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ROUNDS

HARTFORD HOSPITAL'S WELLNESS MAGAZINE



PSA Perspectives



Prostate cancer is silent and potentially deadly. Early detection is possible with a blood test that measures *prostate-specific antigen* (PSA), an enzyme linked to cancerous changes in the prostate, a walnut-sized gland wedged between a man's bladder and urethra. Though PSA is produced normally by the prostate gland, elevated levels can indicate a variety of conditions, including cancer.

Every 2.4 minutes a man is diagnosed with prostate cancer and every 18 minutes another man dies. Nationally, the disease will strike more than 220,000 times this year and take nearly 29,000 lives, according to the American Cancer Society's *2003 Facts and Figures*. Prostate cancer is the second leading cause of cancer death in men. African-American men are twice as likely to develop prostate cancer as white or Asian men.

The American Urological Association recommends both a digital rectal exam and a PSA test after age 50, and earlier for African-American men or those with a direct family history of the disease. Recent enhancements to the blood test allow physicians to analyze how much of the PSA enzyme is "free," or unbound to protein. According to a recent study in the journal *Urology*, men at high risk should be tested to determine the percentage of free PSA. The greater the "free fraction," the less doctors worry about cancer.

Prostate cancer can grow very slowly or with devastating speed. Although professional groups differ in their PSA testing recommendations, many physicians believe that early detection is the only safeguard against the most lethal form of the disease. Doctors do know that prostate cancer is being found earlier—and the death rate is going down.

S A F E T Y T I P S

Blackout Basics

Before a power outage strikes, have a radio, flashlight and can opener on hand. Don't rush to the store only to find all the D batteries gone.

Get ready for winter storms or other cold-weather emergencies by stockpiling bottled water, prepared foods and blankets. Keep a pair of comfortable walking shoes at work, so you won't have to face an emergency in high heels or tight wingtips. Always keep a small amount of cash handy and the gas tank half full. Prepare a "disaster kit" for home and office that includes:

- Battery-operated radio
- Hand can opener
- Flashlight
- Cell phone
- Essentials like toilet paper

In the unlikely event that Hartford Hospital's cogeneration facility (which supplies power to the hospital) and the local electric company were to fail simultaneously, the hospital's emergency diesel generator would begin to draw on underground fuel tanks. "Last summer's power grid blackout across the Northeast caused a few internal problems," says senior engineer Mark English, "but even with that voltage sag the hospital never lost power."



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Hartford Hospital's Wellness Magazine

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ROUNDS is a quarterly publication of Hartford Hospital. It is not intended to provide medical advice on individual health matters. Please consult your physician for any health concerns.

PHYSICIAN PROFILE

Arthur Tarantino, M.D.

Arthur E. Tarantino, M.D., a Board-certified urologist with Connecticut Surgical Group, was recently elected president of the medical staff at Hartford Hospital. A graduate of the University of North Carolina at Chapel Hill and Georgetown University School of Medicine, he did his residency in urology at the Lahey Clinic near Boston, Massachusetts.

An assistant clinical professor of surgery at the University of Connecticut, Dr. Tarantino is on the faculty of the urology residency program at UConn Health Center. He is part of a team that teaches a procedure called hand-assisted laparoscopic nephrectomy, an innovative method for removal of cancerous kidneys developed at Hartford Hospital.

When he's not in the operating room, he enjoys spending time with his wife and two young daughters, playing golf, traveling, antiques and reading everything from junk novels to biographies.



Sexual Healing

What scares a man more than loss of virility? The trademark blue pill called Viagra has become so popular since its introduction five years ago that nine tablets are dispensed worldwide *every second*.

Four out of five men have found that Viagra works, adding up to sales of \$919 million in the United States. A faster-acting competitor called Levitra has recently entered the market, backed by an advertising blitz targeted to the National Football League's weekly audience of more than 100 million male viewers. On the sidelines, waiting for approval from the Food and Drug Administration after success in Europe is Cialis, dubbed "the weekender" because of its long-lasting effects.

