

PHILADELPHIA INTERNATIONAL MEDICINE® NEWS BUREAU

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For immediate release:

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Editors note: Research, new techniques and improved facilities by Philadelphia International Medicine hospitals and physicians may lead to new ways to treat some of our most challenging diseases. Below are just some examples from our hospitals.

**National Bariatric Surgery Organization Recognizes Pennsylvania Hospital
for Excellence in Outcomes**

Philadelphia – Pennsylvania Hospital announced today that it has been named an American Society for Metabolic and Bariatric Surgery (ASMBS) Bariatric Surgery Center of Excellence®. The ASMBS Center of Excellence designation recognizes surgical programs with a demonstrated track record of favorable outcomes in bariatric surgery. Pennsylvania Hospital is part of the University of Pennsylvania Health System. “This distinction recognizes the expertise of our experienced surgeons and our institutional commitment to quality programs and services,” says Robert Haffey, RN, MBA, Vice President of Clinical Services and Chief Nursing Officer. “In a growing market and increased options in bariatric surgery, the ASMBS Center of Excellence distinction sets Pennsylvania Hospital apart.”

The Bariatric Surgery program at Pennsylvania Hospital offers severely obese patients a specialized program that caters to their specific needs. The core team consists of surgeons, nutritionists, psychologists, and internists who provide each patient with expert care before and after weight-loss surgery.

To earn a Center of Excellence designation, the program underwent a series of site inspections during which all aspects of the program's surgical processes were closely examined and data on health outcomes was collected.

Obesity has become a significant national health issue, with the Centers for Disease Control and Prevention (CDC) reporting that 66 percent of all US adults are overweight or obese. Morbid obesity is closely correlated with a number of serious conditions that severely undermine the health of overweight patients, including heart disease, high blood pressure and diabetes.

“The Bariatric program at Pennsylvania Hospital has achieved excellent patient outcomes through the implementation of a rigorous screening process, the advanced surgical skills of our physicians, and the comprehensive follow up care provided by our multidisciplinary team. Our comprehensive program is designed to ensure that our patients are physically and mentally prepared for surgery,” notes Matt Kirkland, MD, Medical Director of Pennsylvania Hospital’s Bariatric Surgery program.

Pennsylvania Hospital’s experienced surgeons are well-versed in both laproscopic (minimally-invasive) and open surgeries, and perform the latest, most-advanced bariatric surgery procedures, including LAP-BAND® and roux-en-y gastric bypass surgery.

In becoming a Bariatric Surgery Center of Excellence, the program has held itself to the highest standards in the industry and is recognized for its dedication to helping patients achieve their lifestyle and weight loss goals.

Pennsylvania Hospital is the nation’s first, founded in 1751 by Benjamin Franklin and Dr. Thomas Bond. Today, the 515-bed acute care facility offers a full-range of diagnostic and therapeutic medical services and is a major teaching and clinical research institution. With a national reputation in areas such as orthopedics, cardiac care, vascular surgery, neurosurgery, otorhinolaryngology (ENT) and urology as well as obstetrics, high-risk maternal and fetal services, neonatology, and behavioral health, the campus also includes specialty treatment centers such as the Joan Karnell Cancer Center, the Center for Bloodless Medicine and Surgery and the PENN Neurological Institute. The hospital has over 25, 000 admissions each year, including over 4,600 births. Pennsylvania Hospital is part of the University of Pennsylvania Health System and is located in the historic Society Hill district of Philadelphia.

Temple University Hospital Is Among First to Implant a Medical Device to Treat Hypertension

In a five-hour surgical procedure, John Blebea, MD, professor and chief of Vascular Surgery at Temple University School of Medicine and Temple University Hospital, implanted a medical device in 53-year-old patient Hazelene Jackson to treat her uncontrolled hypertension, or high blood pressure. The FDA-approved investigational device, called the Rheos™ system, is designed to stimulate the body’s natural system of lowering blood pressure.

With the implantation, Temple University Hospital became one of the few clinical sites that are participating in an FDA-approved clinical trial of the Rheos® Baroreflex Hypertension Therapy™ System – which is designed to treat hypertension in patients who cannot control their blood pressure with medications and lifestyle changes.

Called “the silent killer,” hypertension affects about 72 million people in the United States and is the leading cause of stroke, heart attack, heart failure, and kidney disease. Hypertension – which can affect individuals of any age, gender or race – causes an estimated one in every eight deaths worldwide.

Approximately 25 percent of people with hypertension cannot control their blood pressure, despite the use of multiple medications. Ms. Jackson, who has struggled with the effects of high blood pressure her entire life, is one of those patients. Despite a daily regimen that has included six different medications, her blood-pressure has remained uncontrolled. “Taking so many medicines is a great hassle,” she says. While she admits she would “love to be pill free,” she is very proud of her role as a medical “pioneer” because her efforts may contribute to “the birth of a possible solution to the problem of uncontrolled hypertension.”

