Football season is back, and kids are back in school. Go Sooners and Seminoles! We have had the coolest summer in history, and allergies were a bear this year. Ebola virus topped the medical news (now over 6000 cases with 50% death rates). This report continues to excite me every month, and I hope you have learned many things that you would have never taken the time to know. I also hope you understand the need for you to be informed about your own health issues, and question every medication, every bit of advice, and study about the interaction of diseases, medications, and heredity. I will give you references as often as I can for you to use.
as a guide. Remember, there is a reference link on my website. Always discuss any information here with your primary care and specialty physicians.

I will return to Endocrine glands and finalize the causes of pelvic pain next month.

This month is BREAST CANCER AWARENESS MONTH, SO PLEASE GET YOUR MAMMOGRAMS LADIES.

Subjects:

1. New Recommendations for Aspirin to prevent major disease
2. Alcohol Consumption—the less, the better
3. Headaches—Diagnosis and Treatment of Migraines
4. Pomegranate component found to be clinically valuable in the treatment of diseases caused by inflammation (Alzheimer’s, etc.)
5. Yoga—part 2—the physiologic value to your body, core poses
6. Prostate Cancer—the PSA and the Gleason Score
7. Many drugs interfere with thyroid med’s absorption; cost of
Come join us on October 18 for the First Annual Fall Fest in Sky Valley—the Haybale Trail, Scarecrow Row, food, live bands, face painting, pumpkin carving for the kids, 17 vendors, Vintage Car Show, and our beautiful leaves changing! For information call Sky Valley City Hall-706-746-2204. Beautiful Sky Valley!!

GET YOUR FLU SHOT!

1. New recommendations for aspirin to prevent major disease

The Oncology literature published a paper that recommended that anyone with an increased risk for heart disease, stroke, and cancer should consider talking to their doctor about taking daily aspirin to increase the chances of preventing the above diseases. It appeared not to be dose related. Taking just
81mg may be just as effective as higher doses. The study basically reported that taking daily aspirin can reduce the risk of these diseases from 7-10%. Of course, the side effects of gastric irritation and bleeding have to be discussed. That is why you should discuss this with your doctor. Reference-Annals of Oncology, 2014

2. Alcohol Consumption—the less, the better

It has been thought for years that modest consumption of alcohol was protective of the cardiovascular system. The British Medical Journal refutes that with a new study. They report that low intake of alcohol is associated with less cardiovascular disease. There is some hereditary component. This study just reported must be repeated by other investigators, but it does put us on notice that excessive alcohol intake certainly is not good for us. I still live by the rule of moderation. There are so many factors when concluding major health issues. Repeating studies is the best way to prevent bias and mistakes in research.
3. **Headaches-more on Migraines**

In March, 2014, #26  [www.themedicalnewsreport.com](http://www.themedicalnewsreport.com)

I discussed the classification of migraines, classic vs. common migraine, and the stages of a migraine. I refer you back to that report under archives reports. 15% of the population has migraines. In my practice, many patients stated they had migraines, but upon questioning them, their symptoms were more likely tension or tension vascular headaches. I will discuss the other causes of headache in the next few months.

If you have symptoms **before the headache comes on**, such as **numbness** on one side of the head, **sensory changes** (sight, hearing, smell, taste, etc.) followed by a **severe headache** usually one sided (but not always), with **nausea and or vomiting**, followed by a period of **severe fatigue**, you may well have **migraine**. These headaches are **best treated before the symptoms are profound**.

It is possible that you can prevent or reduce the magnitude of the headache with medication.

**Women have 2/3rds of the migraines.** Hormones obviously play a role.

In review, there are **2 types of migraine**, which are usually brought on by stress, anxiety, depression, fatigue, hypoglycemia, dehydration, and can even be hereditary.

**Classic and Common Migraines**.....classic migraine has an **aura** associated with it (1/3) while common migraines do not (2/3). In fact, the
literature is getting away from this classification, now using migraine with or without aura.

An **aura** is an occurrence that is characterized by any one or more of the following symptoms and usually occurs about an **hour before** the headache begins: numbness, weakness, vertigo, even hemiplegia (half the body goes weak appearing as a stroke), strange sense of smell, sounds, light sensitivity, fatigue, grouchy, euphoric, etc.).

