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HOW WE DO HARM

A DOCTOR BREAKS RANKS
ABOUT BEING SICK
IN AMERICA



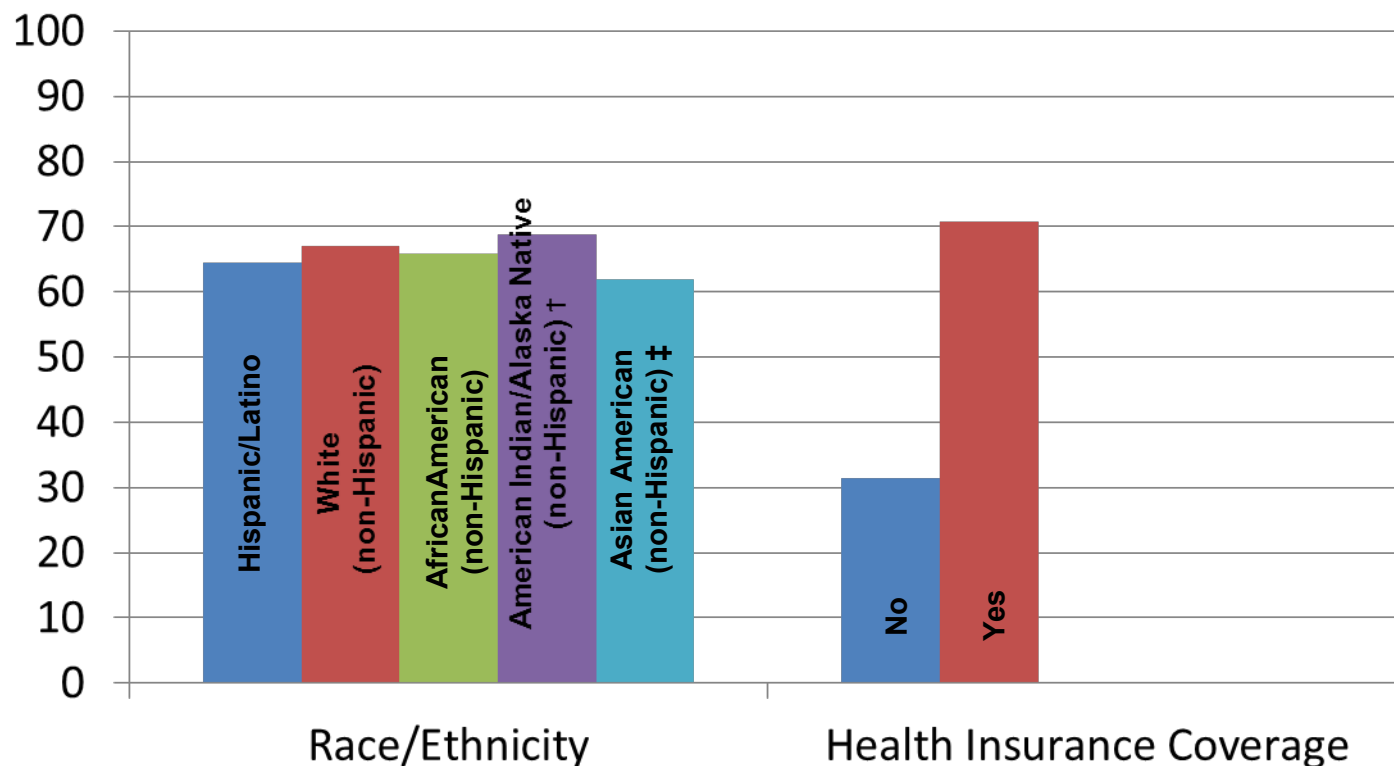
OTIS WEBB BRAWLEY, M.D.
with Paul Goldberg



Prostate Cancer and Chemoprevention

- Pretend you are a 55 year old male and a preventive pill exists:
 - If you take the pill it will definitely double your risk of prostate cancer diagnosis from 10% lifetime to 20% lifetime.
 - If you take it, it may decrease your lifetime risk of prostate cancer death by 20% from 3% to 2.4%.
- Would you take this pill?

% Mammogram within the past 2 Years* by Years of Education among Women 40 Years and Older, 2010



* Percentages are age adjusted to the 2000 standard population.

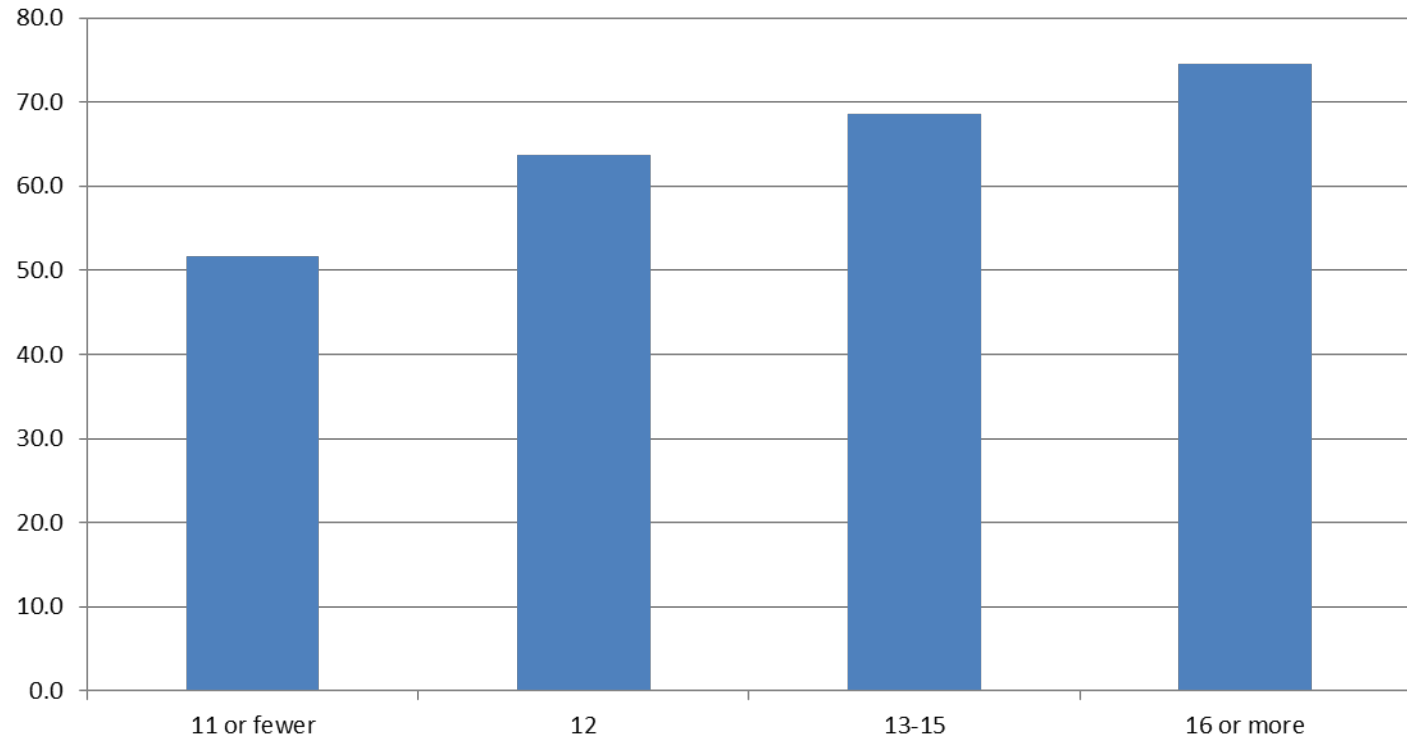
† Estimates should be interpreted with caution because of small sample sizes.