According to the most recent figures from the National Institutes of Health, up to 30 million Americans experience chronic erectile dysfunction (ED), while transient difficulties strike half of all men between the ages of 40 and 70. Men with even mild ED, embarrassed by their inability to perform, may avoid sex altogether and sink gradually into impotence.

ED may arrive with shocking suddenness after treatment for prostate cancer. Lying beneath the bladder, the prostate gland is surrounded by vital nerves that can be damaged despite a surgeon's best efforts to spare them, while radiation can affect the delicate neurovascular structures that lie on top of the prostate. "Treatment effects from prostate cancer account for only a fraction of ED patients compared with the vast numbers of men with benign prostate conditions or vascular problems caused by poor blood flow," says Arthur E. Tarantino, M.D., a Hartford Hospital urologist. "ED is often a silent symptom of cardiac disease."

Physicians are investigating crucial links between ED and cardiovascular problems that appear to be associated with inflammation of blood vessels. Men who take nitrate-based drugs for angina can't take Viagra because of life-threatening risks to the heart.

Drugs like Viagra are not aphrodisiacs—they enhance blood flow, not libido—and only work when the man is sexually excited. Though Viagra lasts up to four hours, it doesn't mean a man will be aroused the whole time, just that he has a four-hour "window" of time.

Though it takes more than great sex to make a happy marriage, intimacy does enliven a relationship. Even occasional ED can have a dampening effect on a satisfying sex life. "The wife or partner has to be equally enthusiastic about sexual intimacy with a man who is taking Viagra," explains Dr. Tarantino. "A lot of research is going into ways to enhance the experience for women."

"We spend so much time worrying about his performance that everything is focused on him," says Donna (not her real name), whose husband has been cancer-free for five years after prostate surgery. "Sometimes I feel like I should forget about sex and just be grateful he isn't dying."

Common side effects of Viagra include headache, facial flushing and upset stomach and, less commonly, blurred vision. "When his eyes are bloodshot and his face is red as a beet, I know he's taken a pill," says Donna. "He gets a massive sinus attack and can't breathe as blood swells the membranes in his nose. Viagra even makes him ticklish. It certainly ruins spontaneity, but luckily we have an open relationship and can talk about what is and isn't working."

After attending a support group at Hartford Hospital for family members and partners of men with prostate cancer, Donna recalls being amazed at the openness of the discussion. "Here was a group of guys sitting around talking about sexual performance in intimate detail," she says. "My husband calls it the 'reluctant brotherhood' of men who need Viagra."





Cryoablation for Liver Cancer

Dr. Rocco Orlando

Because it is one of the most malignant forms of cancer, hepatocellular carcinoma (liver cancer) is a disease that has traditionally been very difficult to treat. Each year, up to 1.25 million people die from liver cancer worldwide. Patients suffering from the disease generally have a poor prognosis.

Surgical removal of liver tumors, traditionally the only curative treatment option, is the “gold standard” against which all other therapies are measured. Although removal of the tumor improves survival, only about 35 percent of patients are candidates for surgery.

For others, minimally invasive “ablation” of the tumors—a process that destroys the tumors without removing them—may be possible. “There are two options for ablation—fire and ice,” explains Rocco Orlando, III, M.D., a surgeon with Connecticut Surgical Group at Hartford Hospital and professor of clinical surgery at the University of Connecticut School of Medicine.

“Fire,” or radiofrequency (RF) ablation, is an innovative treatment for some patients whose liver tumors can not be removed surgically. It is useful for those with only a few lesions and is generally used for palliation rather than cure.

“Ice,” or cryoablation, is the process of using ultrasound-guided probes to destroy cancer cells at freezing temperatures.

