

To Your Health!

By Judy Hargis, P.A



Prostate Cancer Screening

Prostate cancer is the most common type of cancer in men, other than skin cancer.

The American Cancer Society estimates that there were 217,730 new cases diagnosed in 2010. The prostate lies just below the bladder and in front of the rectum. Size and shape varies with age. In younger men it is the size of a walnut but in older men it can be much larger. It contains cells that make some of the seminal fluid (semen) that protects and nourishes sperm. The urethra (the tube that carries urine) runs through the center of the prostate. If the prostate becomes enlarged it can interfere with urination and sexual function.

The question of prostate cancer screening is a complex one. There is no unanimous opinion in the medical community. Most prostate cancers are very slow growing. Studies have shown that by the age of 80 years, most men will have evidence of prostate cancer. Most men who have prostate cancer will die from other causes.

Prostate cancer treatment may lead to side effects that outweigh the benefits of treatment. Treatment for prostate cancer may have risks and side effects including erectile dysfunction, urinary incontinence and/or bowel dysfunction.

Screening for prostate cancer can include a blood test for prostate specific-antigen (PSA) and a digital rectal exam (DRE). PSA is a protein produced by both cancerous (malignant) and noncancerous (benign) prostate tissue. This can complicate testing, because an enlarged prostate, a prostate infection (prostatitis), and other less common conditions, can cause PSA to be elevated. False positives are common. Only one in four men who have a positive PSA

test will turn out to have prostate cancer.

DRE is also an important way to evaluate the prostate for abnormalities. Most men are aware of this exam, which involves a health care provider inserting a gloved finger into the rectum to feel for abnormal changes in the prostate.

Risk factors for prostate cancer are important in determining whether a screening for prostate cancer is appropriate for an individual. Age is important because as you get older the risk of prostate cancer greatly increases. The majority of prostate cancers are found in men age 65 and older. Ethnic background can play a role in risk factors. For reasons, not clearly understood, African American men have a higher risk of developing and dying from prostate cancer. Family history is an important risk factor. If you have a family member who developed prostate cancer before 65 years, your risk is greater. If you have several first-degree relatives who have been diagnosed with prostate cancer at an early age (father, grandfather, brothers etc.) you are considered very high risk. It is also thought that obesity and a high fat diet may increase risk.

It is hard to sort through the various recommendations. The American Urological Association, ACS, UPTFS, CDC, and NIH are the major organizations making recommendations for prostate screening. There is no unanimous consensus on prostate cancer screening at this time, so it is important to educate yourself on this issue. A positive PSA test may be a lifesaver for some men. It is important to have PSA testing if you have increased risk of developing prostate cancer. However not all men need the screening.

This is an important conversation to have with your health care provider. He or she can evaluate your risk factors and overall health, and determine when and if you should start or discontinue prostate cancer screening. There is no easy answer, so educating yourself is critical.

Here are some websites on prostate cancer screening that can be helpful:

- USA.gov: Prostate Cancer Screening: A Decision Guide is available to download from this site.
- ACS.org: good resource for current information on cancer.

Terry's Gym
A COMPLETE CO-ED GYM FACILITY
503-901-1705
16720 Noakes Rd Vernonia, OR

EMS week offers chance to plan

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us to help them help us," said Murphy. "Planning for disasters means that we must plan for the Whole Community, including people of different ages and those with access and functional needs. It means planning for children, planning for the elderly, and planning for families without access to personal transportation. It means meeting our first responders more than half way when the chips are down."

Tips to help us be better prepared for emergencies, and enhance access to help during disasters include:

- Build a "72 hour Disaster Kit" make a disaster plan, and keep a well-stocked First Aid Kit.
- Make a list of emergency phone numbers. Write down the numbers you need in your disaster plan and display them near all telephones in the house.
- Make sure your house number is visible from the street. Make it easier for police, fire officials or emergency medical personnel to find your house. Put large house numbers in a highly visible area. Make sure the numbers are well-lit and can be seen at night.
- Keep a clear and up-to-date record of immunizations. This can help doctors do a better job of diagnosing problems in an emergency.

• Write down medical conditions, medications and dosages. Being prepared in advance helps assure proper treatment and prevent drug interactions.

• Make a list of allergies and reactions, and consider medical I.D. bracelets or tags.

• Take first-aid classes. A basic class will teach CPR and proper ways to treat burns, wrap sprains, apply splints, and perform the Heimlich maneuver.

FEMA's Resolve to be Ready in 2011 campaign promotes Whole Community involvement in disaster preparedness. "Become involved in programs that strengthen your community's disaster resilience. Investigate training and volunteer opportunities available through the American Red Cross, Citizen Corps or Community Emergency Response Teams," continued Murphy. "No matter how busy or hectic our daily routine, we all need to take the time to take positive action to prepare ourselves, our loved ones and our communities in the event of severe weather, earthquake, or any other major disaster."

For more information on National EMS Week observances, visit: <http://www.acep.org/ems-week/>. For more information on the Ready Campaign and Citizen Corps, visit www.fema.gov, www.ready.gov and www.citizen-corps.gov.

Medical Marijuana Delivery Service
High Quality Fast Service
503-805-2663
O.M.M.P. card required
Visit us online at www.goweed.org

Columbia County	Domestic Abuse
Mental Health	Hotline
800-294-5211	503-397-6161
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Suicide Hotline	866-397-6161
1-800-784-2433	-----
or	Military Helpline
1-800-273-TALK(8255)	888-HLP-4-VET
	(888-457-4838)