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Study: Self-Assessments Important In e-Health Interventions

Participants preferred expending more effort to obtain tailored feedback

E-health programs have great potential, as they reach many people who cannot access traditional treatment, but there are ways to increase and improve utilization, according to a study published recently in the *Journal of Medical Internet Research*.

Health communication research and prior study suggest that tailoring messages individually yields the best results in terms of behavior and attitude change. The Internet presents an opportunity to reach large groups of people, but most studies have involved highly structured programs that do not reflect its *ad libitum* (freely at will) use in the real world.

Analysis revealed highest utilization in interactive assessments, while monitoring tools, educational materials, and support group message boards were not accessed by the majority of participants.

The authors of the current study thus sought to investigate further. They tested the effects of an electronic weight loss program focusing on self-assessments as a way to deliver more personally relevant content to each individual user.

The authors tracked use of the Healthy Weight Center, a free access, evidence-based, direct-to-consumer weight loss program including a variety of components such as nutritional and fitness information, monitoring tools, moderated support group message boards, and self-assessments. The first 204 men and women 18 years and

older who signed up online and met the inclusion criteria of body mass index greater than or equal to 25, completion of the

continued on page 2

... Study: Self-Assessments Important In e-Health Interventions
continued from page 1

online registration process, and endorsement with the program disclosure agreement were included for analysis. Mean age was 42 years and nearly 82 percent were women. The most common reason cited for wanting to lose weight was for their health.

Utilization of each component of the Healthy Weight Center was defined as accessing that part at least once during the study period of May to September 2008. Analysis revealed highest utilization in interactive assessments, but monitoring tools (meal planner, nutrition lookup, activity log, and weight tracker), educational materials (nutrition, fitness, and behavioral), and support group message boards were not accessed by the majority of participants. The authors said the distinguishing feature of

the interactive self-assessments was the promise of personally relevant feedback and they noted that the users were not deterred by the effort required to complete the assessments. They concluded that "This finding highlights the need for architects of Internet-based programs to explore increasing the use of interactive exercises to tailor the user experience in ways that increase personal relevance." More research is needed, but tailoring appears a worthwhile endeavor in e-health interventions.

Source: Binks M, van Mierlo T. 2010. Utilization patterns and user characteristics of an ad libitum internet weight loss program. *Journal of Medical Internet Research* 12(1):e9.

Similar Outcomes for Robotic and Retropubic Prostatectomy

There were no differences in biochemical recurrence of localized prostate cancer between groups

According to a study published in the March issue of the *Journal of Urology*, biochemical recurrence rates are similar in men undergoing radical retropubic prostatectomy and robot assisted laparoscopic prostatectomy.

Surgery is the most common therapeutic approach in patients with clinically localized prostate cancer and it is the only treatment that shows improved survival as compared to watchful waiting. The advent of robotic technology has led to widespread use of robot assisted laparoscopic prostatectomy (RALP) in recent years, yet little comparison data existed on this approach and radical retropubic prostatectomy (RRP). The authors of the current study thus set out to draw some conclusions based on cases at Vanderbilt University Medical Center.

When the data were combined and analyzed, there were no significant differences in biochemical recurrence between RRP and RALP.

The authors tracked 1,904 men who underwent RRP (491) or RALP (1,413) between June 2003 and January 2008. Median follow up was 17 and 8 months, respectively. Participants who had prior hormonal or radiation therapy, positive lymph nodes, or missing follow-up data were excluded from analysis. RRP was performed in the fashion described

by Walsh and Partin (2006) and RALP was performed by standard techniques with small adjustments based on 1 of 3 da Vinci surgical robots. Biochemical recurrence was defined as prostate specific antigen (PSA) greater than 0.2 ng/ml, confirmed one or more

times, or postoperative hormone, radiation, or chemotherapy due to increasing PSA.

When the data were combined and analyzed, there were no significant differences in biochemical recurrence between RRP and

continued on page 4

... Similar Outcomes for Robotic and Retropubic Prostatectomy
continued from page 3

RALP. The authors note that the robotic technique's popularity may be partly due to less blood loss, lower transfusion rate, and in some cases, shorter hospital stay. It seems to have excellent urinary and erectile functional outcomes as well. They say that one might have expected RALP to show better results, but positive effects smaller than the power of this study are possible. Longer-term studies are needed in the future.

Source: Barocas DA, Salem S, Kordan Y, et al. 2010. Robotic assisted laparoscopic prostatectomy versus radical retropubic prostatectomy for clinically localized prostate cancer: comparison of short-term biochemical recurrence-free survival. *The Journal of Urology* 183:990-996.

Hot Topic Highlights

Urology Domain recently posted the following Hot Topics to your website:

Chemotherapy for Testicular Cancer Hurts Quality of Life Temporarily

According to a study published in a recent issue of *Urology*, testicular cancer patients experience a significant but temporary decrease in health-related quality of life during treatment. The study of 116 patients found that soon after treatment, men receiving chemotherapy had significantly reduced quality of life as compared to men being monitored without chemotherapy. However, these differences disappeared after 12 months, and overall well-being in both groups returned to and above pre-treatment levels.

Source:

Vidrine DJ, Hoekstra-Weebbers JEHM, Hoekstra HJ, et al. 2010. The effects of testicular cancer treatment on health-related quality of life. *Urology* 75:636-641.

Combination Therapy Better for Enlarged Prostate

The results of a study published in *European Urology* showed that combining two enlarged prostate drugs yields better results than either medication alone. The study of 4,844 men found that combination therapy was significantly more effective than tamsulosin — but not dutasteride — at reducing the risk of acute urinary retention- or enlarged prostate-related surgery. Combination therapy was more effective than either medication alone at reducing the risk of clinical progression of enlarged prostate. Combination therapy also provided greater symptom relief than either medication alone after 4 years.

Source:

Roehrborn CG, Siami P, Barkin J, et al. 2010. The effects of combination therapy with dutasteride and tamsulosin on clinical outcomes in men with symptomatic benign prostatic hyperplasia: 4-year results from the CombAT Study. *European Urology* 57:123-131.