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Facts Help Patients Choose Prostate Cancer Treatments

University of California-Los Angeles

Survival is the number-one goal for patients and their doctors when choosing among the several established treatment options after a diagnosis of early-stage prostate cancer. But often, the best option isn't always clear, and patients find themselves facing difficult choices among therapies that have varying potential side effects—effects that, given the high success rates of localized prostate cancer treatment and the slow-growing nature of most prostate tumors, they are likely to live with for many years.

To assist patients and their doctors in making these difficult decisions, UCLA's Prostate Cancer Program has ongoing studies of quality-of-life outcomes after the four major types of treatment for localized prostate cancer: minimally invasive robotic prostatectomy, nerve-sparing radical prostatectomy, radioactive seed placement and external-beam radiation therapy. "Each affects urinary, sexual and bowel functions differently," says Mark S. Litwin, M.D., M.P.H., professor of urology and public health. "The goal is to obtain measurements that are as objective as possible on these effects."

Measurements were obtained using a questionnaire given to patients prior to treatment and periodically for two years after the treatment. The UCLA urologists have found that surgery has the most effect on urinary continence, while radiation has more of an impact on other urinary symptoms such as frequency and burning. Sexual function is affected by all treatments, but improves over time, particularly if the nerves are spared to preserve potency. Radiation causes more bowel symptoms than surgery.

Dear Reader,

This latest issue of the Health Update explores research at WorldCare Consortium hospitals leading to advances in diagnosis and patient care—studies of a successful drug therapy and surgical options for cancers, an example of multi-disciplinary collaboration across specialties to develop a new surgical approach to cardiac care, and an advanced imaging technique for earlier diagnosis of brain illnesses.

Sincerely,

*Rebika Shaw,
Regional Director, Corporate Communications*

HEALTH NEWS

Trial Offers Minimally Invasive Procedure for Heart Valve Leak

From Brigham and Women's Hospital

Boston's Brigham and Women's Hospital (BWH) is participating in a nation-wide clinical trial called Everest II, for patients with a serious heart condition known as mitral regurgitation (MR). MR is a condition where blood leaks backward through the mitral valve with each heartbeat. MR forces the heart to work harder to circulate blood and can result in shortness of breath, fainting, low blood pressure, fluid retention, fatigue, loss of appetite or a hacking cough that worsens when lying down.

The trial is investigating a minimally invasive mitral repair procedure using the MitraClip™ device to repair the heart's leaking valve by bringing its leaflets together to improve blood flow.

"EVEREST II represents a unique and cooperative effort between cardiology, cardiac surgery, cardiac anesthesia and echocardiography," said Dr. Andrew Eisenhauer, associate director of the Cardiac Catheterization Laboratory at BWH and principal investigator.

This new procedure is performed under general anesthesia and is far less complex than the standard method of correcting MR—open-heart surgery, which requires use of a heart-lung machine and stopping the heart to repair or replace the valve. To date, over 200 MitraClip devices have been implanted in North America. Brigham and Women's Hospital is the regional center in New England offering the trial.

An estimated 4 million people in the United States have significant MR, with approximately 250,000 new patients diagnosed each year. There are no drugs that specifically treat or cure MR.

Imaging Improves Diagnosis of Brain Disorders

From Brigham and Women's Hospital

Fueled by a recent evolution in technology, advanced brain imaging is enabling the early detection and diagnosis of many common brain disorders—including dementia, epilepsy and brain tumors.



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New 64-slice PET-CT imaging is the most advanced integration of two separate imaging techniques: positron emission tomography (PET), which shows the metabolism and function of cells, and computed tomography (CT) scans, which shows details of the anatomy.

"This advanced imaging technique is changing the way we understand and evaluate many common brain disorders, ultimately improving care for people with these conditions," says Scott Britz-Cunningham, M.D., Ph.D., Brigham and Women's Hospital nuclear medicine imaging specialist.

Non-invasive PET-CT scanning provides highly detailed information and identification of subtle changes that can signal the early start of certain brain diseases—and may not be apparent on MRI (magnetic resonance imaging) or other forms of imaging. Information revealed by this technology provides early diagnosis and may help delay the onset of Alzheimer's disease through new preventative therapies. In addition, new imaging techniques provide more detailed information for early and effective treatment of a wide range of brain disorders, including:

Dementia: PET-CT scanning is useful in differentiating Alzheimer's disease from other types of dementia, and may identify changes in the brain before symptoms occur. **Epilepsy:** PET-CT imaging is used to precisely pinpoint areas in the brain that are causing epileptic activity.

Brain tumors: Tumors may be monitored to assess effectiveness of therapy.

Cancer Drug Trial Halted for Positive Results

From Duke University Medical Center

A large clinical trial has been halted early because patients taking a new anticancer drug did so much better

NEWS ON WORLDCARE

Mayo Clinic joins patient referral network. WorldCare members now have access to treatment services at Mayo Clinic through WorldCare's Global Care Management program. Mayo Clinic, with locations in Florida, Minnesota and Arizona, is ranked number 2 among "America's Best Hospitals" for excellence in 13 specialties, in the 2006 survey conducted by *U.S. News and World Report*.

Global Health Plan launched in Canada. Echelon General Insurance Co. recently launched the Global Health Plan in Canada, a treatment policy that allows covered members to travel to the United States to access care at top U.S. hospital for serious illnesses. The unique plan also features travel benefits, concierge services for arranging care, and telemedicine second opinions.

"Exceptional services"

Patient Perspective

"My doctor introduced me to WorldCare, as it is the only company... that provides such exceptional services.... The second medical opinion helped me in having access to the best medical technology while being treated at home by my own doctor.... I highly recommend the services of WorldCare."

About WorldCare

The global health care community has trusted WorldCare since 1994, when it became the first company to offer physician-referred, patient-specific, second opinion e-consultations (telemedicine) for serious illnesses. WorldCare benefits patients around the world by providing access to top physicians, cutting edge medical practices and best medical advice through highly specialized electronic medical opinions from the best medical centers in the United States.

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than patients who did not. The action was taken by the National Cancer Institute so all eligible patients could start taking imatinib (trade name Gleevec) before the planned release of the trial's findings in June.

Patients enrolled in the trial had what is known as a gastrointestinal stromal tumor, a rare cancer that develops in muscle tissue and blood vessels within the stomach or small intestine. This form of cancer is estimated to occur in more than 5,000 Americans each year. The trial involved over 600 patients at more than 230 centers in the United States and Canada and was coordinated by the American College of Surgeons Oncology Group (ACOSOG) at the Duke Clinical Research Institute and the Mayo Cancer Center.

The researchers found that 97 percent of the patients who received imatinib were cancer-free one year after surgery to remove their tumor. In comparison, 83 percent of patients who did not take Gleevec were cancer-free after surgery. Statistically, these results were highly significant, the researchers said.

"This is a whole new kind of cancer treatment," said Duke surgeon David Ota, M.D. "This drug is not traditional chemotherapy but a more targeted approach that interferes with a specific growth promoting pathway in the cancer cell. Patients take pills once a day and they don't lose their hair or have the problems with lowered blood counts. The attractiveness of this approach is that one daily dose may keep the cancer away."



Contact your local WorldCare office if you are interested in obtaining a second opinion from a WorldCare Consortium hospital. Visit www.WorldCare.com for more information.