

Leading the News

Rates of cancer recurrence, survival similar for women with pregnancy-associated breast cancers and other young breast cancer patients, study suggests.

The [AP](#) (2/9, Stobbe) reports, "Pregnant women who develop breast cancer do not have worse odds of death or of cancer returning than other young breast cancer patients," according to a study published Feb. 9 in the journal *Cancer*. For the study, Dr. Beth Beadle, of M.D. Anderson Cancer Center, and colleagues, "analyzed data from 652 women ages 35 and younger who were treated for breast cancer at M.D. Anderson from 1973 to 2006. The study group included 104 women with pregnancy-associated cancers." The researchers found that "the rates of cancer recurrence, cancer spread and survival were about the same for the women with pregnancy-associated breast cancers as they were for the other women," based on "rates for 10 years after the cancer diagnosis." But, "women who were pregnant had tumors at a more advanced stage," which the researchers speculated was a result of attributing "breast changes...to breast feeding or pregnancy."

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Clinical Practice

Study underlines risks facing obese women in first pregnancy.

[BBC News](#) (2/9) reports that a new study from scientists at Kings College in London has "underlined the high risks faced by obese women in their first pregnancy." Their research found "that obese women had higher rates of eclampsia and premature births compared to women inside recommended weight guidelines." Meanwhile, "obese women were nearly twice as likely to give birth to a low-weight baby, weighing less than 5lbs 8oz (2.5kg). Experts say it is a huge issue for all maternity units in the U.K." Their findings are published in the *American Journal of Obstetrics and Gynaecology*. Lead researcher Professor Lucilla Poston of Kings College Hospital and St Thomas's Hospital, said, "We must now start to consider first-time pregnancy as an additional problem in obese pregnant women, who we know are already more likely than thinner women to have a complicated pregnancy."

Study suggests lifestyle counseling combined with diet may ease mild obstructive sleep apnea.

[MedPage Today](#) (2/6, Neale) reported, "Shedding pounds with a very low calorie diet may be better than simple counseling to ease mild obstructive sleep apnea," according to a study published in the Feb. 15 issue of the *American Journal of Respiratory and Critical Care Medicine*. Before reaching that conclusion, investigators at Kuopio University Hospital "recruited overweight patients (mean age about 51) with mild obstructive sleep apnea from a single center in Finland and randomized 40 to lifestyle counseling plus a diet limited to 600 to 800 calories a day for 12 weeks and 41 to a single session of lifestyle counseling and no special diet." The team found, "at the one-year follow-up, patients who received...more comprehensive intervention lost significantly more weight than the controls," and they "were 76 percent less likely to have mild obstructive sleep apnea." Furthermore, "treatment resulting in greater weight loss also improved cardiovascular risk factors." And, "more patients who received the high-intensity intervention were able to stop taking diabetes, hypertension, and cholesterol-lowering medications than the controls."

Newly developed test may help healthcare workers detect contaminated equipment.

[BBC News](#) (2/6) reported that a paper appearing in the *Proceedings of the National Academy of Sciences* reveals that scientists in the U.K. "have perfected a highly sensitive test to detect [Variant Creutzfeldt-Jakob disease] vCJD-causing proteins on surgical instruments." In fact, "the test, which picks up the presence of prions on metal surfaces quickly and accurately, could help show whether decontamination processes are working." The "presence of prions in blood and body tissues beyond the brain make many surgical and dental procedures a potential risk factor for transmission of prion diseases." Yet, the "new test uses steel wires to enhance the sensitivity of a standard cell-based prion detection test called SCEPA (scrapie cell endpoint assay)." The "wires are...covered with special cells that are very susceptible to prion infection," and "after three days the prion-infected cells are harvested and prion concentration is measured using the standard cell-culture technique." Notably, the new test is cost effective, "much faster, and 100 times more sensitive than the existing test which involves injecting samples of suspect tissue into the brain of a mouse or hamster, and waiting for the animal to develop symptoms of disease."

ACIP issues new guidelines for rotavirus gastroenteritis prevention in children.

