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WHAT'S NEW

Proposed EHR 'Meaningful Use' Criteria Chart Path to Incentives

Physicians can earn bonuses worth up to $64,000 over 5 years for using a certified EHR system.

BY JOYCE FRIEDEN

Medical organizations are closely examining the long-awaited, proposed "meaningful use" criteria developed by the Department of Health and Human Services.

The final criteria, to be phased in starting in 2011, will be crucial for providers interested in receiving bonuses of up to $64,000 for installing or upgrading electronic health record (EHR) systems.

"We've tried to build in flexibility in these standards and certification criteria, as well as providing necessary guidance," Dr. David Blumenthal, HHS's national coordinator for health information technology, said in a conference call.

He emphasized that the proposed regulations are open for public comment until March 15. "We'll carefully consider any comments about them and change the rule if we think it's required, based on those comments."

The American College of Physicians is "very supportive of the goals articulated by the proposed rules," said Dr. Michael S. Barr, the ACP's vice president for practice advocacy and improvement.

In a written statement, Dr. Barr told INTERNAL MEDICINE NEWS that the college plans to submit comments to the HHS based on input from its members and its medical informatics subcommittee.

The ACP will address three questions:

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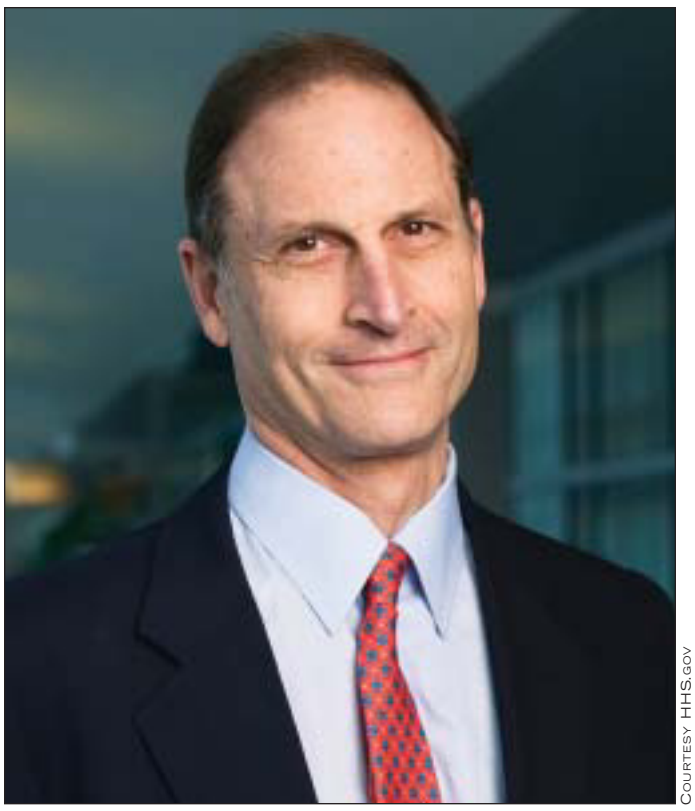

COURTESY HHS.GOV

Federal health officials have "tried to build in flexibility in these standards and certification criteria, as well as providing necessary guidance," Dr. David Blumenthal said.

'Vaccine' Mimicking Childbearing Might Help Avert Breast Cancer

"We're all like nuns now" in terms of having few or no children and not breastfeeding.

BY BRUCE JANCIN

SAN ANTONIO — Truly large-scale prevention of breast cancer will require the development of a "hormonal vaccine" for young women that mimics the effects of repeated childbearing and breastfeeding, according to a prominent expert in cancer epidemiology.

"It's not research that many people are doing. It's not cutting edge. It won't get into [the journals] Nature or Science. But it will get a Nobel Prize in Medicine," Dr. Valerie Beral predicted at the San Antonio Breast Cancer Symposium.

More than 1 million new cases of breast cancer occur annually worldwide. It is known that relatively short-term exposure in early adulthood to the hormones of late pregnancy and lactation confers lifelong protection against the malignancy. No other preventive factor can approach the size of this protective effect. But it's utterly unrealistic to expect women in developed countries to revert to such childbearing patterns.

