

The Sky Valley Medical Report

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Welcome to the first medical report.

Outline

A. General Information

B. Public Policy and healthcare politics

C. New Drugs

D. In the News

E. Health and Wellness

A. General information

1. If it sounds too good to be true, it probably isn't.

2. Always consider each medication you take for the risk/cost/benefit. Always question your healthcare provider if there is an alternative generic drug, and also other alternative drugs that might be as effective. Always discuss with them how it might interact with the other medications you take. Question the pharmacist about comparative costs. Doctors don't always

know what drug's cost. Also make sure that OTC supplements are included in the discussion. And be sure you take the medication as directed.

One last thing...be sure you know about certain foods, antacids, fruit juices, etc. that might affect absorption of the medication.

- 3. Use a pharmacy where you can talk with the pharmacist. They are there to help you.**
- 4. If you have symptoms of any kind that persist, seek professional advice. Viral colds can become bacterial infections, for example.**
- 5. Remember almost any illness will get better faster if you slow down and get more than normal rest.**
- 6. Remember, your body is your friend and has an immune system that will either help you prevent health issues or make you more susceptible.**
- 7. YOU are part of the healthcare team, and therefore you have a responsibility to do everything you can to help your other health care team members to get you well and keep you well.**
- 8. If possible, take someone with you to a doctor's appointment so that they can help you remember what you are told by your doctor. It is good to**

write your questions down before you have an appointment.

- 9. Remember, when you receive almost any kind of X-Ray, CT, or dye study, you are receiving small amounts of radiation, which accumulates over your life and may be a factor in disease especially cancer. If you have had radiation treatments, you are especially susceptible. So be sure there is not an alternative to use, like ultrasound. In the future, I will talk about other health hazards.**

B. Public policy and healthcare politics

- 1. The FDA has for some time been under scrutiny by various healthcare groups and especially doctors that they are not monitoring health supplements close enough. 100 million Americans spend \$28 billion on vitamins, minerals, herbals, amino acids, and “natural” products. The problem these groups say is that there is no assurance of quality, purity, or safety of these drugs. Prior to 1994, the FDA said it did not require any scientific proof for supplements to be sold to the public. Now, there is a law that requires (Dietary Supplement Health and Educational Act) that there is a reasonable**

expectation of safety but not really efficacy. So it is all about safety, but does it work?? In 1994 there were 4000 supplements and now 55,000. Of course, the dietary supplement industry opposes it. Tell me why the FDA lumped supplements with food additives? I wonder if the FDA needs to be reformed???

C. New drugs

1. New skin cancer drug—Vismodegild (brand name Erivedge) is a new cancer drug for the most common skin cancer, basal cell carcinoma (there is squamous and melanoma too) that shrinks these cancers when they are extensive, have spread locally, or are metastatic (spread). These are the most innocent of the sun exposure induced skin cancers. This drug is a first stab at treating this cancer with a targeted therapeutic medicine. The single multicentered clinical trial showed 30%-45% responded to some degree. The reason this is important is that it is the first time an attempt at hitting the cancer cell at the genetic level has been tried, and it is very encouraging. It turns out that 90% of these types of skin cancers have this genetic

pathway that eventually might be altered. For 95% of skin cancers, this is not applicable but the media made it sound like you could go get a pill and get rid of the most common type of skin cancer. Far from the truth! It is just the beginning and the FDA approved the drug for a very small number of these cancers. Good to know and encouraging, but it may take 10 years before this is a practical treatment.

D. In the news—the last report was in the news.

1. Robotic surgery for prostate cancer

Robotic prostate surgery has been given a huge boost by the media. As you know there are many treatments for prostate cancer, and it is difficult to not get bias when you go to the doctor. That is why when you are diagnosed, you must talk to at least a Urologic oncology surgeon and a radiation therapist. The patient's age, cell aggressiveness (Gleason score), CTs, bone scans, extent of the cancer, and many other factors have to be considered. If the prostate cancer is confined to the gland, surgery is usually recommended or some type of radiation treatments. Hormonal

treatment has to be considered, and other types of treatment.

Because robotic surgery has become so popular (and much more expensive), those that are well trained and have good experience are recommending it. However when multiple studies are examined, the difference really comes down to the side effects of the surgery, particularly ED and urinary incontinence.

Putting several studies together, the difference between the open surgery and the robotic is NOT much different. For instance, in ED and incontinence, with open surgery the % of significant long term problems is 71% compared to 65% for robotic. The surgeon you pick makes a lot of difference on these numbers, so if you are considering robotic, make sure you go to the best in this part of the country. These studies were put out by The Foundation for Medical Decision Making, a great resource. Because of these studies, you might suspect Medicare is looking at this closely since they are paying a lot more for the robotic surgery. Similar concerns have been raised about newer techniques for radiation

including proton beam treatment, Cyberknife, and intensity modulated radiation (IMR).

Get more than one opinion and consider your options.

E. Health and wellness

1. Blood pressure monitoring—

When was the last time you had blood pressure checked in both arms? As reported by MedPage, it turns out that we should all have both our arms tested, because if the systolic BP (the upper number) is greater than 15mm of pressure difference, you are at a 70% risk of dying of cardiovascular disease than the normal population, most commonly peripheral vascular (extremity) and cerebrovascular (carotid and brain) than the normal population. These areas should be considered for screening.

The good news is, if you do have that difference it should alert you to get off the couch and get active, exercise, lose weight, eat healthy, quit smoking, get your blood pressure back to normal, and manage your blood fats (cholesterol and triglyceride plus a good LDL/HDL ratio). I

will be talking more about all these subjects in future reports.

That is it for now. I hope I have stimulated your minds to research these issues and talk to your doctors, as I am here to report not pontificate.

Here is to your good health!! Dr. Sam