

September 2009



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## Tweeting About Healthcare

Using social media in the medical field is a growing practice

The use of the social media platform Twitter in the healthcare arena is a new concept, one that physicians and hospitals are starting to implement, according to a report published recently in *Telemedicine and e-Health*.

Social media has exploded in recent years, and practitioners are starting to take notice. Chat rooms, blogs, and RSS feeds led to social networking through Facebook and LinkedIn, which has led to one of the newest phenomena, Twitter. Members can enter messages — called “tweets” — of 140 characters or less and send them out to anyone who is following that account; they can also follow any other members’ tweets. Social media is often thought of as entertainment only, but it can be a useful clinical tool as well. With monthly use estimated at nearly 6 million, its potential as a mechanism for communication is great.

In the early stages of healthcare application, Twitter is being used by individual physicians, hospitals, and public health organizations. Individually, it allows clinicians to communicate with each other or office staff about appointments, scheduling, and other administrative issues. Medical information can be exchanged on Twitter so that

**Social media has much potential, though its true clinical value is not yet established.**

one physician may benefit from hearing about another physicians’ area of expertise or experience with a certain drug. Pharmaceutical companies and conference organizers are start-

ing to send out tweets as well, which provide up-to-the-minute product development and event news. As one physician said, “It’s a great way to stay posted on medical topics that are relevant to my practice.” Providers must keep an eye toward privacy when tweeting with individuals, however. Reminding patients that Twitter is not the forum for personal questions or discussions may be necessary.

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Some hospitals are adopting Twitter as a vehicle to market themselves, share updates, and answer questions about events and expansion. By steering readers toward their website, press releases, and relevant articles in the news, hospitals can use Twitter as a self-promotion tool. And because research shows that more than half of patients between the age of 25 and 34 years (and a growing percent of other age groups) are influenced by social media, it is a line of communication that could reach many thousands of consumers.

The Centers for Disease Control and Prevention is one of the first major public health organizations to utilize Twitter, which was used during the H1N1 flu outbreak. They have emphasized their three Twitter feeds as a source of up-to-date, reliable information, and they target their messages so

that readers can choose a topic to follow what is most relevant to them. This type of communication tool lends itself to quick bursts of relevant data, which may be especially helpful during crises.

Social media has much potential, though its true clinical value is not yet established. Drawbacks include privacy and ownership/objectivity issues and a tendency toward gossipy, irrelevant content. As its use increases and more discussion occurs, outlets like Twitter may find themselves at the forefront of medical innovation — or fallen by the wayside.

**Source:** Terry M. 2009. Twittering healthcare: social media and medicine. *Telemedicine and e-Health* 15(6):507-510.

## Robot-Assisted Partial Nephrectomy Viable Option for Renal Tumors

**Results were similar to laparoscopic partial nephrectomy, plus shorter hospital stay and decreased blood loss and warm ischemia time**

**R**obot-assisted partial nephrectomy is equally safe and effective as laparoscopic partial nephrectomy for renal tumors, according to a study published in the September issue of the *Journal of Urology*. Robotic surgery also appeared to decrease hospital stay, intraoperative blood loss, and warm ischemia time.

According to the authors, the advent of robotic technology has revolutionized prostate cancer surgery — and more recently this technology has been applied to renal surgery. Little data existed regarding this relatively new application, so the study authors set out to retrospectively assess data from 129 robot-assisted partial nephrectomies and 118 laparoscopic partial nephrectomies performed by three experienced surgeons at three high-

volume academic centers between 2004 and 2008. Both groups had a mean age of 59.2 years, and they were similar in terms of gender, body mass index, and tumor size (American Society of Anesthesiologists classification). Perioperative and outcome data were reviewed and analyzed.

**The authors conclude that robot-assisted partial nephrectomy benefits experienced laparoscopic surgeons as well as inexperienced ones, and they surmise this effect may be related to the precision that robotic surgery affords.**

There was no significant difference in overall surgery time or complication rate between groups. The most common complications in both groups were urine leaks, myocardial infarction, and anemia. Pathological outcomes and morbidity were also similar. The authors did note a significant decrease in blood loss with robotic partial nephrectomy, as well as a significantly decreased hospital stay and warm ischemia time. Regardless of tumor complexity, robot-assisted partial nephrectomy patients

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fared better than laparoscopic partial nephrectomy patients in these areas. Even simple tumors treated laparoscopically had longer warm ischemic time than the most complex robot-treated tumors. The authors conclude that robot-assisted partial nephrectomy benefits experienced laparoscopic surgeons as well as inexperienced ones, and they surmise this effect may be related

to the precision that robotic surgery affords. They add that more research is critical.

**Source:** Benway BM, Bhayani SB, Rogers CG, et al. 2009. Robot assisted partial nephrectomy versus laparoscopic partial nephrectomy for renal tumors: a multi-institutional analysis of perioperative outcomes. *Journal of Urology* 182:866-873.

#### 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.

- CT (Computed Tomography) Scan
- Female Sexual Dysfunction
- Hormonal Therapies
- Interstitial Cystitis
- Intravenous Pyelogram (IVP)
- Male Sexual Dysfunction

## Hot Topic Highlights

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

### Weight Gain Affects Prostate Cancer Risk

Men who gain weight in early adulthood increase their risk for prostate cancer, according to the results of a study published on the *Cancer Epidemiology, Biomarkers & Prevention* website. Weight changes affect a man's prostate cancer risk according to his ethnic group, however. After analyzing the information on 83,879 men from several ethnic groups, the authors found that a man's weight when the study began and the change in their weight since they were age 21 influenced a man's prostate cancer risk, but it varied by ethnic group.

**Source:**

Hernandez BY, Park SY, Wilkens LR, et al. 2009. Relationship of body mass, height, and weight gain to prostate cancer risk in the multiethnic cohort. Published on September 1, 2009 on the *Cancer Epidemiology, Biomarkers & Prevention* website.

### Obesity Increases Risk of Prostate Cancer Recurrence

Obesity increases a man's risk of having his prostate cancer return, regardless of race, according to a study published on the *Cancer* website. The results of the current study contradict earlier research that suggested obese African American men were at greater risk than their white counterparts. The study of 1,415 prostate cancer patients who had undergone radical prostatectomy between 1998 and 2008 found that obese men were at increased risk of prostate

cancer recurrence regardless of race.

**Source:**

Jayachandran J, Banez LL, Aronson WJ, et al. 2009. Obesity as a predictor of adverse outcome across black and white race. Published on August 10, 2009 on the *Cancer* website.

### Osteoporosis Drug May Improve Survival in Prostate Cancer

According to a recent study published in *Lancet Oncology*, a bisphosphonate drug — typically used for osteoporosis prevention — might increase survival in men who have started hormone therapy for prostate cancer that has spread to the bone (metastasized). The drug did not have the same effect on localized prostate cancer. The study of 819 men found that sodium clodronate use in men with prostate cancer that had spread to the bone increased survival, but there was no such effect for localized cancer. Five-year survival was 21 percent with placebo and 30 percent with clodronate; 10-year survival was 9 percent with placebo and 17 percent with clodronate.

**Source:**

Dearnaley DP, Mason MD, Parmar MK, et al. 2009. Adjuvant therapy with oral sodium clodronate in locally advanced and metastatic prostate cancer: long-term overall survival results from the MRC PR04 and PR05 randomised controlled trials. Published on August 11, 2009 on the *Lancet Oncology* website.