RF ablation is usually performed using ultrasound and image-guided placement of a special needle to “burn” away tumors. Cryoablation, by comparison, is a minimally invasive procedure that relies on laparoscopic techniques to “freeze” cancerous lesions. Hand-assisted laparoscopic solid organ surgery, the latest frontier in minimally invasive surgery, further expands a surgeon’s ability to cryoablate large liver tumors.

During cryoablation, an argon gas-filled probe forms an ice ball that encompasses the tumor. The tumor is frozen, thawed, and refrozen until the malignant cells are completely destroyed. The freeze-thaw process is monitored with ultrasound in order to preserve as much nearby healthy tissue as possible. “Ultrasound guidance during laparoscopic exploration enables the surgeon to locate preoperatively diagnosed lesions and establish the presence of additional lesions,” explains Dr. Orlando.

Cryoablation is used to treat tumors that have originated in the liver or have spread to the liver from another site. Cryoablation is often used as an alternative or an adjunct to conventional surgery. Widely metastatic (spread) disease is not generally treatable with cryoablation, although the technique can be combined with the placement of an implantable pump that delivers doses of chemotherapy agents over three to six months.

Without treatment, the median survival time is less than a year and only about 1 percent of patients with malignant liver tumors survive as long as five years. “Most patients with liver tumors are not candidates for transplant since the drugs used for immunosuppression often allows the cancer to run wild and cause rapid recurrence,” says Dr. Orlando.

What’s going around...News & Breakthroughs

Eyes on A Gene

A defective gene is to blame for age-related macular degeneration, an eye disease that typically afflicts those 65 and older. Researchers at Oregon Health & Science University have pinpointed the mutated gene, reports *Human Molecular Genetics*. Eight million Americans suffer from the disease, which blinds victims by destroying the central part of the retina.

Pet Theory

Despite a long-held belief that cats and dogs contribute to childhood allergies, evidence is mounting that pets may actually *reduce* allergy risk. *The Journal of Allergy and Clinical Immunology* says new studies confirm that babies raised in a home with two or more cats or dogs are less likely to develop allergies than kids raised without pets.

Race for the Cure

Breast cancer survival rates continue to rise, says the American Cancer Society, thanks to early detection and better treatments for the disease. But the disparity between white and African-American women is widening. African-American women are 30 percent more likely than white women to die of breast cancer, which accounts for nearly one out of three cancers diagnosed in U.S. women.

Anti-Viral Veggies

Broccoli, cabbage, and brussels sprouts inhibit the growth of both oral and genital types of herpes virus, according to preliminary research presented at the recent Interscience Conference on Antimicrobial Agents and Chemotherapy. The American Social Health Association says up to 80 percent of adults in the U.S. have oral herpes and about one in five has genital herpes.

Two-Incision Hip Replacement Surgery

An estimated 16 million Americans have osteoarthritis, the most common type of degenerative joint disease. As the disease progresses, sufferers lose more and more of the cartilage layer that cushions joints. Because of the extremely high forces on our hips, these joints are frequently subject to the arthritic process. The disease often starts in middle age, and since the Baby Boomer generation is aging, a growing number of active people may become candidates for total hip replacement (THR).

A decade ago, orthopedic surgeons were reluctant to perform THR in younger patients for fear that an artificial hip would wear out quickly in more active individuals. But new high-tech materials now hold promise for long-term durability. In addition, recently developed minimally invasive surgical (MIS) techniques are bringing shorter hospital stays, smaller scars and dramatically faster recovery times.

Only recently, hip-replacement surgery required a foot-long incision, deep muscle cutting and retraction to expose and replace the damaged joint. As the result of a collaborative effort between manufacturer Zimmer, Inc. of Indiana and the orthopedic surgery team at the Rush-Presbyterian Hospital in Chicago, a radically new approach to performing THR was developed, called *two-incision MIS hip replacement*. This new, fluoroscopically

guided procedure enables surgeons to perform the operation without open exposure. Blood loss is minimized and the risk of infection and dislocation potentially reduced.

