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### Blood clots a cause for concern in cancer patients

From Duke University Health System

A panel of researchers led by an oncologist from the Duke Comprehensive Cancer Center has created a set of guidelines for the prevention and treatment of dangerous blood clots that threaten cancer patients.

"Cancer patients are at increased risk for what is known as venous thromboembolism, or the formation of a blood clot, which can be deadly," says Gary Lyman, M.D., director of the Health Services and Outcomes Research Program in Oncology at Duke. "These new guidelines will give clinicians some of the tools they need to prevent and treat this dangerous complication of cancer."

The guidelines, along with a patient guide, are available at the American Society of Clinical Oncology's website, at [www.plwc.org](http://www.plwc.org).

Venous thromboembolism (VTE) affects four to 20 percent of cancer patients, and is one of their leading causes of death, Dr. Lyman says.

"We have long known that there is an association between cancer and risk for VTE, and we can speculate what some of the reasons for this link might be," he says. "Tumor cells may release proteins that encourage clotting, and these patients are often bedridden and immobile, which also puts them at increased risk."

*Continued on the next page* 

*Dear Reader,*

*In this issue of the Health Update we examine the importance of candid communication between physicians and patients facing serious illness. We also learn about new progress at WorldCare Consortium Hospitals in the treatment of brain tumors, blood clots and obesity.*

*Sincerely,*

*Rebika Shaw,*

*Regional Director, Corporate Communications*

## HEALTH NEWS

### Choosing proper prostate surgery requires open talk with doctor

From Massachusetts General Hospital

More than a third of men with early prostate cancer who took part in a study analyzing their treatment choices received therapies that might not be appropriate, based on their previous urinary, bowel or sexual problems. These treatment "mismatches" could be due to their unwillingness to discuss such problems with their doctors.

"Prostate cancer patients experience the same fears and hard decisions as all cancer patients do, but prostate cancer treatment directly affects very personal things that most people aren't comfortable talking about: urinary, bowel and sexual function," says James Talcott, MD, SM, of the Massachusetts General Hospital Cancer Center, who led the study. However, doctors need to know about these personal problems when considering between the three main treatments, which have different possible side effects:

- External radiation therapy can lead to bowel dysfunction
- Brachytherapy, in which tiny radioactive particles are implanted into the prostate gland, can cause urinary problems
- Surgical removal of the prostate gland can damage nerves involved in sexual function.

For patients who already have problems in these areas, therapies that could worsen their symptoms are usually not recommended. On the other hand, approaches that preserve normal functions, such as nerve-sparing prostate-removal surgery, would not be appropriate for patients who have already lost these functions.

Almost 440 patients treated for early prostate cancer completed the study, and 89 percent reported having a urinary, bowel or sexual problem before beginning treatment. As expected, patients reporting pre-existing conditions were more likely to have problems after treatment if they had received a mismatched treatment.

"(It) could be that the open, frank conversations patients should have with their doctors aren't taking place or that doctors aren't making it clear to patients why they should be forthright about urinary, bowel or sexual problems they are having," Dr. Talcott says. The study appeared in the journal *Cancer*.



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## Guiding (continued)

Treatments, especially newer ones such as the anti-angiogenesis agents that work by cutting off a tumor's blood supply, may also increase the risk of VTE, he says.

Anticoagulants, also called blood thinners, are the primary treatment for blood clots, and the new guidelines suggest using them preventatively in populations that are at-risk, including hospitalized cancer patients.

"The guidelines also suggest that cancer patients who develop a blood clot should be treated with an anticoagulant for at least six months afterwards," Dr. Lyman says. "On the flip side, our guidelines recommend that patients who are not hospitalized should not be routinely treated with an anticoagulant, unless they are receiving certain types of therapies that may increase risk."

"The message to patients is to add this to the list of things to ask your doctor about," he says. "What can I do to minimize my risk of blood clots? Do I need to be considered for a blood thinner, and if so, at what point in time?" Blood thinners should be used with caution in patients at high risk for bleeding, Dr. Lyman says.

## Docs use more precise images, treatments against brain tumors

From *UCLA Medical Center*

Advances in treatments for malignant brain tumors at the University of California - Los Angeles are bringing promising new options to patients with a cancer that has traditionally been among the most difficult to treat.

"A diagnosis of brain tumor should never be considered a hopeless situation. More options are available for these patients than ever before," says UCLA neurosurgeon Linda Liau, M.D., Ph.D.

Brain cancer is typically treated with a combination of surgery and adjuvant (additional) therapies, including radiation, chemotherapy and, more recently, targeted agents and other approaches tested in clinical trials. The challenge for surgeons has been to

# NEWS ON WORLDCARE

**WorldCare Second Opinions available to Manulife beneficiaries.** Manulife Financial Corporation, a leading Canadian-based financial services group, recently launched a new service for its Group Benefits plan members, bringing them access to a suite of healthcare services including WorldCare Second Opinions. The service is aimed at helping members receive specialist input to assist them in making informed decisions about their treatment options.

**WorldCare headquarters moved.** The WorldCare International Inc. head office, up until recently located in Cambridge Massachusetts, has moved to a new location in downtown Boston. The new office has the advantage of a central location and reflects the expansion in WorldCare's operations in the past few months.

## "Patience, understanding, discretion and professionalism" Patient Perspective

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## About WorldCare

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remove as much of the tumor as possible while working in hard-to-navigate sites, without interfering with areas that affect language and movement. "Studies have shown that the less tumor we leave behind in surgery, the better patients do, because the subsequent adjuvant treatment can be more effective," Dr. Liau says.

Improved imaging techniques, used at major centers such as UCLA, make it easier for surgeons to remove more of the tumor. Experts at the UCLA Brain Mapping Center use functional magnetic resonance imaging (fMRI) to give surgeons three-dimensional maps showing tumor location and areas that affect language and movement. Diffusion tensor imaging, a newer technique that maps out the brain's white matter, allows surgeons to remove more tumor cells than with

traditional MRI. These technologies can be used during the surgery.

"These techniques give us a GPS system for the brain, allowing us to feel more confident during the surgery about where we are, and how to get to where we need to go," Dr. Liau says.

Advances are also being made in adjuvant treatments. Computer guidance helps radiation therapists go further in safely killing brain tumor cells than they could in the past. With less lingering disease due to better surgery and radiation, chemotherapy drugs are more likely to be effective. So-called targeted agents tend to be less toxic than traditional chemotherapy drugs and more precise in attacking tumor cells while sparing normal cells.



Contact your local WorldCare office if you are interested in obtaining a second opinion from a WorldCare Consortium hospital. Visit [www.WorldCare.com](http://www.WorldCare.com) for more information.