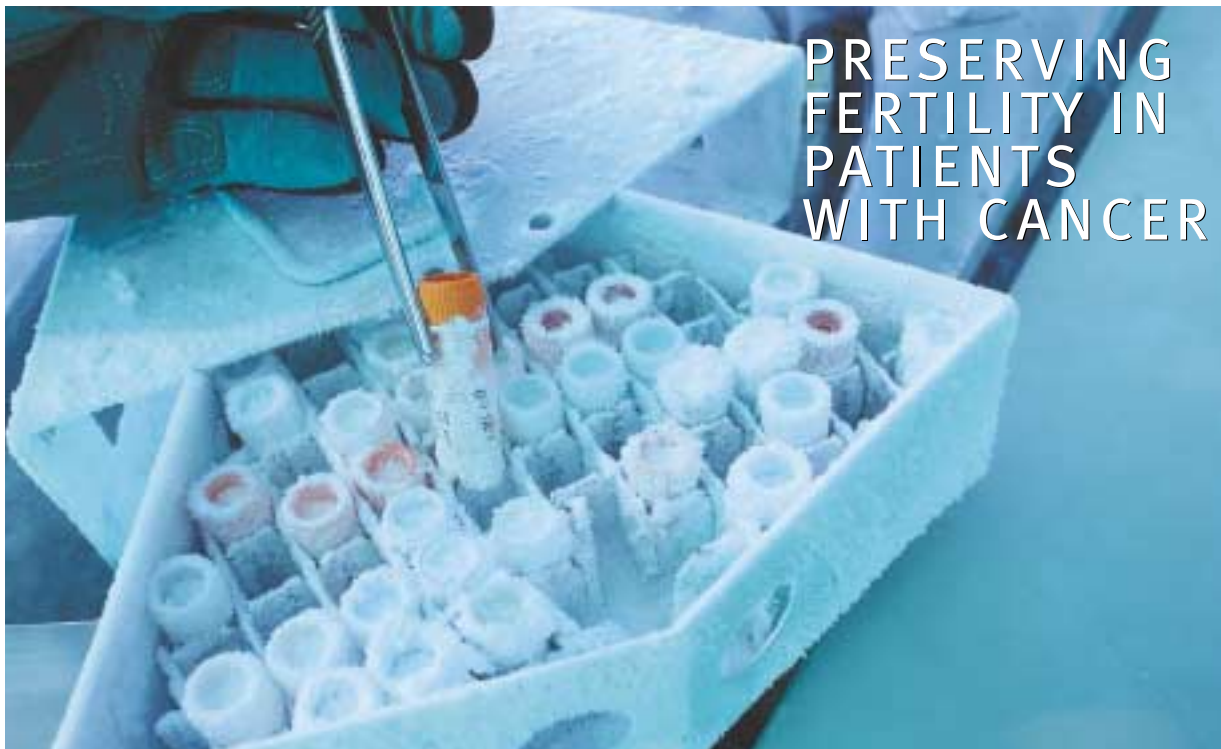


CONSULTS

NEWS FOR PHYSICIANS FROM THE UCONN HEALTH CENTER

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PRESERVING FERTILITY IN PATIENTS WITH CANCER

Oncologists and other physicians should help younger patients with cancer explore options to preserve their fertility, according to a recent American Cancer Society study, co-authored by Carolyn D. Runowicz, M.D., director of the Carole and Ray Neag Comprehensive Cancer Center at the Health Center.

“Over the last 20 years there have been significant increases in the five-year survival rates for most cancers. This means today’s patients with cancer want to live as normal a life as possible,” said Dr. Runowicz, who is president-elect of the American Cancer Society and will become president in November. “In response to this demand, the medical community has begun to offer these patients more conservative surgical and medical therapies designed to help preserve fertility.”

Surgery, radiation and chemotherapy that remove or destroy cancer cells can hurt the cells needed for fertility.

For men, both radiation and chemotherapy can damage healthy sperm. Sperm cryopreservation is the recommended method

for men who wish to have a baby in the future. Historically, however, few men being treated for cancer do “bank” their sperm, and oncologists do not, in general, speak about this option to their patients.

“It’s a very simple technique that can be used before cancer treatment to preserve male fertility,” says reproductive endocrinologist John Nulsen, M.D., medical director of the Center for Advanced Reproductive Services at the Health Center, which offers the procedure.

“For women, options are more limited, though there are some exciting new developments in both the areas of ovarian tissue cryopreservation and oocyte cryopreservation,” he says. “We recently received funding to develop an oocyte cryopreservation program, which we hope to add to our clinical program within the next year.”