[Medscape](#) (2/6, Barclay) reported, "The Advisory Committee on Immunization Practices (ACIP) has issued guidelines for the prevention of rotavirus gastroenteritis among infants and children, as well as maximum ages for doses, contraindications, precautions, and special situations regarding the administration of rotavirus vaccine." The guidelines will "update and replace the 2006 ACIP statement for prevention of rotavirus gastroenteritis." They are published in the February 6 issue of *Morbidity and Mortality Weekly Report*. ACIP recommends "routine vaccination of U.S. infants with rotavirus vaccine, noting that the composition and administration schedule are different for RV5 and RV1. However, ACIP does not express a preference for either RV5 or RV1."

Panel says total-body examination should not be standard of care for detecting skin cancer.

[HealthDay](#) (2/6, Reinberg) reported that, according to findings published Feb. 3 in the *Annals of Internal Medicine*, a total-body examination "should not be the standard of care for finding skin cancer." In the report, Tracy Wolff, M.D., M.P.H., of the U.S. Preventive Services Task Force, Agency for Healthcare Research and Quality, and colleagues, "reviewed published studies," and found "no new direct evidence on the benefits of screening for skin cancer with a whole-body exam by a physician or by self-exam," nor could they "find enough evidence to determine whether detecting skin cancer early reduces deaths from the disease." Therefore, the panel "says insufficient evidence exists to recommend for or against routine screening for melanoma, basal cell, or squamous cell skin cancer using a total-body skin examination." Still, "any lesion that is changing should be brought to the attention of" a physician "for further examination and possible biopsy."

USA Today offers advice on how to speak with patients with cancer.

[USA Today](#) (2/8, Szabo) offers advice on talking with people dealing with cancer. Julia Rowland, head of the National Cancer Institute's survivorship office, says that "What many cancer survivors say is most meaningful is to be heard -- truly listened to -- and understood, not being told what to do or how to cope." She adds, "Many of us are inclined to leap in with advice, opinions or chatter if only to relieve our own anxiety in the face of another's suffering." According to Ellen Stovall, who heads the National Coalition for Cancer Survivorship, "too often, well-meaning friends and neighbors issue orders, telling people with cancer to take this herb or see that doctor." Instead of advice, Stovall says that "one of the best things to offer is just to listen." A sidebar to the article details things that friends can do when speaking with persons with cancer, including to show empathy, stay in touch, offer specific help, talk about other subjects, make them feel still part of the group, and celebrate.

Legislative News

Sebelius said to top list of potential HHS appointees.

The [AP](#) (2/9) reports, "Kansas Gov. Kathleen Sebelius is near the top of President Barack Obama's list of candidates to head the Health and Human Services Department at least partially on the strength of her long and close working relationship with the president, a senior administration official said." The AP notes that such candidates as Clinton White House Chief of Staff John Podesta "remain in the mix," adding that an anonymous source said Obama is unlikely to announce his decision soon. The piece notes that Sebelius' name has been floated for a cabinet position since Obama's election, but adds that she has expressed an unwillingness to leave her governorship.

Lawmakers to propose regulations on charity care, not-for-profit hospitals.

[Modern Healthcare](#) (2/6, Carlson) reported that Sens. Chuck Grassley (R-Iowa) and Jeff Bingaman (D-NM) "are offering two amendments to the economic stimulus bill intended to ratchet up the scrutiny on charity care and not-for-profit hospitals." One proposal would require the International Revenue Service, the Centers for Medicare and Medicaid Services (CMS),

and the Medicare Payment Advisory Commission to "cooperatively develop a standard definition of uncompensated care and charity care." Meanwhile, the second amendment would allow "for the IRS to conduct an in-depth study of the for-profit hospital industry...to determine how much charity care is provided by investor-owned hospitals." Sen. Grassley is also "expected to introduce 'bright line' legislation this session that would define a specific amount of community benefit that hospitals must provide to justify tax exempt status." The [Wall Street Journal](#) (2/6, Goldstein) Health Blog also covered the story.

Access to Healthcare

Most low-income, unemployed people go without health insurance, advocacy group says.

The [AP](#) (2/6, Freking) reports that "most low-income people who lose their jobs are also without health insurance," according to a report "by the advocacy group Families USA." The group points out that "54 percent of the nation's unemployed cannot afford private insurance and also are not covered under Medicaid. The report focuses on middle-class and lower-income workers with annual incomes of about \$44,100 for a family of four, or about double the poverty level. Only one in five unemployed workers within that income level has private insurance or military coverage. Meanwhile, only one in four unemployed workers at that level got coverage through Medicaid, the government sponsored insurance program for the poor."

