

Women's Health Literature Review



Department of State Health Services

Health Service Region 1

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Trends in litigation over failure to diagnose breast cancer

"Breast cancer cases are the most common type of medical malpractice cases. Unlike other cases, where two-thirds of the verdicts are for the clinician, 45% of claims involving breast cancer result in damage awards to the patient. A review of 265 malpractice cases that went to trial had the following findings: patient's young age— while breast cancer is less common in younger women, that group makes up the greater proportion of cases. This may be either because younger women typically have more aggressive cancer, or that the clinician relies on the statistics that 5 out of 6 cases of breast cancer are in women over 40. The medium age for a woman involved in a breast cancer lawsuit is 44. The next factor of importance is the patient

history and the importance of accurate information, updating the information, and reviewing the information. Thirty-one percent of women who file a claim had a familial history of breast cancer and 20% had a mother with a history of breast cancer. The third frequent factor in breast cancer claims is the menopausal status— 57% of claimants were premenopausal, 17% were perimenopausal, and 26% were postmenopausal. The next factor would be the importance of who finds the lesion. The patient discovered the lesion in 58% of cases, a physician discovered the lesion in 14% of cases, a screening mammogram in 15%, a follow-up mammogram in 8%, an NP in 2%, and 'other' in 2%. Therefore, placing less importance on the patient self

-exam than the physician's exam would be a mistake. With regard to physician findings, 59% percent of claimants had a palpable mass on exam; 16% had pain in the breast, 11% had skin dimpling. Other physical findings were pain with palpation (7%), nipple retraction (6%), nipple bleeding (5%), palpable lymph nodes (5%), asymmetrical breast (5%), and skin discoloration (3%). In 9% of cases, no exam was performed. Upon presentation for the first visit the initial misdiagnosis that turned out to be a cancer was: 27% lacked an initial diagnosis, fibrocystic breast disease (26%), lump (15%), possible breast cancer (10%), cyst (9%), infection (3%), calcifications (3%), and other (5%)." (*The Journal for Nurse Practitioners*, June 2011)

"The most common mistakes made by clinicians in which a law suit for malpractice related to breast cancer went to court were: misreading the mammograms, failure to be impressed by physical findings, the mammogram report was negative, failure to refer to a specialist, and miscommunication between providers." (*The Journal for Nurse Practitioners*, June 2011)



The clock drawing test highly predictive of driving capability

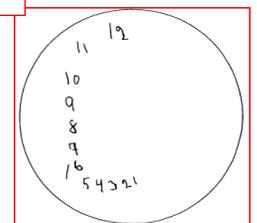
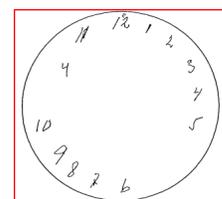
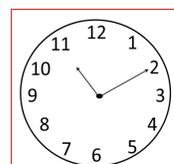
"As a test for Alzheimer's disease, clock drawing has a sensitivity of 86.7% and a specificity of 92.7%. *Clock drawing has also been shown to be highly predictive of driver safety.* Patients are asked to draw a clock to read ten past eleven. The person undergoing testing is asked to:

1. Draw a clock
2. Put in all the numbers
3. Set the hands at ten past eleven

Scoring for test is based on a five point system:

- 1 point for the clock circle
- 1 point for all the numbers being in the correct order
- 1 point for the numbers being in the proper special order
- 1 point for the two hands of the clock
- 1 point for the correct time.

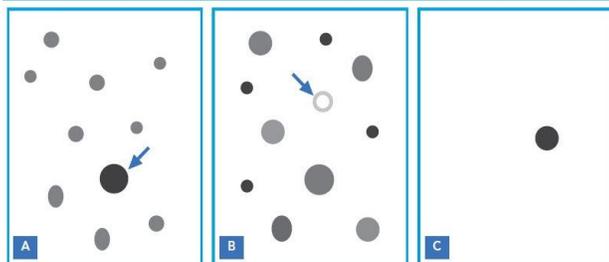
A normal clock drawing almost always predicts that a person's **cognitive** abilities are within normal limits. Therefore, the person should be able to drive.



