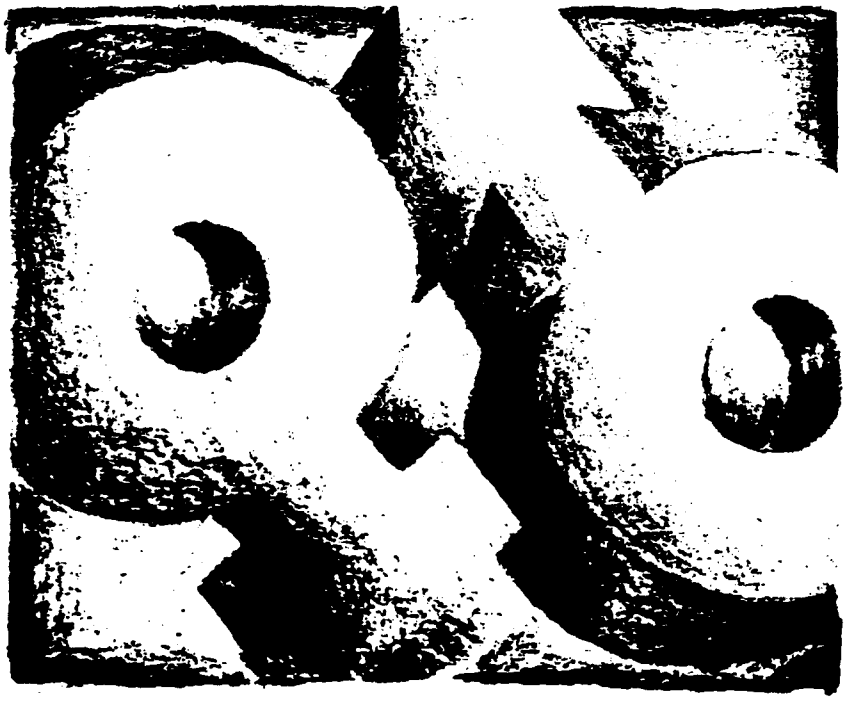
As health care focuses on women,

Are Men Dying From Disinterest?

By Robin Baskerville



The waiting area outside Barbara Yost's office is deceiving. The medical environment has been softened by muted colors, green plants and homey accents. Chairs face a bookcase filled with texts on women's health. This is decor by design, not accident.

Yost is the head of Parkland's Women's Center in Derry, which celebrated its first birthday this fall. Her mission: "to provide education and health services to women in an attractive, private, yet welcoming environment."

"We want women to have the information necessary to make healthy choices for themselves and their families," is Yost's stated mandate.

Nowhere at Parkland, or apparently at any other hospital in New Hampshire, is there a male equivalent of the center, where leather chairs could belly up to bookcases featuring reading material on "you and your prostrate."

The reason why men have been ignored boils down to business. The current marketing wisdom in the health care community is that men aren't interested in health. Instead, to borrow from an old saying, the way to a man's heart, and stomach, is through a woman.

"Hospital marketers have realized the people making the

ILLUSTRATION BY NIKKI BONENFANT

vast number of (health) decisions are women," says Wendy L. Bonifazi, who started her career in nursing and now is a counsel and manager of health care services at Porter McGee Company, a public relations firm in Manchester. "Hospitals have oriented their marketing efforts to women."

In fact, according to a recent survey conducted by the American Hospital Association, of the 6,105 hospitals responding (approximately 91 percent of the hospitals in the United States) 1,170 have women's health centers. That is nearly one out of every five responding, and that is up from the 17 percent reported in the previous survey.

But what about men's centers?

"I know we don't track that," says the AHA's Donna Gaidamak. "...But I've seen a lot of studies out that women make a lot of the health care decisions."

"Behavior dictates people's approaches to health care," says Charles Albano, who is researching the issue of men's health as part of his studies for a graduate degree from New Hampshire College. "Men haven't been trained and educated in approaching their own health needs. Women have connected much better," says Albano who has spent 17 years working with women's health issues in his job with the state Division of Public Health.

When Mark Marosits was growing up, he was taught the theory of "no pain, no gain" from his father. "His solution to anything that hurt was 'exercise it harder, ' " says Marosits who is now vice president of marketing for Fidelity Health Alliance, the parent company of Catholic Medical Center in Manchester.

Nowhere at Parkland, or apparently at any other hospital in New Hampshire, is there a male equivalent of the center, where leather chairs could belly up to bookcases featuring reading material on "you and your prostate."

"Statistically men go to the doctor less," says Dr. Donald Rainone who practices internal medicine with The Medical Group of Manchester. "Quite often it's the wife that calls and makes the appointment. It's very hard to get them to take responsibility... Men will say, 'I don't know what my prescription is. You'll have to ask my wife.'"

It is that willingness to abdicate responsibility that can prove deadly - even in young men. Testicular cancer is the most common cancer in U.S. men ages 20-34, but Rainone says it is not something that they think about "particularly when your talking about safe sex and other things, it's really down the list."

"But for the person that gets the cancer it's not insignificant," says Marosits. In fact in this country each year 6,000 men will be diagnosed with the cancer and 350 will die from it. Overall three in 1,000 American men will develop it at some time in their lives.

