

## Mail carriers collect canned goods Saturday

Join with neighbors and the local community on Saturday, May 13, during the annual Letter Carrier's Food Drive. To participate, leave non-perishable food at your mailbox that morning. Letter carriers will pick up the food for Florence Food Share.

Florence Food Share specifically needs the following canned good items: Beef stew, tuna, diced and stewed tomatoes, spaghetti sauce, refried beans, black beans, green beans, fruit, breakfast cereal, chicken noodle soup and fresh carrots.

**\$500 REWARD FOR SAFE RETURN.**



**Blonde long-haired dachshund, white on face. She's deaf and usually responds to clapping hands. She has on a red collar with ID tag. We live on Davis Way just off Clear Lake Rd. in Dunes City. Missing since Fri., 2/10. If you find her please call 541-997-3134(hm) or 541-999-5885(cell).**

**MOLLY is Missing**



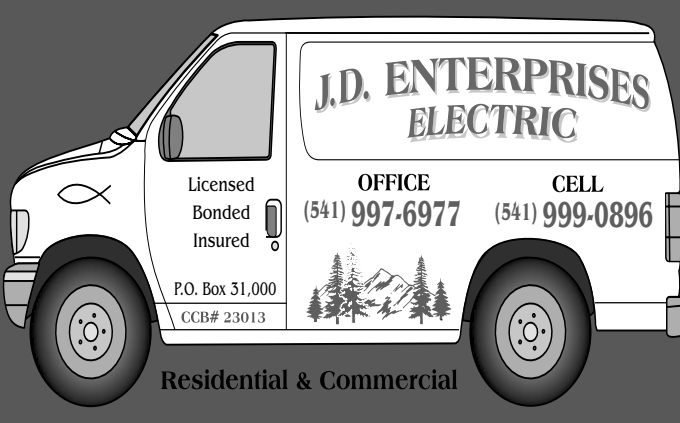
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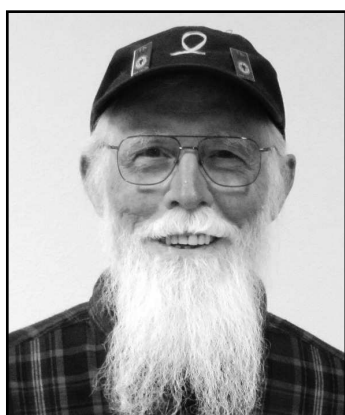
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## Us TOO Florence Behind the headlines



By **BOB HORNEY**  
CANCER SURVIVOR  
US TOO CHAPTER LEADER

On April 11, the U.S. Preventive Services Task Force (USPSTF) presented a draft of its new prostate cancer screening recommendation. This new recommendation is only a slight revision of its 2012 version.

The beneficiaries of this new recommendation are men ages 55 through 69. These men benefit by receiving a "C" recommendation for prostate-specific antigen (PSA)-based screening for prostate cancer. This rating, contrary to the previous "D" rating, which discouraged all PSA testing in asymptomatic men, now says men within this age range may discuss the benefits and harms of PSA screening with their doctors.

Then they may individually decide what they want to do based on their own values and preferences.

What about men younger than 55 or older than 69? According to this recommendation, they remain faced with the "D" rating (from the 2012 USPSTF recommendation) which means no PSA testing unless symptomatic although they may ask (or demand) to be tested.

To get an idea of what the USPSTF is recommending, the following quotes are from its Recommendation Statement.

"This recommendation applies to adult men in the general U.S. population without symptoms or a previous diagnosis of prostate cancer. It also applies to men at increased risk of death from prostate cancer due to race or family history of prostate cancer."

It is not good news when the USPSTF limits "men at increased risk of death from prostate cancer" to the same start and stop screening schedule as the general male population.

Here's the rationale the USPSTF uses to justify the inclusion of these increased risk groups in its general U.S. population recommendation:

"Based on the available evidence, the USPSTF is not able to make a separate, specific recom-

mendation on PSA-based screening for prostate cancer in African American men."

Later in this same draft recommendation, we find the exact same statement for men with a family history of prostate cancer. "Based on the available evidence" simply means there have been no prospective, randomized clinical trials (studies) specific to either of those increased risk groups.

After noting that, the USPSTF seems to admit there are already "known" burdens of prostate cancer in both increased risk groups that might benefit from some tweaks to their recommendation... like earlier screening.

"In the United States, African American men are more likely to develop prostate cancer than white men (203.5 vs. 121.9 cases per 100,000 men). African American men are also more than twice as likely as white men to die of prostate cancer (44.1 vs. 19.1 deaths per 100,000).