[Modern Healthcare](#) (2/6, Vesely) reports, "Only nine percent of eligible laid-off workers enroll in COBRA, the federal law that allows workers to pay the total cost of premiums to maintain coverage for 18 months after losing their jobs, according to a study released last month by the Commonwealth Fund."

Article details how increasing number of Americans struggle to pay medical bills. The [Houston Chronicle](#) (2/8, George) reported that "an increasing number of Americans...are struggling to pay medical bills in the tanking economy." Unfortunately, "the worst may be yet to come. Unemployment hit a 16-year high in January." Now, "experts predict deeper medical debt problems as more people lose jobs and benefits, then deplete their savings to pay for healthcare expenses." Amy Beaven, of the University of Texas School of Public Health, stated that "crushing medical debt also may leave people sicker," as they "delay care, report having unmet medical needs, and...forgo filling prescriptions." She added, "Medical debt impacts the whole system and kills opportunities for prevention and routine care." Meanwhile, a Commonwealth Fund survey published last August "found that 41 percent of the nation's working-age adults had medical debt problems -in 2007, up from 34 percent two years earlier."

UnitedHealth Group tests "medical home" model of healthcare in Arizona.

The [New York Times](#) (2/7, B3, Abelson) reported that "at the prodding of one of" Arizona's "big employers, IBM," the "giant insurer UnitedHealth Group is testing a new model of healthcare." Testing "the 'medical home' model of healthcare," insurer "UnitedHealth will try giving doctors more authority and money than usual in return for closely monitoring their patients' progress, even when patients go to specialists or require hospitalization." Specifically, "the insurer will also move away from paying doctors solely on the basis of how many services they provide, and will start rewarding them more for the overall quality of care patients receive." Experts theorize that "by providing a home base for patients and coordinating their treatment, doctors can improve care, prevent unnecessary visits to the emergency room, reduce hospitalizations, and lower overall medical spending." The "experiment," which "will initially involve about 7,000 patients who are the patients of 26 doctors at the seven medical groups," is "set to run through 2011."

Pharmaceutical News

Drugmakers spent millions to raise awareness about unsubstantiated disease.

The [AP](#) (2/8, Perrone) reports, "Two drugmakers spent hundreds of millions of dollars last year to raise awareness

of a murky illness, helping boost sales of pills recently approved as treatments and drowning out unresolved questions -- including whether it's a real disease at all. Key components of the industry-funded buzz over the pain-and-fatigue ailment fibromyalgia are grants -- more than \$6 million donated by drugmakers Eli Lilly and Pfizer in the first three quarters of 2008 - - to nonprofit groups for medical conferences and educational campaigns, an Associated Press analysis found." The spending exceeds the drugmakers' grants for recognized diseases like diabetes and Alzheimer's, and puts fibromyalgia third-highest for each company's disease-related giving. But, the AP notes, "fibromyalgia draws skepticism for several reasons. The cause is unknown. There are no tests to confirm a diagnosis." Critics claim that the drugmakers are "hyping fibromyalgia along with their treatments, and that the grantmaking is a textbook example of how drugmakers unduly influence doctors and patients." Each firm has won FDA approval for a fibromyalgia treatment drug, with \$702 million in Q4 sales for Pfizer's Lyrica (pregabalin) and \$721 million for Lilly's Cymbalta (duloxetine), and each company spent over \$125 million in the first three quarters of 2008 to advertise its remedy.

FDA approves drug from milk of genetically engineered goats.

On the front page of its Business section, the [New York Times](#) (2/7, B1, Pollack) reported, "Opening the barn door to a new era in farming and pharmaceuticals, the Food and Drug Administration [FDA] on Friday approved the first drug produced by livestock that have been given a human gene."

According to the [Wall Street Journal](#) (2/7, Dooren), "the drug, Atryn, developed by GTC Biotherapeutics Inc. from the milk of a genetically altered goat, will be used to treat patients with a rare blood-clotting disorder known as hereditary antithrombin deficiency." Atryn "could be used by some pregnant women and patients undergoing surgery who cannot be given blood-thinners normally used to treat the condition." Initially, "Atryn's use would be...limited to about 100,000 patients."