“With this new MIS method, we don’t detach any muscle from bone,” explains Steven F. Schutzer, M.D., a Hartford Hospital orthopedic surgeon who performed the first two-incision MIS hip joint replacement in New England. “We simply retract the muscle layers, reach in with special instruments and use the fluoroscope to guide the procedure. All it takes is a 1½ inch incision in the buttock for placement of one component and a 2-inch incision in the groin for the other component. Patients have done remarkably well.”



Since last February, when he performed the first two-incision MIS hip replacement, Dr. Schutzer has offered the minimally invasive surgery to a select group of younger patients interested in an accelerated rehabilitation program and able to care for themselves at home afterward. The goal is for these patients to be discharged home with physical therapy and nursing services within 24–48 hours of the procedure. Close follow-up of these patients, as part of a national and international study, will ultimately determine whether there are any other as yet unrecognized potential longterm benefits of the two-incision MIS total hip replacement surgery.

Dr. Steven Schutzer

Dad’s Lethal Legacy

Your father’s genes may be to blame for some cancers, according to the U.S. National Cancer Institute. The father’s genome seems to have the ability to accelerate growth, while the mother’s genome has the ability to retard growth. When an early genetic balancing process goes wrong, it may spur a tumor’s out-of-control cell growth and contribute to the formation of some cancers.

Hepatitis Hope

An experimental drug could be a new weapon against hepatitis C, a disease that afflicts more than 170 million people around the globe. *Nature* reports that the new drug, the first in a class called NS3 protease inhibitors, targets an enzyme to block viral replication. No vaccine exists against hepatitis C, which causes permanent liver damage and death.

MS Goes Up in Smokers

Multiple sclerosis is nearly three times higher in men who smoke and about twice as high in women smokers than nonsmokers, warn researchers in Norway and at Harvard University. One in 200 American women are at risk for the disease, in which immune cells mistakenly attack and destroy the fatty material that sheathes nerve fibers.

Here’s to Your Health

The ingredient in red wine that makes it healthy for your heart may also be good for your lungs, according to the journal *Thorax*. The anti-inflammatory effects of resveratrol, an antioxidant compound found in the skins of grapes and other red fruits, may slow the progression of the lung disease, chronic obstructive pulmonary disease (COPD).

ASPIRIN NOT FOR BABIES ANYMORE...



Cardiologists often advise patients to take a single 81-mg. “baby” aspirin daily to reduce the risk of recurrent heart attack or stroke. Studies have shown that low-dose aspirin is just as effective in preventing a

heart attack as regular-strength aspirin, with less chance of gastrointestinal upset.

Every year, nearly 500,000 women in the United States suffer a heart attack, making

it the leading cause of death of American women. Nearly two thirds of the women who die abruptly from a heart attack have no warning symptoms.

“Women over age 50 and men over age 40 should take an aspirin every day to reduce their risk of a first heart attack,” warns Paul Thompson, M.D., director of preventive cardiology at Hartford Hospital. “Talk to your doctor first to make sure you don’t have any contraindications for aspirin therapy, such as an ulcer or stomach bleeding.”

At the first sign of a heart attack, *chew*—don’t swallow whole—one regular 325-mg. aspirin tablet. “Chewing the aspirin gets it into the bloodstream quickly,” says Dr. Thompson, who explains

that aspirin breaks up sticky artery-clogging platelets that block blood flow. “We have seen patients with classic heart attack symptoms arrive at the hospital with their arteries open after taking an aspirin.”

Women are especially likely to benefit from aspirin therapy since their blood vessels tend to be smaller. Women with narrowed arteries are likely to have a heart attack—though the same is not true for men, according to the *Journal of the American Medical Association*. Even more ominous is the fact that half of all women will die from a first heart attack compared with only a third of men. Women often worry more about breast cancer, while heart disease—the number-one killer—strikes one in three.

w a r n i n g s i g n s

Mononucleosis

Mononucleosis (called *mono* for short) is caused by infection with the Epstein-Barr virus, a member of the herpes family. The infection is usually passed from one person to another by kissing.