That's why a "hormonal vaccine"—something that could be given to young women for 9 months at a time, perhaps repeatedly, in order to mimic the effects of childbearing on breast tissue—is a must in order to achieve great success in breast cancer prevention. It's badly needed not only in the developed world, but also in the major urban areas of the developing world, where the incidence of breast cancer is climbing rapidly, according to Dr. Beral, director of the cancer epidemiology unit and professor of epidemiology at the University of Oxford (England).

The notion that a major cause of breast cancer is small family size and a lack of prolonged breastfeeding is not

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new. It recapitulates an observation made by Dr. Bernardo Ramazzini, the Italian physician known as “the father of occupational medicine,” who in the early 1700s described breast cancer as “an occupational disease of nuns.”

“We’re all like nuns now,” Dr. Beral said. “Women in developed countries have had few or no children and haven’t breastfed. If there were large numbers of women in the West who’d had many children and kept breastfeeding for a long time, we’d see the difference, but we’re all like that now.”

Other modifiable risk factors for breast cancer draw a lot of attention, but the best estimates are that even if no women drank alcohol, were obese, or used hormone therapy, the U.S. incidence of breast cancer would drop only moderately, from 180,000 cases annually to 140,000.

VITALS

Major Finding: A woman’s breast cancer risk drops by about 10% for each live birth, a preventive effect that takes about 10 years to appear and persists for life.

Data Source: Analysis of pooled data from about 100 epidemiologic studies conducted worldwide.

Disclosures: Dr. Beral indicated that she has no relevant financial relationships.

“That’s a lot, but it’s still only about a 20% decrease,” she noted.

Dr. Beral cited World Health Organization data in support of her argument that drastically different childbearing and breastfeeding practices account for the great bulk of variation in breast cancer rates between the developed world, where the cumulative incidence to age 70 years is 6.3%, and rural areas of Asia and Africa, where the figure is just 1.0%.

Modeling studies indicate that if women in developed countries were to adopt the childbearing and breastfeeding practices that are the norm in rural Africa and Asia, their cumulative incidence of breast cancer to age 70 would plunge from 6.3% to 2.7%. Eliminating postmenopausal obesity, alcohol consumption, and hormone therapy would knock the rate down further to 1.6%, which is very close to the rate in the rural undeveloped world.

Genetic studies of breast cancer risk grab headlines. But when researchers who are involved in the University of Oxford–based Million Women Study (www.millionwomenstudy.org), for which Dr. Beral is the principal investigator, applied seven recently identified breast cancer risk alleles (N. Engl. J. Med. 2008;358:2796-803) to their massive study population, they found that in terms of risk conferred by the seven single nucleotide polymorphisms, the top quintile had a relative risk only about 1.5-fold greater than the lowest quintile.

“It’s not a huge variation in risk. It’s not as big as people perhaps might have wished to find,” she continued.

And that observation led Dr. Beral to what she stressed was the most important point of her plenary lecture: Few women in developed countries are at low risk of breast cancer.

“One in 10 women in developed countries will get breast cancer by age 80. The reason that 1 in 10 does and the other 9 don’t is largely chance. The people who get it are just unlucky, and the ones that don’t are lucky. There is, of course, some variation due to genes and other things, but the predominant factor is luck,” she said.

The Oxford-based Collaborative Group on Hormonal Factors in Breast Cancer, which meets every 5 years to analyze pooled data from roughly 100 epidemiologic studies conducted worldwide, has shown that a woman’s breast cancer risk drops by about 10% for each live birth. Only term births count: Miscarriages and induced abortions have no impact on risk. It takes about 10 years for the preventive effect to appear, and then it persists for life.

What is it about term pregnancies and lengthy breastfeeding that confers delayed but subsequently lifelong protection against breast cancer? It’s not just the elevation in estrogen and progestins. The Collaborative Group and others have shown that oral contraceptives and hormone therapy are associated with increased breast cancer risk during their use and soon after, but a few years later the increased risk is gone.

“It’s not just estrogens and progestins that change during pregnancy. We have to be looking for something beyond,” Dr. Beral said. ■

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