“Twice-kicker of Cancer's Butt Shares Knowledge that Oncologists Won't Tell You” (Richard Bagdonas) [#161]

Brad Power
September 17, 2025

“I have found that in the community that is in and around cancer and cancer treatment. It is just that it is a community. The moment that we get a diagnosis, and we enter the black box of cancer care, it is so important to let other people know that we are there, because if you are silent about it, people won't know that they can come and support you. I was very vocal when I got the diagnosis. The first thing I did was I called up the CEO of doctor.com, and I said, ‘Hey, I've just been diagnosed with stage IV mantle cell lymphoma. I've got three to five years to live. I'd like to create a Slack channel for the company, which I called ‘Richard Kicking Cancer's Butt’.’ I invited anybody that wanted to come in to share their words of wisdom and encouragement and communicate with me. I then posted on Twitter, and I posted on social media about this, because I was looking for people that had these pearls of wisdom that could come in and say, ‘Hey, you should try this.’ Or, ‘Hey, I've got a doctor you could talk to.’ Or, ‘Hey, did you see this study?’ It was only because I was vocal about it and transparent with my diagnosis that I was able to recruit the people that helped me find the right doctor, get the right treatment, and encouraged me as I was going through it, because there's plenty of times where you feel like, ‘Is it worth it? Should I give up?’ Because I've had friends of friends who have told me that their loved one was going through chemotherapy. It was tough. And they just decided to give up and not go to the next treatment. And unfortunately, they passed. This is life or death, and if we tell folks that we're going through it, there is a support group and a community that will wrap their loving hands around us and guide us and help us through cancer care.” – Richard Bagdonas

“There are ways that I have found to help with survivor's guilt. The first one is to help others. I went on social media, and I broadcast it everywhere that, ‘Hey, I conquered cancer, and here's how I did it.’ I also offered help. I said, ‘Hey, if anybody has somebody that they know that has been recently diagnosed with cancer, have them connect with me, and I will find them the right cancer care.’ And if you think about a tour guide, I have been tour guides for over 50 people so far in helping them find the right care, staying away from content that was not going to help them, and ensuring that they had the positive coaching necessary to get through it. I also advocated by sharing my story with others. I wrote my state reps, and I donated to organizations that were helping move cancer treatment further along, and then I volunteered by looking for opportunities. I visited cancer centers. I'm now a member of the patient council at Texas Oncology and still a spokesperson for MD Anderson.” – Richard Bagdonas

Meeting Summary

Patients and their families face crippling fear each time a cancer diagnosis is made. Richard Bagdonas, his family, and his support group faced the same challenges, including how to find the "right oncologist" to ensure successful outcomes such as when to choose a clinical trial over local oncology.

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Bodybuilder Richard Bagdonas was diagnosed with Stage IV lymphoma at the age of forty-five, then aggressive prostate cancer at 50. Richard was patient #1 in a clinical trial at MD Anderson and was cured of lymphoma in 56 calendar days. He later spent two years in treatment for prostate cancer with a positive outcome. Richard's background includes 20 years as a healthcare technology professional, leading the innovation team at Doctor.com, serving as the Chief Technology Officer and Chief Healthcare Architect for MI7, and serving as Chief Operating Officer for Remote Operations.

How can you find your best cancer treatment?

- Build your support community; be vocal about your diagnosis; leverage your personal and professional networks; connect with people who have similar experiences; seek support from cancer communities and advocacy groups
- Advocate for yourself in the healthcare system.
- Understand the standard treatment options and research experimental and cutting-edge treatments; explore all options.
- Actively participate in your care; ask questions; consult multiple doctors and get second opinions.
- Be open to clinical trials and innovative approaches.

How can clinical trials improve your cancer treatment outcomes?

- Clinical trials can provide access to cutting-edge treatments that may offer better outcomes, fewer side effects, and hope if you have limited traditional treatment options.

How can exercise improve your cancer treatment outcomes?

- Maintain strength during treatment.
- Reduce side effects (especially from chemotherapy).
- Lymphatic system support (moves lymphatic fluid through the body).
- Increases mental clarity, reduces stress, and helps maintain a positive mindset.
- Faster recovery.

How can diet improve your cancer treatment outcomes?

- Eliminate sugar, as cancers feed on sugar.
- Avoid alcohol.
- Eat clean, whole foods.
- Remove processed foods.
- Consider pH-balanced and macrobiotic options.
- Stay hydrated (60-100 ounces of water daily).
- Avoid fruit during treatment (due to sugar content).

How can mental health practices reduce stress, improve focus, and enhance overall well-being?

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- **Guided self-meditation**: Close your eyes and systematically address worries by identifying what's bothering you; categorizing concerns as past, future, or present; and speaking out loud to give yourself permission to let go of unproductive thoughts.
- **Present-moment focus**: Clear mental clutter by scheduling future concerns on your calendar, resolving immediate interpersonal conflicts, and eliminating distracting thoughts about tasks and obligations.
- **Active meditation**: Practice mindfulness during routine activities like exercising with eyes closed, listening to music, and focusing on your breath and current sensations.

How should you design your exercise, diet, and mental health practices?

- Consult with medical professionals before starting new regimens.
- Personalize your approach based on your individual health condition.
- Track and document your experiences.
- Remain flexible and willing to adjust strategies.

How can you build a supportive community and leverage technology during your cancer journey?

- Be vocal and transparent about your diagnosis on social media and with colleagues.
- Create dedicated communication channels for group updates (Slack, text messages, email, or social media).
- Be proactive in communications; provide regular updates to reduce pressure on yourself and your family.
- Invite people to support you and share wisdom.

How can you deal with “survivor's guilt"?

- **Help others**: Offer support to people recently diagnosed with cancer by becoming a "tour guide" for their care journey.
- **Share your story**: Speak publicly about your experience, write to representatives, appear on podcasts, write a book, engage on social media, and donate to organizations advancing cancer treatment.
- **Volunteer**: Look for opportunities to support cancer centers and patients, such as joining patient councils.

How can you learn more about the experiences of engaged cancer patients and caregivers?

- Connect with Richard Bagdonas at richard@fitforanybattle.com to learn more about his "Fit for Any Battle" program and book.
- Join online support groups and forums, such as community.cancerpatientlab.org.
- See summaries and video recordings of discussions with engaged patients, such as:
    - “What I Learned from Navigating Three Cancers” (Ert Dredge) [#139]
    - “How Advocacy Leads to Better Patient Outcomes and Experiences” (Steven Merlin) [#126]

“Twice-kicker of Cancer's Butt Shares Knowledge that Oncologists Won't Tell You” (Richard Bagdonas) [#161]

- “A Hackathon (Molecular Tumor Board) for Advanced Prostate Cancer Patient and Cancer Researcher Dr. Elliot Davis” [#114]
- “A Guy with Two Cancers Explores Treatments and Life” (Burt Rosen) [#112]
- “An Engaged Caregiver” (Rochelle Prosser, RN, CLNC) [#101]
- “A Cancer Hacker Solves His Own Needs and Helps Others Access the Best, New, Personalized Tests and Treatments” (Mark Taylor) [#71]

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Meeting Notes

KEYWORDS

Cancer survivor, fitness journey, mantle cell lymphoma, immunotherapy, prostate cancer, chemotherapy, radiation therapy, diet, exercise, mental health, survivor's guilt, patient advocacy, clinical trial, testosterone replacement therapy, lymphatic system.