**Pathophysiology of a migraine**—there is an electrical impulse (**cortical depression**) that starts somewhere in the brain, and that electrical charge spreads over the brain into the **thalamus** (**a center deep to the cortex**) and then to the **surface of the brain** (**sensory cortex**), which carries this impulse right through the little crevices (**sutures**) in the skull to the outside of the skull and then to the nerves in the scalp and temple. There is vasoconstriction during the **PRODROME** and vasodilation when the headache begins.

**The Phases of a migraine:**

1. **PRODROME**—feeling of fatigue, listless, frequently following a stressful week, before a menstrual period, lasting a few days

2. **AURA**—sensations described above

3. **HEADACHE**—usually one sided (60%) but can be both (40%), severe, with pulsations frequently in the temple (**superficial temporal artery just in front of the upper ear**), usually interfering with work, sleep, or activities. It is
frequently associated with nausea and or vomiting (90%). It can be associated with vertigo of any kind. Frequently these patients want to go to a dark room and lie down. The headache can last hours or days.

4. **RECOVERY**-usually fatigue, wanting to sleep for hours, poor appetite, diarrhea, and a sensation of numbness over the area of the headache can occur.

**Triggers for a migraine** are mostly psychogenic. The headache tends to come on after the stress lets up (“weekend headaches”). **Foods** can bring migraines on such as wine (tannins, sulfites), aged cheeses, MSG in oriental foods, pickles, pickled products, beans, dried fruits that contain sulfites, foods that contain tyramine (amino acid) such as alcohol, plums, bananas and citrus, processed meats. Other food triggers can include yeast breads, choline (another amino acid) in dairy products, chocolate and coffee which contains caffeine, aspartamine (diet drinks, artificial sweeteners). In other words, **tyramines and sulfites** and most preservatives can be a trigger. It is very important to keep a diary of what you are eating and drinking before a migraine occurs. Weather change, strong scents, tight hair accessories.

**Silent migraines**

There are silent migraines or migraine equivalents, defined as migraines without pain but other symptoms.

These are categorized into **physical, emotional, and aura symptoms or signs**!

**Triggers for Migraines**
Physical signs include nausea, vomiting, food cravings, loss of appetite, sudden thirst, increased urination, chills, and fatigue.

Emotional signs include confusion, irritability, and euphoria, depression, anxiety, and paranoia.

Aura signs or symptoms include ocular (flashing lights, dots, spots, blind spots, tunnel vision), decreased hearing, auditory hallucinations, strange smells or taste, numbness, tingling, unusual body sensations, difficulty remembering or saying a word, other language difficulty.

I have ocular migraine. This creates lightning flashes in the eye and starts small and expands over minutes and finally goes away. It does not have to be treated, but needs close monitoring, because of the possibilities of overlapping eye issues. Retinal tears, retinal separations, and vitreous separations may be present and need to be ruled out by an ophthalmologist. Floaters may be present but occur in many people unrelated to a migraine.

Rare types of migraine pain are associated with basilar migraine (sudden vertigo prior to the headache), hemiplegic (loss of motion of one side of the body), menstrual, and abdominal (more common in the youth). This spans the body and can be confused with a multitude of other diseases. Migraines may be the cause when no other cause is found.

Treatment of Migraines

There are only 2 treatments that are FDA approved.

BOTOX INJECTIONS into the muscles between the eyes. This is the same injection used to paralyze muscles for frowning and eye wrinkles. These injections are a little more extensive, but the same botulinum toxin. It works in selected patients. When performing cosmetic forehead lifts in my practice, I was amazed when patients returned thanking me for a beautiful result but also their migraines were gone. In forehead lifts the frown muscles are cut and scored to paralyze the frown muscles. Botox can do the same thing but must be repeated every 4-6 months. This is fairly painless and renders good
temporary results. Since it is FDA approved, insurance should pay for it, but you will have to have your doctor send a letter stating that it is a treatment for migraines and not just for frowning.

The muscle you see in the below drawing shows the procerus muscle which is injected on each side to provide a reflex blockage of the neurological impulses coming from the brain in migraines.

**ELECTRICAL HEAD BAND (CEFALY)**

I described this headband in a previous medical news report. It is a battery powered electrical headband that delivers small electrical pulses to those same muscles, and apparently works. It is FDA approved. Google it and see the information. It is not a joke!
There are over a hundred medicines being used to prevent and treat migraines.