Though the virus is found in saliva and mucus, mono spreads much less easily than the common cold. Generally, you can only get mono once.

Signs of mono usually develop from four to six weeks after exposure to the virus. *Symptoms include:*

- fever
- sore throat
- headache
- white patches on the back of the throat
- swollen lymph glands in the neck
- fatigue and lethargy
- lack of appetite
- enlarged spleen (rare)

The infection usually occurs in people 15 to 35 years old. Physicians confirm a diagnosis of mono with blood tests that show an elevated white blood cell count, an increased percentage of certain atypical white blood cells, and a positive reaction to a “mono spot” test. Symptoms generally last about four weeks before the infection goes away on its own.

Pharmacy Facts

Some say the “Rx” symbol is an ancient invocation to the Roman god Jupiter, while others credit the Egyptian god Horus—the one in the pyramid on the dollar bill. The real history of pharmacy, however, begins with the Chinese, whose herbal medicine dates from at least 3,000 B.C.



Today, digital technology is shaping the pharmacy of the future. The U.S. Food and Drug Administration has proposed new regulations that will require “bar coding” of all prescription medications, some over-the-counter drugs and vaccines. Though there is as yet no industry standard, the FDA is proposing rules to require digital labeling of almost all medications and blood products as part of a wide-ranging effort to improve patient safety.

“Patient safety always comes first,” says Gregory Gousse, B.S., M.S., FASHP, director of Hartford Hospital’s Department of Pharmacy Services. The hospital is considering a system for inpatient bar coding. Before dispensing a drug, nurses would pass a bar code reader like those seen in stores over their identification badge, over the medication and then over the digital bar code on a patient’s wristband. The readout would show the name of the drug, dosage, any alerts based on the patient’s status and the badge number of the person who last administered the drug. The hospital’s Pyxis dispensing machines already provide a safeguard against errors by making drugs available to nursing staff only after the correct information has been checked and input into a computerized medication profile.



Defining Dementia

Dementia once was considered an inevitable consequence of the aging process, afflicting a large percentage of the population to varying degrees. In recent decades we have come to see this debilitating feature of aging as the product of illness, and in more recent years, have developed treatments that can slow its progression.

Dementia affects approximately 12 percent of people over age 65 and nearly half of people over age 85. While there are many causes, Alzheimer's disease is the diagnosis in about two-thirds of patients with dementia. Not long ago, a diagnosis of Alzheimer's disease was determined largely by a process of elimination, that is, by determining that other causes were not present. But today, researchers have been able to identify the particular impairments that Alzheimer's disease causes in memory, language, personality, functioning and judgment.

Alzheimer's disease, named after the German physician who first described it in 1906, follows an irreversible and disabling course. Cognitive ability and memory gradually decline as the disorder destroys areas deep within the brain. Not all memory loss is Alzheimer's disease, however, but the illness can now be diagnosed with a high degree of accuracy and distinguished from other types of dementia.

A diagnosis of Alzheimer's disease is an important first step for a patient because other conditions can look like the illness but would require different treatments. "There are more than 150 causes of dementia," says Robert Dicks, M.D., director of the geriatrics program at Hartford Hospital. "Most aren't reversible, but other conditions can be treated to prevent further deterioration. Dementia can be caused by conditions as diverse as Parkinson's disease, hypothyroidism, vitamin B₁₂ deficiency or a medication mix-up."

Scientists know that aging brains affected by Alzheimer's disease develop large numbers of amyloid-containing plaques and neurofibrillary tangles that interfere with the activity of the brain and make thinking go awry. Researchers

are closing in on a better understanding of what causes amyloid to accumulate and hopefully to find ways to stem the destructive process.