‡ Does not include Native Hawaiians and other Pacific Islanders.

Source: National Health Interview Survey Public Use Data File 2010, National Center for Health Statistics, Centers for Disease Control and Prevention, 2011. Cancer Prevention & Early Detection Facts & Figures 2012.

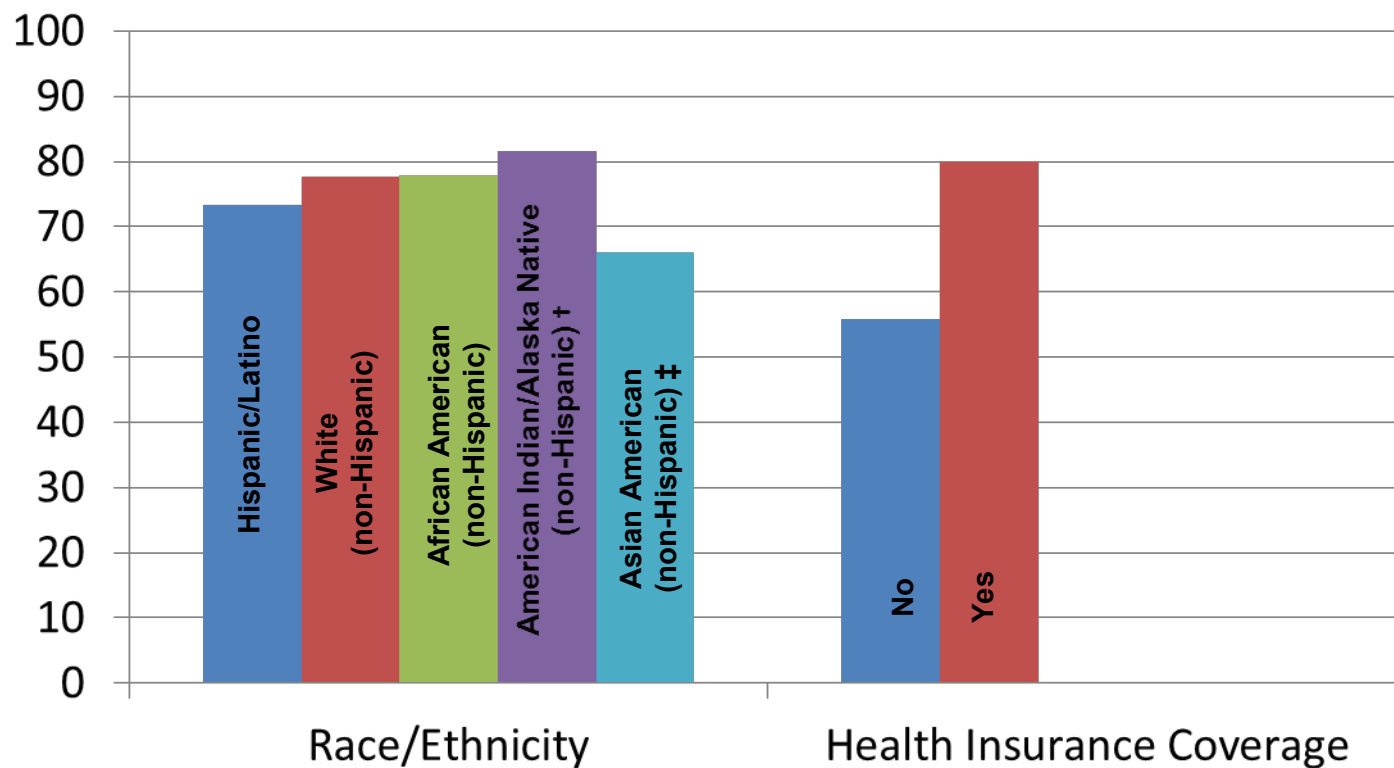


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Pap Test within the past 3 Years* among Women 18 years and Older, 2010



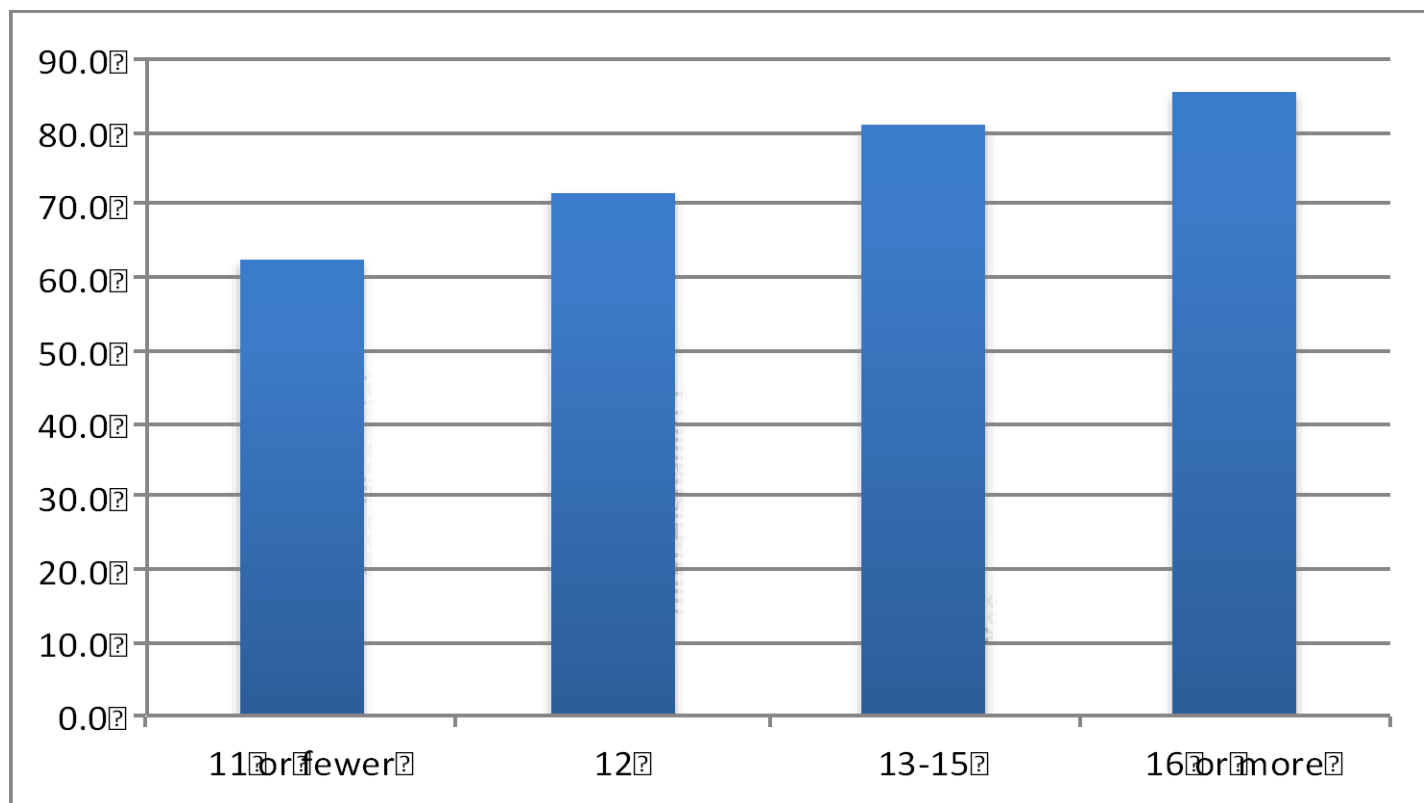
* A Pap test within the past 3 years for all women 18 and over with intact uteri (age adjusted to the 2000 standard population).

