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### David Katzman, MD & Jennifer DeLaney, MD Internal Medicine Specialists

Welcome to the first edition of our practice newsletter. Our patients often ask us about topics in the news and controversial issues in medicine. This newsletter will address some of these important issues and keep you updated on office developments. We hope this newsletter to be valuable and enjoyable for you so please feel free to share your feedback and suggestions with us! **If you do not want to receive this mailing please click the unsubscribe link at the bottom of the page.**

#### MEDICAL NEWS Mammogram Screening: Who needs it and who doesn't?

Jennifer DeLaney, MD



As you may have seen in the papers, there is increasing controversy on who to screen and how often to do it.

\*We recommend women aged 50-79 have a mammogram every 1-2 years.

\*No screening over age 80.

\*Optional screening for women age 40-50 with a greater than 15% risk of breast cancer.

[\(Click here to calculate your lifetime breast cancer risk.\)](#)

These new guidelines represent a change from prior thinking and are based on extensive research that looked at the risk and benefits in different age groups. For example, breast cancer is infrequent in women aged 40-50, and most breast cancers are found on exam rather than mammography. Moreover, 61% of women in this age group will have at least one false positive mammogram, which sometimes requires a biopsy to rule out cancer. Finally, radiation from x-rays can lead to breast cancer, at a rate of 16 extra cancers per 100,000 women over a lifetime.

#### Should I Get the New Pneumonia Vaccine?

David Katzman, MD

Pneumonia is a common and serious infection of the lung often caused by the Pneumococcal bacteria. Traditionally, the Pneumovax (PPSV23), which covers 23 strains, has been administered at age 65 or sooner if there are additional risks such as previous pneumonia, chronic heart or lung disease, diabetes, smoking or immunosuppression. However, we agree with the recommendations that a second "booster"

#### OFFICE NEWS

\*Flu vaccine is here! Please call to schedule an appointment. 314-993-1200.

\*Please welcome Tonya Salkowski from LEM Business Solutions. She will be handling our bookkeeping issues. Feel free to contact Tonya via [email](#) or through the office with any questions regarding your invoices or statements.

**\*PLEASE NOTE OUR PHONE LINES WILL BE DOWN ON WEDNESDAY, NOVEMBER 4TH FROM 3:30- 5:30 FOR A SYSTEM UPGRADE.** If you have an urgent issue and need to reach your physician please call Dr. Katzman at 314-504-0274 and Dr. DeLaney at 314-276-9033.

\*Coming soon! In order to comply with HIPAA laws and to protect your private information we will be launching a new patient communication portal. This will take the place of unprotected personal email and will give you access to your personal medical history. Watch for more information on this in our next newsletter.

\*The Holiday season will be here soon! Please call NOW to schedule your college student's check-ups and physical exams when they are home on winter break. 314-993-1200.

\*Holiday Office Hours:  
Closed November 26th and 27th.

vaccine (PCV13 or Pevnar) also be given to better cover 13 of the most common strains.

For those of you who are healthy, we recommend the Pevnar vaccine at age 65 followed by the Pneumovax vaccine one year later. If you have already received the Pneumovax, the Pevnar can be given anytime after 1 year. In both instances, no further pneumonia vaccination is ever needed! For those of you with high risk conditions, speak with Dr. DeLaney or Dr. Katzman about the timing of vaccination.

### Does More Care Equal Better Care?

David Katzman, MD



While it may seem like common sense that more health care equates to better health, Gilbert Welch MD persuasively argues in **Less Medicine More Health** that this is simply not true. The author challenges several commonly held beliefs by both doctors and patients regarding the utility of aggressive care. Foremost among these is the belief that more tests and treatments lead to better health outcomes. Often conditions will respond well to treatment regardless of how early they are diagnosed. He argues that earlier diagnoses and treatments often lead to worrisome incidental findings or adverse effects and effect little improvement in the quality of one's life or longevity. Moreover, treatment benefits are often overstated by emphasizing the relative reduction of rare events. For example, if one's chances of an event is 2 out of 100, and a treatment decreases it to 1 out of 100, this is often expressed as a 50% risk deduction when it really means 100 people would need to take the treatment to prevent one event (conversely, 99 of 100 people would not benefit from treatment and could suffer side effects). I recommend this book to all of you who are interested in a better understanding of the nuances of medical diagnoses and treatments.

### NEWS FLASH Does Meat Cause Cancer?

Jennifer DeLaney, MD

There is a small increase in colon cancer in people who eat more than 2 ounces of cured/smoked/processed meat a day or more than 3-4 ounces of red meat a day. To put that in perspective, the lifetime risk of colon cancer for heavy meat eaters is 6 percent instead of the usual 5 percent. We suggest limiting red meat to 3-4 times a week and eating processed meat as an occasional indulgence and not a daily part of your diet.

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Closing at Noon on December 24th.

Closed on December 25th.

Closing at Noon on December 31st.

Closed on January 1st.

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