

Siuslaw News Community Voices

NATURAL PERSPECTIVE — In a Jam



By EMILY J. UHRIG, PH.D.
Special to Siuslaw News

but not quite as well-known as the blackberry, which many folks particularly treasure. Reaching among thorns to pluck berries is not the easiest task, but, for the persistent picker, the reward of a juicy pie or sweet batch of blackberry jam is worth the effort.

While picking wild berries may seem like a back-to-nature experience, the most prominent wild blackberry in our area, the Himalayan blackberry, is actually an invasive introduced species. These berries were brought to the Pacific Northwest from Eurasia over 100 years ago for agriculture, but have since spread well beyond the confines of farms.

Himalayan blackberries sport thick canes that can extend over 20 feet and are covered in large, sharp thorns. Some locations have over

400 canes per square yard. These are the berries commonly seen along edges of roads and fields and, with many large berries dangling near eye-level, they are popular for picking. However, the successful Himalayan blackberries often out-compete native plants — thereby reducing biodiversity. Riverbanks covered in shallow-rooted Himalayan blackberries may be more prone to erosion than banks entwined with the deep roots of native trees, and a particularly timely concern is the fact that dense thickets of dry canes pose fire hazards.

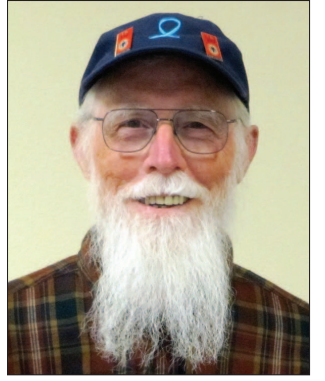
The negative qualities of the Himalayan blackberry led the Oregon Department of Agriculture to list it as a noxious weed that must be controlled or eradicated. However, anyone who has tried to get rid of these berries knows how resilient

they are. Roots can reach nearly 3 feet in depth and over 30 feet in length, and plants can regrow from small pieces of roots or stems, making complete eradication unlikely.

Although we may be in a jam with invasive Himalayan blackberries, native berry seekers take heart: Oregon does have a native blackberry. Called the trailing blackberry, its thinner canes creep along the ground and its berries are much smaller than those of the Himalayan, making the native berry more challenging to pick. However, persistent pickers will find sweeter, more flavorful berries.

So, if you're up for a bit of berry picking, try applying the adage of "bigger isn't always better" and look for the more understated — but more rewarding — trailing blackberry.

Us TOO FLORENCE — Behind the headlines



By BOB HORNEY
Special to Siuslaw News

First, an update from last month's Behind the Headlines. You may recall that I spent about six hours on June 23 viewing an Us TOO International webinar conference from Kirkland, Wash., titled, "Prostate Cancer Pathways for Patients and Caregivers." Well, the good news is the same top-notch information is now available to you. Going to youtu.be/O3wu-Va38FE takes you to the video from the entire day's events, thanks to Us TOO International.

Each speaker's presentation has been broken into their individual topics with exact times.

Once the link opens, you will see the introduction by Chuck Strand, CEO Us TOO International at 0:01 and, at 6:12, the introduction to Dr. Brian W. Lawenda. Below that you will see "SHOW MORE." Click on that and you will get the entire day's speakers/topics/times.

There is no way I could begin to report all the information presented at the conference and now I don't need to try. You can watch it at your own pace and "attend" the entire conference at home. It will be very informational for all who view it.

Now, I want to turn your attention to something I just learned. Many of you are aware that in the quest for more accurate biopsies of the prostate, the MRI has come into play. It is being recommended by some for use in determining "if" a biopsy is necessary and, if so, to guide the urologist to those cancerous locations on the prostate gland identified by the MRI.

Currently, most biopsies of the prostate are ultrasound guided. We do know that prostate cancer is more likely to occur in certain areas of the prostate, so those will get biopsied. However, some areas of the prostate are simply out of reach of the urologist's needle. This is where the MRI comes in handy, because it can scan the entire prostate gland.

Now the concerns: On July 16, I received the Summer 2018 Prostate Digest published by the Prostate Cancer Research Institute (PCRI). Inside was an article, "Gadolinium Contrast Agents and the New FDA Warning," by Mark Moyad, MD, MPH, Director of Alternative Medicine, University of Michigan Medical Center.

The "contrast" to which Moyad is referring is the dye used with MRI scans that help healthcare professionals see internal organs, blood vessels and other tissues

more clearly, thus improving the diagnostic accuracy of the scan. He pointed out something that I had never given thought to — potential kidney problems with the contrast we receive with many MRI scans.

As he states, "For the most part, contrast agents are incredibly necessary. One of the most utilized contrast agents is Gadolinium. The FDA came out at the end of 2017 and said that all (not some) gadolinium contrast agents used in MRI must now carry a warning about how they could be retained in the body and potentially cause kidney injury."

Moyad shares that it appears gadolinium contrast agents have not been linked to anything truly concerning for those individuals with "NORMAL KIDNEY FUNCTION." (His emphasis). Unfortunately, for most of us older adults, our "normal" kidney function is about 50 percent of what it used to be.

Reading what Moyad said concerned me, so I picked up the phone and called Dan Goldblatt, Supervisor of Peace Harbor Imaging. What he told me was very reassuring.

Out of eight gadolinium agents, only three are listed as "less concern," meaning easier for the kidneys to flush from the body. They are the ones he uses at Peace Harbor: Gadavist, Prohance and Dotarem, in that order. He would not use one of the high-risk agents unless it was the only one suitable for the MRI scan AND the patient's kidneys could handle it.

Additionally, he uses only one-half of the recommended dose, even of the low-risk agents. Prior to receiving the MRI, and to assure that our kidney function is adequate, everyone over the age of 50 and every diabetic (regardless of age) gets their kidney function checked (simple finger-prick).

Patient safety first — I like that.

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