There are categories of treatment: **abortive, preventative, and relief therapies**

**A. ABORTIVE**

These treatments are primarily prescribing a group of **TRIPTANS**, which is a chemical to abort a migraine before it gets past the prodrome phase. There are many prescription medicines in this category of TRIPTANS—Axert, Relpax, Amerge, Maxalt, Imitrex, and Zonig.

**Other medicine** includes MIDRIN, and **DIHYDROERGOTAMINES WITH OR WITHOUT BARBITURATES**.

**OTC meds** include Motrin Migraine, Excedrin Migraine, which contain caffeine. Acetaminophen (Tyleno) may help.

**Narcotics** are frequently necessary. They should be monitored carefully to prevent abuse.

**Anti-nausea meds** treat the nausea and vomiting symptoms with migraine. **REGLAN, COMPAZINE, and INAPSINE** can be prescribed.

**B. PREVENTATIVE**

These meds are taken daily to prevent these migraines.

**Beta-blockers**—Inderal, Timolol, Metoprolol. These are anti-hypertensive medications that have the added benefit of helping migraine prevention.
Calcium channel blockers—are another antihypertensive—Verapamil

Antidepressants—primarily the amitriptylines (Elavil)

Anti-seizure meds—gabapentin (Neurontin), Topax, and Depakote

C. RELIEF OF ONGOING MIGRAINE—narcotics, sedatives, anti-nausea meds are the main source, but only to cope with the pain and others symptoms. It is really late to be successful in stopping a migraine. Migraines can last up to 72 hours or more.

www.wikipedia/migraine.org   www.healthline.com

Cappodocia, Turkey (a great trip before ISIS)

4. Pomegranate component found to be valuable in diseases caused by inflammation
We all have heard that the juice of the pomegranate is very healthy and full of anti-oxidants, but until recently, research in animals has not proven that it is clinically valuable. Now there is evidence based information from the Journal of Molecular Nutrition and Food Research that the compound, punicalagin, a polyphenol in pomegranate juice, blocks inflammation in brain cells that may worsen the diseases that are thought to be caused by inflammation, such as Alzheimer’s and Parkinson’s Disease. Even cancer has contributing factors from inflammatory enzymes and other chemicals. This is only animal research, but they stated they will be pursuing pharmaceutical companies to come up with a medication to be tested on these diseases in humans. Inflammation is now known to be the cause of or a strong contributing factor in heart and vascular disease, cancer, autoimmune diseases, and chronic degenerative brain diseases. These are the steps to prove that there is proof that what you put in your body can make a difference. Before you run to the store, we have no idea how much of this substance needs to be ingested to have an impact on diseases. But it sure doesn’t hurt to eat a pomegranate a day or drink the juice. Supplements are still a poor second until there is regulation on supplements by the FDA. You just don’t know what you are taking unless there are regulations especially if imported from other countries. The contaminants alone can be of extreme concern.

Ref: Journal of Molecular Nutrition, and Food Research.
5. Yoga-Part 2—The Physiologic value to your body; core

JUST BECAUSE YOU ARE NOT IN A CLASS DOESN’T MEAN YOU CAN’T LEARN THESE POSES FOR THE BENEFIT OF YOUR BODY AND DO THEM AT HOME ON A REGULAR BASIS.

The basic POSES and BENEFITS in yoga involve:

a) Stretching and holding the pose will allow the muscle fibers to lengthen. This releases lactic acid, one of the byproducts of muscle metabolism (anaerobic glycolysis), especially when the muscle is stressed. Lactic acid is
the chemical that makes you feel a burn in muscle groups, and it is the reason why you are sore the next day (because the person didn't wash the acid out of with muscles WITH WATER. Extra hydration is necessary for the following 24 hours after yoga (just like with massage), which cleanses the muscle fibers. Below left, ONE OF THE COMMON POSES, the cat roll will stretch your back out and separate the discs from the vertebrae. The child's pose stretches the arms, lateral muscles of the back (latissimus dorsi), the low back, the knees, quads (quadraceps femoris) and at the same time, this is a rest pose to drop your heart rate and recover.

