp: That's OK. This happens a lot. Why the hell did you not tell me that before I released the money? You are telling me this now in the middle of surgery?

The nurse storms out of the surgery room and approaches Dr. Kropp.

Nurse: Dr. Kropp, Dr. Kropp, we need you back in there now. Something went wrong. The patient is losing blood.

Dr. Kropp: OK, OK.

He tells George, "I have got to go. Get the escrow to recall the money."

He rushes to the surgery room, only to find out that the intern is in shock.

Dr. Kropp: What the hell happened?

Intern: Dr. Kropp, the patient lost a lot of blood, and I asked for his own blood transfusion, and his body rejected the blood. I don't know why, and I stopped taking out the gland.

Dr. Kropp looks at the EKG and the heart but too late as his heart stopped.

Dr. Kropp: We need to bring him back by resuscitation. Get ready.

The procedure fails. Dr. Kropp calls out the nurse outside.

Dr. Kropp: Here is the cash in this envelope. We must keep this under the radar or you will lose your job. Do you understand?

Nurse: Yes, sir.

The door to the surgery waiting room opens, and Ellie sees the look in Dr. Kropp's face.

Dr. Kropp: I am sorry, Ellie, so sorry. Ed did not make it through the surgery.

CUT AWAY

FLASHBACK TO THE TV INTERVIEW

Tim: Ellie, Ellie, are you OK?

Ellie: I just remembered what happened to my fiancé, sorry. Only if he had listened to me. I should have called off the surgery—my fault.

Tim: That is all the time we have in this segment. Good night.

CUT AWAY

STEVEN JONES'S BROKERAGE OFFICE

Steven walks in his real estate brokerage and development office, and the secretary transfers a call. "Mr. Jones, a call from George."

George: Hi, boss, sorry as my deal is falling apart. Question, my client just released his \$100K per the escrow instructions. He is asking me to ask the escrow to recall the funds from the seller, but although he still likes to close this deal, he can't because the lender lowered the loan amount due to the shortage of value in the appraisal.

Steven: George, I just got to the office. Send me both the purchase and sale agreement and the escrow instructions and let me take a look at it.

George: OK, boss. This deal means a half-a-million-dollar commission to me. Please.

The secretary comes in Steven's office. "Mr. Jones, your lenders on the Florida development are still waiting in the conference room."

CUT AWAY

CONFERENCE ROOM WITH TWO LENDER'S REPRESENTATIVES

Lender's Representative 1: Mr. Jones, it is a large loan that you are asking for your redevelopment project, but we know that you have the track records and the know-how. \$127M is not the amount that our bank can supply by ourselves, so we had to use a consortium of three other banks, but we would be the leading bank. So we are prepared to make the loan, but we need—"

Steven: Sorry, guys, to interrupt. I need to make a quick run to the bathroom, and I will come right back.

Steven rushes out of the conference room and surprises his staff and secretary as he runs to the bathroom. After a few minutes, he comes back as everyone watches him surprised.

Steven shouts to his staff, “Geez, I forgot to get you guys’ permission to go to bathroom.”

George stops him on the way to the conference room.

George: Sorry, Steven, I am about to lose the commission. Please look at the contract now and tell me what I should do before this maniac doctor sues us.

Steven: OK, OK. Let’s go to my office.

Steven reads the contract in his office as George sits and waits.

Steven: George, don’t you read anymore? There is no loan contingency here—per this contract and escrow instructions. His \$100K should have been released bilaterally through the escrow. He can’t sue anyone.

George: Would you please call him and see if there is a solution?

Steven makes the call and puts him on the speaker.

Steven: Is Dr. Kropp available?

Dr. Kropp: Yes, I am here. Were you guys able to get my money back?

Steven: Doctor, did you read the purchase-and-sale agreement and escrow instructions before signing it and putting your deposit in?

Dr. Kropp: Well, yes and no. It is hard to read every single word in between the surgeries, you know?

Steven: Well, Doctor, you have no loan contingency; and your lender's appraisal came in lower than the sales price. You realize that your offer was based on no loan contingency, and although the seller does not care if you get a loan or not, you need to close with or without the loan.

Dr. Kropp: What? Really? I just don't want to lose the deal and my deposit.

Steven: Yes, really. And by the way, if you really want this deal, why are you asking to get your deposit back?

Dr. Kropp: OK, shall we set a time to meet up and see what can be done? I still like to go through with the deal and buy this closed clinic. I need your help.

Steven: I will ask George that is with me now to set up the meeting between the three of us. Good day, sir.

In the meantime, back in the conference room, the lender, after looking at his watch, angrily storms out of the conference room and shocks the staff.

CUT AWAY

OPEN-HOUSE SCENE OF JULIE JONES

Steven's wife, Julie, as a residential real estate broker is holding an open house in a \$1.8M house in Beverly Hills.

Julie is about midforties, stunning with a tight dress and makeup, showing the house to several buyers until George who dressed very professionally walks in. Julie greets him.

George: What a beautiful lady in a beautiful house. Do you come with the house? Is this a new listing? My name is George.

Julie: Oh yes, just listed it last week. My name is Julie, and no, I don't come with the house.

George: Would you show me around?

Julie: Oh yes, of course. First-time buyer?

George: Actually no, I sold my house in the valley and like to move closer to work.

George notices Julie's wedding ring as they tour the house, until they get to the master bedroom.

George: So why are they selling?

Julie: They are moving to Florida, a Republican family.

George: (*jokingly*) Running from the Democrats? May I say again how beautiful you are, stunning.

Julie blushes and says, "Thank you for the compliment, but I am married, and your compliment will not reduce the price."

George: A beautiful woman like you should be relaxing by the pool and not working.

Julie: I love what I do. What do you do?

George: I am in commercial real estate. Julie, if you were me, what kind of offer would you write? I am single, and I like the house.

Julie: George, with the activities that I had, I would say it will sell full price at \$1.8M.

George: OK, can I represent myself to make a bit of the commission to cover a portion of the down payment?

Julie: Yes, of course, I present all offers. Let me show you the swimming area and dry and wet sauna.

George: That's OK, Julie. I'm sorry, I must be leaving now to a meeting, but I really want this house. Can we meet tomorrow, Sunday, at 2:00 PM at _____?? _____ restaurant in Beverly Hills? I will write up the offer and will bring the deposit to give you.

Julie: Sure, why not. See you then.

CUT AWAY

OFFICE SCENE OF ELLIE POWEL—LAW FIRM

Ellie picks up the phone to return a call to Dr. Garfield, a urologist and a board member of the community hospital.

Ellie: Good morning, Dr. Garfield. I received your message. What can I help you with?

Dr. Garfield: I saw your show with Tim Hume, and I have a proposal to discuss with you if you are interested to hear it. I have read about your reputation of litigating wrongful death cases against the hospital's malpractice cases.

Ellie: What type of proposal? Before we meet?

Dr. Garfield: I'd like to discuss with you a series of national symposiums and webinars, educating both prostate surgeons and patients.

Ellie: (*jokingly*) I sue people like you, and we are on two opposite sides. Isn't there a conflict?

Dr. Garfield: Julie, that is exactly the point. I am for and can relate to surgeons that practice ethically, and you can relate to the men with prostate issues that are misdiagnosed with prostate cancer. We can join efforts as a team to educate both sides, save lives, and advocate ethical

ways to make money. This will cut back on frivolous lawsuits.

Ellie: As you know, the prostate gland is the only organ that continues to grow in men after the age of twenty-five. Over 90 percent of all prostate cancers are from the outer part of the prostate gland. The doctor's finger can detect bumps, nodules, or abnormalities; and the same fingers can count the monies that they make unethically.

At what point do you need medical advice and care? You ask for legal advice from attorneys only when you have a legal situation that you need to deal with. You as an attorney are second in line when things go wrong. Likewise, the patient in my opinion should seek medical advice when the symptoms are troublesome and pose a health threat. It could be early warnings of a more serious condition, such as prostate cancer, bone cancer, lung cancer, heart issues, diabetes, kidney stones, or bladder infection.

In my opinion, legal or medical advice is just that—advice. I realize doctors attend medical schools, and not all of them are careless or sloppy. Nevertheless, their advice remains simply an advice. The patient must remain the ultimate decision-maker based on the advice provided by three separate medical professionals, not one or two.

Having said all that, I like the idea. Would you like to meet up at my office?

Dr. Garfield: I will ask Dr. Williams, the board director of the community hospital, and Dr. Kasper to join us as well, if that is OK? Shall we say around 10:00 AM tomorrow?

Ellie: Sure, here is the address.

CUT AWAY

OFFICE SCENE WITH STEVEN JONES AND DR. KROPP AND GEORGE IN THE CONFERENCE ROOM

Dr. Kropp: Thank you for seeing me in such a short time. I am still interested in buying this clinic, but can the seller reduce the price by the shortage we have in the appraisal or carry the difference short term?

George: Dr. Kropp, as you know, I represent the seller and you through this office and have been a successful commercial real estate agent for over ten years. When we met, I told you that there were several buyers for this deal with loan contingencies; and because the clinic is closed and does not produce income, it is hard for any lender to lend on this asset. You said you did not care and you would go all cash, but later, you wanted to obtain a loan. However, the seller is in an exchange and can't carry the difference, and there is a backup offer full price if this deal is canceled.

Steven: George, I told you that I will handle this, didn't I?

George: Sorry, boss.

Steven: Dr. Kropp, prior to this meeting, I contacted the lender; and they asked me if you could add on a cosigner and sign a statement that this clinic once it is up and running will be your primary place of business and not the hospital. Can you comply with this?

Dr. Kropp: Let me step out of the room to make a call to another doctor at the hospital to see if he would be willing to do this on a partnership with me. We were going to do this practice together to create a surgery center and mainly for prostate cancer patients.

Dr. Kropp steps out of the office and calls Dr. Eastwood.

Dr. Kropp: Hello there, sorry to call you on the cell, but this is kind of an emergency. It looks like we can still get this clinic and establish a surgery center, but they want you to cosign on the loan with me.

Dr. Eastwood: I am fine with this, but would there be any conflict with the community hospital to see the patients that normally are the hospital's patients in our new clinic?

Dr. Kropp: We don't need to disclose this at this time. The hospital can be used for minimum invasive treatments that hardly make any money, but this clinic will be our bread and butter. Complicated surgeries should still be done in the hospital as well. You know what happens if the hospital goes out of business and we lose our jobs, don't you agree?

Dr. Eastwood: I agree as Dr. Williams, Dr. Garfield, and Dr. Marks are digging the grave for this hospital to go down. I assume that we can refer the patients that want to take a second opinion to the doctors that we know in order to run them through the surgery room. So let's do this. I am in.

CUT AWAY

BACK TO THE CONFERENCE ROOM

Dr. Kropp walks back in the room.

Dr. Kropp: OK, my partner agreed, so please send us the loan documents to be signed. Please confirm that with the lender that they will raise the loan amount back to the original amount.

Steven: Yes, it has already been preapproved. So, Doctor, what is your plan after you close the deal? Oh, I will be right back after a bathroom break in a few.

Dr. Kropp: George, looks like Steven has a BPH.

George: What is that?

EDUCATIONAL PORTION

Dr. Kropp: It is one of the common prostate disorders known as benign prostatic hyperplasia (BPH), or benign prostate enlargement. It could be a noncancerous or cancerous condition of an unknown cause. This slow growth of the prostate occurs in approximately 70 to 80 percent of men. It is the only organ that continues to grow slowly. Now, if we could just shrink that little rascal with whatever ways you can imagine, you would not have BPH.

In BPH, the prostate gland can increase in size from 20 grams (0.71 ounces), which is the average size of the prostate in younger men, to as large as 150 grams (5.31 ounces), and that is almost eight times of the normal size. As the prostate grows, it constricts the urethra, possibly causing a partial obstruction and invasion of the bladder. Such obstruction may lead to the bladder wall thickening. In other words, the bladder tells the prostate, “Hey, buddy, stop pushing or I will block the river.” That’s when the urination problems begin.

Once your river gets partially blocked at the command of your bladder, it can bring certain surprises and symptoms such as frequent urination, constant or semiconstant nighttime urination, a feeling of urgency to urinate, difficulty emptying the bladder, and a weak urinary river stream.

END OF EDUCATIONAL PORTION

George: Geez, is it deadly?

Dr. Kropp: It could, but unless I examine him, I can't tell you.

Steven walks in the conference room.

Dr. Kropp: As I was going to explain, before you left, this would be an outpatient surgery center. By the way, if you are urinating more than normal, you are showing signs of prostate issues. Maybe you should come for me to examine you.

Steven: Oh, thanks, I am fine.

Dr. Kropp thanks both and walks out.

George: Well, Steven, you did it again. No wonder you are the broker and I am the agent. By the way, I saw this beautiful house and a beautiful agent that I fell in love with, and I hope I can get it.

Steven: That's great.

He walks out and asks the secretary to call the lender's representative to apologize for the delay last time and set another date.

CUT AWAY

BEDROOM SCENE AT NIGHT—STEVEN AND JULIE

Julie, dressed provocatively, is stunning and sexy and approaches Steven in the bedroom.

Julie: Tonight is your lucky night, Steven. I want to make love to you.

Steven kisses Julie on the neck and says, "I can't wait."

As both approach the bed and lie on the bed, Steven starts flirting but suddenly stops and runs to the bathroom. Nearly ten minutes later, he walks back to the bedroom, but it is too late as Julie pretends that she is sleeping but only pretending. Steven tries to touch Julie, but she is not interested.

Julie finally turns around and faces Steven.

Julie: Steven, I don't know what is wrong. Is it me, or you don't care for me anymore? We have not had sex for over a year, and that is not normal.

Steven: I know, and I am sorry, but I know it is me and not you.

Julie: This is not a healthy marriage for either one of us.

Steven: OK, I promise that I will see an internal doctor right after a Florida trip.

Julie: What Florida trip? Are we both going? This is the first time I hear this.

Steven: Well, I did not tell you this because I need my lender to preapprove the loan for the redevelopment project first.

Julie: Here you go again with zero planning for an out-of-state trip, and I can't just drop everything and come. I have escrows that I must attend to.

Steven: OK, let's see what happens tomorrow with the lender's meeting.

CUT AWAY

STEVEN'S OFFICE MEETING WITH THE LENDER – NEXT DAY.

Lender's Representative 1: Mr. Jones, in good faith we waited in your conference room last time as you rushed out on a short bathroom break that took you over an hour. I know because I timed you.

Steven: I am really sorry. I guess I have to see my urologist and internal doctor.

Lender's Representative: OK, let's see if we can reach an agreement today in principle for your East Central Florida's redevelopment mixed-zone project. We have received your financials in addition to the feasibility and projection of the hotel, residential, and the power center through our underwriting department; and we'd like to make the following offer to you.

Steven: I am sorry again as I need to run off, but I will come right back, I promise.

Steven rushes out to bathroom and rushes back in.

Steven: Sorry, guys, please continue.

Lender's Representative 2: As he was saying, our offer will be in three separate tranches of \$10 million, \$37 million, and \$80 million. The first tranche will cover the cost of entitlement and rezoning in addition to demolition and a portion of site work. The rate on this tranche will be at 10 percent, since it is a bridge loan. The second tranche rate will be at 7.5 percent for the retail/commercial. And the residential portion will be covered on the third and final tranche at 5 percent. Prior to our meeting, the plan was to make this loan a nonrecourse, but knowing what we see

about your medical condition, we need to make this a full recourse loan, which means that you will be personally and financially on the hook in case you fail in this project. If that happens, we will take over the project, and if we can't continue in your path and vision, we then have to liquidate, and in case of any deficiencies, we then will come after your personal assets.

Steven: Wow! I did not know that a few bathroom breaks will cost me that much. However, please send me a term sheet so I can have my project manager analyze it to see if we can debt service the loans, based on those interest rates.

Lender's Representative 1: OK, we will send that to you in writing, but also we are going to require a medical report on your health condition, a life insurance in addition to a site visit upon signing the term sheet. Would you agree to that?

Steven: So far I do agree, but I will make a final decision after the analysis.

The meeting is adjourned.

CUT AWAY

BACK TO STEVEN'S OFFICE

Steven walks back to his office and picks up the phone and calls his urologist friend Adrian Marks.

Steven: Hey, Adri, it's been a while. How are you and Jennifer doing since that dinner we had? I have some urination issues and need to see you.

Adrian Marks: Good, Steven. We need to invite you and Julie to our house next. Come over the hospital now for me to check you.

Steven: Sounds good. I will see you tomorrow.

CUT AWAY

Steven and Adrian Marks meet in the community hospital.

EDUCATIONAL PORTION

Steven: Well, Adri, I have some issues related to frequent urination, and I need your advice. I am sure Allan, my office manager, has filled you in.

Adrian: So I heard from your people in the office and Allan. Well, it sounds like your prostate has been enlarged. The signs and symptoms of BPH include difficulty starting urination and weak urine stream, which is very noticeable. It feels like some kind of blockage. Another symptom is stopping and starting and/or dribbling at the end of urination. Steven, since you are married, you are more likely to experience BPH than singles. There is no evidence that supports the common denominator between married and single men attributing to BPH.

Less sex, less chance of BPH.

Here are six minor lifestyle changes that I recommend that will at least help to control the symptoms of BPH and keep your condition in the status quo.

1. If you have frequent urination and must get up several times at night, then you must stop drinking after six and at night, depending on, of course, the time you go to bed.

2. Try not to keep a full bladder for a long time and go to the bathroom at the last minute.
3. Coffee and alcohol will increase urine production. If you can't cut it out of your diet completely, at least moderate its intake, as these two will irritate your bladder and aggravate your symptoms.
4. Also, be moderate on the usage of over-the-counter drugs and decongestants. Remember, whatever drugs you use must come out through urination, unless you know of another way that I am not privy to. Certain drugs cause the muscles that control urine flow from your urethral sphincter to tighten. Drink a bit of vinegar with your water daily, and increase it by months.
5. Exercise, I am sure, is not the word that you wanted to hear, which I know you don't do; but exercise equals retaining more urine and becoming physically fit, which will ease urination problems.
6. I don't know your office or home thermostat control environment, but I like you to be in warm weather. I think you can tolerate cold, but I prefer you not to. It turns out that cold weather can lead to urine retention and causes you to use the bathroom more. So stay warm.

EDUCATIONAL PORTION END

Steven: And you expect me to remember all that, Adri?

Adrian: OK, Steven, I will have my secretary to contact your secretary to set up a date for you to come in again. In the meantime, I was contacted by Dr. Garfield about a series of webinars that we'd like to put out for

patients and candidates of BPH. Would you come once it is confirmed?

Steven: Sure, I will come.

CUT AWAY

RESTAURANT SCHEDULE BETWEEN JULIE JONES AND GEORGE

George: Thank you, Julie, for meeting me here. I really like the house; and I wrote the offer at \$1.7M and only \$100K below the listing price, hoping to get a counter. I do have a loan contingency in the offer, but I will have my lender to shoot you a prequalification letter so you can show it to the seller. I like to close this deal as soon as possible so we can celebrate.

Julie: I will do my best. I hope that he would accept your offer instead of a counter as I see you are a nice guy and really like the house.

George: You know I would probably swim in that pool every night and weekend.

Julie: Good for you. I wish my house had a pool as well.

George: Well, you can always use the pool anytime you want, assuming that I get the house. By the way, how long have you been married? Any kids?

Julie: About three years and no kids. We won't have one the way things are going.

George: Why not, Julie? A young woman like you, so beautiful, don't you want to have kids later on in life?

Julie: It is not easy to have kids these days with the responsibility of raising them. I mean I want to but not my husband. We both have more than a full-time job.

George: That is understandable. I'd like to have kids someday. Julie, I'd like to ask you a personal question; and if you don't feel comfortable, you don't have to answer it. Is this a happy marriage that you are in?

Julie bursts in tears and tries to hold herself so she does not make a scene.

George: I feel bad now asking that question. I am sorry. Oh, by the way, a few friends like to get together after close of escrow to celebrate. I'd like to invite you over.

Julie: Sorry, I need to leave now. I will let you know what happens with the offer.

Julie storms out of the restaurant.

CUT AWAY

MEETING BETWEEN DR. EASTWOOD AND DR. KROPP AT THE CLOSED CLINIC

Dr. Eastwood: You know, Dr. Kropp, I don't understand the mentality of the hospital board members. They wait and wait till finally no budget, and the hospital ends up closing for lack of funds.

Dr. Kropp: I know the feeling. Back in the day, doctors' diagnoses were unchallenged, and those prostate surgeries were done routinely, and we would be done in a short time. Now, patients doubt our diagnoses and want to challenge you with a second opinion.

Dr. Eastwood: It doesn't matter because the circle of our local network will never second-guess us as we all support each other. I have never seen another colleague oppose my decision for the patient to have a surgery.

Dr. Kropp: Well, we can't be in denial that the surgery of prostate cancer is good for the patients and good for us as well. I know that this clinic will make millions once we get it opened up.

Dr. Eastwood: There is no reason to notify the hospital as we need to do this deal confidentially and under an out-of-state limited liability company with a corporation being the managing partner.

Dr. Kropp: I agree. We will soon have a grand opening.

CUT AWAY

MEETING BETWEEN DR. GARFIELD, DR. MARKS, DR. KASPER, AND ELLIE POWELL AT HER OFFICE

Ellie: I am glad that we all finally got together. Dr. Garfield is the one who initiated this meeting, and I liked the idea of the creation of several webinars to educate both the national medical doctors and patients so we file less lawsuits. Just kidding!

Dr. Garfield: I assume that the hat you are wearing in this meeting is of a pathologist and not an attorney?

Ellie: That is correct, but as you know, I always look at each case with two different viewpoints. I am used to switching hats all the time.

Dr. Williams: Honestly, the physicians in the hospitals these days are in difficult financial situations between being

honest with patients and, at the same time, surviving to be open.

Dr. Kasper: I had some statistics that I presented to the board covering the reduction of many prostate surgeries that could eventually shut the hospital down.

Dr. Marks: We need to be honest with patients and never have a conflict of interest between making money by doing unnecessary surgeries and purposely taking away the patients' prostate gland.

Ellie: Thank you, Adrian, for that statement; and I can assure you that as an attorney, I don't enjoy litigating cases against hospitals and their insurance carrier if it is not because of nondisclosures and unnecessary surgeries, because I can read the biopsy that leads to these unnecessary surgeries. With that said, what is your proposal, Dr. Garfield?

Dr. Garfield: I have not thought about the format of these webinars, but obviously, they need to pay for our costs and expenses. The areas that I was thinking that we must cover are (1) statistics; (2) prostate-cancer metastasis to the bone; (3) tests, biopsies, and diagnoses; (4) bladder cancer; (5) medications and treatments aside from surgery; and (6) genetic tests and future treatments.

Ellie: That is a good start, and I assume Dr. Williams can cover the bladder portion as I have heard your speeches. Thank God, we women were not created with prostate like you guys.

Everybody laughs.

Dr. Marks: Ellie, I think you and I can cover the tests, biopsies, and diagnoses of the urologists and other items as they come up?

- Ellie: That sounds like a winner, and I can cover the statistics as that is my favorite subject.
- Dr. Kasper: I have done research in genetic tests and future treatments. I can also cover medications and treatments.
- Ellie: OK, gentlemen, I will have my office start a marketing program and use social media and create a website so we can get started. I will also ask my staff to create teleconferencing and webinars to reach out to hospital and clinic directors, and I assume we will be splitting the costs between five of us at 20 percent each till the cash flow starts to cover our investment. I'd rather be honest with the participants about our roles and what we do outside of these webinars as that is a publicity for all of us, if we don't make any money doing this.

CUT AWAY

IN STEVEN'S OFFICE

Steven is working late at night, reading the term sheet of the lender and on the phone with them.

- Steven: It looks like what we discussed is in the term sheet. I have also read my project manager analysis, and it looks like we can debt service the loan if you add on to the loan the interest reserve for the first eighteen months or so.

Lender's Representative: Steven, that is possible, but what about the three conditions I discussed with you?

- Steven: Well, so far as the medical report, I understand it is my prostate issue, and I am setting up an appointment to see my urologist, and it is not a life-threatening case.

So far as life insurance, I can assign it to you, but I have to get my wife's consent, which could possibly be a problem. And so far as site visit, I can be in Florida next weekend if you'd like to join me.

Lender's Representative: OK, then I'd like you to check with your wife on the life insurance and your doctor on a good bill of health.

Steven: I assume that once you receive the signed term sheet and site visit, you can fund the loan?

Lender's Representative: Yes, but after the appraisal. Also, the loan will be recourse until we receive your medical report, which by the way your health insurance agent would also need.

Steven: OK, you have a deal. I see that the ball is in my court now. Good night.

Steven then calls home to talk to Julie.

Steven: Hi, honey, I am stuck in the office. Good news.

Julie: Steven, I had prepared a romantic dinner for us. Why didn't you tell me? You are late again.

Steven: Sorry, too many things.

Julie: What is the good news?

Steven: It looks like I got the loan for the Florida redevelopment, at least verbally.

Julie: That is wonderful. Is there a catch?

Steven: Well, they are asking for the life insurance to be assigned to them and a site visit.

Julie: I am sure you can get another \$10 million life policy for them as it's not a good idea to switch me with them as the beneficiary.

Steven: That is a problem. I found out that I have an enlargement of prostate gland which is called BPH, and that is why I called Adrian to see him. Another life policy requires a medical exam, and prostate issue will not allow me to get another policy.

Julie: Well, that is not good. I can't agree to that, Steven. What if, God forbid, something happens to you? I don't know anything about your business or developments.

Steven: I can't believe you just said that. You could have said that you are concerned if it is cancerous, but you immediately thought about the \$10 million policy. You also have your business, and over the years, you could have worked out of this office to learn this business.

Julie: Let's don't go there, Steven. I made a romantic dinner. You are late as usual, and over the phone you tell me that because of the lender, you are wanting to switch the policy, so at least tell me that you are taking me to Florida on your site visit.

Steven: If I don't assign the policy, the loan becomes recourse, and if I fail, the lender has the right to come after our personal assets, and by the way, the Florida trip is a business trip, and I need to focus on the site visit, and it is just a weekend. I can't take you.

Julie: Then you should not fail. I am hungry. I need to go.

Julie hangs up the phone.

Steven decides to call Adrian.

Steven: Adrian, I just had another fight with Julie. This time over a business transaction that she does not want to cooperate.

Adrian: I know, Steven. You both work so hard, and you both are more and more growing apart. By the way, this Thursday evening at six, can you come to a meeting and tune in to the webinar that is related to prostate cancer patients and hospital directors, in person?

Steven: Sure, I can. Will you be one of the speakers?

Adrian: Yes, plus four other specialists that I would like you to listen to.

CUT AWAY

JULIE AND GEORGE'S CONVERSATION ON THE PHONE

Julie: Hi there, George. I have some good news for you. The seller accepted your offer; and since the house is empty, he even offered that you can lease it until the escrow closes, only if you show proof of funds and qualification letter.

George: That is wonderful, Julie. I will have my bank send the proof of funds of \$1 million from the sale of my old house, and my lender will send the qualification letter.

Julie: (*jokingly*) OK. If you sold your house, then where are you living now? Homeless and buying a \$1.7M property?

George: You are really funny. I live in an extended-stay hotel. Can I ask you to send a lease agreement so I can execute, as I'd like to see if I can move in this Friday and have a party, and again, you are welcome to come.

Julie: I don't know about that, George, but I will send you the documents tomorrow.

CUT AWAY

First webinar in a hotel on social media with Dr. Garfield, Dr. Marks, Dr. Kasper, Dr. Williams and Ellie Powell.

EDUCATIONAL PORTION

Ellie: Good evening, everyone. I would like to welcome you to our first webinar which will be informative, and since it is introductory, it is free of cost. I would like to introduce to you the following specialists: Dr. Garfield, Dr. Williams, Dr. Kasper, and Dr. Marks; and my name is Dr. Ellie Powell.

We will cover multiple topics such as prostate-cancer metastasis to the bone, tests and biopsies, diagnoses, medications and treatments, surgeries and possible lawsuits, bladder cancer, genetic tests, and future treatments. We will begin with the topic of statistics as I present that to you.

Prior to Ellie continuing, Steven opens the conference room doors as Ellie notices Steven for the first time as he sits on the side away from the presentation.

Ellie: Do you know where your prostate gland is and what it is for? And where the name comes from? It is of Greek origin and translates to “what stands before.” Your prostate lies just below the bladder surrounding the top part of the urethra, which is the tube that drains your precious urine from your precious bank, the bladder. The size of your prostate is the size of the pea when you are born, and it grows to be the size of a walnut.

Your prostate gland, through the glandular tissue, produces the seminal fluid that transports and nourishes your sperm, without which your wife cannot get pregnant. Shooting blank is another way to describe it if that function of prostate is out of

order. The second known function that your prostate does is that by using its secretions, it keeps the lining of the urethra moist. Without this function, either your urine will have difficulties being transferred to the bladder or it will remain in the prostate gland for some time, and we don't want that, do we?

Once prostate cancer is diagnosed, what most patients typically do is rush to decide to undergo the surgery, and they become so shortsighted that they don't think, "Hey, wait a minute. What if they made a mistake? What if the enlargement has nothing to do with the cells being cancerous?"

Once you know that your prostate is enlarged and you have been given the biopsy confirmation and the digital rectal exam (DRE)—or what I call "the enjoyable finger test"—where the doctor inserts a gloved finger in your behind with a smile, it is time to be concerned.

CUT AWAY

Steven unintentionally starts to laugh, and others notice his laughter. He quickly stops.

CUT IN

Ellie: The next step, depending on your urologist's recommendation, the plan is to shrink the size of that little rascal. Medications should smoothen the muscles in the prostate gland, alleviating the bladder obstruction of the urine that I call river.

As much as you may not like to hear this, the finger test, in my opinion, must be repeated at least three

times by three different doctors just to know if their fast fingers can detect the same nodules or bumps.

Why? You may ask. What if you take the finger test with the first doctor and he or she finds out that you have a BPH and a nodule? Telling the other two doctors this information may compromise the results of their exams since their opinion will be influenced by the results you have disclosed to them.

Dr. Marks: Thank you, Dr. Powell. Let me take it from here. I am one of the urologists in this group and would like to cover a few items of interest.

First, let's get technical and go deeper into the subject. Let us talk about prostate gland-related disorders. Prostate cancer (prostatitis) is an inflammatory condition of the prostate that is most common in men ages fifty-five and higher.

There are two broad classes of prostatitis: *nonbacterial* and *bacterial*. Nonbacterial prostatitis is the most common form of prostatic inflammation. It causes pelvic pain, which we will discuss later. I would like you to be concerned with problems with urination and discomfort after ejaculation and lower-back pain. These are the symptoms to watch and remember.

In bacterial prostatitis, which may be sexually transmitted, a bacterial infection in the prostate gland leads to swelling, pain, and difficulty in urinating. The penis may release bacterial fluid, and blood may appear in the urine. In some cases, bacterial prostatitis can cause a severe infection throughout the body, producing a dangerously high fever. Bacterial prostatitis is treated with antibiotics, but sometimes all the infection cannot be eliminated from the prostate gland, and some men develop a

chronically infected prostate. Obviously, to men who are faithful to their wives and men who believe in sex only after marriage, this or AIDS is not a condition to worry about.

In nonbacterial prostatitis, a cause of which remains unclear, symptoms often remind those of bacterial prostatitis and include pain in the lower back and genital area, painful urination and ejaculation, frequent urge to urinate, and blood in urine.

