

HEALTH

The Portland Observer

Portland Men To Participate In Prostate Cancer Prevention Trial

Men in the Portland/Vancouver area will have an opportunity to participate in the first large-scale prevention trial for prostate cancer in the United States. The Prostate Cancer Prevention Trial (PCPT), an intergroup study designed to test whether taking the drug finasteride will prevent prostate cancer, will be coordinated by the Southwest Oncology Group (SWOG) and is sponsored by the U.S. National Cancer Institute (NCI).

Eighteen thousand men age 55 and older will participate nationally. At least 150 men will participate locally. Oregon Health Sciences University, Kaiser Permanente, and five hospitals who work cooperatively through a consortium known as the Columbia River Oncology Program (CROP), are among the 222 sites across the country involved in the prevention trial. CROP hospitals include Providence Medical Center, St. Vincent Hospital and Medical Center, Emanuel Hospital & Health Center, Good Samaritan Hospital & Medical Center and Southwest Washing-

ton Medical Center.

"The prostate Cancer Prevention Trial is a very important prevention effort," said Bruce Lowe, M.D., Associate Professor of Urology at Oregon Health Sciences University. "This year in the United States, there will be about 165,000 new cases of prostate cancer, and about 35,000 deaths. Prevention of cancer is our highest goal, and the need for effective prevention strategies is clear."

The U.S. Food and Drug Administration approved finasteride in 1992 for the treatment of benign prostatic hyperplasia (BPH), a non-cancerous enlargement of the prostate gland. Because BPH and prostate cancer are influenced by similar hormonal factors, researchers believe that finasteride may also prevent cancer.

More than half a million men in 25 countries are currently taking finasteride for BPH, the drug has never been tested for cancer prevention. NCI is providing approximately \$60 million to conduct the trial in the United States.

"We believe finasteride is a very

promising agent that could prove to be of great value in heading off prostate cancer," said Stephen Lieberman, M.D., Chief of Urology at Kaiser Sunnyside Medical Center. "But the theory is still untested, and on a large-scale, controlled clinical trial of finasteride can show whether the drug is truly effective for cancer prevention."

"A minimum age limit of 55 was selected because older men are a highest risk of developing prostate cancer," explained David Menashe, M.D., a urologist and investigator with CROP. "About 98 percent of prostate cancers are diagnosed in men age 55 or older."

The men in the trial will be divided randomly into two groups. Half will take one five milligram tablet of finasteride per day for seven years, and half will take a placebo (an inactive pill that looks like finasteride). The two groups will then be compared to determine whether their prostate cancer rates differ. The company that manufactures finasteride (trade name Proscar), Merck and Co., Inc., will provide both the finasteride and

the placebo without charge.

Neither the participants nor the study physicians will know which men are getting finasteride and which are getting placebo. The trial design, called "double blinding," permits the researchers to see the possible benefits and side effects of finasteride without being influenced by other factors, such as the expectations of participants or researchers.

Finasteride controls BPH by reducing levels of the hormone dihydrotestosterone (DHT) in the prostate. The drug works by blocking the activity of an enzyme that converts testosterone, the primary male hormone, to DHT.

"We believe finasteride may help prevent prostate cancer because we know DHT promotes the growth of prostate cancer, and finasteride decreases levels of DHT," explained Dr. Lieberman. "With lower levels of DHT, perhaps prostate cancer won't develop."

There's no guarantee that a man who enrolls in the trial won't develop prostate cancer," Dr. Lieberman cau-

tioned. "But all men in the study, whether they get finasteride or a placebo, will have the opportunity for close follow-up for the detection of prostate cancer."

One of the main advantages of using finasteride in a prevention trial is that the drug works only in the prostate, and its side effects are relatively rare and relatively mild.

Prostate cancer among African-American men is a particular concern to NCI. The death rate from the disease among African-American men is twice as high as the rate for white men.

The reasons not currently understood, African-American men have the highest prostate cancer mortality rate in the world. The higher death rate among black men may be partly due to the fact that blacks tend to be diagnosed with prostate cancer at later stages than whites.

Because prostate cancer is a serious problem for African-Americans, the PCPT researchers stress the importance of obtaining a representative sample of the entire U.S. male

population.

"Ideally, we'd like to recruit men from all racial and ethnic groups—African-Americans, whites, Native Americans, Hispanics, Asian-Americans—roughly in proportion to their risk of developing the disease," said Dr. Lowe. "The better the representation we have from all of these groups, the more confident we can be in applying the results of the trial to the population at large."

All men in the trial will have a prostate biopsy at the end of seven years to determine whether they have developed prostate cancer. In addition, the researchers will use participants self-reports to assess the effects of the drug on men's sexual and urinary functioning and other quality-of-life measures.

Men who are interested in participating in the prostate cancer prevention trial should contact one of the sites near them: Oregon Health Sciences University, (503) 494-5601; Kaiser Permanente, (503) 249-3514; Columbia River Oncology Program, (503) 230-6308.

