

## HEALTHY BODY / HEALTHY MIND

## Prostate cancer a killer

By Larry Jones  
SPECIAL TO THE POST

The leading cause of cancer in men in the U.S. is prostate cancer. This disease is more aggressive and seems to occur more frequently in African Americans. Statistics indicate that the disease has an incidence range for blacks of 1.5 to 2 times that of whites.

Risk factors for prostate cancer seem to be high fat diet, low fiber diet, age greater than 50 years and being of African American heritage. Vasectomy also seems to increase the risk of prostate cancer. There is suspicion that vitamin A from plants reduces prostate cancer as opposed to vitamin A from animals.

The American Cancer Society recommends a digital rectal examination by age 40 and a prostate specific antigen level in men age 50 and older. An increased prostate specific antigen does not, however, mean that one has prostate cancer. For this reason, other methods of disease detection are very important: digital rectal exam, symptoms of unexplained weight loss, bloody urine, urinary tract infection in men and swelling of the legs or genitals can all be clues to prostate cancer. The most reliable clue for diagnosis of prostate cancer is the digital rectal examination. A prostate biopsy confirms the diagnosis but a transurethral ultrasound is the most important test for the cancer prior to biopsy.

Treatment of prostate cancer can include one or more of several alternatives:

Prostatectomy (removal of the prostate) and radiation therapy

Drug therapy which may include hormonal therapy recommendations for males is to first make sure that a digital rectal examination is included as a part of their physical examination by age 40. Men must make sure that a prostate specific antigen level is drawn if the results from the exam are abnormal. If the digital rectal exam is normal, obtain a prostatic antigen by age 50.

Dr. Larry Jones is medical director at C.W. Williams Health Center in Charlotte.

## Groups vow to increase number of black doctors

THE ASSOCIATED PRESS

HONOLULU — Leaders from three national medical associations meeting Saturday announced a goal to get more minorities into the field of medicine.

Officials from the American Medical Association, National Medical Association and Hispanic Medical Association issued a joint statement promising to work together to bring more minorities into medicine, and then keep them there.

The organizations say there clearly is a need for more ethnic minorities in the medical profession, and that educational institutions must offer more financial and moral support.

"It marks the beginning of a new era in the partnership of medical organizations whose shared goal is to preserve and protect the integrity of the medical field," the statement said.

The groups also will work together to provide better care for the poor and people in underserved communities.

Other topics being discussed at the weeklong convention that began Saturday include violence in the workplace, ethnic and gender differences in hypertension.

## Regular checkups essential

Vicki L. Seltzer, M.D.



For many women with no — or inadequate — health insurance, budgeting for checkups or other types of preventive health care may seem impossible. Yet neglecting such care also can be infinitely more expensive, both financially and long-term well-being. At its extreme, neglect of basic health care can lead to early death from conditions that might have been

successfully treated if diagnosed earlier.

If lack of health insurance causes you to forgo or delay regular health care visits with your physician, you should seek low-cost or free ways to obtain tests — such as Pap smears, routine blood work or blood pressure tests — that can be early-warning signs of disease. Listed below are possible resources for uninsured women to obtain basic preventive health care. Local medical organizations, social services, health departments, or hospitals may have information about other resources in your community. Eligibility for Medicaid or other government-sponsored health cover age: Medicaid is the feder-

al/state program that provides health insurance for uninsured Americans whose incomes fall below certain levels. Some states also have other programs for uninsured residents. To check if you qualify for any government-sponsored insurance options, contact your county or state health department or social service agency.

Local or county health departments: In many jurisdictions, publicly supported health departments offer a wide range of preventive tests at a reduced cost.

• Low-cost clinics: Many communities have clinics that provide basic health services at costs

based on the patient's income. Sometimes teaching hospitals (where medical students and residents are trained) offer special clinics. Community health fairs. Hospitals, civic groups and businesses often sponsor health fairs that offer some form of basic health care at reduced or no cost.

• Look for health fair announcements on bulletin boards or in newspapers.

• Keep your physician informed: Maintain a relationship with a physician who can analyze your test results and keep track of any developing health problems. If you receive care between vis-

its to your physician (for instance, having a mammogram in a mobile van that comes to your community), make sure the results are sent to your physician.

Congress has passed some reforms that make it possible for more Americans to have health coverage, and other bills are being considered by Congress and by numerous states.

But uninsured women cannot wait until they have health coverage before taking care of their basic health needs. The cost of waiting is too high.

Dr. Vicki Seltzer is president of American College of Obstetricians and Gynecologists.

## Lung clot treatment promising

By Melissa Williams  
THE ASSOCIATED PRESS

DALLAS — Clot-busters, drugs widely used to stop heart attacks, can also save the lives of people with blood clots in their lungs, a study found.