For more information on preserving fertility during cancer treatments, call Dr. Runowicz at 860-679-2809, Dr. Nulsen at 860-679-4580 or call our Physician’s Referral Line at 877-676-1733.

CONTACT US

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Rick Daddario

SURVEILLANCE AS TREATMENT FOR SOME PROSTATE CANCERS



Peter Albertsen, M.D.

Simple surveillance rather than aggressive treatment like surgery or radiotherapy may be the best approach for men with localized or low-grade prostate cancer, according to UConn Health Center urologist Peter Albertsen, M.D.

That conclusion is the result of a recent study by Dr. Albertsen of 767 men diagnosed with prostate cancer between 1971 and 1984 and followed for two decades. The men were treated either with observation alone or with androgen withdrawal therapy, which uses drugs to block the effects of the hormone testosterone that can promote the growth of prostate cancer.

"We concluded that men with low-grade prostate cancer—tumor cells that closely resemble normal prostate gland cells—are unlikely to die of prostate cancer, even 20 years after the diagnosis," says Dr. Albertsen. Men with high-grade tumors—cells that are very different from the surrounding cells—frequently die within five to 10 years of diagnosis without treatment, the study found.

"These findings do not support aggressive treatment for localized, low-grade prostate cancer," says Dr. Albertsen. "For those cases, surveillance is really the best option."

Prostate cancer is the second most common

cancer in men after skin cancer. Men who receive a diagnosis of prostate cancer are often faced with a confusing array of treatment choices, from surgery to radiation and hormone therapy, all of which have risks and side effects.

A grading system called the Gleason scale is used to assess tumors. It runs from 2 to 10, with 2 being the least aggressive cancer. "Based on our study, I think the greatest challenge lies in counseling men who have moderately defined disease and a life expectancy greater than 15 years," says Dr. Albertsen. For example, men with a Gleason score of 6 and a small-sized tumor may get recommendations from their physicians for aggressive treatment, even though the study data suggest men in that category face a fairly low risk of disease progression, he says.

"We want men and their doctors to be open to the possibility that, in many cases, careful surveillance may make more sense than more aggressive treatment," says Dr. Albertsen.

The study was published in the May 4, 2005, issue of the *Journal of the American Medical Association*.

For more information on treatment for prostate cancer, contact Dr. Albertsen at 860-679-3676 or call our Physician's Referral Line at 877-676-1733.

GOOD NEWS FOR YOUNG BUT ACHING KNEES

"We can't make people 18 again, but we can restore movement and normalcy to their lives," says UConn Health Center orthopedic surgeon Carl Nissen, M.D., about a new procedure to relieve knee pain, restore function and potentially slow the onset of arthritis.

Autologous chondrocyte implantation (ACI) allows surgeons to replace cartilage damaged by trauma with the patient's own cartilage cells. This procedure, Carticel™, was developed by a division of the Genzyme Corporation of Cambridge, Mass.

A small amount of the patient's own articular cartilage is removed. Through cell culturing techniques, the cell number is increased from a few hundred thousand to more than 10 million cells. These prepared cells are then implanted in the knee to repair and resurface areas of cartilage loss. These cells must synthesize over several months to reestablish the articular surface.

"This therapy is not appropriate for older people with degenerative joint disease. Rather, the procedure is tolerated best by people in their 20s and 30s, who have suffered a single, acute injury and have continual pain," says Dr. Nissen. "Although the age limit is being continually pushed back, patients under age 50 have the most to gain and have a statistically lower chance of having generalized arthritis. The procedure is designed to keep active people active. The focus is to restore function to the knee and help the joint tissue survive into old age."

For more information on ACI, call Dr. Nissen at 860-679-6677 or call our Physician's Referral Line at 877-676-1733.



Carl Nissen, M.D.

HIGH SCORES ON CARDIAC CARE



Due to the efforts of the Calhoun Cardiology Center faculty and staff, John Dempsey Hospital scored extremely well on its treatment of patients admitted for heart attack and heart failure in the most recent Hospital Performance Comparisons released by the state Department of Public Health.

The high scores mean that staff at John Dempsey Hospital administered the correct treatments to nearly every patient admitted for heart attack or heart failure. The scores are based on information collected on patients discharged from the hospital between October 1 and December 31, 2004.

“We are extremely pleased with our results,” says Rhea Sanford, co-director of the Collaborative Center for Clinical Care Improvement, which is charged with improving patient safety at the Health Center. “We believe the scores clearly demonstrate our commitment to evidence-based medicine, which relies on empirical data from clinical trials and research as the basis for medical interventions.”

Hospitals throughout the state and the nation

gather and report the information as part of a national project called the “Hospital Quality Initiative,” which is supported by the Centers of Medicare and Medicaid Services, the American Hospital Association and the National Quality Forum. The goal is to develop consistent, structured information that will help improve quality of care over time and provide consumers with information to compare the quality of hospitals.

