

## MILITARY CHRONICLES —

## Our museum's own 'Coastie'



By CAL APPLEBEE  
Special to the Siuslaw News

It's always a good thing when several different elements become synchronized into one result that brings it all together. Such is the case recently with the community emphasis on becoming a Coast Guard

City, coinciding with our own current museum "Veteran of the Quarter" program, which features one of its own volunteers, Bill Brown, himself a WWII U.S. Coast Guard veteran.

Though born in California, Bill moved to Oregon at an early age, growing into young manhood in Mapleton. He became familiar with some Coast Guardsmen here in Florence and decided that was the branch he wanted to enlist in when he entered our nation's service in December 1941.

Bill did his training in Port Townsend, Wash., but after only a few weeks was transferred to Ketchikan, Alaska, where he remained through-

out WWII until his discharge in May 1946 at the rank of Bosun Mate 1st Class.

While in the Coast Guard and the Alaskan Territory, Bill's primary duty was search and rescue for the numerous aircraft that went down in the rugged terrain of that region.

Unfortunately, there were fewer rescues than there were recoveries. He recalled one incident where a couple of businessmen from Anchorage had recently purchased a new Lockheed Electra, hired a pilot and with an additional secretary on board headed out to one of the remote islands.

However, due to inclement weather, they slammed into a

mountain before they reached their destination.

Miraculously, all four survived the initial crash, but both the pilot and the secretary eventually succumbed to injuries and weather.

Bill was sent up in a Navy Kingfisher to spot the wreckage and, after doing so, he and his crew of 12 coastguardsmen trekking in to recover the two bodies as well as rescue the two survivors. The two survivors recuperated in the hospital for over a year before being discharged.

Bill visited one of them throughout the recovery period, and though the gentleman offered gifts in appreciation of his efforts, Bill declined

— he was just doing his duty.

Like so many other veteran stories I've heard over the years, regardless of the branch of service, another story he shared was when one person messed up in their outfit the whole crew had to pay for it — usually when the punishment was running around the track with a sea bag on his back.

Bill will be the featured veteran at our current "Veteran of the Quarter" display at the Oregon Coast Military Museum (OCMM). The community is invited to visit and enjoy his display, as well as watch his oral interview to learn more about one of our own.

And for those who can't

make it during this quarter, be sure to join us at this year's Veterans Day Parade on Saturday, Nov. 11, in Old Town Florence.

I am proud to report that Bill, who is one of our very cheerful regular volunteers, will be my guest, joining me in my 1948 Jeep with USCG markings.

But you'll have to look for yourself to see if he'll be sporting a sea bag on his back!

To learn more about military heritage in general, visit the OCMM, 2145 Kingwood St., Thursday through Saturday, 10 a.m. to 4 p.m., or visit [www.oregoncoastmilitarymuseum.com](http://www.oregoncoastmilitarymuseum.com).

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## Us TOO Florence

## Behind the headlines



By BOB HORNEY  
CANCER SURVIVOR  
Us TOO CHAPTER LEADER

Here's a September 2017 headline that really got my attention:

"New Look at Old Data Confirms Mortality Benefit from PSA Screening."

I had to read that article immediately.

This year, a team headed by Dr. Ruth Etzioni, a biostatistician with the Fred Hutchinson Cancer Research Center in Seattle, reanalyzed the old data from the U.S. Prostate, Lung, Colorectal and Ovarian Trial (PLCO) and the European Randomized Study of Screening for Prostate Cancer Trial (ERSPC) that led to the USPSTF's no PSA screening

recommendation.

When reanalyzing the PLCO, the team paid particular attention to the comparison of the intervention group and the control group. The intervention group participants were assigned to receive PSA tests while the trial designers permitted the control group participants to continue their "usual medical care practices" — i.e. getting PSA tests (on their own) during the trial.

According to Etzioni, by the time the U.S. trial started (1993), a lot of the population was already being screened for prostate cancer as part of routine care in their doctors' offices. I was in my mid-50s at that time and was getting my PSA test annually upon the advice of my primary care physician.

Had I been part of the PLCO trial, I'm quite certain I would have followed my doctor's advice and continued getting the PSA test.

Question: What was the percent of the PLCO control group that received at least one PSA test prior to or during the trial?

The Urology Center of Colorado answered that last year and determined it was close to 90 percent — greater than the 85 percent in the intervention

group.

That meant the intervention and control groups were nearly identical with 85 to 90 percent of each group getting one or more PSA tests. And get this: the men in the control group reported having had more cumulative PSA testing than men in the intervention group.

And to think the National Cancer Institute set up that trial and spent millions of dollars on it.

As Dr. Etzioni points out, comparing those two groups to one another wasn't answering the question everyone really wanted answered: Did PSA screening reduce prostate cancer mortality?

What her team's analysis amounted to was the comparison that people really wanted: screening versus no screening.

Etzioni added, "We concluded that both groups of the U.S. trial were reflecting a benefit of screening. That's why when you compared them to each other you didn't see a difference."

By treating both groups of the PLCO as benefiting from screening (along with the intervention group of the ERSPC), the researchers concluded that PSA screening tests reduced prostate cancer deaths by 25 to 32 percent. The reduction was primarily a result of the earlier detection of cancer, according to the researchers.

Etzioni stated, "The amount of early diagnosis was very

strongly correlated with the reduced risk of prostate cancer death."

The team also noted a 7 to 9 percent reduction in the risk for prostate cancer death per year of mean lead times (MLT). MLT is the average time by which diagnosis is advanced by screening versus no screening. That is a powerful finding.

For men who are weighing the pros and cons of prostate cancer screening, this new study by Dr. Etzioni and team strengthens the evidence that early detection with PSA screening reduces deaths from prostate cancer. We know that early curable prostate cancer is rarely diagnosed due to symptoms. Diagnosis due to symptoms is usually too late for a cure.

These findings support Oregon Urology Institute's recommendation that men should get a baseline PSA test during their 40s. Based on the PSA number, the DRE, and other personal risk factors, urologists can then establish a future screening schedule — taking those personal factors into consideration.

This baseline test could lead directly to screening if one's PSA and/or DRE indicated the need for it.

It could, more than likely, lead to intermittent PSA testing to avoid an unpleasant surprise.

But, without that first PSA test, one will never know.

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