The medication combines "human DNA for antithrombin with goat DNA in such a way that goat's milk glands would express human antithrombin," the [Washington Post](#) (2/7, A5, Vedantam) explained. The [AP](#) (2/6, Alonso-Zaldivar, Perrone) and [Bloomberg News](#) (2/7, Larkin) also covered the story.

Healthcare Technology

Experts, consumer groups disagree over benefits of EHRs.

The [Wall Street Journal](#) (2/8, Mincer) reported, "President Obama has proposed spending about \$20 billion in the economic-stimulus bill to computerize medical records within five years," which "most experts agree...could add jobs, improve treatment, and reduce costs." In fact, according to estimates from the Congressional Budget Office, "the move would save \$12.6 billion over 10 years by reducing duplicated tests and improving care." Still, "consumer groups worry that without adequate safeguards, information could be stolen or misused, while other groups fear that too many restrictions would hurt efficiency."

Report suggests only 28 percent of physicians have adopted EHRs. [Modern Healthcare](#) (2/6, Conn) reported that, according to a survey by the Commonwealth Fund, the US has achieved "an electronic health record [EHR] physician adoption rate of 28 percent, well below that of five other countries." The survey, of "6,536 physicians in Australia, Canada, Germany, the Netherlands, New Zealand, the U.K., and the U.S.," showed that "17 percent of U.S. physicians have access to an EHR, based on a fairly rigorous definition." The researchers "ranked physicians with IT systems that had seven or more of the 14 functions...as having 'high' IT capacity," while those "with IT systems having only one function were categorized as having 'low' IT capacity." The researchers concluded that "federal leadership in the U.S. may be required to accelerate IT adoption among physician practices." Notably, "78 percent of those physicians with high IT capacity 'felt well-prepared to take care of patients with multiple chronic diseases,' compared to 66 percent of physicians with low IT capacity.

FDA approves device to treat atrial fibrillation.

[Bloomberg News](#) (2/7, Nussbaum) reported that the Food and Drug Administration (FDA) has approved J&J unit Biosense Webster's "NaviStar ThermoCool and EZ Steer ThermoCool Nav as the first minimally invasive tools to ablate, or kill, the

cells that trigger atrial fibrillation." Bloomberg pointed out that "EZ Steer is a bi-directional version of the NaviStar catheter." [Dow Jones Newswires](#) (2/7, Dooren, Kamp) reported that "the device was previously approved in the U.S. for atrial flutter, another type of heart-rhythm problem." While "this marks the first U.S. approval for a company to market catheters for atrial fibrillation, it is becoming an increasingly common practice with devices already approved for other uses." Although "drugs are the typical treatment...they frequently don't help, and there is an expanding market for medical devices that carefully destroy heart tissue linked to the problem." Dow Jones added that "systems like the Biosense Webster device use catheters that are inserted through a blood vessel and guided to the heart, where they deliver a radio-frequency current to burn, or ablate, tissue."

Also in the News

Chicago Tribune probes local nursing home conditions.

In a front-page article titled "Misery: Inside a one-star nursing home," the [Chicago Tribune](#) (2/8, Roe) used the Freedom of Information Act to obtain inspection reports for the lowest-rated Chicago area nursing homes, and discovered that conditions in such places "are grim and, at times, deadly." It adds that, on a single inspection of the 1-star rated Berwyn Rehabilitation Center that found over two dozen health violations, "the inspectors knew there was trouble as soon as they entered the nursing home. The lobby smelled of urine. In one room, they found a 97-year-old woman, lying in her own waste. She had severe bruises on her arm, foot and both legs that the staff could not immediately explain. Another resident had a bed sore larger than a golf ball and dripping blood." Months after that inspection last March, which noted improper use of side railings on patient beds, an obese patient suffocated when he became stuck between the mattress and the side rails. At another low-rated area nursing home, "residents last fall complained of cold food, staff not answering calls for help, loud employees keeping them up at night, and workers not relaying phone messages from family members. Residents said that when they voiced concerns, staff responded at times by pointing to the cemetery across the street." The article notes that about a quarter of US nursing homes, including 81 in the six-county Chicago area, received one-star ratings.

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