Recent evidence suggests that nonbacterial prostatitis may be caused by bacteria that are present in the middle of a prostate but cannot be detected by conventional diagnostic techniques.

There is no known cure for nonbacterial prostatitis, and patients are treated with medications ranging from antibiotics to antispasmodics. The success of such treatments varies widely, and in many cases, men must live with the symptoms of prostatitis.

Dr. Williams: Thank you, Dr. Marks. Let me take it from here. My name is Dr. Michael Williams, and I am the director of the community hospital, overseeing staff and surgeons. I am glad to be a part of this team to educate the public and directors of other national hospitals in addition to thousands of physicians, nurses, and staff. When the physician finally sits down with you and tells you what has been detected, it is important not to confuse yourself with what the physician has diagnosed but to know if the diagnosis is correct. In other words, don't panic when you ask the same question, "What do you think I should do?" What do you think their response is going to be? "Oh yes, check into the hospital for urgent surgery"? Unless it is a life-and-death situation, you would never want to be

under the knife, at least not in my hospital. They will tell you to get a second opinion; they will even refer you to other doctors that they know, knowing that the other doctors dare to oppose them. The only problem is that they will refer you to a doctor with the same mindset as theirs, and if they share the same biopsy results, their diagnosis will be the same. It is a public misconception that all doctors are honest and will put the health of their patients first, but that is not the case. There are crooked professionals in our medical industry as well, and certain doctors are not immune.

END OF EDUCATIONAL PORTION

CUT AWAY

JULIE AND GEORGE AT THE HOUSE

Julie: George, here is the contract with the seller's signature, and here is the lease that I sent you by email for leasing the house for a couple of months until you close the transaction.

George: Let me sign it, Julie. Here you go. I don't know how to appreciate you. Oh, I just thought about this amendment to the contract that I drew up. Here it is. Would you sign it, Julie, so I can countersign?

Julie: Let me read it first. Oh no, George. It says that you are giving up your part of commission for me. We had a deal. I won't sign it.

George: Julie, I decided that you should be the dual agent representing both me and the seller. It was a dumb idea that I asked you from the beginning.

Julie: Why?

George: Because you now got me this lease, so I don't have to be homeless anymore. Please sign it.

Julie: OK. You are funny. Here is my signature. I will send it to the escrow.

George: I am so sorry that I upset you last time and asked you about your marriage. I should not have asked. Will you forgive me?

Julie: Sure. It just hit me, and honestly, I am not in a happy marriage.

George: My boss is leaving out of town this weekend, so I think I can spend some time moving into the house.

Julie: OK. I will drop off the keys for you on Friday night.

George: Would you ask the seller if I can have a small little party on Saturday night, with a few friends, maybe including you?

Julie: I will ask, but I think it should be OK. I am not sure about me coming.

CUT AWAY

BACK TO THE WEBINAR WITH THE 5 DOCTORS

EDUCATIONAL PORTION

Ellie: Let's talk about the statistics. One in nine men will be diagnosed with prostate cancer every year, and out of thirty-five men, one dies. More than two million men who have been diagnosed in the United States in a given year are still alive, but these numbers always change and unfortunately go up.

Other than skin cancer, prostate cancer is the most common cancer; and behind lung cancer, it is the second leading cause of cancer death in American men. According to the American Cancer Society, the year 2008 brought nearly 187,000 new cases of prostate cancer, of which 29,000 men died. From 10 men who are confirmed to have prostate cancer, 9 are from the gland and regional stages, such as bone (bone cancer).

African-American men have twice as much the mortality rate than Caucasian men. According to a British medical journal, black men have a 300 percent more chance of having prostate cancer, and they must be diagnosed at least five years earlier than white men in order to survive.

Dr. Garfield: Ellie, let me cover a healthy diet for prostate cancer candidates. You can't prevent prostate cancer, but what you eat can certainly affect the risk of you getting it. Learn to love fruits and vegetables that you never liked, as what you never eat equates to the enzyme that you never had to build up your immune system. Your body can do a heck of a lot better with an equipped immune system. You have heard of chemical imbalance, right? Just imagine if every one of us had a perfect chemical balance, there would be little or no sickness. It is still not too late if you change your diet today. Stop the high-saturated-fat food. Learn to eat broccoli, cabbage, and other vegetables. A ten-year study conducted by researchers at the Harvard School of Public Health indicates that a high intake of cruciferous vegetables, such as broccoli and cabbage, may cut the risk of bladder cancer that could affect prostate cancer in men. Although eating plenty of fresh vegetables and fruits is important for overall health, only broccoli and cabbage seem to

reduce the risk of getting bladder cancer. High-fat diets have been linked to prostate cancer. Therefore, limiting your intake of high-fat foods and switching to fruits, vegetables, and whole fibers will help you reduce that risk. In this country, we are used to large portions of foods; and to prove that, just look at the portions of foods that you receive in fast-food places and restaurants. You must do everything you can to reduce the size of that belly.

Foods rich in lycopene, an antioxidant, also will help lower your prostate-cancer risk. These foods include raw or cooked tomatoes, tomato products, grapefruit, and watermelon. Garlic and cruciferous vegetables, such as arugula, bok choy, brussels sprouts, and cauliflower, also will help fight cancer. Soy products contain isoflavones that seem to keep testosterone in check. Because prostate cancer feeds off testosterone, isoflavones may reduce the risk and progression of the disease.

Are you a smoker? Vitamin E has shown a promise in reducing the risk of prostate cancer among smokers. More research is needed to fully determine the extent of the benefits of vitamin E. If you are a smoker and you have been diagnosed three times with prostate cancer, I have a suggestion as to where you should put those cigarettes. No, not there, but you can see the psychological effects.

Are you exercising at all? Are you really into exercise, or do you prefer to watch exercise videos? Regular exercise can help prevent a heart attack and conditions, such as high blood pressure and high cholesterol. When it comes to cancer, the data aren't as clear cut, but studies do indicate that regular exercise will reduce your cancer risk, including prostate cancer.

Exercise has been shown to strengthen our immune system, improve circulation, and speed digestion, all of which play a role in cancer prevention. Exercise also helps to prevent obesity, another potential risk factor for some types of cancer. Regular exercise also minimizes your symptoms and reduces your risk of prostate gland enlargement, or BPH. Type A men who are physically active usually have less severe symptoms than type B men who get little or no exercise. Which type are you?

Dr. Kasper: Dr. Garfield, let me take it from here. Let's assume that you have received three separate opinions from three independent doctors who based their conclusions on the results from different laboratories and all three opinions indicate that you do indeed have prostate cancer. What do you do now? I was one that had to experience that, and being a doctor makes it worse. What I went through was a very typical reaction of any person receiving this sort of news. It was a feeling of disbelief, fear, anger, anxiety, emptiness, and depression. I soon had to learn that hiding the issue under the carpet did not diminish the fact that I had it.

Now your supportive relatives and friends will come forth to comfort you. They would say things like "Oh, it is just prostate cancer. Don't worry, it's not as bad as lung cancer or tumor in the brain. This is no big deal," and try to play it down. Remember, cancer is cancer; and although it does matter where it starts, it matters even more what stage it is in. And even though family and friends are extremely helpful in boosting your morale, what really makes a difference is your faith. Reality is reality. Walking by faith and not by sight is the solution.

This is the time that your faith will be tested, as mine was. You may not be able to get rid of these distressing feelings, but you can find positive ways to deal with them so that they do not dominate your life.

If the cancer has spread to the bone and other organs, the following strategies can help you cope with some of the difficulties of depressions caused by a true prostate cancer. They have helped me tremendously.

1. Pray more often. Remember how busy you were not being able to make it to church? Well, now you can. I can assure you that your family and money are important, but the uncertainty of what you have should occupy your mind. In my case, nearly 60 percent of my time was occupied with prayers, tests, doctor visits, research, and related activities.
2. Think about joining a minichurch or a support group where people lay hands on you and pray for you. There is something mysterious about the power of prayer that can never be discounted.
3. Start to do your own research not just in the United States but other countries as well. There has been a lot of research done, but it does not mean you have to take them at face value.
4. Ask your three doctors questions and write notes, compile them, and read them from time to time. The fewer the surprises, the more quickly you'll adapt. Do not believe everything you read, as nothing is absolute.
5. Train your mind to accept that if it is what it is, there will be discomfort and a different style of living. Spend more time with your loved ones and get to know them better than ever before.

6. Keep your chin up. Fake it until you make it. Maintain your lifestyle routine as normal as you can. Don't let the cancer or side effects from treatment dominate your mind or day. You need activities that give you a sense of purpose, fulfillment, and meaning. But realize that initially you may have some limitations. Start slowly and gradually build your level of endurance.
7. Do not let the devil into your mind via negative thoughts that could allow sad feelings. Seek diversions, and plan at least one enjoyable experience every day. This might include pursuing something that you have never done before. Make it something you enjoy and look forward to doing it often.
8. Get plenty of exercise. How about joining that gym that you always wanted? Exercise helps fight depression and is a good way to relieve tension and aggression.
9. Open up to friends and strangers. Why not? There is nothing secret about you keeping what you have, and it is really not a private thing. You are much better off talking about it in public rather than keeping it a secret. You see, once you expose it, you will get exposed to plenty of experiences of others, extra help, and of course, sympathies as well; but at the end of the day, you will know you are not alone.
10. Always bring extra clothes. Are you leaking? I know, it is not a pleasant question, but are you? Well, it is diaper time. A rapid change of clothes during work is allowed. Getting used to this is not a big deal so long as you keep telling yourself that it is a temporary condition. And believe me,

as you pray about the leakage, you will feel the difference. Your prayers must be focused on a specific issue.

11. What if impotence is the issue? you ask. Do not stop being intimate with your wife. Oh my god, it is not the end of the world, right? It is a new thing to learn about expressing your sexuality. Your natural reaction to impotence may be to avoid all sexual contact. Don't fall for this feeling. Touching, holding, hugging, and caressing can become far more important to you and your wife. In fact, the closeness you develop in these actions can produce greater sexual intimacy than you've ever had before. There are many ways to make a night romantic. Learn what works best for you and your spouse.
12. Look for spirituality and grow emotionally. Stay tuned with your Creator. Your Creator knows the manual by which you were built. A nice Ferrari without the engine will never leave the garage. And a man without his spirit will never leave the bed. Your spirit can communicate with your Creator a heck of a lot better than you think it can.

Dr. Kasper signals Ellie that he is finished with his presentation.

Ellie: Ladies and gentlemen, this was our first part of the webinar, and you will be contacted for the second half as the group is attending a medical symposium in Boca Raton in Florida this Saturday. The cost of joining the second part will be \$995 per person as we are planning to take this across the nation to educate the general public. On behalf of my college, I would like to sign off wishing you good health; and for those wives out there, get your husbands to watch the series.

Ellie looks around to see if the man who walked in earlier is still around, but she sees an empty chair that he was sitting on.

END OF EDUCATIONAL PORTION

CUT AWAY

STEVEN ON HIS WAY OUT OF THE WEBINAR

Steven, leaving the webinar, sends a text to Adrian to let him know that he needs to leave and catch a flight to Orlando for the site visit as Julie is waiting outside in the car to take him to the airport.

Steven texts: What an attractive pathologist and an attorney, very smart.

Adrian texts: OK. Wait a minute, if you will be in Orlando, you can come by to Boca Raton that is three hours away and watch the second segment this weekend in person. Can you?

Steven: I will try to.

Julie receives Steven in her sporty Maserati and leaves for the airport.

Julie: Steven, have you thought about what we discussed about your project and the life insurance anymore?

Steven: No, Julie, there is nothing to think about. I can't get another life insurance because of the prostate case that I have. I told you that. You know how important this project is to me, right?

Julie: Steven, you have changed. You are risking your health for both of us. Your job is number one, and everything else that goes with it combined has a much higher priority than me. This was not the case when we got married. Are you seeing someone else?

Steven: Are you crazy? What kind of question is that? Drop me off right here and right now. Stop the car.

Julie stops the car, and Steven gets out right in the middle of the intersection.

Julie: You are the crazy one. We are far from the airport. Get back in.

As other cars start beeping, Steven shuts the door and enters a restaurant close by just to call Lyft and be picked up to go to the airport.

Julie angrily drives away and on the way sends a text to George to get his hotel's address in order to drop off the keys to the house.

Steven arrives at the airport and takes the flight to Orlando.

CUT AWAY

JULIE STOPS BY AT GEORGE'S HOTEL TO DROP OFF THE KEYS

Julie sends a second text to George: I am at the lobby leaving you the house keys.

George: Oh, please wait. I am coming to collect it.

George rushes down as Julie is almost at the door to leave.

George: Julie, Julie, please wait.

Julie, as she is crying, pretends that she is not hearing George and continues to leave the hotel. George intercepts her at the door only to find out that she is crying nonstop.

George: What happened, Julie? Come and sit down to have a drink for a minute so you can calm down.

George takes Julie's hand and escorts her down to the bar area.

Julie: I left the keys at the front desk. I need to leave.

George: Please, Julie, let me get you a drink so you can calm down because driving like that is not a good idea, please.

Julie: OK, get me a rose or a house red wine. I will wait here.

George gets up to go to the bar and brings a couple of glasses of wine with some napkins.

George: I have never seen you like this. What happened?

Julie: We had another fight as usual. He is so business driven that it's not funny and sacrifices everything. I have just about had it.

George: I am so sorry. You don't deserve this. In my room, I have a room with a double bed. Would you like to rest here tonight, and tomorrow you can pick your car to go home or work. It is up to you.

Julie: George, I am still married.

George: Julie, I really have no bad intentions. I have no desire to take any sexual advantage tonight. I like you, and that is it.

Julie: OK. That makes me feel better because I am an emotional wreck right now.

George: Please drink your wine, and you decide because driving home now is not a good idea in my opinion.

Julie drinks up.

Julie: OK, I will sleep in the other bed. Let's go up to the room, but there better be two beds up there, or I will turn around and walk out.

Both drink up and take the elevator up to the sixth floor to George's room. George opens the door, and they both enter in a junior suite

with two beds. Julie smiles at George and goes to the bathroom to freshen up. George turns the TV on and steps out to the balcony. Julie leaves the bathroom and asks George if it is OK if she takes a short shower. George gives her the green light to go ahead.

Thirty minutes later, Julie leaves the bathroom with a robe, smiles at George, and slips into one of the beds. George enters the bathroom, and by the time he leaves the bathroom, Julie is pretending that she is asleep. He bends over and kisses her on her cheek and whispers, “Good night,” and turns the lights off. Julie smiles and closes her eyes.

CUT AWAY

SITE VISIT WITH THE LENDER IN FLORIDA

Steven, on an early morning Saturday, gets a call in his hotel room from the lender’s representative to set a time at 9:00 AM to visit the site. Steven meets with the lender’s representative at the site and explains.

Steven: As you see, the plan is to demolish this old Sears building in front of this old 1965 mall to make room for a 153-room hotel, 167,000 sq. ft. of power center, and 12,800 sq. ft. of restaurants. The hotel will be seven stories and will have an observation deck to view all the rocket launches from Cape Canaveral. Once this commercial site is completed, we would demo the rest of the mall to make room for 200 type B apartments and 120 independent senior living.

Lender’s Representative: I see a sports center in the commercial portion. Is that going to make money all year round?

Steven: Well, the sports center is going to attract reginal and national tournaments like volleyball, softball, and basketball. This will feed the hotel and other businesses, and it will be the main attraction for the East Central Florida residents.

Steven's phone rings.

Steven: Who is this?

Adrian: Steven, it's me, Adrian. I just landed in Miami, and will you have time to come down tonight to meet the group in Boca Raton?

Steven: I think so. Let me call you back, Adri.

Lender's Representative: How are you going to manage this project out of California?

Steven: I will be taking multiple trips and will have a base here, and also, I have a crew. I have owned and managed multiple out-of-state malls and centers, but this by far is the largest redevelopment project of mine.

Lender's Representative: In the condition that you are in?

Steven: Oh, that is nothing. As matter a fact, I will be meeting several urologists and internal physicians down in Boca Raton tonight. I will be in good health. Don't worry as you will get a doctor's report.

Lender's Representative: I have a surprise for you. Follow me to my car.

Steven follows him to his car. He opens the trunk and takes out a pistol and hands it to Steven.

Steven: *(jokingly)* Is this what I use on myself if I fail the project so you can take over faster?

Lender's Representative: That's funny. No. We recently took over a defaulted loan on a warehouse in Orlando, and guess what? The warehouse has lots of pellet guns, and they look like real guns, but they are not real. See, this one looks exactly like a real gun, but it is just a pellet gun. If you like to keep it, you can have it, and by the way, it is loaded, so be careful.

Steven takes the gun and places it in his briefcase and says thank you.

Lender's Representative: Steven, we really like to make this loan, and as we stand here today, this is your baby that you need to raise, but our underwriters are concerned about your health and the life insurance. I may be able to waive the rules a little on the insurance, but I need a good bill of health.

Steven: OK, I will be on it.

The meeting ends at the site.

Steven calls Adrian that he is on his way.

CUT AWAY

BACK TO THE HOTEL WITH JULIE AND GEORGE

George: Good Saturday morning, Julie. It's 8:00 AM. The breakfast is under way.

Julie gets up while still wearing the robe.

Julie: Wow! I slept the whole night, ha?

George: Yes, Julie, and nothing happened.

Julie: I know that, George, you silly.

They enjoy having breakfast on the balcony and leave the room to the lobby.

George: I will start packing this morning, and I hope I see you tonight at the house with a bunch of my friends.

Julie: Don't count on that, George. Goodbye.

As George sees Julie off at the hotel exit door, he kisses Julie on the lips.

At the same time, Jennifer, Adrian's wife, is walking by in front of the hotel with her dog and sees Julie leaving the hotel and sees a man kissing her. She turns the other way so Julie would not see her.

Jennifer stops at a coffee shop only to call Adrian.

Jennifer: Adri, you won't believe what I just saw.

Adrian: What, honey, what did you see?

Jennifer: I just saw Julie exiting the hotel at seven in the morning and saw a guy kissing her goodbye. I happened to walk our dog near that hotel a few minutes ago.

Adrian: What? I assumed that she dropped Steven at the airport and went directly home supposedly.

Jennifer: That is not the case, Adri. Please be careful as to how you would break the news to Steven. I am not even sure if you should.

Adrian: Leave it up to me.

CUT AWAY

BOCA RATON FLORIDA—^{PM} MEETING BETWEEN THE UROLOGISTS AND STEVEN IN THE HOTEL CONFERENCE ROOM

Steven drives to Boca and gets in the hotel at 3:00 ^{PM}—a fancy hotel where Dr. Garfield, Dr. Kasper, Dr. Williams, Dr. Marks, and Ellie Powell are going to start the webinar.

He enters the hotel lobby and calls Adrian.

Steven: Hi there, I am here. Where are you?

Adrian: Let me come down, as I need to talk to you.

Adrian comes down in the elevator and sees Steven and takes him through the busy bar area, and they sit at a table with four chairs. Steven puts down his briefcase.

Steven: Adri, I just came from the site visit, and the lender is going to make the loan, but they need a good bill of health. I need you to help me on this.

Adrian: When we get back to Los Angeles, I will examine you and see what we can do. I can't just write a letter that you are OK. I think there are multiple cures for BPH, and that is why I asked you to attend this series of webinars. I do have a question. When was the last time you saw Julie?

Steven: OK on the BPH, but I need that to happen fast as I don't want to lose this lender. Julie and I had another argument last night on the way to the airport. I got off her car and took an Uber to the airport. Why?

As they are talking, Adrian notices Ellie in the lobby and calls her up to join them.

Adrian: Hey, Ellie, come over. I'd like you to meet my best friend, Steven. Steven, this is Ellie Powell, a successful attorney and a pathologist. Ellie, this is Steven Jones, a real estate broker and a developer.

They both shake hands and check each other out.

Steven: Hello Dr. Powell, I was very impressed to see your presentation, and Adrian insisted that I need to be here to attend the second series.

Ellie: Yes, I remember you walking in, in the last webinar; and you disappeared.

As they are talking, a covered mask gunman walks in the lobby, holding a pistol, and shoots several rounds into the ceiling.

Gunman: This is a holdup. I want everybody to take your valet and purse and put it all on the table in front of you. If anyone calls 911, I would shoot everyone. Put your hands on the back of your head now! You two in the front desk, raise your hands or I will shoot both of you. Everyone be quiet.

The gunman then approaches Steven and Ellie's table, since it is the closest table to the bar entrance.

Gunman: You, lady, you. I need you to get up and get this sack and go around and put everything that you see on every table in it and come right back in here. If you do something funny, I will shoot you.

Ellie, shaken up, gets up and collects the sack with her hands shaking.

Gunman: Move, woman, I don't have all day. Move quick.

Ellie goes around with shaking hands and starts to take the items that other guests have left on their table and apologetically says, "I am sorry," as she picks up the items on the tables.

Steven drops the handkerchief on the floor in order to quickly access his briefcase. He opens it but leaves it unlocked and accessible.

Ellie, after collecting everything, comes back to the table. The gunman turns and instructs Ellie to look down.

Gunman: Lady, I need you to keep looking down and give me the sack but don't look at my face as I need to take my mask off as it is getting hard to breathe.

Ellie and the gunman turn away from everyone, and the gunman takes his mask off. Ellie nervously looks up and sees the gunman's face. The gunman notices that.

Gunman: You bitch, I told you not to look up. You now recognized me, so I have to kill you.

He immediately puts his mask back on and points his pistol at her, getting ready to shoot, as Ellie nervously cries and pleads for him not to shoot.

In the meantime, Steven takes out the gun and points it at the gunman's head.

Steven: Look back here, asshole. You see this gun? You shoot, I shoot. If you want to be alive, put that down.

Steven gets up from his seat and slowly moves toward the gunman and puts himself between Ellie and the gunman. Once he is right in between the two, both men are on a face-to-face standoff.

Gunman: Put that down as if I shoot, the bullets will go right through you and will kill both of you.

Steven: Let's go, baby, shoot but all three of us die or get the sack and get the hell out.

Gunman: I am not leaving till I kill her. She is the one that I want as she can recognize me, so get out of the way.

Steven: Ellie, I'd like you to get on the floor now, quick.

Ellie tries dropping down on the floor, and at the same time, the gunman shoots the first round, and Steven starts to shoot second, emptying the pellets and hitting the gunman into his face. But it is too late as he ends up taking two bullets until both men fall on the floor as Ellie screams.

Steven continues to keep his eyes open and knows that the pellets hit the gunman's head, but it still may not have killed him. As everyone is under the table hiding, the gunman reaches for his gun to shoot again. Steven, with pain, gets up, gets the gunman's gun, jumps on the gunman's face, opens his mask, and shoves the gun to his throat and empties all the rest of the bullets until the gunman dies. He then falls next to him.

By this time, the police have come, and both Ellie and Adrian go to attend to Steven who got shot twice.

Ellie: Steven, my god, you saved my life. I can't believe that this happened so quickly.

Steven: Ellie, please check his pulse to see if he is dead. I want him dead.

Ellie checks and confirms that the gunman is dead.

Steven: Adri, please cancel the webinar tonight.

He goes unconscious.

CUT AWAY

EMERGENCY HOSPITAL WITH ELLIE AND ADRIAN MARKS

In the emergency room, Steven is in surgery for the physician to take out the bullets from his shoulder and one near his heart.

Ellie and Adrian are waiting in the waiting room. Adrian decides to call his wife as Ellie is listening in.

Adrian: Yes, honey. Something bad just happened. It was a holdup with the gunman in the hotel lobby. Steven got shot twice in the shoulder and near the heart. He is in surgery now. We are all OK, but I am glad that Steven happened to have a pellet gun. I don't know how he got it.

No, I have not talked to Steven about Julie as of yet. This is not a good time. He has enough with his prostate and the loan issues plus the shooting.

Ellie: Sorry I was listening in. Tell me more about Steven. He did not have to risk his life to save mine.

Adrian: He is a great guy, my best friend. He is not in a happy marriage but very successful, and like you, he is a workaholic. He does have a BPH, I believe, and I think I would want this hospital to allow me to examine him and order a biopsy.

Ellie: Adrian, I just sent a text to Dr. Garfield that we are cancelling for tonight. If you order the biopsy for Steven, I'd like to review it, and I think I want to stay in the hotel and this area until Steven gets better. Did you want to call Steven's wife and let her know?

Adrian: I think it is a good idea to call her, and I agree with you to stay around here. Let me call her and my wife on a conference call. I have a reason for that.

Adrian uses his cell phone to call both Jennifer and Julie, as Ellie is listening in on the speaker.

Adrian: Hi, Julie, I have us on a conference call with Jen. We are in the emergency waiting room of the hospital in Boca Raton, Florida; and Steven is in surgery, being shot twice in a robbery. Sorry, can you speak louder? I can't hear you. Yes, Jennifer is on the call as well.

Julie: Oh really? I am in the middle of something and have some plans for tonight.

Adrian: Did you hear what I just said?

Julie: I did, and I can't just change my plans and jump in a plane to come there. I can't do anything anyway. Is he OK?

Adrian: OK, but I did not ask you to fly in. I don't know, Julie, if he is OK or not. As I said, we are in the emergency waiting room, waiting.

Question? Last night after you dropped Steven, did you go home straight?

Julie: Yes, I did.

Adrian: Oh OK. Are you sure?

Julie: Yes, Adrian, I am sure. What I do in my private life is none of your business, Adrian!

Jennifer: Julie, I happened to be there at the hotel entrance, and I saw you. You did not go home. I saw you kissing the guy at the hotel, so please don't lie.

Julie: Jennifer, I did not know that you are my new watchdog and spy. You saw nothing.

Adrian: OK, Julie, you said you went home. Let's leave it at that. If anything I hear, I will text or call you. Bye for now.

The call ends.

Ellie: Adrian, I could not believe my ears. She has plans and her husband got shot in an emergency room? And she can't change her plans, and she did not ask the time line of the surgery?

Adrian: I guess that is exactly what I heard.

The waiting room door opens, and the emergency doctor comes in. Both Ellie and Adrian get up to greet him.

Doctor: I just came out of surgery, and we were able to pull the bullets out, and he is transferred to the ICU, just for tonight, but stable.

Adrian: Hello, Doctor, I am Dr. Marks, a urologist, and Ellie is a pathologist. We were here for a webinar presentation tonight, and our plans are changed while he is staying in the hospital. I'd like to request to examine him for his BPH while he is still in the hospital. He is a busy man, and I am sure he wants this done as well.

Doctor: OK, well, since you two are not registered physicians in this hospital, our rules prevent us from allowing you to examine patients; but I can place an order for a urologist to examine him but not tonight. Ellie? Are you his wife?

Ellie: Oh no, I am not. Can I and Adrian see him in the ICU?

Doctor: I am not supposed to, but I will make an exception, but first, there are two officers that are waiting to come in here to get your statement, and after that, feel free to go ahead and see the patient but for a few short minutes.

After the doctor leaves, two police officers walk in.

Officer 1: Sorry, ma'am, as I know you are still under shock of what happened. We need to get some statements. I need to know if there was another robber associated with the one that was killed by Mr. Jones, and, ma'am, what is your relationship with Mr. Jones that he would risk his life to save you?

Ellie: As far as I can tell you, the one that was killed was the only one, and there is no relationship between us.

Officer 2: Sorry, you mean to tell us that someone that you have no relationship with puts himself between you and the gunman?

Adrian: She is stating the facts, Officer. Is there anything else as we have had a long afternoon?

Officer 2: OK, OK. We consider this a self-defense, and it will be stated in our report. More than likely, there will be no charges.

Office 1: We are done. I am glad that Mr. Jones was there at the right place and at the right time to save lots of lives.

Ellie and Adrian then head to the ICU to see Steven. The nurse indicates that only one person can go in. Ellie looks at Adrian, and Adrian nods to go ahead.

Ellie walks in and sees Steven lying down totally unconscious. She gets close and holds his hand and whispers, “Steven, I don’t know why you did what you did to save my life. I will be praying for your recovery,” as tears roll down her face.

As Ellie walks out, Steven opens his eyes as he was able to listen to what Ellie said.

CUT AWAY

GEORGE AT HIS NEW HOME WITH BOXES STACKED UP

The phone rings, and George answers the phone.

George: Oh, hi, Julie, what is wrong? Why are you crying?

Julie: I just heard that my husband got shot in a hotel. I don’t know if I should go see him after the fights that we have had or still stay here as he really hurt my feelings before he left.

George: Julie, can you come over an hour and at least mingle a bit with me and my friends and we can talk about it?

Julie: OK. I’ll be right over.

Julie arrives at George’s house as she sees a few friends in the house. She looks disoriented, and George gives her a glass of wine to relax. The friends notice that she is not well, so they try to make small talk.

George decides to take Julie by the pool as she takes her purse and wine with her. By the pool with plenty of lights as they sit down on the pool lounge chairs and as Julie tries to get a napkin to wipe out her tears, her purse falls near the pool. George bends down to put the items back in her purse and notices Julie's business card. He reads the card and looks shocked.

George: Julie, is your husband Steven Jones, the broker and developer?

Julie, trying to hold her tears, asks, "Do you know him?"

George, getting red, replies, "That is my boss."

Julie: You are kidding.

George: No, and he is in Florida on a business trip.

Julie: I am confused. Why didn't you tell me?

George: I did not know as I never saw any of your pictures in his office, and it never occurred to me. This is a shock.

Julie: I am still not sure to take a flight to see him or—

George: Julie, he is probably in the hospital, and going there will not make a difference, but I must tell you something about his health.

Julie: What do you know that I don't know since he kept talking about taking me off his life insurance policy?

George: I had a client that was purchasing a clinic, and he almost could not close the deal due to a shortfall of the property value by the appraiser and subsequently his loan. I asked Steven to set up a meeting with this sergeant that is a urologist too. I have been noticing Steven taking way too many bathroom breaks, and the client even asked him if Steven could come down

for an examination, but Steven refused and said he is fine. Everyone in the office has noticed that he is not well, and rumor has it that he may not make it and he is in denial. Now that you tell me that he was intending to switch you with his lender on the life policy, it is understandable. Let's face it. He did not take you to Florida. He had a fight with you and wanted to take away the life insurance money. None of these make any sense. Does it to you?

Julie: You think he is seeing someone else?

George: Julie, I know him a short time, and where there is smoke, there is fire. On the other hand, we did not do anything the other night for you to even feel guilty. When I met you, I felt I had feelings for you, and now that I think back, if I would have known that you were Steven's wife, maybe I would have backed off, but it is destiny, and we are where we are, and if we decide right here and right now to end this friendship, we can, and I will not look back.

Julie: You are right, George. I had the same type of feelings when you came for the open house. My feelings grow when you did not take advantage of me when you took me to your room in your hotel. I feel like Steven has not been up front with me. I want to make love with you tonight.

The night ends after several drinks with the friends.

CUT AWAY

SUNDAY MORNING AT THE BOCA RATON HOSPITAL

Steven slowly wakes up, as Ellie is sitting next to him and looking at him, and the doctor and nurse are in the room.

Steven: Good morning, everyone. Where am I, and what day is today?

Ellie: Good morning, Steven. You were released from the ICU around 3:00 AM this Sunday morning, and they called me since they only had my contact info, thinking that I am your wife, and I came over. How are you feeling?

Steven: A little sore on my left shoulder that is in pain, near my heart.

As the nurse is taking his vitals, the doctor comes closer to Steven and Ellie.

Doctor: You were very blessed as the first bullet hit you on your upper right shoulder, but it did not break any bones.

