North Coast Physician

In This Issue:

Cover Photo
"Storm at Moonstone Flat"
Stephen Kamelgarn, M.D.

Talent Show

O. Brian Craig, M.D.

It's happened before and it looks like it's going to happen again. Calling for doctors with non-medical talent. Let's have fun with our hobbies. Drag out an old instrument. Write a limerick. Sing, dance, act, surprise us. We're aiming for November 15 to start gathering participation – even if it just comes to decide who is going to go it alone and who are going to play/sing/perform as a group.

A penny for your thoughts. In our case it's your thoughts to Penny at the Medical Society office - 442-2367.

"I want to play in a group", I'll sing a 5 minute song", "I'll play 10 minutes (or longer) song". So chirp your thoughts to Penny and we can start forming this production.

The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication.

North Coast Physician is published monthly by the **Humboldt-Del Norte County Medical Society**, 3100 Edgewood Road, P.O. Box 6457, Eureka, CA 95502. Telephone: (707) 442-2367; FAX: (707) 442-8134; E-Mail: hdncms@sbcglobal.net Web page: *www.hdncms.org*

The Demise of PSA Screening

SCOTT SATTLER, MD

The Newly Proposed PSA-Screening Recommendation: On October 11th, 2011, the U.S. Preventive Services Task Force (USPSTF) published a draft recommendation statement regarding the use of prostate-specific antigen (PSA)-based screening for prostate cancer. Their summary of recommendation and evidence stated that after an extensive review of the existing medical literature surrounding the use of this screening test, they have assigned it a Grade D rating. This means that they recommend against its use, for they have found that there is moderate or high certainty that the service has no net benefit or that the harms of such screening outweigh the benefits.

This recommendation applies only to men in the U.S. population that do not have symptoms that are highly suspicious for prostate cancer, regardless of age, race, or family history. This recommendation also did not consider the use of the PSA test for surveillance after diagnosis and/or treatment of prostate cancer.

About the USPSTF: The USPSTF is a Congressionally mandated, independent panel of experts in primary care and prevention that conducts scientific evidence reviews of a broad range of clinical preventive health care services (such as screening, counseling, and preventive medications) and develops recommendations for primary care clinicians and health systems. These recommendations are published in the form of "recommendation statements." For the USPSTF to recommend a service, the benefits of the service must outweigh the harms. The USPSTF focuses on maintenance of health and quality of life as the major benefits of clinical preventive services, and not simply upon the identification or detection of disease. Their recommendations apply solely to asymptomatic populations. Created in 1984, the USPSTF currently falls under the aegis of the Department of Health and Human Services (HHS). This department's Agency for Healthcare Research and Quality (AHRQ) provides the ongoing administrative, research, technical, and dissemination support for the Task Force.

PSA-Screening: For decades, a host of screening recommendation agencies worldwide have issued warnings against the blanket use of PSA screening for prostate cancer, expressing concern that not only is the test neither specific nor sensitive, but that there is no evidence despite repeated studies that PSA screening reduces the all-cause mortality in the men so tested. The developer of the PSA test itself, Thomas Stamey, MD, a professor of urology at Stanford, has repeatedly called for this test not to be used for cancer screening, and has expressed regret over the outcome of its use to date. Studies have confirmed that there is no treatment for cancer of the prostate detected by PSA testing that has been shown to be better than simply living with the disease itself, for no treatment has led to any reduction in all-cause mortality. On the other hand there is clear evidence that attempts to diagnose and cure this stage of prostate cancer often produce a significant and immediate decrease in the quality of life of those so tested. Given this body of evidence, the Task Force has now concluded that as a profession dedicated to the principle of "first do no harm", we must stop using the PSA test as a screening tool for prostate cancer.

Historical Perspective: To find a similar state of affairs in medicine, one might look at previous attempts to improve quality and quantity of life in smokers. It was well known back in the 1960s that smokers ran a much higher risk of developing lung cancer, and so physicians were routinely ordering yearly chest x-rays (CXRs) on their patients. They felt that this would enhance early detection of lung cancer and thus increase the odds of cure. In 1968 Brett published a report in Thorax detailing a study which included 55,000 men, half of whom had every six-month CXRs for three years, while the other half had only an initial CXR and one at the end of the study. When he analyzed the results he discovered that while the six-month CXR group had more resectable cancers discovered and treated, this early detection did not lead to a concomitant reduction in overall mortality. In other words, six-monthly chest radiographs found lung cancers earlier but did not significantly reduce the mortality from lung cancer in the population at risk. Therefore a policy of such extensive CXR screening did not seem justified.

