The Newsletter of The Executive Registry℠

Health News

Spring/Summer 2006

Breathe Easier: Tools for Managing Asthma

Just as there are many irritants that can cause asthma or bring on an attack, today there are a number of methods to help control the condition, reduce the risk of a severe attack, and enable one to enjoy a normal life.

"There is no typical asthma patient," says **Roger Emert, M.D.**, Clinical Assistant Professor of Medicine and Assistant Attending Physician at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. "Some asthma that comes on during hay fever season is entirely an allergic reaction. Other people develop asthma independently of pollen in the air or other irritants. Each patient's asthma is then managed accordingly."

Asthma is a chronic condition that results from inflammation of the lower airway. The inflammation can be caused by a variety of environmental irritants, for example, seasonal pollen, cat hair, dust mites, or mold spores. "If you have an allergic asthma," says Dr. Emert, "you're most likely to first develop symptoms in your teens or twenties, and it will be an issue for the rest of your life. It is possible for a 60-year-old to develop allergic asthma, but it's much more common in the 20-year-old."

Irritants such as fumes from perfumes, cleaning solutions, or chemicals, as well as diesel exhaust also can trigger an attack in people with non-allergic asthma.

Smoking will make any type of inflammation worse; a cold or flu is a major source of inflammation that can make asthma more severe.

So what can you do to control your asthma? "First," says Dr. Emert, "you need to identify what kind of asthma you have. Do you have allergic asthma or non-allergic asthma? Is the asthma mild or intermittent? If it's just intermittent asthma, you can use an emergency steroid inhaler such as Albuterol or Proventil to manage it. With more persistent symptoms, you might need a daily inhaler that contains an anti-inflammatory medication, such as an inhaled steroid.

"A peak flow meter measures how well you can blow out air and enables you to monitor how well your asthma is controlled with medications," continues Dr. Emert. "If your asthma is getting worse, your peak flow number will start to decrease even before you start feeling tightness."

Skin testing is performed to determine if someone is allergic and to help identify the source. If you identify the external cause, manipulating the environment is the first line of defense—even better than taking medication, says Dr. Emert.

For those who develop asthma as a result of allergies, consider these tips:

- Use a dehumidifier (rather than a humidifier) in the winter if you are allergic to dust mites.
- Have your allergy medications available in early March since trees start pollinating before there is a hint of green on them. They have microscopic flowers that

(continued on page 2)

A Word About Tree Pollens

Most people associate their allergies with large flowering plants or trees. According to Dr. Roger Emert, these are not the trees you need to worry about. It's the junipers and cedars, which begin pollinating in early March, that cause allergies to come on. Maple, oak, and similar large trees also cause allergy symptoms even though you can't really see their flowers. But they produce a microscopic flower that pumps lots of pollen into the air. The magnolia, on the other hand, with its big flowers, does not produce a lot of airborne pollen. Pine is not a major allergen. You can park under a pine tree in the summer and see its pollen lying on the car, but this type of pollen is actually too large to get into people's airways to cause significant problems.

What's Inside

To Tan or Not to Tan?

According to **Peter Halperin, M.D.**, Assistant Clinical Professor of Dermatology at Weill Medical College of Cornell University, there is no question about it. Don't tan! Today thousands of sun worshippers in the U.S. not only flock to the beach, but many also visit tanning salons to maintain that bronzed appearance, unaware that they are damaging their skin.

The Dangers of Tanning

"Healthy skin has never been burned, and healthier skin has never been tanned—whether it's at the beach or a tanning salon," says Dr. Halperin.

Each time skin is exposed to the ultraviolet A (UVA) and ultraviolet B (UVB) rays of the sun, cumulative damage occurs in the form of dark marks on the skin (solar keratosis), pre-cancerous lesions (actinic keratosis), or cancerous lesions (basal cell, squamous cell, and melanoma). Tanning salons primarily deliver UVA rays, causing skin to change to a darker pigment.

"Sometimes people will go to tanning booths to get a base tan for a vacation, but instead of preparing their skin for the beach, they are, in fact, doing double damage—UVA damage at the tanning salon and UVB damage at the beach," says Dr. Haperin.

There are nearly 20,000 tanning salons in the country, visited by over a million people a day. Most tanning salons use UVA light, which is considerably more dangerous than UVA light received from the sun because it is up to three times stronger. It is estimated that a 20-minute session at a tanning salon is equal to a day at the beach.