The second bullet missed your heart by an inch and half. You were very brave, Mr. Jones. Now that you are in the hospital, I was asked by your best friend to do a biopsy of your prostate gland as well, but it is up to you to authorize that since you are still recuperating. We can wait. Your insurance covers all expenses, so it is up to you.

Steven: Oh no, no reason to wait as this is a good time to do this as my redevelopment project is dependent on a good bill of health, so go ahead.

Doctor: Very well, I will have my assistant to drop off some paperwork for you to sign so we can check both your prostate and bladder. We need you to cooperate on the biopsy and blood and urine samples. Now I want to check your senses on your left arm. Please lift your left arm as slowly as you can and let me see how far you can raise it. Push against my hand so I can see how far you can go.

Steven tries very hard but cannot raise his arm more than several inches as Adrian enters the room. Ellie helps him to slowly bring his arm down.

Adrian: Sorry, guys, I need a private moment with Steven.

Everyone leaves the room as Ellie asks Adrian if it is OK if she stays, and Adrian indicates that he needs to be alone.

Everyone leaves the room.

Adrian: Steven, a lot has happened since you left California to Florida. I can no longer hold the information that I have. So here it is. When you left Julie, I don't know what type of argument you had with her, but she did not go home Friday night.

Steven: Where did she go?

Adrian: I don't like you to judge her by what I am going to tell you, but yesterday morning Jennifer, as she was walking our dog, happened to be in the same area that Julie was, and she happened to see her being kissed by a guy as she was leaving a hotel. Just because she left the hotel does not mean she had sex.

Steven: Things have not been the same lately.

Adrian: One other thing, Steven. I called her after the incident, and she said she had plans as she did not care to change her plans to come here. I am sorry to be the one that has to tell you all these.

Steven: She was not going to cooperate for me to get the life insurance switched, and maybe she is hoping I die so she can get \$10 million. By the way, Ellie is very compassionate towards me, Adrian; and as attractive and intelligent she is, I don't need her empathy as she owes me nothing. If there was anyone else, he would do the same.

Adrian: I disagree. You were very brave, and she knows that. She is appreciative for what you did, and don't even think for a second that what you did is something

others would have done. She has been shocked by the responses from Julie as she was in the waiting room listening to my conversation with Julie. She has been with you from early hours of this morning and has had no sleep. And oh, by the way, ever since her fiancé died, she has not been in any relationship. She is a workaholic like you.

A door knock

A few minutes later, Ellie and the nurse come in for the nurse to prepare Steven for the biopsies of his bladder and prostate.

Steven: Ellie, you are tired. You might as well go back to the hotel and rest a bit, would you? I will be fine.

Ellie: OK, but I will be back this afternoon. Do you need anything else? Oh, by the way, here is your cell phone.

Steven: Good. That reminds me that the person that I really need to thank for is my lender's representative. Let me call him.

Steven: Well, hello there. I want to thank you for the present that you gave me yesterday...Uh-huh...yes...uh-huh...Oh, so you watched the news. If it was not because of the loaded pellet gun, I would not be on this line right now. Well, thank you and good day.

As Steven hangs up, he gets a call from Julie. Adrian, Ellie, and the nurse are still in the room.

Steven: Yes? Oh, Julie? You remembered me!

Yes, it was a horrific accident...Uh-huh, uh-huh...No, Julie, there is no reason for you to fly in today. You missed that chance as if you were concerned, you would have been here last night. And I already know that you never went home after you dropped me on the road. What? You want a divorce? OK, well, just so you know, I will live and will not die. So forget getting the \$10 million...Oh, OK, if you

want, you can box my stuff and send it to my office. For now, I am stuck here till I get well, and I hope you enjoy the house with your boyfriend.

Steven throws the phone away angrily, as everyone leaves the room.

CUT AWAY

GEORGE'S HOUSE BEDROOM

As Julie gets off the phone with Steven, she comes back to bed half naked.

Julie: I guess I am done with Steven. That SOB had me being followed to your hotel, and he probably knows I am with you.

George: Well, I don't care as if I make one call to his lender and tell them how much I know about his health, they will probably pull the loan. Tomorrow, I will resign from his company.

Julie: Do I mean that much to you?

George: You do, Julie, you do.

CUT AWAY

HOSPITAL ROOM—STEVEN AND ELLIE AT SEVEN O'CLOCK SUNDAY NIGHT

Ellie walks in and finds Steven on the bed semi-asleep with his left shoulder kept high above the bed and covered with a white bonding tape. She notices that Steven's wedding ring is semi off his finger. She carries with her a takeaway Chinese food and a bouquet of flowers. As she tries to be quiet by placing the flowers on the side table and food next to it, Steven wakes up.

Steven: Well, hey, Ellie, what are you doing here?

He smiles.

Ellie: I brought you some Chinese food as I don't know if you like the food here, and I picked up some flowers as well. How are you feeling now?

Steven: Well, not bad. The doctor should be here any minute now. They want me to start physiotropy a week from today, and I told them I will be up and start exercising tomorrow.

Ellie: You know, Steven, it seems like a lot has happened in your life and my life in just the last forty-eight hours. It is amazing as instead of you, I should have been the one in that bed or in the cemetery. What would have happened if you did not come to the hotel yesterday?

Steven: I agree. A lot happened in the last couple of days including losing my wife, but you know, I do believe in faith and destiny. It was meant for me to drive down and be there in the lobby to shoot that animal, before he shoots you and the others. But once I am out of here, we will sit down and have a talk, but in the meantime, Ellie, you should get over what happened, and you don't really owe me anything, and as a matter of fact, I think you and the rest of your group should resume the webinar as early as tomorrow.

Ellie: I was in the room when Adrian was talking to your wife. I was shocked to hear she had plans and she did not want to change it. It is amazing.

There is a knock on the door, and this time the doctor comes in.

Doctor: Sorry to butt in. So we took the blood and urine test and biopsies of both organs this afternoon and sent it

to the lab, and of course the labs are closed now, and I was told that we should have the results early next week. Next Tuesday. I think you should be ready for physiotropy for an entire week to get the left shoulder up and running.

Steven: Sorry, Doctor, I am a very active person; and there is no way I can hang around in a week in here. I'd like to start any sort of exercise as early as tomorrow. After all, it is my left shoulder and hand, and I still have my right hand to move around and be able to use it.

Doctor: Sir, you are still having internal bleeding, and it has only been a couple of days. I know that I can't hold you here against your will, but I can only warn you as your wife is a witness here. And on top of this, we need to find out the condition of your bladder and prostate anyway, before I release you from the hospital.

Ellie: Doctor, it is understandable what you are suggesting, and as a pathologist, I will spend more time with Mr. Jones to convince him, and again, I am not his wife.

The doctor looks at the couple strangely and apologizes and leaves the room.

Ellie: Steven, it may not be my place to convince you, but the least I can do is assist you to understand the area of specialty that I am in as a pathologist.

Steven: Thank you, Ellie. I know you want to help, but we just met, and we are getting to know each other. I must tell you that I am a very active person, and I am looking for a very fast recovery. By the way, what is the job of a pathologist?

EDUCATIONAL PORTION

Ellie:

OK, you asked the question, and we have all night with this Chinese food, so here it is. To be a pathologist, a medical graduate—either a DO or doctor of osteopathic medicine or MD—must take at least five years of a residency-training program. Once that is completed, an exam must be passed through the American Board of Pathology. If the exam is passed, the pathologist becomes board-certified and is qualified for examining tissues or fluid removed from the body and rendering medical diagnoses. I passed the test, but if a pathologist does not pass the test, the designation “board eligible” is given. I could never figure this out since when a pathologist fails the test, he or she can still become a “board-eligible pathologist.” The funny thing is that an MD and DO pathologist take the same exam, and there are no qualitative differences between the two.

I have a thought to promote an idea that a urologist must also take this exam. Why? Almost 95 percent of the time, urologists rely on the pathologist’s reports without having to see the slides based on which those opinions have been made.

It would be a perfect world if the board-certified pathologist license credential was hanging on the wall in all urologists’ offices and the biopsy samples could be examined right then in their laboratory.

In this case, every urologist is fully responsible for biopsy samples and opinions that come from his or her report, alleviating any possibilities of relying on outside pathologists. This still does not mean that just one opinion would be sufficient. The second and the third opinion would have to be obtained from other separate pathologists.

- Steven: Ellie, I had no idea that you are actually an MD and have a higher degree than Adrian as a urologist. And you are an attorney as well. So impressive.
- Ellie: In such a perfect world, what would pathologists do? Simple—reexamine the urologist’s opinion against the samples and confirm or deny the existence of the cancer. If such a perfect world ever becomes a reality, there would also have to be a prostate-cancer-diagnosis recall program.
- Steven: What is that?
- Ellie: Recalling faulty diagnosis or report, just like recalling defective cars, would be a requirement so that after a mistake is done, the patient is told the truth. For example, “Sir, we are notifying you that despite the fact that your pathologist ranked your prostate cancer a Gleason 8, you really had no cancer.” Or “Sir, we found that after removing and examining your prostate, you really did not have cancer.” This kind of statements to victims could and would open lawsuits against laboratories, pathologists, and hospitals; but it is the right and correct thing to do. Let the chips fall where they are supposed to but in the perfect world.
- Steven: What did they do to me today when they did the biopsy?
- Ellie: A biopsy is an internal-pinching procedure in which several samples of body tissue are removed and then looked at under a microscope. A core-needle biopsy is the main method used to diagnose prostate cancer. It is usually done by a urologist with a surgeon’s credential, who treats cancers of the genital and urinary tract, which includes the prostate gland. The urologist inserts a needle through the wall of

the rectum into the prostate gland, just like what they did to you today. When pulled out, the needle removes a small cylinder of tissue, usually about half an inch long and one-sixteenth an inch across. This is repeated eight to eighteen times or more in each session.

As you experienced it today, although the procedure sounds painful, it typically causes only a very brief, uncomfortable sensation because it is done with a special spring-loaded biopsy instrument. The device inserts and removes the needles in a fraction of a second. Most doctors who do the biopsy will numb the area first with local anesthetic. Some doctors will do the biopsy through the perineum, the skin between the rectum and the scrotum. The doctor will place his or her finger in your rectum to feel the prostate and then insert the biopsy needle through a small incision in the skin of the perineum.

I am sure that you were given antibiotics to take before the biopsy and for a day or two after to reduce the risk of infection. For a few days after the procedure, you may feel some soreness in the area and will likely notice blood in your urine. You may also have some light bleeding from your rectum.

Your biopsy samples will be sent to a pathology lab. There, a pathologist—a doctor who specializes in diagnosing disease in tissue samples—will see if there are cancer cells in your biopsy by looking at the samples under the microscope. From there, slides of pictures are taken. If cancer is present, the pathologist will also assign a grade. Getting the results usually takes up to three days, but it can take longer.

END OF EDUCATIONAL PORTION

Steven: Wow! I now am really impressed, so what you are telling me is that I will be still here the entire next week, correct?

Ellie: Yes, Steven, let me make your bed comfortable before I leave and come back tomorrow.

CUT AWAY

MONDAY MORNING CALIFORNIA, STEVEN'S OFFICE

George steps in the office to meet Steven's office manager, Allan.

George: I am here to pull my real estate license today and clear my desk.

Allan: That is a surprise. Why?

George: Would you keep this confidential?

Allan: Oh yes.

George: Last I saw Steven, I told him that I was buying a house, and I was attracted to the sales agent that was showing the house. I started to have feelings for her, but over the weekend, I discovered that the saleslady's name is Julie Jones, and now I have a conflict to continue being here.

Allan: Did you not see the wedding ring on her finger? Having feelings for a married woman?

George: Well, feelings are feelings.

Allan: George, I give you thirty minutes to get your stuff out and get out of this office. You are despicable. After Steven saved your deal to put money in your pocket, you start screwing his wife? Get out of my face.

George: Watch it, Allan, watch it because one phone call from me to the Florida lender on Steven's health, they will pull out, and so watch it.

A process server walks in the office moments later as George is leaving. Allan receives the summons related to a divorce. Allan calls Steven on his cell phone.

Allan: Good afternoon your time, Steven. Do you have a few minutes to talk?

Steven: Yes, Allan, what's up?

Allan: Well, sorry to be the bearer of bad news, but I have three.

Steven: Lay it on me, Allan. The last thirty hours, I got shot twice, the Florida deal is pending, and Julie was sleeping with someone right after I left LA. What else is new?

Allan: Well, let's start with Julie. I hate to tell you that I know who that person is that slept with her.

Steven: You do?

Allan: That person is George. He is the one that met Julie at an open house and stayed with her at her hotel, and after he told me this, I kicked him out of the office. The next thing is that he is threatening to call the lender and tell them about your health condition. The last thing is that I was surprised to be served so soon a summons on your divorce decree. They did not waste any time!

Steven: OK, it will take me today to digest all these. Please continue as normal in the office, and don't count on me being back at least this week, and stop making payment on my life insurance policy. I want it to expire. I also want you to email me the divorce documents.

CUT AWAY

A CONFERENCE CALL BETWEEN DOCTORS GARFIELD, MARKS, WILLIAMS, KASPER, AND POWELL

Dr. Garfield: Thank you for participating in this conference call as we need to discuss a date to resume the webinar as there have been lots of requests from multiple patients. I am now receiving more requests from European, Middle Eastern, and Asian patients. Our website is flooded, requesting an update.

Dr. Marks: I am sorry for the delays as both I and Dr. Powell were victims of an animal that almost killed both of us and several other hotel guests. If it wasn't because of Mr. Steven Jones, we would not be on this call.

Dr. Kasper: How is he doing now?

Ellie: I was with him last night, and he is stable now. He requested that we should continue with the webinar.

Dr. Kasper: Can we schedule this as early as this Wednesday?

Dr. Williams: Let's do this. Can we all visit Steven once he gets a bit better?

Ellie: I don't think he is in a position to see visitors right now. I will relay the message to him when I see him as he is also going through a lot of personal issues.

CUT AWAY

STEVEN'S ROOM AT THE HOSPITAL

About noontime after Steven eats his lunch, he decides to get up from his bed and start walking a bit. He holds the railing of the bed to keep his balance and gets a hold of the wheelchair. The nurse

walks in and immediately tries to help him before he falls, but he refuses the help.

Steven: Sorry, I just need to get some fresh air.

Nurse: OK, OK, I know your doctor will not appreciate that. I will take you outside of the hospital for few minutes only.

As the nurse takes Steven with the wheelchair through the hospital hallways and outside for fresh air, Steven notices a restaurant on the opposite side of the garden, across the street.

Steven: What kind of food do they have there?

Nurse: Mainly seafood, but, Mr. Jones, I am not taking you there. Please don't even ask me.

Steven: OK, I won't, but now, please take me to your exercise room. I just want to see it.

Steven and the nurse enter the mini-gym, and Steven asks the nurse if he can be on his own watching the people exercise. The nurse leaves. Steven locks the wheelchair and gets up to get on the treadmill. He puts it on slow speed as other patients are watching. He tries to keep his left hand close to his body.

In the meantime, Ellie comes in to Steven's room and does not find Steven. She panics and runs to the nurses' station, but they don't know where he is. They call him on the intercom and still no response, until the same nurse who took him out approaches Ellie and tells her that her husband is in the exercise room watching others exercise.

Ellie runs to the gym and finds Steven weight lifting with his right hand.

Ellie: (*shouting*) Steven, for god's sake, what are you doing?

Steven: Not to worry, I am fine.

Ellie approaches him and helps him to sit back on his wheelchair as she says, “No, no, no.” Ellie takes Steven to his room and closes the door.

Ellie: Steven, remember, I am not just a pathologist but also an MD. There is no way that you can heal that quick. It has only been a couple of days of internal bleeding that causes blockage in your heart. Do you understand that?

Steven: OK, sorry, as I can't get stuck in this room all the time.

Ellie: You really scared me. Let's see the test results tomorrow, and by the way, we are starting the webinar on Wednesday.

Steven: Ellie, I have a bit of a sneaky request from you, and I hope that you would say yes to it.

Ellie: It depends. Sit down please, and let's hear it.

Steven: I want to ask you to have dinner with me tonight.

Ellie: What? Dinner in the hospital?

Steven: Oh no, but I need you to cooperate with me to do this. I saw a seafood restaurant just across the street, and my plan is that we both go there tonight to have dinner. But we need to get ready early.

Ellie: You mean sneak out? How?

Steven: We will put a Do Not Disturb sign on my room and will put a bunch of pillows under the bedcover, pretending that I am asleep and can't be disturbed.

Ellie: This is not a hotel room you put a Do Not Disturb sign on the door, Steven. You are unbelievable, Steven, unbelievable; but I like you.

Steven: OK. Have you done crazy things in your life?

Ellie: Yes, but when I was younger.

Steven: Actually it is better to start now. Please lock the door as I need to change in the bathroom.

They both set up the room, and with Steven sitting in the wheelchair with a white robe over his clothes, Ellie pushes the wheelchair out through the hallway, and they both exit from the back door of the hospital to the restaurant and get a table.

Steven: We did it, Ellie. It's exciting.

Ellie: (*smiling*) Are you always an adventurer and risk taker?

Steven: Oh yes—I thrive on that.

A waitress approaches both of them, and they order wine.

Ellie: I have so much to ask you and don't know where to begin.

Steven: Me too, but you start first and ask from the top of your head.

Ellie: Within the last ninety-six hours, you got shot twice, saved my life, lost your wife, and went through one set of biopsies and exercised with two holes in your body. What gives?

Steven: Ellie, what happens in life, good or bad, we have no control over it. We just have to accept destiny and move on.

Ellie: OK, let's start with the word *destiny*. Why did you come to Boca Raton after your meeting with the lender? You could have taken the flight and gone back home and watched the webinar, right?

Steven: OK, let me be very honest with you. When Adrian asked me to join your webinar, at first I said no. I decided to come to the hotel and watch a bit of it, but

after I watched your first presentation, I couldn't take my eyes off you. I was impressed, to say the least. I then left early. When Adrian called me to come here, I could have watched it back in LA, but I wanted to see you. Knowing the fact that I am married, I changed my mind several times driving down here. When I saw you at the hotel lobby, I had goose bumps for a few seconds. The feeling is like a little kid that wants a piece of candy but Mommy does not want you to have it and no money to buy it with anyway. When I saw the gunman coming towards us, I thought I can jump and hold him down, but his pistol was pointing right at all three of us. When he pointed the gun at you, it was like my mommy is getting ready to crush my candy. I could not sit there and let that happen. A split-second decision of taking the bullet for you passed so quick but my faith pushed me forward to get in front of him. When I held the pellet gun into his face, I was praying to God that I hope it had pellets, and it did. When I asked you to check his pulse, I wanted to make sure that he would never come back to hurt you.

Ellie, with tears in her eyes, stretches her arms to hold Steven's right hand.

Steven: Yes, you are that candy that I am not sure if I can ever have due to all this pending baggage.

Ellie: *(smiling and crying)* Well, the fact is that you saved my life, or otherwise, I wouldn't be here right now. I started having feelings for you when Adrian was on the phone with your wife and could not believe any wife would do that. Interesting enough, I have been called your wife several times now; and as I am thinking back, I acted like one pulling you out of the exercise room. I find you very ambitious, honest, daring, adventurer, and risk taker. I suppose this is a

date, and since I lost my fiancé just ten days before the wedding, I have never dated. I have not seen the quality of men that I would like to hang out with.

Steven pulls back with his hands.

Steven: Well, I have a lot of respect for you; and I am sure that due to a rebound, I can't be that close to you. However, I like our friendship; and yes, you sounded like a wife telling me what to do in the exercise room. Let me tell you the latest as of this morning. My office manager called me today and said the one that my wife was fooling around with is an agent in my office that I have helped on his transaction. As of several hours ago, she filed for divorce. The reason that I need to get out of this hospital as quick as possible is the lender on a \$127 million project. If things drag and they see my condition does not get better, they will pull the loan.

Ellie: Steven, the way I see this, you have two issues: one is a bill of health that I would issue for you if I see the test results and you cooperate and listen to my possible treatment and two is a divorce attorney. I am a litigation attorney, and if your divorce case becomes contested, I think I can handle the case.

Steven: Wow, so you would be my doctor and my attorney at the same time? Can I order another drink? I need something stronger than wine.

Ellie: That is if you listen, OK?

Steven: Sure, I will. So what is your hourly rate? Maybe I can't afford you.

Ellie: That's OK. I will wait till you make your \$127 million deal, then I hit you with a big invoice. Hahaha.

CUT AWAY

TUESDAY MORNING AT THE HOSPITAL; STEVEN'S RESULTS WITH THE DOCTOR AND ELLIE PRESENT

Doctor: Steven, I hear that you were a bad boy yesterday. Exercising, leaving the hospital with a lady, and placing a Do Not Disturb sign as this is *not* a hotel.

Ellie looks the other way.

Steven: OK, so what do we have, good or bad news?

Doctor: I am afraid that I don't have a good news. The tests came in positive. You have been diagnosed with Gleason 8 and PSA of 7.

Steven: What is Gleason?

Doctor: I am sure your wife can explain this better since she is a pathologist.

EDUCATIONAL PART

Ellie: (*laughing*) Doctor, here you go again. You forget I am not his wife. We are friends. Steven, let me explain this. You need to have a thorough understanding of the Gleason grading system, which is used to grade how far prostate tissue is from normal, healthy tissue. After they have taken biopsy samples of your prostate tissue, the pathologist looks at the samples under a microscope and grades the tissue on a scale of 1 to 5. Number 1 is for cells that look almost normal (very slow- growing cancer). Number 5 is for cells that are at least like normal prostate cells. Grades 2 to 4 fall in between.

Prostate cancer tumors often have areas of various grades. The pathologist identifies the two most prevalent grades. These are then added together to

make the Gleason score, sum, or chart. The Gleason score literally dictates how aggressive of a treatment you should take; in other words, you cannot think of minimum invasive treatment for a grade 8 or 9.

The first number is called predominant grade and represents over 51 percent of the samples. The second number must represent below 50 percent but more than 5 percent of the samples.

For example, a Gleason score of 5 is the result of 3 + 2 or 2 + 3. Please note that 3 + 2 is totally different from 2 + 3. In the case of 3 + 2, the number 3 represents most of the cancer samples that are aggressive (predominant grade), with less of the samples that are less aggressive (number 2).

The higher your Gleason score, the more likely it is that your cancer will grow and spread quickly. In your case, if it is true, a Gleason 4 + 4 meant that in two separate areas, you were just one tier below 100 percent cancer spread.

The Gleason grade and score are such key pieces of information for making treatment decisions.

END OF EDUCATIONAL PART

Doctor: Wow, I am impressed, and you must be such a good friend.

Ellie: I would like to receive the biopsy slides please.

Doctor: I am afraid we can't give you these slides, but you are welcome to read the report that I am giving to Mr. Jones. You see, although you are a pathologist, you are not one of the staff members of this hospital.

Steven: Ellie, I think that is good enough to read this report and see if the surgery is next in horizon.

Ellie: Doctor, may I speak with Steven in private?

The doctor leaves the room.

Ellie: Steven. This is my forte. Pathologists and urologists make mistakes all the time. Why did we go to the Iraq War? Remember? It was because of weapons of mass destruction. We went in, and we did not find any, and we got stuck. We went in because of wrong intelligence.

Steven: OK. This news is unbelievable after what all I have gone through in the last seventy-two hours. This is why I did not want to get too close to you as much as I really like you, Ellie. I have way too many baggage. We need the hospital to keep this a secret. I can't let this news to get out of this hospital to my lender.

Ellie: I will make sure of that, per your request. You saved my life, and now it is my turn to possibly save yours.

Steven: I really hope that we keep our emotions at bay as I don't want our emotions to get in the way.

Ellie: I am going to ask for a second opinion after I call the doctor, OK?

Steven: Do I have a choice?

Ellie: No.

Ellie calls the doctor on a conference call so Steven can hear as well.

Ellie: I spoke with Mr. Jones, and he would like a second opinion with a new set of biopsies. How many samples were taken in the present biopsy?

Doctor: OK, looks like ten samples were taken, and I can refer you to local pathologists.

Ellie: I think we need to shoot for a set of twenty samples, and I prefer a second opinion from an out-of-state laboratory.

Doctor: Well, that is fine, but this will take longer.

Steven: Ellie, please. As you know, I don't have a lot of time. Let's go local.

Ellie: I really have no comments.

She walks out of the room with anger.

Doctor: Mr. Jones, so I will order another round of biopsy, and let's see what happens. In the meantime, I can't release you from the hospital.

CUT AWAY

GEORGE AND JULIE ON A ROMANTIC DINNER AT GEORGE'S NEW HOUSSE

Julie: Looks like your lender funded quickly, ha? Congratulations, the escrow for this house is closed, and you are the proud owner.

George: Thanks to you, Julie. I got a real good deal. The house came with a beautiful woman of my dream.

Julie: Let's crack this champagne bottle and celebrate.

Both start to drink.

George: You know, Julie, I know that you are still in a rebound situation; and I still see that you are still wearing the ring.

Julie: *(taking it out her ring)* You know, honey, I am so used to wearing it that I totally forgot. No on the rebound.

The signs of both me and Steven growing apart have been there a long time.

George: Well, when I resigned from his company, I told them that if Allan, his office manager, ever gives us any problem, I will call up the lender; and he would lose his Florida project.

Julie: So where do you like to hang your real estate license?

George: I don't know yet.

Julie: Well, I can ask my broker if you can hang your license at my office. I think they are looking for opening a commercial division.

George: Wow, working with you will be my dream.

Julie: (*jokingly*) And if Steven dies, you know we don't have to work anymore, and we can move down to the Bahamas.

George: I don't think that his health is that critical.

Julie: What if it is?

George: What do you mean, Julie?

Julie: I deserve that \$10 million life policy, and at least he owes me that. The house that we have is not enough, and the project in Florida I don't really understand it, so what do I get after three years of marriage? Nothing but a percentage of two other shopping centers and the house?

George: You are not thinking what I am thinking, are you?

Julie gets up and, as she approaches George, starts taking her clothes off one by one and asks, "Do you want this body out in the Bahamas?"

George: Of course.

Julie: I am sure you know what to do to get it. I hate him.
Do something about it.

CUT AWAY

A MEETING BETWEEN DOCTORS GARFIELD, MARKS, WILLIAMS, KASPER, AND POWELL ON WEDNESDAY MORNING AT THE HOTEL CONFERENCE ROOM

Dr. Garfield: I am glad that we have this meeting to discuss the subjects tonight.

Dr. Marks: Ellie, what is Steven's condition since I have not had a chance to visit him?

Ellie: Well, he received the biopsy results; and based on that report, he has a Gleason 8 and PSA of 7. I asked for a second set of biopsies, but he refused to have this done in a different lab outside of the state of Florida.

Dr. Williams: Can we get back to the subject of tonight? It looks like there is a tremendous number of people joining in, and they are paying \$1,000 each for this.

Dr. Kasper: Has any one of you thought about the name of what we can call this webinar?

Silence until Ellie breaks the silence—a short flashback to her fiancé.

Ellie: The name I selected is *Third Opinion on Prostate Cancer*.

Dr. Garfield: And how do you think that the public would receive this?

Ellie: When a sergeant tells a patient that he has prostate cancer and he needs to go under the knife, the sergeant now has declared that s/he has an upper hand with full authority. S/he wants to bank on

the patient's self-confidence and his/her emotional instability. The first impression of the patient mentally is that s/he will submit to what the doctor says. Who knows what the motive of the doctor is, and no one would even think that the motive is to generate more money as what the hell, he can live without the prostate, right?

Dr. Marks: I happen to agree.

We need to educate the patients to obtain at least three opinions before allowing his surgeon to open him up, just to find out later that it was a mistake. As history has shown, doctors can be wrong. Well-accepted health truths can be wrong, and ideas that have seemed completely crazy have later on turned out to be true. So how can you know who to believe and whose professional opinion you can trust? You can't.

Dr. Williams: When I interviewed patients in different stages of prostate cancer, I noticed that they all have one thing in common—worry, not so much about themselves but about their loved ones. “What will happen to my kids, my wife, if I die?” “Why me?” or “Where is God?” often comes to their minds. Little did they know that God is omnipresent. Our mind is too limited to comprehend it, but God does provide the way to overcome the difficulties we encounter in our lives.

Dr. Kasper: “It is beyond our comprehension,” I said as I laid my hands on the forehead of a cancer patient in the community hospital that had been given only a few weeks to live since chemotherapy was no longer the solution. I cried as I was praying and asking God to intervene. After I went home, I could not sleep the whole night, thinking that we humans try to understand and use the *why* word quite often,

but we seem to forget that not everything in this universe is comprehensible. Why do 90 percent of terrorist acts around the world originate from Muslim countries? Why do so many tsunamis and earthquakes happen in Indonesia? Why do drought and famine afflict the poorest countries in Africa? Why does the AIDS plague affect primarily people of African countries? The fact is that no one on this planet can explain it.

For decades, scientists have been trying to prove that our existence within the galaxy is nothing but a coincidence and the presence of God is just an illusion and a fairy tale that has been made up in the past. How is all this relevant to the subject of prostate cancer? you may ask. Well, if we believe that there is a Creator who made us, then we, regardless of religion, can be in full communication with that Creator via “prayers,” and that Creator can be in full control of our destiny. Our requests could be in our prayers, and the responses for those prayers are forthcoming. If there is no Creator to communicate with and the reason for our existence is according to the big bang theory, then all our prayers will absolutely have no results.

Interestingly, there were a few experiments by scientists that provide evidence for the power of prayer. Those experiments involving human DNA have proved that our DNA can and does directly affect our physical world. This is what the law-of-attraction proponents have been saying for more than a century.

Dr. Garfield: I guess we should adjure this meeting. I will see you tonight right at seven.

CUT AWAY

7:00 PM WEBINAR BETWEEN DOCTORS GARFIELD, MARKS, WILLIAMS, KASPER, AND POWELL AT THE HOTEL CONFERENCE ROOM WITH MULTIPLE CAMERAS

Starting

Dr. Garfield: Good evening, everyone. I am pleased to welcome you to our second webinar of *Third Opinion on Prostate Cancer*. I'd like to introduce you to Dr. Williams, Dr. Marks, Dr. Kasper, and of course Dr. Ellie Powell that was nearly killed just a few days ago.

EDUCATIONAL PART

Dr. Williams: My subject to discuss is determining how far the cancer has spread.

Once a cancer diagnosis has been made via three separate opinions by three different sets of urologists and pathologists, you may need further tests to determine if or how far the cancer has spread. Many times, the doctor will require you to take additional tests, which is a good thing, as you must be sure that it has not spread. Do not be in the group of men who do not require additional studies and just directly proceed with treatment based on the characteristics of their tumors and the results of their prebiopsy PSA tests.

Five tests to discuss here:

- *Bone scan*. In the bone-scan process, they take a picture of your skeleton in order to determine whether cancer has spread to the bone. Prostate cancer can spread to any bones in your body, not just those closest to your prostate, such as your pelvis or lower spine.

- *Ultrasound.* Ultrasounds not only can help to indicate if cancer is present but may also reveal whether the disease has spread to nearby tissues.
- *Computerized tomography (CT) scans.* A CT scan produces cross-sectional images of your body. CT scans can identify enlarged lymph nodes or abnormalities in other organs, but they can't determine whether these problems are due to cancer. Therefore, CT scans are most useful when combined with other tests.
- *Magnetic resonance imaging (MRI).* This type of imaging produces detailed, cross-sectional images of your body using magnets and radio waves. An MRI can help detect evidence of the possible spread of cancer to lymph nodes and bones.
- *Lymph node biopsy.* If enlarged lymph nodes are found by a CT scan or an MRI, a lymph node biopsy can determine whether cancer has spread or not. During the procedure, some of the nodules near your prostate are removed and examined under a microscope to determine if cancerous cells are present.