"The higher death rate is due in part to an earlier age at cancer onset, more advanced cancer stage at diagnosis, and higher rates of more aggressive cancer.

"The disparity in death from prostate cancer may also reflect that African American men have lower rates of receiving high-quality care.

"Decision analysis models

suggest that given the higher rates of aggressive cancer in African American men, PSA-based screening may provide greater benefit to African American men than the general population. These models also suggest a potential mortality benefit for African American men when beginning screening before age 55 years.

"It is generally accepted that men with a family history of prostate cancer are more likely to develop prostate cancer. A study of twins in Scandinavia estimated that genetic factors may account for up to 42 percent of prostate cancer risk. An analysis from the Finnish site of the ERSPC trial concluded that men with at least one first-degree relative with prostate cancer were 30 percent more likely to be diagnosed with prostate cancer than men without a family history."

So, the USPSTF, based on its information presented above, quietly suggests that these increased risk men "might" benefit from earlier screening than the general population at age 55.

It states that a reasonable approach is for clinicians to talk with these men about their increased risk of developing prostate cancer so they can make an informed, personal decision about whether to be screened.

## Healthcare could soon be on endangered list

"America has the most expensive healthcare system in the world," said Samuel Metz, retired anesthesiologist from Portland, Ore.

Many countries, even a small country like Rwanda, offer healthcare to all its citizens. America, one of the richest countries in the world, is still struggling with the idea of healthcare for all.

In 1912, Theodore Roosevelt proposed national healthcare.

Presidents Truman and Kennedy advocated for health insurance for older people, but it wasn't until 1965 that Lyndon B. Johnson signed HR 6675 into law, making Medicare available to seniors and extending Medicaid to low-income people. Later, Richard Nixon expanded benefits to people under 65 with long-term disabilities.

National statistics (2015) indicate that today, 46 million people age 65 and older, receive Medicare benefits.



**FOR Florence ORganizes**

Compared to other wealthy countries, the quality of American healthcare lags behind, while the nation's child mortality rates are appallingly high.

One of the greatest obstacles to passing a bill granting healthcare to all is the ethic of "profits over people." Drug companies mark up their medicines as much as 3,000 percent while exceedingly powerful pharmaceutical lobbyists often block proposed bills.

The House Republicans' latest version of the American Health Care Act offers

tax breaks and savings to high-income Americans while repealing taxes on insurance, drug and medical device companies.

The way the bill stands, those with chronic health issues would bear unaffordable costs.

"I don't know what I would have done without the Affordable Health Care Act," said P.W., a Florence woman diagnosed with multiple sclerosis in 2002.

At age 62, she had to stop working and apply for disability, but Medicare has a two-year waiting period.

P.W. joined through the Affordable Care Act and her medication costs, which were \$6,000 a month, required an out-of-pocket expense of \$100 per month the first year and \$200 per month the second.

P.W. said she is extremely grateful that the ACA was available.

For more information, visit Health Care for All Oregon at [www.hcao.org](http://www.hcao.org). — Submitted by FOR, Florence ORganizes

## May is National Stroke Prevention month

Annually, paramedics and EMTs respond to dozens of ambulance district patients suffering the potential health effects of a stroke.

A stroke is either described as sudden bleeding in the brain, or a clot in a blood vessel of the brain which is cutting off vital blood flow to critical regions of the brain that require blood flow for brain tissue survival.

Either condition can prove dangerous, or even fatal to that

patient.

Western Lane Ambulance District (WLAD) will provide vital public service messages to get this critical information out to members of the community.

In this series, WLAD will discuss the importance of the American Heart Association's (AHA) FAST Quick Recognition Program for Strokes.

The AHA has developed the "FAST" public information campaign in order to education citizens to quickly spot stroke signs and know when to call 911.

F — Face drooping. When one side of the face is numb,

and upon asking a person to smile; one side of their smile is uneven or lopsided.

A — Arm Weakness. Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

S — Speech slurred. Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence like, you can't teach an old dog new tricks.

T — Time to call 911.

If someone shows any of these symptoms, even if the symptoms go away, call 911 and say, "I think this is a stroke," to help get the person to the hospital immediately.

In addition to above signs and symptoms of stroke, there are several other's that may indicate stroke: sudden trouble seeing in one or both eyes, sudden trouble walking, dizziness, or loss of balance and coordination; and a sudden severe headache with no cause.

In addition to conducting public service messages through the media, WLAD will conduct presentations to interested civic groups, organizations, assisted living centers and other community organizations.

Call WLAD at 541-997-9614 for more information on these programs.

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