Medical News

Cancers linked to obesity.

The BBC News (8/13, Mundasad) reports on a study published in the Lancet that found “being overweight and obese puts people at greater risk of developing 10 of the most common cancers,” to the degree that “extra weight could contribute to more than 12,000 cases of cancer in the UK population every year.” The study was based on “data on five million people living in the UK...over a period of seven years.”

The Telegraph (UK) (8/14, Knapton) reports the risk of cancer may be increased by “up to 62 per cent” as a result of obesity. Of the five million, 166,955 of them “developed cancer in that period and BMI was found to be linked to 17 types of disease.” Specifically, researchers linked “excess weight” to uterine, gallbladder, kidney, liver, and colon cancers.

Cancer Network (8/13, Lawrence) reports that “each 5 kg/m2 increase in BMI was associated with an increased risk for kidney cancer” as well as uterine, gallbladder, cervical, and thyroid cancers. Overall, the study found “10% of gallbladder, kidney, liver and colon cancers in the population are attributable to overweight or obesity.”
Trial finds sigmoidoscopy reduces mortality from colon cancer.

HealthDay (8/12, Norton) reports on a clinical trial reported in the August 13 issue of the Journal of the American Medical Association finding that colon cancer screening by sigmoidoscopy “does cut people’s risk of developing or dying from the disease.” The article says that it is not often done in the US, so the finding is “unlikely to make a difference in everyday practice.” The trial covered over 20,000 adults in Norway from age 50 to 64 who were offered sigmoidoscopy and 78,000 who were not. The researchers found those screened “were 27 percent less likely to die of colon cancer over the next decade” than those not screened. The researchers pointed out that sigmoidoscopy was not compared “to other screening methods.” Sigmoidoscopy “is faster, does not require sedation and can be done by a primary care doctor or trained nurse” compared to colonoscopies which require sedation and are performed by gastroenterologists. In the US, sigmoidoscopy “costs about $150 to $300, versus $1,000 or more for a colonoscopy.”

Medscape (8/12, Mulcahy) reports the results “are not surprising,” but are described in an accompanying editorial as “ironic” in the US, given that “sigmoidoscopy has all but vanished” according to Allan Brett, MD, professor of clinical internal medicine at the University of South Carolina in Columbia, who wrote the editorial. He argues that colonoscopy has become the standard in the US chiefly because “Medicare began paying for it in 2001” followed by “many private insurers.” He also argues that it may “be somewhat trumped by stool DNA testing” one of which (Cologuard) has now been approved by the US Food and Drug Administration.

Research: medications commonly used by seniors can increase risk of falls.

Reuters (8/13, Kennedy) reports that according to new research from the Karolinska Institute in Stockholm, a study of 64,000 Swedes over age 65 found that half of the 20 most commonly prescribed medications for seniors increase the risk of falls. The study found that painkillers and antidepressants were most closely linked to the increased likelihood of being injured in a fall.

My Ohio State Buckeyes

Way to show us a winning season.

That said, I will remain true to the Scarlet and Gray ad hope going nowhere. This is worse than a bad hair day.

Going nowhere? This is worse than a bad hair day.

Well... we were ranked #4 and now we’re nowhere. Our quarterback was injured and is out for the season. I am devastated. What a woman would do when her football team is devasted.

My Ohio State Buckeyes
Study: first 12 hours best for lessening risk of thromboembolism in acute AF cardioversion without anticoagulation.

Medscape (8/13, Stiles) reports that according to research published Aug. 13 in the Journal of the American Medical Association, “even if electrical cardioversion of atrial fibrillation (AF) is carried out without anticoagulation within 48 hours of acute-AF onset, the first 12 hours of that period provide by far the best time window of opportunity for diminishing the associated risk of thromboembolic events, suggests a retrospective analysis of >5000 cardioversions carried out from 2003 to 2010 in emergency” departments in Finland. The study found that “the 30-day risk was 0.7% when cardioversion was achieved within 48 hours and only 0.3% if within 12 hours of AF onset,” but that risk increased “by a factor of three to four if carried out later within the 48-hour window.”

Study: In stable CAD, most CV events occurred in patients without either angina, myocardial ischemia.

Medscape (8/13, Busko) reports that according to research published online Aug. 11 in JAMA Internal Medicine, “the CV-event risk was significantly elevated among patients with symptoms but no ischemia at stress testing compared with those who had neither symptoms nor objective ischemia in a large, prospective observational study of patients with stable CAD.” The 32,105-patient study revealed that “the risk wasn’t elevated or reduced in patients with silent ischemia at stress testing.” The study also found that “most CV events occurred in patients without either angina or myocardial ischemia, a ‘very novel and important’ finding,” the study’s lead author noted in an email.

High doses of exercise may be dangerous for heart attack survivors.

TIME (8/13, Park) reports that according to a report published online Aug. 12 in the journal Mayo Clinic Proceedings, “exercise, like any other prescription, could be dangerous in high doses.” Individuals “who had had heart attacks and ran more than 30 miles a week or spent more than six hours in vigorous activity weekly were at an increased risk – by up to twofold – of dying from a heart event.” In comparison, people “who exercised moderately – which is to say more than the admittedly low recommended minimum but not as much as the extremely active – lowered their risk of heart-related death by 63% compared to those exercising the least.”