Examples of poor performance in the task

What's the source article?

Three Examples of Ugly Duckling lesions



Three different clinical scenarios are shown where outlier lesions ("ugly ducklings") should prompt suspicion. Squares A, B, and C each represent a body area such as the back. In A, the patient has one dominant mole pattern with slight variation in size. The outlier lesion is clearly darker and larger than all other moles. In B, the patient has two predominant nevus patterns, one with larger nevi and one with small, darker nevi. The outlier lesion is small but lacks pigmentation. In C, the patient shows only one lesion on the back. If this lesion is changing, symptomatic, or deemed atypical, it should be removed.

The 'ugly duckling' lesion

"When examining the skin, pay particular attention to any 'ugly duckling' lesion. The 'ugly duckling' lesion is the one that does not match the others; this is the one to watch, remove, or treat. This clinical pearl is especially helpful for individuals with an abundance of moles, freckles, or lesions." (The Clinical Advisor, July 2013)



Benzodiazepines linked to Alzheimer risk

Benzodiazepines are a type of medication known as tranquilizers. Familiar names include Valium and Xanax. They are some of the most commonly prescribed medications in the United States. According to a large case-controlled study, the use of benzodiazepines among older persons has been associated with an increase in Alzheimer disease. Investigators found that people who had used benzodiazepines for three months or more had an increased risk of up to 51% for Alzheimer disease. The association was strengthened with longer exposure to benzodiazepines and with use of long-acting rather than the short-

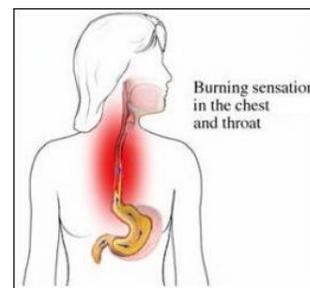
acting agents. Commonly used short acting benzodiazepines are Xanax and Ativan. Common long-acting benzodiazepines are Librium and Valium. While it remains unclear whether this class of drugs actually cause dementia, clinicians should be encouraged to carefully balance the benefits and risks. If used, clinicians should limit use in this population to no more than three months." (The Clinical Advisor, October 2014)



Heartburn could warn of throat cancer

"Gastric reflux is an independent risk factor for squamous cancers of the pharynx and larynx. Gastric reflux can reach into the upper airway and damage the epithelial lining, a condition believed to be a risk for the development of laryngo-pharyngeal squamous cell carcinoma (LPSCC). It was discovered that persons reporting a history of frequent heartburn who were neither heavy smokers nor heavy drinkers had a 78% increased risk of developing LPSCC, after adjustments were made for patient age, gender,

race, smoking, alcohol consumption, HPV 16 status, education, and BMI. Antacids may help protect persons with gastric reflux from LPSCC compared with persons who never took heartburn medications. Antacid users were 41% less likely to develop cancers of the throat and vocal cords. No such protective effect was seen with prescription medications or with home remedies for gastric reflux, just the antacid group." (The Clinical Advisor, July 2013)



Vision loss may hasten death among elderly



"Loss of vision in the elderly has been linked to an increase in risk of death due to the effects of vision loss on the ability of the elderly to perform activities of daily living. The study of 2,520

adults aged 65-84 years demonstrated that individuals who experienced increasing difficulty with the instrumental activi-

ties of daily living had an increase in their risk of death that was 3% greater annually and a 31% greater risk during the 8-year study period. These findings reinforce the need for the primary prevention of visual impairment. Researchers pointed out that many Americans live with visual impairment that is correctable through the proper fitting of glasses. A second implication of the findings suggest that when uncorrectable visual impairment is present, helping affected individuals maintain robust instrumental activities of daily living is important. These findings reinforce the need for the primary prevention of visual impairment. (The Clinical Advisor, October 2014)

