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Most Consumers Willing to Share Personal Data

Privacy and safety must be respected, however

Consumers are generally willing to share information from their personal health records so long as they have the power to select the conditions, according to a study published in the June issue of the *Journal of Medical Internet Research*.

Access to personal health records could benefit public health research greatly in part by fostering improved understanding of health outcomes, barriers to care and adherence, follow-up, and follow-through. The recently established Health Information Technology for Economic and Clinical Health (HITECH) Act has as its goal harnessing digital technology to “prevent and treat illnesses and to improve health” and to aid in the collection and analysis of health information. However,

little was known about individuals’ attitudes toward sharing. The authors of the current study thus surveyed a group of people in an urban area of the northeastern United States.

Using self-report survey, qualitative questionnaire, semi-structured focus group, and one-on-one interview, the authors asked 181 early adopters of a personal-

Participants used the health record and also sat in on a demonstration session in which they interacted with a live system that was not populated with their own data.

ly controlled health record about their willingness and interest in sharing personal information. Participants used the health record and also sat in on a demonstration session in which they interacted with a live system that was not populated with their own data. There were three subject groups: an employee and student population, a community-based health maintenance organization population, and a retiree and health advocacy

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mailing list population. Most participants reported their health as good to excellent, high levels of education, moderately high levels of income, female gender, and white race.

Analyses revealed high levels of willingness to share personal health information for disease monitoring, evaluation, and needs assessment, but also a strong concern for privacy and safety issues. Ninety percent of subjects reported that strict anonymity would increase the likelihood that they would share; 71 percent said guaranteeing privacy but not anonymity would encourage them to share; and 79 percent said a way to view who accessed their information would increase their willingness. Restricting the use of their information to health research and to trusted intermediaries were also expressed as important prerequisites to sharing.

Greater preference for an “opt-in” versus “opt-out” default mode was observed.

The authors concluded that more research in diverse populations is necessary, but that “allowing users to select their preferred conditions for sharing may be vital to supporting sharing and fostering trust as may be safety monitoring mechanisms.”

Source: Weitzman ER, Kaci L, Mandl KD. 2010. Sharing medical data for health research: the early personal health record experience. *Journal of Medical Internet Research* 12(2):e14.

Two Stress Incontinence Treatments Rated Equal

Treatments had similar success rates but differed in adverse event patterns

A study published on the *New England Journal of Medicine* website found that the objectively assessed success rates of retropubic and transobturator approaches for stress incontinence were equivalent. Subjectively assessed success rates, however, were similar but did not meet criteria for equivalence, and the authors noted differences in the complications associated with the two procedures.

The retropubic midurethral sling has been performed more than one million times since its introduction in 1996, and it is increasingly considered the standard of care for women who undergo surgical treatment for stress incontinence. The transobturator approach was developed to minimize the potential for bladder and bowel injuries associated with the retropubic sling. The authors undertook the current study because, although research has suggested that the two procedures

were similarly efficacious, previous research was inconclusive regarding efficacy equivalence and safety of the two procedures.

The authors thus performed a multicenter randomized equivalence trial comparing outcomes with retropubic and transobturator midurethral slings in women with stress incontinence. Five hundred ninety-seven women

were randomly assigned to receive either procedure. The primary outcome was treatment success at 12 months according to both objective criteria (a negative stress test, a negative pad test, and no re-treatment) and subjective criteria (self-reported absence of symptoms, no leakage episodes recorded, and no re-treatment).

The predetermined equivalence margin was plus or minus 12 percentage points.

The rate of objectively assessed success was 80.8 percent for the

The trial results may change how patients are counseled regarding the benefits and harms associated with the surgery, allowing surgical choices to better match a patient's goals and wishes, as well as the surgeon's abilities.

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retropubic sling group and 77.7 percent for the transobturator sling group, which reached equivalence. The rates of subjectively assessed success were 62.2 percent for the retropubic sling group and 55.8 percent in the transobturator sling group. The rate of voiding dysfunction requiring surgery was 2.7 percent in the retropubic sling group and 0 percent of the transobturator sling group. The rate of neurologic symptoms in the retropubic sling group was 4.0 percent as compared to 9.4 percent in the transobturator sling group. Overall there were 43 serious adverse events in 41 patients in the retropubic sling group as compared to 20 events in 19 patients in the transobturator group.

In an accompanying editorial, Rebecca G. Rogers, MD, wrote that the trial results “may change how patients are counseled regarding the benefits and harms associated with the surgery, allowing surgical choices to better match a patient’s goals and wishes, as well as the surgeon’s abilities.”

Sources: Richter HE, Albo ME, Zyczynski HM, et al. 2010. Retropubic versus transobturator midurethral slings for stress incontinence. Published on May 17, 2010 on the *New England Journal of Medicine* website.

Hot Topic Highlights

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

Partial Nephrectomy Complications Do Not Increase With Age

Older patients do not experience more complications from partial kidney removal (nephrectomy) than do younger patients, according to a study published recently in the *Journal of Urology*. Regardless of age, complete nephrectomy appears to cause fewer complications than partial nephrectomy. Researchers compared 1,061 patients who had partial nephrectomy and 651 patients who had radical nephrectomy between January 2000 and October 2008. Partial nephrectomy had a higher complication rate than RN, but the authors found that age did not increase the risk for complications in PN.

Source:

Lowrance WT, Yee DS, Savage C, et al. 2010. Complications after radical and partial nephrectomy as a function of age. *Journal of Urology* 183:1725-1730.

Shock Wave Lithotripsy Safe for Stone Treatment in Children

A treatment for kidney stones called shock wave lithotripsy (SWL) is safe and effective for children, according to a study published in the *Journal of Urology*. A total of 182 children ages 5 months to almost 20 years (average age 5.3 years) were treated with SWL. The researchers found no new scarring. Seventy percent of patients had normal

kidney function before and after treatment; 19 percent had decreased function before and after treatment; and 7.7 percent had improved kidney function in the kidney that received treatment.

Source:

Griffin SJ, Margaryan M, Archambaud F, et al. 2010. Safety of shock wave lithotripsy for treatment of pediatric urolithiasis: 20-year experience. *Journal of Urology* 183:2332-2336.

Lower Urinary Tract Symptoms in Older Men More Common Than Believed

A study published in a recent issue of the *Journal of Urology* found that nearly one-third of men ages 65 years and older developed lower urinary tract symptoms (LUTS) within 2 years if they hadn't experienced them already. In addition, nearly 25 percent of men whose symptoms were moderate to severe worsened in that time. The authors write that the current study shows that "greater attention to the possibility of LUTS progression should be an essential component of clinical care in elderly men."

Source:

Parsons JK, Wilt TJ, Wang PY, et al. 2010. Progression of lower urinary tract symptoms in older men: a community based study. *Journal of Urology* 183:1915-1920.