While it is true that most sun lamps and tanning beds emit mainly UVA radiation and are less likely to cause sunburn than UVB radiation from the sun, it doesn't make them safe. According to the American Academy of Dermatology (AAD), UVA rays have a suspected link to melanoma, and like UVB rays, they also may be linked to immune system damage and premature skin aging.

"But both methods of tanning are bad, and you can abuse both," says Dr. Halperin. "You can stay out all day in the sun and get a horrible burn, or you can have a tanning salon operator who is not skilled and receive a similar burn."

UVA radiation—regardless of its source—is connected to skin cancer. And while skin cancer has been associated with sunburn, moderate tanning may also produce the same effect—not to mention the damage to the immune system and premature aging of the skin.

Since the aging of skin and cancer do not present until many years after exposure, many young people are often unaware of the dangers of tanning. According to the AAD, 80 percent of sun damage occurs before the age of 18. Physicians are especially concerned that cases of skin cancer will continue to increase as the people who are tanning now in their teens and twenties reach middle age.

Peter Halperin, M.D.
Assistant Clinical Professor of Dermatology
Weill Medical College of Cornell University

Breathe Easier: Tools for Managing Asthma

(continued from page 1)

produce wind-borne pollens and can result in allergic problems.

- Use air conditioning to minimize the amount of pollen in your indoor environment, as well as molds of all kinds.
- Stay indoors during your particular allergy pollen season.
- If you are allergic to cats, keep the cat out of the bedroom and put a Hepa filter there.
- Note that ionizers have not been found useful in eliminating allergens from the air or to significantly help allergic conditions.
- And, no matter what type of asthma you have, stop smoking.

In the most severe cases of proven allergic asthma, an anti-immunogobulin E (IgE) agent is now available. No matter what you're allergic to, it blocks the IGE allergic antibody. The injectable medication, which is administered every two weeks, does have side effects, however, and is very expensive.

Researchers continue to make headway in identifying different aspects of the immune system that lead to allergic and non-allergic inflammation, and new drugs will be able to better target a very specific step in the immune cascade to control a wide variety of inflammatory diseases.

Roger Emert, M.D.
Assistant Attending Physician
NewYork-Presbyterian Hospital/
Weill Cornell Medical Center
Clinical Assistant Professor of Medicine
Weill Medical College of
Cornell University

After Breast Cancer Treatment: Preventing Future Risk

"What is my risk of recurrence?" is a frequently asked question by women who have been diagnosed and treated for breast cancer. According to **Eleni Tousimis, M.D.**, a breast surgeon with NewYork-Presbyterian Hospital/ Weill Cornell Medical Center and an Assistant Professor of Surgery at Weill Medical College of Cornell University, a woman has a slightly increased risk of getting a breast cancer again in the same breast as well as the opposite breast.

"The risk of local recurrence in the same breast is about seven percent after lumpectomy and about one percent after mastectomy," says Dr. Tousimis. "The reason that we follow patients every six months for five years is that the risk for recurrence is greatest in the first two years after treatment and still high in the first five years—although it decreases each year. At five years, we can usually reduce the follow-up visits to once a year."

What is involved in follow-up care?

Patients are advised to have a clinical breast examination performed by a breast specialist or breast surgeon on both the affected breast as well as the opposite breast every six months for those first five years. In addition, six months after a lumpectomy, doctors advise having a mammogram on the side that had the breast cancer to make sure the breast is disease-free.

"If a patient has had a mastectomy, then she does not need a mammogram or any future mammograms on the side that had cancer because the breast has been removed," says Dr. Tousimis. "However, we do examine the side that had the mastectomy for any skin lesions that might be a sign of a recurrence of breast cancer—even on the mastectomy side. It usually recurs as a raised reddened nodule on the skin of the chest wall. We also do a clinical breast examination on the opposite breast and advise patients to have a mammogram on the opposite breast every year."

In addition, chemotherapy or radiation therapy may be recommended following surgery to decrease the risk of the tumor returning. For patients who have tumors greater than one centimeter in size or lymph node involvement, chemotherapy after breast cancer surgery can decrease the risk of recurrence by about 30 percent.

Seventy percent of all breast cancers are found through breast self-exams.
– National Breast Cancer Foundation

For women who have invasive breast cancer, which means that the cancer has crossed the lining of the duct within the breast, radiation therapy through the whole breast following a lumpectomy can decrease the incidence of local recurrence in the breast significantly. Radiation therapy following lumpectomy also decreases the risk for women who've had intraductal breast cancers, which means the breast cancer cells were confined to the inside of the duct within the breast.