Dr. Williams finishes his segment.

Dr. Powell: Before I start my segment, I want to add that it would be catastrophic if the gland is taken out, only to find out later that the cancer has spread. Let me take it from here, Dr. Williams. Gleason scores is my subject to discuss.

Dr. Powell: Gleason scores are used to grade the seriousness and aggressiveness of the cancer.

When a biopsy confirms the presence of cancer, the next step, called grading it, is to determine how

aggressive the cancer is. The tissue samples are studied, and the cancer cells are compared with healthy prostate cells. The uglier or different the cancer cells are from the healthy cells, the more aggressive the cancer, and the more likely it is to spread quickly. What do I mean by “different cancer cells”? Cancer cells may vary in shape and size. Some cells may be aggressive, while others aren’t. The pathologist identifies the two most aggressive types of cancer cells when assigning a grade.

The most common cancer-grading scale runs from 1 to 5, with 1 being the least aggressive form of cancer. Known as Gleason scores, these numbers may be helpful in determining which treatment option is best for you. The Gleason score adds the grades of the two most aggressive types of cancer cells; therefore, scoring may range from 2 (nonaggressive cancer) to 10 (very aggressive cancer).

All of a sudden, Ellie loses her attention and focus as Steven walks in the room. She looked at the same direction as the cameras do pick that up. She continues with a smile.

I’d like to talk to you about staging.

After the level of aggressiveness of your prostate cancer is known, the next step, called staging, determines if or how far the cancer has spread. Your cancer is assigned one of four stages based on how far it has spread.

- Stage 1 – It signifies very early cancer that’s confined to a microscopic area that your doctor can’t see.
- Stage 2 – Your cancer can be felt, but it remains confined to your prostate gland.

- Stage 3 – Your cancer has spread beyond the prostate to the seminal vesicles or other nearby tissues.
- Stage 4 – Your cancer has spread to lymph nodes, bones, lungs, or other organs.

The three typical types of prostate cancer complications are as follows:

1. *Spread of cancer.* Prostate cancer can spread to nearby organs and bones and can be life-threatening.
2. *Pain.* Although early-stage prostate cancer typically isn't painful, once it spreads to bones, it may produce pain, which can be intense. Treatments directed at shrinking the cancer can often produce significant pain relief. These treatments include hormone therapy, radiation therapy, and chemotherapy. If these treatments aren't successful, or you need to wait for them to work, pain management with medications is an option. Not all people with cancer that has spread to the bones have pain. Pain can be controlled, and there's no reason a person has to suffer intense pain. If your doctor is unable to control your pain effectively, you may need to consult a pain specialist. This is not an area that I did any research on.
3. *Erectile dysfunction (ED) or impotence.* Like incontinence, ED can be a result of prostate cancer or its treatment, including surgery, radiation, or hormone therapy. Medications and vacuum devices that assist in achieving erection are available to treat ED. If other treatments fail, penile implants can be inserted surgically to help create an erection.

For many men, a diagnosis of prostate cancer is frightening, not only because of the threat to their lives but because of the threat to their sexuality. In fact, the possible consequences of treatment for prostate cancer, which include bladder control problems and ED, are a great concern for most men.

Ellie finishes her segment.

Dr. Garfield: It is time to take half-an-hour break before Dr. Williams starts on bladder cancer. We will be back in thirty minutes.

END OF EDUCATIONAL PART

CUT AWAY

As Ellie leaves the large conference room, she approaches Steven and whispers, “I will see you in the back of the bar in the lobby.” They both meet at the bar a few minutes later.

Ellie: How did you ditch the hospital?

Steven: Ellie, I have to apologize for making you mad, where you had to walk out.

Ellie: Steven, as you know, this subject is so close to my heart. I lost my fiancé because of misdiagnosis, and as you can see, I live it day and night. But I should also give you space to make your own decision as you are a big boy.

Steven: Ellie, I respect you more than you think. However, I am against time. From my ex, I have to deal with the divorce. From my office, I can't have Allan handle everything since I have always been hands-on; and for my project, if they find out that I have cancer, that is the end of it.

Ellie: I know, Steven, I know, and from now on, you make the decision based on what you think is right, and I will be out of it. I think, without your health, you have nothing.

Steven: Sorry but I can't just let go and stay in the hospital.

Ellie again abruptly gets up and storms out as she says, "Sorry, I have to get back to the webinar."

CUT AWAY

EDUCATIONAL PART

BACK TO THE WEBINAR

Dr. Williams: Ladies and gentlemen, I'd like to continue this session by covering bladder cancer. The *Third Opinion on Prostate Cancer* session would not be complete without covering issues with your bladder.

Two immediate and related concerns that directly attribute to a healthy or malignant prostate gland are bladder cancer and bone cancer related to your pelvis, as well as metastatic cancer. More than 90 percent of bladder cancer cases occur in people older than fifty-five, and 50 percent of cases occur in people older than seventy-three. Smoking is the greatest single risk factor for bladder cancer. Your exposure to certain toxic chemicals and drugs also makes you more likely to develop bladder cancer.

How does cancer develop in your bladder? That happens through a process controlled by DNA (the genetic material that contains the instructions for every chemical process in your body). When DNA is damaged, changes occur in these instructions. One

result is that cells may begin to grow exponentially, eventually forming a tumor (a mass of malignant cells).

Your bladder is a temporary storage reservoir for your precious cargo, urine. It is located in the pelvic cavity. The size and shape of the bladder varies with the amount of urine it contains and pressure it receives from surrounding organs. It is a triangle-shaped hollow organ that is located in the lower abdomen. It is held in place by ligaments that are attached to other organs and the pelvic bones. The bladder's walls relax, expand, contract, and flatten to empty urine through the urethra. The typical healthy adult bladder can store up to two cups of urine for two to five hours. This muscular balloon stores urine that your kidneys produce during the process of filtering your blood. Urine passes from your kidneys into your bladder through thin tubes called ureters and is eliminated from your body through another narrow tube, the urethra.

If we cut a cross section of the bladder and ureters, on the first layer we can see the inner lining of the urinary bladder, which is a mucous membrane of transitional epithelium that is continuous with that in the ureters. The second layer is composed of connective tissue with elastic fibers. The third layer is composed of smooth muscle. Most bladder cancers begin in the specialized cells that line the walls of your bladder (transitional cells). The same type of cells occurs in your kidneys, ureters, and urethra, where they may also give rise to malignant tumors. Some cancer cells remain confined to the bladder lining. But other cancers are invasive, growing into or through the bladder wall and eventually into nearby lymph nodes and adjacent organs. In time, cancer

may spread (metastasize) to other organs, including your lungs, liver, or bones.

Bladder cancer affects men four times more often than women, and it occurs in Caucasians twice as often as in African-Americans. If your urologist tries to explain what causes bladder cancer, you can stop listening, as it is uncertain what causes it. However, one thing is certain—if you are a smoker, you are helping the DNA damage that leads to cancer.

Although scientists aren't sure what causes bladder cancer, they've identified a number of factors that may contribute to its development, either by themselves or in combination with other factors. Because chemicals often exit the body through the bladder, many of these risk factors have to do with chemical exposure.

Even though the actual reasons as to why cancer within the internal organs grows faster or slower are unclear, you can change your diet and lifestyle to minimize your chances of getting cancer. Being exposed to one or more of the risk factors listed below doesn't mean you'll develop bladder cancer, only that your risk may be increased. Knowing these factors may help you make changes that could reduce your risk.

First, are you a smoker? Smoking increases the risk of developing bladder cancer and, obviously, lung cancer by nearly 500 percent. Statistically speaking, as many as 50 percent of all bladder cancers in males and 30 percent in females may be caused by cigarette smoke. I have no intention to convince you to stop today, but how about tomorrow?

Second, what type of job do you have? Do you work in a chemical plant, shoe factory, aluminum industries,

or leather-related product type of environment? Are you a truck driver? Are you working in the mining industry? Are you an oil-refinery worker? Well, that does not help you. You should not be around chemicals such as aryl amine and carcinogens. That is what we know as of now, which practically means not a lot. I have no intention to convince you to quit your job today, but how about the day after tomorrow?

Third, it is interesting that when the doctor prescribes radiation treatments, we do not think twice. “Oh, but that is what the doctor said.” The radiation therapy of cervical cancer in women leads to an increased risk of developing transitional-cell bladder cancer. The problem is that we are told only partial truth about the benefits of the radiation, but not the whole truth, as with Cytoxan, the drug that is used for chemo and how much it increases the chance for bladder cancer. No, I will not try to convince you not to take radiation or chemotherapy, but at least I warned you.

Finally, the bladder-infection issue. The short-term bladder infection is normal, but a long-term infection will increase the chances of bladder cancer. I'd like to convince you that a bladder infection is not just another infection, but this is one infection that is internal, and you must be on top of it until it goes away.

There is no evidence that taking artificial sweeteners in your coffee and tea carries any risk of bladder cancer.

It is also a good idea to periodically examine your body for visual signs of potential problems. As you take your daily shower, observe if there are any bumps, bruises, or any signs of skin discoloration on your stomach or elsewhere. If you notice blood

in your urine or anything unusual in the toilet, you must seek the advice of your doctor immediately. By the way, taking urine samples right in your bathroom is just as good as in the doctor's bathroom. Investing in sanitized sample containers is a good idea. Why? Because typically in the doctor's office, you only have one shot; but in your bathroom, you have a heck of a lot more shots. We will not get into the details of how to take samples and the delivery of it.

Dr. Garfield: This concludes our second portion of *Third Opinion on Prostate Cancer*.

END OF EDUCATIONAL PART

Ellie and the rest of the doctors, as they are talking, leave the room; and Ellie, as she walks out, does not pay any attention to Steven.

CUT AWAY

STEVEN'S ROOM IN THE HOSPITAL, SECOND BIOPSY

Nurse: Sir, I am here to take you to take the second biopsy, this time with twenty samples.

After the test, they bring Steven back. And as he enters the room, he receives a call from the lender's representative.

Lender: Hello, Steven. We have not received anything from you as of yet related to your life insurance and the bill of health. That is what is holding us up to send you the modified term sheet.

Steven: I need to let you know that due to my wife's infidelity, we are going through divorce, and so at this point, it seems that it would be impossible to have her switch over the policy.

Lender: OK, in this case, the question is if you are willing to personally guarantee the loan as this will be a recourse loan.

Steven: I believe in this project so much that I am willing to do that. Please give me extra time as I need to obtain an attorney to deal with the divorce.

Lender: OK, I will give you additional thirty days to get things arranged.

The doctor walks in the room with the nurse.

Doctor: Steven, I put a rush on the second biopsy just for you, and here is a copy of the report. It looks like the twenty samples show that the results of the first biopsy are 100 percent correct.

Steven looks up at the ceiling as tears come out, and he tries to keep his exposure.

Nurse: Doctor, I was told by the pathologist that Mr. Jones needs to be ready for the extraction of the prostate gland.

Doctor: Steven, I am so sorry; but with your permission, I'd like to set up the surgery as early as tomorrow.

As Steven starts to make a statement, the phone rings.

Dr. Kropp: Hello, Steven, we finally opened the clinic with Dr. Eastwood; and I wanted to invite you for the grand opening this Friday. Are you still out in Florida?

Steven asks if he can have a private conversation.

Both the doctor and the nurse leave.

Steven: Dr. Kropp, I am hospitalized here in Florida. I have two opinions on the state of my prostate, and both

indicate that it is cancerous. They want to set up a surgery as I have Gleason 8.

Dr. Kropp: Oh no. Well, Steven you helped me purchasing my clinic, so it is my turn to help you on this, but you need to come back to California. How soon can you leave, though?

Steven: Don't worry, I can arrange that. Besides, I prefer to be back as I need to be in my office.

Steven decides to call Ellie. He dials the number, but Ellie does not answer the phone. Steven leaves a message.

Steven: Dear Ellie, I have received the second opinion, and it looks like I do have the cancer. The decision to take it out is to do it either here or back in Los Angeles. As you know, I prefer to be back mainly for the fact that my office needs me, and I need to hire a divorce attorney. I know that you are busy with the webinar, and I must tell you that I will be missing you, leaving Florida, but I will be in touch.

A couple of hours later, the nurse walks in Steven's room and finds Steven has left without discharge.

Ellie gets out of the shower in her hotel room and listens to the message, and she starts having tears as she sits on the hotel bed. She whispers, "Steven, only if you could listen to me."

CUT AWAY

DR. KROPP AND DR. EASTWOOD'S CLINIC GRAND OPENING

As Steven walks in, he sees several people as they are mingling with other couples drinking champagne and wine. Dr. Kropp locates Steven.

Dr. Kropp: Hey, Steven, here, come over here. Let me introduce you to Dr. Eastwood that you have not met yet. Dr. Eastwood, this is the famous Steven Jones that helped us close the deal on this clinic. I'd like three of us to meet up just a few minutes in my office. Please follow me.

They follow Dr. Kropp to his office.

Dr. Kropp: I was able to get the reports from the Boca Raton hospital in Florida, and by looking at them, it looks like we need to extract your gland as soon as possible. You know the facility here is more equipped than a hospital, and both I and Dr. Eastwood will be present in the surgery and will take care of you. I just need the proper papers signed, and I need the insurance documents.

Steven: Are there any other treatments that you recommend besides surgery?

Dr. Eastwood: Mr. Jones, there are for BPH but not for a gland that is cancerous. You already got two opinions that say your prostate must be taken out.

EDUCATIONAL PART

Dr. Eastwood: Prostate cancer often doesn't produce any symptoms in its early stages. That's why many cases of prostate cancer aren't detected until it has spread beyond the prostate. When prostate cancer cells spread outward, away from the prostate, these cells tend to settle first locally, affecting the pelvic bone, the lower spine, and the upper thighs. You must learn to be sensitive to minor pain in your pelvis, the lower portion of your spine, and your thighs. You will experience pelvic-area pain as a first sign that the cancer might have spread to the bone.

To review the symptoms of prostate cancer in a category related to possible bone cancer, I'd like to ask you if you have any of the following signs:

- dull pain in your lower pelvic area
- urgency of urination
- difficulty starting urination
- pain during urination
- weak urine flow and dribbling
- intermittent urine flow
- a sensation that your bladder doesn't empty
- frequent urination at night
- blood in your urine
- painful ejaculation
- general pain in your lower back, hips, or upper thighs
- loss of appetite and weight
- persistent bone pain

Steven: Dr. Eastwood, I do not have any pain, but I do have difficulty starting urination and frequent urination at night and even during the day. I have no loss of appetite or weight.

Dr. Eastwood: I understand.

You may not have the symptoms now, but you will, since this is at an early stage, but once prostate cancer cells settle in the bone, they cause bone pain, fracture, or other complications that can significantly impair one's healthy bone structure.

The gold standard test for the detection of bone metastases is the bone scan. A radioactive substance that acts like a dye is injected in a vein, and images

of the entire skeleton are taken. The dye-like material highlights areas where bone tissue is changing rapidly, a hallmark effect of prostate-cancer bone metastases. Bone scans can detect even small amounts of increased bone metabolism, but not all changes are caused by prostate-cancer bone metastases.

When prostate cancer reaches clinical stage T3 or T4, it classifies as an advanced prostate cancer with the tumor that has extended beyond the prostate gland and all the goodies like bone metastasis or lymph-node metastasis.

Steven: What are the anticipating complications at this stage?

Dr. Eastwood: Treatment for prostate-cancer bone metastases has three goals. First is to slow the disease progression, second is to relieve pain, and finally—and perhaps most importantly—to avoid the complications that stem from the weakened bone caused by the metastases.

I know that the first thing that comes to your mind is the bone fracturing or cracking, but hold on a minute. It is true that bones that are weakened by metastases are more prone to fracture, and because the metastases often grow around the lower back and upper legs, hip fractures tend to be most common. Vigilant monitoring for fractures usually is sufficient; less commonly, surgery might be considered to stabilize bones at risk.

This procedure can improve the chances of not fracturing the bones and therefore help to stave off other complications down the road.

The most significant complication from bone metastases is spinal-cord compression. A weakening of vertebrae by prostate cancer bone metastasis can

result in the bones of the spinal column collapsing one on top of the other, compressing the spinal cord housed within the bones, as well as the nerves that run out from it.

Steven: That is really scary.

Dr. Eastwood: Cord compression associated with metastatic prostate cancer can cause severe nerve damage and possibly paralysis if not treated immediately. Therefore, additional medications such as steroids might be used for men at high risk for spinal-cord compression, and surgery to stabilize the weakened bones might be considered. MRI scans can also be used to better visualize the health of the spinal column and to detect early any problems that might occur.

The symptoms of spinal-cord compression are often similar to those seen with many other medical problems. For example, because bone metastases typically occur around the lower back and upper legs, compression of the spinal cord at that point can cause back pain, leg pain or weakness, or loss of bladder or bowel control. It is therefore important to recognize and address any symptoms as soon as possible. The earlier new fractures or spinal-cord compression is detected, the easier it is to treat.

If you wait too long, Steven, you could be diagnosed to have bone metastases, which it has advanced, and you believe that you are considered at risk.

END OF EDUCATIONAL PART

Dr. Kropp: Steven, we'd like the best for you, so have your office send us the documents that we need to schedule you in.

Steven: OK, I will have Allan send it. I must go now. Thank you.

Steven leaves the room.

Dr. Eastwood: Let's celebrate our \$55,000 reward by taking his gland out.

Dr. Kropp: You know, he is a prime candidate as there is no conflict of interest, since both opinions are the same and are coming from the Florida hospital.

Dr. Eastwood: And if the gland is not cancerous?

Dr. Kropp: We have no requirement to do a biopsy after the surgery. So what?

As Steven comes out of their office, under way going out the party, he sees George and Julie mingling and laughing in the crowd. George notices Steven and approaches him.

George: Hello there, Steven, I hope no hard feelings. Lots have happened since you have been away, ha?

George extends his hand to shake Steven's hand as Julie notices the two men. But Steven refuses to shake hands and instead throws a punch right to George's face. Blood starts to come out and very noticeable. George falls on the floor as he is shouting and cussing words. Julie goes to help George get up, and as soon as he gets up, Steven throws another punch just about the time that George starts to get up, and George drops on the floor again. The guests watch in shock.

Julie: Steven, stop before I call the police.

Steven: Go ahead, press charges. I'll see both of you in court.

George gets up with a bloody nose.

George: (*whispering*) Julie, that does it. I need to call my buddy John Ford. He knows how to take care of him quietly.

CUT AWAY

GEORGE AND JULIE AT HOME

Julie starts attending to George's nose after they leave the grand opening.

Julie: It does not look like a broken nose, George. I am so sorry, George, that he reacted like that. I guess after he saw you and me, he just got angry. I've never seen him like that.

George: (*in pain*) That SOB has it coming. To respect you and other guests, I did not want to fight him, but now the gloves are off.

Julie: What do you mean?

George: I mean we are getting closer to that Bahamas trip that you wanted.

Julie: Don't kid yourself as Steven is way too strong to die.

George: What I am about to tell you should stay between us.

Julie: OK, let's hear it.

George: Below my former office, there is a restaurant that me and Steven had breakfasts and lunches many times. Steven always has breakfasts and lunches there. The company representative that supplies dairy products and juices is a friend of mine. I will call him tomorrow and will tell John what happened. He owes me one. I know he will take care of it.

Julie: No wonder we never had breakfast together. But how?

George: He is also a representative of a chemical company, and the owner deals with extorting businesses, and

if they don't pay, I can't tell you what they do to them. They use poison and other things for certain unwanted people like Steven.

Julie: Oh my god, George, are you serious?

George: Were you serious about early retirement and live in the Bahamas?

Julie starts to show emotions that do not make sense to George. A mixture of crying and laughing but yet sad. George tries to calm her down by telling her that he loves her and he is going to do this because of her.

George turns around so Julie can't hear him and calls someone.

CUT AWAY

STEVEN HAVING BREAKFAST AT THE RESTAURANT BELOW HIS OFFICE

Steven stops by to grab breakfast from the restaurant on the first floor of his office as usual. He orders orange juice and two sunny-side-up eggs and sausage.

After Steven eats his breakfast and drinks his glass of orange juice, he notices someone suspiciously looking at him; and as Steven notices him, he tries to hide his face and soon rushes out. The man passes Steven and turns his face so Steven does not see his face. Steven soon gets up; and as he rushes out of the restaurant, he tries to take a few pictures, but too late. The man vanishes in thin air.

He then goes to the restaurant owner that he knows personally.

Steven: Tony, who the hell was that guy?

Tony O'Neil: Steven. He was a substitute deliveryman, delivering dairy products and orange juices.

Steven starts to show a bit of imbalance as he tries to hold himself and keep his exposure. He feels woozy and feels like throwing up. He looks around to see if anyone else feels the same, but too early to tell.

He continues to pay the bill and heads up to the building hallway leading to the elevator to get to his office by walking sideways.

As soon as he leaves, Tony goes around to check on his customers and notices the customers one by one are starting to push the dishes away and coughing. He immediately calls 911, and soon the paramedics arrive only to see many customers showing signs of food poisoning.

Multiple ambulances show up to take nearly several customers to the emergency room.

Tony decides to rush to Steven's office.

CUT AWAY

Everyone starts to clap as Steven comes in the front door. Steven thanks the brokers and agents as he hugs his secretary and asks Allan to meet him in his office.

Allan asks Steven about his meeting with the two urologists and the fact that he does have prostate cancer.

As Steven starts to enter his office with Allan following him, he starts to lose balance; and as he tries to keep his balance, he falls on the floor.

At the same time, Tony comes in only to shout, "Food poisoning!"

Tony: The ambulance is ready downstairs. Let's carry Steven down there. Quick!

Allan and the secretary rush in to help Allan and Tony. The paramedics rush to take Steven out on a stretcher.

The ambulance takes Steven to the nearest hospital.

Allan decides to call Ellie, using Steven's phone that was dropped on the floor.

Ellie sees the call ID and gets happy that it is Steven calling her, but she soon hears Allan on the other side of the line.

Allan: Ellie, I am glad that I was able to reach you. Steven told me a lot about you, and I have some very bad news. Steven just fainted, possibly due to some food poisoning, and he is taken to the emergency.

Ellie: Why did he fall? Did he lose his balance or—

Allan: Yes, he lost his balance as he walked into his office. Apparently several other customers of the restaurant that he had breakfast are taken to the hospital as well.

Ellie: This has nothing to do with his prostate. I will catch the first flight out. In the meantime, I'd like you to see if you can have him transferred to the community hospital that I am a resident of, if you can.

CUT AWAY

STEVEN IN THE EMERGENCY ROOM

As the nurse enters the room to take his pulse, the emergency doctor rushes in with Allan on his side.

Allan: What is the issue, Doctor?

Doctor: Well, we just received several customers of the same restaurant that look like got food poisoning. I hate to say that three did not make it. Your friend is in coma right now, but we just took his blood test. Let's wait till we get the results.

A few hours later, both Ellie and Allan walk into Steven's room.

Ellie sees Steven in coma as Allan gets closer and starts talking to him.

Allan: Steven, Ellie just flew in from Florida to see you. Can you hear me?

The ER doctor walks in and immediately offers Ellie Steve's blood test results.

Doctor: Hello, Dr. Powell. Please look at his blood test. It looks like there is something like a derivative of formaldehyde trace in his blood. He has had irregular breathing, restlessness, unconsciousness.

Would you agree to do a blood transfusion in the ICU?

Allan looks at Ellie in shock.

Ellie: Is the trace of formaldehyde found in other patients?

Doctor: Yes, Doctor. Out of eleven patients, we lost five people by now.

Ellie: Go ahead and take him to the ICU for blood transfusion and vacuum whatever is in his stomach.

Doctor: He must be a tough man.

Ellie and the doctor urgently take Steven to the ICU as Allan is waiting outside.

Ellie comes out to see Allan several hours later.

Ellie: Allan, he is still in coma but stable. You can go home now as I will stay here. I need to see what his condition is before I try to get him out of coma. However, he was poisoned not from the food but with formaldehyde, and someone must have wanted to kill him and the restaurant's other customers. I don't know why, but I will get to the bottom of it.

Allan thanks Ellie and leaves the hospital as Ellie enters the ICU only to relieve the doctor.

Ellie: Thank you, Doctor. I need some Lynx deodorant, and I would like to be alone with him.

Ellie stays with Steve, holds his hand, and looks at his face.

Ellie: Steven, I am sorry that I walked out in our last meeting after the webinar. I must profess that I do have a short temper. I overreact quick, and that is something that I need to work on. I hope you can hear me, but if you don't, I want you to know that I want the best for us. Press my hand if you can hear me as I am speaking to you right now. I am holding your hand. Please blink or put a bit of pressure on my hand.

No response.

Ellie pulls out the Lynx and a needle. She puts the Lynx by his nose and uses the needle on his hand at the same time, but no response. As Ellie with disappointment starts to walk toward the door...

Steven: Ellie, Ellie?

Ellie rushes back to find Steven conscious, as she has tears in her eyes.

Ellie: Did you hear anything I said?

Steven: I did not. I am so happy that you are here. Why am I here?

Ellie: You were poisoned. This has nothing to do with your prostate but the breakfast that you had. Several customers have died. You are very lucky and blessed. Tell me what happened?

Steven: Before I went to my office, as usual, I stopped by to get some breakfast at the café just under the building.

I had a couple of fried eggs, sausage, and orange juice and milk. Ellie, I thought something was spooky, because I saw a man with a COVID type of mask run out of the kitchen as he passed me. He was not an employee of the restaurant, and I never saw him before.

Ellie: OK, we need to investigate this. I will get to the bottom of that later. For now, I need to make sure that all the poison is out of your system.

Steven: You left the webinar to fly back here only for me?

Ellie: Yes. Allan called me, and I thought it was emergency enough for me to rush back. He also told me that your wife's attorney has called several times wanting to speak with your attorney about a possible settlement.

Steven: Yes, but I have not hired an attorney yet.

Ellie: You are looking at your attorney right now.

Steven: Oh no, Ellie, I can't get you involved in that. You are too busy. A beautiful lady like you with multiple professions deserves someone much better than me. I have prostate cancer, getting divorced, been in two hospitals in less than a week. That is too much baggage.

Ellie: Hush, Steven. I see that as a challenge. You are a nice guy, and if it was not because of you, I would not be standing in front of you right now.

Steven: If you take the case, you will be facing my estranged wife. How would you feel about that?

Ellie: As an attorney, I keep different cases in different compartments just like my patients' cases. Talking about patients, I asked them to transfer you to the community hospital to take another set of biopsy tests.

Steven: Oh no, Ellie. More tests? Three tests, Ellie? We already have two, and the fact is that I have cancer.

Ellie: Steven, I really, really believe in a third opinion on prostate cancer. That is why I need you to take the third biopsy. This is why we are having these webinars.

Steven: Let me spend a few days at the office as I have not been in for a long time, and I need to gather my personal belongings from Julie's house as all my stuff is still at the house.

Ellie: OK, let me ask them to release you the day after tomorrow and after the biopsy.

Ellie kisses Steven on the cheek and leaves the room.

CUT AWAY

STEVEN BACK AT HIS OFFICE THE NEXT DAY

Steven calls his secretary and Allan to his office.

Steven: Allan, I need you to send Dr. Kropp my insurance documents and set up the surgery date.

Allan looks at the secretary strangely.

Allan: Really? Did you tell Ellie about this?

Steven: I'd like to surprise her. She is going to take the divorce case, and I don't want to bombard her with too many things.

Secretary: Allan, I agree with Steven. They just met, and as a woman with a woman's prospective, I can't see her get overwhelmed, and that is a no starter in any relationship, if that is a woman that of course Steven

likes to have a relationship with. Let's don't bombard her with too many things. No woman can put up with all these things.

Steven: I do. I'd like you to contact Julie and make an arrangement for a moving company to take my car and belongings out of the house. I don't want to go to that house again especially if both of them live there now.

Secretary: Oh no, George has his own house, but I understand. Oh, by the way, here is the term sheet that you were looking for that just came in from the lender this morning.

Steven grabs it, and as both Allan and the secretary leave, he starts to read it till a call comes in from Julie.

Julie: Hi, Steven. I don't know how long you will be in town.

Steven: Yes, I will be here awhile. Are you surprised that I am alive? What do you need?

Julie hangs up the phone.

A few minutes later, the phone rings. It is Ellie.

Ellie: Steven, I am down here at the restaurant below your office. Can you come down for a few minutes please?

Steven: (*surprisingly*) Yes, coming down now.

Steven goes to the restaurant below his office and sees Ellie talking to Tony O'Neil at a table. Steven joins them.

Ellie: Steven, this is Mr. Tony O'Neil, the owner of the restaurant. This is Steven, a friend of mine. Steven, I told Tony about you being poisoned a couple of days ago and that you are also a client. Did you two see each other last time Steven was here?

- Steven: Oh yes, I know Tony. I see Tony every time I come here. He was the one that called 911.
- Tony: Yes, can't believe that this tragedy happened in my restaurant.
- Ellie: Tony, what was unusual that day from any other day that Steven was here?
- Tony: I am still trying to figure this out. It is a puzzle.
- Steven: Yes, something wasn't right. I saw a deliveryman that I have never seen coming out of the kitchen, rushing out; and after I had my breakfast and drank the milk and orange juice, I started to get dizzy in the elevator going up.
- Ellie: Who was that man?
- Tony: Oh yes, I remember. That day we had a substitute deliveryman as the normal deliveryman was sick, but he delivered the dairy products and juices as normal. He did tell me that he is rushing out, because he did not want to miss the other deliveries.
- Ellie: The stuff that he brought in, was all of it consumed by customers?
- Tony: Well, fortunately Steven was our last customer, and we then closed yesterday.

Ellie gets up and tells Tony that she likes to see the delivery of that man. The three of them start walking to the back kitchen as Steven sees a couple of waitresses having milk and juices on their tray.

As they walk in the walk-in cooler, Tony shows both of them the trays of dairy products and juices. Ellie picks a carton of juice and milk and starts examining them. She notices that the stickers of the juices were tampered with, and the small cartons of milk have needle site holes in them. She shows them to Steven and Tony, and Steven

rushes out of the kitchen and heads toward the two tables with kids and adults. A couple of the kids were holding the cartons of milk as Steven reaches out, jumps, and extends his arms to throw the milks and juices off the tables. Ellie tips over the waitress's tray. One customer shouts, "A crazy man! Call 911!" Tony rushes out to tell her that the milk and juices are all tampered.

Ellie: Tony, I need the delivery company information, and I need those dairy products to be off your shelves right now, or otherwise, I need to call the health department to shut you down, and I need them covered and not used as I will have a lab representative to come and take them to examine every single one of them. I can't believe you opened back up.

Tony: The police and paramedics were here, and I assumed that they filed a report. I was not instructed to shut down, but I will now for the safety of the customers.

Steven says goodbye to Ellie and Tim and heads back to his office. The secretary and Allan join Steven in his office.

Secretary: Steven, I made an arrangement with the moving company and Julie to bring your car to the parking lot here, and Julie will give access to the moving company to box up all your belongings to put them in a storage that I also arranged. I also made an arrangement at the hotel next to our office for you to stay.