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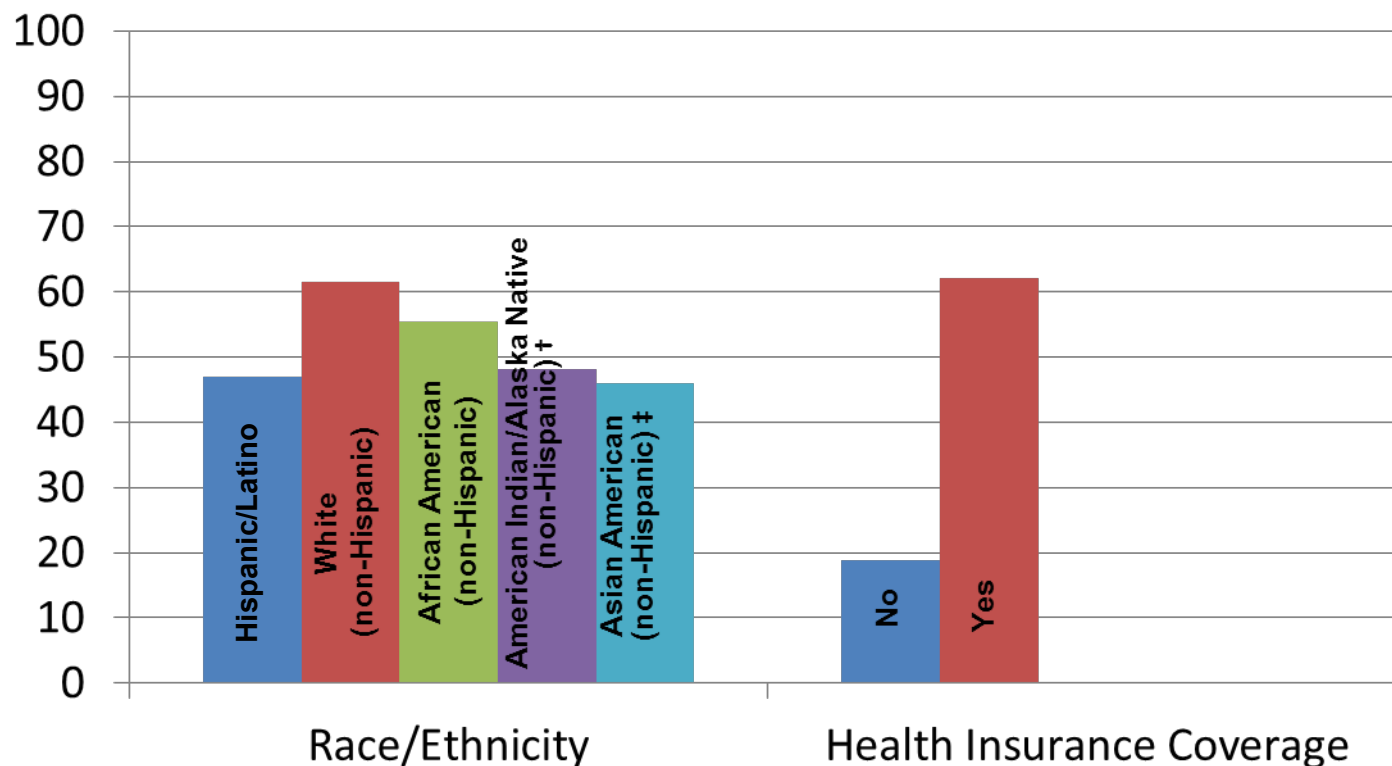
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% Combined FOBT/Endoscopy * among Adults 50 Years and Older, 2010



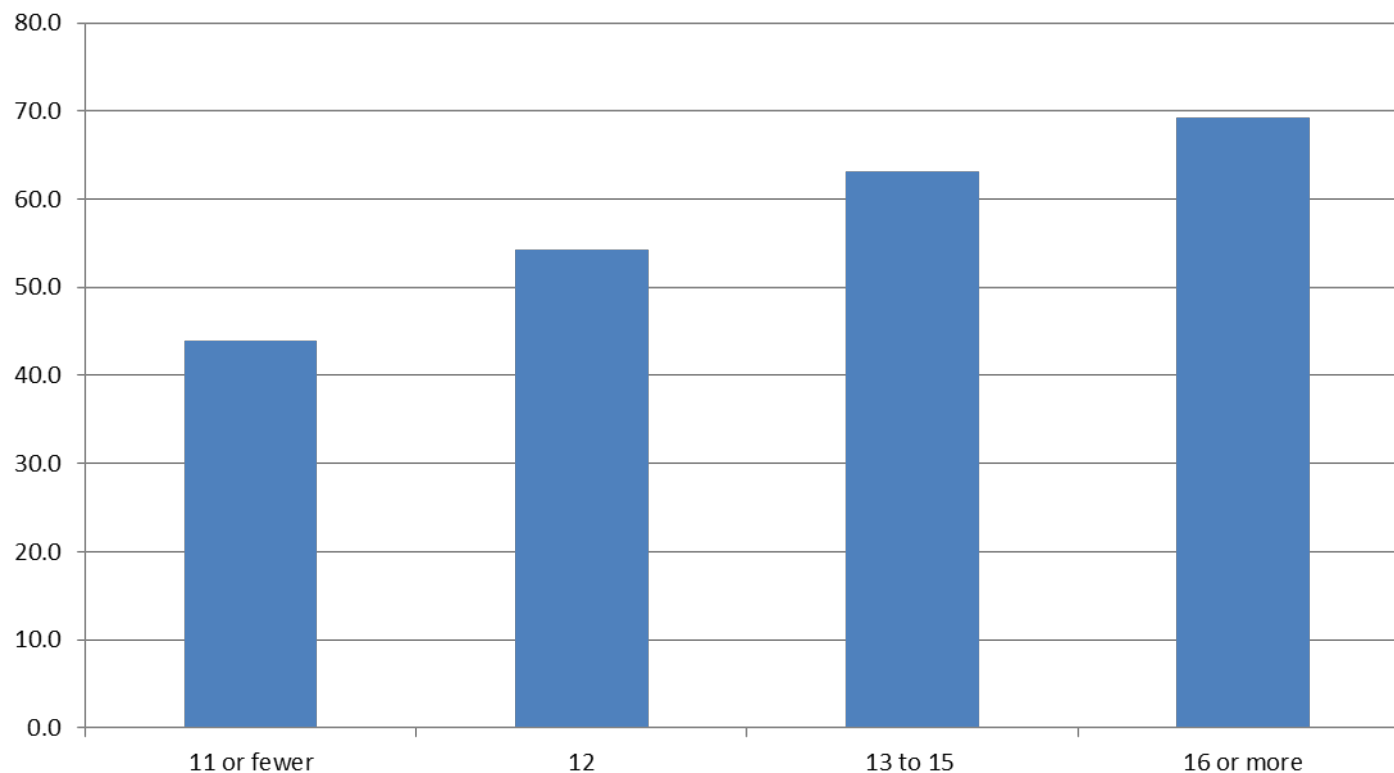
* Either a fecal occult blood test within the past year, sigmoidoscopy within the past five years or a colonoscopy within the past 10 years. Percentages are age adjusted to the 2000 US standard population.

