We Need Prostate Cancer Prevention. Early Detection? It's Complicated.

May 20, 2025 By Mike Barr

TL;DR: President Biden's Gleason 9 prostate cancer diagnosis — announced in May 2025 — is being treated as a medical mystery. It shouldn't be. Mike Barr uses Biden's own published medication list to demonstrate what he calls "Kindergarten medicine": symptom suppression without any upstream thinking. Then he pivots to what actually matters — preventing and catching aggressive prostate cancer before it becomes Gleason 9 — through terrain optimization, smarter biomarkers, and the six pillars of functional oncology prevention.

- The Gleason 9 question: PSA testing misses 37% of aggressive cancers in men Biden's age. The real question isn't why it wasn't caught — it's why nobody was focused on prevention.
- Biden's meds list: Two antihistamines, Pepcid, a blood thinner, Crestor. A functional medicine read of this list tells you everything about chronic low-grade inflammation, gut dysfunction, possible mineral deficiencies — and nobody was looking.
- The six prevention pillars: Toxic exposure/detox capacity, antioxidant status, essential fatty acid balance, gut health, hormone health (including estrogen processing), and insulin health.
- Better tests than PSA: The 4K blood test and ExoDx urine test are significantly better predictors of aggressive cancer. Know about them.
- The thesis: Terrain, terrain, terrain. And know your zinc.

[IMAGE: A dandelion gone to seed — evoking the "terrain" metaphor, or a clinical/lab setting image]

How Does This Happen to a Man With "The Best Medical Care in the World"?

The Wall Street Journal — and pretty much everyone else — asked this week: "How in the world could this happen to a man with ostensibly the best medical care in the world?" Gleason 9. Geez.

Let's start with the Gleason system, since most people don't fully understand it. The lab assigns a grade from 3 to 5 — with 3 representing normal or near-normal tissue — to the primary and

secondary patterns seen on biopsy, then adds them. Gleason 6 (3+3) is the lowest possible cancer score and essentially a-okay. Gleason 9 is about as bad as it gets.

Risk Grade	Grade Group	Gleason Score
Low / Very Low	1	6 (3+3)
Intermediate-Favorable	2	7 (3+4)
Intermediate-Unfavorable	3	7 (4+3)
High	4	8
Very High	5	9–10

And let's please not rhapsodize the PSA. Not only do we get a lot of false positives — elevated PSA readings when there is no malignancy — but we also get a not insignificant number of false negatives: 15% overall, an estimated 3% of all aggressive cases, and a mind-blowing 37% in men of President Biden's age. KCRW's Dr. Michael Wilkes is good on this (link to his "Second Opinion" audio episode). See also, in the Korean Journal of Medicine: "The Older the Man, the More Aggressive the Prostate Cancer."

The Stress Factor

I would also add that there's possibly — even likely — an element of what James B. Stewart might call Blood Sportism at play here. The effect on immune surveillance of all the stress Biden endured since his ill-fated February 2024 hat-back-in-the-ring announcement had to have been enormously suppressive. Add to that everything that ensued after the July 2024 debate, and it's a wonder the little guy is still alive. (Written in May 2025, when the political pile-on was still very much in progress.)

This might actually serve as a teaching moment for all of us: stress — including disrupted sleep and poor nutrition, acute and chronic — can quite literally make you sick. Even give you cancer. And hypertension. And heart disease. And diabetes. More in the USA than anywhere.

Biden's Meds List: "Kindergarten Medicine"

Here's the thing. Scranton Joe decidedly did not have "unrivaled" medical care. Although he certainly deserved to.

When his team released his medical records, the prescription list made my skin crawl. Two OTC allergy medicines for seasonal allergies. Pepcid for acid reflux. A blood thinner for a heart arrhythmia. Crestor for cholesterol. Remarkably low lipid levels. No neurological diagnosis, though moderate to severe spinal osteoarthritis.

This is not "the best care anywhere." This is Kindergarten medicine — irreflective, lackadaisical symptom suppression. Paint-by-number medicine. "Make it go away" medicine, rather than stopping to think about why and from where these symptoms are developing upstream. Someone who dedicated his life to public service deserves better.

What's useful about ten years of functional medicine thinking is that you can reverse-engineer a meds list. Here's what Biden's tells you:

- Seasonal allergies requiring antihistamines → poor gut health and chronic low-grade

inflammation.

