

## LRAPA reminds residents burn season ends June 15

Thursday, June 15, marks the last day of the outdoor burning season for most Lane County residents.

Lane County Fire Defense Board closes the spring outdoor burning season every summer as fire season approaches.

High temperatures and elevated fire risk keep the season closed until the fall outdoor burning season begins in early October.

Outdoor burning, also known as "backyard burning" or "open burning," allows for the burning of woody yard debris, such as dry tree branches or brush.

Outdoor burning differs from recreational fires, barbecues and bonfires, all of which have different regulations throughout the county.

Lane County residents can check the regulations for different types of fires in their area by visiting the Lane Regional Air Protection Agency (LRAPA) website at [www.lrapa.org](http://www.lrapa.org).

Residents can also check the daily status of outdoor burning advisory by visiting the website or calling LRAPA at 541-726-3976.

Florence area residents can also call Siuslaw Valley Fire and Rescue at 541-997-3212.

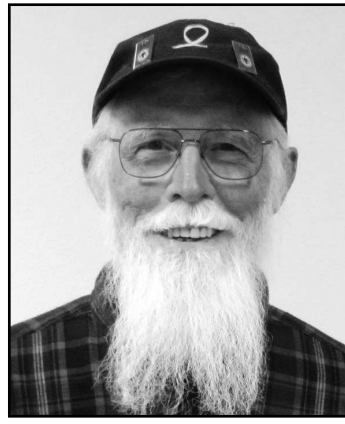
Throughout the year, Lane County residents are encouraged to find alternative ways to dispose of yard debris other than burning. Debris may be disposed of at Lane Forest Products, Rexius or one of Lane County's transfer stations and dump sites.

"Not only does outdoor burning pose as a serious fire hazard, it also emits unnecessary smoke into the air," said Jo Niehaus, a spokesperson for LRAPA.

Residents who burn during the closed season are subject to violations ranging from \$50 to up to several thousand dollars.

For more information, visit [www.lrapa.org](http://www.lrapa.org) or call 541-736-1056.

## Us TOO Florence Behind the headlines



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

Picking up where I left off last month (May 10), the USPSTF was addressing prostate cancer screening of men with increased risk, notably African American men and those with a family history of prostate cancer.

This was in its recent 2017 PSA screening guidelines that recommended discussion-backed decisions for all men between ages 55 and 70. It suggested that these increased risk men "might" benefit from earlier screening than the general population at age 55.

It then went on to state that a reasonable approach was for clinicians to talk with these men about their increased risk of developing prostate cancer

so they could make an informed, personal decision about whether to be screened.

However, it stopped short of making a recommendation as to when that "talk" with increased risk men should occur. What are the men and their clinicians to do with that information?

Fortunately, for those of us living in Florence and the surrounding communities, we all have access to the expertise of the Oregon Urology Institute (OUI) urologists right here at their satellite clinic. In addition, we have two Us TOO Florence Prostate Cancer Support Group meetings per month with a urologist (almost always) at each one. That keeps us up-to-date on the latest research and gets our questions answered.

If there is a misperception that these meetings are only for men who have been diagnosed with prostate cancer (and their wives/ significant others), I want to dispel that right here. We encourage and welcome anyone with questions about anything related to prostate cancer (including screening) to attend and get your questions answered.

Now, back to the problem with the USPSTF guidelines. First and foremost, the guidelines apply to a narrow range of

ages, 55 through 69. I know from 15 years with Us TOO Florence, we men don't fit into any such "box" for prostate cancer screening.

Anytime we see the USPSTF (or anyone else) recommending a starting age and an ending age for prostate cancer screening, we know the outliers (men younger than 55 and older than 69) are being written off as "statistics."

As we saw above, the USPSTF isn't sure what to do with two "increased risk" groups, namely African American men and those with a family history of prostate cancer. I'm actually surprised to see it acknowledge them since those findings are based on urologist experience rather than prospective clinical trials.

The USPSTF should add our soldiers who had contact with Agent Orange in Vietnam as increased risk, too... an increase of high risk prostate cancer. An invisible group of outliers are those men who do not fit in any of the above groups, but are destined to be diagnosed with prostate cancer either before reaching the magic age of 55 or after attaining age 70.

These are the men who have no reason to suspect a diagnosis

of prostate cancer in their future since they feel fine and have none of the increased risk factors mentioned above.

This is where my (and many others') appreciation of our urologists at OUI comes into play. While the USPSTF is willing to write off men who don't fit its narrow prostate cancer screening age range, our urologists are unwilling to do that.

First of all, our urologists would like to catch those men who are "too young" to have prostate cancer, but already do. Second, they are unwilling to write off the men 70 years and older as "too old." To meet the needs of the young men, our urologists recommend a "baseline" PSA test during ones 40s. What they have found is, at that age, a baseline PSA above the median for the man's age is indicative of potential prostate cancer even 20 or more years in the future.

That information lets them adjust future PSA screening.

Turning to the older men, if we potentially have 10 years or more of life left, they will continue to give us PSA tests (if we want them). Men needlessly die with the USPSTF's "one size fits all" PSA screening.

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