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Customized Briefing for

October 7, 2011

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Leading the News

Task Force To Recommend "D" Rating For PSA Testing.

TV and print media extensively covered the US Preventive Services Task Force's (USPSTF) decision to give a "D" rating to PSA testing.

[ABC World News](#) (10/6, story 7, 0:25, Sawyer) reported the panel made the decision, because "it leads to too many unnecessary further tests and treatments. The final decision on what doctors and patients should do will be made following a one-month comment period."

The [CBS Evening News](#) (10/6, story 4, 1:45, Pelley) reported, "The PSA blood test (that stands for prostate specific antigen) has become more controversial over the past decade, because it is notoriously poor at identifying cancer. ... It's not the PSA test itself but the treatment that results from the test that can cause serious side effects like incontinence, sexual dysfunction and other problems."

[NBC Nightly News](#) (10/6, story 5, 2:05, Williams) reported, "The concern is that the test could be elevated even with benign problems like inflammation or enlarged prostate and once you have the elevated test it leads you to a biopsy, unnecessary treatment. As we talk about economics, it comes back to not hurting the patient, not spending undue money."

"The National Cancer Institute says that 240,000 men are diagnosed with prostate cancer in the US each year, and 33,720 die," the [Los Angeles Times](#) [f](#) [t](#) (10/7, Roan, Brown) notes.

On its front page, the [New York Times](#) [f](#) [t](#) (10/7, A1, Harris, Subscription Publication) lists some "devastating consequences of the biopsies and treatments that often flow from" PSA testing. "From 1986 through 2005, one million men received surgery, radiation therapy or both who would not have been treated without a PSA test, according to the task force. Among them, at least 5,000 died soon after surgery and 10,000 to 70,000 suffered serious complications. Half had persistent blood in their semen, and 200,000 to 300,000 suffered impotence, incontinence, or both."

The [Wall Street Journal](#) [f](#) [t](#) (10/7, Dooren, Burton, Subscription Publication) reports that according to the USPSTF's website, the "D" rating indicates "moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits." The scientific backing for this rating is to be published on Monday in the *Annals of Internal Medicine*, and a [manuscript](#) [f](#) [t](#) is currently available on Cancer Letter. The Task Force's [announcement](#) [f](#) [t](#) is also posted in Cancer Letter.

The [Washington Post](#) [f](#) [t](#) (10/7, Stein) reports, "The US Preventive Services Task Force, which triggered a firestorm of controversy in 2009 when it raised questions about routine mammography for breast cancer, will propose downgrading its recommendations for prostate-specific antigen (PSA) for prostate cancer on Tuesday. ... Task force chairwoman Virginia Moyer said the group based its draft recommendations on an exhaustive review of the latest scientific evidence, which concluded that even for younger men, the risks appeared to outweigh the benefits for those who are showing no signs of the disease." In particular, the studies found "that significant numbers of men -- on the order of 20 to 30 percent -- have very significant harms."

The [New York Times](#) [f](#) [t](#) (10/7, Parker-Pope) "Well" blog reports, "The panel, which already recommends against PSA screening for men age 75 and older, will cite recent research suggesting that the testing does not save lives, but does lead to unnecessary treatments that can cause impotence, incontinence and a number of other complications." In contrast, "the American Urological Association recommends that PSA screening be offered to men 40 or older." In any case, the panel's recommendations do not translate into patient or doctor behavior: "Earlier this year, the *Journal of Clinical Oncology* reported that men ages 80 to 85 are being screened as often as those 30 years younger."

Also covering the story are [Bloomberg News](#) [f](#) [t](#) (10/7, Peterson, Cortez), the [AP](#) [f](#) [t](#) (10/7, Neergaard), [Reuters](#) [f](#) [t](#) (10/7,

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Steenhuysen), [CNN](#)   (10/7, Cohen), the [CNN](#)   (10/7, Cooper) "The Chart" blog, and [HealthDay](#)   (10/7).

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Clinical News



CDC Reports Increase In ED Visits For TBIs In Children, Teenagers.

A large number of media sources discussed a report showing a sizable increase in kids and teenagers visiting the emergency department (ED) for traumatic brain injuries (TBIs).