b) Breathing.....what is the big deal? Yoga instructors spend weeks in training to learn the art of breathing and training themselves how to concentrate on that breathing. To benefit from yoga, you must be able to “breath into a position” (exhale usually) and that takes practice and concentration, leaving all distractions aside. This is the road to meditation. Breathing in and out at the proper time is vital to get the most of any position. The tendency to hold your breath when moving into a pose is a natural response, and it will take time to learn how to breathe into a position slowly, concentrating on the movement at the same time. Deep breathing oxygenates the body, and prepares a person to move into a pose, allowing the muscle to relax, which is mandatory for that pose to be held without cramping. Stretching the diaphragm with a maximum deep breathe strengthens that muscle and allows an increase in maximum lung capacity. Deep breathing can reduce the blood pressure and heart rate with practice. You are in control of your body more than you think. It just takes practice. Biofeedback utilizes this technique.

Alternate nasal breathing is a very important part of getting into a level of concentration. There are chemoreceptors in the nasal tissue, that when stimulated by rapid air, cause the alveoli to expand. Each little colored area represents an alveolus in this drawing. These are the little sacs containing
inspired air in the lungs that are responsible for the oxygen/carbon dioxide exchange.

The alveoli of the lungs!!

ALTERNATE NASAL BREATHING

The basic technique starts with blocking one nostril with the thumb while maximally breathing in and then opening the other nostril for exhalation by releasing the forefinger. Alternatively, closing the opposite nostril and then breathing into the open nostril. This will relax you and let tension in your
muscles be released. It is recommended to repeat this move 9 inspirations and expirations. Practice makes perfect. See below!

Another breathing technique involves one deep inspiration allowing your abdomen to balloon out followed by 7 short expirations. This also will release tension in your body. Try it at home! Ballooning the abdomen out allows the diaphragm to drop maximally thus allowing the lower lobes of the lung to take in the most air. Expiring maximally removes more carbon dioxide from the lungs.

c) **Resistance** is required to work a muscle. You have heard of isometric exercise. Resistance is the basis for the value of weight lifting, isometric exercises, and maintaining a difficult pose like PLANK. This strengthens the abdominal muscles, back, shoulders, and triceps arm muscles. Try this for just 30 seconds and work up to 90 seconds.

d) **Biochemical responses** occur when we work our bodies. Metabolic breakdown products must be moved out of the muscles and organs of our body for maximum efficiency. **Catecholamines** (adrenalin), norepinephrine, and serotonin, dopamine, and breakdown products od metabolism (i.e. lactic acid)
when flushed out of the system, will decrease stress and boost oxygen levels. This will give you a feeling of calm. The hormone oxytocin, which shrinks the uterus after birth also is secreted during exercises like yoga and gives a feeling of relaxation and connection with others (the so called “trust and bond” hormone). With yoga as in other forms of exercise, there are studies to show the cholesterol and triglycerides can be lowered because of the calories burned.

e) **Mental focus** is learned in meditation and yoga. In fact, meditation is a part of yoga. Studies have reported that with increased concentration and focus, most will feel a sense of contentment and feel happier. Relaxation improves the **immune system** as well. Studies have proven that meditation and yoga will increase survival in cancer patients. Yoga Nidra is a relaxation and meditation type of yoga.

f) **Balance** poses (below left) strengthens the oblique muscles, the waist, thighs, shoulder, arms and legs. It is a lot harder than it looks to get this perfect position. The **Cobra** pose on the right is a resistance pose to strengthen the low back, and triceps of the arms and at the same time stretch the abdominal muscles.

![Cobra pose](image)

**f) Improvement in strength and balance** will come with regular yoga sessions. There are many balancing poses in yoga, and although most beginners will struggle with these for a time, your balance will improve. If you have to pose next to a wall for stability, please do it. You will improve your balance if you stay with these poses.
g) **Mobility and flexibility** will also come with practicing yoga 2-3 times a week for an hour. All of these benefits will show up in any sport you try.

h) With all that is going on in your body, you can see this is a great **anti-aging** form of exercise. **Weight bearing poses** increase bone density therefore can help prevent osteoporosis. Certain postures such as the one below will strengthen the inner thighs and the entire pelvic muscle complex. This even helps bladder weakness by strengthening the urethral sphincter.

