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### Cover Photo

**"FOG ON GOLD BEACH BLUFFS"**

Stephen Kamelgarn, M.D.

*The Editorial and Publications Committee encourages our member's comments for publication.*

*Please submit electronically prior to the 15th of the month preceding publication.*  
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# Season's Greetings Stephen Kamelgarn, M.D.



In the spirit of the holidays, I shall refrain from my usual rant against the powers that be, but instead, send along some lesser known songs of the season. Enjoy them in the spirit of the times.

## HEALTH REFORM

*(To the tune of Jingle Bells)*

Health Reform Health Reform, Reform all the way  
Oh what fun it is to have a system where all the poor can pay!  
Health Reform Health Reform, Reform all the way  
Oh what fun it is to have a system where all the poor can pay!

Dashing thro' the Congress in a trip to end ACA  
O'er the committees we go, laughing all the way  
Empty rhetoric rings, making spirits bright  
O' what fun it is to speak and sing a sanctimonious song tonight

Chorus

## GOD REST YE MERRY CONGRESSMEN

*(To the tune of God Rest Ye Merry Gentlemen)*

God rest ye merry congressmen  
Let nothing you dismay  
Remember trickle down voodoo  
Was born on Labor Day  
To save us all from Socialists pow'r  
That made us go astray  
To help the one percent Oh boy  
one percent oh boy  
Let's help the one percent, enjoy

## DECK THE HALLS

*(To the tune of Deck the Halls)*

Deck the halls with tons of coding,  
Fa la la la la la la la  
'Tis the season to be gloating  
Fa la la la la la la la  
Open we now our code book cover,  
Fa la la la la la la la  
Reimbursements to recover  
Fa la la la la la la la

See the angry auditor before us,  
Fa la la la la la la la  
He really wants to bore us  
Fa la la la la la la la  
He checks our charts at his leisure,  
Fa la la la la la la la  
While they take our hard-earned treasure,  
Fa la la la la la la la

Any of you can find an appropriate song for the season. Send in your findings to "Editor, *North Coast Physician*. The winner will receive a no-expense paid trip to Eureka's Old Town for holiday shopping.

## *Have a happy holiday season and safe New Year.*



### WINNING COVER FOR 2018 PHYSICIAN MEMBERSHIP RESOURCE DIRECTORY

*Thanks to all who voted! (And there were many)*

**#3 BLUE HERON**

# Prostate Cancer Mortality Rates

Lee Leer, M.D.



Imagine my shock when I picked up Sunday's Times-Standard (November 12, 2017) this morning and saw the front page article announcing "Prostate cancer mortality rates up." Why was I shocked, you ask? Well, because it's simply not true. And to proceed as if it were could be downright dangerous.

But, before we get to that, let me make a few important points. First: Dr. Mahoney (a surgeon who was incorrectly identified by the Times-Standard as an oncologist) and Dr. Luh are two of the best physicians who have ever worked in Humboldt County. We are truly blessed as a community to have their knowledge, expertise, skills, and compassion right here in our back yards. I have absolutely nothing but the greatest respect and admiration for each of them. Second: my brother has prostate cancer and I would be considered to be genetically at higher than average risk for developing it myself. You would imagine correctly if you imagined that this could cloud my perception of screening.

However, it doesn't cloud my perception to the point that I'm left misinterpreting very straightforward, simple data. Let's start with the statement in the article's title, that "prostate cancer mortality rates [are] up." Nowhere in the article that follows is there any mention of mortality rates, however. Mortality rate is defined as the number of people who die from a disease, generally over the course of a year. Drs. Mahoney and Luh mention that they've seen a 350 percent increase in stage IV (advanced) prostate cancer, but neither of them mentions mortality rates at all. In fact, the California Department of Public Health and California Conference of Local Health Officers annually publish something they call "County Health Status Profiles." These profiles list all sorts of interesting things, including mortality

rates from prostate cancer. It turns out that for the period from 2013-2015 (the most recent data available), the age adjusted prostate cancer mortality rate in Humboldt County was 20.2/100,000 men. During this time, there were 68,981 men of appropriate age to be included in the study. In other words, between 2013-2015, about 14 men per year died of prostate cancer in Humboldt County. For comparison, I looked at a previous time frame, a time when prostate cancer screening was more widespread. From 2009-2011, the age adjusted prostate cancer mortality rate in Humboldt County was 23.4/100,000, and there were 67,765 age appropriate males in the county. So, between 2009-2013, about 16 men per year died of prostate cancer. Thus, there has been absolutely no increase in prostate cancer-related death from 2009 through to 2015. None.

Now, it's important to know that our total numbers are so small here that the State doesn't find them to be large enough to draw any statistical conclusions. This would be true, by the way, for men living with Stage IV cancer. Even a 350% increase in a given year is probably not statistically significant.

There are, however, studies that are very much large enough from which to draw conclusions. This brings us to the United States Preventive Services Task Force, or USPSTF for short. The Times-Standard article mistakenly states that the USPSTF itself conducted randomized clinical trials. Not at all. Rather, the USPSTF evaluated all the clinical trials available, world wide, in formulating its recommendation. In fact, it considered the trial from 2011 in Journal of Clinical Oncology, referenced by Dr. Luh, which reputed to show a 40% reduction in prostate cancer death in screened men. After statistical errors in the original study design were corrected, the revised study showed no benefit whatsoever. The USPSTF instead

emphasized two very large and well-conducted studies. One, from the US, showed no benefit at all from screening. The other, conducted across many countries in Europe, found a possible reduction in prostate cancer death of 1/1000 men screened between the ages of 55-69. Thus, at the very best, we will need to screen 1000 men to maybe extend one life. Sadly, it is also well-documented (per the USPSTF) that roughly 5/1000 men die within a month of prostate cancer treatment. Thus, their common sense conclusion:

"PSA based screening, as currently implemented in the United States, produces more harms than benefits in the screened population."

This does not mean that we should abandon all thought of prostate cancer screening. Nor does it mean that I, as a primary care specialist, should refuse to order a PSA test for a man who weighs risks and benefits differently than I do. What it does mean is that I and all other primary care specialists need to continue to do our utmost to explain this complicated subject to our patients, to keep them safe from harm as much as is possible, and to help them make the choice that they feel is in their best interest.

It is unfortunate when, for the sake of a good headline, a complicated problem gets reduced to a sound bite, especially when that sound bite is so inaccurate. Personally, I believe that prostate cancer screening will become more refined and treatment recommendations more personalized over the next few years. We will then hopefully see clear benefits to screening. If indeed we get to that point, I'm certain that the USPSTF will revise its

***Prostate, Continued on Pg. 18***

**Prostate, Continued From Pg. 5**

recommendation. Until then, we are wise to follow its advice, as well as Dr. Dittmer’s, to only consider screening after a personal conversation between the patient and his physician.

The interested reader is directed to the following sources, both of which were referenced in the preceding essay:

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening#citation33>

<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profi.aspx>

More simply, one can easily find both of the above by Googling “USPSTF Prostate Cancer Screening 2017” and “California County Health Status 2017.” §

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