Hormonal therapy, such as Tamoxifen, or newer agents called aromatase inhibitors, is recommended for women who have hormone (either estrogen or progesterone) receptor positive tumors. These agents are used to lower the risk of the cancer returning, improve survival after surgery, and lower risk of breast cancer developing in the other breast. Tamoxifen, which has been used since the 1970s, blocks estrogen receptors. Aromatase inhibitors, which are only used with postmenopausal women, lower the amount of estrogen in the body. These hormonal agents are given for five years duration.

Taking Tamoxifen can bring on menopausal-type symptoms, including hot flashes, headaches, and weight gain. About one percent of women will suffer deep vein thrombosis or blood clots which can be life-threatening, and about one percent of women reported cases of uterine cancer. "Therefore, we do not offer Tamoxifen to any women who have a history of clotting disorders or a family or personal history of uterine cancer," says Dr. Tousimis.

What are the signs of breast cancer?

According to the National Breast Cancer Foundation, 70 percent of all breast cancers are found through breast self-exams. Signs include:

- A firm, and most often painless lump
- Swelling or unusual appearance of a portion of the skin on the breast or underarm
- Inverted breast nipple or development of a rash, changes in skin texture, or discharge other than breast milk
- A depression in an area of the breast surface

(continued on page 4)

Robotic Prostatectomy: A New Frontier

Today, men diagnosed with prostate cancer no longer have to face major surgery involving large incisions and post-operative side effects such as loss of bladder control and sexual function. Robotic-assisted laparoscopic prostatectomy—a revolutionary and advanced prostate cancer treatment—has profoundly changed the options for prostate cancer patients.

"The robot gives you greater magnification and a better range of motion, allows you to get into spaces that normally would be difficult with open surgery and, since you have a bloodless field, the surgeon can see the nerves that are responsible for sexual function really well," says **David Samadi, M.D.**, Director of Robotic Surgery, NewYork-Presbyterian Hospital/Columbia University Medical Center and Assistant Professor of Urology, Columbia University College of Physicians and Surgeons. "With robotic prostatectomy, my patients are spending less than 24 hours in the hospital. They lose less blood, have less pain, and avoid the familiar unwanted side effects of other treatments."

Robotic Prostatectomy: Benefits at a Glance

Patients who undergo robotic prostatectomy as compared to open surgery will find many benefits, including:

- A shorter hospital stay
- Less pain
- Decreased risk of infection
- Reduced blood loss and transfusions
- Less scarring
- Faster recovery
- Quicker return to normal activities

However, Dr. Samadi points out, the success of a robotic program lies not only in the new technology, but also in the skill of the surgeon in performing open surgery, as well as in his or her training in laparoscopic procedures. It is this unique combination that leads to good outcomes.

The minimally invasive procedure is performed through a few small "keyhole" entrances. The surgeon controls the robotic device consisting of high-resolution cameras and micro-surgical instruments. Using these finely controlled robotic instruments, the surgeon can manipulate tissue with great precision and remove the prostate gland without harming surrounding tissue, as well as protect delicate prostate nerves controlling bladder and sexual function.

Dr. Samadi is now expanding robotic surgery to the treatment of bladder cancer. "Following chemotherapy for bladder cancer, we have been able to remove the whole bladder and the prostate using the robot. This is an exciting time and we're expanding the horizon to treat other types of cancer."

David Samadi, M.D.
Director, Robotic Surgery
NewYork-Presbyterian Hospital/
Columbia University Medical Center
Assistant Professor of Urology
Columbia University College of
Physicians and Surgeons
robotmd@aol.com
www.roboticoncology.com

After Breast Cancer Treatment: Preventing Future Risk

(continued from page 3)

Since not all lumps are detectable by touch, regular mammograms are also recommended. And remember, eight out of 10 lumps are not cancerous. But when breast cancer is detected early, the five-year survival rate is 96 percent, and more than two million breast cancer survivors are alive in the United States today.

Eleni Tousimis, M.D.
Breast Surgeon
NewYork-Presbyterian Hospital/
Weill Cornell Medical Center
Assistant Professor of Surgery
Weill Medical College of
Cornell University

Your Membership

You are a phone call away from:

- consultation 24 hours a day
- a physician appointment
- pre-travel planning for medical care
- international access
- air medical evacuation
- second opinions
- coordination of executive physicals

Call the telephone numbers on the back of your membership card.