The **mountain pose** is another common pose to relax and proceed into other poses. Knees slightly bent, feet close together, hips slightly flexed, and hands in prayer pose. This can be expanded to a back bend as seen in the photo.

i) **Posture** will definitely improve as your muscles strengthen, and this will prevent back fatigue and injury. That is why yoga is recommended for those with injuries. When muscles, tendons, and ligaments are healthy, pain is
reduced. I have had a great personal experience with my back pain being much better managed just because of yoga.

j) **Stamina** will definitely improve, especially with the core poses. Holding poses is the secret to improving stamina.

k) **Many other benefits** can happen with yoga. Improvement in **sleep hygiene, anxiety, depression, weakness, fatigue, mood, and a better feeling well-being** can be realized. It will take time commitment, and dedication.

k) Those who are recovering from surgery or injuries must be under close supervision to attempt yoga and with permission from your doctor. **THERE IS NO ONE THAT CAN NOT BENEFIT IF YOU TAKE IT SLOW, DON’T OVERDO IT. YOU SHOULD NEVER FEEL PAIN WHEN PERFORMING YOGA.** There are even yoga poses in a chair.

Thanks to all my yoga instructors including Mary, Jacque, and Cathy right here in Sky Valley. I attend classes in Clearwater at Yoga Village 3 times a week in the winter. Check out classes in your area. I will discuss **pilates** sometime in the future for an even more extensive workout.

Reference—Self magazine, The Yoga Journal, and WebMD, wikipedia

6. **Thyroid medication absorption interfered with by many common meds; U-500 insulin price skyrocket**s

A recent study reported that iron, calcium, anti-acid meds (Prevacid, Nexium, etc.), statins, and estrogen can decrease the absorption of the thyroid...
medication levo-thyroxine. Most doctors monitor the TSH (the pituitary stimulating thyroid hormone). If it is too high, more thyroid is needed to maintain a euthyroid state (meaning normal). Do not stop any medication because of this report. Merely, see your doctor and check the TSH levels. If an adjustment of the dose is needed, your physician will make that decision.

Reference—Journal of Clinical Endocrinology 2014

Thanks Eli Lilly! The price of a vial of U-500 insulin, a more concentrated form of insulin, has increased five times over the past few years. This is a drug that was introduced in 1923. Because more doctors were inquiring about the heavier dose insulin, they have decided to increase the price just because the demand is rising. Obesity and type 2 diabetes is the reason for the higher insulin dose. The vial costs $900. That will not last for a month if a person requires high insulin doses. The lack of regulations on drug prices from the federal government is the reason. Why did they raise the prices out sight? Because they can!! Thanks BIG PHARMA. Reference—Medpage

Prostate Disease—Part 2—the PSA test and its value and limitations

Prostate cancer continues to be a serious cancer as the population of men continues to age. In fact, age is the number one risk factor for prostate cancer. 240,000 were diagnosed with PC in 2013, and 30,000 men died. It is found in microscopic amounts at autopsy in a large percentage of men. In other words, many older men die of other causes and the prostatic cancer is incidentally found at autopsy. A boy 6 years of age has a 16% chance of developing PC and a 3% chance of dying from it. The average age at initial
Diagnosis is 65-70, and the average age a man is likely to die of the disease is 80.

I discussed the risk factors last month, but I wanted to point out that if a man has a first degree relative (father or brother) with PC, it doubles the chance of developing PC. A high fat diet also increases the risk, and it is thought that this may be a bigger factor in black men. Also obesity is becoming more of a factor in increasing the risk of not only a PC, but a larger cancer that is more likely to be more malignant. The tumor’s biochemical response in obese people is more aggressive and more likely to recur.

The symptoms of prostate cancer are the same as an enlarged prostate (urgency, urinating at night, frequently urinating, difficulty emptying the bladder completely, etc.). Blood in the urine would be another sign that should alert a man to get to the doctor for evaluation. Even erectile dysfunction can be a symptom of prostate cancer. CHANGE IN SYMPTOMS should be a sign for an evaluation. A urinary infection could occur with cancer.

The best way to survive any cancer is to find it before it spreads out of the local tissue or gland. Since early prostate cancer does not cause distinct symptoms (same symptoms as an enlarged prostate), until the PSA test was available in 1986, there was no way to easily detect early very curable cancers. The rectal/prostate exam could easily miss an early cancer too.

