



PSA Screening

THE CONTROVERSY CONTINUES

power napping

INCREASED RISK OF DIABETES?

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the effect of PSA-screening on prostate-cancer related mortality

ONE AREA OF MEDICAL SCREENING, PSA TESTING, REMAINS FOREVER CONTROVERSIAL WITH ACADEMICS AND GOVERNMENT BODIES OFFERING DIFFERING OPINIONS AS TO THE COST-EFFECTIVENESS, BENEFIT, HARMFULNESS (FALSE-NEGATIVES AND OVER INVESTIGATION) AND MORTALITY BENEFIT OF THIS SCREENING TEST.

Further ambiguity comes from the publication of 2 preliminary trial reports in the March 2009 issue of The New England Journal of Medicine. The first study is The European Randomized study on Screening for Prostate Cancer (ERSPC). The second publication is from the U.S. Prostate, Lung, Colorectal, and Ovarian (PLCO) Cancer Screening Trial. The ERSPC shows a prostate-cancer related mortality reduction from screening; whilst the PLCO shows no reduction in prostate-cancer related mortality due to PSA screening.

The **ERSPC** was started in 1993 and has a cohort of 162,000 men from 8 European countries aged between 50 and 75 years. This study concludes that an interval of 4 yearly PSA and DRE (digital rectal examination) reduces the death from prostate cancer by 20%. 1410 men would need to be screened and an additional 48 treated to prevent one prostate-cancer related death over a 10-year period.

The most benefit was gained in the age group 55-69. PSA cut off levels varied amongst centres, generally levels greater than 3ng/ml were used as the cut off for further intervention. Over diagnosis of prostate cancer was around 50% in the screening group. It cautioned about screening men over the age of 69 because of the indolent nature of most prostate cancers; meaning that most of these men would die with their cancer and not from it. There are criticisms of the nature of the trial in that it is difficult to tell

exactly if the treatment or the screening was most contributory to the overall mortality reduction.

The **PLCO** trial is U.S. based and included 75 000 men. This included men aged 55-74 years of age. The screening interval was homogenous with a PSA every 6 years and DRE every 4 years. A PSA level over 4ng/ml was used as the cut off for recommendation for further investigation. The PLCO trial shows no mortality benefit from combined PSA and DRE during a median follow up of 11 years. This is a less powerful study. Potential contamination of the control group includes already established pre-screening protocols in the U.S. The smaller difference in screening intensity between the 2 trials is reflected in the rate of over diagnosis (23% in PLCO vs. over 50% in ERSPC).

So where do we go from here? Men are entitled to a PSA screen on the NHS under the basis of informed-choice. This includes the latest evidence from the above trials. Perhaps practitioners can take refuge in the fact that in the US about 95% of male urologists and 78% of Primary Care Physicians over the age of 50 reported that they have had a PSA test. Bottom-line, we await the outcome of future analysis of these trials and others such as the U.S based Prostate Cancer Intervention Versus Observation Trial (PIVOT) and the U.K. based Prostate Testing for Cancer and Treatment (PROTECT) trial. Unfortunately the full mortality benefit from PSA screening is not 100% clear just yet.

HPV vaccination - update

There are substantial benefits in giving young women the HPV vaccination even after they have been exposed to the virus, research has found. Young sexually active women showed comparable protection from cervical cancer after vaccination with Gardasil as women who had never been exposed to HPV infection.

avian flu update - 30 March 2009

SO FAR THIS YEAR THERE HAVE BEEN A TOTAL OF 17 CASES OF AVIAN FLU WORLDWIDE AND OF THESE, THERE HAVE BEEN 6 DEATHS. THERE HAVE BEEN 7 CASES AND 4 DEATHS IN CHINA, 8 CASES IN EGYPT AND 2 CASES AND 2 DEATHS IN VIETNAM.

Drug companies would need four years to meet global demand for bird flu vaccines if a pandemic broke out today, but new technology could significantly boost production by 2014, a recent study showed. It also said that doses of vaccine tailored to the actual strain of pandemic influenza would not be available until four months after it is identified.

An experimental pandemic flu vaccine from Sanofi-Aventis has been recently rejected by European regulators because of worries about its effectiveness. The European Medicines Agency (EMA) said recently that its experts were concerned over the ability of Sanofi's H5N1 vaccine Emerflu to trigger the production of enough antibodies against the flu virus.

napping could increase risk of diabetes

TAKING REGULAR LUNCHTIME SIESTAS COULD INCREASE THE RISK OF DEVELOPING TYPE 2 DIABETES, ACCORDING TO RESEARCH.

A study of 16,480 people, found those who napped were 26% more likely to get the condition than those who did not. Several factors which may be behind the link include disrupted night-time sleep and an association between napping and reduced physical activity. But experts say that factors like genetics and being overweight are more significant.

Napping during the day may disrupt night-time sleep, which could have

an impact as short night-time sleep duration has been shown to be associated with an increased type 2 diabetes risk. Waking up from napping also activates hormones and mechanisms in the body that stop insulin working effectively, the researchers said, and this could predispose people to diabetes - which can develop when the insulin the body makes does not work properly.

Dr Iain Frame, director of research at Diabetes UK, said: "We already know that people who are overweight or obese, and therefore more at risk of developing Type 2 diabetes, can have problems sleeping. This new research could be another step towards explaining the possible link



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between disturbed sleep patterns and Type 2 diabetes. However, in terms of being major risk factors for developing Type 2 diabetes, disturbed sleep or napping are likely to remain less significant than already established risk factors such as being overweight, being over the age of 40 or having a history of diabetes in the family."

false claims get through internet search filters

MAJOR WEB SEARCH ENGINES MAY BE AIDING THE PROMOTION OF FALSE MEDICAL CLAIMS. WRITING ON THE WEBSITE OF THE BRITISH MEDICAL JOURNAL, DR MARCO MASONI AND COLLEAGUES AT THE UNIVERSITY OF FLORENCE IN ITALY, POINT OUT THAT THE INTERNET IS NOT WELL POLICED AND REGULATED.

They warn that the giant search engine Google obtains its main source of revenue from adverts, some of which link to web pages that contain worrying medical claims. "How internet search engines present sources of information to users is important," they write. "It is up to members of the medical community to be vigilant and to suggest improvements."

They searched Google Italia for the keyword "aloe" and on the first page of results were two sponsored links suggesting aloe can prevent or treat cancer. This is "inappropriate", they warn.

"Google decides on placement on its pages of search results: which advertisements to show and in what order," they state, but "we think that Google must improve its

filters and algorithms so as to prevent possible harm to its users. If improving the filter is too complex, it would be better simply not to display sponsored links in results of searches on medical terms or products."

Also in the journal, Joanne Shaw, Chair of NHS Direct, writes: "We are experiencing a healthcare reformation with potentially profound implications. The internet has brought the canon of medical knowledge - previously accessible only in expensive textbooks, subscription journals, and libraries - into the hands and homes of ordinary people. It does not diminish the role of doctors but casts them as expert advisers rather than authoritarian figures with exclusive guardianship of special knowledge," she concludes.

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