

■ Heart test increases chance of death

A study in the *Journal of the American Medical Association* says that a heart test performed on 1,000,000 critically ill patients each year has no medical benefit and increases the chance of death.

The test is called Right Heart Catheterization (RHC). In the study, 5735 intensive care patients records were examined. Of those, 2184 underwent RHC. The findings revealed that:

- 24% had a higher death rate than those who did not have the test but were just as sick.
- ICU stays were longer, 14.8 days vs. 13 days.
- RHC patients incurred higher costs, \$49,300 vs. \$35,700.

Five previous studies also linked the test to an increased risk of complications and death while adding \$2 billion a year to the cost of health care.

Of 1.7 million tests done each year world wide, 1.2 million are done in the United States. There is no consensus on appropriate use of RHC and no study has ever proven that it saves lives. ▲

■ Common early test may damage fetus

The journal *Obstetrics and Gynecology* reports that women who have an amniocentesis test performed early in their pregnancy are 11 times more likely to have a miscarriage than those who wait the standard amount of time.

The study, done at the University of Alabama at Birmingham, found that amniocentesis performed between the 11th and 14th weeks was more closely associated with vaginal bleeding and a loss of amniotic fluid, both of which are contributing factors to miscarriages.

Amniocentesis is the most common test for fetal chromosome problems and is typically offered to women over 35 between the 15th and 18th weeks. ▲

■ Many Prostate Biopsies Unnecessary

The May 28 issue of the Journal of the American Medical Association reports that as many as half of the biopsies performed to detect prostate cancer may be unnecessary.

The problem? The blood test that doctors use to decide whether or not to do biopsies can fluctuate from normal to abnormal and back again over short periods of time.

The test is the Prostate-Specific Antigen (PSA) test, which measures a protein that is often elevated in men with prostate cancer.

According to the author it's a good idea to recheck a PSA level at least six weeks after a positive test before suggesting a biopsy. "A single abnormal PSA level should be viewed with caution," the author says. Retesting should be done "before expensive or invasive tests, such as prostate biopsy, are recommended."

■ Prostate Test May Miss Most Prostate Cancer

The July 24 issue of the New England Journal of Medicine reports on a study that found a common prostate cancer test may miss up to 82 percent of the cancer it is supposed to detect.

The test, known as the prostate-specific antigen (PSA) test has long been considered to be an infallible test to identify prostate cancer.

Researcher Dr. Rinaa Punglia says “some past studies have shown PSA testing to be almost perfect, however clinicians suspect the test produces a significant number of false positives and false negatives.”

False positive results create problems by causing men without the disease to be treated unnecessarily. False negative results showing no cancer are generally not followed up with additional examination because doctors feel that the test is accurate enough on its own.

But this research shows the test to be far from accurate. In a review of 6,691 volunteers at the Washington University School of Medicine in St. Louis, Dr. Punglia and her team found that the men in the study under the age of 60 who had prostate cancer also had a negative PSA test 82% of the time.

■ Research Doesn't Support Many Common Medical Tests

The November 15, 2003 issue of the British Medical Journal reports that many of the commonly performed medical diagnostic tests do not have high quality evidence that proves they are effective at monitoring the diseases for which they were ordered.

Researchers at Hope Hospital in Manchester, UK, led by Dr. P.J. Sullivan reviewed the records of 90 patients to see which clinical tests were ordered in their case and why they were ordered. After identifying which tests were done, the research team performed a Medline search to see which tests were supported by evidence that they were effective.

Of the 165 tests they examined, only about half of them were supported by high-quality evidence. In fact, the researchers found that there were no studies whatsoever for such common tests as serial chest x-rays to rule out lung cancer and ESR tests to evaluate TB.

He added that “it may be that some of these tests could benefit from more scientific study.” Many tests that medicine uses these days “were devised a long time ago, based on logic and common sense. Newer tests are much more rigorously investigated before manufacturers are permitted to market them.”

Sullivan and his team concluded there is a “clear need for further high quality research into medical tests.”