SPEAKERS

Richard Bagdonas (73%), Brad Power (15%), Jeff Marchi (7%), Rick Davis (3%), David Plunkett (2%)

CHAT CONTRIBUTORS

Roger Royse, Helen, Jeff Marchi, Rick Davis

SUMMARY

Richard Bagdonas shared his journey as a cancer survivor, detailing his diagnosis of stage IV mantle cell lymphoma in 2018, his treatment with immunotherapy at MD Anderson, and his subsequent battle with aggressive prostate cancer. He emphasized the importance of diet, hydration, and exercise, including weightlifting and BMX biking, in his recovery. Richard also discussed the role of mental health, stress management, and community support in his treatment. He highlighted the significance of being vocal about his diagnosis to build a supportive network.

OUTLINE

Richard Bagdonas' Background and Medical History

- Richard Bagdonas is a cancer survivor with a focus on fitness.
- He is a leader in the patient advocacy space, recommended by many people.
- He has an active lifestyle as a weightlifter and BMX biker.
- In 2018, Richard was diagnosed with stage four mantle cell lymphoma, a rare form of lymphoma with a three to five-year lifespan without treatment.
- He became patient number one in a clinical trial at MD Anderson using pure immunotherapy, achieving clinical cure in 56 calendar days.
- In 2020, Richard caught COVID-19 and had pneumonia, and in 2022 he was diagnosed with aggressive prostate cancer, undergoing a prostatectomy, chemotherapy, radiation, and two years of hormone deprivation.
- Diet, hydration, and exercise are very important.
- The role of diet in cancer treatment includes avoiding sugar, alcohol, and fruit, and focusing on a clean diet.
- With immunotherapy and traditional oncology treatments, following medical advice is important.
- Survivor's guilt can be turned into a positive by helping others and advocating for cancer care.

“Twice-kicker of Cancer's Butt Shares Knowledge that Oncologists Won't Tell You” (Richard Bagdonas) [#161]

Complementary Activities and Therapies during and after Treatment

- Hydration is important, especially during chemotherapy.
- Exercise, including weightlifting and BMX biking, is important in cancer treatment.
- A workout program should focus on time-boxed sets and avoid heavy weights to prevent injury.
- Exercise can maintain strength and reduce side effects of cancer treatments.
- The use of cold and hot therapy can manage side effects.
- Rest and sleep are important for recovery.
- Integrative and complementary therapies, including glutathione supplements and peptide injections, are worth considering.
- BPC 157 and TB 500 can help with injury recovery.
- A gym environment and the support of a workout partner can help in recovery.
- Contrast tub therapy and NormaTec can help with lymphatic system support.

Advocacy and Community Support

- It is important to be vocal about your cancer diagnosis and build a support community.
- You can create a Slack channel and use social media to connect with others.
- Transparency and openness in cancer care can help in receiving support and guidance.

Stress Management and Meditation

- Stress management techniques include meditation and guided conversations with oneself.
- You can use meditation at the gym, focusing on clearing past and future worries to stay present.

Final Thoughts and Summary

- Community support, transparency, and active participation in cancer care are important.
- Exercise, diet, and stress management can improve treatment outcomes.
- You should experiment with different approaches and find what works best for you.

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TRANSCRIPT

Brad Power
This is the Cancer Patient Lab.

We're glad to have Richard Bagdonas with us today. As you can tell if you're looking at this screenshot, he's an exercise person as well as a cancer survivor. He's been doing some work on fitness, among other things, but today he's going to mostly be telling us about his journey as a cancer survivor. At the Cancer Patient Lab, we like to highlight people who actively engage in their care and get better outcomes as a result. Sometimes we call them citizen scientists or rogue patients or inpatient patients,but the people that get second opinions and get information and try to guide their care.

This is for information purposes only. This is not medical advice. We try to harm our patients with information they can take to their medical team.

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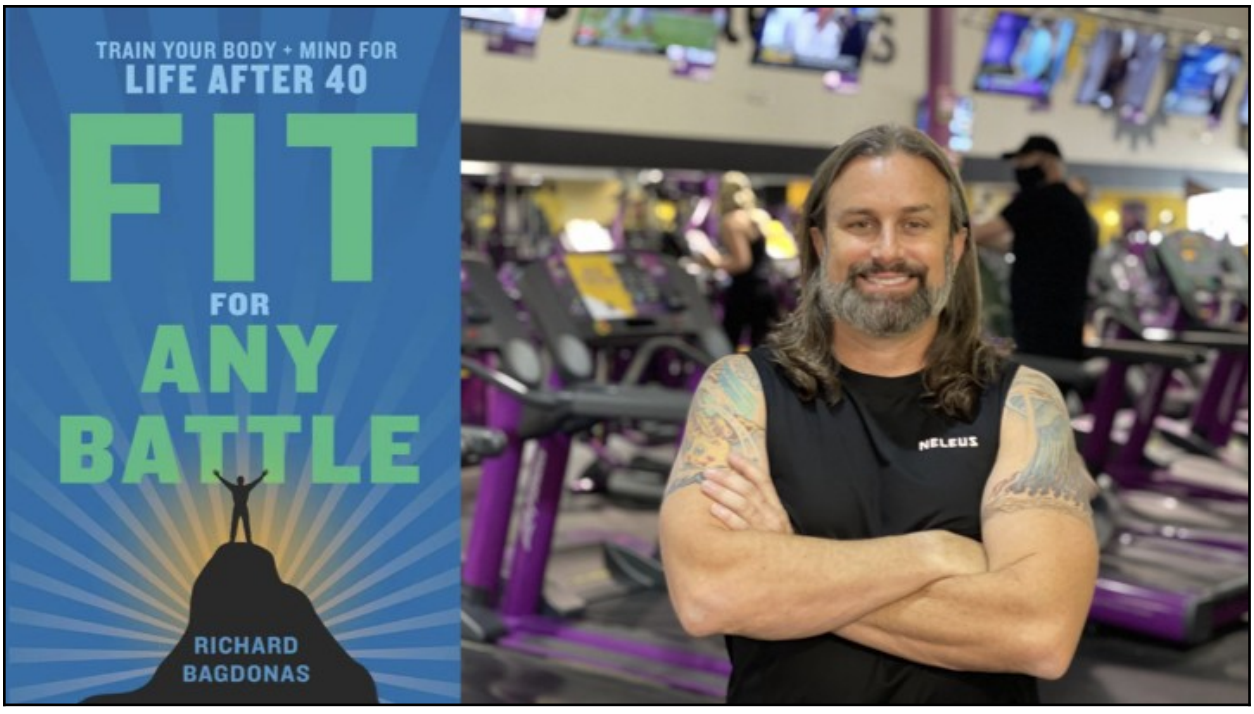
Richard and I connected many years ago when he was working on the fitness stuff, and then more recently, he's been recommended to me so many times by people who highlight him as a leader in the patient advocacy space.