Rainone encourages his young patients to perform a testicular self-exam on a monthly basis, much as his female patients are told to perform breast self-exams to catch cancer in its early stages.

The procedure is simple. After taking a warm shower or bath to make the skin of the scrotal sac relax, each testicle should be gently examined for signs of any painless lumps by placing the index and middle fingers underneath the testicle while the thumbs are placed on top. The testicle is gently rolled between the thumbs and fingers. The cord-like structure on the top and back of the testicle is the epididymis, used to transport sperm to the penis, and should not be confused with an abnormal lump. It is also normal for one testicle to be larger than the other.

If a lump is found, a doctor should be contacted immediately. If it is diagnosed as cancer, because of advances in medicine, the National Cancer Institute calls it one of the most curable cancers, especially if treated early. And because testicular cancer almost always occurs in only one testicle, it does not mean the end of sexual functioning.

Despite the obvious benefits of early detection, Rainone finds his patients are often very uncomfortable dealing with it.

"The whole subject has sort of a taboo aura about it," he says. That extends to the diagnostic test for prostate cancer. "There are a lot of men who will avoid the digital rectal exam," Rainone says.

But for men 40 and over, avoiding the issue is a mistake. Currently prostate cancer is a disease that will be diagnosed in one out of every 11 men in the country - nearly the same rate of incidence that U.S. women are experiencing in breast cancer. At least one hospital, St. Joseph in Nashua, is using prostate cancer screenings as a way of directly addressing its male audience.

Rainone and Dr. Steven Levine, who practices internal medicine at the Hitchcock Clinic in Nashua, say men 40 and over should have annual checkups - a practice their female counterparts have been instructed to do since early adulthood.

Levine, who has occasionally lectured on men's health as part of Matthew Thornton's community health series and the lunch lecture program at Digital, uses the scenario of a routine checkup to organize his talks. During the talk, the audience learns about more than their prostates.

"I'd present a typical male patient and it would open up topics such as heart disease, cancer screening and cholesterol levels," he says.

"I don't want to leave out diet and exercise," says Rainone. "I recommend a low-fat diet for all men. It lowers the risk of prostate cancer and heart disease. And the new buzzword will be 'activity.' Get off the couch and put down that remote."

But health care workers say men don't always want to listen to what doctors have to say.

"Women are very willing to hear information about their bodies," says Yost. Yost says market analysis shows that women make 70-90 percent of the health care decisions for a family. And that doesn't just mean which doctor to see. It also translates into choosing a nursing home for ailing elders or what type of health insurance to buy.

None of the health care professionals asked can objectively say why women are more open to dealing with health, but the general hypothesis is that because of women's physiology - monthly menstruation from early adolescence, child-bear- ➤

ing, and menopause - they have no choice, but to be in touch with their bodies. Once a mate and children enter the picture, a woman becomes concerned with their health as well.

"Women are making decisions and they need the information to make the proper decisions," says Yost. "It's also known that women were dissatisfied with health care. There were reported problems with the Dalkon shield and questions were raised about the number of hysterectomies being performed in this country. Hospitals wanted to make a place where women felt comfortable."

Now at Parkland, women waiting for mammograms no longer have to queue up with other X-ray patients. The Women's Center houses Parkland's mammography department, complete with specialized X-ray equipment, trained technicians, and private dressing rooms. The center is also used as a marketing arm of the hospital. *Choices*, a quarterly newsletter on women's and community health issues, is published under its aegis, and ads mentioning the center and its programs are run in the local press.

"I've seen the trend toward women's programs," says Gina Balkus, vice president of public affairs for the New Hampshire Hospital Association headquartered in Concord. "Part of it is that maternity care is obviously a large part of hospitals. Women's programs tend to feed off of that."

"Hospitals were aware that women were decision makers," says Susan Hassell, manager of women's health services at Quorum Health Resources, a consulting firm located in Nashville that has worked with Hospital Corporation of America, the owner of Parkland Medical Center and Portsmouth Hospital. "The hospitals said, 'We need to reach out and attract them to our hospital.' That's why there was a flurry of these centers and programs. Men's health does not provide such a clear opportunity because women make the health care decisions. Traditionally men are not seen as a marketing target. The hospitals are reaching men through women."

But that might be changing. There are a handful of hospitals across the nation that have started men's programs, but it is in the world of publishing that men's health is beginning to be a money maker. Rodale Press Inc., of Emmaus, Penn., appears to have a winner with its publication, *Men's Health*. Recently *Folio's Publishing News* ran a feature article on it that said it could be a best seller, and

"Behavior dictates people's approaches to health care. Men haven't been trained and educated in approaching their own health needs. Women have connected much better."

– Charles Albano

Rodale has begun an aggressive marketing campaign. Calling itself the hottest new men's magazine in America, Rodale recently mailed out in bulk an offer for a free trial copy of the magazine. The mailing included a letter from Executive Editor Michael Lafavore that plays off the differences between men's and women's health, in the hopes of getting subscribers.

"Why are women in better shape than men? How on Earth can this be?" asks Lafavore in the letter.

"The answer is easy: Women take better care of themselves.

"And why?

"Simply because they have more information telling them how."