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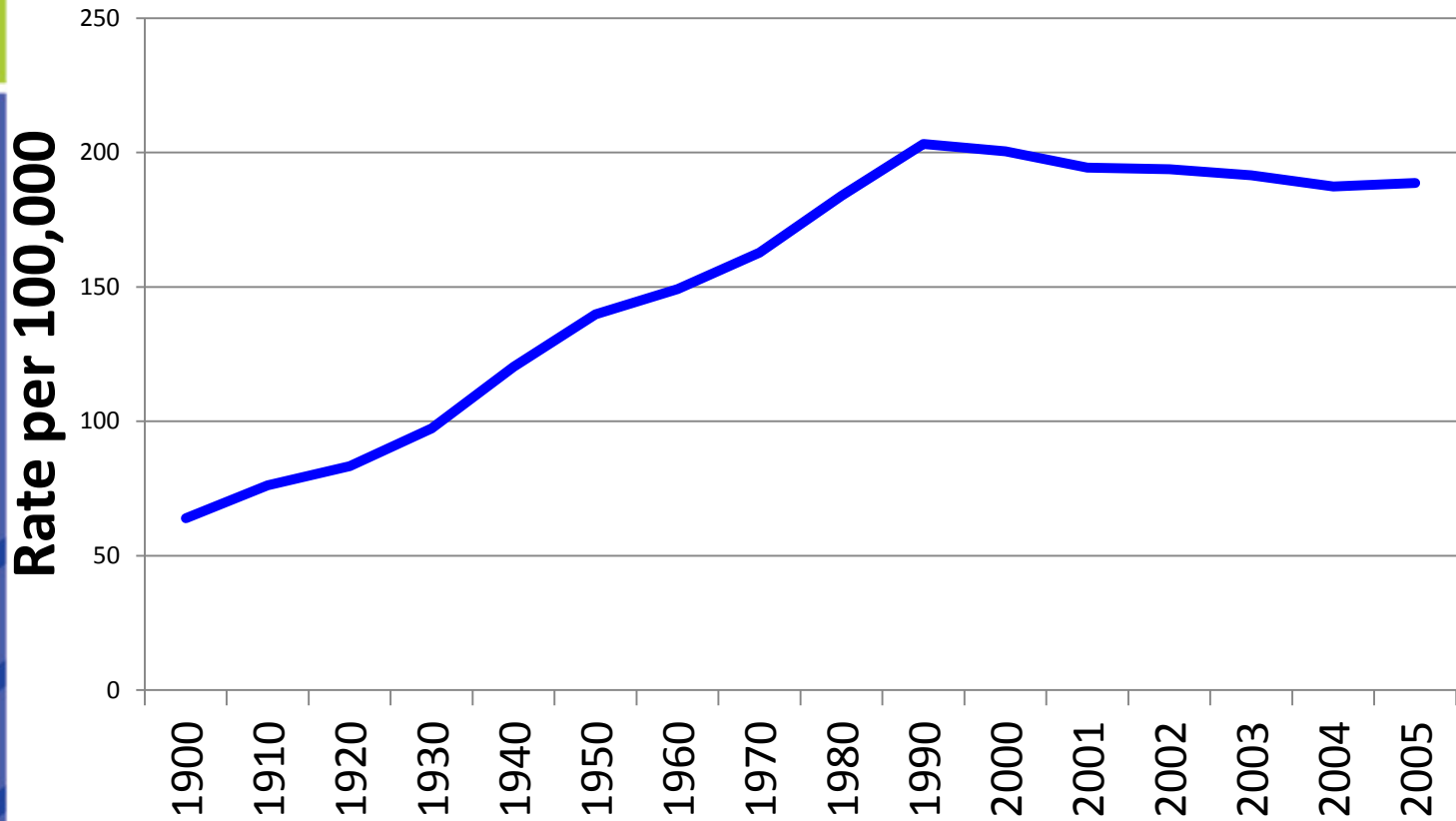
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US Cancer Death Rate