International Collect:
Call 0 (212) 472-4444

United States Toll Free:
1 (800) MD4-EXEC (634-3932)

Local (New York): (212) 472-4444

A Close Watch on Women's Hearts

According to the National Coalition of Women, more than 8 million women in the United States have been diagnosed with heart disease. About 6 million women have had a history of either heart attack or angina. Some 400,000 women have heart attacks each year, at an average age of 70. As in men, heart disease is the leading health cause of death in women. And the mortality from coronary artery disease in women is more than five times that of breast cancer.

Coronary Artery Disease: The Gender Gap

"The process leading to heart disease can start as early as the teen years and endure over decades," says **Sanjay Gandhi, M.D.**, Medical Director, Cardiac Care Unit, Wake Forest University Baptist Medical Center. "That process is much more delayed in women compared to men before age 55. After 55, and especially after age 60, women catch up and the prevalence of coronary artery disease approaches what we see in men."

According to Dr. Gandhi, there are several hypotheses. "The process of atherosclerosis may be different in women," says Dr. Gandhi. "Typically atherosclerosis from plaque formation produces large areas of blockages in the coronary arteries. Often with women, and certainly women under 60, you don't quite have these isolated areas of plaque, but rather very subtle areas of thickening. Additionally, it has been traditionally thought that there are some protective benefits from estrogen—so much so that in the past estrogen was actually prescribed because of its cardio-protective benefit. In fact, we've learned that estrogen, when it comes to heart disease, could actually be counterproductive."

Risk factors for developing coronary artery disease are similar for men and women. These include abnormal cholesterol levels, in particular, a high LDL cholesterol; cigarette smoking; diabetes; hypertension; a sedentary lifestyle; and obesity. Other risk factors include a family history of premature coronary artery disease—and, until age 60 and beyond, male gender.

Heart Attack: Different Symptoms, Same Treatment

The classic symptoms for a heart attack are crushing pain in the mid-chest, which often radiates to the neck, the arms, and up to the jaw. While more common in men, these symptoms will also present similarly in women. However, a woman does not necessarily feel pain in the center of the chest, but rather lower in the epigastric area. Women may have gastrointestinal-associated symptoms, such as nausea and vomiting. They may also have more shortness of breath and a sense of weakness.

For both men and women who have had some type of event related to coronary artery disease, a coronary procedure, such as bypass surgery or angioplasty, would be advised. "We have also learned that using the class of drugs called statins to control cholesterol results in an equally protective benefit for both men and women," says Dr. Gandhi. "Probably the biggest controversy is the role of aspirin in prevention. Some data suggest that for men over 50, there could be some cardio-protective benefit from aspirin, even without a history of heart problems. So far, that same benefit has not been shown in women in the same age group."

And although women usually have heart attacks later in life, when they do have a heart attack, their overall outcome is worse as compared to men. "This can be attributed to several factors," he notes. "A woman's symptoms are not as obvious as a man's and so treatment may be delayed. Secondly, not only is it harder to identify women's symptoms, but they also may, in fact, present later initially, which makes it more difficult to treat. And, even if you try to control some of those issues, the mortality rate for women who have their first attack is higher."

The Good News

According to a report in *Circulation: Journal of the American Heart Association*, women's rate of awareness that heart disease is the leading cause of death has nearly doubled from 30 percent in 1997 to 55 percent today. And, more importantly, a national study of more than 1,000 women also showed that this awareness has led to significantly more action to improve their own heart health and that of their family members.

Sanjay Gandhi, M.D.
Assistant Professor of Medicine, Cardiology
Wake Forest University School of Medicine
Medical Director, Cardiac Care Unit
Wake Forest University Baptist Medical Center

The Executive Registry National and International Network

NETWORK HOSPITALS

Argentina, Buenos Aires
The British Hospital of Buenos Aires

Austria, Vienna
Confraternitat Privatklinik Josefstadt

Australia, Sydney
St. Vincent's Hospital

Bahrain, Manama
International Hospital of Bahrain

Belgium, Brussels
University Clinic St. Luc

Brazil, Joinville-Santa Catarina
Dona Helena Hospital

California, Los Angeles
Cedars Sinai Medical Center

California, Menlo Park
Menlo Medical Clinic
Stanford Hospitals & Clinics

California, Rancho Mirage
Eisenhower Medical Center

Canada, Edmonton
Caritas Health Group

Chile, Santiago
Clinica Las Condes

China, Beijing
Peking Union Medical College Hospital

China, Shanghai
Hua Shan Hospital

DC, Washington
Georgetown University Hospital

El Salvador, San Salvador
Hospital de Diagnostico

England, London
The Harley Street Clinic
The Lister Hospital
London Bridge Hospital
The Portland Hospital
The Princess Grace Hospital
The Wellington Hospital