Rodale Press, which also publishes the general health magazine, *Prevention*, is betting that men are concerned enough about their health to buy *Men's Health* and that advertisers are interested enough in selling their products to *Men's Health* readers that they will buy into it as well.

In a recent interview in *Folio's Publishing News*, Lafavore says, "If there's one thing we're trying to do it's to say, 'It's OK to take care of yourself; it's the smart thing to do; it's not unmanly.' "

And apparently, *Men's Health's* message is catching on. *Folio's Publishing News* says Rodale has increased the three-year-old magazine's guaranteed circulation from 350,000 to 500,000, double what it was two years ago.

Does this signal a new attitude about men's health care that will translate into men's centers and programs?

The jury is still out in New Hampshire health care circles.

"My sense would be that it would not make it," Levine says. "Programs based on mammography units, they can make money. There is no such thing in men's care right now."

"Women are taught of the preventative side of health care so women tend to be the driving force," Bonifazi says. "Men seem to think it is diminishing or demeaning to get health care. I'm not aware of any programs for men's health care in the state." That is echoed by the NHHA's Balkus and others. But just because a program does not exist, does not mean that there aren't people interested in seeing that happen.

"Men have been left behind in efforts to improve their health status," says Albano. "The leading causes of death and the number of years of life lost can be greatly reduced by a planned and ➤ systematic approach to health care. "Men need to recognize that they have to have control of their lives in a health context, and that historical, cultural and societal norms need to be addressed to alter the way men view their own health. The service delivery system will need to make changes to address men's health needs."

"There's a challenge to steer clear of stereotypes from both sides," says Marosits. "Yes, women do consume more health information and make health care decisions, but we've tried to take the focus that men need to consume.

"I think it's not so much an issue of creating a program as making sure men have access to information and a practitioner who can meet their needs," Marosits says. "Men should know that services such as Ask-a-Nurse are available."

Although the medium is up for debate, the health care community appears to agree on the message: Men and women are in equal need of knowledge and treatment.

"In my mind there are big differences between men and women," says Quorum's Hassell. "But the idea of (seeing health care as) a source of respect, convenience and partnership is not different from how you should treat men...There should be the same level of care for men as women." ■

"Quite often it's the wife that calls and makes the appointment. It's very hard to get them to take responsibility. Men will say, 'I don't know what my prescription is. You'll have to ask my wife.'"

– Dr. Donald Rainone

"Traditionally men are not seen as a marketing target. The hospitals are reaching men through women."

– Susan Hassell

HEALTH CARE ADVISORY BOARD
THE ADVISORY BOARD COMPANY

501 C STREET, N.E. • WASHINGTON, D.C. 20002
202-544-2700
FAX: 202 223-2932
INTERNATIONAL TELEX: IMDI 248698
CABLE ADDRESS "RECOUNSEL"

MEN'S HEALTH SERVICES

MAY 1989

- Background Information
- Implementation Rationale
- Organizational Structure
- Services Offered
- Staffing
- Program Location
- Marketing Strategy
- Success

Machismo Hospital

Background Information

- Machismo Hospital is a 500-bed, not-for-profit hospital located in a large city. Machismo implemented its men's health services program in September 1987.

Implementation Rationale

- Prior to establishing its men's health services program, Machismo Hospital conducted extensive market research in order to determine the number of men who make health care decisions. Although research concluded that approximately 65% of the health care decisions are made by women, Machismo considered that 35% signified a large consumer group and that men thus constituted a potentially profitable market.

Organizational Structure

- Machismo's men's health services program is a physician referral and informational service that targets men and directs them to appropriate hospital services. "Machismo conducted market research to determine what types of services men need and how a provider should deliver these services to men. Our research suggested that men need a variety of already existing hospital services, and that to increase utilization of these existing services, the hospital had to provide men with a means to access the services conveniently."

- "Our men's health services program is not a product line. A men's product line would be hard to establish, as there are very few male-specific ailments that permeate the male population in great numbers. Women's product lines, on the other hand, are quite feasible, as demonstrated by the large numbers of women's centers and programs. Women typically require a greater volume of gender-specific health services."

- Machismo's men's health services program is administered by the men's health services program coordinator.

Service Offered

- Machismo's men's health services program offers men a wide-range of health services, including 40 to 50 medical specialty services.

- The most popular men's services are listed, in order of highest demand, below.

  - Routine physicals
  - Urology
    - Sexual dysfunction
    - Prostate dysfunction
    - Vasectomy
  - Psychiatry
  - Dermatology

Staffing

- Machismo's men's health services program telephone line is staffed by one man at all times. "It is essential that the men's health referral line is staffed by men, as market research conducted by Machismo suggests that men feel more comfortable talking to other men concerning their health problems, especially sexual or urological problems. The majority of hospital physician referral or informational services have a 'female gatekeeper' and, consequently, do not function as a point of easy access to health services for men."

Program Location

- Machismo's men's health services program operates in the central appointment group area, where other physician referral service programs are located.

Marketing Strategy

- Machismo Hospital uses newspaper and television advertising to market its men's health services program. Machismo circulates an advertisement in the city newspaper once every ten weeks, and a television commercial is aired once every six weeks. Machismo does not market via radio or direct mail, although the hospital may develop a direct mail campaign in the near future.

