

**Foreword**  
**Genetics and Your Health, by Raye Lynn Alford.**  
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About a year ago a friend of mine was diagnosed with cancer of the prostate. As he was my own age, and had pretty much my physical build and background, this news was unsettling, even threatening, to me. Although I had no symptoms of prostate trouble, his diagnosis cast a vague shadow on me. That troubling feeling took specific form as soon as my friend told me how he had come to be diagnosed.

He had been to a doctor who advised him--on grounds I did not ask about--to have a blood sample tested for the amount of a chemical called Prostate-specific Antigen, or PSA. PSA is prostate-specific in the sense that only the prostate gland produces it. An excess of PSA in the blood is a sign of prostate cells that can turn--or have turned--into a malignancy of the gland.

Based on the results of his PSA-test, his doctor had recommended a biopsy of the prostate, an unpleasant procedure with a significant risk of lasting side-effects, also unpleasant. He had had the biopsy taken, and in that bit of tissue from the well of his body were, indeed, just the sort of malignant cells which, if left alone for long, would have spread into a serious, even life-threatening illness.

Once he had the requisite operation to remove the diseased tissue, he became in his recovery an implacable recommender of the PSA-test. He followed his male friends around, shameless in his devotion to the idea that like him, our choice was either to have the test done, or die of cancer. He would recognize no middle ground in which the absence of symptoms and the risk of side-effects justified not having the test done.

I took refuge in my habits as a scientist, and looked up the statistics on this test. I found that about one time in three, a positive test followed by biopsy does not reveal any abnormality whatsoever, and of the positive tests that are accompanied by abnormal biopsies, only about one in ten are malignant changes. The others are milder, and while they may eventually lead to malignancy, they also may not. With these facts in mind, and mindful as well of the possible side-effects of a biopsy, I simply could not decide what to do.

I took myself to my doctor. She heard me out and decided that I was already so agitated that the PSA test ought to be done, if only to ease the strain of it all. She also agreed on two prerequisites: first, that she would remain my advisor on all subsequent decisions should the test prove positive, and second, that given the high level of false-positives and the very low frequency of real malignancies found on biopsy, if the PSA-test were positive and I still chose not to have a biopsy, she would support that decision.

I had the test done. The results were negative, and so there is nothing more to say about my prostate, except this. I have rarely been so frightened in my life, as in those days when I was waiting for the results of this test. It is that fear which this wonderful book hopes to allay, and does.

This is the prospective patient's vade mecum, the book each of us--man or woman, young or old--should have with us when we are in the position I was in. Regardless of how much we know about human genetics, molecular biology, or medicine, we are all in need of a calm guide when we are agitated by personal risk. This book is a book you should read now, while no-one is asking you--or telling you--that there is any reason to have any diagnostic test done at all.

In time, as the techniques of molecular diagnosis and prognosis get ever-more efficient and as they cover an ever larger number of diseases and conditions, the chances approach certainty that one day you will be asked or told to have such a test. At that moment, you will be glad, I am sure, that you have already read this book and have it at hand.

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