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The Medical Post

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A happy side-effect?

Smokers who had been prescribed statins to prevent coronary artery disease may enjoy an unforeseen benefit: a slower deterioration in their lungs. This was one of many studies presented at the annual meeting of the American College of Chest Physicians 23

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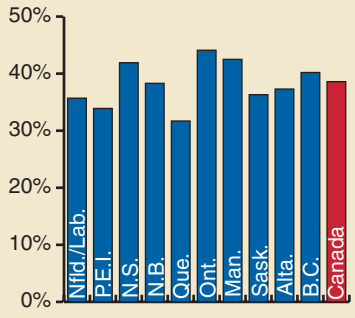
Sometimes a doctor can miss the truth about a patient even when the correct diagnose is right in front of him 39

Snapshot

Projected government health expenditure as a proportion of total government programs, 2005/06. For more on trends in health spending, see page 8



Source: CIHI

Bristol-Myers Squibb/Charlotte Raymond

Flickers of light in the darkness **With almost one-quarter of adults afflicted with AIDS, HIV has devastated the tiny African nation of Lesotho. Here, patients receive care at the Senkatana Centre, which combines medical care with community support programs sponsored by Bristol-Myers Squibb. Dr. Val Rachlis of Toronto visited Lesotho recently and found while there are bright lights of hope in the work of volunteers and the establishment of this centre, he questions whether the developed world is doing enough. See story page 46**

Revenge of the stents

New data analyses reaffirm benefits, safety of drug-eluting models

by Andrew Skelly

TORONTO | Drug-eluting coronary stents have received a lot of bad press lately, with reports the two first-generation devices are associated with increased risks of death and myocardial infarction. But new analyses of clinical trial data have failed to back those findings.

The new reports do confirm a small increased risk of thrombosis one to four years after implantation of drug-eluting stents (DES), but interventional cardiologists say this risk is balanced by lower rates of restenosis—and they point out that longer use of antiplatelet therapy with ASA and clopidogrel (Plavix) may help address the problem.

The latest stent thrombosis controversy heated up earlier this year with presentations at the American College of Cardiology annual meeting in Atlanta and the World Congress of Cardiology in Barcelona suggesting increased mortality and MI risks with the

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Online MD ratings draw fire from CMPA

Letter reminds Web group about Canadian libel laws

by Alison DeLory

OTTAWA | "The worst of the worst. He butchered me," is how one anonymous patient rated his or her Canadian physician at www.RateMDs.com.

Other unflattering comments on the Web site, which invites anyone to share a good or bad experience or opinion of a doctor, included: "Are you planning to commit suicide? Go to this doctor and he will kill you."

The Canadian Medical Protective Association (CMPA) considers these statements defamatory and has successfully pressured the California administrators to delete them from the site. But other comments that remain posted include:

- "Very argumentative and ignores what is being explained to him."
- "Her level of knowledge appears to be mediocre . . . she didn't take responsibility for a mistake she clearly made."

These comments and more are on the Web site next to the names of Canadian doctors.

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Workers' comp deal divides B.C. specialists, FPs

by Ann Graham Walker

VANCOUVER | The British Columbia Medical Association board has endorsed it, the BCMA's Society of Specialist Physicians and Surgeons (SSPS) has sent out an e-mail asking their members to endorse it—but a proposed new Workers' Compensation Board agreement is raising howls from general practitioners who say they weren't properly consulted.

B.C.'s Society of General Practitioners is calling for members to vote against it. GPs make up just less than 50% of BCMA membership.

The new WCB (now called WorkSafeBC) agreement has been under negotiation for 15 months. There were

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Mailing

Late risks offset by early benefits

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two currently approved DESs: Boston Scientific's paclitaxel-eluting Taxus stent and Cordis Corporation's sirolimus-eluting Cypher stent.

In response, the two companies released all the raw data from the key clinical trials of these devices to the Cardiovascular Research Foundation (CRF), a group that helped conduct the trials and is primarily affiliated with Columbia University Medical Centre in New York.