- Machismo's men's health services program tracks the advertising media by which male callers are informed of the program. "Machismo has determined that both television and newspaper advertisement are effective marketing tools. They each, however, contribute to the marketing process in two distinct ways. Television advertisement is valuable for informing and educating the public concerning our men's health services program. Newspaper advertisement functions to solicit callers."

Success

- "Machismo's men's health services program has been very successful. Approximately 70% of the calls result in appointments with hospital or hospital-affiliated physicians. Approximately 70% of all appointments generated as a result of the men's health services program are new referrals who have never visited Machismo."
- "The revenue generated by the men's health services program is seven times greater than the direct cost of advertising plus the advertising director's salary."
- "The bottom line is that the male market is broader than we expected."

Additional Comments

- Results from Machismo's tracking study for its men's health services program reveal the typical user-profile characteristics presented below.
  - Annual income of approximately $35,000
  - Between the ages of 35 and 54 years of age
  - Commercially insured
  - Employed in a white-collar position
  - Has not recently visited a physician
  - Married

By Madeline Drexler

Detecting a killer

Tony Dell'Orfano felt that 1992 was going to be his big year. At 70, an avid downhill skier — and swimmer, skater, and dancer — he planned to take advantage of the free admission to ski slopes offered to people his age. His five years of retirement had been a vigorous mix of sports and travel, and he saw no reason for the pace to slacken.

So when Dell'Orfano's doctor called last spring to report the results of a physical, "It was like somebody hit me with a baseball bat," says the sturdy, soft-spoken former engineer. The diagnosis: prostate cancer.

Like most men afflicted with this insidious disease, Dell'Orfano had experienced no warning signs. True, there were minor symptoms, such as difficulty in urinating, which he attributed to age — a mistake that many older men make. But otherwise, he says, "I felt like a 25-year-old."

Prostate cancer can spread for years before symptoms occur. According to the American Cancer Society, one man in 11 will develop the disease at some point in life, usually after the age of 50. In 1991, it was predicted that 120,000 new cases would be identified and that 32,000 men would die from the disease. Such figures mark prostate cancer as the second leading cause of death by cancer in men, following lung cancer.

What's worse, the standard method for finding prostate cancer — the digital rectal exam, in which a doctor prods the walls of a patient's rectum with a finger — is a hit-or-miss proposition. The prostate is a walnut-sized organ located just beneath the bladder. But the front of the gland, where cancer occurs most often, is frequently beyond a physician's reach.

As a result, rectal exams fail to detect an alarming 50 percent of malignant lesions. And when cancer finally is diagnosed, in an estimated 50 percent to 70 percent of cases it has already spread to other parts of the body. This was the bad news Dell'Orfano received last year.

The good news is that several new diagnostic techniques may help detect prostate cancer earlier, when treatment assures longer survival. One of the newest approaches — known as the PSA test, for prostate-specific antigen — is a simple blood test that measures the levels of a protein produced in the prostate. The level rises when the prostate is diseased or has formed a tumor and continues to rise as a tumor grows. According to a recent study, the chances of detecting prostate cancer increase by 34 percent if the PSA test is used in addition to the digital rectal exam.

But the PSA test as used today has its drawbacks. According to current standards, a reading of 4 nanograms of PSA per milliliter of blood is used to identify men who may have tumors. But some researchers say this cutoff point is too high and misses many men who have the disease. Some patients with prostate cancer show PSA readings as low as 2.5, says Dr. Fred Lee, director of research in the department of radiology at St. Joseph Mercy Hospital, in Ann Arbor, Michigan. Overall, the PSA test misses tumors in about 30 percent of cases.

Another promising approach is transrectal ultrasound, or TRUS. Here, an instrument about the size of a finger is inserted into the rectum, where a transducer uses sound waves to create a picture of the prostate gland and any suspicious masses within it. "Most people say it's less uncomfortable than the standard rectal exam," says Dr. Peter Littrup, codirector of prostate research at St. Joseph Mercy. A study published last summer found that a combination of TRUS, the PSA test, and the conventional digital exam boosts detection of asymptomatic prostate cancer by 73 percent.

But TRUS also has its problems. It fails to detect about one-half of nonpalpable lesions greater than 1 centimeter in diameter, says Dr. Patrick Walsh, director of the Brady Urological Institute, at the Johns Hopkins Hospital, in Baltimore. In addition, TRUS can create suspicious images of areas that are perfectly healthy.

All of which means that, while diagnostic methods have improved, doctors have a long way to go in the fig against prostate cancer. To fill in gap, they hope to educate men abo the warning signs of the diseas These include difficulty in urinating the need to urinate frequently, pain burning during urination or inte course, and general pain in the upp pelvis or back. Men should also dete mine family risk factors. A study Johns Hopkins found that men who close male relatives have had prosta cancer face increased risk of gettii the disease.

Regular checkups, therefore, a crucial. Walsh believes that every m should have a yearly rectal exam a PSA test, beginning sometime b tween the ages of 40 and 50. Like baseline mammogram for women, baseline PSA reading allows docto to identify worrisome changes ov the years. If the PSA test shows reading higher than 4, it signals pro tate disease and possibly cance Walsh recommends that men wi readings between 4 and 10 have an u trasound exam to diagnose the conc tion more accurately. Patients wi readings of 10 or higher should al have a biopsy.

