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Supreme Court Ruling May Affect How Nurses Are Reimbursed

The U.S. Supreme Court ruled unanimously in May 2003 to reject a proposed exemption to Kentucky's any willing provider (AWP) law. This law allows patients to choose healthcare providers who are not part of the patients' health maintenance organization or closed network. If these providers are willing to accept the terms of the patients' health plan, the insured patients may see the providers and their insurance companies must reimburse the providers for their care.

However, according to the federal Employee Retirement Income Security Act of 1974, some insurance plans are exempt from state insurance laws unless the laws affect the agreement between healthcare plans and the patients they cover. The Kentucky Association of Health Plans argued that because AWP affects only the agreement between patients and providers, healthcare plans are exempt from the AWP law according to the act. The Supreme Court's ruling rejected this exemption.

The medical community, particularly nurse practitioners (NPs) and physician assistants (PAs), is encouraged by this ruling, believing that it may pave the way for other states to adopt similar laws. Currently, 24 states have some type of AWP law, but most of the laws apply only to pharmacies. Kentucky's AWP law is the most inclusive. And even though some states' AWP laws do apply to physicians, many of them do not include NPs or PAs.

Insurance companies in some states have cited the Employee Retirement Income Security Act as a way to avoid NP and PA reimbursement. The Supreme Court's ruling for Kentucky's AWP law, however, is predicted to help prevent this technicality from being used by insurance companies in other states, as well.

Treatment May Increase Survival for Women With High-Risk Breast Cancer

A report published in the *Journal of Clinical Oncology* (Vol. 21, pp. 2713–2718) revealed that adding radiation of the internal mammary nodes (IMNs) to standard therapy for high-risk breast cancer may improve disease-free and overall survival.

One hundred patients with high-risk stage II or III breast cancer were treated with chemotherapy, stem-cell support, and radiotherapy. Sixty-seven of these patients also were treated with irradiation to the IMNs.

Seventy-three percent of the patients receiving IMN radiation survived disease free during the follow-up period, compared to 52% of the patients in the control group. Overall survival also was higher in the IMN group, but this number was not statistically significant.

Some of the patients did experience acute side effects from the radiation to the IMNs, but these side effects did not result in long-term toxicities.

Prostate Cancer Trial Ends Early and With Positive Results

Fifteen months before the scheduled end of the Prostate Cancer Prevention Trial, researchers have closed the study after enough data were collected to determine accurate results. The study found that men who took Proscar® (finasteride, Merck & Co., Inc., Whitehouse Station, NJ) had a 25% lower chance of developing prostate cancer when compared with men taking placebo.

However, the study also found that men taking Proscar who did develop prostate cancer had a significantly greater number of high-grade tumors than those taking placebo. Still, 98% of all cancers that were diagnosed during the trial were localized to the prostate when diagnosed.

A total of 18,882 men enrolled in the study from January 1994–May 1997. To be included in the trial, men had to be aged 55 or older and have normal digital rectal examinations (DREs) and prostate-specific antigen (PSA) levels of 3 ng/ml or lower. Participants were randomized to receive Proscar 5 mg daily or placebo and received a yearly DRE and PSA test. If the men were not diagnosed with prostate cancer during the study years, they were required to have an end-of-study biopsy after seven years.

Of the total number of men enrolled in the study, 9,060 were used for data analysis. Of these, 803 (18.4%) of the 4,368 men receiving Proscar and 1,147 (24.4%) of the 4,692 men receiving placebo developed prostate cancer. Tumors with high Gleason scores were found in 6.4% of the men taking Proscar and 5.1% of the men taking placebo.

All participants reported adverse events, but sexual side effects were more common in the Proscar arm and urinary side effects were more common in the placebo arm. Sexual side effects included reduced amounts of ejaculate, erectile dysfunction, loss of libido, and gynecomastia. Genitourinary side effects included increased urinary urgency and frequency, urinary retention, incontinence, urinary tract infection, prostatitis, and benign prostatic hyperplasia.

Proscar originally was approved by the U.S. Food and Drug Administration to treat benign prostatic hyperplasia and later was found to treat male-pattern hair loss. Proscar works by inhibiting 5-alpha-reductase, an enzyme that converts testosterone to androgen dihydrotestosterone, which is believed to influence the development of prostate cancer.

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