Allan: Steven, the surgery with Dr. Kropp and Dr. Eastwood is set for this Friday at 6:00 AM. Since you don't want Ellie to know, I can give you a ride; but Dr. Kropp says after the surgery, you would need to be in their clinic over the weekend.

Steven: Since I am homeless and have no car, can either one of you pick me up at four o'clock Friday morning?

Allan: I will pick you up, don't worry.

As the secretary and Allan leave Steven's office, Steven receives a call from the lender's representative.

Lender's Representative: Hello there, Steven, we FedExed the modified term sheet and the proposal exactly the way we discussed. It is a recourse loan; and we will have three tranches of \$7 million for entitlement; \$40 million for the commercial development of a sports center, shopping mall, antique mall, cinema, and hotel; and the last \$80 million will cover the 206 units of the garden apartment and 120 independent senior living. There are three contingencies: an appraisal covering the existing value and projected value, feasibilities, and a good bill of health.

Steven: Thank you as I do have the proposal, and I should be able to review and sign it. I think early next week, the doctor will give me a bill of health.

Lender: No rush, you are still within the thirty days that we gave you to take care of your personal issues.

CUT AWAY

ELLIE POWELL'S OFFICE AT THE COMMUNITY HOSPITAL

Ellie is making several calls as she is wearing the doctor's white uniform. The nurse comes in and gives her the list of the patients that she needs to visit.

Ellie: *(on the phone)* Hello, Dr. Garfield, sorry as I had an emergency trip back to LA; and I was wondering if we can postpone the webinar to next week. If you all are going to be still in Florida, I can join you from here.

Dr. Garfield: I understand that your trip was due to Steven's health condition, so sure, I will let the others know that we will announce a different date for the third session of *Third Opinion on Prostate Cancer*. By the way, Dr. Marks is on his way coming back to LA.

Ellie: Great. Thanks for letting me know that. Good day.

Ellie picks up the phone to call the district attorney's office.

Ellie: Good afternoon. I'd like to report an incident that happened in a restaurant dealing with placing poisons in people's drink. This is Atty. Ellie Powell.

Deputy DA: Hello, Ms. Powell, they just transferred your call. What can I help you with?

Ellie: Well, my very close friend Mr. Jones was poisoned in a mini-restaurant under his building; and by visiting the owner in his restaurant, I understand that most of the juices and dairy products were tampered with. The police report has been filed but looks like nothing has happened. I took the liberty to tell the ownership to have them taken off the shelves and send them to a lab to check the content.

Deputy DA: Well, I guess you precede your reputation, and I heard a lot about you. Normally this office is the one that should start that investigation, but since you already have done part of it, let me know the result of the lab once you receive it. We still need to run the tests in our lab. Do you believe that Mr. Jones and the restaurant owner may have had criminal issues in the past?

Ellie: Not at all. Mr. Tony O'Neill was most cooperative and has given me the delivery company's address and information, and I'd like to know if I can forward it to you, and we can meet up at the location and see

what their responses are. Mr. O’Neil has given me past invoices from this company, and for sure, the products came from there. However, the deliveryman that delivered the products was switched the day that Mr. Jones and others had breakfast there, and I don’t think that it was coincidental. I did tell Mr. O’Neil to start purchasing the products from a competitor’s company pending final results of the investigation, but in the meantime to shut down the restaurant down.

Deputy DA: Well, well, well. Ms. Powell, maybe you should join the DA. I am very impressed, and too bad that we can’t afford to hire you as you have done a great job up to now to protect the public. It is an unusual request to meet at the dairy company with us, but let me ask the DA and see if you could be also semi-involved. In the meantime, send me the lab contact info so we can follow up and the information you received from Mr. O’Neil.

Ellie: OK, I will, and feel free to contact me at the community hospital.

Ellie then calls Julie’s attorney.

Ellie: May I speak with Atty. Don Monroe please.

Secretary: Who may I say is calling, and what is this in regard to?

Ellie: I am representing Mr. Steven Jones, and this is in regard to Steven and Julie Jones’s divorce case.

The call gets transferred.

Don Monroe: Hello there, Ms. Powell, what can I help you with?

Ellie: Mr. Monroe, I am going to respond to your settlement request meeting on Mr. and Mrs. Jones by writing

and just wanted you to know that I will soon file the papers representing Mr. Jones in this divorce case.

Don: Oh, great, finally. I have heard so much about you but as a pathologist and not a divorce attorney. Is that the case?

Ellie: Mr. Monroe, I am both a pathologist and a litigation attorney and not necessarily a divorce attorney. Is there a problem?

Don: Oh no, of course not. However, prior to this meeting, would you care to meet up, just you and I, to discuss a possible draft of a mutual settlement? I have a copy of all the assets, but none have been appraised or evaluated. It seems like Mrs. Jones has cooperated with your client to allow access for his personal items and his Maserati, and besides the house and a couple of shopping centers and the life insurance, there is the redevelopment project in Florida that my client may or may not be interested and the house of course which we can discuss when we meet.

Ellie: That would be fine. I assume it is best to have two sets of appraisals, one to be ordered on your side and the other to be ordered from our side, and let's see if we can have the results before you and I meet without the clients first.

Don: Oh yes, that is perfect since the mandatory settlement agreement ordered by the judge is not till next month with both clients. Are you wanting to take depositions in case we don't settle?

Ellie: Let's wait and see what happens, Mr. Monroe.

Don: Perfect.

Ellie: Have a good day, sir, and I will wait to hear from you on a date and time and place of meeting.

Ellie visits several patients in the hospital in the urology department and receives a call from Steven.

Steven: Can I take you out to dinner tonight? Please say yes as I'd like to see you.

Ellie: Maybe, if you take me to a nice restaurant with a view.

Steven: I know just the place. Shall I pick you up at six?

Ellie: Sure, I will text you the answer.

Steven: Sorry.

Ellie: I am messing with you.

CUT AWAY

ELLIE AND STEVEN AT THE RESTAURANT WITH A VIEW

They both get seated and start with two glasses of wine.

Ellie: How was your day? Anything interesting?

Steven: Guess what, I have the lender's term sheet, and it looks good. I didn't know that any lender would understand my project. Thank God for that. How was your day, Ellie?

Ellie: Well, I am a bit behind on some of my criminal cases, and today I spoke with your estranged wife's attorney. We agreed that all the assets need to be double evaluated, but we did not discuss any alimony as of yet. We're supposed to meet up before the mandatory status conference to see if we can tailor a draft of a settlement. Oh, also I turned in the investigation of

Tony O'Neil's restaurant to the DA, but I told them that I'd like to be involved...Let's see.

Steven: Shall we order dinner now?

They order dinner.

Ellie: So I need copies of the last three years of your personal tax returns to see what Julie made as that has a big impact in alimony request. And I'd like to know approximately how much of equity you think you have in both commercial properties and your house.

Steven: Wow, Ellie. You don't waste any time, do you? The house would probably sell around \$4.5 million to maybe \$5 million. Both shopping centers are being managed by my office. One is free and clear, and it's probably worth around \$10 million, and the other is much larger, and it could sell around \$20 million, but I have a loan of \$5 million.

Ellie: What about the Florida mall?

Steven: The value before the redevelopment as is would be \$10.4M with a loan of \$5.650 million, but it is being entitled. Julie has always said that she's careless about this asset, and the jewelry that I purchased for her, I would let her keep it.

Ellie: OK, looks like the food is here. Well, would you agree to give her the house?

Steven: Yes, I can, but I can't give up any part of my business or the Florida project.

After dinner, they leave the restaurant to stop by to see the view as Steven holds Ellie from her waist to look at the stars and the moon. And then Steven takes Ellie to her house and parks the car.

Ellie: Do you want to come in for a few minutes?

Steven accompanies Ellie to her door, and as Ellie opens the door and turns around, Steven holds her for a romantic kiss.

Steven: Maybe some other time. My heart and emotions tell me to come in, but my brain tells me not yet. For sure, another time.

CUT AWAY

FOUR O’CLOCK FRIDAY MORNING

Ellie gets a call from Allan as she is sleeping.

Ellie: Who is this?

Allan: Ellie, this is Allan, Steven’s office manager. I am not supposed to make this call, and I hope Steven does not fire me, but I just don’t know what to do.

Ellie: Calm down, Allan. Every time you call me, there is something wrong. What happened this time at four in the morning?

Allan: Ellie, Steven is going to go under the knife to take his prostate out in two hours. I was not supposed to tell you this as this is supposed to be a surprise per Steven.

Ellie: Where? What a surprise. I don’t like surprises like this.

Allan: At Dr. Kropp and Dr. Eastwood’s clinic. A clinic of the client that Steven and George helped to close a deal recently. I will send you a text of the address.

Ellie: Wait, Dr. Kropp, you said Dr. Kropp, right?

Allan: Yes, yes, why?

CUT AWAY

FLASHBACK OF ELLIE TO HER FIANCÉ'S SURGERY WITH DR. KROPP

As Ellie says goodbye to Ed, on a stretcher from his room to the surgery room, Ellie looks at Ed one last time and whispers, "I don't feel good about this. God, please help." Dr. Kropp hears her and comforts her by saying, "Ellie, this is a normal surgery, and I have done dozens of these over the years. Don't worry, things will be just fine. Please wait in the surgery waiting room, and after the surgery, I will come to get you."

As Ellie sits in the waiting room, her mom calls her. "Is everything OK with Ed?"

Ellie: Mom, I am sitting in the waiting room crying in disbelief. I don't really have a good feeling about this surgery.

The door to the surgery waiting room opens, and Ellie sees the look on Dr. Kropp's face.

Dr. Kropp: I am sorry, Ellie, so sorry. Ed did not make it through the surgery.

END OF THE FLASHBACK

Allan: Hello, hello, Ellie, are you there?

Ellie: Sorry, Allan, I am back. You know my fiancé was killed under his surgery. Kropp is after money, not the health of the patient. I will see you in an hour.

Ellie calls Adrian Marks at his home to wake him up to the news.

Ellie: Sorry to wake you up, Adrian. Did you know about Steven's surgery this morning?

Adrian: Ellie, is that you? Oh no, he never told me about any surgery.

Ellie: Can you meet me at Dr. Kropp's office? I will send you the text of their address.

Adrian: OK, I am leaving now with Jennifer. See you there.

CUT AWAY

ELLIE RUSHES TO DR. KROPP'S CLINIC AND GETS IN ON TIME

Ellie rushes inside as Adrian and Jennifer follow her. Ellie bypasses the receptionist and runs to the surgery room as the receptionist shouts, "You are not allowed in there! Please leave as I will call security. There is a surgery under way."

Ellie pays no attention as she finally gets to the surgery door, only to find Dr. Kropp standing in the front getting ready to go in as he extends his both hands out to stop Ellie.

Dr. Eastwood sees Ellie, Adrian, and Jennifer and rushes to hold them back.

Dr. Eastwood: Wow wow wow, who the hell are you guys?

He holds Ellie's shoulders to hold her back.

At this time, Adrian gets in and tells Dr. Eastwood, "Back off or I will knock you out."

Dr. Eastwood resists and would not let Ellie go. Adrian launches a couple of punches to Dr. Eastwood's face as Jennifer calls 911.

Dr. Kropp sees the opportunity; he gets in the operating room and closes the door.

As security arrives, Allan gets in to stop the security as they hold Adrian and Jennifer. Finally Ellie and Jennifer release themselves and break the door into the surgery room, and Jennifer holds the door by leaning on it.

The anesthesiologist is ready to start giving a dose of the anesthesia to Steven with two nurses and Dr. Kropp waiting until Ellie starts to shout, “Stop, stop now!” Steven looks up as Ellie gets closer.

Steven: Ellie, how did you know? This was going to be a surprise.

One of the nurses charges toward Ellie, but Jennifer rushes to hold her back.

Ellie: Dr. Kropp, I am warning you right now that you need to stop this surgery until the third biopsy and third opinion are obtained.

Dr. Kropp: I remember you. I just can’t remember where.

Ellie: Let me refresh your mind, Dr. Kropp. Do you remember when my fiancé Ed Hyatt was going to be in the same type of surgery and you told me you have done many of these surgeries and it was routine? Do you remember that? Do you remember coming to the waiting room and telling me that he died in surgery?

Steven: What?

Dr. Kropp: Yes, I do remember, but that was mainly because of the mix-up of the blood, and we could not get him the correct type of blood.

Ellie: That is a lie and an excuse. After that encounter that you and I had, I approached the nurse that was in that room. I asked what happened, and she said you were called out in the middle of the surgery to work on your real estate deal and left the surgery to an intern. The intern did not kill him—you did.

The door finally gets opened by the security, and they ask Dr. Kropp if he is OK. The three security guards get their instruction from Dr.

Kropp to remove everyone from the surgery room so Dr. Kropp can continue.

As the security guards get closer to Ellie, Allan, Adrian, and Jennifer, police officers walk in.

Police Officer: What is going on here?

Security: Officers, they are intruders. They don't belong here.

Steven on the surgery bed shouts, "I changed my mind! I do not want this surgery!"

Police Officer: I need everyone to clear this room unless you want to be arrested.

Ellie: Officer, I am an attorney, and that man is my client. There was a misunderstanding about this surgery that should not take place. This is a civil matter, and we are all going to leave this clinic. Steven, let's go. You are checking in the community hospital this morning.

Dr. Kropp: But, Mr. Jones, you signed all the release papers; and we will still bill your insurance.

Ellie: Dr. Kropp, I will see you in court, and I will ask his insurance company to deny your bill. This clinic will shut down. Count on it.

CUT AWAY

STEVEN AND ELLIE CHECK IN TO THE COMMUNITY HOSPITAL; IN THE HOSPITAL ROOM

A nurse checks Steven into one of the rooms.

Steven: Ellie, my god, I had no idea. I only wanted to surprise you and get this loan.

Ellie: That is the problem, Steven. You should have told me about this surgery at our dinner. I told you to listen. This is my specialty field, and you hardly know much about it. I don't like surprises, good or bad, as what you think is a good surprise may end up being bad as you experienced it for yourself. So far as the loan is concerned that you keep rushing, delaying is much better so you can get healthy rather than die under a knife. Would you now listen to me?

Steven: I am so grateful that you came in to the surgery room and stopped it. I will listen to you from here on out. I promise.

Ellie: OK, let's see this in action. OK? I need to examine you. Please bend over.

Steven: Oh, not again. Are you serious?

Ellie: I'm messing with you.

Steven: You. You got me for a minute.

Ellie: Steven, I am not blind. I see that both of us are starting to have feelings for each other. You saved my life, and now I saved yours. This is not about scoring points. If you just listen to me, I will give you that bill of health so you can do that development. We still need to find out who poisoned you.

Ellie receives a call on her cell phone from the deputy district attorney.

Deputy: Ms. Powell, I have some good news. I spoke with our DA. He knows of you and agreed that you can be semi-involved in this case since you have a personal interest in it. I have made an appointment this afternoon at the distribution company. I will forward the address later to you by text. Are you able to make it?

Ellie: Yes of course.

Ellie puts her phone on speaker for Steven to listen as well.

Deputy: Ms. Powell, tomorrow's event will be a surprised visit. It will be unannounced. We will have the US Marshals, a deputy from ATF, and an FBI agent that will be there as well.

Ellie: Wow. Are you expecting problems?

Deputy: We have checked this distribution company, and based on the two separate licenses, it indicates that they sell chemical components and dairy products. It is unusual because you can't store the two items under the same roof, so we need to be careful.

Ellie: I appreciate the info and will see you a bit later.

Ellie ends the call and turns to Steven.

Ellie: *(with a smile)* See, good news coming at you. Now, I need you to turn and bend over.

Steven: Excuse me...you just...?

Ellie: I am not messing with you now. You are now under my care. I need to check the exterior of the gland to feel the size and if there are nodules. All I will be doing is to insert my hand into this glove and lubricate it and give you that pleasure that you have been waiting for.

She is laughing a bit.

Steven: Oh no. Ellie, please! Can someone else do this please?

Ellie: Steven, bend over now or I will force you down.

Steven gets out of the bed and bends over.

Steven: Would you please close your eyes as you are doing this?

Ellie laughs and looks up at the ceiling.

At this time, Adrian and Jennifer walk in the room and shockingly turn around and walk out as they look at each other.

Ellie: I am almost done. Be patient.

Steven: Please. It is a bit painful. Do you feel anything bad, Ellie?

Ellie: Crybaby. Oh no, I can't find your prostate gland. What happened, Steven?

Steven: What? It's gone?

Ellie: It looks like it, but don't worry, I can go get another patient's gland, and it'll just take me a few minutes to put it back in.

Steven: What? Are you serious?

Ellie: I'm just messing with you.

Ellie ends the session and gives Steven several napkins.

Ellie: I see that the size is not normal, and I feel two nodules.

Steven: What is next, Ellie?

Ellie: We are shooting for twenty-five samples of biopsy. Once we get the results, I will send the samples to the Johns Hopkins Hospital in Baltimore, Maryland, to get an opinion on the slides, and I will also render an opinion, and I will bring both to you to see what the real results are.

I need to leave now as I have to be ready to meet the deputy DA, ATF, FBI, and US Marshals at 3:00 PM at the distribution company that we suspect is distributing dairy and chemical products and possibly poison.

CUT AWAY

3:00 PM MEETING AT THE DISTRIBUTION COMPANY

The warehouse is located in a mixed and diverse area with the exterior of the building destroyed by graffiti.

Soon, ATF and the US Marshals surround the entrances and exits. The deputy DA and Ellie along with the FBI agent walk in the entrance and go to the front receptionist.

Deputy DA: We have a search warrant to search this company. Here is the copy.

Soon a very heavyset man walks out of his office once he sees the federal agents.

Owner: Who the hell are you guys? What the hell do you want?

The ATF officers draw their guns.

Deputy DA: What is your name, sir?

Owner: Mr. Dino.

Deputy DA: I have two documents that I'd like you to pay attention to. One is the search warrant that does not allow you to bring any products in or taking anything out. We will take certain things from your business. Here it is. The second document is a lab test on products that were delivered to a restaurant of Mr. Tony O'Neil. The test shows that the dairy products were tampered, and there were signs of formaldehyde.

Ellie: Sir, can we see your licenses for distributing chemical and dairy products?

Dino: My license allows me to distribute anything.

Ellie: That is not true, sir. Tell me, where do you store formaldehyde?

As Dino tries to rush back to his office in the back, a US marshal jumps over the counter, and prior to him reaching his desk to take out a shotgun, he gets subdued.

Ellie walks into his office with the deputy DA and FBI agent.

FBI Agent: I need a name. I need the name of the person that was a substitute deliveryman that delivered the tampered dairy products to Mr. O’Neil’s restaurant. I need the name and contact information, now.

Deputy DA: Sir? Are you the sole owner of this facility?

Dino: I need to talk to my lawyer.

Deputy DA: Where is the work application for your deliverymen?

Dino points to the filing cabinet and indicates that the person’s application is there.

As the FBI agents start to take out samples from every single product, Ellie and the deputy DA pull the application under the “substitute delivery” label and see the name John Ford; and on the references, they see the name George Hansen.

Ellie steps out to make a call to Allan to see if this is the same George. Allan confirms that yes, George’s last name is Hansen and confirms his address being the old address of George prior to his move to the new house. Ellie makes a copy and gives it to the US Marshals and the FBI.

Dino gets the handcuffs as Ellie and the deputy DA walk away.

CUT AWAY

MEETING WITH DON MONROE (JULIE'S DIVORCE ATTORNEY) IN THE RESTAURANT

Ellie's Secretary: Ms. Powell, I received a call from Mr. Monroe. He prefers to meet in a not-so-noisy restaurant and not in the office. He indicates that he will be bringing the appraisals for Steven and Julie's two shopping centers and the house.

The meeting is set in a restaurant at 3:00 PM on a Saturday. Both attorneys meet at the restaurant, and Don asks the waiter that they like to be sitting in the back with lots of privacy.

They both sit down.

Don: Thank you, Ms. Powell, for coming; and I'd like to present to you the copies of the appraisals. We asked Mr. Jones to send us P&L on his business and also an evaluation on his development in Florida, but he still has not responded.

Ellie: Do you have a number in mind for this settlement, and what do you propose?

The waiter comes in to take their order, and Don asks Ellie if she would like a glass of wine. Ellie orders a glass of nonalcoholic house wine, but Don asks for a whole bottle of red wine and some appetizers.

Don: Well, we'll take the bottle, in case you change your mind. OK, based on these appraisals, the house worth \$5 million and no loan, the shopping center that has no loan worth about \$15 million, and the other shopping center that Steven developed has a \$5 million loan and worth around \$30M.

So based on that, we think aside from the business and the Florida mall, your client owes my client

\$22.5M, so the question is if he can borrow it against the assets or we are going to force sell the assets.

Ellie: Our appraisal has not been ordered yet, but it will be after this meeting. Based on my client's statement that happens to be in commercial real estate business, the equity in the house is between \$4.5 and \$5 million. One of the shopping centers being managed by his office is free and clear, and it's probably worth around \$10 million. The other is much larger, and it could sell around \$20 million, but he has a loan of \$5 million. This means that total net worth is \$30 million, and your client would get \$15 million and not \$22.5 million. We are \$7.5 million off.

Don: What about the Florida mall and business?

Ellie: The value before the redevelopment as is would be \$10.4 million with a loan of \$5.650M, but it is being entitled, and we both know that your client would not be able to do anything with that. So far as the business, we'd like to see your client's P&L on her business, and I am not sure if your client has been depositing her funds in a joint account or personal account.

Don pours wine in a second glass for her and starts on the appetizer.

Don: You should try this wine. Now how do we divide their personal properties?

Ellie drinks the nonalcoholic wine.

Ellie: Thanks, I will stick with my own. It looks like that is simple as we can have them work that out, and my client would probably not claim any of that unless there are jewelries. I will ask him, but each has their own car, and he probably careless for the house furnishings, but I will ask.

Don starts to get closer to Ellie, and he reaches out and puts his hand on Ellie's knee as he is drinking his wine.

Don: I am sure we can work this out between us, and we can each pick up a million or so in this divorce, don't you think?

The waiter comes with the food order.

As the waiter is watching, Ellie looks angrily at Don and takes his hands off her knee, gets up, and takes one of the dishes with mashed potatoes and shoves it to Don's face and asks the waiter to take a few pictures as she pours the entire bottle of wine all over Don's head and clothes. The waiter quickly snaps a few pictures from his cell phone.

Ellie: You invited me to this meeting to take sexual advantage of me? You are a corrupt attorney, and I will see you in the settlement conference. By the way, tell your client's boyfriend, Mr. George Hansen, that soon he will be investigated for accessory to poison my client.

As Ellie rushes out, the waiter goes after her.

Waiter: Ma'am, ma'am, I loved what you did. If you give me your number, I will forward the pictures to you.

Ellie asks him to bring up the pictures and uses her cell phone to take the pictures without giving him her phone number and leaves the restaurant.

CUT AWAY

ELLIE AND STEVEN AT THE HOSPITAL ROOM WITH THE RESULTS OF THE BIOPSY

Ellie walks in with a smile to see Steven.

Ellie: Well, I have two reports on your biopsy: one from Johns Hopkins and the other one from me. Both show that you have no cancer in the gland.

Steven: What? That is a miracle.

Ellie: Let me explain.

EDUCATIONAL PORTION

Ellie: If the PSA tests indicate the suspicion of cancer, the biopsy is always necessary. The urologist is the one who performs the procedure in order to get samples of the specimen, and it is sent to pathologists' laboratories. In this case, I sent it to the lab here and Johns Hopkins. Practically all cases of prostate cancer must be diagnosed by removing a sample of tissue; but again, as I said repeatedly, three opinions are needed. Let's talk about what it takes to become a pathologist, as the pathologist's experience and training could make a large influence for overdiagnosing or underdiagnosing of your prostate cancer. In your case, it was an overdiagnosis. When samples of your biopsy are given to the laboratory, typically you are not consulted as to which laboratory will be used, and 99 percent of the time, you are unaware of the pathologists who will be making opinions on your samples. The two biopsy tests in the Florida hospital went to the same lab, so the same lab report simply means one opinion and not two. In our case, we got the second and third opinions.

Steven: So that is why you were insisting on a third opinion from three different labs.

Ellie: Yes. Recognizing the cancerous cells versus noncancerous cell makes a world of difference in someone's life. Let me tell you how it works.

The pathologist examination is in two parts:

1. Gross description

The pathologist begins the examination of the specimen by dictating a description of the specimen as it looks to the naked eye with a microscope of course. This is called gross exam, or grossing. Some pathologists may refer to the gross exam as macroscopic. Most biopsies are small, nondescript bits of tissue, so the gross description is brief and serves mostly as a way to code which biopsy came from what area and to use for troubleshooting if there is a question of specimen mislabeling. The last paragraph of the gross description gives the identifying codes of the slices of the specimen submitted for microscopic examination in cassettes. The microscope slides prepared from the processed samples will be labeled with the same numbers as the cassettes.

2. Microscopic examination

The microscopic description, or the micro, is a narrative description of the findings gained from examination of the glass slides under the microscope. The micro is considered somewhat optional in a written report. In such a case, the diagnosis is done first and read and approved by the second pathologist. In my opinion, there should at least be two or three pathologists looking at the same slides and consult with each other prior to such dictation of

opinions. What looks one thing to a set of eyes will look different to another.

The language of microscopy is much more arcane than that used for gross descriptions. In general, microscopic descriptions are communications between pathologists for referral and quality assurance purposes.

Steven: So what is next now?

Ellie: Knowing about treatment options is essential. Nonsurgical treatments and therapies are always more desirable because it takes care of the cause and not the symptoms and must be your first option to consider. These therapies focus on enlarging your urethra, making it easier for the precious urine to come through.

There are several types of therapies available and may include the following:

- *Heating or microwave therapy*

Heating or microwave therapy is the borderline between medications and invasive surgery. Transurethral microwave therapy (TUMT), which I call Tum Tum, uses computer-controlled heat in the form of microwave energy to safely destroy the inner portion of the enlarged gland. It's more effective than medications for moderate to severe symptoms, and it doesn't produce as many side effects as surgery. Heat therapy is often performed on an outpatient basis in the urologist's clinic or hospital. Depending on the procedure, your doctor, and how quickly you're able to urinate on your own, you may need to stay in the hospital overnight. Heat therapy ordinarily requires you to wear a catheter for up to three weeks.

The procedure could take up to half an hour. Anesthetic is given in order to ease the pain, but nevertheless, it is an uncomfortable half hour because of the high-temperature feeling inside and the urge to use the bathroom right there, during the procedure. The microwaves emitted from the urethra antenna are aimed at the prostate inner tissues and induce oscillations of the water molecules, resulting in the release of kinetic energy, which generates heat.

The size and shape of an enlarged prostate is critical to the success of microwave therapy. If your prostate is very large or growing in an unusual shape into your bladder, this treatment generally isn't effective. The size is usually measured before, in order to determine the success of this therapy. The temperatures of over 40 to 45 centigrade or 115 degrees Fahrenheit is normal. During the procedure, a machine emits microwave energy through a urinary catheter. The catheter has a tiny internal microwave antenna to deliver a dose of microwave energy that heats the enlarged cells and destroys them. Cool water circulates around the tip and sides of the antenna during the procedure to protect the urethra from the heat.

- Radiofrequency therapy

Transurethral needle ablation (TUNA)—I call this one TUNA fish—works by sending radio waves through needles that are inserted into your prostate gland, heating and destroying the tissue. As in Tum Tum, a special catheter is inserted through your urethra. The needles are inserted into your prostate by maneuvering the catheter.

TUNA typically is less effective than traditional surgery in reducing symptoms and improving urine flow. Its long-term effectiveness also isn't known.

Another drawback of the procedure is that it doesn't work as well in men with very large prostates. Side effects may include urine retention, blood in urine, painful urination, and a small risk of retrograde ejaculation.

Steven: What treatment do you recommend then?

Ellie: I am not done yet. Be patient as you need to understand all types of treatments so we both can decide. OK, the Rezum **treatment for** BPH, or an enlarged prostate, is the first of its kind. Using water vapor therapy, this minimally invasive procedure has shown to significantly reduce the symptoms of BPH. In late 2015, the FDA approved Rezum as a treatment for BPH.

How Rezum Works

The Rezum therapy is completed in a single visit; there is no need for ongoing therapy.

It works by delivering very small amounts of steam to the enlarged prostate. This process damages the cells causing obstruction, thus reducing the overall size of the prostate and the symptoms associated with BPH such as

- a weak urine stream,
- trouble starting the flow of urine,
- starting and stopping again when urinating,
- not emptying your bladder completely,
- urinating more often, especially at night,
- sudden urges to urinate,
- leaking or dribbling after you urinate; and
- straining to urinate.

- Laser therapy

It is getting better now. If none of the above is a good option, why not laser the heck out of the excess tissues in your gland? This procedure is performed similarly to other heat therapies, except it uses a laser instead of microwave energy, radio waves, or an electrical current to produce heat. It generally doesn't cause impotence or prolonged incontinence. However, some laser procedures require lengthy use of a catheter. Laser therapy includes transurethral evaporation of the prostate (TUEP), noncontact visual laser ablation of the prostate (VLAP), interstitial laser therapy, and photosensitive vaporization of the prostate (PVP). TUEP is similar to HIFU. The difference is that it destroys prostate tissue with laser energy instead of an electrical current. The procedure is generally safe and causes limited bleeding. It's often effective, with noticeable improvement in urine flow soon after the procedure. And guess what? The FDA approved this baby. VLAP involves applying enough laser energy to dry up and destroy excess prostate cells. Because of swelling and prolonged sloughing off of the dead tissue, you're likely to retain urine for several days. You may also experience a burning sensation during urination for days to weeks.

Interstitial laser therapy directs laser energy inside the prostate growths rather than at the urethral surface. It safely and moderately increases the urinary flow rate and reduces the volume of the prostate. It also seems to work well among men with large prostates. Because of substantial tissue inflammation after treatment, you may need to use a catheter for up to three weeks. Uncomplicated urinary tract infections are also common. Interstitial laser therapy is a better option than surgery, especially if you have

health complications. It doesn't cause any blood loss and uses a combination of local anesthesia and intravenous sedation to control pain during the procedure.

Photosensitive vaporization, or PVP, is a newer form of laser treatment for prostate-gland enlargement. This procedure and its results are similar to transurethral resection of the prostate (TURP), which is the most common surgical treatment for an enlarged prostate. However, photosensitive vaporization uses laser energy instead of the electrical current used by TURP to destroy prostate tissue. In general, photosensitive vaporization is better for smaller prostates. PVP may also result in less bleeding and a shorter recovery time than with TURP.

- Prostatic stents

A prostatic stent is a tiny metal coil. The stent is inserted into your urethra to widen the urethra and keep it open. By golly, if you can't heat the gland, cool it. If you can't use radio frequency, microwave it or stent it; and if all fails, shave the gland, like they do it with TURP. This treatment causes little or no bleeding and doesn't require a catheter. It may be an option for you if you are unwilling or unable to take medications or are reluctant or unable to have surgery. Stents often aren't ideal for older men who have difficulty wearing or maintaining them or who are unable to tolerate the procedure.

Some men find that the stents don't improve their symptoms. Others experience irritation when urinating or have frequent urinary tract infections. These complications, along with the high cost and potential difficulties in removing the stents, have

reduced the popularity of this treatment. And bottom line, I do not recommend this procedure.

A drawback of the nonsurgical therapies is that no biopsies are done from your prostate gland, so you will not know if, in fact, you had cancer or not.