Persuading American men to su mit to such tests may be the bigge challenge of all. "The prostate wasn put in a convenient location," Wals concedes. Many men are embarrasse or afraid to broach the subject wi their doctors. "It's not only fear of th procedure, but fear of cancer," sa Joann Schellenbach, a spokeswoma for the American Cancer Society.

Yet for some men, early diagnos becomes a rallying cry. "The one who I find are most willing to get th exam are those who've had relative who have died of it," Walsh says. R searcher Fred Lee, who was dia nosed with prostate cancer in 198 says he "decided to devote the rest my time to working on this, because didn't think I had much time left."

After three operations, Tony Del Orfano once again feels ready for th ski slopes and the swimming pool. B he, too, feels compelled to serve as a example. "My advice to my sons-i law is: Have yourself tested eve year, even if you feel uncomfortabl Don't be bashful." •

Prostate cancer, the second leading cause of cancer deaths in men, can spread for years before symptoms arise. But new diagnostic techniques offer earlier detection and may assure longer survival.

MADELINE DREXLER IS A FREE-LANCE WRITER.

Routine colon exam shown to save lives

Cancer deaths cut 30 percent

By DANIEL HANEY
Associated Press

BOSTON – A study published today offers the strongest evidence yet that routine screening for colon cancer saves lives.

The key is a widely available exam called sigmoidoscopy, in which a long tube is used to probe the rectum and colon. The study concludes that its use could lower the death rate from colon and rectal cancer by 30 percent.

Doctors hope the study will persuade more people to undergo this simple but unpleasant checkup after they reach age 50. By catching ominous growths early, doctors can prevent cancer from developing.

Many health organizations already recommend routine use of sigmoidoscopy. However, some experts disagree, and the new research is the first carefully conducted study to show that it saves lives.

"We now have clear-cut evidence of a very substantial reduction in mortality risk associated with screening," said Dr. Joe V. Selby, who directed the study, published in today's *New England Journal of Medicine*.

The exam costs about $100 to $200 and is performed on about 1 in 5 older Americans. Selby recommended that everyone be screened around age 50, and once every 10 years after that.

The risk of colon cancer starts to climb around age 55.

The study suggests that precancerous growths, called polyps, typically take 10 years to become cancerous.

"If we screen at age 50, we will catch all these cancers in a premalignant stage," Selby said.

The American Cancer Society estimates that 58,300 Americans will die from cancer of the colon and rectum this year.

"There has been a huge debate over whether sigmoidoscopy ought to be routinely done," commented Dr. Daniel Nixon of the American Cancer Society. "This seems to be good evidence that indeed it should be."

Doctors say the biggest drawback to the exam – and the reason many people avoid it – is discomfort.

A doctor or nurse inserts a slender flexible tube through the anus into the rectum and colon, then looks through the tube for polyps and cancer. The tube can produce severe cramps as it navigates the bowel.

The study was conducted at the Kaiser Permanente Medical Care Program in Oakland, Calif., and was based on 261 people who died of rectal or colon cancer from 1971 to 1988. They were compared with 868 people who were the same age and sex.

Researchers found that 9 percent of the cancer victims had undergone routine sigmoidoscopy screening before their deaths, compared with 24 percent of the comparison group.

The scope goes far enough into the colon to spot about half of all colon and rectal cancer.

Men may lose hearing faster, study says

Loss getting worse over time

By MALCOLM RITTER
Associated Press

NEW YORK – A study suggests that men are losing their hearing faster than scientists thought and that their hearing is worsening from generation to generation.

The federal study also suggests that men over 30 are losing their hearing more than twice as fast as women do through age 80.

Study co-author Jay Pearson said that the cause of the reported hearing loss in men is not known, "but if you want to speculate from what the conventional wisdom is on noise exposure, I would think you'd want to be careful about the noise you're exposed to at work and in your leisure."

The findings also suggest a possible influence from such things as high-powered stereo equipment or medications that affect hearing, he said.

The report should probably not cause concern unless follow-up research confirms it, said Dr. Alexander Schleuning, chairman of otolaryngology, head and neck surgery at the Oregon Health Sciences University in Portland.

Pearson agreed he "wouldn't want to go ringing alarm bells based on this study."

Researchers studied mostly well-educated volunteers from the middle class to upper middle class, so it is not clear whether the findings apply to the general population, he said. Nor is it known whether the declines researchers found over 10 to 15 years will continue, he said.

Still, the study "raises enough concerns that you definitely want to find out whether this is holding up in other places," he said.

Pearson, a researcher with the National Institute on Aging, presented the work yesterday in San Francisco at a meeting of the Gerontological Society of America.

He did the work with Larry Brant and other colleagues at the institute.

The study is part of the long-running Baltimore Longitudinal Study of Aging. It tracked the results of hearing tests done every two years on a group of 1,158 men and 551 women.

The men were followed for an average of 10 years and the women an average of five. Their ages through the study period ranged from 30 to 80.

The tests focused on sound at 1,000 hertz, 3,000 hertz and 6,000 hertz, frequencies important for understanding speech.

As found in earlier research, men consistently had poorer hearing than did women of the same age at the three pitches tested.

