

TWO VILLAGES ART SOCIETY AWARDS
ITS FIRST STUDENT SCHOLARSHIP!



Lidia Sala, a junior at Hopkinton High School, has been granted the inaugural scholarship from the Two Villages Art Society. Lydia was given \$1,000 to help cover the cost of a highly esteemed summer course at Savannah College of Art and Design (SCAD).

Ms. Sala was accepted to SCAD’s the Rising Stars Summer Program, a four-week residential program that awards college credit to rising high school seniors. Students enroll

in two college-level classes, gaining the opportunity to build or enhance their portfolios.

“SCAD is truly my dream school and attending this summer program is the first step in my journey toward attending SCAD for a college education in art,” Sala says. “This program will be another step toward fulfilling my post-high school goal of attending SCAD, earning my BFA, and eventually my MFA in sequential art. With these degrees, I will have endless opportunities to enter a professional career in the art world and work for companies such as Marvel, DC, or Disney.”




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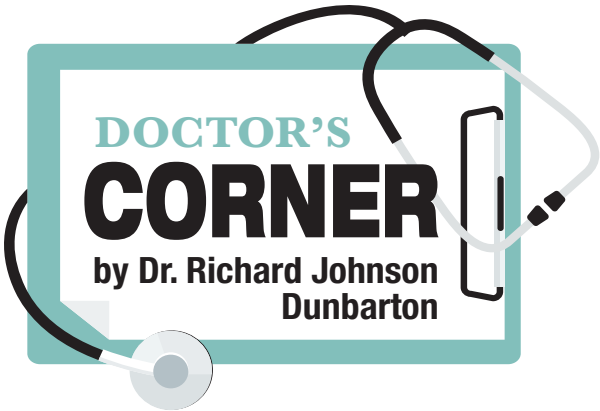


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PROSTATE CANCER

In June 2021 I used this space to write in general terms about the prostate. That article can be found on the [Bow Times](#) website, so I will not repeat it here. With President Biden’s diagnosis, prostate cancer is front and center in the news, so it therefore makes this a good time to refresh or minds. Most prostate cancers are adenocarcinomas; they develop from the gland cells in the prostate that make the fluid that nourishes the sperm. Less frequent cancer types are: small cell and large cell neuroendocrine tumors, transitional cell carcinomas, and sarcomas. It is possible that a gene mutation in our regulatory gens could allow for out-of-control growth of otherwise normal cells. Some gene mutations, like those found in BRCA1 & BRACA2 can be passed to the next generation. Risk factors for developing prostate cancer include such things as older age (prostate cancer is rare in men under 40), prostate cancer develops more often in African American men and less often in Asian Americans and Latino men. Having a father or brother with prostate cancer more than doubles a man’s risk of getting prostate cancer. It appears that consuming a lot of dairy products may slightly increase one’s risk of prostate cancer. There appears to be a higher risk of prostate cancer with exposure to arsenic and the chemicals used by firefighters.

About 1 in 8 men will be diagnosed with prostate cancer during their lifetime, but as noted, each man’s risk varies. About 1 in 44 men will die of prostate cancer. After lung cancer, it is the second leading cause of cancer death in American men. Early detection of prostate cancer is the “tricky” part and should include from your health care professional a clear and up to date explanation of the risks, benefits, and uncertainties of both the screening tests and the possibility of having prostate cancer. Patient participation in these decisions is very important. In general, the American Cancer Society recommends that this discussion should take place at age 50 for men who are at average risk. For higher risk men (African American, and men with a first-degree relative diagnosed before age 65) this discussion should begin at age 45 or age 40 if there are multiple risk factors. In general, if the prostate-specific antigen (PSA) is lower than 2.5ng/ml screening can be every two years. If the PSA is 2.5 ng/ml or greater screening should be done yearly. In addition to the actual result of a PSA test, it is how fast the PSA rises over time (PS Velocity) that is most important. There are age-specific PSA ranges. A digital rectal exam (DRE) and imaging the prostate with an MRI or transrectal ultrasound are ways to directly examine the prostate. If an abnormality is found, the next step would be a biopsy of the prostate. Depending on the stage of the cancer and the age and health of the patient, treatment options include surveillance, surgery, radiation, cryotherapy, hormone, chemotherapy, and immunotherapy. Once again, having an open conversation with your surgeon, oncologist, and radiation oncologist is very important. Approximately 80% to 85% of all prostate cancers are detected in the local or regional stages. Prostate cancers detected at an advanced stage with metastasis have an average five-year survival rate of 28%, which is much lower than cancers confined to the prostate. I know three medical colleagues who have died from prostatic cancer. The survival numbers generated from large studies are just that; they do not address a specific person’s risks. Screening and treatment options vary from person to person and will be affected by the recommendations obtained from large scale studies, a person’s own comorbidities & life expectancy, benefits & risks, and each individual’s tolerance for levels of risks and benefits. This all translates to the need for clear and compassionate physician/patient dialog when addressing testing for and treating prostate cancer.

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