

December 2021

# CCM NEWSLETTER

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## Top Medical News from 2021

Well, we made it through another year! It was around this time last year that the first COVID-19 vaccine doses were being administered providing some much needed protection to those most at risk from the deadly effects of the virus. While the vaccine did not guarantee immediate return to normalcy for the world, it allowed us to move a little more comfortably in crowds and most importantly allowed us to reconnect with loved ones. This month we want to highlight some interesting medical news that you may have missed in all the COVID coverage.

### Updated Age for Colorectal Cancer Screening

The United States Preventive Services Task Force (USPSTF) has expanded the age for colorectal cancer screening to 45 years to 75 years (previously 50 to 75 years). *Why the younger age?* Well, the change is because about 10% of the new colon cancer cases are in patients under 50 years old.

This new recommendation applies to any adult 45 years and older who does not have signs or symptoms of colorectal cancer AND who are at average risk of colorectal cancer.

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Selective screening for individuals between the ages of 75-85 years old is also still recommended.

*What's the best test to get?*

The short answer is: The best test is the one you will actually agree to get.

Colonoscopy can detect AND prevent early stage cancer. This is recommended every 10 years for most patients WITHOUT cancerous polyps.

Stool-based tests have become more popular, especially during COVID since more people were staying home. They are slightly less effective, and are only for average risk patients. Also, if you get a positive test, you will need to get a follow up colonoscopy, which is then considered a “diagnostic” test and will therefore be more costly (*Read: Medicare will not fully cover that colonoscopy and may make you pay a part of it*). The Fecal Immune Test (FIT) is a good option, as you will need to do it every year and will cost about \$25. However, you may want to think again about using the DNA stool test (Cologuard). While you take it every 3 years, it can be fairly costly (think \$650) and it is known to have more false positives (results that are positive but really aren't) than FIT.

There are a variety of testing options that vary by method, time and cost. You and your physician can choose the one that is right for you.

## **Updated Aspirin Recommendations**

The USPSTF were on a roll this year, because they also finally updated their recommendations for the use of aspirin. Remember the days when a baby aspirin was recommended to nearly every adult over 40 to “prevent” a heart attack? Well those days have been long gone and the USPSTF is just now formalizing the new recommendations. Most medical organizations have already come to the conclusion that the benefit of daily low dose aspirin in people at low risk for having a heart attack does not outweigh the risk of

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bleeding. The USPSTF, which influences many aspects of Medicare, was the last person to “get on the bus” so to speak.

They no longer recommend routine prescribing of low dose aspirin for preventing a 1st heart attack or stroke OR for the prevention of colorectal cancer in certain populations.

Why? Well the risk of bleeding while on these medications were greater than the actual benefit.

The task force recommends that people aged 60 years or older who **DO NOT** have heart disease **SHOULD NOT** start aspirin for the prevention of a **1st heart attack or stroke**.

However, the decision to start aspirin in patients 40-59 years old with an elevated risk of heart disease should be made individually with their physician.

***I would like to mention that daily aspirin is STILL RECOMMENDED for individuals who have evidence of heart disease or have had a stroke or heart attack.***

The adage of “An aspirin a day keeps the doctor away!” doesn’t ring true in all cases. It’s important to realize that even though aspirin is sold over the counter, it is a real drug and can have serious consequences if not used properly. Talk with your physician to determine if daily aspirin is appropriate for you.

## **First New Alzheimer’s Medication in 20 Years**

Aduhelm (aducanumab) is the first FDA approved drug for Alzheimer’s in 20 years. It’s a monoclonal antibody given as an IV infusion every 4 weeks. Aduhelm is **ONLY** approved for Alzheimer’s patients with *mild cognitive impairment or mild dementia*. It is not approved for more severe Alzheimer’s cases because the studies for this drug didn’t look at those severe cases.

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You might be thinking- “Why aren’t confetti cannons going off right now? We have been waiting for something like this for 20 years!” Well- I hate to be the bearer of bad news- but Aduhelm isn’t quite what we have been waiting for.

The actual review process that the FDA conducted for Aduhelm is now being criticized and investigated. FDA’s own advisory committee actually voted AGAINST the approval of this drug. In fact, after the FDA went ahead and approved the drug, three of the committee members resigned.

The drug was approved because it was found to reduce the number of amyloid beta plaques in patients. Amyloid Beta is a protein that forms clumps called plaques in patients with Alzheimer’s. These plaques disrupt the function of the brain. So, while the studies found that the numbers of plaques were reduced, other endpoints that really matter to patients like reducing cognitive decline or reducing the need for long term care, a consistent benefit or improvement was not seen.

As of now, the FDA is allowing the drug to be on the market, but if the drug doesn’t show clear benefit, it will be pulled in 2030. Additionally, Aduhelm costs around \$65,000 per year and some payors are already saying they will not cover it.

**Bottom line: The uncertain benefit and large price tag are two of many reasons not to use this medicine at this time.**

## **Merck’s COVID-19 Pill**

In early October, Merck introduced a new way to combat COVID-19. They unveiled Molnupiravir, a pill taken a few days after the start of COVID-19 symptoms. This new tool is touted to be more accessible to patients, as it can be prescribed by physicians and picked up at the drugstore, rather than the IV monoclonal antibodies which are given through an IV and only at certain medical centers.

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Like Tamiflu, the COVID-19 pill is given AFTER the start of COVID symptoms and is used to **prevent serious symptoms** that would usually land individuals in the hospital. Molnupiravir is recommended for higher risk individuals (those with diabetes, obesity, or heart disease).

This drug works by blocking COVID-19 from making copies in your body by inserting a glitch in the virus' genetic code. The virus then has too many glitches in its code to properly function.

In November, the FDA narrowly voted to recommend authorization of this pill, but it still needs final authorization. The study did not include pregnant women, therefore the pill is not recommended to be given to pregnant women at this time. Also, the FDA still needs to decide if this pill will be given to vaccinated people- as the study only tested it on unvaccinated people.

The research that has been done on this drug so far has shown it is effective against the variants- Delta, Gamma and Mu mutations. One can only hope that it also extends to the inevitable future variants, let alone the newest Omicron.

*Even if the FDA authorizes this new drug, **vaccines will still be essential** for the prevention of serious COVID-19 infection and slowing the spread of the virus and its mutations.*



The physicians and staff at the YD Clinic would like to acknowledge that this has been another difficult year for everyone. We have all in some way experienced the sadness that

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comes with loss or separation. The great love that we have for our friends and family can lead to great grief when they pass. It seems you cannot have one without the other. It is even more important now to cling to the joy and happiness in everyday life. We have enjoyed seeing your masked faces in the office and have appreciated the patience and grace you have given us when things are running behind schedule or a task isn't executed perfectly the first time. We are proud to serve such a close-knit and supportive community. Thank you for trusting us with your health and the health of your family members. Here's to a festive Christmas and a prosperous New Year's!

## Have You Received The Booster?!

<b>Yes</b>	<b>No</b>
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*Jorge Duchicela, M.D.*