Use of this treatment for people with lung clots, also known as pulmonary embolisms, is controversial for patients without severe symptoms because of the bleeding problems it can cause.

But in one of the largest studies to date, German researchers found that patients in that very group who were treated with clot-busters lived longer and were less likely to get new clots in their lungs.

"I'd call this a landmark paper," said Dr. Samuel Z. Goldhaber of Harvard Medical School, who wrote an editorial accompanying the study Tuesday in the American Heart Association journal, Circulation.

"It shows that clot-busting therapy can be extended to a much wider group of patients."

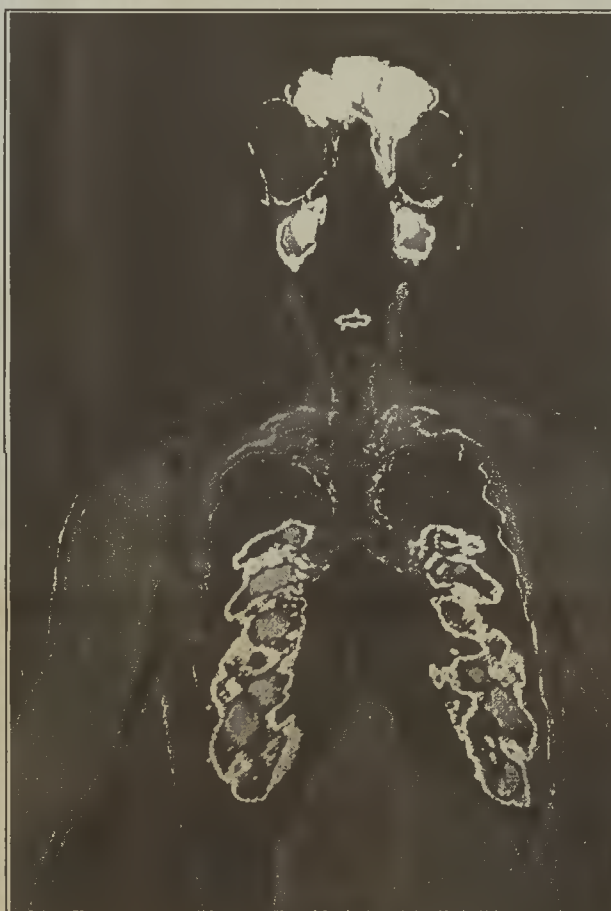
Heart attacks happen when clots become lodged in blood vessels and starve the heart of blood and oxygen. Clot-busters, also known as thrombolytic agents, are normally used to treat heart attacks because they dissolve clots.

The symptoms of blood clots that can travel to the lungs are shortness of breath, chest pain or passing out. Many doctors often prescribe blood thinners — not clot-busters — for these patients.

The German study, led by Dr. Stavros Konstantinides of the Universitaetsklinik Freiburg, involved 719 patients who arrived at hospitals in stable condition in 1993 and 1994. One group of 169 patients received clot-busters and other drugs; a second group of 550 patients received other drugs, but no clot-busters.

Only 4.7 percent of the patients who received the clot-busters died after 30 days, compared with 11.1 percent of those who did not receive them.

Clot-buster patients also had a lower rate of recurrent blood clots in the lung, 7.7 percent, compared with 18.7 percent for



those who did not receive them.

Even though the survival rate improved overall with clot-busters, patients receiving them also had a higher rate of major bleeding incidents — 22 percent vs. about 8 percent in the group not receiving them. Two patients in each group had bleeding in the brain, which led to one death in each group.

The researchers noted that their study was limited because patients' doctors selected which treatment they received, rather than treatment being assigned randomly. As it turned out, the group not receiving clot-busters was older, twice as likely to have congestive heart failure and more than three times as likely to have chronic lung disease.

Dr. Robert Johnson, professor of medicine at the University of Texas Southwestern Medical Center at Dallas, said this is an important drawback.

## Around Charlotte

Continued from page 16A

grants, organizations must attend one of the workshops. For more information, call 336-2349.

• Workshop, designing your own health program, Presbyterian Cancer Center. For registration, time and location, call 384-5398. Cost \$30.

Wednesday

• Meeting, Charlotte Chapter of the American Business Association, 6:30 p.m., Holiday Inn, 3501 W. Independence Blvd. For reservations, call

568-0923.

• Blood Give-in, 10 a.m.-9 p.m. Charlotte Coliseum, 100 Paul Buck Blvd. Will feature radio personalities from WBTV-AM and The Link. Donors will receive a scoop of Ben & Jerry's Ice Cream, coupon for a pint of free ice cream, as well as a pass for a Charlotte Knight's baseball game.

The deadline for Around Charlotte is noon Monday.

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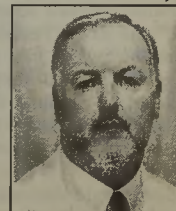
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