Those data, presented last month at the CRF's annual Transcatheter Cardiovascular Therapeutics (TCT) symposium in Washington, D.C., comprised four Cypher and five Taxus randomized trials compared with bare metal stents (BMS). Neither meta-analysis showed increased risks of death or MI with the DES compared with BMS. However, the Cypher was associated with significantly higher rate of stent thrombosis from one to four years after implantation: 0.6% in 870 patients versus zero in the 878 patients who received a bare metal stent. Similarly, the Taxus showed a late stent thrombosis rate of 0.7% in 1,749 patients, compared with 0.2% in 1,757 BMS patients, a statistically significant difference.

Dr. Martin Leon, presenter of the Taxus data, told reporters at the meeting that there has been a "hysterical over-reaction" to the studies presented in Barcelona. "The results that were reported at the European congress represented an incomplete data set," said Dr. Leon, chairman emeritus of the CRF and associate director of the Centre for Interventional Vascular Therapy at Columbia University Medical Centre.

"Patients are not being harmed with the use of drug-eluting stents, and any small increase that may occur in heart attacks and deaths after one year is offset by a reduction of those similar events before one year, associated with the dramatic decrease in the frequency of restenosis."

Safer stents coming

However, Dr. Gregg Stone, presenter of the Cypher data and chairman of the CRF, noted the clinical trials of both devices were restricted to patients with simple to moderately complex lesions, and registry data suggest annual late stent thrombosis rates may be closer to 0.50%, compared with 0.15% to 0.20% in the clinical trials. "I think we do need safer, more effective drug-eluting stents, and the companies are working, now that they realize there is this problem, on developing those devices," said Dr. Stone, also at Columbia.

Canadian interventional cardiologists who spoke with the *Medical Post* agreed the recent bad publicity over late stent thrombosis had been blown out of proportion, and that the issue can be addressed through longer antiplatelet therapy and improved technology.

"There's been a lot of fear propagated as a result of this," said Dr. Eric Horlick, an interventional cardiologist at Toronto General Hospital who was at the TCT symposium in Washington. He said cardiologists at the meeting reported that patients were asking to have their drug-eluting stents removed, believing they were a "time bomb." He himself had one patient write him a letter about the issue.

"This (late stent thrombosis) is a problem that affects a very, very small number of patients who receive drug-eluting stents. I think we're very sensitive to it, and we do have strategies to prevent this from happening, such as treating with a longer duration of Aspirin and clopidogrel, such as choosing the patients carefully," for example, by ensuring they are willing and able to comply with long-term clopidogrel therapy.

He pointed out the clinical trials of the Cypher and Taxus stents were done with three to six months of clopidogrel plus ASA, but the typical practice is to continue dual therapy for a lot longer. "Many people, including myself, especially if we do complex procedures, will give at least one year of clopidogrel. . . . Some people are keeping their patients on indefinite clopidogrel in combination with Aspirin, because of the concern about late stent thrombosis."

However, Dr. Marino Labinaz, a Heart and Stroke Foundation spokesman and director of cardiac catheterization and interventional cardiology at the University of Ottawa Heart Institute, pointed out that Ontario's drug benefit program pays for only one year of clopidogrel, and other provinces have much shorter coverage periods for the medication, which costs between $2 and $3 a day. "Some patients who have to pay for it complain about the cost," he said in an interview.

Dr. Labinaz agreed the late stent thrombosis controversy "has been a bit premature and a bit sensationalized."

Drug-eluting stents costly

He pointed out DES are at least two to three times more expensive than BMS, and in Canada are usually reserved for patients with a high risk of restenosis. Consequently, they account for a much lower proportion of coronary stenting procedures than the 80% to 90% rates at some European and U.S. centres. Funding for the devices varies by province, and allows hospitals to use them in anywhere from 10% to 50% of stenting procedures, he estimated.

Dr. Labinaz said one possible explanation for late stent thrombosis in DES is that the released medication delays the growth of tissue over the stent, and the exposed surface of the device may promote clotting. "With the current technology, maybe we're inhibiting (healing) a bit too much." However, patient-specific factors, or factors related to stent placement, could also be contributing to the increased risk.

Both physicians emphasized the importance of uninterrupted antiplatelet therapy, even when patients undergo dental procedures and, depending on the bleeding risks, surgery. "A little bit of extra bleeding pales in comparison to having a stent thrombose with a potential fatal heart attack as a result," Dr. Labinaz said.