END OF EDUCATIONAL PORTION

- Steven: Which method would you recommend please?
- Ellie: Steven, the good thing is that you have no prostate cancer. I need to consult with the resident urologist, and we can then decide. Tomorrow, I am having a process server serving Dr. Kropp and Dr. Eastwood with a lawsuit that I have filed. I want to shut that clinic before more people die or get hurt.
- Steven: I am sorry as I was instrumental to have that clinic open, and now you will shut it down. Don't you have enough on your plate, Ellie?
- Ellie: I do, except he killed my late fiancé, and I can't tell you what would have happened if I did not stop your surgery. Remember that Dr. Kropp left a surgery to do real estate business. You just don't do that.
- Steven: What would be the charges, Ellie?
- Ellie: Actual and punitive damages for the wrongful death of Ed Hyatt, my late fiancé, and surgical malpractice. The DA is involved.

CUT AWAY

CRIMINAL COURT HEARING: THE CASE OF ELLIE POWELL / HYATT'S ESTATE VS. DR. KROPP AND DR. EASTWOOD

The judge presides over the joint plaintiff (Ellie Powell and the parents and sibling of her late fiancé) and Dr. Kropp and Dr. Eastwood (defendant).

Present in the court are Steven Jones and the deputy DA. Dr. Williams, Dr. Kasper, and Dr. Garfield and the close family of Ed Hyatt with several spectators.

Judge: Ms. Powell, I understand that in this case, you are representing yourself and your late fiancé Mr. Ed Hyatt's estate on a \$13 million wrongful death claim, and the defendant is being represented by their attorney. Ms. Powell, so long as it is understood that any monetary damages go to his estate and not you, please make your initial opening statement.

Ellie: That is correct, Your Honor. The purpose of this lawsuit is to prove the negligence that the defendants made on unintentionally killing my late fiancé as the first count and on the second count endangering the lives of patients that have prostate issues and greed of making profit instead of caring for their lives. I will submit to the court that the clinic that they just opened is for the sole purpose of making money and not the prolongation of the lives of their patients.

I further submit to the court that due to absence of insurance for this clinic, the defendant in case of losing this case must cover the damages from their personal assets. The defendants rushed to open their clinic without proper insurance coverage, and they are responsible to cover my fees, actual and punitive damages.

Defendant's Attorney: Your Honor, the plaintiff's fiancé's death was nothing but just an accident. It happens all the time where the surgery goes wrong, and Ms. Powell is here because she was emotionally involved with her late fiancé then and now with Mr. Steven Jones and has overreacted by interrupting a prescheduled prostate surgery, where Mr. Jones signed all the releases as Mr. Hyatt did, knowing what the risks are in any surgery. I am requesting an injunction and that you dismiss this case, based on evidence.

Judge: I am not dismissing this case, sir. Ms. Powell, please proceed and call your first witness.

Ellie calls Dr. Eastwood on the stand.

Ellie: Dr. Eastwood, I'd like to ask you first about your association with Dr. Kropp. How did you come to meet him, and are you in fact a 50 percent partner in a clinic that was just opened?

Dr. Eastwood: Both me and Dr. Kropp used to serve on the board of the community hospital with Dr. Williams as the board director and Dr. Kasper as the hospital director. We both were the resident urologists in the community hospital until lately that we opened up the clinic on a fifty-fifty basis.

Ellie: Dr. Eastwood, were you present in the surgery of my fiancé, Mr. Ed Hyatt, where he did not make it through the surgery?

Dr. Eastwood: No, ma'am.

Ellie: What made you decide to leave the community hospital and go on a private practice with Dr. Kropp?

Dr. Eastwood: Dr. Kropp has been talking to me about opening up our own clinic so we could practice together, and

when he purchased the closed clinic, he asked me to become his partner.

Ellie: In that board-of-director meeting that you attended at the community hospital, isn't it true that you and Dr. Kropp were the only two doctors in the room that were pro surgery of prostate cancer and you both rejected any other types of minimum invasive treatments?

Defendant's Attorney: Objection, Your Honor. This is a ground for speculation.

Judge: Overruled. Please continue, Ms. Powell.

Ellie: Please respond.

Dr. Eastwood: Well, I have to say yes that in that board meeting, we both were more towards surgery of the prostate gland, and there is nothing wrong with that. Doing the surgery to save the patient being the first resort.

Ellie: OK, so in your opinion, the surgery should be the first and not the last resort, correct?

Dr. Eastwood: You know, all these treatments that they have come up with are not working, so yes.

Ellie: What were the details of your conversation with Dr. Kropp, leading to become his partner? After all, you could have continued to have the surgeries in the hospital, correct?

Dr. Eastwood: I'd rather not say.

Ellie: Could it be because you would make more money in the clinic? Could it be referring the candidates to your clinic and in that case no regards to the loss of income to the hospital?

Dr. Eastwood: I do not like this line of questioning.

Ellie: Your Honor?

Defendant's Attorney: Objection, Your Honor, she is putting words in my client's mouth.

Judge: Overruled. Defendant, please answer the question.

Dr. Eastwood: Of course. Every doctor that leaves a hospital wants to be in the business to retire. Why would that be a problem?

Ellie: I take that as a yes to both questions. Have you ever been in any of the surgeries with Dr. Kropp?

Dr. Eastwood: No, ma'am.

Ellie: In your opinion, what constitutes doing a prostate surgery? What do you need to see before setting up a surgery for a patient?

Dr. Eastwood: So long as we see the PSA elevation, Gleason number being high, and the pathologist report indicating cancerous cells approved by the urologists. You are a pathologist, you should know. It comes from you people, so if you make a mistake, don't put it on the surgeon.

Ellie: Do you believe that pathologists are human and can make mistakes? That is why we need the patients to get two other opinions, and that is why I advocate the third opinion on prostate cancer?

Dr. Eastwood: Ma'am, I do not believe in that.

Ellie: Your Honor, I have no further questions.

Judge: I now request the defendant's attorney to call his first witness or cross-examine the witness.

Defendant's Attorney: Your Honor, no cross-examination necessary. I'd like to ask Mr. Steven Jones to take the stand.

Steven comes from the back of the court and as he sees Ellie winks and takes the stand.

Defendant's Attorney: Mr. Jones, how did you become knowing my client Dr. Kropp?

Steven: I helped him on a closing of the transaction to purchase his clinic.

Defendant's Attorney: Mr. Jones, isn't it true that you were diagnosed twice with prostate cancer in the hospital in Florida?

Steven: Yes, but we recently found out that I do not have cancer.

Defendant's Attorney: It is a yes or no answer, Mr. Jones.

Ellie: I object, Your Honor.

Judge: What is your base of objection, Ms. Powell?

Ellie: Your Honor, I happened to be present in that hospital, and Mr. Jones was misdiagnosed. The second pathology report also came from the same lab.

Judge: Overruled. Witness, answer the question.

Steven: Yes, but as my attorney said, I only had one opinion.

Defendant's Attorney: Mr. Jones, isn't it true that you approached my client and agreed to do the surgery based on the pathology report from the Florida hospital?

Steven: Yes, I decided to do that, but I assumed that Dr. Kropp would rely on a third biopsy examination.

Defendant's Attorney: Did you, sir, have a third biopsy by my client?

Steven: No.

Defendant's Attorney: Why then did you think that the surgery was based on a third biopsy?

Steven: I thought that if there were no third biopsy, there would be other examinations prior to the surgery.

Defendant's Attorney: Were there other exams that you know of, before this surgery?

Steven: No.

Defendant's Attorney: What is your relationship with Ms. Powell?

Judge: Ms. Powell?

Ellie: Objection, Your Honor.

Judge: Sustained.

Defendant's Attorney: I have no further questions.

Ellie: Your Honor, I really do not see any relevancy between the surgery that was abruptly interrupted by me and Ed Hyatt's surgery.

Defendant's Attorney: Your Honor, I was merely establishing that my client does not just do a surgery to make money. He performs surgery because it is needed. Both cases were similar in that both patients signed releases prior to surgery.

Judge: Ms. Powell?

Ellie approaches Steven.

Ellie: Mr. Jones, I am handing you certain release documents that the defendant's attorney has given this court as Exhibit A. I'd like you to look at them and tell the court if in fact that is your signature.

Steven looks at the documents and confirms.

Ellie: What was your discussion on a presurgery meeting with Dr. Kropp?

Steven: I met Dr. Kropp in his office, and he acted as if he was going to do me a favor in return due to the fact that I helped him in purchasing the clinic. I asked him if the pathology reports were enough to do the surgery, and he looked at them and said yes, it is sufficient.

Ellie: Let me hand you both of the lab reports. I'd like you to look at them and tell me if you see anything unusual. Your Honor, I am submitting these as Exhibits B and C.

Steven: Yes, I have seen them, and I really don't see anything unusual.

Ellie: Mr. Jones, how many sets of biopsies did you have in that hospital?

Steven: Two.

Ellie: Please look at the top of the lab reports. Do you see that the same lab processed both biopsies?

Steven: Oh yes. I did not really pay attention to this before.

Ellie: You then agree that in the Florida hospital, you only had one opinion, correct?

Defendant's Attorney: Objection.

Judge: On what basis, Counsel?

Defendant's Attorney: She is leading the witness to have a conclusion.

Judge: Ms. Powell?

Ellie: I am merely trying to establish the fact that although the witness may not have the medical background, the defendant is a sergeant, and he could see that, although the patient did not know much in this area, he only had one opinion, and the defendant knew there was only one.

Judge: Witness, please answer the question.

Steven: Correct.

Ellie: Wasn't the reason that you agreed to do the surgery was based on two and not one opinion?

Steven: Ms. Powell, Dr. Kropp told me that two sets of reports were good enough to go ahead with the surgery.

Defendant's Attorney: Objection, Your Honor.

Judge: Counsel, what are you objecting to? Maybe you need to take the bar exam again. Go ahead, Ms. Powell.

Ellie: Mr. Jones, so you were convinced by Dr. Kropp that the surgery was necessary with no further exams, correct?

Steven: Yes.

Ellie: Mr. Jones, do you have any idea what a typical cost of prostate surgery is and what your insurance company needed to pay?

Steven: Sorry, I never thought about that.

Ellie: The cost of surgery nationwide ranges from \$35,000 to \$135,000 depending on the possible complications. The surgery is at the most a couple of hours, so at the minimum the surgeon excluding the cost of surgery room makes just about \$20,000 per hour. Your Honor, I have no further questions.

Judge: We will continue this case a week from today. Both sides, please bring in your final witnesses as we would wrap this case up. Dr. Kropp, I am ordering you to stay locally. You cannot leave the state until this trial is over.

CUT AWAY

ELLIE AND STEVEN AT A COFFEE SHOP AFTER THE COURT HEARING

Steven: Wow, Ellie, I was impressed with your line of questioning.

Ellie: I think we will nail them in the next court hearing. I think both of them are crooks, but I also think Dr. Eastwood had little to do with this.

Steven: Ellie, you are so driven with everything, and I am still trying to catch up.

Ellie: Steven, this is my specialty. I can't see surgeons like that out there milking patients. The type that would put money ahead of the patient's health. Risk their health to benefit their pocketbook.

Steven: So what will happen in the next court hearing?

Ellie: Well, I asked the court for two days' trial, and since there are no juries, we should be able to wrap this up. I do have a surprise witness.

Ellie's phone rings.

Deputy DA: Hello, Ms. Powell. We have finished our interrogation from the owner of the warehouse distribution company (Dino), and before we shut his business permanently, he wants to do a plea bargain. Before I agree to reduce his charges, what is it that you really need from this crook?

Ellie puts the phone on speaker and signals Steven to listen in.

Ellie: All I want is his affidavit and him blowing the whistle on the informant that went to Tony O'Neil's restaurant to poison Steven and customers. What

was his motive? I need him to verify and confirm the content of the application for that person. I owe you one.

Deputy DA: The informant's name is John Ford, and I will invite you to see us interrogating him once I set it up. If you were me, if he does that, how long of sentence would you ask the judge?

Ellie: You do need to shut down that business and see who is behind him that orders sending poison to restaurants. This is domestic terrorism and extortion in times that we should have zero tolerance. If I were you, shut him down permanently, and twenty years should do it.

Deputy DA: OK, I like your idea. I will get back with you shortly on the affidavit and the informant's information.

End of the call.

Steven: Ellie, you impress me minute by minute. I have been wanting to ask you since I got a couple of calls from my lender. Can I let them know that I can get him the bill of health within days?

Ellie: Let's call him now.

Steven puts the phone on speaker.

Steven: Hello there. I missed your call the other day, but I have some great news. And—

Ellie interrupts Steven.

Ellie: This is Dr. Powell, and I am Mr. Jones's personal physician. Mr. Jones was examined by me after two sets of prostate biopsies in two different states, and all he has is an enlarged gland that is not cancerous. The gland has been enlarged, and the results were

negative since no cancerous cells were observed. He has benign prostatic hyperplasia or BPH, which is normal for a male his age. We are in the process of selecting the best treatment, and I can then send you a letter to confirm that.

Lender's Representative: Thank you, Doctor. I myself have a BPH as well. I have always wondered how you would make and examine the specimen from the patient's body. Can you explain that a bit for me?

EDUCATIONAL PART

Ellie: After the specimen is removed from the patient, it is processed in one or two ways:

1. *Histologic sections*

This involves preparation of stained thin slices of less than five micrometers mounted on a glass slide, under a very thin pane of glass called a cover slip. There are two major techniques for the preparation of histologic sections:

2. *Permanent sections*

This technique gives the best quality of specimen for examination at the expense of time. The fresh specimen is immersed in a fluid called fixative for several hours. The fixative, typically formalin, which is a 10 percent solution of formaldehyde gas in buffered water, causes the proteins in the cells to denature and become hard and "fixed." Adequate fixation is probably the most important technical aspect of biopsy processing.

The fixed specimen is then placed in a machine that automatically goes through an elaborate overnight cycle that removes all the water from the specimen and replaces it with paraffin wax. The next morning,

a technical professional, called a histologic technician or histotech, removes the paraffin-impregnated specimen and embeds it in a larger block of molten paraffin. This is allowed to solidify by chilling and is set in a cutting machine called a microtome. The histotech uses the microtome to cut thin sections of the paraffin block containing the biopsy specimen. These delicate sections are floated out on a water bath and picked up on a glass slide.

END OF EDUCATIONAL PART

Lender: Wow. I am impressed. Steven must be so lucky to have you as his doctor. I will send a report to the bank and will get the loan documents started with the contingency of the letter that you will be sending me, if that is OK?

Ellie: Fair enough.

Ellie hangs up the phone but receives a text from the DA. She shows it to Steven. The text shows an affidavit that refers to an application, naming John Ford as the employee who delivered chemical and dairy products to certain businesses. The document that was obtained shows that John Ford under someone else's request has put poison in the dairy products but not Dino.

Ellie: Steven, I have to get back to the office. Text me Julie's work address later on tonight.

Steven: Why would you need that?

Ellie: Allan told me that George is either employed or going to be working with Julie, and I need him served.

Steven: OK.

CUT AWAY

JULIE AND GEORGE AT THEIR REAL ESTATE OFFICES

Julie introduces George Hansen to her broker, as they both sit down.

Julie: This is my boyfriend that I was talking to you about, Mr. George Hansen.

Broker: Julie, I didn't know that you divorced Steven. Anyway, great, have a seat. So I hear that you were with Jones Real Estate for some time now, right?

George: Yes, I have.

Broker: So what happened? Why did you leave that firm?

George: Well, let's say that Mr. Jones is starting to have some real health problems, and it's time for me to move on.

Broker: That's too bad as I have seen Steven and Julie several times in our Christmas parties. Julie, what happened?

George: Sorry, is this an interrogation or simply a job interview for me to hang my license?

Just as the broker starts to respond, the three of them surprisingly see the secretary barging in.

Secretary: Sorry, this gentleman was asking for Mr. Hansen, and I told him we don't have an agent by that name. I wanted to know if you are Mr. Hansen.

George: Yes, I am.

The man (process server) walks into the office and hands George an envelope. "You are served, Mr. Hansen."

George angrily snaps the envelope and opens it and looks at Julie.

George: Can I see you outside, Julie?

As they both leave the broker's office, the broker shouts, "Mr. Hansen, I am not interested in you joining this firm. Please close the door behind you."

Both Julie and George leave the office and find a seat in the building lobby.

Julie: I am sorry. I don't know why he was asking all these stupid questions. What is that envelope?

George: It is a subpoena on your divorce case. The attorney's name is Ellie Powell.

Julie: I think that is the woman that is going out with Steven. What is it about?

George: I need to show up in court next week.

CUT AWAY

ELLIE AND STEVEN AT THE COMMUNITY HOSPITAL
WITH ADRIAN MARKS AND DR. GARFIELD

Ellie: The purpose of this meeting is to discuss the best treatment for Steven's BPH.

Dr. Marks: I think each of us needs to bring and recommend a proper treatment that we are comfortable with and let Steven make a decision on which is the best treatment.

EDUCATIONAL PART

Ellie: OK, that is a good idea. I recommend the treatment with the UroLift **System**, which is typically a one-time, in-office solution that provides rapid relief and recovery of BPH symptoms. It can break the cycle of medications, all without the risks of more invasive surgery. The goal of the UroLift System treatment is

to relieve symptoms so you can get back to your life and resume your daily activities.

The UroLift System treatment has demonstrated a significant improvement in quality of life for patients compared to medications. The UroLift System is the only BPH procedure shown not to cause new and lasting erectile or ejaculatory dysfunction, while being a safe and effective treatment of lower urinary tract symptoms due to BPH. I certainly can't have Steven having any kinds of risks related to impotence.

Steven: Thank you, Ellie, that's nice of you to say that.

Dr. Garfield: I am not familiar with that. How does it work?

Ellie: The UroLift System uses a revolutionary approach for treating BPH that lifts and holds the enlarged prostate tissue so it no longer blocks the urethra. It is the only BPH treatment performed by a urologist that does not require heating, cutting, or removal of the prostate tissue. The procedure is typically performed using local anesthesia in a physician's office or ambulatory surgery center. Patients typically return home the same day without a catheter.

Steven: What are the benefits?

Ellie: Does not cause new onset, sustained erectile, or ejaculatory dysfunction.

- Minimally invasive
- Minimal downtime
- Durable results
- Rapid symptom relief and recovery
- Significant improvement in quality of life

As with any medical procedure, individual results may vary. The most common side effects are mild to moderate and include pain or burning with

urination, blood in the urine, pelvic pain, urgent need to urinate, and/or the inability to control the urge. Most of these side effects resolve within two to four weeks after the procedure.

Dr. Garfield: I know you guys don't like the surgery route, but here is what I am comfortable with.

Steven, with the guidance of your physician Ellie, only you can make the final decision on whether to go through with surgery or not. You must weigh the risks versus the rewards and try to envision your life after surgery. Look past the short-term pain associated with the procedure and try to imagine the impact on your lifestyle. Once you review the pros and cons and understand the procedure to the best of your ability, only then can you make the decision that is right for you.

Ellie: I am against it, but go ahead and explain that to Steven.

Dr. Garfield: Surgery is most commonly recommended for men experiencing severe and persistent symptoms due to an obstructing prostate. There are many different types of surgeries that may be performed. With your vital input, your physician will choose the surgery that best fits your specific case.

Some of these surgeries include the following:

- **Transurethral Resection of the Prostate (TURP).** Transurethral surgery is the most common form of surgery for treatment of an obstructing prostate and is currently considered the gold standard. With this surgery, there are no external incisions, making it less traumatic than procedures that require external incisions. TURP also boasts the highest success rate over all other procedures

(except total removal of the prostate) in improving flow rates. A modified cystoscope called a resect scope is inserted through the urethra and uses an electrical wire loop that cuts tissue away from the center of the enlarged prostate. TURP is the preferred technique for medium to large glands.

- **Transurethral Incision of the Prostate (TUIP).** A similar procedure called transurethral incision of the prostate is performed through the urethra, enlarging the urethra by making an incision in the prostate and bladder neck. TUIP is most useful for small to medium glands with obstructing tissue at the bladder neck. This promising surgery has received good reviews, but its advantages and long-term side effects have not yet been clearly established.
- **Urethral Stent.** A wire mesh stent is placed in the urethra within the prostate to gently hold the urethra open to allow the passage of urine. This is a permanent stent placed in an outpatient setting with a special delivery tool and a cystoscope, a tool that allows a lighted view of the urethra, prostate, and bladder.
- **Open Surgery.** When transurethral surgery is not a viable option due to a very large gland, an open prostate surgery, called an open simple prostatectomy, is performed. This form of surgery is usually performed in the case of a significantly enlarged prostate greater than 100 cc in volume. In this surgery, an incision is made in the lower abdomen just above the pubic area. The interior of the prostate is removed, leaving a shell of compressed normal prostate tissue. A significant increase in urinary flow is commonly seen after this surgery with the greatest increase in urinary flow of all treatment techniques.

Steven: What about recovery?

Dr. Garfield: Under normal circumstances, you will feel good enough to move around a bit and have something to eat. Your stay in the hospital should be uneventful, lasting two to three days. You will have a catheter in place, and it will remain for a few weeks.

Once home, special care must be taken of the catheter, including routine checks to make sure it is still in place and clean. The same goes for the opening of the penis. You want to make sure an infection doesn't occur.

Over-the-counter medications like ibuprofen might be enough to manage pain, but don't be afraid to ask your physician for stronger prescription medications should you feel the need.

You may feel surprisingly good after the surgery, but don't go overboard. Avoid lifting anything heavier than ten to fifteen pounds for at least six weeks. Many patients can quickly return to work, as long as it's not too strenuous.

But, Steven, I would not do the surgery unless I see three sets of biopsy report as Ellie knows. I think every doctor in the US needs to do that.

Dr. Marks: Well, I prefer Steven take medications.

There are two main classes of pharmaceuticals that work to alleviate enlarged prostate symptoms: alpha blockers and alpha reductase inhibitors.

- **Alpha Blockers.** Alpha blockers relax the smooth muscle around the bladder neck and within the urethra.

- Inhibitors. Inhibitors stop the conversion of the male hormone testosterone to DHT to reduce the prostate's size, eliminating blockage.

Don't be surprised if I prescribe a combination of the two medications, as they have been shown to work more effectively together than alone. The downside is that combination therapy may increase the likelihood of experiencing side effects from the medications.

END OF EDUCATIONAL PART

Ellie: Well, Steven, which method do you prefer?

Steven: What you recommended is what I like to do.

Dr. Garfield: OK then, I will have the hospital arrange this procedure the day after tomorrow, since I understand you and Ellie have a court hearing tomorrow.

CUT AWAY

CRIMINAL COURT HEARING—THE CASE OF ELLIE POWELL / HYATT FAMILY VS. DR. KROPP AND DR. EASTWOOD, SECOND ROUND

As the judge presides, Dr. Kropp and his attorney along with Dr. Eastwood sit on the defendant side, and Ellie Powell sits on the plaintiff side.

Judge: OK, Ms. Powell, I would like you to seat the relatives of the late Mr. Ed Hyatt at your table this time.

As the parents and sister of Mr. Hyatt sit at the plaintiff's table, the court continues.

Judge: Ms. Powell, please start your opening statement and cover the newest developments in this case.

Ellie: Your Honor, after looking at this case more closely and the role that Dr. Eastwood has played in this case, I would like to ask the court to allow me to amend the complaint and remove Dr. Eastwood.

Judge: Is there an objection on the defendant side?

A surprised look as both Dr. Eastwood and the relatives shows.

Dr. Eastwood looks at the judge and looks back at his wife in the back of the court and shows a sigh of relief and tears in his eyes.

Defendant's Attorney: Your Honor, I don't know what is the plaintiff's motives by doing this. I'd like to know that.

Judge: Counsel, this was a gift from Ms. Powell. You are not going to object to this, are you?

Defendant's Attorney: No, but I'd still like to know.

Judge: Ms. Powell?

Ellie: Your Honor, Dr. Eastwood's role has been nothing but a victim and an investor. That is why I'd like to remove him from the complaint.

Defendant's Attorney: No objection, Your Honor.

Judge: Counsel, I assume you have no opening statement? Please call your first witness.

Defendant's Attorney: No, Your Honor, I have no opening statement. I'd like to have my client on the stand, Your Honor.

Dr. Kropp takes the stand.

Defendant's Attorney: Dr. Kropp, how long have you been a urologist?

Dr. Kropp: Twenty-five years, sir.

Defendant's Attorney: The plaintiff indicated that prior to the surgery, you did not do a biopsy prior to the surgery. Why?

Dr. Kropp: Well, the patient indicated that he wanted to do the surgery as quick as possible due to the fact that he had a loan pending, and two sets of biopsies from the Florida hospital were sufficient prior to the surgery. He also wanted to surprise Ms. Powell.

Defendant's Attorney: Did the patient sign all the releases? And was he forced to sign them?

Dr. Kropp: He did sign the releases, and there was no pressure.

Defendant's Attorney: The plaintiff along with several other doctors are advocating a third opinion on prostate cancer surgery. Do you think that this is an overkill?

Ellie: Objection, Your Honor, the counsel is leading the defendant.

Judge: Sustained.

Defendant's Attorney: OK, in your opinion, how many opinions do you need to have prior to a prostate surgery?

Dr. Kropp: Historically, only one.

Defendant's Attorney: I have no more questions. Ms. Powell, your witness.

Ellie: Dr. Kropp, do you know why I am suing you on behalf of the relatives of my former fiancé for wrongful death and damages?

Dr. Kropp: You don't have any damages personally, do you?

Ellie: Doctor, I am the one that's supposed to ask questions, and you are the one that's supposed to answer them. Are we clear?

Dr. Kropp: We are clear.

Ellie: When you saw me the first time, did you recognize me being the fiancé that you once told me don't worry, this is a routine surgery?

Dr. Kropp: Yes, I did, but you were insinuating that I killed Mr. Hyatt. Surgeries do go wrong, and some patients do die.

Ellie: Has your attorney explained to you that we are seeking monetary damages along with a request from this court to shut down your clinic and suspend your license? That is in the complaint.

Dr. Kropp: Yes, he did. I told him you are crazy as you can't be a pathologist and attorney at the same time. You have no clue.

Ellie: Your Honor, I'd like to request the court to hold the defendant in contempt if he uses that type of language once more.

Judge: Counsel, if your client continues to use that sort of language, I am going to hold him in contempt. Last and final warning.

Ellie: Dr. Kropp, please look out there in the audience. Do you recognize the parents and sister of my late fiancé?

Dr. Kropp: Yes, I see the couple there with his sister at your table.

Ellie: What would you like to tell them?

Dr. Kropp: Nothing.

Ellie: You have nothing to say to the parents of a patient that died in your surgery?

Dr. Kropp: I already answered you.

Ellie: Dr. Kropp, in any of the surgeries that you have ever done, after the prostate gland was removed, was there any case where the gland was tested to see if it was cancerous or not?

Defendant's Attorney: Objection, Your Honor. The question has nothing to do with any part of this case.

Judge: I'd like to know. Witness, answer the question.

Dr. Kropp: This has never been a requirement and never will.

Ellie: Do you think it should be?

Defendant's Attorney: Objection.

Judge: Sustained.

Ellie: Let me rephrase this. When you have a bad break in your car, the mechanic replaces the breaks but also shows you the bad breaks. Why can't we do the same by taking a biopsy after the gland removal to see if in fact it was or it was not cancerous?

Dr. Kropp: I guess, but it is not a requirement now.

Ellie: Should a prostate cancer patient that you do surgery on know if the gland that you are taking out is cancerous after the surgery? Yes or no?

Dr. Kropp: Not really. What difference does it make? If it is not cancerous, we can't put it back, can we? A stupid question.

Ellie: Only a stupid doctor like you would think that this is a stupid question.

Judge: Ms. Powell, please.

Ellie: Let's talk about your real estate investments. Do you invest a lot in real estate?

Defendant's Attorney: Objection, Your Honor, what is that got to do with this case?

Ellie: Your Honor, please allow the witness to answer this as you will see it is relevant.

Judge: Witness, go ahead.

Dr. Kropp: Yes, I do make lots of real estate investments.

Ellie: When you were in the surgery of my fiancé, did you stay the whole time in the surgery room?

Dr. Kropp: I always stay in the surgery. Are you kidding? I never leave the room.

Ellie: Do you know from all the surgeries you had how many patients died?

Defendant's Attorney: Objection, Your Honor.

Judge: Sustained. Ms. Powell, I can't allow that.

Ellie: I have no further questions, Your Honor, but I have two witnesses that I'd like to take the stand.

Judge: Please go ahead.

Ellie: I'd like to request my witness that was the nurse in the surgery of my fiancé to come forward.

A lady with odd-looking clothes comes up to the front and sits at the stand, as Dr. Kropp leaves the stand and gives the new witness a very surprised look.

Ellie: Thank you for coming. I'd like to ask you to remove your wig and portions of your clothes.

Judge: What? Naked?

Ellie: No, Your Honor. This witness has been under a witness protection plan, and we have promised that

she would look different coming to court since her life has been and would be threatened if she testifies.

Everyone shockingly looks at the nurse, especially Dr. Kropp, who sees her without the unusual clothes and wig and immediately puts his hands on his face, saying, “Oh no.”

Ellie: Please explain why you have come to this court looking like this and scruffy?

Nurse: Because my life has been threatened several times.

Ellie: Why is that?

Nurse: I have been a witness to several prostate cancer surgeries that went wrong by Dr. Kropp, and I have been told that if I testify, I would lose my job and possibly be killed.

Ellie: You said several. How many is several, under one hundred or over twenty or fifty surgeries?

Nurse: At least fifty.

Ellie: Why did you not report that to the hospital directors?

Nurse: Are you kidding? A nurse’s statement versus the doctor’s statement? I would have lost my job, and after this court, I probably will. I was getting paid hush money under the table. Dr. Kropp was paying me under the table.

Judge: No, ma’am. Don’t worry as you won’t lose your job unless your employer files charges. If you are unlawfully terminated after this court case, I’d like you to report the employer to the labor department and reference this court case, and I’d like to know if they do such a thing to you.

Nurse: Yes, sir. Thank you.

Ellie: I'd like you to look over the audience and point to whom you were referring to.

The nurse raises her finger and points at Dr. Kropp and says, "That man."

Ellie: How much were you getting paid after each surgery?

Nurse: \$5,000 cash by Dr. Kropp. Some for unnecessary surgeries that went wrong.

Ellie: What happened during the surgery of my fiancé or Mr. Ed Hyatt?

Nurse: That was crazy. Dr. Kropp gets a phone call and leaves the surgery room in the middle of the surgery to work on his real estate deal. He asked an intern to continue with the surgery, but he was just an intern, and as I went out to look for him, he would not get off the phone, and when he did, it was too late.

Ellie: *(with tears in her eyes)* Is that intern in this courtroom?

The nurse points out to a young man sitting in the audience.

Ellie: Your Honor, I was planning to take the testimony of the intern; but under the present circumstances, I don't think I need to. I have no further questions.

Judge: Counsel?

As the defendant's attorney gets up to question the nurse, Dr. Kropp pulls his hand.

Dr. Kropp: No, no use. I admit to the crime.

Judge: Counsel, does your client want to change his plea to guilty?

Defendant's Attorney: Yes.

Ellie: I rest my case.

Judge: Please stand up for the rulings in this case.

Everyone stands.

Judge: Dr. Kropp, you made the right choice to plead guilty. Otherwise, you would have gotten a much harsher sentence.