Living longer increases the probability of suffering from Alzheimer's disease, which now afflicts 100,000 people in Connecticut and as many as 4 million people across the United States. A recent survey found that drug companies are testing more than 800 potential medications for diseases associated with aging.

Early diagnosis of memory disorders is critical, according to Karen Blank, M.D., a senior research psychiatrist at The Institute of Living who evaluates elderly patients for symptoms of dementia. "Medications have been convincingly shown to delay the deterioration that leads to nursing home placement," she explains. "Drugs such as Aricept, Reminyl and Exelon, which belong to a class of medications called acetylcholinesterase inhibitors, have proven to be effective at slowing the process of deterioration. In addition, a promising new drug called Memantine that was first used in Europe was recently approved by the Food and Drug Administration as the first treatment specifically approved for late stages of the disease." But she cautions against giving false hope to families of the most severely ill patients.

The Institute of Living/Hartford Hospital will soon be opening a Memory Assessment and Research Center specializing in the evaluation of cognitive impairment and the early detection of dementia. The Center will provide state-of-the-art initial assessment using an interdisciplinary team model and will provide consultation to referring physicians regarding differential diagnosis, dementia treatment, and availability of resources. The Memory Assessment and Research Center will be integrated into the continuum of care for patients with dementia and will be designed to compliment existing clinical and research programs in Neurology, Geriatric Services, and Psychiatry.

Ensalada de Noche Buena

"Here's a recipe that proves holiday dinners and traditional foods don't have to add up to an unhealthy diet," says our recipe analyzer, Brunella Ibarrola, whose mother-in-law, Carolina Ibarrola Rodriguez, lives in Cuernavaca, Mexico. This family favorite will brighten up any holiday dinner table. Literally "salad of the good or holy night," it is the dish served on Christmas Eve at holiday get-togethers called *posadas*. Marking the start of Christmas festivities in Mexico, *posadas* involve candlelight processions, caroling and lively parties for nine consecutive days beginning on December 16.

This recipe calls for *jicama*, unfamiliar to many but growing in popularity in the United States because of its unique crisp texture and low calorie content. Jicama is a tuber popular throughout many countries in Latin America and Asia. In Mexico, it is traditionally eaten as a snack and often sold on street corners or in fresh air markets, peeled and sliced raw with lime juice and a bit of cayenne pepper. Cut into squares it adds a satisfying crunch to fruit salads. However you eat your jicama, at 45 calories per cup and virtually fat-free, it is definitely worth a try!



Salad bowl, tongs and napkins courtesy of the Hartford Hospital Auxiliary Gift Shop.

Nutritional Analysis:

Calories: 110	Cholesterol: 0 gm
Protein: 2 gm	Sodium: 108 mg (without added salt)
Carbohydrate: 8.5 gm	Vitamin C: 20 mg (27% of DRI)
Fiber: 2.4 gm	Potassium: 114 mg
Total fat: 8 g (50% is heart-healthy monosaturated fat)	

Recipe analyzed by Brunella Ibarrola, MS, RD, CD-N.

Ingredients

2 small (or 1 large) jicama* (2 cups when sliced)
2 medium oranges, peeled and sliced
1 cup of sliced beets (canned or fresh steamed)
1/4 cup crushed peanuts
2 cups romaine lettuce (may be chopped or used whole as base)

Vinaigrette dressing

3 tablespoons olive oil
1 tablespoon vinegar
1 teaspoon honey
2 tablespoons orange juice
salt and pepper to taste (optional)

Arrange a bed of lettuce on a large serving platter, then add the remaining vegetables—first the jicama slices, then the oranges, then the beets in the center.

Prepare vinaigrette dressing by blending the ingredients together well (if handy use a small jar with a tight fitting lid and shake well).

Drizzle on salad and sprinkle peanuts on top.
Serves 8.

*Jicama, also called yam bean or Mexican turnip, can be found in most large supermarkets in the specialty produce section and in many Asian food markets.