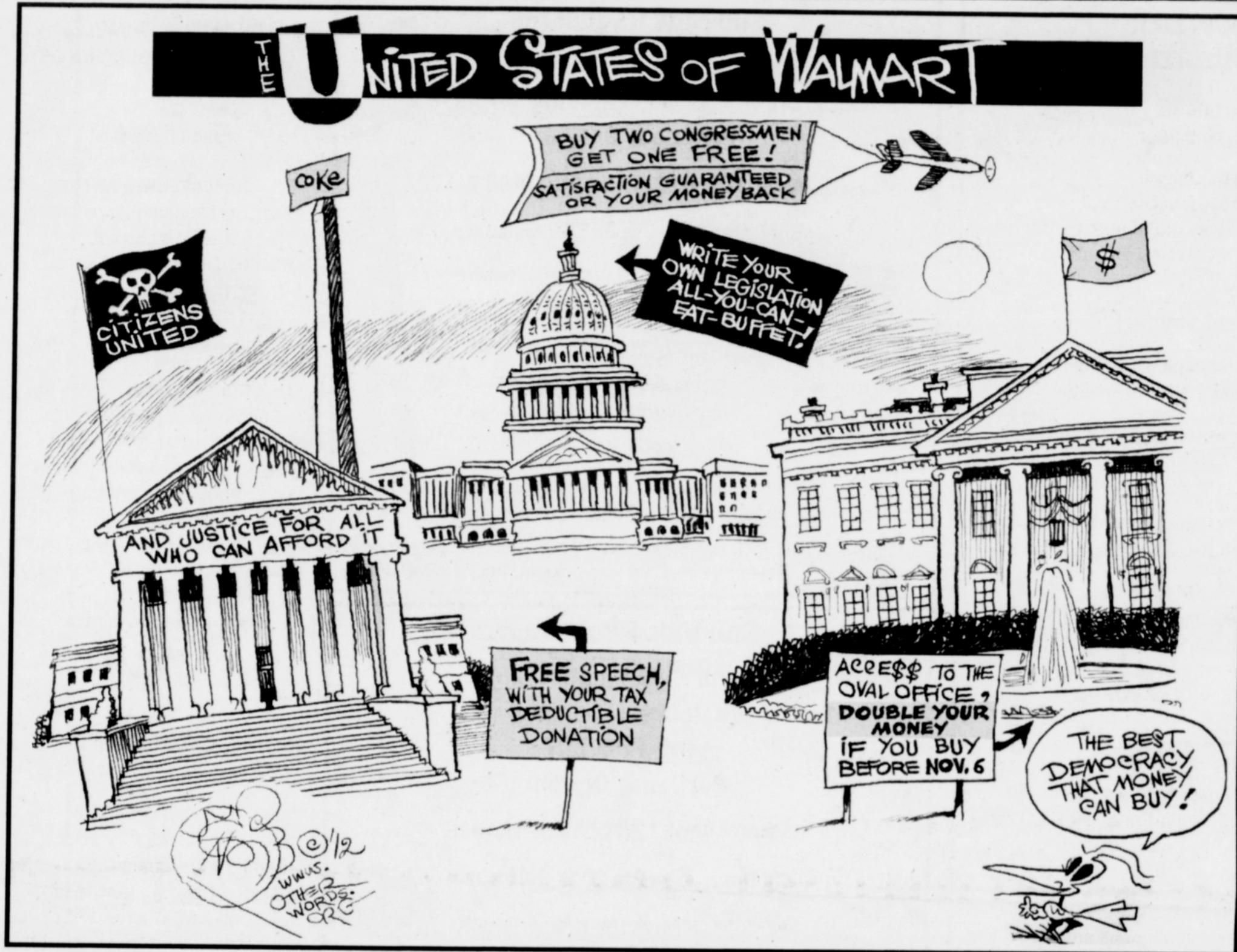


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OPINION



New Prices Effective May 1, 2010

Martin Cleaning Service

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CARPET CLEANING
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 Includes Pre-Spray Traffic Area (Hallway Extra)
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Area/Oriental Rugs (Wool): \$40.00 Minimum
Heavily Soiled Area: Additional \$10.00 each area (Requiring Extensive Pre-Spraying)

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Prostate Cancer Screening Saves Lives

Talk to your doctor about pros and cons

BY MARC H. MORIAL



Last month, the United States Preventive Services Task Force recommended that healthy men should no longer take a routine PSA blood test for prostate cancer because the procedure may lead patients to pursue unnecessary and potentially debilitating treatments for a disease that may never fully develop.

The National Urban League joins the National Medical Association, the Prostate Health Education Network, the American Urological Association and other leading medical experts in rejecting that conclusion, especially for African American men who are 60 percent more likely to develop prostate cancer and twice as likely to die from it.

We agree that unnecessary

medical tests should be avoided, but the evidence for eliminating PSA screenings for prostate cancer, especially for African American men, is inconclusive at best. Instead of abandoning

PSA screenings for everyone, we encourage more education for both providers and patients that will allow men to make more informed decisions about the risks and benefits of the test. There are several reasons for our position.

First, while prostate cancer remains the second leading cause of cancer death among men, we also know that advances in early detection and treatment have resulted in a 40 percent decline in prostate deaths in the United States over the past two decades.

The National Medical Association, the nation's leading advocate for African American physicians and patients, has stated that PSA screening remains the best method to detect early stage, curable prostate cancers. The group endorses

the American Urological Association's guidelines for early detection, which include initial PSA testing at 40 years and a multi-factorial assessment of risk based on age, ethnicity, and family history.

Second, the association also points out that the task force made its recommendation based on large clinical studies performed in Europe, Canada and the United States, which included very few African American men. And third, while the task force correctly states that a percentage of men will experience harmful side effects from treatments following the PSA test, the test itself is risk-free. It simply alerts both doctor and patient to the possible presence of disease.

Anthony D'Amico, chief of Genitourinary Radiation Oncology at Boston's Brigham and Women's Hospital suggests that the task force's recommendation may actually be harmful to high risk groups, which includes African American men. He said, "I think men at high risk...have the most to lose from not getting

PSA tests. They are the ones who get the lethal cancers."

In a letter accompanying the task force recommendation in the May 21 issue of the Annals of Internal Medicine, D'Amico and other leading prostate cancer experts concluded, "The USPSTF has underestimated the benefits and overestimated the harms of prostate cancer screening. Therefore, we disagree with the USPSTF's recommendation." So do we.

Since 1922, the National Urban League has been a leading provider of health-related services in the African American community. We urge African American men to continue discussing the pros and cons of prostate cancer screening with their doctors. And we support more community-based education and early intervention efforts for low-income and minority patients who face barriers to consistent, quality health care.

Marc H. Morial is president and chief executive officer of the National Urban League.