The [New York Times](#)   (10/7, B17, Zinser, Subscription Publication) reports that emergency department "visits by children and adolescents for brain injuries jumped more than 60 percent over an eight-year period, according to a [report](#)   released Thursday by the Centers for Disease Control and Prevention" in its Morbidity and Mortality Weekly Report. "The report said emergency rooms recorded an increase of visits from 153,375 in 2001 to 248,418 in 2009 among those 19 years old and younger because of traumatic brain injuries sustained in recreational activities." The study found that "the sports most likely to lead to the injuries are bicycling, football, playground activities, basketball and soccer."



[Bloomberg News](#)   (10/7, Lopatto) reports, "Head injuries contributed to football accounting for 57 percent of trauma-related sports deaths among youths from 1980 to 2009, according to an analysis published in the journal *Pediatrics* in June."

The [AP](#)   (10/7) notes, "In 2003, the CDC started a "Heads Up" youth concussion awareness campaign targeting doctors," which was also "bolstered by a series of studies that began to appear around 2005 that showed damage in the brains of former National Football League players."



The [Washington Post](#)   (10/7, Stein) "The Checkup" blog reports, "Brain injuries among children have gotten more attention in recent years as research has indicated that young athletes with a brain injury take longer to recover and are at greater risk of serious complications than adults, the CDC said."

NCI Predicts Increase In Number Of Older Cancer Survivors.

[Medscape](#)   (10/7, Nelson) reports, "It is expected that the number of older cancer survivors will escalate in the United States, according to a large survey from the National Cancer Institute (NCI). Currently, approximately 60% of all cancer survivors (an estimated 11.9 million in 2008) are 65 years or older. By 2020, it is estimated that the number of older survivors will rise from about eight million to more than 11 million (an increase of 42%)." The [study](#)   was published online Oct. 6 in *Cancer Epidemiology, Biomarkers & Prevention*.





Researchers said "older cancer survivors" are "overlooked, understudied, underserved, and vulnerable," [WebMD](#)   (10/7, Boyles) reports. In addition, they voiced concern that the healthcare system will be faced with "a lot more people to take care of, with far fewer oncologists to take care of them." The projection was calculated using data "from the NCI's Surveillance, Epidemiology and End Results (SEER) registry, which tracks cancer incidence and survival in the US"

End-Of-Life ICD Deactivation Discussions May Occur Near Death.





[MedPage Today](#)   (10/7, Fiore) reports, "Discussions about deactivating implantable cardioverter defibrillators (ICDs) at the end of life should occur before the device is implanted, but typically don't occur -- if they happen at all -- until death is near, according to a review of the literature." The "review...found that physicians were largely reluctant to talk about turning off ICDs, typically because of personal discomfort, lack of experience, or lack of guidance, James Russo, MSN, RN, of the VA Medical Center in New York, reported in the *American Journal of Nursing*." Russo wrote, "Despite American College of Cardiology, American Heart Association, and Heart Rhythm Society recommendations that future deactivation be included in pre-implantation discussions, the evidence suggests that physicians



rarely do so."



Younger Shift Workers May Have Elevated Levels Of Stress-Related Cortisol.

[MedPage Today](#)   (10/7, Pal) reports, "Younger shift workers have elevated levels of stress-related cortisol that may place them at increased cardiovascular risk, according to" a [study](#)   published in the Journal of Clinical Endocrinology & Metabolism. Researchers found, "in a group of shift workers who were less than 40 years of age," that "hair cortisol levels were significantly higher at 48.53 pg/mg hair (95% CI 36.56-64.29) compared with 26.42 pg/mg hair in day workers (95% CI 22.91-30.55; P<0.001)." Meanwhile, "body mass index (BMI) was significantly higher in young shift workers compared to their day-worker counterparts."



Anemia May Increase Risk Of Death, Complications In Noncardiac Surgery.

[HealthDay](#)   (10/7, Preidt) reports, "Anemia increases the risk of death and complications in patients who have different types of surgery, not just heart operations," according to a [study](#)   published online in The Lancet.

[Medscape](#)   (10/7, Hitt) reports that investigators "evaluated a large dataset from the 2008 American College of Surgeons' National Surgical Quality Improvement Program."

[MedPage Today](#)   (10/7, Fiore) reports, "Anemic patients had a 42% greater risk of 30-day mortality following non-cardiac surgery than those who had an ample supply of healthy red blood cells (OR 1.42, 95% CI 1.31 to 1.54)." Researchers also found that "anemic patients...had a 35% higher risk of a composite of postoperative morbidity at 30 days (OR 1.35, 95% CI 1.30 to 1.40)."



Study Finds Increased Risk Of Diabetes For Older Women Taking Tamoxifen.