The ill effects of early versus late menopause

“Although early menopause has been linked to osteoporosis and fragility fractures, most studies have been cross-sectional and retrospective, raising concerns about recall and remembering when menopause actually occurred. A Swedish study of 390 women were divided into early and late menopause groups. The early menopause group were defined as those who entered menopause before age 47, and the late groups were those who entered menopause at or after age 47. At age 77, 198 of the 298 surviving participants underwent BMD assessments and those were compared to the BMD assess-

ments done at the onset of the study. BMD measurement at age 77 revealed osteoporosis in 56% of women with early menopause, compared with 30% of those with late menopause. The incidence of fragility fractures per 1,000 person-years was 19.4 in the early menopause group, compared with 11.6 for late menopause. What this means for practice is the importance of advising women who undergo early menopause to use HT unless they have specific contraindications.” (*OBG Management*, June 2013)



Same-day discharge for vaginal hysterectomies

“While outpatient gallbladder removal is routine, vaginal hysterectomies are not—but could be according to one study in which 1,071 women underwent vaginal hysterectomy (performed by one physician) according to a well-outlined outpatient protocol. Median operative time was 34 minutes, and median blood loss was 45 mL. Following the protocol, same-day discharge (i.e., within 1 to 12 hours) was accomplished in 96% of patients. A small number 41, (or approximately 4%) required overnight hospitalization for pain, nausea, or the need to travel a significant distance to return home.” (*OBG Management*, June 2013)



Six strategies to help elderly patients take asthma meds

“Researchers have found a low rate of adherence (7%) to prescribed inhaled corticosteroids in elderly patients. They also identified six strategies that helped patients to remember to use their medication: 1) keeping the medication in a regular location such as the bathroom (44.2%), 2) integrating the use of the medication with a daily routine, such as brushing teeth (32.6%), taking the medication at a specific time (21.7%), taking the medication with other medication (13.4%), using the medication only when needed (13.4%), and employing other reminders (11.9%). The best results were those who kept their medication in the bathroom and those who integrated the use of their asthma medication into one of their daily routines.” (*The Clinical Advisor*, October 2014)



To leave or not leave the ovaries, that is the question?

“According to two large analyses, one of which is the Nurses’ Health study that followed 30,000 women after surgeries in which the ovaries were removed versus leaving them in place, those who had their ovaries taken for benign reasons had, as expected, a lower risk of fatal ovarian cancer and, if performed before 47.5 years, a lower risk of breast cancer as well. However, at all ages, those who had their ovaries removed had a higher rate of death for other cause-specific deaths (coronary artery disease, stroke, lung cancer, colorectal malignancy) as well as all-cause mortality. There were similar increases in overall and breast cancer deaths in the ovary removal group regardless of high risk family history. Ovarian conservation is more common in younger women having hysterectomies and more of a common practice now than years ago. The analysis of these two large studies supports ovarian conservation. It may not be wise to remove the ovaries as well in women younger than age 50, since many women are currently reluctant to use estrogen therapy.” (*OBG Management*, June 2013)



If a pill shape and color changes, adherence goes down

“People who have had a myocardial infarction (MI) are more likely to stop using their generic prescription drugs if the color or shape of the pills change. Broken down, if the color of the pills changed, patients were 34% more likely to stop taking their prescription. If the shape changed, they were 66% more likely to stop taking it. The FDA does not require a consistent appearance among interchangeable generic drugs. The association between changes in pill appearance and non-adherence to essential cardiovascular medications has important implications for public health. Studies suggest the need for physicians and pharmacist to proactively warn patients about the potential for these changes, and reassure them that generic drugs are clinically interchangeable no matter how they look.” (*The Clinical Advisor*, September 2014)





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**Department of State
Health Services**