HealthDay (8/13, Doheny) reports that in coming to this conclusion, researcher Paul Williams, of the Lawrence Berkeley National Laboratory, “tracked nearly 2,400 heart attack survivors from his long-term study of runners and walkers for about 10 years.” But, “because the study was limited to heart attack survivors,” Williams “can’t say if the findings would apply to healthy adults who exercise intensively.” The Telegraph (UK) (8/13, Smith) also covers the study.
More and more news

Study: Hand sanitizer not effective in reducing classroom absences.

USA Today (8/13, Healy) reports that a new study in PLOS Medicine suggests that “putting alcohol-based hand sanitizers in classrooms in the hopes of reducing school absences due to illness may not be worth the expense in high-income countries where clean water for washing hands is readily available.” Researchers compared two groups of New Zealand school children and “found that the rate of absences due to illness was similar in both the intervention schools that received the dispensers and the control schools that washed with soap and water.”

The CNN (8/13, Wade) “The Chart” blog reports the researchers noted that “an unexpected flu epidemic during the course of the study may have affected the findings” by creating “heightened awareness about the benefits of clean hands.” Also covering the story are ABC World News (8/12, story 9, 0:10, Muir), TIME (8/13, Sifferlin) and HealthDay (8/13, Preidt).

Study projects 40% of Americans will develop diabetes.

Bloomberg News (8/13, French) reports that a study (8/13) published Aug. 13 in the journal The Lancet Diabetes & Endocrinology suggests that “forty percent of Americans born from 2000 to 2011 will develop diabetes, double the risk of those born a decade earlier, signaling a sharp increase in the disease’s prevalence.” The study also indicated that “the risk is even higher for minorities,” projecting that “more than half of all Hispanics and non-Hispanic black women born from 2000 to 2011 will develop diabetes in their lifetime” and “for black men, the lifetime risk is 45 percent.” The majority of these cases will be type 2 diabetes.

HealthDay (8/13, Thompson) reports the positive findings from the study. For example, “the CDC researchers estimated that the number of years lost to a diabetes patient diagnosed at age 40 decreased from nearly eight years in the 1990s to about six years in the 2000s for men, and from almost nine years to just under seven years for women.”

Colonoscopies after age 75 may present more risk than benefit.

Reuters (8/12, Doyle) reports on a study published online in JAMA Internal Medicine finding that the risks from colonoscopies after age 75 may outweigh benefits due to the low recurrence rate of colon cancer. The study covered over 5,000 persons over 75 who were undergoing surveillance colonoscopies due to a previous history of colorectal cancer or high-risk polyps. It found that just five colon cancers were identified in older patients, but that 527 patients were hospitalized in the month following a colonoscopy, about one-third of which were due to complications from the colonoscopy. Researchers concluded that colonoscopies after age 75 should be conducted only rarely.
### NSAIDs may reduce recurrence of estrogen-receptor-positive breast cancer in obese women.

The [New York Daily News](8/15, Engel) reports that a study published in Cancer Research finds that “overweight and obese breast cancer survivors could cut their recurrence rate in half if they regularly take aspirin or other nonsteroidal anti-inflammatory drugs.”

[TIME](8/14, Park) reports that Linda deGraffenried, associate professor of nutritional sciences at the University of Texas at Austin, who led the research pointed out: “Obese women do worse on hormone therapy, chemotherapy and radiation therapy.” Specifically, researchers “found that obese and overweight breast cancer patients who used NSAIDs regularly lowered their risk of getting additional tumors by 52% compared with women who didn’t take the pills.” They discovered that the fat tissue in obese patients “promotes production of aromatase,” which in turn leads to elevated levels of “a form of estrogen called estradiol.” NSAIDs work by blocking “another enzyme that stimulates aromatase production.”

[Fox News](8/14) reports the findings apply to “postmenopausal women who are overweight or obese and are receiving hormone therapy as part of their treatment.”

[HealthDay](8/15, Doheny) reports the study was based on “440 breast cancer survivors – most of them past menopause and overweight or obese – who were diagnosed between 1987 and 2011.” They all had “estrogen receptor-positive breast cancer.” The study “was funded by the U.S. Department of Defense, the U.S. National Cancer Institute and the Breast Cancer Research Program of the Congressionally Directed Medical Research Programs.”

[MedPage Today](8/15, Bankhead) reports that “numerous studies have suggested that obesity adversely affects cancer outcomes.”

[Medscape](8/14, Castellino) reports that while researchers generally think of obesity as “a comorbidity in cancer patients,” for “this study, it was considered a different disease.”

---

### Z’isms

“Everyone thinks of changing the world, but no one thinks of changing himself.”

Leo Tolstoy

“The world as we have created it is a process of our thinking. It cannot be changed without changing our thinking.”

Albert Einstein

### FDA approves colorectal cancer test, CMS proposed coverage.

[MedPage Today](8/15, Bankhead) reports, “On Tuesday, the FDA approved the Cologuard test” to screen for colorectal cancer, and the “Centers for Medicare and Medicaid Services (CMS) announced proposed Medicare coverage of the test,” as well. The “unprecedented parallel review by the two agencies represented the first step in a pilot program to expedite approval and coverage of selected devices.”