Health Briefs

TEENAGE ATHLETES AND HEART DISORDERS

Adults are not the only ones who need to be concerned about heart disorders. Teenage athletes also can be at risk.

Hypertrophic cardiomyopathy, long Q-T syndrome and Wolff-Parkinson-White syndrome are just some of the "quiet" killers a segment of today's teenage athletes, said Dr. Jeffrey Towbin, a pediatric cardiologist at Baylor College of Medicine in Houston.

"What is devastating is that most of these young people appear perfectly normal, but then, during the stress of athletics, they die from heart failure," Towbin said.

Each of these three heart disorders can be detected during infancy through EKG readings and electrophysiological studies. A common symptom of a possible complication is sudden fainting.

Towbin stresses increased awareness of heart disorders when considering demanding activities such as sports.

HORMONE THERAPY FOR MENOPAUSAL WOMEN

Menopausal women are at increased risk for cardiovascular disease and should be evaluated for hormone therapy.

The key to this therapy is in the replacement of the estrogen hormone that the body no longer produces after menopause, since it seems to protect a woman from heart disease, said Dr. Roxann Rokey, a cardiologist at Baylor College of Medicine's DeBakey Heart Center in Houston.

Women have two options for hormone replacement; estrogen alone or estrogen combined with progesterin. Women receiving estrogen are able to maintain the lower levels of "bad" cholesterol (LDL) and higher levels of "good" cholesterol (HDL) that they had before their ovaries stopped producing the hormone.

Research indicates that replac-

ing the estrogen a menopausal woman lacks can reduce the risk of heart disease by 40 to 50 percent, Rokey said.

CONTRACEPTIVE METHODS FOR THE 35-PLUS WOMAN

Recent improvements in contraceptive technology have given today's 35-plus woman birth control options she did not have before.

A woman's choice of contraception should be based on which method offers the least risk for her health, said Dr. Alfred N. Poindexter III, a reproductive endocrinologist at Baylor College of Medicine in Houston.

Although not previously prescribed for women older than 35, oral contraceptives are now a popular choice. Today's low-estrogen pill has reduced the risk of blood clots and heart attacks associated with the high-estrogen pill introduced in the 1960s.

Also suggested as contraceptive methods are sterilization; Norplant, the implanted contraceptive; barrier contraceptives; and intrauterine devices.

SEX AFTER 60

It is no myth; there is sex after 60.

"Sexual expression can continue to be a part of life into our sixties, seventies and beyond," said Dr. Naomi Nelson, a psychologist at Baylor College of Medicine in Houston. But to often people get wrapped up in social customs and miss the big picture of what it's like to be a sexual being all of their lives.

Aging people can learn to overcome the perception that they will lose their physical ability to have an active sex life. There are physical changes that are signs of normal aging, but sex can still be a part of a person's life, Nelson said.

Another barrier is learning to be comfortable with sexuality. The elderly need to fight stereotypes about sexual attitudes and have open discussion with their mates, she said.

The elderly should think of sexuality as a part of life, not a thing of the

past, and live it to the fullest, Nelson said.

NEW TEST DETECTS COMMON STOMACH ILLNESS

A simple new test may quickly explain the cause of stomach pain in millions of people.

The Giardia antigen test checks for giardiasis, a common water-borne disease. People with giardiasis suffer from cramps, gas, nausea, diarrhea and bloating. Symptoms, if any, usually appear one to two weeks after infections.

In the Giardia antigen test, by-products of the Giardia parasite are detected, said Dr. Cynthia Chappell of Baylor College of Medicine in Houston. With the old method, the stool was examined microscopically, and repeated testing was sometimes required.

The bug is present in untreated water, in water from poorly filtered supplies or in food. It is spread by hand-to-mouth contact.

LEARNING OPPORTUNITY FOR MINORITIES

Minority college students and graduates interested in pursuing medical degrees may apply for the Honors Pre-Medical Academy, a six-week summer program at Baylor College of Medicine and Rice University, both in Houston.

The national program, funded in part by The Robert Wood Johnson Foundation, is designed to increase minority representation in medicine by enhancing participants' competitiveness in the medical-school application pool.

Participants must be African-American, Mexican-American, mainland Puerto Rican or Native American.

Participants spend mornings in medical settings paired with Baylor physicians and afternoons in Rice science and communications classes.

Additional information is available by calling 1-800-633-6445. The deadline for applications is March 4, 1994.

African-Americans Sought For New Health Plan Jobs

Several dozen Oregon Health Plan positions are being filled by the Oregon Department of Human Resources, which is actively seeking to hire more racial-ethnic group members, particularly African-Americans.

"We are vigorously seeking African-Americans to apply for a variety of jobs to bring the Oregon Health Plan on line," says Donny Adair, DHR employee development director. "The department has an excellent record for employing qualified minorities, women and people with disabilities in general, but currently there is a need for African-American em-

ployees."

Adair says no African-Americans are among the approximately 200 employees of the Office of medical Assistance Programs, which will manage the health plan's Medicaid expansion, and that few are applying for the newly created jobs.