1900 to 2010

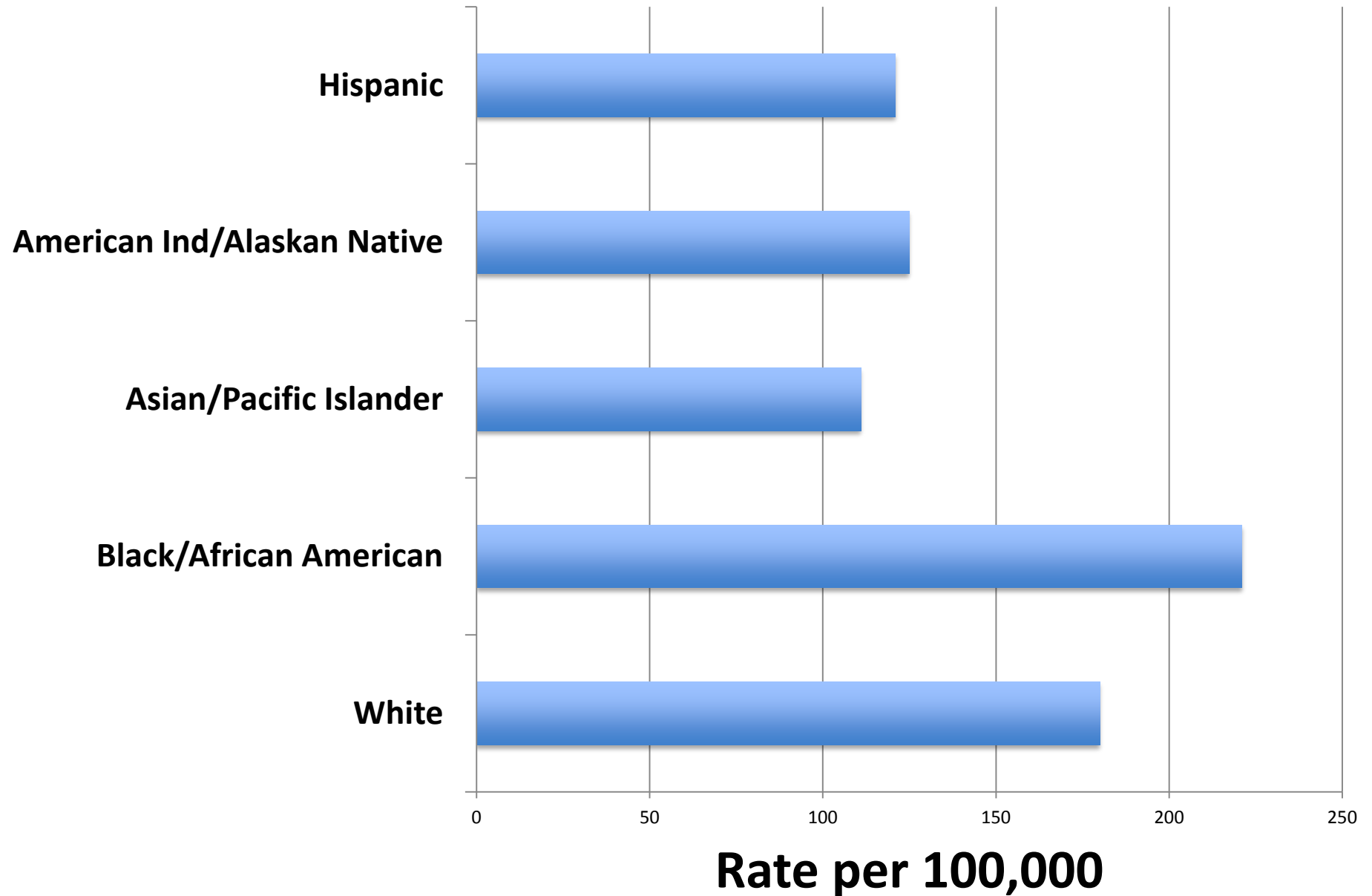




1991 was peak year of cancer mortality

- Mortality has declined 20 percent in 20 years
- Why the decline?
 - Prevention (especially tobacco)
 - Early Detection
 - Improvements in treatment
 - Screening

Cancer Mortality by Race
US Age Adjusted 2000 Standard

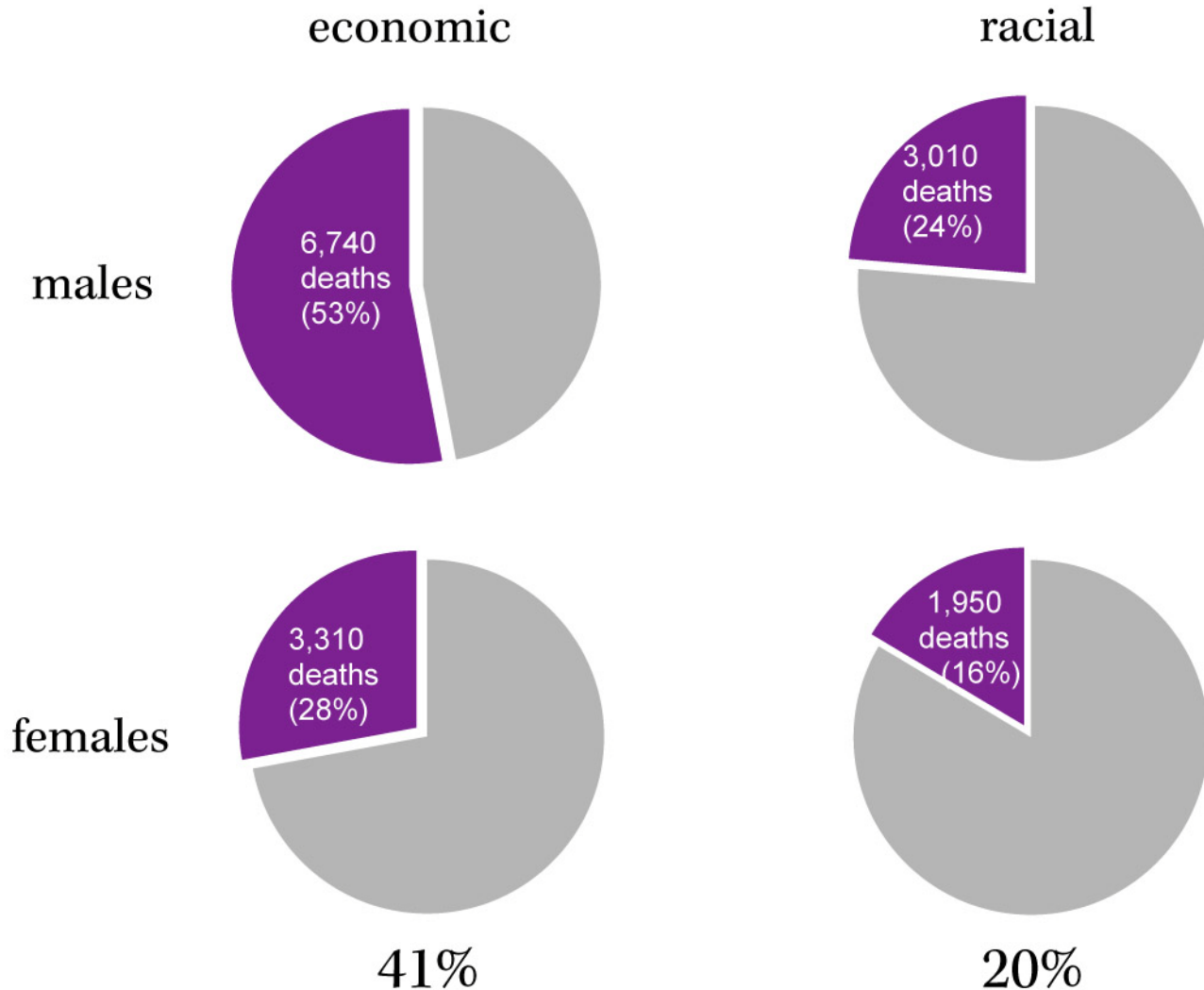




Disparities by Race Lessons

- Race is not a biological categorization
- Race is a socio/political categorization
 - It relates to culture (what we eat, how we respond to our environment)
 - It is sometimes correlated with socioeconomics

Total number of premature (ages 25 to 64) cancer deaths that could have been avoided in 2007 by eliminating economic and racial disparities among African Americans





FACT

- Healthcare is being rationed
- A substantial portion of people do not get adequate healthcare, up to 30% of breast cancer patients, 20% of colon cancer patients.
- This has been shown in oncology as well as other diseases



Quality of Care

A substantial proportion of women receive less than optimal breast diagnostic and treatment services.