Florida, Miami
University of Miami/
Jackson Memorial Medical Center

Florida, West Palm Beach
University Clinical Associates

France, Paris
The American Hospital of Paris

Georgia, Atlanta
Emory Clinic

Germany, Berlin
Krankenhaus Waldfriede
The German Heart Institute

Germany, Dusseldorf
Universitatsklinik und Poliklinik

Germany, Munich
Stadt. Krankenhaus Munchen-
Bogenhausen

Greece, Athens
Diagnostic and Therapeutic Centre
of Athens
Hygeia Hospital

Guam, Tamuning
Guam Memorial Hospital

Hong Kong, Hong Kong
Hong Kong Adventist Hospital

India, Mumbai
P.D. Hinduja National Hospital and
Medical Research Center

Ireland, Dublin
Mater Private Hospital

Israel, Jerusalem
Hadassah-Hebrew University Medical
Center

Israel, Tel Hashomer
The Chaim Sheba Medical Center

Italy, Milan
Ospedale San Raffaele

Italy, Rome
Rome American Hospital

Japan, Kamakura
Shonan Kamakura General Hospital

Jordan, Amman
Al Khalidi Medical Center

Korea, Seoul
Severance Hospital

Malaysia, Kuala Lumpur
Subang Jaya Medical Center

Massachusetts, Boston
Massachusetts General Hospital

Mexico, Mexico City
The American British Cowdray
Medical Center

New York, New York
NewYork-Presbyterian, The University
Hospital of Columbia and Weill Cornell

North Carolina, Winston-Salem
Wake Forest Baptist Medical Center

Panama, Panama City
HCI Centro Medico Paitilla

Peru, Lima
British American Hospital

Phillipines, Queson City
St. Luke's Medical Center

Poland, Poznan
MSW Hospital

Portugal, Lisbon
Clinica Medica Internacional de Lisboa

Puerto Rico, Santurce
Pavia Hospital

Singapore
Mount Elizabeth Hospital Ltd.
National University Hospital
Glen Eagles

Spain, Barcelona
Centro Medico Teknon
Clinica Quiron
Institut Dexeus

Spain, Madrid
Complexo Hospitalario Juan Canalejo

Spain, Palma de Mallorca
Policlinica Rotger

Switzerland, Bern
University Hospital of Bern

Switzerland, Interlaken
Interlaken Regional Hospital

Switzerland, Zurich
University Hospital

Taiwan, Taipei
National Taiwan University Hospital

Thailand, Bangkok
BNH Medical Center, Ltd.

Turkey, Istanbul
American Hospital of Istanbul

Vietnam, Ho Chi Minh City
Cho Ray Hospital

PHYSICIAN AFFILIATE SITES

Alaska, Anchorage

Amsterdam

Arizona, Phoenix

Belarus, Minsk

Bolivia, La Paz

Canada, Ottawa, Toronto, Vancouver

Costa Rica, San Jose

Croatia, Zagreb

Czech Republic, Prague

Dominican Republic, Santo Domingo

Ecuador, Quito

Egypt, Alexandria, Cairo

Finland, Helsinki

Florida, Naples

Georgia, Tbilisi

Germany, Cologne, Frankfurt

Global Doctor

China: Beijing, Chendu, Nanjing
Indonesia: Jakarta, Bali
Malaysia: Kuala Lumpur, Lang Kawi, Penang
Thailand: Bangkok, Chiangmai

Hawaii, Honolulu

Honduras, Tegucigalpa

India, New Delhi

Indonesia, Jakarta

Italy, Florence

Japan, Tokyo

Kenya, Nairobi

Mexico, Monterrey, N.L.

New Jersey, Neptune

New Zealand, Wellington

Poland, Warsaw

Russia, Moscow, Novosibirsk, St. Petersburg

Slovak Republic, Bratislava

South Africa, Johannesburg

Spain, LaCoruna

Sweden, Stockholm, Goteborg

Uganda, Kampala

Ukraine, Kiev

Uruguay, Montevideo

Vietnam, Hanoi

The Newsletter of The Executive Registry℠
HealthNews

The Executive Registry
525 East 68th Street, Box 114
New York, New York 10021