The conventional explanation is that men are exposed to more loud noise from the workplace, military service and leisure activities like hunting and carpentry, but there is little evidence that this accounts for the gender difference in hearing, Pearson said.

The male rate of hearing decline was generally faster than that found for women through all ages tested, especially in the lower frequencies that are more commonly involved in speech, Brant said.

The gender difference in rates of decline was greater for ages 30 to 50 or so than between ages 60 to 80.

Monitor 11/24/91

ANN LANDERS

Men can get breast cancer, too

Dear Ann Landers:

Women are told repeatedly to get checked for breast cancer because if it is caught early there is a good chance of being cured. A less well-known fact is that men can get breast cancer, too. Although it occurs in only one in 2,500 men, it's something to think about.

Most doctors do not check for breast cancer when they examine their male patients. An alert young doctor asked me how long I had had the small lump near my right nipple. I told him it had been about four years and I had never paid any attention to it. He did a biopsy and it turned out to be skin cancer. Minor surgery was performed and the tissue was sent to a lab for analysis.

To the surgeon's surprise, the result showed that I had two types of cancer. The hospital cancer board said I needed a mastectomy because one of the cancers was "infiltrating lobular carcinoma," a rare form of cancer in males.

After three more opinions, I was told that surgery was the only way to be sure the cancer was eradicated. So I had a mastectomy and, thank God, they got the cancer in time.

I am writing this letter to let men know that they, too, can get breast cancer – and should be aware of lumps or any noticeable changes in that area. Please, Ann, print it.

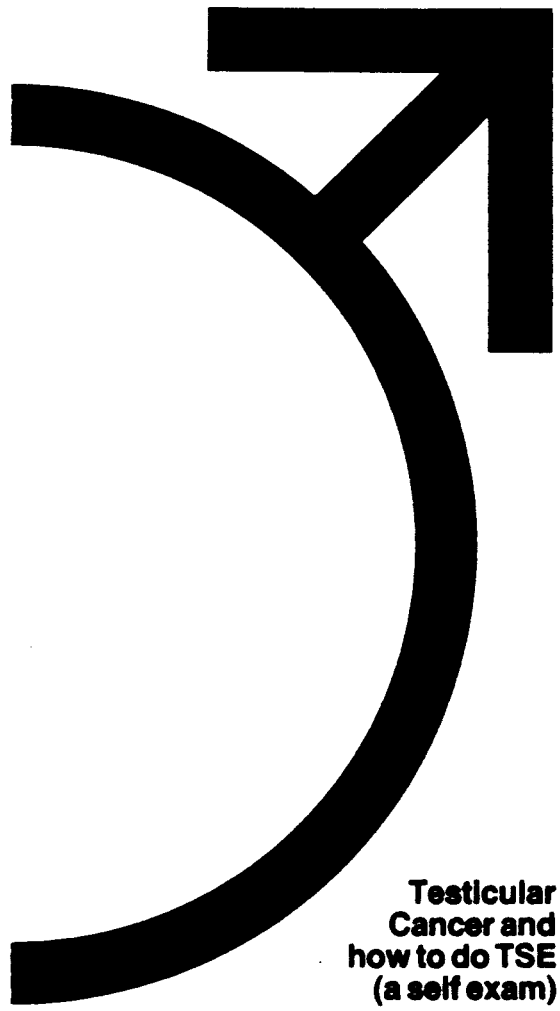
J.C.
Tujunga, Calif.

I hope every male who reads this column will pay attention to what you have written. When you get your annual physical, guys, take this column along. You'd be surprised how much physicians learn from their patients.

• • •

Impotence Evaluation and Treatment Program

FOR MEN ONLY



Testicular Cancer and how to do TSE (a self exam)

AMERICAN CANCER SOCIETY®

Men's Reproductive Health

Vol.3,No.4 Fall 1989

Vasectomy Reversal

by Jane Mickelson

The fact that my husband Don and I could conceive a child together still seems to us to have been a very special miracle. After the birth of his second child with his first wife, Don had made the decision to have a vasectomy, not knowing that the marriage would end before a year was out, leaving him the single parent of a three-and-a-half-year-old daughter. We met, fell in love, and discussed marriage, but were worried about what the effect of not being able to have children together might have on our relationship.

I was 30 at the time, and felt very strongly that I wanted a child; so when we heard about a reversal operation, called a vasovasostomy, Don immediately looked into it and before long went to Yale-New Haven Hospital and had the surgery performed. Seven months after our wedding, we conceived a baby and our son Jared was born in March 1977, healthy and beautiful and the perfect addition to our family.

It all sounds so simple, yet it involved months of highly emotional soul-searching on both our parts, as well as concerns about what we should do if the operation were not successful. At that time, in 1975, the odds were not in our favor. The surgeon who performed the operation told us that there was about a 20 percent chance that the reversal would work. Fortunately, Don's age and excellent state of health were highly beneficial factors, and the skill of the surgeon was an additional advantage.