■ Patients die after blood experimentation performed without their consent

The *Associated Press* reports that twenty-four critically ill patients died recently during trials of a blood substitute conducted in Chicago area hospital emergency rooms. None of the patients had given their permission for doctors to use the substitute blood, known as HemAssist, which is produced by Baxter International, Inc.

Patient consent was not needed for Baxter to conduct the tests because of a change in Food and Drug Administration regulations that occurred in 1996. The new regulations allow for public notification community meetings, press releases and post-study follow-up to replace a patient signing an informed consent form.

The rule change has been questioned by medical ethicists who say that medical testing that may be dangerous should not be forced upon patients without them knowing about it in advance. Direct, informed consent from patients or their relatives is the best way to make sure this situation doesn't happen in future cases. ▲

■ U.S. Suspends All Research At Johns Hopkins After Death Of Asthma Study Participant

The Associated Press reports on July 20, 2001 that after an improperly administered asthma study at Johns Hopkins University in Baltimore, MD caused the death of a healthy, 24 year-old participant, all human research at the school has been suspended by the U.S. Office of Human Research Protection (OHRP). The research ban was lifted on July 23, 2001 after weekend meetings resolved the OHRPs concerns.

Study participant Ellen Roche, 24, died on June 2, 2001 after inhaling the drug hexamethonium, which was being used to induce asthma attacks in healthy people so doctors could learn how the body fights asthma attacks. Hexamethonium was widely used in the 1940s and 1950s in tablet form for the treatment of hypertension but the U.S. Food and Drug Administration (FDA) later pulled its approval of the drug. Hexamethonium was never approved by the FDA to be used as an inhalant.

In a letter to the school that outlined the reasons for the suspension, the OHRP says that researchers did not sufficiently warn participants in the asthma study of the dangers and "continued to expose additional subjects to inhaled hexamethonium before the symptoms in the first subject were resolved and before reporting the event" to a university review board.

The University's own internal review of the incident stopped short of blaming the lead researcher, Dr. Alkis Togias, who remains on staff and faces no other disciplinary action. The same review went on to conclude that the experiment was "well-supervised".

By way of commentary, we feel that Ellen Roche would likely disagree with that conclusion.

■ Mammograms, Pap Tests Overdone In Sick, Elderly

The May 4, 2004 issue of the *Annals of Internal Medicine* reports that mammograms and Pap tests are being performed too much in older, sick women who have limited life expectancies.

According to researchers at the University of California in San Francisco, the health status of older women should be taken into consideration before the screening tests are done because the dangers of the tests can outweigh the benefits in this population.

The dangers noted by the researchers were the unnecessary tests and procedures ordered for the patients because of faulty results, treatment of insignificant disease and psychological stress.

■ Developer Of Prostate Cancer Test Says It's Unreliable

The October 2004 issue of the Journal of Urology reports that the inventor of a common prostate cancer test known as the PSA test now says that the test is unreliable. He also stated that the test is being overused, leading to unnecessary treatment of men who have simple prostate enlargement rather than cancer.

In 1987 Dr. Thomas Stamey of Stanford University was the first to report that certain antigens called PSAs could be used to determine the presence of prostate cancer.

“What we didn’t know in the early years is that benign growth of the prostate is the most common cause of [an increase in a] PSA level,” Stamey says.

In the study, tissue from 1317 prostates removed at Stanford since 1983 was examined. In the first 5-year period, 91% of the cancers were obvious on digital rectal examination (DRE) and the average volume (size) of the tumor was 5.33cc. In the last 5-year period between 1999 and 2003 the numbers had dropped to 17% and 2.44cc.

The average distance that the tumor had penetrated the wall of the prostate also dropped, from 1.54 in the first period to 0.22 in the last one.

From these figures, the authors of the study concluded that prostate cancer is being over-treated since death from prostate cancer is very uncommon in elderly men.

The author concludes that extensive use of the PSA test is not warranted. Uncomfortably, they recommend “careful palpation of the prostate” by DRE since it remains the best way to truly find tumors.

Commentary: While getting checked for problems makes sense to us, it makes much better sense to us to make sure your body is kept working at peak efficiency with chiropractic care.