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Patients Enthusiastic About Electronic Health Information Exchange

Patients express desire for systems that allow them to opt-in rather than opt-out

A survey published in the *Journal of Medical Internet Research (JMIR)* found that patients are enthusiastic about electronic health information exchange. Patients recognize its capacity to improve the quality and safety of care, but the patients also expressed concern about the potential for privacy breaches and misuse of health information.

The American Recovery and Reinvestment Act of 2009 is slated to provide approximately \$19 billion toward the adoption of electronic health records (EHRs). The authors state that electronically exchanging health-related information to improve clinical practice is central to maximizing the benefit of ongoing efforts to expand electronic health

records to physicians' offices. Because this type of exchange involves electronically exchanging patient-identified health information geographically and between organizations, it raises patient privacy and data security issues, which has caused heated debate. However, little is known about patients' attitudes about health information

exchange or their preferences for learning about it or giving consent for it. In preparation for a community-wide electronic health information exchange in Massachusetts, the authors of the current study conducted discussions with patients regarding

how well they understood the value of clinical data exchange, to what extent they endorsed electronically transmitting clinical information among healthcare providers, what

Future studies should test different strategies for educating community members about health information exchange and for securing their consent for participation.

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concerns they had, and how they should be informed about and approached for, participation in the process.

The authors conducted a qualitative analysis of five focus group discussions with a total of 61 participants. The three most common themes emerging from the discussions were concerns about privacy and security; the potential benefit to a person's health; and the desire for more information about the consent process. Privacy concerns centered on who would have access to a person's health information, what kinds of sensitive health information would be shared, and the risk of unauthorized use of it via security breaches. Participants expressed the potential for health information exchange to improve health and prevent adverse outcomes as a primary reason for participating. Almost all patients said that they would prefer a system that requires their consent to participate in a health information exchange (i.e., an opt-in system) rather than a system that assumed their participation without explicit consent (i.e., an opt-out system). The majority of patients

believed that patients should receive consent information by mail prior to being asked to sign the consent form in the physician's office.

Although the authors say the current study must be considered in the context of its design, it provides insight into the way patients perceive electronic health information exchange and their willingness to provide consent for participation. "Future studies should test different strategies for educating community members about health information exchange and for securing their consent for participation. While there will likely be variability across communities and nations, as well as a need for local programs and policies, each community embarking on the implementation of clinical data exchange should not need to 'reinvent the wheel' in terms of engaging patients in the process," they conclude.

Source: Simon SR, Evans JS, Benjamin A, et al. 2009. Patients' attitudes toward electronic health information exchange: qualitative study. *Journal of Medical Internet Research* 11(3):e30.

Biodegradable Drug-Eluting Urethral Stents Show Promise

Material could offer a new treatment modality in the future

Drug-eluting biodegradable urethral stents could become a treatment modality in the future, according to the results of a study published on August 3, 2009 on the *Journal of Urology* website. The poly-96L/4D-lactic acid (PLA) stent material increased the production of cytokines and other inflammatory mediators less than did positive controls in vitro. In addition, the in vivo biocompatibility of the drug-eluting biodegradable materials was better than that of positive controls, the authors explained.

“We consider our present study to be an important step indicating that drug-eluting stents are worth testing further.”

Biodegradable materials used in urology are high-molecular-weight polymers of polylactic and polyglycolic acid and their co-polymers with a biodegradation time between 2 and 12 months. Although self-reinforced polyglycolic acid stents have been used clinically after visual laser prostate ablation, transurethral microwave therapy, and with free skin urethroplasty

for recurrent bulbar urethral strictures, these biodegradable stents alone do not resolve the epithelial hyperplasia and fibrosis induced by various urethral stents. With the current study, the authors sought to investigate the effects of a biodegradable stent material on the production of cytokines and other inflammatory mediators in vitro and to assess biocompat-

ibility properties of new drug-eluting biodegradable urethral stent materials in vivo.

The researchers measured the effects of the biodegradable stent material on cytokines and other

inflammatory mediators using the Human Cytokine Antibody Array and enzyme-linked immunosorbent assay in THP-c cells, with bacterial lipopolysaccharide as a positive control. To assess the biocompatibility of the stent materials, the researchers used muscle implantation. Biodegradable stent materials without drug-eluting properties and silicone

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and latex were used as controls. The measurements were done at 3 weeks and 3 months. In vitro, the PLA stent material induced production of inflammatory mediators, especially interleukin-8, tumor necrosis factor-alpha, and transforming growth factor-beta. The increase in the production of these mediators with the PLA stent material was smaller than in cells treated with lipopolysaccharide, however. In vivo, the effects of the biodegradable materials did not differ at 3 weeks, although at 3 months, fibrosis and chronic inflammatory changes were decreased in the biodegradable material groups compared with the positive controls.

“We consider our present study to be an important step indicating that drug-eluting stents are worth testing further. It is still a question of whether, in the future, drug-eluting biodegradable stents could be used to prevent urethral stricture recurrence after urethrotomy by modifying healing of the scar. However, additional studies are definitely needed before clinical approval,” the authors write.

Source: Kotsar A, Nieminen R, Isotalo T, et al. 2009. Biocompatibility of new drug-eluting biodegradable urethral stent materials. Published on August 3, 2009 on the *Journal of Urology* website.

Urology Domain Article Updates

The following Patient Literacy Center articles were recently updated and reviewed by the Urology Domain Medical Advisory Board. The updated articles have been added to the websites of subscribers to the Urology Domain Patient Literacy Center. For information about becoming a Patient Literacy Center Subscriber, contact your Member Services Advisor at (800) 603-1420.

- Sexual Dysfunction Therapies
- Ureteral Stents
- Kidney Stones
- Urine Tests
- UPJ Obstruction

Hot Topic Highlights

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

Risk of Death From Prostate Cancer Is Low After Robotic Prostatectomy

Prostate cancer patients who are treated with radical prostatectomy are very likely to live for at least 15 years afterward, according to a study published on the *Journal of Clinical Oncology* website. Also, the study found that the prostate-specific antigen (PSA) test may not be a good predictor of risk and even high levels don't seem to be cause for alarm. The analysis of 12,677 patients found that even for patients with the highest risk of PSA increase, the 10-year prostate cancer-related death risk was only 15 percent; the average risk was 12 percent.

Source:

Stephenson AJ, Kattan MW, Eastham JA, et al. 2009. Prostate cancer-specific mortality after radical prostatectomy for patients treated in the prostate-specific antigen era. Published on July 27, 2009 on the *Journal of Clinical Oncology* website.

Heavy Drinking May Increase Prostate Cancer Risk

Men who drink more than four drinks each day may be increasing their risk for developing prostate cancer, according to a study published on the *Cancer* website. In addition, the study found that drinking heavily blunted the effectiveness of the drug finasteride. Men who drank heavily — four or more drinks each day on at least five days of the week — were twice as likely to develop aggressive prostate cancer as nondrinkers. Among nondrinkers and moderate drinkers, finasteride lowered the risk for less aggressive, slower-growing tumors by 43 percent. However, among heavy drinkers, finasteride had no effect on these types of tumors.

Source:

Gong Z, Kristal AR, Schenk JM, et al. 2009. Alcohol consumption, finasteride, and prostate cancer risk: results from the Prostate Cancer Prevention Trial (p NA). Published on the *Cancer* website.