[Reuters](#)   (10/7, Norton) reports that a study published in the journal Cancer of over 14,000 breast cancer survivors 65 years and older suggests that those who were taking tamoxifen may have a higher risk of diabetes. While the authors are quick to point out that their study does not show that the medication causes diabetes they say that it may be an additional risk factor as breast cancer survivors taking tamoxifen showed a one quarter greater chance of being diagnosed with diabetes in a five-year period, which is the usual length of the dose according to the article. Study leader Lorraine L. Lipscombe, of the University of Toronto, cautioned that women taking tamoxifen should not stop taking it, pointing out that the increased risk remained small. She urged women taking the medication to work on controlling other established risk factors for diabetes.



Health Policy and Legislation



IOM Report Ties Essential Health Benefits To Budget.



Coverage of the Institute of Medicine's report on essential health benefits reflected the advisory group's position that health benefits should be made affordable to employers, which was widely applauded by business groups and insurers. Multiple sources also noted HHS Secretary Kathleen Sebelius' comments that it was important for the department to hold "listening sessions" to gauge the public's opinion on such a proposal.



The [AP](#)   (10/7, Alonso) reports an Institute of Medicine report released yesterday "lays out guidelines for deciding what to include in the new 'essential benefits package,' how to keep it affordable for small businesses and taxpayers, and also scientifically up to date." Health and Human Services Secretary Kathleen Sebelius "said in a statement that officials would hold 'listening sessions' around the country before any final decisions are made," as "the IOM panel recommended an extensive effort to engage the public." Sebelius said, "Before we put forward a proposal, it is critical that we hear from the American people."

[Reuters](#)   (10/7, Selyukh) reports that the panel did not make any specific recommendations about what benefits should be included. The insurance industry and employers were happy with the report's recommendations and the focus on balancing affordability and coverage, according to Reuters.



[Bloomberg News](#)   (10/7, Wayne) reports some experts worry that, by choosing to model them "on health plans offered by small companies," the health plans "may leave services important to people with disabilities uncovered." Business groups were more sanguine about the recommendations. Neil Trautwein, vice president for the National Retail Federation, said: "I applaud them for the intent and worry about what happens in reality." He noted that "Sebelius could try to 'shove the kitchen sink' into the benefits package regardless of the limit on premiums."



The [Wall Street Journal](#)   (10/7, Radnofsky, Subscription Publication) notes that the guidelines are only for employers of 50 workers or less, to be sold through health insurance exchanges. While that only represents a limited number of workers, the guidelines are expected to have a wider impact on employer-provided healthcare.

The [New York Times](#)   (10/7, A14, Pear, Subscription Publication) reports the panel also recommended that "federal officials...determine what the national average premium of typical small employer plans will be in 2014 and ensure that the national average cost of the minimum benefits does not exceed that amount." Like the Journal, the Times sees the recommendations as "likely to please employers and insurance companies," and adds that it "could also help the Obama administration as it struggles to defend the new health care law, under attack in court, in Congress and in many state legislatures."



"The question is what is the fairest, most transparent way to get a reasonable set of benefits and still keep it affordable for both the user and for the taxpayers," the [Washington Post](#)   (10/7, Aizenman) quotes committee member Marjorie Ginsburg as saying.

MedPAC Approves Physician Payment Plan Despite Opposition.



[CQ Healthbeat](#)   (10/7, Subscription Publication) reports, "Despite overwhelming provider opposition, the Medicare Payment Advisory Commission voted 15-2 to recommend a draft proposal Thursday to junk the physician payment formula that has caused problems for a decade and offset the costs to fix it with other Medicare cuts." AMA President Peter W. Carmel, whose group is opposed to the MedPAC decision, said: "Offsetting part of the cost of repeal through drastic cuts and long-term freezes to physicians falls far short of what is needed to preserve patients' access to care." Many experts believe the physician payment formula is unworkable in its present form, and according to CQ "the cost of permanently fixing the problem grows with every temporary reprieve."

[The Hill](#)   (10/7, Baker) reports in its "Healthwatch" blog that "the American College of Cardiology quickly panned the recommendation after Thursday's vote," saying in a statement: "The proposal is not an acceptable or sustainable solution to the SGR and does nothing to promote quality or resource stewardship." Meanwhile, the National Coalition on Health Care "praised MedPAC for trying to find an alternative to the deeply unpopular SGR formula."



Kansas Medicaid Reform Proposals Expected In Several Weeks.