The prostate specific antigen test was created to alert the doctor to the possibility of cancer. The PSA is an enzyme that is secreted exclusively by the cells of the prostate. This makes it quite a selective test for detecting prostate cancer (PC). Testing the PSA every year or two virtually guarantees you will have a curable cancer (Johns Hopkins Dept of Urology). The test is a simple blood test. The normal range is less than 4.0 ng/ml (nanogram per milliliter), however the same author states he would be concerned above 2.0 ng/ml in men 40-60 and above 3.0 for men over 60. If a PSA level is rising no matter where the level starts is reason for concern.

Some organizations do not recommend routine testing with the PSA if a man is asymptomatic and without a family history of prostate cancer. Black men are more likely to get PC, and therefore that is a factor in considering this test. Routine testing in the average healthy man is now not recommended. The bottomline..... TALK TO YOUR DOCTOR! Medicare and most private insurance will cover an annual test from 50 years of age.
Because of the PSA, more PC is being diagnosed, and there has been a 40% reduction on death rate since 1993.

The reason for the controversy is the harm of getting a false positive (elevated) PSA test. Biopsies, worry, and complications (bleeding, infection, and pain) from the biopsies (usually 10-12) are factors in deciding. Only 25% of those that are biopsied have cancer. That means there are a lot of biopsies that didn’t need to be performed based on an elevated PSA test.

There are other disorders and activities that can raise the PSA. Sex within 72 hours of the test, prostatitis, benign enlargement of the gland, a urinary tract infection, and a digital rectal exam within 72 hours can raise the PSA. Drugs that reduce the size of the prostate gland will reduce the PSA levels (Avodart, Proscar, Flomax and Uroxatrol) falsely by as much as 50%.
A drug (Propecia) to treat baldness has Avodart in the product, and can also reduce the PSA levels. Talk to your doctor about this when considering a PSA.

A false negative test means the PSA is normal but cancer could be present. Certain prostate cancers do not secrete the antigen in the PSA test. These are fairly rare.

The PSA varies slightly with age, but if it is over 4.0 ng/ml, it should be repeated. If it remains above 4ng/ml, a urological consult is in order.

The PSA test can also be monitored after treatment for PC. After treatment, the value should 0.0ng/ml. I will discuss that in the future.

Transrectal ultrasound, CT, and MRI scans can pick these cancers up too, but are not cost effective tests for the general population for asymptomatic men.

Since men are reluctant to have prostate exams, the blood test is a huge boost in getting the general population of men tested especially for black men. The reason the age (40-45) of beginning testing is earlier in black men is
that the disease tends to be more aggressive at the time of diagnosis, and there is a higher incidence of advanced disease and death rates.

When the test was first approved by the FDA to screen the general population, the incidence of cancer appeared to increase, but it was because more were being found. In fact, there are very slow growing cancers that do not necessarily need to be treated. This is called overdiagnosis, and if these are treated this is called overtreatment. So, how do we know which cancers to treat? We will discuss next month.

If the PSA is elevated, the doctor may want to repeat the test one or more times to detect if the PSA is rising over a few months. That along with repeat digital rectal exam will allow your doctor to be able to wait or refer to an urologist. Prostate cancers rarely grow rapidly, therefore there is time for you and your doctor to be sure you need to proceed to a biopsy.

If a man has a definite elevation or rising PSA, a urological consult is in order. Be sure your doctor is Board Certified by the American Academy of Urology. There are also subspecialty urologists that have had extra training in cancer, who are Fellows of the AUA, and these surgeons are usually found in big medical centers. They tend to have the most experience.

Once a cancer is found, other tests need to be performed to determine the aggressiveness of the cancer. NO MATTER WHAT, BE SURE TO SEEK SECOND AND THIRD OPINIONS. Surgeons are likely to recommend surgery (82%) and radiation therapist are likely to recommend radiation of some kind (73% of the time)*. The newer proton therapy will be a second radiation consult. Don’t be in a hurry. Discuss, educate yourself, and get more opinions.

Prostate biopsy--10-12 tiny biopsies will be taken at the time of the procedure. There are two approaches to biopsy. First is the transrectal approach. A finger is placed in the rectum to help guide the needle into the prostate. A small core of tissue is taken each time the needle is inserted usually in different locations within the prostate. The second approach is the transperitoneal approach. The needle is inserted through the skin between the scrotum and the anus. Since this approach requires spinal or general anesthesia, the transrectal approach is preferred for the intial biopsy. If tissue is inadequate, the transperitoneal approach might be considered. Most are now being performed with the assistance of ultrasound. The diagram below shows the technique. All areas of the prostate will need to be biopsied if a mass is not palpated. This is an easy test to perform and is usually performed in the office but may need to be performed in an outpatient facility if there are other
medical considerations (heart disease, severe arthritis with difficult positioning, fear, etc.).