Vasectomy

Most couples who choose vasectomy are very happy with it. Side effects are generally rare and can be corrected. Infection can occur, as can sperm granulomas. The latter are nonbacterial abcesses, consisting of sperm, lymphocytes (white blood cells), and epithelial cells (sloughed off from internal mucous membranes). They occur when sperm leak into the surrounding tissue, and can occasionally cause the man mild to severe pain. Unfortunately, channels can open up through the granuloma, thereby creating a new passageway for the sperm and returning the risk of pregnancy. The chances of this happening, however, are minimal, and although a significant percentage of vasectomized men do develop these granulomas, most of them are totally unaware of their presence. Whether or not the appearance of granulomas has any effect on the subsequent success of a reversal is an issue which is under debate.

Before his vasectomy, Don had been counseled, both about the operation itself and the possible emotional and physical after-effects. At that time he was told that it was a permanent operation, as reversals are by no means predictably effective. Most counseling sessions cover in detail each step of the vasectomy, as well as stressing the need for contraceptive use until it has been determined through a lab test that all sperm are absent. Because of the uncertainty of reversal, no doctor should ever suggest vasectomy as a temporary form of birth control. We were extremely lucky, but there are

Continued on page 4☞

Inside

BusinessExtra

THE BOSTON GLOBE • TUESDAY, DECEMBER 15, 1992

Living with CANCER

GLOBE STAFF PHOTO WENDY MAEDA

Richard Anthony: Lost his house but finally found a job – at one-third the pay.

By Diane E. Lewis
GLOBE STAFF

At first, Richard Anthony felt reborn. Six weeks after having his larynx and vocal cords removed, he had beaten throat cancer and learned to talk again.

In January 1991, Anthony returned to work as a computer service representative for Motors Electronics and Control Corp. in Woburn. Two months later the company, which was experiencing financial difficulties, laid him off.

Anthony, 56, of North Reading, was thrust back into the job market after 15 years with one employer. He completed a six-month retraining course for displaced workers. He sent out 186 resumes and received about 15 requests for interviews.

Survivors work to rid employers of perception that the disease affects their performance

"But if I called and set up an interview, they were always canceled a few days later for various reasons," Anthony said in an interview. "I suspect that when they heard my voice, they realized that I'd had a laryngectomy, and they didn't want to hire me."

Last August, after a five-month search, Anthony landed a job doing clerical work and programming for the nonprofit American Cancer Society in Boston at a third of the $40,000 he earned previously. He has lost his house in Danvers, and he and his wife are struggling to support themselves and their daughter.

Although the Americans with Disabilities Act of 1990 bars employers with 25 or more workers from discriminating against an applicant who has had a serious illness, specialists say many small and midsized companies are still unaware of the measure, which went into effect this year.

"The law may have had an immediate impact on the consciousness of the work force, but there are still people who continue to rely on their own instincts and on stereotypes when it comes to diseases like cancer. Some employers are not even aware that that kind of response is illegal," said Ellen Stovall, executive director of the National Coalition for Cancer Survivorship in Washington.

Although news that Boston lawyer Paul Tsongas is suffering from a recurrence of lymph gland cancer focused attention on the impact a cancer diagnosis may have on a public figure's life,

CANCER, Page 55

Cancer and surviving in the workplace

■ **CANCER**

Continued from page 43

specialists say one of the biggest problems cancer survivors face today is workplace discrimination – even though 51 percent of those with a malignancy survive, according to the American Cancer Society.

Tsongas, who ran unsuccessfully for president, had suffered a localized recurrence of cancer in 1987. Earlier this month, after press reports revealed that he had selectively disclosed the 1987 recurrence, Tsongas maintained all candidates should disclose their medical backgrounds. Fighting his second relapse of cancer, Tsongas was admitted to the Dana-Farber Cancer Institute last week for treatment of an infection caused by chemotherapy.

A 1992 survey of 200 supervisors by the nonprofit National Coalition of Cancer Survivorship in Washington found that 66 percent felt an employee with cancer could not perform his job adequately and 44 percent said a recent cancer diagnosis would affect their decision to hire an otherwise qualified job candidate.

And the American Cancer Society reports that common misperceptions that cancer is untreatable as well as myths about the nature of the disease cause many cancer patients to conceal their condition. For small and midsized companies, money is also a big factor. Because insurance premiums are often based on the actual health or medical experience of a firm's employees, a single, catastrophic illness could cause a small company's health insurance premiums to soar. To avoid such problems, the society says, some smaller companies shy away from hiring people who are perceived as potential risks.

Tony Hammond, a policy research actuary at the Health Insurance Association of America, is critical of bias against cancer survivors, but he said recently that while basing insurance rates on the amount of illness a company's employees have had is socially unacceptable, it is also "actuarially sound."

"One cancer patient with $300,000 in claims – somebody with a bone marrow transplant, for example – that person alone could escalate insurance costs at a small firm. Somebody has to pay for it," Hammond said.

Recognizing that small or midsized firms might be leery of retaining or hiring a person with a history of an illness like cancer, 14 states have either banned experience-adjusted insurance coverage or put limitations on the amount of insurance adjustments a group can have because of its health experience. In Massachusetts, for example, small group health reforms enacted late last year guarantee small businesses group health coverage regardless of the medical status of its employees. In addition, premium increases are capped. The law also guarantees people with a catastrophic disease such as cancer or AIDS medical coverage.

Donald White, a spokesman for the Health Insurance Association of America, believes such laws will go a long way toward easing corporate fear of escalating health care costs. "Once Massachusetts employers begin to understand the new law, they will realize that it's bound to have an impact on health care costs," he said. "Hopefully, instead of judging employees solely according to health factors they will pay more attention to the contribution a particular employee has made."