The Rheos® system uses the body’s own natural blood-pressure regulation system (baroreflex) to control blood pressure. The baroreceptors are located on the carotid arteries, which carry blood to the brain.

The system includes: an iPod-sized “pulse generator” that is implanted below the collar bone; two thin lead wires that are implanted at the left and right carotid arteries and connect to the pulse generator; and an external device used by physicians to non-invasively regulate the activation energy from the pulse generator to the lead wires.

The system electronically activates the baroreflex, which sends signals via nerves to the brain suggesting a blood-pressure increase. Then, the brain acts to lower blood pressure by sending signals to various parts of the body – including the blood vessels, heart, and kidney -- to reduce blood pressure.

“The Rheos therapy is an innovative treatment designed to electrically activate the baroreflex, the body’s own monitoring system, to watch and control blood pressure,” explained Dr. Blebea, principal investigator for the Rheos Pivotal Trial. “It takes advantage of the function of the body’s natural pressure sensors to reduce blood pressure and improve cardiovascular function.”

The Rheos® Pivotal Trial – to be conducted at up to 50 clinical sites and include 300 patients – is designed to determine safety and effectiveness of the Rheos system for the indication of resistant hypertension. The trial is being sponsored by CVRx, Inc., which also developed the proprietary Rheos technology.

Should Children Be Permitted to Get Genetic Testing for BRCA 1 / 2 Mutations?

Many Carriers of BRCA Mutation and Their Adult Offspring Say Yes

It’s an ethical dilemma with serious implications. Should children be tested for gene mutations that predispose them to developing breast cancer and/or ovarian cancer later in life? New research suggests the next generation of parents may support testing minors even when any steps to reduce that risk will be postponed until adulthood – a finding that challenges current policies.

In the study to be published in the American Journal of Medical Genetics (Vol. 148C, Feb. 15, 2008 in print), researchers surveyed 53 BRCA mutation carriers who had children under 25 years of age at the time they received their genetic test results. In addition, 22 adult offspring of these parents were interviewed. The

majority of parent participants were mothers (89%) although the offspring included both sons (45%) and daughters (55%). Interview subjects were recruited through the University of Chicago Cancer Risk Clinic. Combining the responses of parents and offspring, 40% supported genetic testing of minors with half in favor only in certain circumstances. A majority of sons and daughters –potential consumers of genetic testing, supported testing minors.

“The latter finding is interesting,” said lead author Angela Bradbury, MD, of Fox Chase Cancer Center. “It signals that the next generation may be more comfortable with genetic testing. This could be because their generation grew up with genetics, learning about it in school or from the news, unlike their parents. To them, genetic testing may not be exceptional.”

A majority of professional groups recommend against the genetic testing of minors in the absence of medical benefit. Carriers of a BRCA 1/2 mutations will not necessarily develop cancer but their risk is increased. Men with an alteration face an increased risk of developing prostate, breast and pancreatic cancer. Women with an alteration are at an increased risk of developing breast and/or ovarian cancer. Risk reduction options such as prophylactic surgeries, heightened surveillance and or chemoprevention are generally not recommended until the age of 25.

“We already know that many adults who choose to undergo genetic testing do it ‘for their children’s sake,’ so it’s not a far stretch to imagine that parents might grapple with whether or not their children should be tested,” explained Dr. Bradbury, director of the Margaret Dyson Family Risk Assessment Program at Fox Chase.

Dr. Bradbury says while the results are interesting, they are exploratory and need to be reproduced in a larger and broader sample. “Nonetheless, there is urgency for more research because current policies advising against genetic testing for minors may not hold up. Increased demand and an availability of testing dictates a need to better understand the risks and benefits of early counseling and/or testing,” she said.

Proponents of testing minors have argued there is harm in uncertainty and withholding information and the potential for later misdiagnosis. Other arguments in favor of testing include the fostering of autonomous decision-making abilities. Additionally, many argue that parents and their children are more likely than health care professionals to most appropriately assess the risks and benefits of testing an individual child.

Those opposed to testing argue that the development of mature decision-making is variable during adolescence and letting parents make testing decisions for their minor children violates the future autonomy of offspring. Others cite potential adverse psychological consequences to early testing including increased disease-related distress and anxiety, distortion of family relationships, interference in normal development of self-concept and feelings of unworthiness.

“Despite this debate, empirical data to support either argument are lacking, especially in the setting of families affected by BRCA mutations,” Dr. Bradbury concluded.

Philadelphia International Medicine is an organization that provides medical and patient support services to international patients. It also provides continuing medical education and health care training and education to international physicians, administrators and other practitioners. As the international department of several Philadelphia-area hospitals, international patients gain access to physicians and hospitals rated among the best in the world through one telephone call to PIM. You can reach PIM by calling 1-215-563-4733; fax, 1-215-563-2777; or e-mail, physicians@philadelphiamedicine.com. You can find out more about PIM through its Website at www.philadelphiamedicine.com.