Over the next two decades a series of related studies ensued. These were summarized in an article by Chek, et al., in the Journal of Family Practice, September 2005. He reported on five randomized controlled trials that examined lung cancer mortality after screening. These included a trial that involved male smokers who were randomized to undergo chest x-ray and sputum cytology either every 6 months for three years, or only at the beginning and the end of the study. After 3 years, both groups were screened annually with chest x-ray alone for an additional 3 years. There was no significant difference in lung cancer mortality at any point, including at a 15-year post-trial follow-up. Both studies showed earlier detection and longer survivorship of lung cancer among screened vs. non-screened groups, but this was shown to be due to lead-

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Medical Student Update

Kate McCaffrey, D.O.

Dear Colleagues:

Four medical students from Western University Health Sciences will be rotating through our County for one year starting in June 1 of 2012! We need preceptors in primary care and the specialty fields, especially OB/GYN, surgery and internal medicine. Morning Report at 7am on Tuesdays as well, so let me know if you would be interested in lecturing or presenting a case. Please e-mail or call ASAP to indicate your interest. Medical students keep the Humboldt and Del Norte vibrant and forward-thinking medical communities! Please contact Dr. Kate McCaffrey at kmccaffrey123@gmail.com or cell (707) 599-2829.

MEMBERSHIP V.I.P. PROGRAM

Visit the Medical Society's webpage @ www.hdncms.org in the Members Only section for details.

We encourage our members help in soliciting local businesses participating in the VIP Program.

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time bias: because the cancer was detected earlier in the group that underwent intensive screening, the screening falsely appeared to prolong survival. Overall mortality was the same in both groups.

The National Cancer Institute sponsored 3 additional randomized controlled trials on lung cancer screening for male smokers utilizing both frequent CXR and sputum cytology testing. These studies too found no statistical difference in lung cancer mortality between the control and the studied groups even after an extended follow-up of 20.5 years. Adding sputum cytology to chest x-ray improved lung cancer detection rates over chest x-ray alone, but the bottom line was that morbidity and mortality were not reduced by the use of chest x-rays, sputum cytology or a combination of both in screening for lung cancer.

Back to PSA Screening: At one level, it is counter-intuitive that early detection and treatment of any cancer might ever be discounted as a legitimate goal in the practice of medicine. Certainly we have seen how effective screening by colonoscopy has been in the early detection and treatment of colon cancer. No one doubts the efficacy or appropriateness of this screening technique, for it has been confirmed in study after study. The same is true for the early detection and surgical removal of malignant melanoma. But CXR and sputum screening for lung cancer did not improve the quality or quantity of life in the population as a whole. In fact, given the equal life-spans of the 'early diagnosed and treated' vs. the 'late diagnosed and treated' patients with lung cancer, one can posit that were we to look at quality-adjusted life-years we might well find that those whose disease was discovered only after they became symptomatic experienced significantly better lives than did the those who underwent surgery, radiation therapy and/or chemotherapy for their asymptomatic disease.

The USPSTF has determined that PSA testing of asymptomatic men for prostate cancer falls into this same category. The analogy is not exact however, for the majority of men with cancer of the prostate die without ever developing symptoms of their condition, and the same cannot be said for lung cancer. But what can and must be said is that in both situations the screening test under consideration, upon careful and extensive reflection, has been shown not only to be ineffective in prolonging the life of those affected by the targeted cancer, but also to be causative in significantly diminishing their quality of life, to no avail.

Those of us in primary care need to read the USPSTF's draft recommendation statement so that we can pass on its critically important information to those who ask. It is available online at http://www.uspreventiveservicestaskforce.org/draftrec3.htm

Closing Statement: Although the draft statement of the USPSTF's recommendation is not the final recommendation (the public review period is October 11 through November 8, 2011), its findings and conclusions are now open for all to see: No more free PSA tests offered at health fairs. No more adding a PSA test to routine health screening panels. No more ducking the issue of explaining to our male patients and their loved ones why we're no longer ordering this test, even if it does take significant time to discuss the issue. This has now clearly become the standard of care.