Wu et al., J Clin Oncol 2012

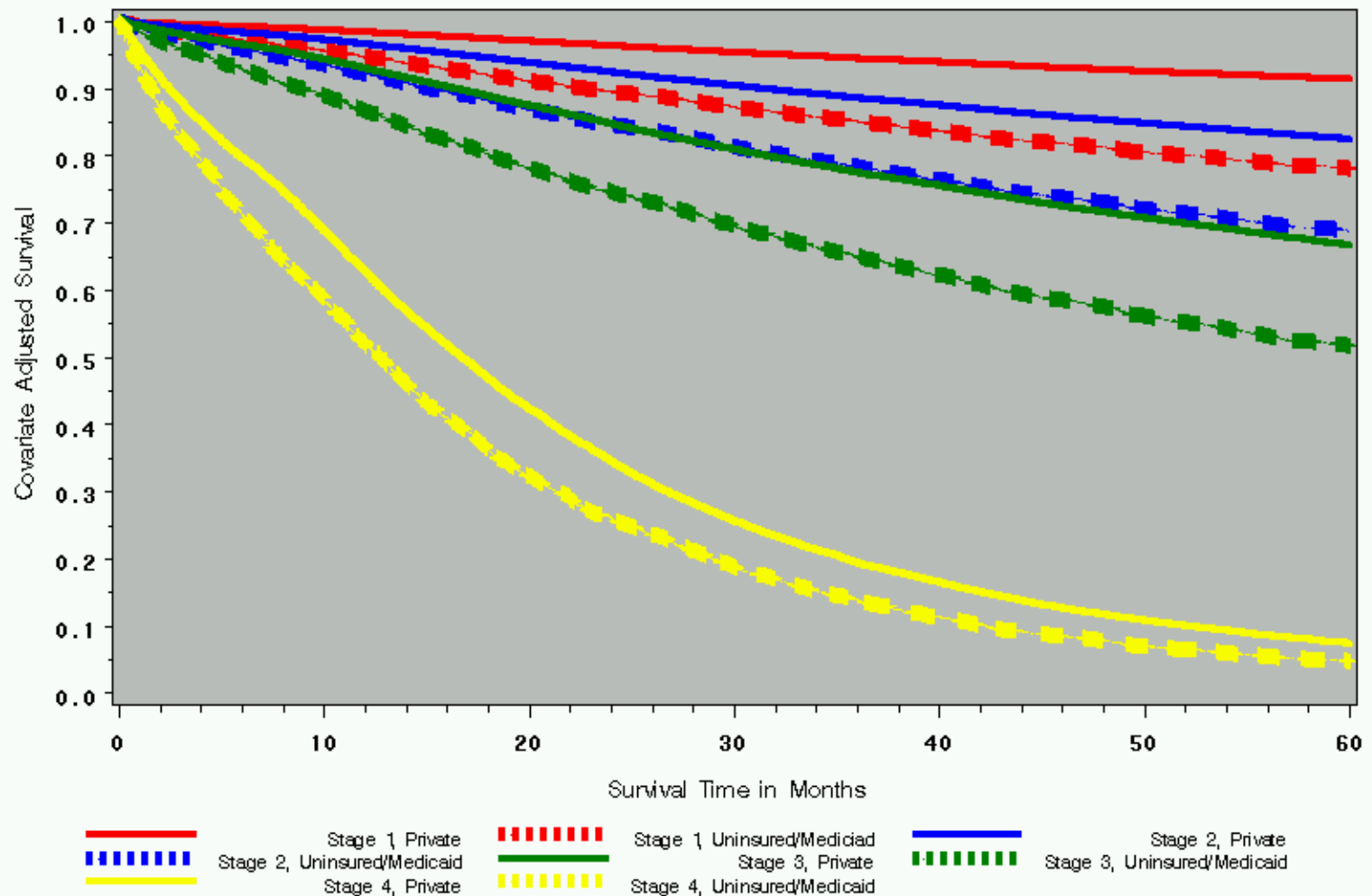


Treatment Delay and Quality of Care

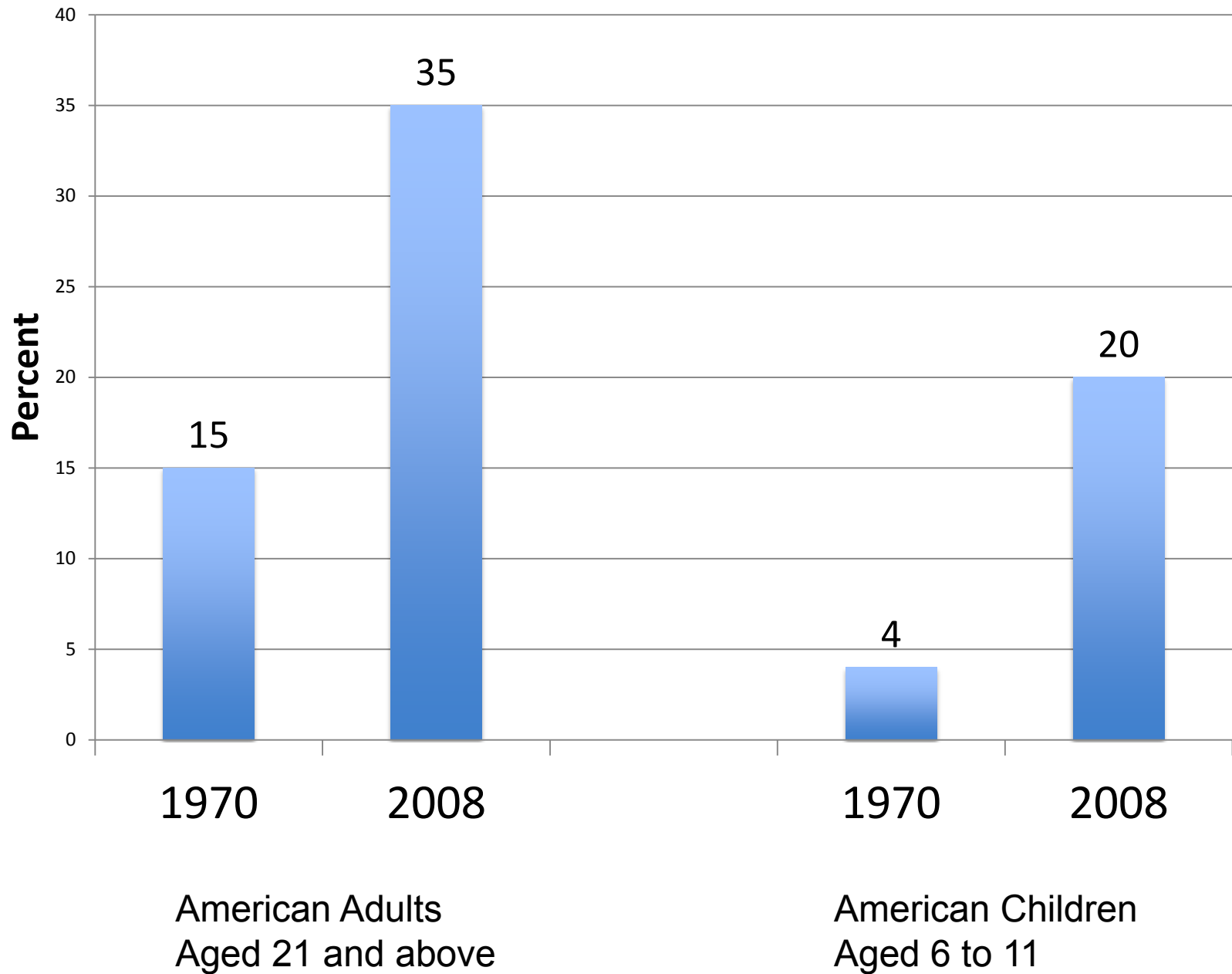
- In a study of the Atlanta SEER registry, more than 870 Blacks and 2430 Whites treated in 2000 to 2001
 - Blacks were 4 to 5 fold more likely to get definitive treatment more than 60 days after initial consultation
 - Of patients treated with lumpectomy 61% of Blacks and 72% of whites received radiation
 - 7.5% of Blacks with clinically localized disease got no surgical therapy vs 1.5% of whites