Dr. Kropp, I am sentencing you to fifteen years in the state penitentiary without a possibility of parole, suspending your license to practice, and I am ordering your clinic to be closed permanently. I am allowing the defendant to bring a civil lawsuit against you for wrongful death of no less than \$10 million.

I'd like the court clerk to obtain a restraining order against you to not be close within five miles of both of these witnesses after you get off the prison.

I would like to ask the health and human services and the American Medical Association to be involved and open an investigation on unnecessary surgeries that would result in not identifying if the gland was in fact cancerous or not.

I would like the state prosecutor in the DA office to start an investigation on prostate gland biopsies after they are removed statewide and eventually nationally. I would like this case to go up to the Ninth Circuit Court and up to the Supreme Court. I don't see any reason why prostate glands are being taken out and not examined.

The court is adjourned.

CUT AWAY

TREATMENT OF STEVEN JONES USING UROLIFT

In the surgery room, Steven is holding Ellie's hand.

Ellie: Steven, Dr. Kasper will do the procedures, and guess what? Once you are done, I will be signing the good-health letter for your lender.

Ellie is in the waiting room.

Dr. Kasper comes out of the surgery room and shows a short video of the procedure. The procedure was a success.

CUT AWAY

CONTINUATION OF THE WEBINAR BETWEEN DR. POWELL, DR. KASPER, DR. GARFIELD, AND DR. WILLIAMS

EDUCATIONAL PART

Dr. Garfield: Gentlemen, due to so many unexpected events that have taken place, we had a setback; but now, we should be able to continue with the sessions on *Third Opinion on Prostate Cancer*. Let me cover the types of prostate surgeries.

The surgical removal of your prostate gland must be the last option for you to take. It is called radical prostatectomy, which is another option to treat cancer that's confined to your prostate gland only. During this procedure, your surgeon uses special techniques to remove as much as possible from your prostate and local lymph nodes while trying to spare muscles and nerves that control urination and sexual function.

There are two types of surgery. One is called retropubic surgery and the other perineal surgery.

- *Retropubic surgery.* In this approach, the gland is taken out through an incision in your lower abdomen, which typically runs from just below your navel to an inch above the base of your penis. It's the most commonly used form of prostate removal for two reasons. First, your surgeon can use the same incision to remove pelvic lymph nodes, which are tested to determine if the cancer has spread. Second, the procedure gives your surgeon good access to your prostate, making it easier to save the nerves that help control your bladder function and erections.
- *Perineal surgery.* With the perineal approach, an incision is made between your anus and scrotum. There's generally less bleeding with perineal surgery, and recovery time may be shorter, especially if you're overweight. However, with this procedure, your surgeon isn't able to remove nearby lymph nodes.

The obvious choice from the above, as you can tell, is retropubic surgery.

During the surgery, a catheter is inserted into your bladder through your penis to drain urine from the bladder during your recovery. The catheter will likely remain in place for one to two weeks after the surgery while the urinary tract heals. After the catheter is removed, you'll likely experience some bladder control problems that may last for months. Most men eventually regain control. Many men experience stress incontinence, meaning they're unable to hold urine flow when their bladders are under increased pressure, which happens when they sneeze, cough, laugh, or lift. In some men, major

urinary leakage persists, and secondary surgical procedures may be needed in an attempt to correct the problem.

Impotence is another common side effect of radical prostatectomy because nerves on both sides of your prostate that control erections may be damaged or removed during surgery. Most men younger than age fifty who have nerve-sparing surgery are able to achieve normal erections afterward, and some men in their seventies are able to maintain normal sexual functioning. Men who had trouble achieving or maintaining an erection before surgery have a higher risk of being impotent after the surgery.

What about chemotherapy? you may ask. The misconception about this treatment is that chemo can cure prostate cancer. This is not the case. This type of treatment uses chemicals that destroy rapidly growing cancer, bad cells, as well as healthy cells. Chemotherapy can be quite effective in the partial treatment of prostate cancer, but it can't cure it. Because it has more side effects than hormone therapy does, chemotherapy is often reserved for men who have hormone-resistant prostate cancer.

While new chemotherapy drugs are being developed, current treatments are limited to a single-drug chemotherapy, multiple-drug chemotherapy, and combination of chemotherapy and hormone therapy. The results of new drugs are promising, but extensive experiments are necessary. In the future, gene therapy will be more successful in treating metastasized tumors of the prostate. Current technology limits the use of these experimental treatments to a small number of centers, which you must try to find in your area.

What is cryotherapy? This treatment is used to destroy cells by freezing them. Original attempts to treat prostate cancer with cryotherapy involved inserting a probe into the prostate through the skin between the rectum and the scrotum. Using a rectal microwave probe to monitor the procedure, the prostate is frozen in an attempt to destroy cancer cells. Poor precision in monitoring the extent of the freezing process often resulted in a frozen gland and/or damage to tissue around the bladder with long-term complications, such as injury to the rectum or to the muscles that control urination. Recently, smaller probes and more precise methods of monitoring the temperature in our behind and in and around the prostate have been developed. These advanced methods may decrease the complications associated with cryotherapy, making it a more effective treatment for prostate cancer.

Dr. Adrian Marks: Let's talk about all those nice-looking herbs in the nice shiny bottles that you see in health-food stores; you can't resist buying them because the brand advertises prostate care—shrink your prostate overnight, see results within twenty-four hours, and so forth. The marketing games can lead you to purchase products just for the sake of doing something about your symptoms (of course, your wife or girlfriend will see that you have done something about it). Once you take the pills for a few days without evident results, your wife or girlfriend may tell you that you have wasted your money. They are correct!

Saw palmetto is thought to work by preventing testosterone from breaking down into another form of the hormone associated with prostate tissue growth. In 1998, researchers from the Department of Veterans Affairs reviewed more than a dozen studies involving saw palmetto and concluded that

the herb appears to be as effective as finasteride, the medication in Proscar, in reducing the size of an enlarged prostate. It also appears to produce fewer side effects. The researchers recommended additional studies to determine the appropriate daily dosage of the supplement and its long-term effectiveness.

Saw palmetto works slowly. Most men with BPH begin to see an improvement in their urinary symptoms within one to three years. If after three years you haven't noticed any benefit from it, it may not work for you. If you are raising your eyebrows now, I agree, as I also have been told to take it for years, and I wonder if such statements are encouraged by the manufacturers. However, it appears safe to take saw palmetto indefinitely, but possible effects from long-term use are unknown.

One drawback of this herb, and many other such herbal products, is that it may suppress prostate specific antigen (PSA) levels in your blood. This action can interfere with the effectiveness of the PSA test. That's why if you take saw palmetto or other herbal medicines, it's important to tell your doctor before having a PSA test.

Here are a few herbal products that will help frequent urination or a weak urine flow:

- African plum tree (*Prunus africana*)
- African wild potato (*Hypoxis rooperi*)
- pumpkin seeds (*Cucurbita pepo*)
- rye grass (*Secale cereale*)
- stinging nettle (*Urtica dioica*, *Urtica urens*)

Taken in small to moderate amounts, these products appear to be safe. But they haven't been studied in large.

No one likes to take medications. However, after prayers, they are the most common method for controlling moderate symptoms of prostate enlargement. You may be told that you need to take medications indefinitely, but that should be one out of three opinions. That is why we will get into medications, side effects, and treatments.

Doctors use a variety of medications to treat prostate gland enlargement. Let's dig into this.

1. Alpha blockers

This stuff is pretty good for urinary flow and lowers the frequency of visits to your second office, I mean the bathroom. These drugs were originally developed to treat high blood pressure. They relax the muscles at the neck of your bladder, making it easier to urinate. So far the Food and Drug Administration (FDA) has approved four alpha blockers for prostate enlargement: terazosin (Hytrin), doxazosin (Cardura), tamsulosin (Flomax), and alfuzosin (Uroxatral).

Alpha blockers are quite effective for many men. The drugs work quickly. Within a day or two, most men notice an increase in urinary flow and a decrease in how often they need to urinate. At present, we are not sure what could happen as far as the side effects, so take it easy and don't take a high dosage. Do not take the stuff with the drugs for impotence, as your blood pressure will go down.

2. Finasteride (Proscar, Propecia) and dutasteride (Avodart)

You would be given these guys only for the purpose of shrinking your gland. It boils down to whether you are a pill man or not. These drugs relieve symptoms in a totally different manner than alpha blockers do.

Instead of relaxing your muscles, they shrink your prostate gland. For some men with large prostates, the drug may produce a noticeable improvement in symptoms. It's generally not effective, though, if you have only a moderately enlarged or normal-sized prostate. Finasteride and the alpha blocker doxazosin together significantly reduce the risk of further prostate-gland enlargement to the point where invasive surgery is not needed, depending on which stage you are in.

3. Nonsteroidal anti-inflammatory drugs (NSAIDs)

Nonsteroidal anti-inflammatory drugs (NSAIDs) might prevent prostate cancer. These drugs include ibuprofen (Advil, Motrin, others) and naproxen (Aleve). NSAIDs inhibit an enzyme called COX2, which is found in prostate cancer cells. More studies are needed to confirm whether NSAID use actually results in lower rates of prostate cancer.

Let me now turn this to Dr. Williams on bladder cancer.

Dr. Williams: When bladder cancer is diagnosed, your physician will determine the grade and stage of the cancer. Grade differentiates the cells from normal tissue and estimates the rate of cancer growth. Stage indicates the extent the cancer has spread and if other body parts or organs are affected. The cancer stage helps your doctor determine the best course of treatment and the outlook for your recovery. Additional tests may be needed to determine if bladder cancer is limited to the bladder or if it has spread.

The American Joint Committee on Cancer (AJCC) provides guidelines for staging of bladder cancer. The stages range from stage 0 to stage 4 and have

detailed criteria for tumor size, invasiveness, presence in lymph nodes, and whether or not the cancer has spread to other organs.

Bladder cancers are ranked based on how aggressive they are in a direct relationship with bladder tissues and tumors. How are these tumors classified?

- Stage 0: noninvasive tumors that are only in the bladder lining
- Stage 1: the tumor goes through the bladder lining but does not reach the muscle layer of the bladder
- Stage 2: the tumor goes into the muscle layer of the bladder
- Stage 3: the tumor goes past the muscle layer into tissue surrounding the bladder
- Stage 4: the cancer has spread to the lymph nodes in the area of the bladder

Let's talk about the case where the cancer spreads and which organs we must watch out for. In the order of importance, they are (1) prostate, (2) rectum, (3) ureters, (4) uterus, (5) lymph nodes, (6) bones, (7) liver, and (8) lungs; and the common symptoms are the following:

- frequent visits to the bathroom
- lots of pain while you are urinating and incontinence
- small drops of blood coming out with the urine
- any tenderness or pain in the bones
- losing weight rapidly
- lots of pain in your abdomen

What are the options once you've been diagnosed with bladder cancer? In stages 0 and 1, where the tumor is in the bladder lining or between the bladder lining and the muscle layer, there are two options: (1) surgery to remove the tumor without removing the rest of the bladder and (2) chemotherapy directly to the bladder.

In stages 2 and 3, where the tumor has gone through the muscle of the bladder, there are four options available: (1) surgery to remove the entire bladder, (2) surgery to remove only part of the bladder, followed by radiation and chemotherapy, (3) chemotherapy to shrink the tumor before surgery, and (4) a combination of chemotherapy and radiation.

Most patients with stage 4 tumors cannot be cured, and surgery is not appropriate. For these patients, chemotherapy is often considered as a way of prolongation and not a cure.

What about immunotherapy? So long as the medications cause your immune system to attack and kill the tumor cells, it is the best way. What type of medications? you ask. Bacille Calmette-Guerin, or BCG, is given through a catheter into the bladder; and it does not feel good when this happens. As in everything else, there are side effects, such as frequent, urgent, and painful urination, plus irritable bladder. But don't worry, since these side effects will disappear in less than a week. If the side effects are different, such as nausea, itching, chills, and blood in urine, you should be on your way to your urologist.

What if your doctor prescribes that your bladder, in part or in whole, should be removed because you are in stage 2 or possibly 3 or in between? Don't agree

on the surgery date yet. Get another opinion—and a third one! Most insurance companies will cover the second opinion but not necessarily the third one. The question is how far are you willing to go to save your bladder in case there have been mistakes in the diagnosis? After all, this organ is deep within, and you only have one bladder that we know of, unlike the kidneys or lungs.

Take an active role in the decisions affecting your medical care. Learn as much as you can about bladder cancer and the treatment options that exist. As part of this process, you may want to consider getting three opinions from different bladder-cancer specialists, such as a urologist, medical oncologist, or urologic oncologist.

Specific treatment for bladder cancer will be determined by your physician based on the following:

- your age, overall health, and medical history
- extent of the disease
- grade and stage of the cancer
- your tolerance of specific medicines, procedures, or therapies
- expectations for the course of the disease
- your opinion or preference

About 80 percent of individuals with bladder cancer have superficial and noninvasive tumors. Treatment for these tumors is often very effective with an excellent prognosis. About 25 percent of bladder cancers invade deep into the bladder wall and muscle. There is a greater risk for metastasis into other tissues in these cases. Depending on the extent, bladder cancers may be managed with a single therapy or combination of treatments.

There are several types of bladder cancers, including the following:

- *Transitional cell (urothelial) carcinoma.* Transitional cell carcinoma is cancer that begins in the cells lining the bladder. Transitional cells also line the other parts of the urinary tract, including the kidneys, ureters, and urethra. Transitional cell carcinoma is the most common kind of bladder cancer, occurring in about 90 percent of cases.
- *Squamous cell carcinoma.* Squamous cell carcinoma is cancer that begins in squamous cells—thin, flat cells found in the tissue that forms the surface of the skin, the lining of the hollow organs of the body, and the passages of the respiratory and digestive tracts. About 4 percent of bladder cancers are squamous cell carcinomas.
- *Adenocarcinoma.* Adenocarcinoma is cancer that begins in the cells of glandular structures lining certain organs in the body and then spreads to the bladder. Common primary sites for adenocarcinomas include the lungs, pancreas, breasts, prostate, stomach, liver, and colon. Adenocarcinomas account for only about 2 percent of bladder cancers. Dr. Powell, please take it from here.

Dr. Powell: Dr. Williams, let me take it from here on the subject of prostate-cancer metastasis to the bone.

What is cancer in general? Cancer is a group of abnormal cells that grow more rapidly than normal cells and that refuse to die unless we shoot them one by one. Cancer cells also have the ability to invade and destroy normal tissues, either by growing directly into surrounding structures or after

traveling to another part of your body through your bloodstream or lymph system. Microscopic cancer cells develop into small clusters that continue to grow, becoming more densely packed and hard. Prostate cancer usually grows slowly and initially remains confined to the prostate gland, where it may not cause serious harm, but if left untreated, prostate cancer can begin to invade tissues and cause damage, and it may spread to other areas of your body, such as the pelvic bone, where it can cause significant harm.

Primary cases of bone cancer are relatively rare. Patients who develop bone cancer are more likely to develop the disease as a result of advanced prostate-cancer metastasis. In prostate cancer, extension leading to bone disease is designated by a clinical stage. If a person develops bone disease as a result of prostate cancer, he does not have bone cancer. Because the cancer is classified according to where it originated, he has prostate cancer with bone metastasis.

Once the cells settle in, they're known as prostate-cancer bone metastases. Unlike bone cancer, which originates in the bone, prostate-cancer bone metastases are actually collections of prostate cancer cells that happen to be sitting within the bones. Therefore, the same treatments that are used to kill prostate cancer cells in other areas are often used in men with bone metastases as well. Timely treatments are important because the prostate cancer cells in the bone don't just sit there idly. They interact with the bone tissue, often disrupting the normal growth and function of the bone and weakening it. So in addition to any traditional anticancer treatments that your doctors might have already given you, treatment strategies for bone metastases also have to

focus on making sure that your bones stay as healthy and strong as possible.

Symptoms of advanced prostate-cancer bone metastases may cause stiffness or frequent soreness in areas such as the lower back, hips, and thighs. Some patients will experience more severe pain than others. As the disease progresses, some prostate cancer patients begin chemotherapy or external radiation therapy to alleviate the pain associated with bone cancer. Most cases of prostate cancer, however, usually grow very slowly. Many men who have prostate cancer die from causes other than the cancer before their prostate cancer would have time to reach the advanced stage. The slow growth of the disease gives you an advantage and is one of the reasons why you should be observant to any symptoms and constantly increase your knowledge about the disease. Regular testing to monitor the disease for sudden progression will save you from an invasive treatment or a surgery.

Metastases are more likely to occur during advanced prostate cancer. Metastatic disease refers to prostate cancer that has left the prostate gland and its neighboring organs. Advanced prostate-cancer bone metastasis and lymph-node metastasis, which can be local or distant, are both associated with advanced prostate cancer. If prostate cancer is detected early when it's still confined to the prostate gland, you have a better chance of successful treatment with no metastases and with minimal or short-term side effects. Successful treatment of cancer that has spread beyond the prostate gland is more difficult. But treatments exist that can help control prostate cancer.

Metastasis occurs through a process called angiogenesis. Angiogenesis is the process by which new blood vessels are formed; malignant cells are

capable of “hitching a ride” into another part of the body. The malignant cells can commonly become lodged in the bones or lymph nodes. From there, the cells take root and start dividing uncontrollably.

Prostate cancer has a direct relationship to lymph node metastasis. The body produces fluid called lymph, which contains white blood cells and circulates through the lymphatic system. Lymph nodes are small oval or circular organs that filter this fluid. Cancerous cells that circulate through the body can become trapped in the lymph nodes. Once trapped, cancerous cells can begin their cycle of unhealthy division and result in lymph-node metastasis. There are two types of lymph-node metastasis, local and distant. Two lymph nodes lie on either side of the bladder. Because these nodes are close to the prostate gland, metastasis is considered local. If cancerous cells begin to grow in any other lymph node, the metastasis is considered distant. What causes prostate cancer and metastatic disease and why some types behave differently are unknown. Research suggests that a combination of factors may play a role, including heredity, ethnicity, hormones, diet, and the environment.

Are you easily convinced? What would your reaction be if someone tells you, “Oh, come on, what difference does it make in having two versus three opinions?” or “How much do you know about the medical profession to say that the two doctors’ diagnoses might be wrong?” The point here is that it is your body, and until you agree on the surgery, it is your duty and responsibility to get a minimum of three (not two) opinions. Removal of an organ, such as bladder, prostate, or any other, must be the last and final option. In men, when the entire

bladder is removed, prostate and seminal vesicles may be affected or removed as part of the procedure, and in this case you need to be more knowledgeable and prepared. In women with 100 percent bladder removal, the urethra, uterus, and vaginal front wall are also removed.

Dr. Kasper, please take it from here.

Dr. Kasper: Thank you, Dr. Powell. Let's talk about PSA—prostate-specific antigen.

How old are you? Were you told that your age must be fifty-plus before you could be a part of the group of prostate-cancer candidates? Wrong. The best age to start the annual screening for prostate cancer is still up for discussion. If you are forty, you must have your PSA count determined. Most urologists in the United States use 4.0 nanograms per milliliter (ng/ml) as a cutoff, considering results below that as normal and higher values as abnormal. If it is too high (over 0.60 ng/ml), then there is cause for concern. If it is an average score, then you need to monitor it annually to stay abreast of the prostate health.

Do you have any family history of prostate cancer, such as your father, grandfather, uncle, or brother? Annual screening is a must. You have to keep in mind a few things that will affect your PSA levels. You must not take the PSA test if you had had sex within the last two days since it can increase the PSA level. At the same time, if you have BPH and associated treatments, they cause elevated PSA levels. Any surgical procedures or drug treatments for BPH, acute urinary retention, or a prostate biopsy will increase the PSA level. Also, prostate infection will automatically raise the PSA level. That is why the inflammation must be treated with antibiotics;

otherwise, the urologist may interpret the results of the PSA level as a predecessor to possible cancer. When your urologist tells you that your PSA has risen to a range of 4 to 15 ng/ml, it is time to be concerned.

What is free PSA? From your prostate, you have a small portion of PSA that leaks out into your bloodstream. This is called free PSA, which is nothing but simple proteins. It will circulate throughout your body, and unless you have cancer, it does not stick to other protein. If you have cancer, part of free PSA will stick; and in this case, there is less of the free PSA available in your bloodstream. The test in this case is a ratio of free PSA to the total PSA.

The following results are used to determine if an elevated PSA level could mean cancer:

- A free-to-total PSA ratio of 20 percent or lower, with total PSA levels of 4 to 10 ng/ml, is suggestive of prostate cancer.
- A free-to-total PSA level of more than 20 percent, plus normal or even moderately elevated total PSA levels, tends to indicate the presence of other benign conditions, such as BPH.

What is a complex PSA test? In this test, the circulating PSA bound to a molecule with the name of alpha 1-antichymotrypsin. This represents nearly 90 percent of the total PSA in men, and it is higher in men with prostate cancer than men with just an enlarged prostate. This test, as of now, is controversial about its effectiveness. If your urologist suggests this test, I would think twice before taking it.

Dr. Powell: Let me take it from here.

Pathologic examination—where things could go wrong.

Sometimes when pathologists look at the prostate cells under the microscope, they don't look cancerous, but they're not quite normal either. These results are often reported as suspicious. They generally fall into two categories, either prostatic intraepithelial neoplasia (PIN) or atypical small acinar proliferation or ASAP.

What if it is PIN? The cells are basically still in place; they don't look like they've invaded into other parts of the prostate (like cancer cells would). PIN is often divided into low grade and high grade. Men begin to develop low-grade PIN at an early age and do not necessarily develop prostate cancer. The importance of low-grade PIN in relation to prostate cancer is still unclear. If a high-grade PIN is found in a biopsy, there is about a 20 percent chance that cancer may already be present somewhere else in the prostate gland. For this reason, doctors often watch men with high-grade PIN carefully and may advise a repeat prostate biopsy.

In ASAP, the cells look like they might be cancerous when viewed under the microscope, but there are too few of them to be sure. If ASAP is found, there's about a 40 to 50 percent chance that cancer is also present in the prostate, which is why I recommend getting a repeat biopsy and two other opinions within a few months. It is important to understand your prostate pathology report.

The surgical pathology report relays critical information about the biologic expression of the tumor. When tissue is removed from your body, it is sent to a pathologist, who examines it under a microscope and prepares a formal written report. Make sure to ask the laboratory for a copy of the report. And if they refuse, tell them that you will

refuse to pay—it is your health, and you have the right to have that information. It demonstrates your interest in being an active participant in the important decisions that you must make.

What should you look for in that report? A normal and a complete report of a needle biopsy should include the following information:

- your name with your age, patient number, etc.
- the accession number of the case (usually in the form of “S-year-number”); this number is very important, and it must correspond to the number on the actual glass slides where your samples have been examined
- a gross description of the specimen, including the number and size of the tissue cores removed from your precious prostate and received by the laboratory
- the bottom-line diagnosis, reduced to its most basic meaning of either benign (normal), atypical/suspicious, or malignant (cancer) with Gleason ranking
- the names and signatures of the responsible pathologists, along with the name, phone number, and address of the lab

A good pathologist mentions any findings he or she sees in prostatectomy, such as marked inflammation or signs of infection that may explain an elevated PSA. While such findings cannot prove that cancer is not present in an un-sampled portion of the prostate, it might indicate that a trial with antibiotics for treating prostatitis should be attempted to lower the PSA value before a repeat biopsy is performed. Although the PSA level may rise as a direct result of the biopsy, it should decrease to baseline levels in four

to six weeks. Remember that inflammations or signs of infections must not be there, as this is a false alarm that you would want to turn off by taking antibiotics.

If a malignant diagnosis is made, it is imperative that a Gleason grade and score be assigned. The accurate assignment of Gleason grade is perhaps the single most useful factor in predicting prognosis and choice of treatment.

Small fragments of bowel lining are very common in needle-core biopsies, as the needle has to punch through the tissue to get to the prostate. The presence of a tumor surrounding a small nerve is a warning for probable extension of the tumor outside the prostate. This should be noted in the pathologist's report. The amount of tumor present is useful in estimating the total size of the tumor and may be used in formulas to predict the extent of the tumor found after possible prostatectomy. Tumor beyond the prostate is an important prognostic feature that should be commented on by a smart pathologist. If the pathologist has had experience, he or she can determine the gross chromosome abnormalities by merely looking at the routinely stained glass slide.

How honest should the pathologist be by swallowing his or her pride or letting go of his greed if he or she cannot determine or recognize the cancer cells and is faced with a choice of admitting the truth and sending the slides to another institution? Well, it is simple; he or she can simply pass any judgments and refer the slide elsewhere. It is a question of three elements—pride, greed, and experience. Unfortunately, this does not happen in the real world.

If the pathology report is from a radical prostatectomy specimen, it should also include a description of the

location, quantity, and extent of the cancer, per the following:

- Cancer is confined to the prostate capsule.
- Cancer penetrates the capsule.
- Surgical margins are positive for cancer.
- Cancer extends into seminal vesicles.
- Intravascular or intraductal involvement
- Cancer found in lymph nodes removed with the prostate.

In summary, your pathology material may also include the biopsy material and/or radical prostatectomy specimen saved in the form of tissue blocks. As discussed before, the cancer tissue is placed into paraffin wax and stored as a tissue block. Such material is the source for glass slides that the pathologist uses to view the cancer material under the microscope.

You have all the rights to contact the laboratory that is involved with your pathology specimen and make sure you know what their policy is regarding the retention of this valuable resource. Many facilities will turn over the tissue blocks to the patient after obtaining a signed release. Make the phone call and find out.

Because a biopsy can miss very small cancer cells, sometimes three or even more biopsies are recommended if cancer is still suspected after negative results, such as in the following conditions:

1. The PSA levels are high. Two or more biopsies may be taken for high PSA levels. Even men with mildly elevated PSA (between 4 and 10 ng/mL)

who test negative may be given a repeat biopsy. Insist on a third biopsy and don't give up.

2. DRE results are abnormal.
3. Ultrasound results are abnormal.
4. The initial biopsy yields microscopic findings that are suspicious.
5. The initial biopsy detects precancerous cells known as high grade prostatic PIN. No treatment is necessary with this finding, but these patients should be rechecked every three to six months for the next two years and then annually.

The prostate biopsy can be a pathologist's worst nightmare, as it is admittedly the most difficult among any other biopsies. And in case of a mistake, the pathologist's nightmare will become yours. Let's just hope that both you and your pathologist do not have the same nightmare at the same time on the same night.

Be reminded of your rights as a patient:

1. You have the right to obtain a second and third opinion and check with your insurance carrier, as they may have to pay for it. Yes, I know the third one you need to pay, so write that check and sleep better tonight.
2. You have the right to select the pathologist who you want to review your microscopic (biopsy) slides or to ask your doctor to have your case reviewed by a pathologist who specializes in your disease.

My recommendations here are as follows:

1. Use the third pathologist outside of the state or the country that you are living. My philosophy there is that maybe the first two pathologists received their credentials and training from the same facility, and for this reason, the third one must be outside of their area.
2. With your signed release, the primary pathologist must send your pathology material to the second and third opinion consultant of your choice.
3. The most practical way to obtain a second opinion is to not to talk to your first oncologist or physician. I will not recommend any particular pathologist or laboratory, but the third opinion should be based on a new set of biopsies and not the old ones.

It is courteous to advise your doctor that you do not need your doctor's permission to obtain second and third opinions, but you will need to involve your primary doctor who has your vital history and information. That helps you get the best second opinion. Do not let your doctor talk you out of getting a third opinion or of sending the slides to the expert of his/her choice. A confident doctor will support your desire, even though it is a totally unorthodox and out-of-the-box way of doing things.

Pathologists' error rate is much greater than what you think. The American Cancer Society reviewed a sample of 226 prostate cancer tests and found significant discrepancies requiring correction in 18 percent of the cases. That is not all. Among the 18 percent with significant discrepancies, they found 6 percent of all those reviewed to be cancerous. Of 14 misdiagnosed cases, 5 patients reported problems, leading to a review of their biopsy and a correction

in diagnosis, while the other 9 weren't discovered. The purpose of this review was to identify clinically significant errors, which is ultimately the purpose of this movie. Pathologists are humans, and money and pride should not stop them from getting their mistakes corrected and informing the patients, as this does have an impact on the patient's lives.

Surgery and other similar procedures must be last on your list. It is interesting that when you ask a stockbroker for real estate advice, you will get an inadequate or no advice at all. What sort of advice about nonsurgical treatments do you expect to hear from your doctor if he or she doesn't practice the minimum invasive or nonsurgical treatments or if he or she believes 100 percent in radical surgery? Regardless, know that the answer you receive depends upon who you ask. Be very careful, as your life is more important than accepting and complying with the surgeon's opinion.

At one time, surgery was the most common treatment for BPH and malignant prostate. But because of the increased use of medications and the development of other less invasive therapies, surgery is on the decline. Today it's used mainly for more severe signs and symptoms or if you have complicating factors, such as

- frequent urinary tract infections
- kidney damage from urinary retention
- bleeding through the urethra
- stones in the bladder
- high Gleason stages

Surgery is the most effective of all therapies for relieving symptoms of an enlarged prostate. It's the

gold standard by which all other treatments are judged, and many doctors have extensive experience with it. However, it's also the most likely to produce side effects. Surgery isn't usually recommended unless it is absolutely necessary. Surgery for an enlarged or malignant prostate requires a hospital stay. If you have surgery, you may need to take up several days off work. You'll also need to avoid heavy lifting, jarring to your lower pelvic area, or straining of your lower abdominal muscles for up to several months.

END OF EDUCATIONAL PART

Steven, after the surgery, comes into the room as Ellie smiles and the session ends.

CUT AWAY

ARBITRATION SETTLEMENT BETWEEN STEVEN JONES, JULIE JONES, ELLIE POWELL, AND DON MONROE IN ELLIE'S OFFICE CONFERENCE ROOM

Don: Ms. Powell, we tried to come up with a strategy between us in order to create some type of guidelines to present to our clients, but we couldn't. So here we are. Do you now have the appraisals for the assets that we can obtain and review?

Ellie: You are correct. We met at the restaurant, and here is the picture of what happened at the end of our meeting after you put your hands on my knees and said, "I am sure we can work this out between us, and we can each pick up a million in this divorce, don't you think?" Remember that?

Ellie throws the pictures for Julie and Don to see as Steven gets up to react after he heard what Ellie said, but Ellie holds him back. Julie looks at Don surprisingly.

Don: Well, that was just a joke. That is not exactly what happened, Ms. Jones. Sorry, I meant to say Ms. Powell. Based on our appraisals, the house worth \$5 million and no loan, the shopping center that has no loan worth \$15 million, and the one that has a \$5 million loan worth around \$30 million.

So based on that, we think aside from the business and the Florida mall, your client owes my client \$22.5 million, so the question is if he can borrow it against the assets or we are going to force sell the assets.

Ellie: You must have had a long dream last night, Mr. Monroe. Our appraisals came in. The house was appraised at \$5 million as you indicated, and one of the shopping centers being managed by my client's office is free and clear, and it's worth \$10 million, and the other is much larger, and it's appraised for \$20M, but there is a loan of \$5 million. This means that the total net worth is \$30 million against it, and your client would get \$15 million, so we have a difference of \$7.5 million.

Don: What about the Florida mall and your client's business evaluation?

Julie: Don, if we solve that \$7.5M problem, Steven can have those two assets. In this case, we don't need to sell the assets, if Mr. Jones just writes a check.

Ellie: Mrs. Jones, would you then agree that the life insurance would be off the table?