The day of PSA screening for prostate cancer in asymptomatic men is over, and it is a good riddance. §

2011 CMA House of Delegates

YOUR REPRESENTATIVES ATTENDING.....

Hal Grotke, M.D., Delegate
Kate McCaffrey, D.O., Delegate
William Carlson, M.D., OMSS Delegate
Luther F. Cobb, M.D., Speaker of the House
Mark H. Davis, M.D., District X Trustee
George Jutila, M.D., Solo and Small Group Practice Forum Delegate

Hundreds of California physicians convened in Anaheim last month for the 2011 CMA House of Delegates meeting. Each year, physicians from all 58 California Counties, representing all modes of practice, meet to discuss issues relating to health care policy, medicine, patient care, and election of CMA officers. Congratulations to Dr. Cobb who did an outstanding job as Speaker of the House! Additional Thank You to Kate McCaffrey, D.O. for serving on Reference Committee D (Insurance and Physician Reimbursement), and to all of your representatives that took the time and expense to advocate on behalf of physicians in Humboldt and Del Norte counties.

In addition to the resolutions summarized in the 10/18 CMA Alert, following are additional summaries of resolutions as identified by your representatives to be published in this month's newsletter. All actions of the 2011 CMA House of Delegates is posted for review on CMA's website in the members-only section: www.cmanet.org

REFERENCE COMMITTEE A
(Science & Public Health)

Resolution 107a-11

MEDICAL VS. LEGAL SOLUTIONS TO DRUG ABUSE RESOLVED: That CMA encourage the federal government to re-examine the enforcement-based approach to illicit drug issues ("war on drugs") and to prioritize and implement policies that treat drug abuse as a public health threat and drug addiction as a preventable and treatable disease; and be it further RESOLVED: That this matter be referred for national action.

Resolution 110-11

HEALTHY FAST FOOD CHILDREN'S MEALS RESOLVED: That CMA recommend chain restaurant adherence to appropriate nutritional standards for their meals that are marketed specifically to children, especially those that include a toy or promotional item; and be it further RESOLVED: That CMA support that meals marketed to children should adhere to healthy guidelines for total calories, fat calories, saturated fat, trans fat, sodium, and fruit and vegetable content in accordance with the best available evidence and/or well-researched national nutrition standards such as the USDA Dietary Guidelines for Americans.

Resolution 111-11

MARKETING OF UNHEALTHY FOOD AND BEVERAGES TO CHILDREN RESOLVED: That CMA support efforts to regulate the advertising and marketing of unhealthy food and beverages to children; and be it further RESOLVED: That CMA discourage the advertising and marketing of unhealthy food and beverages in public places frequently visited by children or adolescents, such as schools; and be it further RESOLVED: That CMA encourage media education programs to reduce harmful health influences of food and beverage marketing to children and to promote the consumption of healthy foods; and be it further RESOLVED: That this matter be referred for national action.

Resolution 112-11

HEALTHY AGRICULTURAL PRACTICESRESOLVED: That CMA support the development of healthier food systems through federal farm subsidies and legislation; and be it further RESOLVED: That CMA support healthy agricultural practices including, but not limited to, improved food safety, sustainable production methods, reduction of pesticide use, regulation of confined animal feeding operations (CAFOs) and support for local/regional food systems.

Resolution 115a-11

THIRD HAND SMOKE RESOLVED: That CMA support research regarding the possible negative health impacts of third hand smoke.

Resolution 119-11

PNEUMOCOCCAL DISEASE VACCINATION RESOLVED: That CMA support a public health campaign that encourages and enables all at-risk Californians to become fully vaccinated against pneumococcal disease.

Resolution 121-11

NANOPARTICLE TESTING, MONITORING AND REGULATION RESOLVED: That CMA recognize both the benefits and the potential risks to public health and the environment from the widespread use of nanoparticles; and be it further RESOLVED: That CMA endorse responsible regulation of existing or new nanoparticles prior to their introduction in industrial or consumer products, such as, but not limited to, standardized research, toxological testing, biomonitoring and product labeling; and be it further RESOLVED: That this matter be referred for national action.