The next step, advocates say, is ridding the public – and employers – of stereotypic notions concerning cancer.

"People are living longer and they are in remission longer, but many corporations still relate to them as if they have an incurable, deadly disease. Plus, there are still people who think cancer is contagious," said Pamela Narrett, a social worker at Massachusetts General Hospital who works with recovering cancer patients.

Take the case of consultant Pamela Onder.

Three years ago, Onder, 42, of Bethesda, Md., learned she had developed breast cancer and immediately told her employer, a Washington consulting firm.

"My coworkers were terrific. The problem was upper management. They said, 'You've got cancer. We don't anticipate your being able to perform as well as you have in the past. We don't want you seeing clients,' " said Onder, cofounder of the Breast Cancer Coalition, a national women's lobby for survivors of breast cancer.

When radiation treatments began to affect her appearance, high-level executives in the company began to avoid her. Onder's hair began to fall out and her already slender frame grew thinner.

"Management felt I didn't look 200 percent anymore so they told me to stay in the office," Onder said. "I was thinner, paler and not the attractive, blonde marathon runner I had been. So, they brought in a guy to take my place."

Within weeks after she told her employer about the cancer, Onder was relegated to a small office, with no staff or secretary. She continued treatments and eventually had the lump in her breast surgically removed. When she returned to work, her replacement excluded her from executive-level meetings. Then, one day he made it clear to Onder that she had to report to him – even though she was spending her days in an empty office.

"I got so angry that I went up to him and said: 'Look, I didn't have a lobotomy. My brain is still intact. I had a mastectomy!' Then, I reached in my blouse, took out the prosthesis and threw it on his desk."

In 1990, a year after she told the company about her diagnosis, Onder filed a lawsuit in the Superior Court of the District of Columbia. Several months later she received a job offer from a competing firm and decided to settle the case in return for severance pay. She also agreed not to divulge her former employer's name.

Today Onder is again battling cancer. But her new employer is standing by her. "My office is still there and I've been told that they want me back," she said. "The response has been 'Pam, we're not hung up on your cancer. We care about you.' "

GEOGRAPHY by Zip Code	MEN 35-54 1990	MALE EE 35-54 1990	35-54 MARRIED MALES	MALE NOT SOL 1990
Primary and Secondary Sh - PRIMARY				
3106 BOSCAWEN, NH	1036	385	691	801
3218 BARNSTEAD, NH	532	215	452	389
3224 CANTERBURY, NH	249	86	175	208
3225 CENTER BARNSTEAD, NH	0	0	0	0
3229 CONTOOCOOK, NH	761	261	580	701
3234 EPSOM, NH	493	200	361	329
3242 HENNIKER, NH	506	112	307	308
3244 HILLSBOROUGH, NH	977	409	588	535
3263 PITTSFIELD, NH	782	274	533	435
3275 SUNCOOK, NH	1545	653	1096	1227
3278 WARNER, NH	370	148	262	244
3281 WEARE, NH	705	370	516	422
3301 CONCORD, NH	6049	2239	3885	4954
3303 CONCORD, NH	711	236	477	566
3815 CENTER STRAFFORD, NH	2	0	0	0
3884 STRAFFORD, NH	410	167	305	302
Total Primary and Seconda - PRIMARY	15118	5661	10059	11540
Primary and Secondary S - SECONDARY				
3043 FRANCESTOWN, NH	182	74	123	115
3045 GOFFSTOWN, NH	1481	449	1017	1202
3101 MANCHESTER, NH	122	41	52	74
3102 MANCHESTER, NH	5483	1707	3613	4403
3103 MANCHESTER, NH	4993	1960	3204	3538
3104 MANCHESTER, NH	4525	1589	2700	3801
3216 ANDOVER, NH	250	107	183	167
3220 BELMONT, NH	343	140	239	152
3226 CENTER HARBOR, NH	134	39	101	91
3231 EAST ANDOVER, NH	51	22	38	35
3235 FRANKLIN, NH	960	454	525	551
3237 GILMANTON, NH	0	0	0	0
3243 HILL, NH	96	38	65	54
3246 LACONIA, NH	2992	1245	1938	2050
3253 MEREDITH, NH	685	283	481	435
3256 NEW HAMPTON, NH	216	75	144	130
3257 NEW LONDON, NH	350	128	191	240
3268 SALISBURY, NH	119	51	87	79
3269 SANBORNTON, NH	265	97	197	188
3276 TILTON, NH	981	460	646	525
3280 WASHINGTON, NH	80	28	56	37
3287 WILMOT FLAT, NH	91	37	63	52
3442 BENNINGTON, NH	138	57	90	85
3809 ALTON, NH	534	220	459	367

GEOGRAPHY by Zip Code	MEN 35-54 1990	MALE HH 25-50k 1990	35-54 MARRIED MALES	MALE WHT COL 1990
3810 ALTON BAY, NH	0	0	0	0
3837 GILMANTON IRON WORKS,	384	154	274	209
al Primary and Secon - SECONDARY	25455	9475	16545	18637
ort Total	40573	15135	26601	30170