Lund et al, Breast Ca Res Treat, 2007

Adjusted Colorectal Cancer Survival by Stages and Insurance Status, among Patients Diagnosed in 1999-2000 and Reported to the NCDB



Obesity in the United States 1970 and 2008





Obesity U.S. 2008

	Women	Men
• Non-Hispanic Blacks	49.6%	37.3%
• Mexican Americans	45.1%	35.9%
• All Hispanics	43.0%	34.3%
• Non-Hispanic Whites	33.0%	31.9%

CDC, 2011

- 
- Tsunami of Chronic Disease
 - Diabetes
 - Cardiovascular Disease
 - Orthopedic Disease
 - Cancer



U.S. Health Care Spending

In 2010, the U.S. spent

\$2.6 TRILLION

on Health Care

Spending in Context

2010

\$1.1 trillion



U.S. food*

\$1.4 trillion

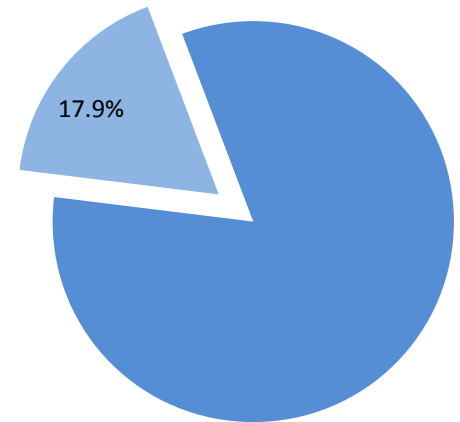


China: personal
consumption

\$2.6 trillion



U.S.
health care



**Gross Domestic
Product**

* Excludes alcoholic beverages (\$150 billion) and tobacco products (\$92 billion)

Source: Bureau of Economic Analysis; National Bureau of Statistics of China, MGI analysis



Healthcare in Three Countries (2010)

.	Canada	Switzerland	U.S.
• Infant Mortality	5.04	4.53	6.22 per 1000 live births
• White Male Life Exp	78.0	79.7	76.8 Years
• Per Capita Costs	4445	5270	8233 US Dollars
• Proportion of GDP	11.4%	11.4%	17.9%



Toward an Efficient Healthcare System

- Some consume too much
 - (Unnecessary care given)
- Some consume too little
 - (Necessary care not given)
- We could decrease the waste and improve overall health!!!!



Problems in Screening

Not Understanding Screening

- Perception that all cancer is bad, must be found early and must be aggressively treated.
- The belief that there is no such thing as overdiagnosis.
- Most think increases in 5 year survival statistics are evidence that screening is beneficial. (Survival is a statistic often quoted in advertisements).
- People confuse relative risks and absolute risks.



Problems in Screening

- Doctors and hospitals do not conform to screening and treatment guidelines.
- Guidelines are often flawed and from a questionable process that do not adequately respect conflicts of interest both emotional and financial (The IOM has been appropriately outspoken on this point).



Healthcare

- An issue that must be approached ethically, logically and rationally
- We must appreciate science and the scientific method. Realizing:
 - What we know.
 - What we do not know.
 - What we believe.



Clinical Lessons Learned Late

Overused Interventions

- Hysterectomy
- Caesarian section
- Carotid endarterectomy
- Coronary Artery Bypass Grafting
- Tonsillectomy



Clinical Lessons Learned Late

Drugs re-assessed after-marketing

- Postmenopausal Hormone replacement therapy
- Lidocaine after MI
- Hyper-vitaminosis (vit E, Beta Carotene, Selenium)
- Vioxx for arthritic pain
- Erythropoietin to stimulate blood



Clinical Lessons Learned Late

Interventions introduced without assessment

- Halsted mastectomy
- Prostate Cancer Screening
- Cryotherapy for prostate cancer
- Adjuvant bone marrow transplant for breast cancer
- Prostate Cancer Screening
- Chest Xray screening for lung cancer
- Ovarian cancer screening



Overuse of Medicine

- Imaging (adjusting for population size, CT 3X more than Canada, MRI 5X more)
- Unnecessary use of expensive drugs (e.g. Nexium (rofecoxib) \$6 per pill versus generic omeprazole at 30 cents per pill)
- Screening (irrational overuse)
 - Lung Cancer
 - Breast
 - Cervix
 - Prostate Cancer



SAINT JOSEPH'S

Offers Low Dose Spiral CT of the Lung to those at risk for lung cancer. (\$325 cash).

“At risk for lung cancer,” according to St Joe’s, includes 40 year old non-smoking women who have lived in an urban area for more than ten years.

The business plan relies on insurance to pay for the follow-up testing of those 25% or more with abnormal screens.



Recommending Against Routine Prostate Cancer Screening

- U.S. Preventive Services Taskforce
- Canadian Taskforce on the Periodic Health Examination
- American College of Preventive Medicine
- American College of Physicians