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Resolution 122-11

TRICLOSAN ANTIMICROBIAL SOAP RESOLVED: That CMA recognize the toxicity and potential adverse health and environmental effects of Triclosan-containing products and endorse efforts to eliminate this chemical from consumer and health care products; and be it further RESOLVED: That CMA encourage the Food and Drug Administration to finalize the antimicrobial monograph first drafted in 1978 and updated in 1994 which found evidence for the safety and effectiveness of only alcohol and iodine-based topical products in health care use; and be it further RESOLVED: That CMA encourage the education of members on the issue of the importance of proper hand hygiene and the preferential use of plain soap and water or alcohol-based hand sanitizers in health care settings, consistent with the recommendations of the Centers for Disease Control; and be it further RESOLVED: That this matter be referred for national action.

Resolution 124-11

NUCLEAR POWER PLANT SAFETY RESOLVED: That CMA call upon the Nuclear Regulatory Commission to expeditiously implement the recommendations of its Japan Task Force report; and be it further RESOLVED: That CMA encourage the Nuclear Regulatory Commission and other oversight agencies to apply new technologies that will assess seismic risk prior to any licensing renewal of nuclear plants.

REFERENCE COMMITTE B

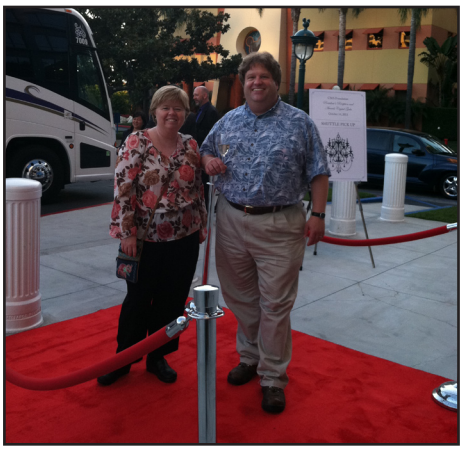
(Government Health Programs & Health Reform)

Resolution 204a-11

MEDI-CAL ENROLLMENT AT POINT OF CARE RESOLVED: That CMA support allowing eligible uninsured patients to enroll in Medi-Cal and other publicly funded health care programs at the time that they receive care.

Resolution 205a-11

EFFECT OF MEDI-CAL FUNDING CUTS ON ACCESS TO CARE RESOLVED: That CMA request that the Centers for Medicare and Medicaid Services require the California Department of Health Care Services to provide independently verified studies and data comparing access to physicians' services by Medicaid and commercially insured patients in California since state cutbacks; and be it further RESOLVED: That CMA request that CMS require the Department of Health Care Services to make this information available to the public.



Resolution 207a-11

CORPORATE BAR ENFORCEMENT RESOLVED: That CMA advocate for stronger regulatory enforcement of the corporate practice of medicine bar by the appropriate agencies.

Resolution 210-11

PATIENT CENTERED MEDICAL HOME MODEL APPROPRIATE FOR CALIFORNIA RESOLVED: That CMA actively participate with the California Chapters of the American College of Physicians, in collaboration with other interested county or specialty societies, to submit an application to the Center for Medicare and Medicaid Innovation for a pilot Patient Centered Medical Home Model that would be appropriate for patients and physicians in California; and be it further RESOLVED: That the pilot project shall be consistent with CMA policy regarding the patient-centered medical home, including provision of culturally competent care.

REFERENCE COMMITTEE C:

(CMA Membership, Finance & Governance)

Resolution 309-11

ESTABLISHMENT OF CMA SENIOR PHYSICIAN FORUM RESOLVED: That CMA establish a senior physician forum or section similar to the AMA Senior Physicians Forum; and be it further RESOLVED: That CMA support the formation of senior physician forums at the component organization level, i.e. county medical and specialty groups; and be it further RESOLVED: That the CMA senior physician group investigate and implement existing programs in other states that utilize senior physicians to support the goals of CMA including educating the public, advising medical students and residents, and sponsoring physicians beginning practice. Action: Referred to Board of Trustees for study and report back .

