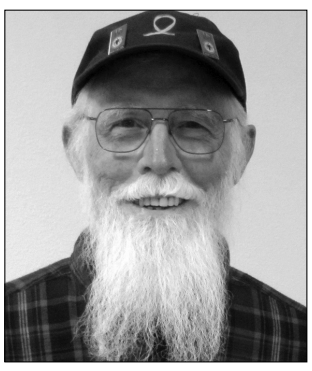
Community Voices

Us TOO Florence — Experience counts in prostate cancer screening



By Bob Horney
Special to Siuslaw News

Being born in 1938, I became part of the routine PSA testing as I turned 50. That was an exciting time for men because, prior to PSA testing, a diagnosis of prostate cancer was dependent on an abnormal digital rectal exam (DRE) or the development of symptoms.

In either case, curative treatment was greatly diminished. That was a time when, according to Patrick Walsh of Johns Hopkins, only 68 percent of newly diagnosed men had localized cancer and 21 percent were already metastatic.

Consider the difference when Dr. Walsh announced in 2013, "Today, 91 percent are diagnosed with localized disease and only four percent have metastases."

Those figures that Dr. Walsh mentioned can also be seen resulting in lives saved as per the following details: In 1992, age-adjusted prostate cancer mortality rate was 39.3 per 100,000 males. By 2010, the age-adjusted mortality had fallen to 21.8 per 100,000 males.

The National Cancer Institute attributed 45 to 70 percent of the reduced mortality directly to PSA screening.

With all that success screening for the most frequently diagnosed non-skin cancer in males and the second-leading cause of cancer death in our male population, the American Academy of Family Physicians (AAFP) now recommends that men "not be routinely screened for prostate cancer using a prostate-specific antigen (PSA) test or digital rectal exam."

According to the AAFP, the digital rectal exam does not improve detection of prostate cancer and should not be performed as a part of screening.

Dr. Reid Blackwelder, M.D., 2015 board chair of the AAFP and professor of family medicine at East Tennessee State University in Kingsport, explains there is "too much variability" with DRE results in the primary care setting.

"Different clinicians will have different findings with the same patient. Also, there is no standard training for DRE," he said.

Maybe these factors are why the AAFP says the DRE does not improve detection of prostate cancer?

"Furthermore, the DRE, when it does detect prostate cancer, is often not really working as a screening test," pointed out Dr. Blackwelder, "because patients who have a palpable cancer typically have symptoms. If a patient has symptoms, then the DRE is an important test."

Dr. Blackwelder's comments are mighty good reasons for the AAFP to stop standing (or sitting) in the way of men getting to the urologists who are trained and have the expertise in performing the DRE as part of asymptomatic prostate cancer screening.

Instead of stopping screening and waiting for symptoms to announce prostate cancer (then referring us to a urologist) just admit we are better off in the hands of urologists for prostate cancer screening in the first place.

The very idea that the DRE is worthless in detecting prostate cancer is shoving a lot of men "under the bus." The difference is in who's finger is feeling the prostate.

Dr. David Penson, M.D., MPH, chair of the Dept. of Urological Surgery at Vanderbilt University Medical Center in Nashville, Tenn., says this regarding the AAFP and USPSTF: "They fundamentally do not see any value to prostate cancer screening; that's their opinion," he emphasized, adding that it is this that he takes issue with. "They are not making their decision based on evidence. They are taking the data and then they are grafting their opinion onto it, so they are making the decision of what is right for the patient."

He adds that there is general agreement "that the PSA is an imperfect test. The DRE is also an imperfect test, but the two together actually offer more than either one alone."

This is very personal for me and the 20-25 percent of men diagnosed with a normal PSA, but abnormal DRE. My PSA was high/normal, but stable, I had no symptoms and the cancer had already left the prostate. (The late Dr. Peter Bergreen nailed it!)

We're told with most medical procedures to find someone who has done lots of them — experience counts.

In prostate cancer screening, those are our urologists at Oregon Urology Institute!

By Capt. Pete "Boa" Warren
Special to Siuslaw News

Fire & Rescue — Fresh new recruit flourishes

One of the best parts of my job as a Recruitment Officer is bringing in a fresh new recruit. I relish the opportunity to watch someone transform into an active first responder from our initial meeting — then, going after other challenges and opportunities out there.

One memorable addition to our volunteer force and staff member is Firefighter Holly Lais.

Holly was the first recruit I contacted when I started looking for potential firefighters near the end of 2016.

While working out at Coastal Fitness, I saw a young lady on the treadmill in front of me wearing a medical air transport company sweatshirt. As soon as she finished, I started a conversation about her shirt. Low and behold, it was from her brother Jeremiah, who had been on the department from my same academy I was in!

A few days later, after a chat and walk-through, Holly decided to start the application process and subsequently entered the fire academy.

Firefighting is challenging work to say the least. One person's weakness is another person's strength.

As we say, you don't have to be a knuckle dragger to be an effective force in department.

Holly, while small in stature, makes up for it in other ways. Not only is she a volunteer, but she's gone from working part-time to fulltime in the administration office. It's always a plus to have someone who's serving in a position to understand the intricacies of firefighters she serves and responds with.

When not working or responding to emergencies, Holly is going to school. It's not uncommon to see her burning the midnight oil in the office after-hours, where there's peace and quiet. Well, at least until the alarms goe off and she's hustling into her turnouts to go on the next call.

Holly is one of many who've discovered what firefighting is all about.

Do *you* know of anyone else who'd like to wear a pair of firefighter turnouts?

The Moral of the Story — Pillow talk

By Karen D. Nichols
Special to Siuslaw News

Bedding down with the love of your life. Aah!

When Ralph and I suffered from backaches, we made appointments with the chiropractor and acupuncturist. They recommended body pillows.

While in Eugene, we stopped at Bed Bath & Beyond.

Pillow—$29.99!

Case, $19.99!

Get two? Better try one. Like walking with a drunken friend, I dragged the super-sized pillow to checkout. Wrestling, it landed in the backseat. I drew a marker face on it.

On our way home, we joked about our backseat friend — a little pillow talk.

At home, it was installation time.

Ralph chuckled, saying "It'll look like a dead body under the spread."

I grabbed the pillow, turning it end-over-end, and used a sharp pair of scissors to get through the wrapper. I extricated it without needing stitches.

The pillowslip's measurements matched the pillow's exactly — not a good thing. A larger case doesn't strangle the pillow. Opening the case, I stuffed it in. Pillow clenched in my teeth, I yanked, just like dressing a giant baby in a petite-sized onesy.

Oops! Arms too short!

"Rats!" Fingernail gone.

"Ralph!"

Mr. Pillow took on a cantankerous personality.

While I held the pillow, Ralph shoved as I tugged. Laughter ceased before Mr. pillow wore his new skin-tight epidermis.

Whose idea was this anyway?

Throwing the covers back, Mr. Pillow refused to scoot between Ralph and me. The pillowcase and sheets seemed Velcroed. Mr. Pillow didn't want to join us.

After another tug-o-war, the pillow landed in place.

I read my novel until my eyelids drooped.

Tussling about trying not to wake Ralph, I nested with Mr. P...

Uh oh! On my side, my hip ached.

When I tried turning over, Mr. P. and I went to war.

All night, I couldn't turn over, take him with me, or throw him out.

Mr. P. was a bundling board separating Ralph and me.

It had to go!

Into the fireplace?

I pictured it fighting, flinging flames and burning our house down.

Maybe it could be a gift to the Chiropractor...

Moral: Watch who you invite for pillow talk.