**300 Victory Drive
WTAMU Box 60968
Canyon, Texas 79016**

**Phone: 806-655-7151
Fax: 806-655-7159
Email: jamie.moore@dshs.state.tx.us
sheila.rhodes@dshs.state.tx.us**

Editor: Jamie L. Moore, WHNP-BC

**Contributing Editor:
Sheila Rhodes, PNP-BC**

**Consultant: Karen McDonald
Consultant: Tricia Vowels**



~ Interesting tidbits~

~Studies show that daily use of NSAIDS in women who have estrogen receptor positive breast cancer and who have an average body mass index higher than 30 have a 52% lower recurrence rate and a 28-month delay in time recurrence than seen in women who do not use NSAIDS. Approximately 81% of participants took aspirin, and the rest took another NSAIDS. Approximately 75% of breast cancers are estrogen receptor positive. (*The Clinical Advisor*, October 2014)

~ Despite the known benefits of daily aspirin intake in preventing heart attacks and stroke, the majority of physicians are failing to recommend aspirin for middle-aged men and women despite the recommendation of the U.S. Preventive Services Task Force. More than half (66% of men and 58% of women) of middle-aged men and women were never advised by their physicians to take a low-dose aspirin daily. The category of patients least likely to be told to take aspirin are those with diabetes (63%), those aged 65-70 years (52%), and those in poor health (44%). (*The Clinical Advisor*, October 2014)

~The most standard procedure for measuring a patient's risk for CVD has been the basic lipid panel, but new test and technologies now allow clinicians to look deeper and differently at a patient's risk factors. In comparing the basic versus the new comprehensive testing, up to 60% of patients in the basic lipid panel were classified as normal when they were not. The basic lipid panel's purpose is to measure LDL (low density lipoprotein), but that number only accounts for 30% of the risk of CVD, leaving the remaining 70% of residual risk factors not identified. The comprehensive lipid profile assesses CVD risk in three areas: cholesterol, triglycerides, and heredity. (*The Clinical Advisor*, October 2014)

~ Is your health care provider on the 'skins' or 'shirt' team for your exam? The skin team places their stethoscopes on the skin for the cardio/respiratory part of the exam. The shirt team listens through shirts, gowns, or what ever the patient has on and listens long enough only to discern a beating heart. (Editor's note: The 'skins' are a dying breed but much has been written about the value of the history, exam, and lab as being only 30% of the puzzle with the patient telling you 70% of the time what the diagnosis is if one is listening. Certainly, listening to the chest with the stethoscope on the skin for a time period adequate to ascertain pathology makes for a more accurate exam.) (*Consultant*, June 2013)

Merkel cell carcinoma– a rare but deadly cancer that looks harmless

"This rare skin cancer often looks harmless and many people mistake it for a pimple, bug bite, or cyst. Merkel Cell Carcinoma most commonly looks like a shiny, dome-shaped growth that has visible blood vessels. Merkel Cell Carcinoma (MCC) often appears on skin that has had lots of sun exposure. The MCC tumor tends to feel firm, grows quickly (in a few weeks or months), and has one color, either red, pink, blue, or violet. MCC carries a poor prognosis; it spreads quickly, usually to the local lymph nodes, liver, lung and bones. MCC occurs twice as often in males as in females. Approximately one-third of patients with MCC will succumb to the cancer, which has a mortality rate that is significantly higher than that of malignant melanoma. Most patients with MCC die of the disease within 3 years of initial diagnosis. The average age at the time of diagnosis is 74 years. MCC forms when the Merkel Cells, which function as mechanoreceptors and are located in the basal layer of the epidermis, grow uncontrollably. Some authors have provided the acronym AEIOU to describe MCC: asymptomatic expanding rapidly, immunosuppression, older than 50, and ultraviolet-exposed location. Therefore, the obvious risk factors are a compromised immune system, a history of excessive sun exposure, fair skin type, previous skin cancers, and increasing age. Treatment includes surgery, radiation, and /or chemotherapy. Stage I has a 64% 5-year survival rate, stage II has an estimated 47% survival rate, and stage III with distant metastasis carries only a 9-month survival rate.

(*The Clinical Advisor*, October 2014)



Figure 2a, 2b: Merkel cell carcinoma on the arm of a 68-year-old man (left), and on the eyelid of an 85-year-old woman (right).