REFERENCE COMMITTEE D

(Insurance & Physician Reimbursement)

Resolution 403-11

HEALTH INSURANCE COVERAGE OF CONTRACEPTION RESOLVED: That CMA support the coverage, without co-payments, of all FDA-approved contraception methods and sterilization as a mandated health benefit of all health plans.

Resolution 404a-11

DOCUMENTATION REQUIREMENTS FOR CONSULTATION AND PHARMACY BENEFITS RESOLVED: That CMA

take action to oppose payers' unreasonable documentation requirements on physicians for the reimbursement of consultation and pharmacy benefits.

Resolution 408-11

OUT OF NETWORK BENEFIT PAYMENTS RESOLVED: That CMA take action to require insurance companies to issue payments directly to out-of-network physicians whose patients have signed an assignment-of-benefits form; and be it further RESOLVED: That CMA take action to require insurance companies to send an explanation of benefit notice to the physician each time a payment is sent to their patient.

REFERENCE COMMITTEE E

(Quality, Ethics & Medical Practice Issues)

Resolution 508-11

CLINICAL RESEARCH: BANNING "SEEDING" AND SIMILAR MARKETING TRIALS RESOLVED: That CMA deplores pharmaceutical "seeding" and other pseudo-clinical trials that mix marketing with research and expose patients to inadequate safeguards without true informed consent; and be it further RESOLVED: That CMA hold that physicians should not participate in "seeding" or similar trials nor accept payment for enrolling patients in such clinical studies; and be it further RESOLVED: That this matter be referred for national action. Action: Referred to Board of Trustees for study and report back

Resolution 511a-11

CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION RESOLVED: That CMA continue to take an active role in educating physicians of the need and means to protect the confidentiality and security of all protected health information, including electronic health records.

Resolution 516-11

FEDERAL LIABILITY PROTECTION FOR EMTALA MANDATED CARE RESOLVED: That CMA support the extension of the Federal Tort Claims Act (FTCA) to all EMTALA mandated care; and be it further RESOLVED: That CMA draft and advocate a resolution at the AMA House requesting that the AMA conduct a legislative campaign, coordinated with national specialty societies, targeted toward extending FTCA protections to all EMTALA-mandated care, and that the AMA assign high priority to this effort.

Resolution 525a-11

ELECTRONIC HEALTH RECORD "LEMON LAW" RESOLVED: That CMA publicize EHR problems as they arise and work to require that EHR vendors allow physicians to cancel the sale of an EHR product within three months after the purchase date if the product is not meeting the needs of the physician and/or the product capability and/or support was misrepresented by an EHR vendor upon purchase by the physician; and be it further RESOLVED: That CMA maintain a record of feedback and specific complaints by physicians about EHR products and vendors, which all CMA members can access on the CMA website; and be it further RESOLVED: That this matter be referred for national action.

REFERENCE COMMITTEE F

(Health Professions & Facilities)

Resolution 601a-11

MEDICAL EDUCATION DEBT RESOLVED: That CMA form a technical advisory committee, which will include representation from the Medical Student, Resident and Fellow and Young Physicians sections, to study and report on strategies for reducing medical education debt; and be it further RESOLVED: That CMA support studying and implementing strategies to obtain no and low-interest loans, including allowing the refinancing of medical education debt.

Resolution 607-11

(Locally authored resolution!)

BOARD CERTIFICATION EXAM LOCATIONS RESOLVED: That CMA, in conjunction with county medical societies, specialty societies, the American Board of Medical Specialties and the American Osteopathic Association Board of Osteopathic Specialties, assist in the identification and qualification of additional testing sites that can administer specialty re-certification exams.

Resolution 612a-11

ENVIRONMENTALLY SUSTAINABLE HOSPITALS RESOLVED: That CMA encourage its members and all physicians to support establishing environmentally sustainable practices for how hospitals are designed, built, and operated.

