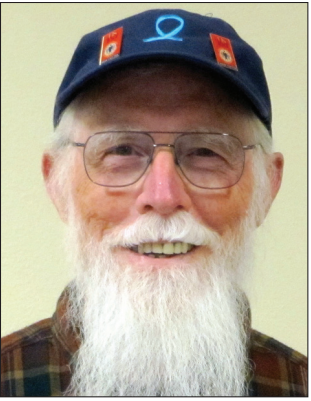


Community Voices

Us TOO FLORENCE — IT IS NOT TIME TO ‘SAY GOODBYE TO THE DRE’



By **BOB HORNEY**
Us TOO Florence Chapter leader

Having been an “official” prostate cancer survivor since my radical prostatectomy on Jan. 30, 2002, I have seen numerous medical advances come along to assist urologists and their patients in the effective diagnosis and treatment of that disease.

Even with these advances, one key element necessary to take advantage of them is for men to commit to and present themselves for regular prostate cancer screening. As urologists report, and we in Us TOO Florence have seen with our own

eyes, when men neglect screening, prostate cancer can — and often does — get an insurmountable head start that urologists can’t catch.

So, it is a bit surprising to read an article co-authored by a couple of MDs who title their work: “Time to Say Goodbye to the DRE for Prostate Cancer Screening.”

The authors are Justin Dubin, MD, chief urology resident and Sanoj Punnen, MD, MAS, associate professor in the department of urology; both at the University of Miami Miller School of Medicine in Miami, Fla.

Their opening comment states, “Compared to the illuminating information we get from an MRI, the DRE is merely a finger in the dark.” They go on to acknowledge, “Screening and assessing for prostate cancer (PCa) is a major component of a urologist’s practice.

For most urologists, part of this process includes the digital rectal examination (DRE).

“The DRE entails using a finger to enter the rectum and feel a patient’s prostate. The DRE enables physicians to make rough estimates of prostate size and identify abnormalities suggestive of PCa.

“It is the first physical examination urologists learn because for a long time DREs were the best and only means to screen for and detect PCa. The DRE is ingrained in urology culture.

“In the 1990s came the discovery of the prostate specific antigen (PSA) blood test, which could help physicians identify PCa earlier in its course. Imperfect and somewhat controversial, PSA testing has become the gold standard for PCa screening. But, since the adoption of PSA into urologic

practice, other major advances in PCa detection have become available, such as 4K score test or multiparametric magnetic resonance imaging (MRI) of the prostate.

“These newer tools help urologists decide which patients should move on to a prostate biopsy and which ones can avoid it.”

However, they go on to say, “Despite these advancements, most urologists and even general practitioners continue to perform DREs on men seeking PCa screening. Many physicians are adamant that it is still their responsibility to do so. But does the DRE provide helpful information for decision-making or is it an obsolete practice perpetuated by historical dogmatism?”

“We believe it is the latter and it is time to say goodbye to the DRE for PCa screening.”

In continuing to

build their case, they highlight (and in my estimation), exaggerate the pain associated with the DRE, claiming it drives men away from being appropriately screened for PCa. (Not sure what they mean by “appropriately” screened).

When men complain to me about the discomfort of the DRE exam, I always suggest they should undergo their wife’s pelvic exam.

The authors also assert that when assessing the value of any medical examination, the deciding factor is whether it can help guide medical decision-making.

Plus, for any examination to be useful, it must be accurate.

I have a personal response to their last assertion — as do many other prostate cancer survivors. That is, a lot of this depends on the skill of the “finger” doing the DRE.

In my case, when the late urologist Peter Bergreen examined my prostate in December 2001, he noted some subtle irregularities that no PCP had ever noted (might not have been there yet).

Even at that, he didn’t suspect any malignancy (cancer), especially that had already escaped the prostate (which it had).

So, I ask the authors, was Dr. Bergreen’s examination accurate?

ABSOLUTELY!

Did it help guide medical decision-making? ABSOLUTELY!

Twelve needle-biopsy...PROSTATE CANCER!

Did the PSA help?

Nope!

December 2000 was 4.1; December 2001 was 4.1.

Note: Responses to their earlier assertions (and others) next month.

BECAUSE SAFETY IS KEY, PLEASE DON'T DRINK AND DRIVE!

It probably comes as no surprise that more traffic fatalities due to drunk driving occur during the holidays than any other time, but of course, you should never drink and drive. With your safety in mind, these community sponsors urge you to review these important tips for hosting or attending a safe celebration!

Memorial Day is coming, bringing much celebration and the start of the summer. Special occasions with good friends mean good times and free-flowing libation — so party on hearty, but leave driving alone. We want to see you get safely home!



“Key” Strategies For A Safe Memorial Day weekend:

- **Plan an alcohol-free celebration** – Host a fondue or “make your own” ice cream sundae party as a fresh alternative. Add some fun party games to keep guests entertained without drinking!
- **Check your keys with the host** – This is an effective strategy for giving the host some control over inebriated guests.
- **Keep the number of a taxi company handy** – A good tip for both party guests and hosts alike.
- **Offer to drive a guest home** – Start the Summer off right by performing a good deed and help keep drunk drivers off the road.
- **Appoint a designated driver** – Use the buddy system and you can return the favor next time.
- **Provide lots of snacks to party guests** – Drinking on an empty-stomach rapidly increases alcohol’s debilitating effects.
- **Post transportation info on party invites** – Include information for public transportation, car pools and taxi company phone numbers.
- **Don’t let a friend drive drunk** – Take the car keys away or use one of the strategies above to see your friends safely home.

WITH BEST WISHES TO EVERYONE FOR A SAFE Memorial Day Weekend!

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