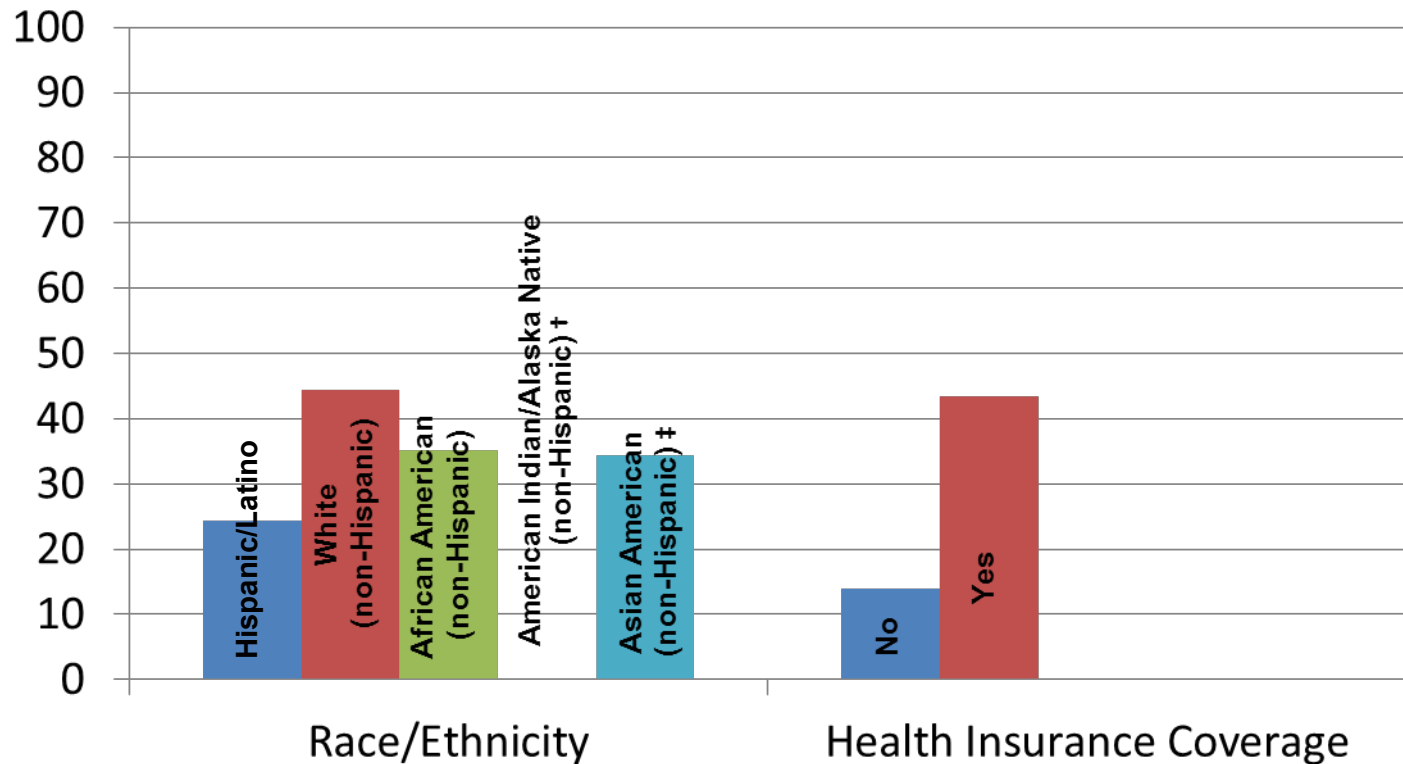
Recommending for Informed Decision Making

- American Cancer Society
- National Comprehensive Cancer Network
- American Society for Clinical Oncology
- European Urology Association
- American Urology Association



The Prostate Cancer Screening Business Plan

% PSA in the Past Year among Men 50 Years and Older, 2010



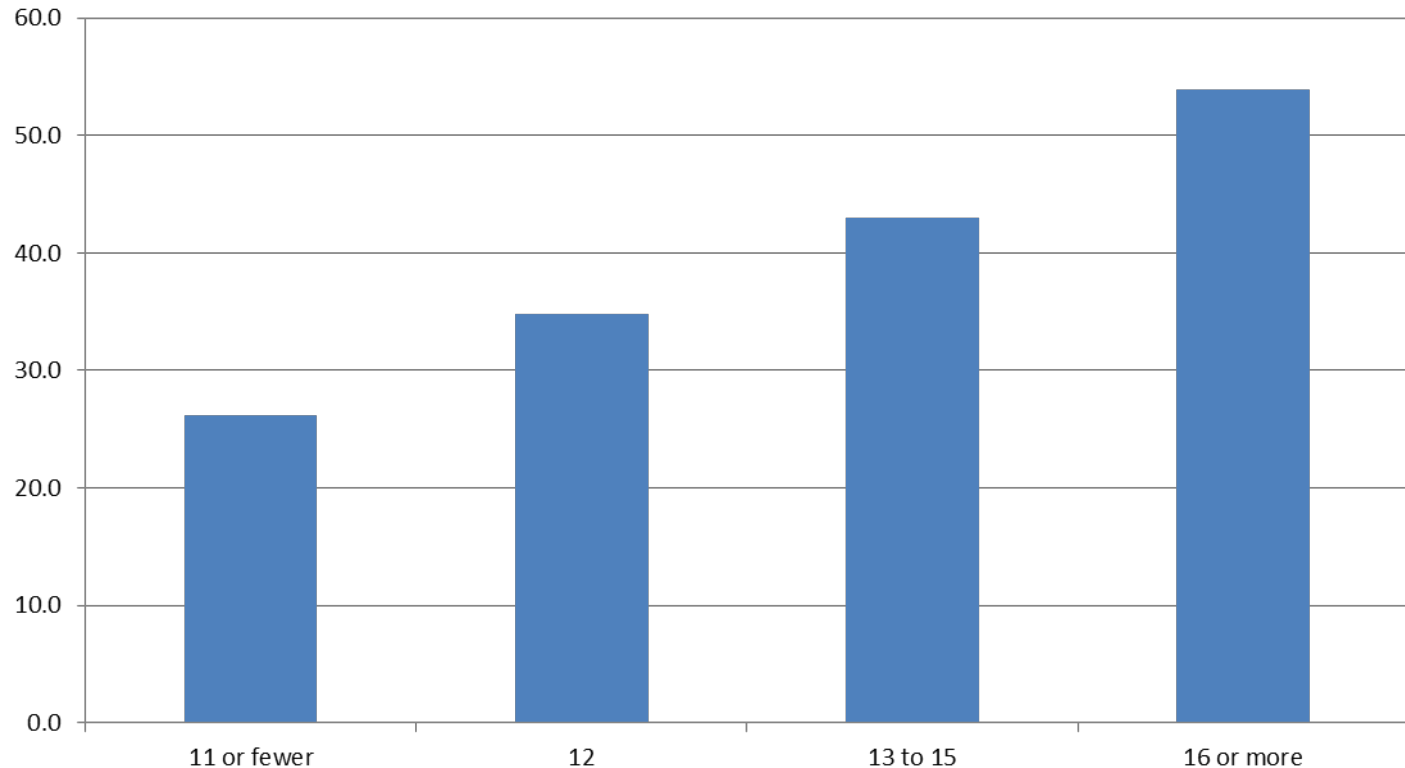
* A prostate-specific antigen test within the past year for men 50 and older who did not report that they had ever been diagnosed with prostate cancer (age adjusted to 2000 US standard population).

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The American Healthcare System

Overconsumption of Healthcare

- Ignoring known science and the scientific method.
- The greedy feeding the gluttonous.
- We are tolerating a subtle form of corruption.



“It is difficult to get a man to understand something, when his salary depends on his not understanding it.”

Upton Sinclair

A professional is someone who puts the interests of his patients above his own.

Hal Sox



The Good Physician

- The good physician is curious
- The good physician realizes:
 - What is known
 - What is not known
 - What is believed
- Asks questions and re-asks questions



True Healthcare Reform

Requires:

- The use of “Evidence Based Care and Prevention”
 - The rational use of medicine
 - Not the rationing of medicine



True Healthcare Reform (An Efficient, Value Driven Health System)

- Rational use of healthcare is necessary for the future of the U.S. economy (an issue of U.S. security).
- An essential part of rational healthcare is a focus on prevention for everyone.
- It is possible to decrease costs, improve outcomes and reduce disparities by using science to guide our policies

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by helping you stay well, helping you get well,
by finding cures, and by fighting back.

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