- Acid reflux (Pepcid) → small bowel dysfunction, possibly bacterial overgrowth in the stomach or pylorus.
- Arrhythmias → could be several things: need for essential fatty acids, need for minerals, gut dysbiosis, or undiagnosed peripheral insulin resistance — evident in 80%+ of seniors.
- "High" cholesterol (Crestor) → we need more detail. High LDL is generally a sign of acute stress. High triglycerides signal the wrong diet. A "high" total cholesterol? The Women's Health Initiative and the Helsinki Study both found that higher cholesterol in seniors correlates with improved survival. Super low cholesterol, conversely, is associated with suicidal ideation, road rage, hemorrhagic stroke, and depression.
- "Wear and tear" osteoarthritis → there is no such thing. That framing belies a fundamental misunderstanding of the body's capacity for maintenance and repair. Investigate: chronic low-grade gut inflammation, dietary triggers (most often wheat), heavy metals (mercury, lead, cadmium, arsenic), and whether the body has adequate protein, stomach acid, collagen cofactors (Mg, Zn, Cu, Mn, Fe, vitamins C, B5, B6), and essential fatty acids.
- The voice → In Chinese medicine, Lung Qi and Kidney Qi/Yin deficiency, likely treated with cordyceps or Sheng Mai San. In functional medicine terms: check B2 (riboflavin), B6, and — given the Pepcid — B9 (folate) and B12. Also zinc. Low zinc, perhaps not coincidentally, is a documented risk factor for development and aggressivity of prostate cancer. But don't overdo it — everything in reasonably physiological quantities. Almost everything in life turns out to be a U-shaped curve.

I was never a big Twitter person, but when his records were released I actually paid to boost a post asking: will someone please get this man to a functional medicine, naturopathic, or Chinese medicine doctor? Of course no one saw it. And his pathetic care went unchallenged.

I was never a fan of either Clinton, but at least William Jefferson had the good sense — or good fortune — to hitch his wagon to Mark Hyman and the UltraWellness Center in Lenox, MA. Wouldn't it have been nice if Bill had led Joe to the light?

How to Actually Prevent Prostate Cancer

In no particular order, here are the six things you want to know and optimize:

1. Toxic exposure / detox capacity balance — especially heavy metals (cadmium above all), POPs, and solvents
2. Antioxidant status — identify and correct sources of unnecessary oxidative stress
3. Essential fatty acid balance — neither too little nor too much of both omega-6 and omega-3
4. Gut health — fix digestive dysfunction to reduce inflammatory signaling
5. Hormone health — including how you're processing and eliminating estrogens (the part a standard hormone panel won't tell you)
6. Insulin health — minimize glucose and insulin spikes through meal frequency, content, and sequence

The NutrEval test (blood draw plus first-morning urine) covers pillars 1–4. A DUTCH dried urine hormone test covers pillar 5 — including, crucially, how you're metabolizing and clearing estrogens, which a standard hormone panel won't show. The GI-MAP or GI360 stool tests give you more detail on the microbial picture, though they're more often used as follow-ups than first steps.

For pillar 6: fasting insulin is rarely measured by conventional doctors, so you'll need to specifically request it — or, if you don't live in NY, NJ, or RI, order it yourself. The goal is to eat in a way that minimizes glucose spikes (which minimizes insulin spikes). Peter Attia's whiteboard explanation at 59:00 in this video is a good starting point. Robert Lustig's interview with Jeff Sachs on Metabolical goes deeper.

Beyond PSA: Better Screening Tools

The problems with standard PSA screening:

- Not specific for prostate cancer — can be elevated by infection or inflammation
- Significant false positive and false negative rates
- Doesn't account for prostate size (you need a PSAD calculation, which requires MRI)
- The "free to total" PSA ratio is now considered more useful: above 25% = low risk; below 10% = high risk

Better options:

Test	Sample	Key Use	Pros	Cons
4K Score	Blood	Predicts aggressive cancers	Combines PSA forms; highly specific for Gleason >7	Expensive; requires experienced clinician
ExoDx ("liquid biopsy")	Urine	Identifies high-grade cancers	Non-invasive	Limited availability; expensive
PCA3	Urine	Detects prostate cancer RNA	High specificity; reduces unnecessary biopsies	Low sensitivity for aggressive cancers
PHI	Blood	Combines PSA and [-2]proPSA	Improves specificity over PSA alone	Less effective at very low PSA levels
IsoPSA	Blood	Differentiates benign vs. malignant	Highly specific for prostate cancer	Still being validated

Test	Sample	Key Use	Pros	Cons
SelectMDx	Urine	Evaluates HOXC6 and DLX1 gene mRNA	Stratifies high-risk patients; reduces biopsies	Limited regional availability

The Thesis: Terrain, Terrain, Terrain

For now, I'm putting my money on a naturopathic and functional medicine approach. Know and optimize your terrain. Know your zinc (and your Cu:Zn ratio). And ask me about estrogen signaling pathways.

Two future posts in the works:

- Tumor Or Terrain? — a deeper dive into the thinking and application
- Is Prostate Cancer a Metabolic Disease? — Jason Fung and Robert Lustig make compelling cases (2022 video)

I know I've learned a lot digging into this. I hope others have found it helpful. Joe, we are rooting for you. But please — find better doctors.

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