The treatments measured are those considered best practices for the conditions, which are common and costly medical conditions for which people go to the hospital. Currently, data is collected on heart attack, heart failure and pneumonia. The data is updated throughout the year.

For the complete report, go to www.cthosp.org/Quality/documents/CHAHPRWeb site-August05Update_001.pdf.

For more information on cardiac care, contact Dr. Liang at 860-679-4944 or call the Physician’s Referral Line at 877-676-1733.

HOSPITAL PERFORMANCE COMPARISONS OCTOBER 2004—DECEMBER 2004

| | JOHN DEMPSEY HOSPITAL | CONNECTICUT MEDIAN | NATIONAL MEDIAN |
|---|-----------------------|--------------------|-----------------|
| HEART ATTACK CARE (ACUTE MYOCARDIAL INFARCTION) | | | |
| Percentage of patients who receive aspirin at arrival | 100% | 96% | 94% |
| Percentage of patients prescribed aspirin at discharge | 100% | 97% | 94% |
| Percentage of patients who receive an ACE inhibitor at discharge | 100% | 83% | 79% |
| Percentage of patients prescribed a beta blocker at discharge | 100% | 95% | 92% |
| Percentage of patients who receive a beta blocker at arrival | 96% | 94% | 89% |
| Percentage of patients who receive smoking cessation counseling after AMI | 100% | 88% | 85% |
| HEART FAILURE CARE | | | |
| Percentage of patients who have a left ventricular function assessment | 96% | 93% | 86% |
| Percentage of patients who receive an ACE inhibitor at discharge | 100% | 79% | 76% |
| Percentage of patients who receive appropriate discharge instructions | 50% | 61% | 49% |
| Percentage of patients who receive smoking cessation counseling after heart failure | 100% | 82% | 71% |

DR. MENZOIAN JOINS HEALTH CENTER



James O.
Menzoian, M.D.

James O. Menzoian, M.D., a nationally recognized vascular surgeon from Boston Medical Center and a prominent professor of surgery at Boston University School of Medicine, has joined the UConn Health Center.

At UConn, Dr. Menzoian offers patients expertise in a range of vascular procedures. He also serves as a professor of surgery with the UConn School of Medicine and medical director of a new initiative to foster and promote excellence known as the Collaborative Center for Clinical Care Improvement.

For nearly two decades, Dr. Menzoian was chief of the section of vascular surgery at Boston

Medical Center. He is also an accomplished researcher, with interests in wound healing, pre-operative cardiac evaluation of patients with vascular diseases and the epidemiology of vascular disease. He has authored or co-authored more than 150 scientific papers and is on the editorial board of the *Journal of Vascular Surgery*.

Dr. Menzoian is a graduate of the SUNY Downstate Medical Center in Brooklyn and completed his surgical internship, residency and fellowship at Boston University School of Medicine before joining the faculty in 1976.



SEMINAR FOCUSES ON LATEST IN CARDIOVASCULAR DISEASES AND TREATMENTS

“Current Management of Heart and Vascular Diseases: Prevention, Intervention and Gender Differences” is the topic of a day-long seminar on Wednesday, October 19, 2005, sponsored by the Pat and Jim Calhoun Cardiology Center and the Center for Interdisciplinary Research in Women’s Health.

Topics include:

- Clinical management of hypertension and its complications
- Approach to cardiovascular patients undergoing non-cardiac surgery
- Consensus and controversy in strategies for risk factor modification
- Facts and hype in the oral health/cardiovascular health relationship
- Gender differences in heart disease and clinical implications
- New developments in vascular intervention
- Role of transfusion in open-heart surgery

The program begins at 7 a.m. with registration, followed by a light breakfast. The program is appropriate for internists, cardiologists, surgeons, nurses, physician assistants, residents and fellows. Cost of the seminar is \$50; \$25 for nurses, physician assistants and fellows. Lunch is included. Contact our Physician’s Referral Line at 877-676-1733 for a brochure or to register.

SAVE THE DATE!

3rd ANNUAL ROGER BECK SYMPOSIUM

“Quality Care: Different Perspectives, Common Goal”
Tuesday, November 15, 5:30 to 8:30 p.m.
UConn Health Center, Keller Auditorium

The symposium will focus on the various tensions that exist with respect to quality of care. Featuring an interactive panel and a lively discussion, the event will present the views of consumers, managed care, government payers, large employers and practicing physicians.

Call 1-800-535-6232 to register. Visit online at http://health.uhc.edu/referring_physicians/rogerbeck.htm for more information and a brochure.



Remarkable Care Through
Research and Education