The pathologist will evaluate these biopsies and assess the degree of the malignancy. The CT or MRI scan is used to assess the extent of the tumor, extends to the surface, and is on both sides of the gland. Scans can assess whether a tumor has spread to the lymph nodes in and around the pelvis. The CT scan (on the left below) shows a mass in the right lobe of the prostate to the lining (brown area inside the pink area). (ON the right below), an MRI demonstrates a large prostate cancer completely engulfing the gland with extensions.
Additional tests will include urinalysis, a cystoscopy (looking at the prostatic urethra and bladder), and bone scans if a cancer is found. Prostate cancer can spread to bones of the pelvis and spine early in some men.

Staging of the tumor is determined with these tests and will be discussed next month. The Gleason score will also be discussed and how that plays into the oncologist’s decision for recommending treatment.

In summary, there have been major studies to look at how the PSA test would affect the death rate. With thousands of men studied from 50-69, only 0-1 men would be spared death in every 1000 men. 100-120 men will have a false positive test requiring unnecessary biopsy. 110 men will be diagnosed with cancer and about 50 of these men will have a complication from the treatment (29 with erectile dysfunction, 18 with urinary incontinence, and 1 with a serious cardiovascular complication). Research is underway to get more accurate results from a modifying the PSA test. Below is the NCI graph of these studies.
Because of all the controversy over whether men 50 and over should have testing, the advice and recommendations from medical organizations have become difficult to follow. The American Urological Association (AUA) put out recommendations about who should NOT be screened. After you read it, I hope it will make sense. In the end, you are taking a risk of being worked up for an elevated PSA and either not have cancer or a cancer that is so slow growing that it would probably have never needed to be treated.

- all men under age 40, since detectable prostate cancer is rare in this age group.
- men age 40 to 54 at average risk. This includes men without risk factors such as a family history of prostate cancer in multiple generations and/or a family history of prostate cancer onset before age 55, or African-American race.
- men age 70 and older or any man who is not expected to live more than 10 to 15 years.

Those who don’t need testing (AUA)


Johns Hopkins Prostate disorder manual ($20)  www.urology.jhu.edu

The prostate, lung, and colorectal, and ovarian screening trials from the National Cancer Institute

Call centers for cancer information to speak to a nurse educator 24/7

1-800-ACS-2345   and 1-800-4-CANCER

ALWAYS DISCUSS THE ISSUE OF ROUTINE PSA TESTING WITH YOUR DOCTOR!! Know the risks and benefits of testing!!

Thanks for reading the October report. Before I close, I have to share with you a poem written by one of the nominees for the Lane Adams Quality of Life
National Award which will be presented at a National Board of Directors meeting of the American Cancer Society early next year. I am privileged to be one of the five committee people who chose the winners. The man who wrote this designed a healing garden and fountain for a cancer center in Michigan. It is dedicated to the cancer survivors and their caregivers. Read this and realize that there are so many loving, giving, caring people in this world like a lot of you who read this report. He called it “LITANY OF HOPE”.

Stay healthy and well, my friends, Dr. Sam

LITANY OF HOPE
Creator of life and Sustainer of seed and soil, of tree and flower, you have blessed us with this world and all that lives in it.

We come to dedicate these plants that will grow and prosper in homes throughout this community.

They will symbolize the health, happiness and good fortune that enrich the lives of the cancer survivors, caregivers and clinicians gathered here.

We give thanks for the care and concern of those who have dedicated themselves to health and healing.

Grant wisdom, patience and understanding to them. Bless the work of their hands and their hearts, that their labor may not be in vain. As your instruments of healing, may they find ways to restore others to renewed life.

As these seeds come to life and grow in beauty, may they remind us of the many acts of love that have brought us to this point, and may they be symbols of hope for abundant life in our future.

May they dig deep roots and grow wide branches to bear witness to your abundant love and grace and hope eternal. We ask for your blessing upon the lives of all who celebrate today, and may your peace abide with us now and forever.