Julie: *No.* That will not go away.

Steven: This is not a trade-off. Please accept an offer of keeping the house, and we would put up the shopping centers for sale, and we will split the equity. OK?

Don: I would like my client to list the two shopping centers, and we are not budging on that \$7.5 million.

Ellie: Mrs. Jones, can you tell me if you have ever been told by anyone that Mr. Jones is in bad health and soon to die, that you are going to be the recipient of that \$10 million life policy?

Julie: I guess you as his new girlfriend would rather have the policy switched to you, correct?

Steven: Julie, I don't know whatever happened to you. We had a small fight, and right after I left LA to Florida, you jumped in a bed with my agent George? How can you change so quickly?

Julie: I did not have sex that night, but maybe I should have. Steven, I was never on your high priority list, but I became George's top priority. I won't let you and your girlfriend get away with this.

Ellie gets up and asks Steven to leave.

Ellie takes Steven's hand, and they both leave without saying goodbye, only to say, "We'll see you two in court."

CUT AWAY

AT THE DA OFFICE WITH ELLIE POWELL, THE DEPUTY DA, STEVEN JONES, AND JOHN FORD

The interrogation room has a one-sided view of the room, and Steven and Ellie are watching and listening to the deputy DA interrogating John Ford who delivered the poison to Tony O'Neil's restaurant to poison the customers including Steven Jones.

Deputy DA: Do you agree that we can tape this conversation?

Ford: Yes, sir.

Deputy DA: Mr. Ford, who do you work for?

Ford: I work for several companies as a deliveryman including Dino's company.

Deputy DA: What do these companies do?

Ford: Distribution.

Deputy DA: What type of distribution?

Ford: Mix of chemical and dairy products. I need to get out of here. Enough with your questions.

Deputy DA: You are not going anywhere. Depending on your cooperation, Mr. Ford, I can release and reduce your charges or book you tonight, because you were the one that made the delivery to Mr. O'Neil's restaurant and caused Mr. Jones to be close to his deathbed. That delivery killed several other customers. So don't play with me as I have three witnesses that will testify so I can put you behind bars the rest of your life.

Ford: OK, OK. Dino and several other owners of chemical companies want a percentage of the businesses' profits in certain districts. Mr. O'Neil has not paid his share as he's supposed to for a couple of years. I was given instructions to insert poison by injections into his dairy products so his restaurant get shuts down, forcing him to pay.

Deputy DA: Who was giving you instructions?

Ford: Dino gave the instruction, but I also had another guy that knows me and Dino that requested for a favor. All I know is that his initial is GH. I don't know the full name. Dino told me to follow GH's instructions to poison Mr. Jones. He gave me his picture in an envelope with cash in it.

Deputy DA: So you did not care how many people would die as a result?

Ford: My instruction from Dino was to specifically put poison in the orange juice and milk of the customers. A separate instruction from GH was to specifically poison Mr. Jones after he gave me his picture.

Deputy DA: How much were you getting paid for each delivery?

Ford: \$50,000 cash by Dino and \$15,000 by GH.

Deputy DA: So you would kill innocent people for \$50,000 and Mr. Jones for \$15,000. Would you recognize Dino and GH if you see them again?

Ford: Yes, I have seen Dino, and I saw GH a couple of times.

Deputy DA: If I reduce your sentence, will you testify against these chemical companies' owners, Dino and GH?

Ford: I will be dead if I did that.

Deputy DA: If you don't, I will ask for death penalty, and I will get it. I will be right back.

CUT AWAY

The deputy DA walks out of the room to talk to Ellie.

Ellie: Very impressive. Does he have a public defender yet?

Deputy DA: Soon he will get one, but he agreed to the taping. What an animal.

Ellie: Can you hold him for a little while? I need him to testify against GH, whoever that is.

Steven puts his hand on Ellie's hand and closes his eyes for a minute.

Steven: Ellie, you know who GH is?

Ellie: No clue.

Steven: George Hansen. My former employee and Julie's boyfriend.

Ellie: Oh yes, it can't be anyone else.

Deputy DA: I can hold him for a while and request the DA for a reduced sentence if he cooperates with you and me to get the addresses of all these chemical distributor owners that are aligned to act like a mafia mob for extortion and possibly money laundering. There is an election coming up, and the present DA will not run, so I can possibly get this position. This is a big case for me, Ellie.

Steven: I hope that GH is not one of them, or otherwise, Julie's life is also in danger.

Ellie pulls Steven aside.

Ellie: Steven, I understand that you still have feeling for Julie, but we need to get to the bottom of this. The fact is that murdering you would benefit Julie, not George, so George needs Julie, so I don't think anything will happen to Julie, and I won't be surprised if she is in on this.

Steven: Julie is my ex, but if her life is in danger, at least I need to let her know.

Ellie: Let me ask you this and think about it. Would she do the same for you? Would she?

CUT AWAY

Back to the meeting with the deputy DA.

Ellie: Well, I have already served GH not knowing who he really was for the divorce court, but I have an idea that I can't discuss right now. I need an affidavit from Ford. I need that for the divorce court, and I will definitely help you on your election to become the next DA.

Deputy DA: You will have it tomorrow.

CUT AWAY

DIVORCE COURT OF JULIE AND STEVEN JONES

This is not a jury court with the plaintiff's attorney being Don Monroe and his client Julie Jones and Ellie Powell representing Steven Jones.

Judge: Mr. Monroe and Ms. Powell, please make your opening statement.

Ellie: May we approach the bench, Your Honor?

Judge: Please do.

Both attorneys approach the bench.

Ellie: Your Honor, I'd like to request for a continuation of this case as I have reasons to believe that the plaintiff has been in a conspiracy to—

Judge: Ms. Powell. Stop please. I'd like to give the court a recess for thirty minutes. Mr. Monroe and Ms. Powell, please meet me in the chamber now. This court will be in a thirty-minutes recess.

CUT AWAY

MEETING IN THE CHAMBER BEHIND THE COURT

Judge: Please continue, Ms. Powell.

Ellie: Your Honor, I have some evidence that indicates Mrs. Jones's boyfriend along with her were plotting to poison my client in order for Mrs. Jones to cash in on the \$10 million life policy of my client. Here is an affidavit from an informant that was told to specifically poison my client along with the other customers of a restaurant. It specifically names a person by the name of GH. We believe GH stands for George Hansen, who is the boyfriend of the plaintiff, and he is present in court. Here you are, Your Honor.

Ellie gives the judge the affidavit.

Don: Your Honor, this is simply fabrication, and my client's boyfriend has nothing to do with this case. I would like the court to continue the hearing today.

Judge: Ms. Powell, I read the affidavit. Only one question. What is the relevancy of the plaintiff's boyfriend to this divorce case?

Ellie: Mr. Monroe, please tell me why your client's boyfriend would try to use an informant to poison my client? That is the relevancy, sir. The relevancy has to do with \$10 million life insurance policy, and once my client is dead, she will inherit the rest of the assets, right?

Don: I strongly disagree. Your Honor, we were not able to settle this case in a settlement conference. I am requesting that this court should make the ultimate decision.

Judge: I am thinking to send this case to mandatory settlement arbitration, unless you two have any objections?

Don: Your Honor, I can't see the arbitration settle this case as we have a \$7.5 million difference between us.

Ellie: I agree with Mr. Monroe as arbitration will not work as I believe postponement of this court would allow the criminal court to hear the case and make the ruling that will affect this case. Please consider this.

The judge turns to Don.

Don: I disagree, Your Honor. This is a setback. I did not want to say anything about Ms. Powell and the defendant's relationship, but I believe there is a conflict of interest as I believe Ms. Powell is romantically involved with her client.

Judge: Ms. Powell?

Ellie: Your Honor, my relationship with my client has no relevancy in this case, but as you know, I have had you in several cases in the past, and this case is very unusual. I agreed to Mr. Monroe's request for a private meeting between us in a fairly dark section of a restaurant, and he tried to make sexual advances and butter me up by putting his hand on my knees, and that is why I got up and poured the bottle of wine over his head, and these are the pictures to prove that.

Judge: Wow. Mr. Monroe?

Don: That is not true, Your Honor. She was the one that was trying to come on to me, and I refused.

Judge: Is this GH in the court right now?

Don: Yes, he is.

Judge: First, I don't see any conflicts of Ms. Powell's relationship. Second, I will contact the DA and will decide what we will do next. See you both out there.

CUT AWAY

THE COURT IN SESSION

Judge: Based on new discovery that was just brought to my attention, I am going to continue this hearing, pending a criminal investigation and upcoming court ruling that may be related to this case. I just spoke with the DA. Is there a Mr. George Hansen in this court?

George, who is sitting behind Julie in the audience, gets up and identifies himself.

Judge: Mr. Hansen, the DA has requested that this court keep you temporarily, pending charges that are coming through their offices.

George: Based on what charges, sir?

Judge: Based on an affidavit that has been signed by Mr. John Ford. Do you not know Mr. Ford?

George: Never heard of him.

Judge: Apparently he knows you.

As George smiles at Julie and Don, slowly he walks back and tries to leave the court, but he gets blocked by the bailiff, and soon they handcuff him.

Judge: I don't know why you decided to run away, Mr. Hansen, if you don't know the person that blew the whistle on you. I consider you a flight risk, so until further charges that will be brought up, you will be

in the temporary custody in the detention with the sheriff.

Julie: *(getting up and shouting to the judge)* Are you insane? He has not done anything wrong! We came to settle this divorce! He has nothing to do with any of this!

Judge: Mr. Monroe, tell your client to sit down and close her mouth before I charge her with contempt.

Don tells Julie to take her seat, but Julie turns to Ellie and Steven and shouts again.

Julie: This is a setup by you two. We will see about that.

The court is adjourned.

CUT AWAY

CRIMINAL COURT

PRESENT: John Ford, Tony O’Neil, George Hansen, Julie Jones, Steven Jones, Ellie Powell, Deputy DA, and Dino

The criminal judge takes the bench.

Judge: This is a criminal case against Mr. Doug Dino, the owner or managing director of several dairy and chemical distribution companies nationwide, with his attorneys as the defendant, and the USDA office that has brought up criminal charges against him. Please each side make your opening statements.

Dino’s First Attorney: Your Honor, the charges are preposterous. My client has been the managing partner of eight distribution companies delivering dairy products separate from chemical products. He has never had issues in any of his locations. We are asking for a summary judgment, Your Honor.

Deputy DA: Your Honor, we have evidence that Mr. Dino is either connected to organized crime or the main person, using multiple entities to use the dairy product distribution as a front to extort businesses and receive a percentage of their income or carry on with a threat or actual use of poisonous chemicals to shut their business down. We do have a witness that will attest to that. We do believe that he used informants to do his dirty work as he did not get involved himself.

Dino's Attorney: Objection, Your Honor, as the DA is reaching a conclusion without any proof.

Judge: Sir, are you objecting on the DA's opening statement? Are you sure?

Dino's Attorney: Sorry, Your Honor, I withdraw my objection.

Judge: This is a serious allegation that the DA is bringing up. With that said, I will let you call your first witness.

Dino's Attorney: Your Honor, I would actually like to call my client to be the first witness.

Dino takes the stand. He is very scruffy with lots of tattoos and long beard and a mad-looking face.

Dino's Attorney: Sir, what is your full name, and how many businesses do you own?

Dino: My name is Doug Dinoista, but people call me Dino. I am the managing director of about eight distribution centers nationwide, and these charges are so stupid that—

Dino's Attorney: (*interrupting him*) Please just answer the questions and no other comments.

Judge: Please advise your witness that if he uses any profanity or be disrespectful in this court, I will hold him in contempt.

Dino: What the hell is contempt?

Dino's Attorney: Dino, please stop and control your mouth. Just answer the questions.

Judge: This is the second and final notice.

Dino's Attorney: Please explain to the court that in all these years that you owned these businesses, did you ever have any legal issues?

Dino: Not at all. Being in business for over twenty years, and this is the first time I am in court over this BS.

Dino's Attorney: The DA is referring to poisoning customers of restaurants that don't pay a percentage of their income to you. Could this be due to expired dairy products that may have gone bad, versus poison from chemicals that ended up in some dairy products by mistake, which they are alleging?

Deputy DA: Objection, Your Honor. He is leading the client to conclusion.

Judge: Sustained.

Dino's Attorney: OK, let me rephrase it. In your opinion, how did the poison get distributed to the restaurants?

Dino: Probably spoiled milk or something. We do deliver cleaning and chemical products, if that is what you mean?

Dino's Attorney: What would you say to the DA in terms of extortion?

Dino: I think he is confused, sir. There is a difference between extortion and collection. If our accounts

are not paid for the invoices that we send, we make collection calls. We don't kill people to get paid. That is crazy!

Dino's Attorney: How many collection accounts do you typically have a year?

Dino: I say less than a handful.

Dino's Attorney: Have you ever been in a criminal court like this?

Dino: No, sir.

Dino's Attorney: I have no further questions, Your Honor. Your witness now.

He points to the deputy DA.

At this time, the DA walks in the court.

DA: Your Honor, my term of service is coming up the end of this year, and my deputy has been involved in this case. Your Honor, if I may continue the questioning?

Judge: Yes, please.

DA: Mr. Dino, you realize that you are under oath, sitting at the witness stand, correct?

Dino: Yes.

DA: Do you know the penalty for lying under oath in court?

Dino: I don't lie.

Judge: Answer the question.

Dino: No.

DA: It is called perjury. It is the intentional act of swearing a false oath or falsifying an affirmation to

tell the truth. It is a felony, and it is punishable by up to five years.

Dino: So.

DA: You testified that you are running these businesses as mainly dairy distributions, but some are a mix of dairy and chemical distributions, correct?

Dino: So what is wrong with that?

Judge: Answer the question, sir.

Dino: Yes.

DA: Take a look at these documents please. These are eight health department licenses that are issued for dairy product distribution but no chemical. Your Honor, I'd like these to be lodged as Exhibit A.

Dino looks at them.

Dino: So?

DA: So the documents refer to the addresses where there should be dairy and no chemical distribution. Can you tell me where it says that you can have both businesses at the same location?

Dino: Well, probably this is just part of the documents. My attorney will provide the chemical distribution license.

DA: Really? Your Honor, I am requesting that the defendant's attorney provide that as we have checked, and nothing has shown up.

Judge: Let's enter those licenses as Exhibit A.

DA: Now, let's look at another set of documents. Business licenses that I'd like to request to be Exhibit B.

They refer only to the dairy distribution business, and mostly they are expired, but they do not refer to chemical distribution. Your Honor, we have requested the city to make a statement if they usually issue one or two business licenses for a location. And they have confirmed per Exhibit C that I have in my hand that they have never issued two licenses for the same location, and they will never do. Question is, Mr. Dino, do you admit that you have been doing business illegally in all these years?

Dino's Attorney: Objection, Your Honor.

Judge: On what basis?

Dino's Attorney: My client had no clue up to now that the city required it.

Judge: How do you know what your client knows and does not know? Overruled. Answer the question.

Dino: Judge, I assumed that one business license is enough.

DA: OK, so you did not know this up to now, as you are sitting in this court, correct?

Dino: Correct.

DA: So will you obtain business licenses for your chemical distribution as soon as you walk out of this court?

Dino: Yes, sir.

DA: Let me ask you with whom are you doing business when it comes down to chemical distribution? And what types of chemicals are you distributing typically and to whom?

Dino: Well, these are cleaning products, insect poison to restaurants and bars. What is illegal about that?

DA: Your Honor, at this point, I'd like to turn this over to my deputy to follow up on the rest of the questions.

Judge: Let's take a thirty-minute recess.

CUT AWAY

In the recess, Ellie, the DA, and the deputy DA exchange information; and Ellie gives the deputy DA a series of questions.

CUT AWAY

BACK IN COURT

Deputy DA: Mr. Dino, in this court, we have three people that I believe know you. The first one is Mr. George Hansen that was temporarily held by a divorce judge pending an investigation due to conspiracy to commit murder and purposely instructing Mr. John Ford to poison Mr. Steven Jones that is in this court. Second is Mr. John Ford that has issued an affidavit confessing to his relationship with you and Mr. Hansen, and last is Mr. Tony O'Neil, the owner of the restaurant where Mr. Jones was poisoned. Do you know any of them?

Dino: I only know John Ford that does delivery for us.

Deputy DA: Please take a look at this affidavit and tell me if this is true or not.

Dino's Attorney: Objection, Your Honor. The DA is leading my client to conclusion which he cannot ascertain.

Judge: Overruled.

Dino: Well, this basically says that Ford was instructed to poison Jones. How the hell did I know that? This

could have been a case not related to his employment with me.

Deputy DA: Mr. Dino, please look at this lab result that came out after the examination of certain chemicals from people that died in the restaurant. Do you see the type of chemical? Formaldehyde?

Dino: Yes, I see. Maybe John was doing his own business with Mr. Hansen. I know nothing about this.

Deputy DA: Your Honor, I'd like these lab results to be submitted as Exhibit D.

Judge: So be it. Any other questions?

Deputy DA: Just a couple, Your Honor. Mr. Dino, you stated that your full name is Doug Dinoista. Do you not also go by Douglas Denostia and Doug Dinooba? Please think before you respond.

Dino: Ya, I have used those names.

Deputy DA: What does your ID or driver's license say your name is?

Dino's Attorney: Objection, Your Honor. What difference does it make if my client is using alias names?

Judge: Overruled.

Dino: Douglas Denostia.

Deputy DA: Sir. Have you ever been in court, a criminal court under Douglas Denostia?

Dino: I don't remember.

DA: Your Honor, I'd like to present to court Exhibit E on a criminal case against this gentleman last year. May I approach the bench?

Judge: Both counsels, please approach the bench.

Deputy DA: Your Honor, this is the case where he was involved in killing the wife of a senator with full instructions from the senator by poison. Formaldehyde that was found in her blood after the autopsy was the cause of her death. That senator is serving life in jail right now. Mr. Dino has been a fugitive. This is a copy of the warrant for his arrest as he has been hiding under alias names. I suggest that you ask the sheriff to watch out as he could run away after he gets off the stand.

The judge points to the attorneys to sit down and act like he is getting a call. Just to pretend.

Judge: It looks like I am getting an emergency call on my cell phone with the ringer off. Let's see who it is. Oh yes, oh no, there is shooting in the hallway. Please close the back doors and lock the doors right now.

Dino immediately jumps over the witness stand to hit the judge. Steven, who is sitting closer than the sheriff, immediately jumps over and intercepts Dino and holds him down on the floor.

The sheriff immediately gets the signal from the judge that the witness could run away. They lock the doors immediately and come to the front, holding the gun against Dino. "Do not move!"

Judge: Mr. Denostia, you are under arrest by the sheriff. There has been a warrant for your arrest. You played a very good game here. Please arrest and take him away. This court will have a thirty-minute recess. The defendant's attorney can continue this case, and a decision will be made once all witnesses have testified. No one is allowed to leave this court without the escort of the sheriff.

The sheriff puts a handcuff on Dino's hands and keeps him sitting.

CUT AWAY

AFTER RECESS

Dino's Attorney: Your Honor, I had no idea that he had a warrant.

Judge: A typical defense attorney. Did you check his ID?
Did you sign an engagement letter?

Dino's Attorney: Well, Your Honor, under attorney-client privileges,
I can't divulge that.

Judge: A typical defense attorney. Please continue calling
your other witnesses.

Deputy DA: I would like to call Mr. John Ford.

John Ford comes to the witness stand.

Deputy DA: Sir, please look at this affidavit and tell the court if
this is your signature.

John: Yes, it is.

Deputy DA: Please point out who GH is.

John points at George Hansen who is seating next to Julie Jones.

Deputy DA: Were you under GH's instruction to poison Mr.
Jones in Mr. O'Neil's restaurant and all his customers
or just Mr. Jones? Who was the target?

John: I had two instructions. One from Mr. Dino to poison
one set of customers in O'Neil's restaurant because
he has not paid his share over thirteen months. I
was given an envelope with \$50,000 cash for that,
and I was also given an envelope with \$15,000 by
Mr. Hansen to specifically put formaldehyde in Mr.
Jones's drink.

Deputy DA: Did you make an eye-to-eye contact with Mr. Jones as you were leaving the restaurant?

John: I tried not to, but I think he saw me.

Dino's Attorney: Your Honor, I would like to turn in my resignation, and I would like to be relieved from this case.

Deputy DA: Your Honor, the prosecution rests.

Judge: I am issuing an order in less than thirty minutes as we are going to have a recess. I can't have anyone leave the court. If you need to use the restrooms or get coffee or tea, you must be accompanied by the sheriff individually.

CUT AWAY

AFTER THE RECESS

Judge: In the recess that we just had, I contacted several law enforcement agencies including the FBI, ATF, and ICE. The following are my orders.

Mr. Douglas Denostia, I sentence you to twenty-five years in penitentiary for multiple counts to commit murder and unlawful business of chemical distribution including illegal usage of formaldehyde. I have issued a search warrant for all your distribution branches, and they all will be shut down by the US Marshals, ATF, and FBI, pending further investigation as to who else is involved. There will be an investigation on the companies and individuals that you have been associated with. No bail bond at any amount can be issued to release you. Sheriff, please take him away.

Dino with handcuffs gets moved out of court.

Judge: Mr. John Ford. Since you have cooperated with the DA, you are charged with six counts of attempted murder second degree, and I am sentencing you to fifteen years in prison with a possibility of parole after ten years.

Mr. George Hansen, I am going to hold you indefinitely until a case is to be brought up by DA against you. If you get representation, you will come back to court on a separate case. Until then, you shall continue to stay in jail till further notice with a charge of conspiracy to commit murder.

George angrily gets up.

George: No, no, no...It was Mrs. Jones's fault. She put me up to this. She wanted him dead so we can get the money to move to the Bahamas.

Julie, along with everyone in the court, looks at him in shock.

Judge: Sheriff, please take him away.

As to the defendant's attorney, I need to sanction you; but since you were smart enough to resign, I won't. Never ever try to hide criminal activities behind the attorney-client privileges. It will eventually come up.

The court is adjourned.

Steven: Ellie, can we have dinner tonight?

Ellie: Sure, where would you take me?

Steven: A surprise place.

CUT AWAY

Scene of ATF and US Marshals along with FBI entering in multiple locations owned by Dino in order to take the evidence and destroy the chemical distributions including shutting down the facilities

DINNER AT THE RESTAURANT

Steven: Ellie, I don't know how to thank you for all you have done for me.

Ellie: Steven, if you hadn't saved my life, I would not be here right now.

As the server comes to take their order, Steven orders a champagne bottle, and both order appetizers.

Steven: I had a message from the lender while we were at court, and it said that the \$127 million loan has been approved in tranches. They want me to fly to Orlando and sign the loan documents there. I would like you to come along with me to celebrate. Would you?

Ellie: Please let them wait, because the divorce court continuation is set up the day after tomorrow, and we both have to be there. Your loan document would probably require that you submit a new financial statement as to your new net worth after the divorce anyway. That document must be updated since you will be signing as a divorced and unmarried man with less assets.

Steven: OK, OK, I would let them know that it must wait till next weekend. But would you come along?

Ellie: No, I can't.

Steven: Oh no. I was counting on you coming.

Ellie: I'm just messing with you. I wouldn't miss it for the world.

After dinner, Steven drops Ellie off at her house. Ellie asks Steven to come in for a few minutes. Steven accepts. She goes to her wardrobe to wear something more comfortable as Steven sits at the couch. Ellie comes back with a very sexy outfit as Steven looks up with the word *wow*.

Steven: I...I...have never seen you like this. You are so beautiful, Ellie.

Both start to drink wine and intimately kiss.

Steven: I have been holding my emotions for you a long, long time.

Ellie: Me too Steven, me too.

DIVORCE COURT

Judge: Ms. Powell, in the last court hearing, you asked for continuance, and it was granted. I see that you have submitted the results and rendering of the criminal court ruling. I understand that Mrs. Jones was not prosecuted in the conspiracy of a plot to murder your client, correct?

Ellie: That is correct, Your Honor. My client will not press any charges against her ex-wife. However, her boyfriend is now serving time and pending charges for conspiracy to murder.

Julie, sitting next to her attorney, bursts into tears as it is very noticeable.

Don: Your Honor, I understand that we had the update from the criminal court, but that has nothing to do with the fact that we are still in an impasse and not close enough to agree on a settlement.

- Judge: Ms. Powell?
- Ellie: Your Honor, let me cover the assets and evaluations as of today.
- Asset 1: The house that my client and his ex used to live in, per two evaluations, comes in at \$5 million; and this asset has no loan. Our appraisal within a few thousands matches theirs.
- Asset 2: The smaller shopping center per their appraisal is worth \$15 million, and per our appraisal, it's worth \$10 million. This asset has \$0 million loan, and it is being managed by my client's firm.
- Asset 3: The larger shopping center per their appraisal has a value of \$30M and per our appraisal worth \$20M. The discrepancy in the appraisal of theirs is the usage of outdated rent roll and expenses. I believe this was done on purpose. There is a loan of \$5M on this asset and currently is also being managed by my client's firm.
- Asset 4: Life insurance of \$10M which I am requesting to be canceled.
- Asset 5: Personal properties. My client is willing to let go of any jewelry, furniture, and arts in the house. They have not been evaluated.
- Asset 6: The Florida redevelopment that unless gets entitled will not be worth more than \$7.5M, and with \$5.5M loan, the equity is \$2 million.
- Asset 7: My client's business has not been evaluated.
- Asset 8: My client's ex-wife's business and savings have not been determined yet.
- Judge: Mr. Monroe, any disagreement?

Don: Your Honor, we have a difference of \$7.5 million per our evaluations versus theirs. I do object the way that Ms. Powell loosely divides up the assets.

Judge: I have seen the documents and heard both sides. Here is my ruling.

Asset 1: I accept the appraisal of the house to be \$5M. I would ask your client, Ms. Powell, to deed it to Mrs. Jones so it does not need to be liquidated.

Asset 2: I would take the average between the two evaluations for the smaller shopping center at \$12.5M to be divided up fifty-fifty or \$6,250,000 each.

Asset 3: I would take the average between the two evaluations for the larger shopping center at \$25M to be divided up fifty-fifty after taking out the \$5M loan. Or \$10M each.

Asset 4: Life insurance of \$10M shall immediately be canceled.

Asset 5: Personal properties. This is a wash between the two.

Asset 6: The Florida redevelopment equity of \$2 million in a fifty-fifty will be \$1 million each side.

Assets 7 and 8: Based on the tax returns that I have seen between the two, this is also a wash.

In this case, the total asset prior to costs and attorney's fees is worth \$39.5 million. And each party before the costs including court costs gets \$19.75 million.

From the \$19.75M equity, Mrs. Jones shall receive the house at \$5 million and the smaller shopping center with the value of \$12.5M. Mr. Jones still owes

Mrs. Jones \$2.25M, and I suggest that he refinance the larger shopping center to cover the shortage.

Each party is responsible for their own attorney's fees and court costs. Based on this ruling, there is no need to liquidate any asset. The deed and the management of the smaller shopping center shall immediately be transferred to Mrs. Jones.

This is the final ruling, and each party can appeal, but I can assure you that you would waste your time in the appeal court.

Don: Your Honor, let me consult with my client and—

The judge interrupts the attorney.

Judge: Sir, I am done with the ruling. The court is adjourned.

As Ellie and Steven walk out of the court, Julie shouts, "I am so sorry, Steven, I am sorry! Please forgive me, please..."

Steven looks at Julie but continues to walk away with Ellie.

They are walking in the hallways.

Steven: Wow. I am speechless.

CUT AWAY

COFFEE SHOP NEXT TO THE COURTHOUSE

Ellie: Steven, I have a question to ask you. You don't have to answer it, but I can handle the answer. Are you over her? Tell me the truth.

Steven: Ellie, you may have noticed that I have not taken out my wedding ring since I have known you. This was not because I was not over her; it was because I

wanted to see the closure. And today was the closure that I was waiting for.

Steven takes out his ring and drops it in the drain in the coffee shop.

Ellie starts to have tears in her eyes. They drink their coffee.

Ellie: I'd still like to know one thing.

Steven: Sure. Please ask.

Ellie: She said that you were not giving her any attention and that she was not on your high list of priority. Why, Steven?

Steven: I wanted kids, but she did not. She was invited to work in my office, and she did for a while, and she stopped as she thought I was bossing her around until she left to do residential real estate. I admit that I should have paid more attention to my prostate issues to be more intimate with her, but by the time I got around to doing that, she jumped in bed as I left for Florida.

Ellie: I understand. I just don't want to take her shoes going forward.

Steven: My dear Ellie, I am leaving the day after tomorrow, on Saturday, to Orlando as the entitlement of my redevelopment is now approved as well; and I need to meet the city official and my lender next Monday. Would you please come along? Please don't say no.

Ellie: (*wiping her tears*) Of course, Steven, of course.

CUT AWAY

LAX AIRPORT—FLIGHT TO ORLANDO

Ellie and Steven are waiting at the terminal for their flight to Orlando; but there is hardly anyone at the gate, which seems surprising, until the announcer calls the flight and destination.

Both start to board the 747 plane, and Ellie notices that no one else is following or around them or ahead of them. She does look surprised but does not say anything.

A few minutes later, several other crew members board the plane, passing by them. As both take their seat in the first class, the flight attendant approaches them to take their order for drinks.

Nearly half an hour passes, but no one else is boarding the plane. Ellie is much surprised and shocked but not Steven.

Ellie: Honey? Sorry, Steven, gee, I called you honey already!
 Uhm...have you noticed we are the only ones in this
 plane except a few crew members?

Steven smiles a bit, and by the time he starts to say something, the flight attendant comes with their drinks.

Ellie: Excuse me, where is everyone? This plane is nearly
 empty, isn't it?

The flight attendant smiles and looks at Steven.

Flight Attendant: I guess due to COVID, maybe we lost the other
 passengers?

Ellie is even more surprised as the pilot asks the flight attendant to shut the doors and get ready for takeoff.

As the plane reaches the 37K altitude, Ellie is still in shock. Steven acts very normal.

Ellie: Steven, I think we are being hijacked. Something is wrong.

The flight attendant comes to see both of them again.

Flight Attendant: Sorry, I understand that you both have been invited to the VIP section upstairs lounge area. Please follow me.

Ellie looks at Steven surprisingly as she gets up holding Steven's hand to follow the flight attendant.

Both get directed to the upstairs floor with fewer seats and a much open area. The three of them walk into a dark second floor of the plane.

Ellie holds Steven's hands even tighter.

Ellie: I am scared.

All of a sudden, the lights get turned on.

The scene is a beautiful fully decorated VIP section of the plane with wedding decoration and an aisle with the pastor and several people at the end of the aisle smiling.

Adrian; his wife, Jennifer; Dr. Kasper; Dr. Garfield; Dr. Williams; Allan; and Steven's secretary are all present.

Ellie turns to Steven shockingly as Steven kneels down with a ring in his hand.

Steven: I have been dreaming to ask you to marry me ever since I met you. I have kept my emotions for such a long, long time. I chartered this plane to ask you above the clouds to marry me. This has been arranged over several weeks now.

Ellie: Can we afford this?

Steven: Honey, you just saved us \$7.5 million. Yes, we can afford it.

Ellie: *(whispering)* And where is the prenuptial agreement for me to sign?

Steven: Oh, there is none.

Everyone is waiting for Ellie to respond.

Ellie: No.

Steven, disappointed, tries to get up; but Ellie pushes him back down.

Ellie: I am messing with you. I love to be Mrs. Ellie Powell Jones.

THE END