The [AP](#)   (10/7, Hanna) reports, "A plan for overhauling Kansas' Medicaid program will push to cut the state's nursing home population and reorganize agencies, but it won't narrow eligibility requirements to reduce the number of people covered, Lt. Gov. Jeff Colyer said Thursday." Colyer also "said Brownback's administration will ask the federal government for a 'global waiver' of Medicaid rules to give the state as much flexibility as possible." While he said the state would not be relying on reducing the number of people covered or "giant across-the-board rate cuts," he "didn't provide specifics about the overhaul plan, saying its release remains several weeks away." He did say that it would offer more in-home care, and that it "will contain initiatives to help disabled Kansans on Medicaid find and hold jobs" as well as "proposals for improving the coordination of care for people who have multiple medical problems."

Texas Healthcare Providers Experimenting With New Payment, Care Methods.



The [New York Times](#)   /Texas Tribune (10/7, A21A, Ramshaw, Subscription Publication) reports, "As the United States grapples with rising health care costs and a system that rewards doctors and hospitals for how sick their patients get, not how healthy they become, Texas health care providers are increasingly experimenting with new payment and care delivery models - joining forces to emphasize efficiency and outcomes." While the idea is not new, "with the rollout of the federal health overhaul, and new Texas legislation tended to pay for performance, not procedures, more Texas providers may join the movement." The Times notes that, "last month, the United States Department of Health and Human Services started a pilot program to pay primary care practices a monthly fee if they provide better chronic-care management, give patients 24-hour access to care and health information, and collaborate with specialists to better coordinate care."

Florida Lawmakers Consider Medicaid Spending Cuts.



The [Palm Beach Post \(FL\)](#)   (10/7, Saunders) reports, "Get ready for another fight about cutting spending on Florida's health and human services programs. Stuart Republican Joe Negron, who is the Senate's top health budget writer, said Thursday that Medicaid could cost roughly \$300 million more than expected this year and will need an infusion of nearly \$1 billion next year to meet growing expenses." State legislators are described as considering a number of options to reduce or at least rein in state spending on Medicaid.

Also in the News



Study: Rhode Island Has Highest Rate Of Serious Mental Illness In US.

The [Boston Globe](#)   (10/7, Niedowski) reports that according to a study released yesterday by the Substance Abuse and Mental Health Services Administration (SAMHSA), "Rhode Island has the highest rate of serious mental illness among adults in the country." The study "found that 7.2 percent of Rhode Islanders ages 18 or older experienced a serious mental illness at some point in the past year." In comparison, "the national rate for serious mental illness is 4.6 percent."



Study: Nearly A Third Of Young Physicians Would Select Another Profession.

The [New York Times](#)   (10/6, Japsen, Subscription Publication) "Prescriptions" blog reports that according to a study conducted and released yesterday by Merritt Hawkins, a company specializing in physician staffing, "even though young doctors still receive a lot of job offers in one of the worst markets in decades, nearly one-third would select another profession if they had to decide on a career all over again." The study, which surveyed 300 physicians during their last year of training, found that 78% of them "said they had at least 50 solicitations from people wanting to offer them a job." Nevertheless, "a growing number of these hot employment prospects still regret their choice of profession, citing large medical education debts, the changing economics of health care, and the health care law and how it might affect their future practices and profession."

FDA Approves Tadalafil To Treat Symptoms Of Enlarged Prostate.

The [AP](#)   (10/7) reports, "The Food and Drug Administration said Thursday that it has approved Eli Lilly and Co.'s erectile dysfunction drug Cialis [tadalafil] to be used in treating symptoms tied to a condition that leads to an enlarged prostate." Those symptoms include

difficulty in urinating and more frequent urination.

The [Los Angeles Times](#)   (10/7, Healy) reports in its "Booster Shots" blog that the "affliction...affects more than half of all men older than 60" and is called "benign prostatic hyperplasia [BPH], or enlarged prostate." The blog also points out that "if severe symptoms are untreated, a man can develop urinary tract infections, bladder stones, and damage to the bladder and kidneys."

Thursday's Lead Stories

- [Children Of Mothers Who Took DES May Face Health Risks.](#)
- [Chronic Pain Takes Human, Financial Toll.](#)
- [Legislators Pitch Health Savings Ideas To Supercommittee.](#)
- [Novel Method For Generating Human Embryonic Stem Cells Succeeds.](#)
- [Pinellas County, Florida Removes Fluoride From Drinking Water.](#)

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