Adair says having African-Americans represented in the state Medicaid office is important to provide perspective on the problems and needs of one of the state's largest ethnic groups.

Anyone interested in positions may contact any local state Depart-

ment of Employment office or call the State Job line 373-1193 (Salem) or 731-3322 (Portland). Persons with questions may call the DHR Director's Office: 945-5743 or (TDD) 378-8313).

The Health plan's Medicaid expansion will start February 1, when the first of 120,000 more poor Oregonians will start becoming eligible for coverage. Many of the newly insured are poor, working Oregonians who have no employer-paid health insurance. By 1998, the health plan calls for all Oregonians to be covered by a system of public and private insurance coverage.

Vision Centers Stress Importance Of Screenings & Exams For Children

Eye doctors at the Pacific University College of Optometry remind community members of the importance of receiving vision screenings and examinations early in the school year so that vision disorders hindering the learning process can be detected and corrected. Pacific's Family Vision Centers offer free vision screenings for infants six months and older, children, and adults on an ongoing basis.

Vision screenings provide important information regarding clarity of vision, overall eye health, and how well the eyes are coordinating. They take about 20 minutes to complete and do not cause discomfort.

According to Thomas Samson,

O.D., a staff optometrist with the Infant/Pediatric Service at the Pacific University College of Optometry Family Vision Centers. "A regular program of vision screenings and examinations are especially beneficial for young children who are learning to read and write." Dr. Samson emphasizes the importance of clear vision and good visual skills in assuring that children have a fair chance at successfully developing learning skills such as reading and writing. He also stresses that vision screenings and examinations be received prior to or early in the school year in order to identify and correct visual problems which may hinder the learning process. New guidelines set by the Amer-

ican Optometric Association call for infants to receive their first vision screening or examination at age six months and every year thereafter through the school years.

In addition to free screenings, Pacific's Family Vision Centers provide a sliding fee scale, based on individual or family income, which is designed specifically for those who cannot afford to pay full vision care fees.

For scheduling and more information about free screenings and sliding fee scales, please contact the Pacific University Family Vision Center near you: Downtown Portland, 224-2323; Forest Grove, 357-5800; and North Portland, 240-5319.

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Legal Aid Series 23: Problems With Medical Organizations

If you're on welfare, you may have to deal with long lines, pages of paperwork and overworked doctors just to get medical care. But you don't have to deal with shoddy treatment or discrimination. If you're a welfare recipient and have problems with your medical care, you have a right to get these problems corrected or change your health care provider.

Recipients of Aid to Families with Dependent Children (ADC) living in Multnomah, Polk, Marion, Clackamas, Washington or Lane County must obtain medical care from a Health Maintenance Organization (HMO), such as Kaiser-Permanente, or from a Physician Care Organization (PCO), such as Evergreen Medical Systems. If, however, you're facing a medical emergency, you can go anywhere.

You may feel the quality of your medical care is inadequate, services are hard to get or the HMO or PCO is

discriminating against you. If so, you can do something about it, such as file a grievance, request a hearing or change providers.

Each HMO and PCO must have a grievance procedure. When you sign up for either of these health plans, you should receive a Handbook which describes how to file a grievance. For example, Evergreen Medical Systems spells out in detail how to do this in its Subscriber's Handbook. If you have a problem or complaint, contact Evergreen PCO Administrative Office at Evergreen Medical System, Inc., 9221 S.W. Barbur Blvd., Suite 310, Portland, OR 97219 or call 245-9523. You can either write or call. The Chief Executive Officer will look into all problems, both medical and non-medical, and get back to you within five working days. They'll help find an interpreter if you need one. If not satisfied at this point, you may ask for a second review within 30 days by

writing the Evergreen Medical System, Inc. Medical Director, 9221 S.W. Barbur Blvd., Suite 310, Portland, OR 97219. Someone will review your problem and send a written decision within 30 days. If still unsatisfied, you can ask Adult and Family Services (AFS) for a hearing. Simply go the local welfare office branch and ask for help in filling out a request for hearing form.

PCOs and HMOs have contracts with the state that impose certain conditions on these groups. If the HMOs and PCOs fail to live up to their contract requirements, the state can take measures forcing them to comply. So if you're unsatisfied with your HMO or PCO, you can request an administrative hearing and ask the Oregon Medical Assistance Program to do something about the problem. To do this, fill out the Administrative Request Form, AFS 443, and turn it in at your local welfare office branch.

Your problem might be solved simply by switching to another health-care provider. If you're in an HMO, you can get out at any time and get into a new HMO or PCO, if they can fit you in. If there's no room for new patients, you can stay with your current HMO or get a "fee-for-service" card, which allows you to see any doctor who accepts Medicaid patients. But if you're in a PCO, you can't get out until your next redetermination, which happens every six months or less for ADC recipients.

As a welfare recipient, you can find help in dealing with health care providers. If you live in Multnomah County who have welfare problems. Appointments may be made by calling our North/Northeast Community Law Office (on the Portland Community College Cascade Campus) at 295-9494. For telephone advice, call the Welfare Rights Hotline at 241-4111.