Richard Bagdonas 2:07

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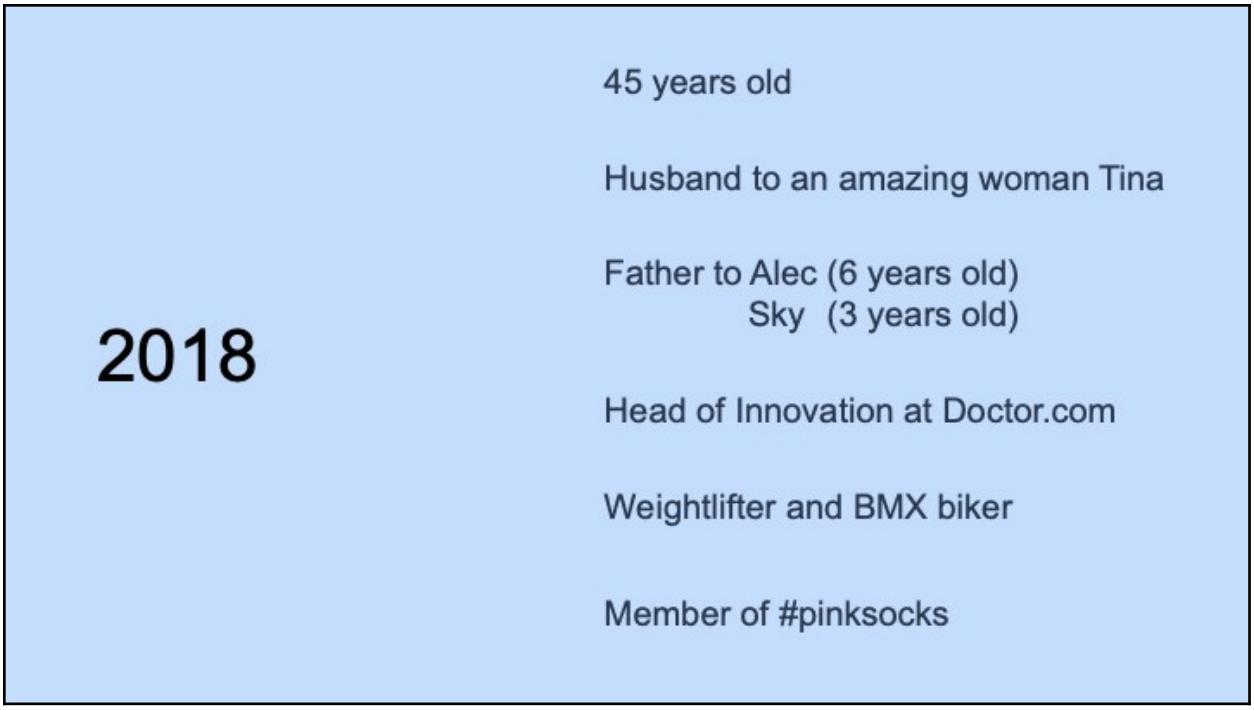
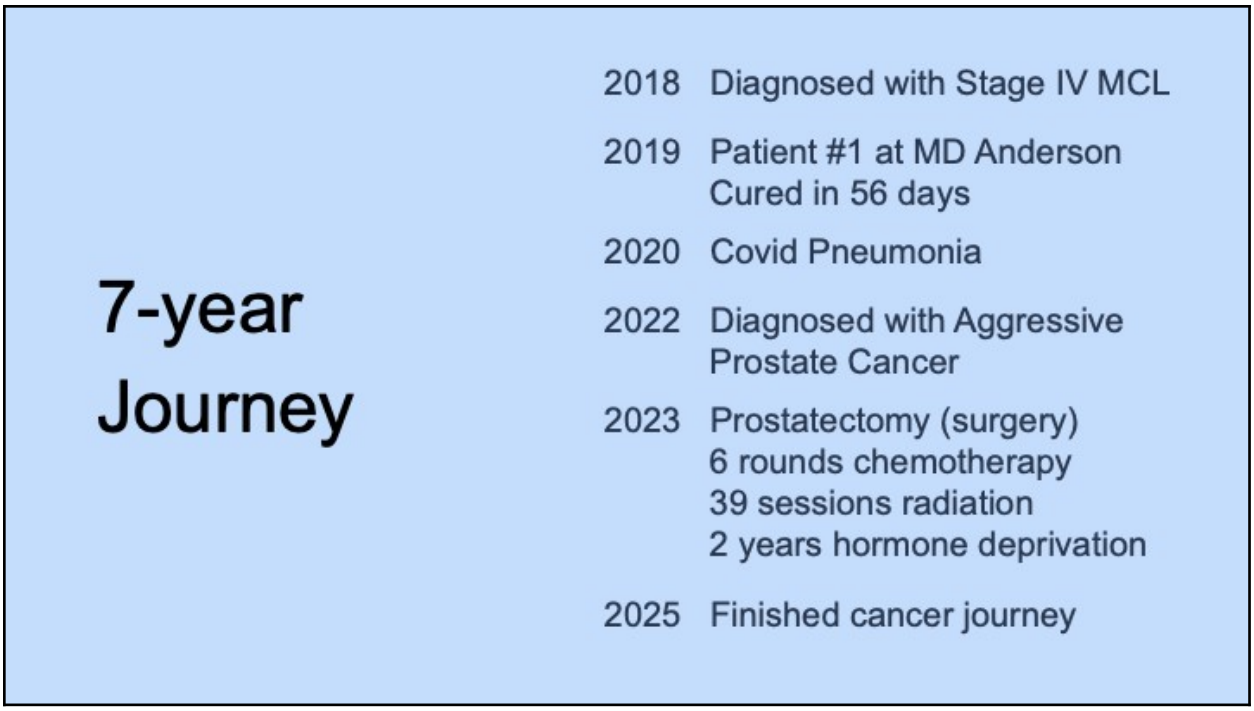
What you're seeing here is “Fit for any Battle”, which is a book that I wrote about my cancer journey and how fitness helped me get through and conquer cancer.



Let me walk you through. Let's go back to 2018. In 2018 I was 45 years old. I have an amazing wife named Tina. I call her the amazing Tina Schweiger. And our kids were six and three years old. That is Alec and Sky. At the time, I was the head of innovation for dr.com, a weightlifter for five days of the week, and a BMX biker for two days of the week. And also a member of #pinksocks. Pink Socks is a movement that started on Twitter to provide pink socks to people in healthcare that were doing amazing things. So at the time, I was doing wonderful but shortly thereafter,

“Twice-kicker of Cancer's Butt Shares Knowledge that Oncologists Won't Tell You” (Richard Bagdonas) [#161]



I started a seven year journey in healthcare as a patient. In 2018 I was diagnosed with stage IV mantle cell lymphoma. Mantle cell lymphoma is a rare form of lymphoma found at about 6% of patients the stage IV indicated that I had about a three to five year lifespan in front of me, and with if I did not get treatment in 2019 I became patient number one of a clinical trial at MD Anderson in Houston that used pure immunotherapy to immunotherapy drugs in unison, in a in a clinical trial that took 15 years to come together, and I was patient number One, and I was clinically cured in 56 calendar days. In 2020 because I was still on immunodepressive drugs, I was one of the first folks in Austin to catch covid. I had pneumonia, about 30% lung capacity. Went to the hospital twice. The second time they said I wasn't going to go home because I would likely be intubated, and at that time, over 70% of the patients that were being intubated in Austin were not going home. But I found a way to get out of there. And then in 2022 I was diagnosed with aggressive prostate cancer, and that was towards the end of 2022 and in 2023 in January, I had a prostatectomy to remove my prostate. I had six rounds of chemotherapy, 39 sessions of radiation that was targeting that area, and then two years of hormone deprivation that led to 2025 January 1, I stopped taking all medications. Yes, and have now got my testosterone back up to a modest level, and do not have any health issues. Now, I can tell you, this seven year journey was not an easy one to go through, and I feel for patients that are just entering the black box of cancer care.

But let's go back to 2018. I was on the beach in Mexico, and who would have known that that plate of papaya that I was eating would lead me to a diagnostic test that found the mantle cell lymphoma. It was not early stage. It had actually progressed. But it was unbeknownst to me. I did not have any sort of symptoms at that time. The thing that caught me in this was something called cyclospora. Cyclospora is a bacteria that sits on the fruit. It comes in through the water, and it sits on the fruit of papaya, and when ingested, creates irritable tummy troubles. Some

people call it the Aztec two step Montezuma's revenge, whatever you want to refer to it as. That is what triggered me to go to a doctor who realized that I just needed a gastroenterologist. And the gastroenterologist ran a colonoscopy, and in the colonoscopy, he said, “Hey, I saw some inflammation. I took a snippet of it. It's probably nothing. You're fine.” Three weeks later, I got a call back, and it's amazing how this all came together. The first lab had no idea what it was, so it sent it to a second lab. A second lab didn't know what it was, so they sent it up to Pennsylvania, to one of the university labs. And it was only at that university lab that they realized that these were mantle cells that were draining into my gut, causing the inflammation. And that's where it led to the diagnosis of stage IV mantle cell lymphoma. Now you have to wonder, “How did tummy troubles lead to cancer?” It wasn't that the tummy trouble caused the cancer. The tummy trouble just created a situation where the doctors went in to try to figure out what it was, and happened to come upon this situation with the mantle cells flowing into my gut. As I said, the gastroenterologist didn't think it was anything, so it was just minor inflammation, not a big problem. But it was that three weeks later when he called me and he said, Hey, are you sitting down? You've pulled the golden lottery ticket. At the time, it didn't feel like it, but he said, you've been diagnosed with mantle cell lymphoma, and you need to find an oncologist immediately. Now, I had two choices when it comes to mantle cell lymphoma, the traditional oncology treatment, versus experimental oncology in the traditional sense, it was a legacy treatment. These are the things that you typically find when you google mantle cell lymphoma on the web, and it's about 20 year old technology. They do aggressive chemotherapy, the likelihood it would come back and maybe even create leukemia and other issues, and it gave me about a five to 10 year life expectancy, but this would mean that I would be dead at 55 and in oncology, that's a failure. So through my pink socks network, I found a doctor funded by the federal government in the Cancer Moonshot program that was specifically targeting mantle cell lymphoma. He happened to be at MD Anderson, and when I went to him, there was cutting edge treatment using 100% immunotherapy, my body would learn to kill mantle cell lymphoma. It retrains the T cells on how to go and fight the cancer itself, which would give me a full life expectancy, and at 55 I'd be alive. I'm 52 today. I'm past that three to five year period where they said I was going to be dead without any treatment, and I'm into that five to 10 year period where traditional treatment would likely cause more issues. So obviously I only had one choice, and I went with experimental oncology. We had to wait a few months for the window of the trial to open up. And patient number one, I pop out, and I can tell you that I did everything right. Patient number two in this treatment plan was kicked out of the program because he ended up one night having two beers after a big workout. He's a very muscular guy, and he ended up urinating his muscles. His muscles actually broke down. He was urinating pink muscle tissue, and was unfortunately removed from the program because of it. So the important thing to know is, as you go into these experimental oncology treatments, it's critically important to follow all of the advice of the doctors

Richard Bagdonas 10:19
now with prostate cancer. Prostate cancer is an old guy's disease, and as such, they have not put a lot of new technology into prostate cancer, so I only had one choice, which was with traditional legacy treatments, surgery, and aggressive chemotherapy. It was really tough, radiation and hormone deprivation for two years. Here's what I learned going through both experimental oncology treatments and traditional oncology treatments. Diet is such an important

aspect of this three pronged attack. Think about eating super clean, no chips, no cookies, no cakes, no sodas, no you know nothing that I can't actually see where it came from. In Austin, there's a restaurant called Casa de luz that offers macrobiotic food. There is vegetarian, there is vegan, and then there's macrobiotic. Macrobiotic is vegan on steroids. Every meal is pH balanced. You get to the end of the meal, you don't even feel like you ate. You just feel satiated, but not full and not hungry. I stopped drinking alcohol as part of my treatment for mantle cell lymphoma, I couldn't drink alcohol on it, and I haven't drank since I removed sugar from my diet. Traditional cancers love to feed on sugar. If we deprive them of sugar, our body is stronger and can react to it better. And most importantly, I stayed hydrated with whether it is chemotherapy, whether it is immunotherapy, having tons of hydration is so important, 60 to 100 ounces of water a day, minimum. I did not eat any fruit during this time, I got rid of sucrose and fructose because fruit, albeit good with vitamins and minerals, did not provide that low sugar environment for my body, so I stayed away from it. Now I used weights, weight lifting through the fit for any battle program five nights a week. I did cardio, meaning BMX biking two nights a week. In the case of immunotherapy, I would get out of immunotherapy treatments in Houston, I would rent one of those rental bikes, and I would drive ride it around Houston in Austin, two hours after my chemotherapy treatments, I was on a bike biking 20 to 25 miles on a single speed BMX bike, crazy, but with exercise, we want to get stronger. The strength of our body is critically important, and we have to do it like our life depends on it.

Now, mental health is something that also comes into play. Here is that third prong. We've got our diet, we've got our body, but we need to connect our body and our mind together. And so every day I did meditation, and I have a particular meditation that I did. It's listed in the book, and I can get excerpts if you need but the most important thing is I believed that my body doesn't have cancer, and that was the thing that I said to myself every day, and then I just needed to wait for my body to catch up.

Now let's talk about survivor's guilt. Survivor's guilt is a real, real thing. As patient number one, I became a spokesperson for MD Anderson, and I met the patients that were in the earlier window that was not 100% immunotherapy. And I met the family of the patients, because most of those patients had passed away. It was really difficult, but really rewarding to hear them express how excited they were that somebody got through this and lived to talk about it.

There are ways that I have found to help with survivor's guilt. The first one is to help others. I went on social media, and I broadcast it everywhere that, “Hey, I conquered cancer, and here's how I did it.” I also offered help. I said, “Hey, if anybody has somebody that they know that has been recently diagnosed with cancer, have them connect with me, and I will find them the right cancer care.” And if you think about a tour guide, I became people's tour guides for over 50 people so far in helping them find the right care, staying away from content that was not going to help them, and ensuring that they had the positive coaching necessary to get through it. I also advocated by sharing my story with others. I wrote my state reps, and I donated to organizations that were helping move cancer treatment further along, and then I volunteered by looking for opportunities. I visited cancer centers. I'm now a member of the patient council at Texas oncology and still a spokesperson for MD Anderson.

Now here's what I did with this survivor's guilt and how I applied it in a positive way. As I mentioned, I became a spokesperson for MD Anderson. I posted about my success. I became a guest on every podcast that would have me and on “Fit for any Battle”. And I was on every single podcast, and I was pinging everybody to say, “Hey, let me share my story.” As I said, I joined the Texas Oncology Patient Family Council. I helped over 50 people. I wrote a book about everything that happened. Now the podcast can be found at fitforanybattle.com and you can find the book on Amazon and other places. There's both an audiobook, hardback, and a soft cover. But if you can't afford a book, send me an email to Richard@fitforanybattle.com and I'll send you one.

Brad Power 16:42
I know you're a great spokesperson, and you've really proven that you're really good at this, and I think you had a lot of great practical advice there.

Jeff Marchi 17:05
You mentioned that for prostate cancer, they've not done much, but there are so many new drugs for prostate cancer, Daryl, ludomide, Enzalutamide, apolutamide, Zytiga, all of them within the last 10 years, my father died of it. I remember the day he told me, Oh, Lupron stopped working. Well, I have braca two. I'm still alive after 15 years. I've been class rate resistant for six years, and the median survival is only two. I do a lot of diet stuff, but I do eat a small piece of sweets once a day. If you need to hydrate, you need electrolytes. Electrolytes contain sugar. Do you find that just water alone is enough?

Richard Bagdonas 17:55
So I looked for electrolytes that did not have sugar. Let's start there. So I found powders that I could add to mixes. I believe one of them was a sugar free liquid IV. There's a variety of different electrolytes that can help replenish the body. And you're right. There are medications that have come out to help with prostate cancer. As I talked to my oncologist, and I said, Hey, you know, are there any immunotherapy treatments, more modern technology around this? We ran into a brick wall. I also went back to MD Anderson asking if they knew of any sort of treatments anywhere in the country that I could go to. And unfortunately, they pushed me back to legacy, traditional oncology treatments.

Jeff Marchi 18:40
Do you get your PSA tested regularly?

Richard Bagdonas 18:44
I get my PSA tested every month. It is still undetectable. And the thing about prostate cancer is it feeds on testosterone. It doesn't feed on sugar. So with mantle cell lymphoma, the sugar deprivation really helped, because it feeds on sugars. With mantles, as with prostate cancer, it feeds on testosterone, which is why they turn my testosterone off with or go vix and Abiraterone acetate, and it eliminated it basically chemically castrated me for two years.

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Jeff Marchi 19:22
Okay, I've been ADT for nine years, and I stopped it for eight months. My PSA started rising pretty quickly, so my oncologist put me back on it. But I've got BRCA too, so that makes a difference. It won't stop coming back if I don't keep on drugs heavily.

Richard Bagdonas 19:39
Yeah, with me when they removed my prostate in the prostatectomy, there's two nerves that go to the penis. They cut one of them, but they were able to save the other one, so my erectile function was not impacted, thankfully. Secondly, They took some lymph nodes out and found that it had spread. And when I went to get a PSMA PET scan, it identified that, yes, it was glowing in certain areas of my body. And so we went to an aggressive treatment.

During the time that I had mantle cell lymphoma, I did not eat any fruit. I did not eat any sugar, and we were very careful about my diet.

David Plunkett 20:51
What led up to the prostate cancer diagnosis? How was that discovered?

Richard Bagdonas 20:57
Great question. So testosterone replacement therapy is something that is all the rage. And I went to a regenerative medicine doctor, one who was worried about lifespan development, and she could see within the metrics on my blood panel that my testosterone was low. It was below 200 and typically the scale is 200 to 800 and she said, you know, we can get your systems running it better. And, like, think of it like a tune up on a car if we insert testosterone pellets. So I had surgically implanted six testosterone pellets. And after six months, after the pellets were wearing off, I went back in and we checked my PSA again as a diagnostic to make sure that it hadn't done anything. Turns out that testosterone fed prostate cancer that was already there but imperceptible to any tests, and so diagnostically, the test testosterone replacement therapy, helped us identify that the prostate cancer was there.

David Plunkett 22:05
And now that you're off Orgovyx (the brand name for relugolix, an oral medication for treating advanced prostate cancer by suppressing testosterone levels), are you starting to see the testosterone come back?

Richard Bagdonas 22:13
I stopped Orgovyx and viridron acetate on December 31 2024. So on January 1, I was off to the races, and I'm thinking my testosterone is going to jump back really quickly. After two months, it had gone to 12, and so it went really slow to go, and now it's above 200 but it took about six to seven months for it to come back up. It takes a while for our body to realize that it needs to kick that system back into gear. One of the things that I want to call out is during the chemotherapy treatments. I went to Texas Oncology for this. I bought mitts and boots on Amazon that you put in the freezer, and they have frozen, you know, basically like igloo style things, and during treatment, I wore them. So I froze my hands and I froze my feet. I also got a chiller, and I

constructed this thing to put on my head with a hat that would cool my head. So while I lost 70% of my hair at that time, I did not lose all of my hair, and it came back, because what we did is we constricted the blood vessels around the hands, the feet for neuropathy purposes and around the head to protect the hair follicles. They don't tell you this, but it's such an important piece to the treatment.

David Plunkett 23:46
And am I guessing correctly that the chemo was docetaxel?

Richard Bagdonas 23:52
Yes, it was docetaxel.

David Plunkett 23:54
That's the same chemo that I started out with by the end of the series of taxotere (docetaxel). How is it affecting your exercise routines?

Richard Bagdonas 24:09
It wasn't affecting it at all. Because I was working out seven days a week. It kept the wave of yuck from crashing on me. There was one Saturday where I decided I'm not going to work out today, and it hit me like a brick wall. So the next morning I woke up, I jumped on my bike, and what I found was by keeping my immune system, or the lymphatic fluid, moving through the body, and drinking plenty of liquids and exercising cardio, specifically, I was able to push off any of those feelings, except for the fact that my teeth felt like they became thin and brittle, even though they didn't. But it felt that way because taxotere (docetaxel, a chemotherapy) does a lot of crazy things to the body.

David Plunkett 24:58
I had a problems. The last cycle of chemo in my case was that I could still walk okay, but my knees were wobbling, and it was a very odd experience to have that lack of strength when I wasn't out of breath. It wasn't like I had run a race or anything, it was just my legs did not want to support me. So some care is justified, but if you can exercise, it really does seem to help.

Richard Bagdonas 25:32
It really does. And I'm sorry to hear that I know how difficult it is coming out of a chemotherapy appointment, and it took everything I had to grab my bike. And thankfully, there was a group that was riding on Wednesdays, and I had the taxotere on Wednesdays. And as I said to our I had a plan where two hours after treatment, I was on the bike for three hours. And it was amazing how much it helped.

Brad Power 26:03
There are a couple of comments in chat that are germane to this. One is that the chemotherapy you got, I guess, is not standard treatment. David, you got it. Richard, you got it. But do you know anything about that chemotherapy as being on that menu and whether that was standard?

Richard Bagdonas 26:21
It was standard for me, because it was aggressive prostate cancer that had gotten out of the prostate. If it was limited to just the prostate, a prostatectomy would likely have been the only course, maybe like a couple rounds of radiation, but because it had spread its seeds throughout my and you know, if you think in that cavity, right around the prostate, is where it first spread, but they didn't know where all the seeds were. We did six rounds of chemotherapy to really, like, reboot my system and the radiation, 39 rounds, which was every day for 39 days, I had radiation done, and that was targeted. And they have, I still have some tattoos. They put three little dots on you, tattoo wise, so they can place you right. You have to have your bladder at the same level. So they needed about 125 cc's of urine in my bladder for me to be able to have them pinpoint where in my body's cavity they needed to go and zap.

Rick Davis 27:36
The chemo is not standard of care, although it's available. It would be standard of care if you had multiple lesions at diagnosis or right after they they had done the surgery they found should have found it before if they were there, but they found multiple lesions, that would mean probably more than four or five lesions, and that would lead to adding the chemotherapy for you, the Abiraterone and the LHRH drug and the orgovix In your case, with the standard of care, but that they add, they can add chemo. Most people would say that it's overkill. There was a trial out of Johns Hopkins several years ago. We had a guy who was on it. I actually discussed adding chemo on my diagnosis, and was told that it was overkill, but it's a hard treatment. We're really well aware that if you exercise at the same time as doing chemo, it really alleviates the symptoms. So it's great to hear what you're saying. There's actually a doctor in Chicago who gives the chemo for all different types of cancers whilst you're walking on a treadmill. So I absolutely agree with you, and good for you for adding the chemo. But, you know, I just want to be sure for the record, that people understand that that's not the standard of care.

Richard Bagdonas 29:26
That's really great to hear Rick you know, I was trusting the oncologist that I was working with who said that I have to do chemo, I have to do radiation after the prostatectomy. And so it's great to hear that that's not necessarily the standard of care for everybody, because, as you said, chemotherapy is brutal, and it really does. It does mess with the system, pretty hard on the fit for any battle podcast, if you start with podcast episode one and. You go through it, I did a weekly podcast, and you can actually see my body change. My hair falling out, my beard getting thin. I would pull on my beard, and any time I pulled on it, hair would pop out my mustache. I have not trimmed my mustache since January of 2023. It has not grown. The chemotherapy just stopped. The hairs are staying, but there's no new hair growing. It's the craziest thing, what it does to the body.

David Plunkett 30:31
Did you lose your nose hairs or eyelashes or eyebrows?

Richard Bagdonas 30:35

So I became a Ken doll. Basically, I lost all my hair on my arms, my legs, my chest, my back, my nose hairs meant that my, this is going to sound funny, but boogers became a real problem because they were way up there. Yep, I still don't have arm hair, chest hair. My leg hair is pretty much gone. It's wild, what it does to the body as a permanent fixture.

Jeff Marchi 31:04
ADT does it as well. I have hair in almost no places, and my mustache very, very slowly grows for all after nine years on ADT, it just really stops it.

Richard Bagdonas 31:17
Now I have a tattoo on my chest and back, so it's kind of nice where I don't have to worry about hair coming into it, but it's been really wild, because my kids, you know, when we put our arms next to each other, they have hair, and I kind of look like a Ken doll. Richard.

Brad Power 31:34
Helen asked the question about how you started as a bodybuilder, before all this started, you were exercising, but you integrated it into your care. You recognized that it was contributing to your managing of the disease. What else can you say about how you came into it? She learned about it from someone in Australia, Rob Newton, who we're going to be having a session with in a couple of weeks. How have you educated yourself about exercise and figured out what works and all that?

Richard Bagdonas 32:11
Yeah, I'm a guinea pig with myself. And so when I was younger, I was a bodybuilder and weightlifter. In my 30s, I had really bad bicep tendonitis, and I couldn't even hold a can of soup in my hand without my arm hurting. And so I went away from weightlifting for a little while, became a runner, got into biking, but I really wanted to get back into the gym. And so it was later in my late 30s, and right around the time I turned 40 that I went back into the gym, and I had an idea for a workout program, that instead of lifting super heavy weights and trying to get 10 reps in for every set, I would actually just focus on time. And I because I time boxed it, and I tried various times, but it turned out that two minutes was perfect. If I lift weights in a set for two minutes, I have to keep that weight lower because I'm doing more reps or I'm going slower. And the idea is to go slow with both motions. And I found that it prevented my body from getting injured, and it actually helped strengthen my muscles and my bicep little tendinitis. Eventually my other muscles came in to support it, and it helped it heal. And so as I got into the cancer journey, at 45 I was already on this workout program, and what I found was, because of the workout program, I might have to tune the weights down a little bit during treatment, but I actually, you know, cut them down by about 30% going into treatment, and then over time, I slowly worked them back up. And I got stronger during chemotherapy. I got stronger during radiation, because I wasn't putting my body at risk for injury. I was actually working out in a manner that allowed me to functionally work within the constraints that I had of the treatment. It just happened to be that I was a patient and a weightlifter, and so as I put the two together and I guinea pig myself, it worked, and I've helped others do the same thing.

Brad Power 34:22
We've had a couple of exercise scientists on our webinar series, and I think they recommend the reverse of what you were doing. The generally accepted protocol is something like five days of cardio and two days of resistance, something like that, and throw in some stretching and some yoga and some other things. Seems like, if I remember correctly, you were five days in the gym and two days on the bicycle?

Richard Bagdonas 34:52
yeah, you know, I agree that cardio is one that really helps on coming out of chemotherapy. The first two days were biking and heavy biking, three hours of hills. Now Austin has hills, not mountains, but sorry, and Houston has no hills whatsoever. But coming out of treatment, biking helped a lot. Then I jumped into weightlifting. And so I would spend an hour and a half weightlifting, and it would increase my cardio, because I'm sweating and I'm actually using lighter weights, so the movements are a little faster. I did occasionally add biking throughout the week. If I felt like the the weightlifting wasn't doing enough to clear the chemicals out of my body,

Brad Power 35:49
I just thought of an ironic thing, which is, had you followed the standard of care for your mantle cell lymphoma, you would have had chemotherapy. And then I wonder if that chemotherapy would have knocked down your prostate cancer.

Richard Bagdonas 36:04
There's a potential. We do believe that the prostate cancer, although I don't think we can directly tie it, was likely because I was immunocompromised during the immunotherapy treatment, which allowed the prostate cancer to fester and go undetected.

Brad Power 36:27
I went through the standard of care for my lymphoma. I did have chemotherapy. I was bicycling to and from the infusions, and my doctor was looking at me like, “What are you crazy?” I was doing it, because that's what I do. But from now on, what I'm hearing you like is, “Well, boy, wasn't I smart.” Even though I didn't know I was being smart,

Richard Bagdonas 36:55
I didn't think I was being smart either at the time, it was only afterwards that I realized, oh my gosh, this worked, and you were doing exactly the right thing, keeping that cardiovascular system up. Because we have a heart to pump our blood around, our lymphatic system, we don't have a pump. We have to rely on exercise, massage, movement, to move it around. There was a period of time during the immunotherapy where I was doing contrast tub therapy, because I tried this where you go from 106 degree hot tub into a 40 degree hot tub back and forth to three minutes in each for, you know, three times in each, for three minutes each. And then Norma tech makes boots and arm things that squeeze and do the sports massage. So I tried that for a while, and it seemed like it, you know, helped move the lymphatic system, kicked it into gear. But really, it was the biking that was a tremendous help.

Brad Power 37:59
How do you discover I'll call them fringe, things like the hot cold or the, you know, pushing the muscles and to move the lymphatic system. How do you do your research and find things like that?

Richard Bagdonas 38:11
I just happened to luck out because my wife was a collegiate swimmer athlete, and she was going to an athlete lab in Austin, called generator athlete lab, and she happened to mention that they had these things. So I looked it up to see what it was, and I googled myself into a membership, and I would go for a few weeks, I go every day.

Brad Power 38:40
Do you do research into other things in integrative or complementary therapies? I just spoke today to someone. We're going to be having a webinar with who looks at nutrition and gut health. You talked about sugar and you talked about alcohol and a variety of other things. Have you looked into supplements at all? Have you looked at some of these other ways of boosting your immune system, or other sort of, again, more at the fringe level of treatments.

Richard Bagdonas 39:07
Yeah, there's a few things that I I looked into. One was glutathione. Glutathione is a supplement that you can get over the counter that helps boost the immune system, and if you want to work out but you are having injuries, there are two peptides. One is called BPC. 157 which is an injectable that if you inject it within an inch and a half of the injury on a daily basis, it helps with tendons, ligaments, joints and muscle. It helps increase the blood flow. And if you pair it with something called TB 500 which is a once a week peptide injection. The two I think they call it the swolverine protocol, you can actually heal injuries. So in the last year, I've been using BPC 157 and TB 500 to fix an injury that I got earlier this year on my shoulder, and around Christmas time I was snowboarding. And my knee bent the wrong way, and it really caused a big injury. So I used it on that and fixed it in record time.

Brad Power 40:10
So it must be the bodybuilders, because Russ Hollyer, who's a member of this community, is a gym bodybuilder type, and for some of these things – you're injecting yourself with testosterone, or various things – for most people, the notion of injecting themselves with anything would be unheard of. Do you think that's some of the culture that allowed you to find these kinds of treatments?

Richard Bagdonas 40:36
I was a natural bodybuilder, so I never used any sort of steroids or increased testosterone. For that, the testosterone replacement therapy that I used was surgically implanted in a clinical environment, and it was under the guise of a physician who was constantly checking in with me. Now, as my testosterone went up, I was able to work out really, really well. I felt like a million bucks. And then to go from that to zero testosterone, I didn't notice a difference when I had zero

testosterone compared to my normal levels. Now, obviously the elevated levels, I could tell the difference, but they said I wouldn't be able to get out of bed. I was good, would be tired, everything else, I had a completely opposite experience, and likely because I had spent so much time on building up my muscle strength that it helped me. So I think it does have a little bit to do with the environment around gyms.

Jeff Marchi 41:48
I've been on ADT for a long time, and I found that I walk every day in the morning and the afternoon, at least a mile. I can now run it and with electrolytes, I can run the whole way around without stopping without them, I can only go about half, half, half of a quarter mile and then stop it. The other thing is, have you heard about precision exercise oncology, by Robert Newton, PhD. He's having a talk hit the you can find him on the web. There's a couple of different talks by him. He was at the recent pcri conference, and really impressed a lot of people there. He has a different point of view about weightlifting, and using weights can reverse a lot of the cancer problems. He's had some real, real people in the hospital with those last few days have big, major improvements in their ability to do things and live longer. But he believes in something like, you use a 60 pound weight to go down and use 80 pounds to come back up, which would require you to have another person there to do it. But he, he's they, this is discussed, is precision exercise, oncology. And you might be interested to hear about this. See, Wednesday, October 8, he's giving a talk, a zoom talk, and it, I could actually post the link on online, but he's helped an awful lot of people with with prostate cancer, his father had it, and a serious case where he wouldn't even get up and exercise at all. But I found, you know, most people get tired on ADT, and I've never had that problem, but I I exercise. I go to the gym two or three times a week, do weightlifting while I'm there. It makes a difference.

Richard Bagdonas 43:52
It really does, Jeff, and thank you for pointing that out. If you can post the link in the chat here, that would be wonderful. I used to have a workout partner when I was younger, so we would go and we would work out together. And it was very easy to have one person spot the other and encourage the other. As I got older, it's kind of tough to find somebody to go with you every time. And I go to the gym at 9pm every night, and I meditate while at the gym. So not only do I get a good weight lift in, I also clear my head of the day, and that way I can go to bed with a clear head, clear conscious conscience and and get good sleep. The other important aspect of this is, as much as you work out and put a focus on that, you also have to put a focus on rest and sleep, because that regeneration, where the muscle strands in our body that become spaghetti when we're doing our our workouts, as we sleep, it that's where the repairs happen, and it's only when we get back to the gym and stretch do do those spaghetti fibers stretch out into normal. Muscle, so it's critical to have both the rest recuperation and the strain and stress of weightlifting.

Brad Power 45:11
Rick Davis posted in the chat the NCCN guidelines, and for those of you who don't know, these are the standard of care guidelines for prostate cancer, and they're pretty comprehensive, and they're pretty good and worth checking out. If you have time and time and interest. Our principle

is that you should start with the standard of care, understand it, and then you can improvise off of it, but start with understanding it first.

Richard Bagdonas 45:40
That's a great point, and my experience is just that. It's just my experience. I have found things that worked for me, I've documented them, and I've encouraged others to leverage them. The most important thing is whatever you do, experiment, see what works. But if we stay silent and we stay sedentary, we are just waiting for these medications and treatments to hit us. But if we take an active part in our treatment and our recovery form from it, we can push through a lot of the side effects, like, like David was saying, you know, we have these symptoms and side effects that come up from these treatments, and the only way to get past them is to move and get our body going.

Brad Power 46:36
One of the ways we like to end for you is to have a summary, your parting words of wisdom. You've had so many pearls of wisdom in here. I know it's hard to choose amongst them. I really appreciate both what you've learned, but also how you've learned to be an advocate, and that angle as well. I don't want to lead the witness.

What would you say would be the parting summary, main points you would want to leave with people?

Richard Bagdonas 47:12
I have found that in the community that is in and around cancer and cancer treatment. It is just that it is a community. The moment that we get a diagnosis and we enter the black box of cancer care, it is so important to let other people know that we are there, because if you are silent about it, people won't know that they can come and support you. I was very vocal when I got the diagnosis. The first thing I did was I called up the CEO of doctor.com, and I said, “Hey, I've just been diagnosed with stage IV mantle cell lymphoma. I've got three to five years to live. I'd like to create a Slack channel for the company, which I called ‘Richard Kicking Cancer's Butt’. I invited anybody that wanted to come in to share their words of wisdom and encouragement and communicate with me. I then posted on Twitter, and I posted on social media about this, because I was looking for people that had these pearls of wisdom that could come in and say, “Hey, you should try this.” Or, “Hey, I've got a doctor you could talk to.” Or, “Hey, did you see this study?” It was only because I was vocal about it and transparent with my diagnosis that I was able to recruit the people that helped me find the right doctor, get the right treatment, and encouraged me as I was going through it, because there's plenty of times where you feel like, “Is it worth it? Should I give up?” Because I've had friends of friends who have told me that their loved one was going through chemotherapy. It was tough. And they just decided to give up and not go to the next treatment. And unfortunately, they passed. This is life or death, and if we tell folks that we're going through it, there is a support group and a community that will wrap their loving hands around us and guide us and help us through cancer care.

Brad Power 49:21

That's very eloquent. Richard. Thank you very much for that. We had a session on that same thing. There are some software products that allow people to build a social network and then communicate with those people, because it becomes kind of overwhelming. I know in my experience too, I had an email list of about 100 people, family and friends, and I would update them occasionally. I was very public about it, but I also had to say, “If you don't hear anything from me, no news is good news.” Because people are always worrying about you, like, “Are you okay? How's your health? How are you feeling?” I had to emphasize that if you don't hear from me, it's because everything's good. You must have experienced something similar.

Richard Bagdonas 50:08
Yes, I am a technologist. I built a system that allowed me to send text messages to a phone number that would then send individual text messages out to a group, and I had about 150 people in my community that were getting updates from me in this manner, and then they when they replied, I could just go on a website and look and see what they said. And it was great to go and look at their words of encouragement, but also it reduced the need for people to ask me how things were going, because I hooked them up into a system that just said, Oh no, here's how things are going, and I would send them regular updates. Hey, I'm on my way to treatment. Hey, by the way, I got good news here. Hey, by the way, you know, we had an issue here, but here's how I'm recovering from it. And it reduced the pressure on me, it reduced the pressure on my family, and allowed us to focus our attention on the most important part, which is recovery treatment and rest

Brad Power 51:04
cool, so I was wrapping up, but then Helen threw a little curveball into the chat here, and it's focusing on stress, the stress reduction outlets and techniques that worked for you. I know typically in lifestyle, you can talk about nutrition, exercise, and then it is stress management, and she's pointing at this one. You mentioned meditation. What else and what have you found in that area?

Richard Bagdonas 51:29
So whether you call it meditation or a guided conversation with yourself, the meditation that I used is I would go to the gym and I close my eyes and I did my workouts with my eyes closed, because I was using machines that had the they you know, it would guide you, so that way you didn't have to worry about lifting free weights. It was all cable and lever based. So it allowed me to close my eyes. And as I'm listening to music, I would think to myself, what's the most? What's the most? What's the biggest thing that's bothering me right now, and I would decide, is it in the past? Like I had a conversation with somebody that was rough? If so, I would say out loud, I give myself permission not to worry about that conversation, because it's in the past. If it was in the future, like, Oh, I've got this meeting that I need to prepare for. It's not helpful for me to be thinking about it and worrying about it every minute of the day. So I would pull up my Cal a calendar, and I, you know, the next day or just before the day that it's due, I would put a time block on my calendar that said, worry about the meeting, and then I would go back do the meditation, say, Okay, I give myself permission speaking out loud, not just thinking it so that we might hear. My ears heard it, not just my brain. And I would give myself permission not to worry

about it, because I have it on my calendar as we go. And we clear out those two areas, what's in the past and what's in the future that leaves us in the present. And there's certain things in the present that are bothering us, and there's two choices. One, we let it by doing nothing. We let it go into the past, and we give ourselves permission to not worry about it. But there was an evening where my wife and I had an argument before I went to the gym. She was going to go to bed and she was going to be upset by going to bed, and I don't like that. I was going to be coming home from the gym, and I was going to be going to bed with this unresolved issue, and so I would, I would be frustrated, and then we'd have to figure out how to, how to rectify things in the morning. So at the gym, when I realized, oh my god, I just had a conversation with her that did not go well. I left the gym, I went home, we cleared up the issue, I went back to the gym. I gave myself permission to let it go because it had now moved in the past, and I continued my workout. The idea is clearing out those voices in your head that are saying, don't forget to take out the trash, don't forget to order that book. Don't forget to pay the utility bill. Don't forget, you've got to write a self evaluation at work. Don't forget, you got to pick the kids up from school. Clear out all that clutter, and you're left with peace of mind. And it's that peace of mind and that clarity that allows us to focus on what's important at that very moment, which for me was at the gym lifting weights.

“Twice-kicker of Cancer's Butt Shares Knowledge that Oncologists Won't Tell You” (Richard Bagdonas) [#161]

CHAT CONVERSATION

00:25:51 Roger Royse: Do you eat fruit?
00:26:25 Helen: Not even blueberries?
00:28:49 Helen: Where did you learn the importance of exercise, especially during treatment? (I saw studies/trials in Australia about this subject during my chemo, and added it to my regime.)
00:36:26 Rick Davis: The chemo Richard received was not SoC and controversial. It was available through a trial or off label. Where was he treated?
00:37:05 Rick Davis: K - Texas Onc.
00:55:06 Rick Davis: If interested here's the NCCN SoC PROS-13
00:57:50 Jeff Marchi: Precision Exercise Oncology“ (Rob Newton, PhD, DSc)
Wed Oct 08, 2025
9:00 AM - 10:00 AM, PDT - GMT(-07)
Location
https://us02web.zoom.us/j/86381149637?pwd=aDVEYmcycDRjamViVkpta2UvK3dnZz09
00:59:30 Helen: Reacted to "Precision Exercise O..." with 👋
01:00:54 Helen: Can you talk a little more about stress reduction outlets and techniques that worked for you.
01:07:51 Helen: Brilliant response, Richard! You have amazing clarity!