Resolution 613a-11

DECEPTIVE PREGNANCY "COUNSELING" CENTERS RESOLVED: That CMA support that any entity offering pregnancy counseling that does not provide medical services, provide contraception, terminate pregnancies, and/or refer to medical providers who do, must disclose this information on-site and in their advertising, and before any services are provided; and be it further RESOLVED: That any entity claiming to provide medical or health services to pregnant women should be prohibited from marketing medical or any clinical services unless they are licensed to provide such services and have the appropriately qualified and licensed personnel to do so, and abide by federal health information privacy laws; and be it further RESOLVED: That this matter be referred for national action. §

CLASSIFIED ADVERTISEMENTS

JOB OPPORTUNITIES

Also refer to Practice Opportunities on our website www.hdncms.org

WANTED ADVANCED PRACTICE CLINICIAN for multi-clinician Family Practice office with >20 years of experience, 2 locations; Fortuna and Ferndale, on the beautiful Northern Coast of California. Competitive salary and benefits package, Rural Health Clinic with federal loan payback options, equal opportunity employer. Minimum of 2 years experience required. For more information please call, 530-941-7612, or fax CV to 707-725-2978. *(db911)*

FOR SALE. House with ocean view for sale, CA 95503. 4 BR 4 BA. 3-car garage. 7000sqf. 9 acre lot. Fully fenced in. $1,260,000 OBO. For pictures: www.owners.com, listing ID JMD6087. MLS listing 234140. Regina Scholz. Regina_scholz@yahoo.com, 707-845-4740. *(rs1011)*

PART TIME/FULL TIME OCCUPATIONAL HEALTH FAMILY NURSE PRACTITIONER OPPORTUNITY – seeking a Certified Family Nurse Practitioner to work at St. Joseph Works - Occupational Health Clinic on a part time basis with the possibility of full time if desired. We offer excellent compensation and a robust benefits package. If interested, please apply at http://www.cepamerica.com/careers. *(eg911)*

PART TIME (TEMPORARY) URGENT CARE PHYSICIAN OPPORTUNITY – seeking a Board Certified Family Practice or Emergency Medicine Physician to work at St. Joseph Urgent Care Center on a part time basis for approximately 6 months. **If interested, please contact Eric Gerdes, D.O. at** ericgerdes@cep.com *(eg711)*

FNP/NP or PA-C NEEDED. Pt time with option of full-time. Inpatient experience preferred, but not required. Contact Nina, 725-4477. *(rr1011)*

WANTED - FAMILY PRACTICE PHYSICIAN Full or part time. Aviation Medical Examiner preferred. Contact George Jutila, M.D., 725-3334 or home.md@suddenlink.net *(GJ)*

PROPERTY FOR SALE/ RENT/ LEASE

FOR LEASE: Join our new professional medical facilities near Mad River Hospital. Build to suit in new Planned Unit Development. 1200 - 4000 sq. ft. spaces. Contact Mark , 707-616-4416 or e-mail: Jones202@suddenlink.net.

MEDICAL OFFICE SPACE AVAILABLE - LEASE.
2504 Harrison Avenue, Eureka. Call: (916) 261-8088.

MISCELLANEOUS

FOR SALE. 4 locking file cabinets. Keys included. $100 or best offer. Contact Elesha at Eureka Pediatrics, 445-8416. *(me911)*

FOR SALE.

- Welch wall mounted Blood Pressure Monitor
- -Metal x-ray storage shelves - (2) 5 tier (1) 6 tier
- -Blood draw chair
- -Ambco Audiometer model 650
- -Large Dry Erase Board
- -2 bullet proof reception desk windows with metal mounting hardware

Contact: Nancy Craig, 442-5335 X 338 *(bc611)*

Did You Know.....
Members can request to post physician and APC recruitment notices on the website at no charge.

Display Advertising Rate Schedule

SIZE	MONTHLY	SIZE
1/4 Page	$140.00	7.45" x 2.61"
1/2 Page	$160.00	7.45" x 5.23"
1/3 Page Vertical	$150.00	2.37" x 9.95"
Full Page	$200.00	7.45" x 9.95"
Inside Cover/Full Page	$275.00	7.90" x 10.40"
Business Card Ad	$65.00	Copy Ready 2" x 3.5"
Classified Ads	$5.25 per line	

DEADLINE: 15th day of the preceding month to be published