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New Study Results a Success at Mobile Life Screening

After one month and over 60 studies, the new Buffalo Neuroimaging Analysis (BNAC) techniques being practiced by Mobile Life Screening in Fargo have proven an unmitigated success. Randy Spielvogel, the Ultrasound and nuclear medicine technologist who is doing the studies says "As for the scans thus far, I think we're seeing what we anticipated, that is a large volume of patients with reflux and/or stenosis in the IJV's".

This confirms other findings universally. "Most of the abnormalities being found are on the left side which is precisely what they found in the Buffalo studies". Left side occlusion may relate to a slight anatomical kinking of the Brachiocephalic vein located centrally into which the left jugular drains, or may be part of something else altogether. There is no evidence of a link to any other condition or malformation at this time. The fact is that the venous system remains an area of little study, especially as it relates to other diseases such as MS, as it has never been considered as important as the arterial system to human health.

After over a month of using the new protocols, the Doppler Ultrasound studies are taking anywhere from 45 to 75 minutes on average. Although the results have been quite accurate to date, new high-tech equipment may make the study even more precise in the near future. Randy says: "Once the FDA approves the Biosound QDP software, it will be much easier to evaluate the deep cerebral veins in the head". With the ability to go deeper, the findings will undoubtedly become more certain. Studies that are currently categorized as "borderline" may prove conclusive.

For further analysis and more complete accuracy, all patient results from MLS are also being reviewed by Noble Hospital's Dr. Anand Alurkar. Dr. Alurkar is an Interventional Neurosurgeon who has performed thousands of intra and extracranial procedures over the past decade. Says Alurkar: "Borderline cases, in fact any instance where stenosis is seen in the Internal Jugular Vein warrants further investigation. If it is proven that stenosis exists, there is no doubt that vascular and probably neuro improvements will be seen with an enhancement in the drainage to the Central Nervous System."

The Liberation Treatment and Safe Practices: What you need to know when you return (or before you go)

Although you will have fewer healthcare navigational options once you return after having your procedure abroad, there are some. For those MS patients who are taking a proactive approach to their health and seeking the liberation treatment independently, there are several things that you need to be aware of.

After the procedure your surgeon will require that you take several medications to thin your blood (which may include ASA, Plavix, and Coumadin). This will help to prevent blood clots from forming in the angioplastied (ballooned) or stented veins. The information regarding how to take these medications and for what duration will be provided in your discharge information package.

It is most important that upon returning home, you book an appointment with your Family Physician or Primary Care Provider as soon as possible. There are several reasons for this. 1) you must communicate to your physician what medications you're on and review their doses, 2) you'll need to clarify how long you will need to be on them, 3) you'll need to ensure that you have enough medication, 4) you'll need to make arrangements for any required blood tests to monitor your hemoglobin and your coagulation status, 5) you'll want to review your documentation with your physician, 6) your symptoms and 7) finally, discuss the need for other follow-up visits as deemed necessary, to monitor your condition.

As part of monitoring the status of your veins post-procedure, it is extremely important that you schedule your post-procedure Doppler ultrasounds. This allows the surgeon to evaluate the effectiveness of the procedure, and provide the necessary on-going post-operative advice and care.

As you will have been advised, there are risks of complications following the procedure, however carefully and appropriately the protocol for the liberation procedure has been followed. These include, but are not limited to, re-occlusion of the angioplastied (ballooned) or stented vessel(s), migration of the stent through the vein wall, migration of the stent into your central circulation, and/or migration of the stent into your heart (however small these risks are). These complications may cause you to experience pain in the neck on the side or sides that have been treated with either angioplasty or stenting, swelling in the neck, shortness of breath, an irregular pulse, chest pain, dizziness, and difficulty in breathing. This list is not exhaustive. These, and any other new symptoms require you to seek immediate attention from your regular Family Physician, Primary Care Provider or local Emergency or Urgent Care Department.

Now comes the important part. How WILL you be treated by the healthcare system once you declare that you've had the liberation treatment? You need to understand what each Province or Insurance Company has put in place as a policy to treat you should you fall ill as a result of having had the procedure. If you are in the US, you need to speak with your employer and/or your insurer to understand what instructions they've given to your Provider based on your policy.

In Canada, front line physicians such as Family Physicians, Primary Care physicians and Emergency physicians are required to assess and diagnose the cause of your symptoms, which may or may not be directly related to your procedure. If it is understood that your symptoms are directly related to the procedure, and that part of the assessment and treatment requires re-imaging of the veins in your neck with a Duplex ultrasound, it will not be performed, as this imaging procedure is not being done in Canada. Furthermore, at this time, Interventional Radiologists...are not required to provide assessment and treatment of your neck veins. If indicated, this will require you to seek assessment as per your pre-procedure screening protocol and follow up with the surgeon who performed the initial liberation procedure. If an emergency procedure is required as a result of your symptoms, physicians or surgeons will provide the appropriate care and do what is needed to deal with your condition in the best way possible. However, you need to be aware that because the liberation therapy is not yet recognized as part of medical practice in either Canada or the US, your care options for vein occlusions will be governed by the current medical standard of practices. This is why you need to be in touch with the surgeon who did the procedure on an ongoing basis, and where possible, be able to discuss the post-procedure studies and your symptoms.

Where Does Truth Lie?... Is There a CCSVI Conspiracy?

As many physicians already know there are many ways they can augment their income with their extracurricular activities outside of their practices. Drug companies tend to hire the most-respected and accomplished physicians and researchers in their fields for the crucial job of lecturing about the advantages of their drugs. In getting the word out, sometimes the risks aren't covered quite as well. The consequences are significant for patients, who become the new targets for exposure to new heavily marketed drugs — the billion-dollar blockbusters with dangerous and noted, but unstudied side effects (ex: Merck's NSAID Vioxx).

Disclosures from just seven companies, Lilly, Cephalon, AstraZeneca, GlaxoSmithKline, Johnson & Johnson, Merck & Co. and Pfizer reveal over \$257 million in payouts since 2009 to physicians for speaking tours, etc. Although that number is incomplete by itself, the real figure is also much higher as many of the other 70 drug companies don't yet disclose what they pay. In the US at least, many physicians have not behaved legally in stumping for Big-Pharma with scores of cases cited for misconduct and even a few for malpractice.

Dr. Randy Schapiro and Dr. