

The 3rd (April) Sky Valley Medical Report

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1. HPV-Human Papilloma Virus and the HPV vaccine for girls and boys.
2. Who spends the Medicare dollar and fraud.
3. Screening guidelines for prostate cancer—The American Cancer Society---see attachment.
4. Hearing loss as we age and the need for hearing devices.
5. Preventative Health issues....Red meat.

1. HPV (Human Papilloma Virus) infections, cancer and prevention with Vaccines

A. HPV is one of the many STDs (sexually transmitted diseases) that are implicated in most female cervical cancer. It now is known that it causes a significant percentage of genital warts, anal (Farah Fawcett) and penile cancer. Just recently, it has been discovered in a significant percentage of oral and oro-pharyngeal (upper throat) cancers. It also causes warts in the throat especially the vocal cords, and it is more common in men. Other than the specific type that causes cervical cancer (usually HPV-16) in women, there appears to be some hormonal protection for women getting the infection in the mouth or throat.

B. Clearly this is sexually transmitted, but don't think it is only in promiscuous people. 50% of the population is infected at some

time in their life. Yes....50%. You may prevent it somewhat by using condoms (condoms are very effective against other STDs) and having fewer partners. You can get it from casual kissing! Yes, that is true. Basically, you cannot prevent it UNLESS YOU HAVE THE VACCINE. For you and me, it is too late, but I am telling you this for your grandchildren's sake and maybe your children.

C. The CDC has recommended since 2006 the vaccine for girls before they are sexually active (oral or genital) and that age of first sexual encounter seems to be dropping fast. Believe it! The vaccine is recommended for all girls 11-12 unless already sexually active in any way, and now for boys 11-12 years of age. It is approved to give at 9 years of age if necessary. Why??? Well, it only makes sense that boys and girls are giving this virus to each other (worse in homosexuals).

D. Because of the oral and oro-pharyngeal cancers (primarily in men), boys need the vaccine too. The CDC just came out with this recommendation. As a risk factor, it is as important as smoking and drinking. Even marijuana increases the chances of the cancer if HPV (not HIV) positive. The studies are just recently being reported regarding the link between HPV and oral cancer. We don't know what percentage is caused by the virus, but there are increasing numbers of oral and oro-pharyngeal cancers in the USA, which coincide with a more sexually active society.

D. When the cancer tissue is tested for HPV, over a third are positive, and almost all cervical and anal cancers are HPV positive. In the case of the oral/oropharyngeal cancers, these patients tend to have a better chance of survival but so far we don't know why.

E. The information is brand new, but convincing enough for the CDC to recommend the vaccine in boys and just this year the Academy of Pediatrics has recommended routine vaccination for boys and girls. It also stands to reason that these boys will have less chance of giving the virus to girls. I said, this is not about promiscuity! Close to 50% of people with one sexual partner in their life are still infected. WOW! How long a person is contagious is hard to say. Many infections go away on their own.

F. If this doesn't convince you to talk to your kids and grandkids about the vaccine, you are not listening!!!! The vaccine (Gardasil and Cervarix) are pretty effective, but there is no guarantee. It requires 3 shots over time. Many parents don't complete the series for their children. The sad news is less than 30% of girls are being vaccinated. Talk about having a huge responsibility as a parent!! Talk to your kids. Catch-up vaccinations are recommended from age 9-26 in both sexes.

G. Can we get tested for it for HPV??? No! Only high risk women can be tested. This is a very sensitive subject. There is no test for the general public. I am not talking about Herpes here (I will discuss another time). We are talking about a virus that can cause CANCER. Every cervical cancer is HPV positive. After you are infected, there is NO medical treatment, and there are NO symptoms unless you get venereal warts or have an ENT doctor look down your throat and see those warts in the throat. In those cases, removal is appropriate. They will, however, frequently return. As always, consult your doctor for more information and advice.

H. 6 million people are being infected with this virus every year!

PROTECT YOUR FAMILIES AND PREVENT CANCER!

2. Who is spending the Medicare Dollar and Fraud

- A. I could spend a lot of time writing about this subject! Here are some facts---1% of the population (on Medicare) spends 22% of the overall Medicare dollar (from the Agency on Healthcare Research and Quality). This 1% spend on the average over \$90,000 per year per patient.
- B. 13% of the US population is 65 or older and that number is growing. We spent \$212 billion in 1999 and \$499 billion was spent on Medicare in 2009 (17.9% of the GDP). \$2.6 trillion was spent on healthcare in 2009. Also some have reported that as much as 80% of the Medicare dollar a person spends is in the LAST YEAR OF LIFE. Is that right??? Consider if you live to be 65, if you are male you have 13.5 more years to live on the average. If female, 17.8 years!! We baby-boomers are more active and require more “parts” to be fixed, but it is at a high price and with the future of healthcare, you better be in good shape to expect elective procedures. Also 3.1% of elders were in nursing homes in 2010 down from 5% in 1990. We are healthier, but consider 10,000 people will turn 65 every day for the next 18 years. Holy Smokes!! Who is going to take care of us?? There aren't enough doctors now!! REMEMBER, ALL OF THESE STATISTICS ARE NOT TAKING IN ACCOUNT THE ILLEGALS!
- C. If the individual mandate (everyone has to buy health insurance or face a fine) fails to be allowed by the Supreme Court, insurance

rates are expected to increase 15-20%, because the insurance industry is planning on 20 plus million to buy new insurance. This will really hurt a lot of people, and they won't be able to afford their current policy. This is a very controversial item. I am personally on the fence about the freedom vs reality of the mandate.

C. 10% of the Medicare dollar is being spent on fraudulent claims, and finally the feds are getting tough. Since 1997, \$20.6 billion have been returned to the government. There have been 1430 defendants and half of them were convicted. Durable medical equipment is the greatest abuser. (Have you seen the ad on power scooters---this is costing \$723 million a year and they cost \$10,000 per chair—are you kidding me??). Medicare is finally starting to require prior approval in some states like Florida before someone can get this chair. There is also a whistle blowing website by Medicare, and \$1000 reward for reporting fraud. Illegal marketing of medical devices or drugs for uses not approved by the FDA follow. Unlawful pricing by drug makers, violations of self referral, and anti-kickback laws complete the big list. After that, high billing by health professionals is a problem, and the big cities are the hot bed for this. Miami and Detroit top the list, but all big metro populations are at fault too. These high risk areas are now being watched much more carefully. Remember the Trust Fund for Medicare runs out in 2024. Fraud has to be stopped, but it is costing millions to find the fraud.

D. The top spenders in Medicare are white and female. With reform in healthcare, you can see why the Medicare patient is being singled out by the feds. We all need Medicare, but with physicians under the gun

to make a living, and the ease of ability to get procedures approved by Medicare, many older people are having procedures that are questionably appropriate for their age. Remember that top 1% of people? I am concerned that physicians are operating on older people based on their insurance and should be really considering age related general medical health, their chance of living at least 5 years without the procedure, their ability to recover from any procedure in a timely manner (not spending weeks in the hospital to get well), and the addition of risk versus benefit to have any procedure. I will also say operating on people that are not compliant is pretty questionable. So, if you are 80 and in great health with few major risk factors, you are probably a good candidate, but if you break your hip in a nursing home at 90, why is that being fixed?? A delicate question!! Sorry, if I am stepping on toes, but we all are paying for it! I realize this is a hairy subject, but when Medicare goes broke, perhaps you will reconsider your position. Reform must come now!!!

E. We can't continue to live longer, having more medical care, and expect Medicare to survive. IT MUST BE REFORMED NOW. Everybody scoffed at the Ryan plan, but it is now being looked at more carefully in an abridged manner. So you say "death panels"! No....just efficient evidence- based decision- making by a competent administration! It has to happen!!!

F. PERSONAL VIEW! The way physicians are paid must be changed. Quality not quantity must be emphasized. This will make doctors more selective. Of course, the high risk patient is going to suffer in this model. If you are 300 lbs. and in horrible shape, you are going to cost the hospital and doctor a lot more money than will be allotted with the

Accountable Care Act (Obamacare). You very well will not be offered elective procedures in the future. That is what Obamacare is depending on, because it will save money, but is it fair? Probably!

75% of physicians are now employed (mostly by hospitals) , so there is going to be some serious trouble ahead. I am afraid the doctors are going to come out on the short end. Doctors can no longer afford to be in private practice, and if the hospital is holding the money, and paying the doctors, it will create a different motivated doctor. They will adjust but don't expect the situation to change how fast you get an appointment and how fast you get an elective procedure. As many as 20% of physicians are refusing to accept Medicare already. We already have a shortage of doctors and it is getting worse. Young adults are choosing other professions that are not so regimented. How can this plan save money. Obama is diluted if he thinks we can expect higher quality for less money! The facts are already in that saving money is a lie. AIN'T HAPPENING! With the shortage of doctors,. you will (already are) be seeing PAs and nurse practitioners (that is not all bad). So just be ready to adjust! My generation is getting out of medicine as fast as they can, because we have had to see the deterioration of what we saw as medical practice. It is still the best profession even in the face of change. Doctors are in it for the love of caring for people, and if they are not, they will be unhappy.

3. Guidelines for prostate cancer screening

A. SCREENING FOR CANCER SAVES LIVES, but it can also lead you to unnecessary tests and biopsies. That is why there is controversay. The American Cancer Society's website should be consulted for all the details--- www.cancer.org on prostate and any cancer screening.

To get a PSA test is between you and your doctor. However, if you are to be tested, the ACS recommends you start at 50 years of age and if your test is less than 2.0 ng/dl, you be tested every 2 years unless you notice symptoms. If the test is over 2.0 ng/dl, test every year. If you have a family history, start testing at 45 years of age. Of course, it gets tougher if the test is over 4.0 ng/dl, so consult a urologist for further discussion. You may find different recommendations from other ., but these are the ones I trust

B. I am proud to be one of a 12-man committee dealing with screening guidelines for ACS. This committee is currently reviewing the possibility of using spiral CT scans for certain populations of potentially high risk for lung cancer. Over time, each cancer will be addressed using evidence based data to create or revise guidelines.

C. As always, the decision about screening is between you and your doctor.

3. Hearing Loss as we age and hearing devices (see anatomy of the ear)

A. This is a huge subject, so I will try to review some of the salient points about this problem. There are 23 million Americans that need hearing aids, AND 14% USE THEM! This is ridiculous! Somehow older adults think wearing a hearing aid denotes disability and aging. Vanity plays a huge role. The marital strife it causes is serious. How can I convince some of you or your loved ones to tuck your ego and get help? It all starts with admitting you have a problem. Everyone around you is

telling you to get tested. YOU are the last to admit you have a hearing problem. If you are asking people to repeat themselves all the time, WAKE UP! Turning the TV up so that everyone in the room is suffering should tell you something. Also, understanding speech in the face of other noises in the room keeps you from hearing words.

B. Let's look at the anatomy of the ear. (see diagram) The ear is composed of 1. an ear canal, 2. an eardrum connected to 3 little bones (ossicles) that go through the 3. middle ear that connects to 4. the inner ear that connects to the 5. auditory nerves which sends impulses to the 6. brain. There are also 7. balance (vestibular) nerves that are connected to these nerves. The fluid in the inner ear is very sensitive to pressure which can throw you off balance very easily. (see attachment) Also the middle ear pressure must be stable, and so there is a 8. eustachian tube that connects to the back of your nose to the middle ear. Pressure changes, when flying or going under the water. With swallowing or "popping" your ears (Valsalva maneuver), you can equalize the pressure.

C. Hearing loss can come from any disruption of sound as it travels through the hearing system. Wax plugging your ear canal, a hole in the eardrum, fluid in the middle ear, or damage to the inner ear or nerves all will cause loss. Even tumors on the inner ear nerve (acoustic neuroma) can cause hearing loss.

D. Most hearing loss in those over 50 is called sensori-neural hearing loss. It is nerve deafness and is not reversible. Most of this type of loss comes from excessive noise and aging of the inner ear. Every time you hear a sound that hurts your ears even a little bit (over 85 decibels) will, over time, cause high frequency hearing loss. As you age, you also lose

hearing, so if you have been around industrial noise, shoot firearms without ear protection, or play music loud, you will suffer over many years. The younger generation is going to be deaf as a post with all their earphones in their ears 24/7. Usually, the first thing you notice is trouble understanding words, which progresses to difficulty with hearing women's and children's voices. Why? Because the frequency of their voices are higher pitched. The hair cells in the inner ear that deal with higher frequencies are more sensitive to damage.

E. How many of you try to yell at your spouse from the other room and are surprised they can't hear you plainly? How many of you have had a disagreement over you not listening vs. you not hearing and your spouse thinks you are ignoring them? If loved ones ask you to go get a hearing test, DO IT! Do it for them. When you admit trouble, it is very late.

F. Hearing devices ARE NOT a bad thing. Why is it that you are willing to wear a pair of glasses and not a hearing aid? It does not mean you are OLD. It means you didn't protect your ears throughout your life and the aging process has caught up with you. This problem may start at an earlier age than you think. So, if you are having trouble hearing your spouse or grandkids, GO GET A HEARING TEST!!!!

G. Hearing devices are not covered by insurance. They are around \$5000 or so. Yes, they are expensive, but well worth it. They are tiny and can be fitted right in your ear canal almost imperceptible. You are missing out on conversation, and isolating yourself, and you don't need to, PLUS we are all tired of repeating ourselves! A certified hearing aid dealer can tell you how bad you need a hearing device. Forget the word

aid...use device. Also, go see an ENT doctor, and see if there is any correctible form of hearing problem first! You will thank me.

5. Preventive Health Issues...red meat

A. Red meat can kill you!! The Archives of Internal Medicine reports that in controlled studies men and women are increasing their chance of cancer and heart disease eating processed or any kind of red meat. Each daily increase of 3 ounces of red meat was associated with a 12 % chance of dying, including a 16% greater risk of cardiovascular disease and a 10% greater risk of cancer death. The risk increases with processed meat and like bacon, deli meats, etc. (take those percentages to 20% risk for cardiovascular disease and 16% for cancer death).

B. These stats are not new, but are the worst numbers reported to date. So less red meat and less often!! It is up to you. Remember, these statistics have taken into account pre-existing conditions like obesity, smoking, and less activity. If you have those factors too and have had cancer or currently have heart disease, there is no telling what the risks are. But remember, skinny marathon runners drop dead of heart attacks too. If you eat red meat, make it lean and not processed. Eat more chicken (like the ad says) and fresh fish. I don't know where lean pork is in the issue, but I would assume it goes with red meat. So, don't panic!! Just start adjusting your diet. Go to the website www.myplate.com for help with proper eating habits. We will discuss these recommendations each month.

THAT IS ALL FOR THIS 3RD EDITION OF THE MEDICAL REPORT. IT WAS LENGTHY BUT ALL GOOD INFORMATION FOR YOU TO THINK ABOUT.

Education empowers us. Your doctor can only know so much. Read, learn, and be a part of your own health care team. Thank you for letting me provide you with this information. Dr. Sam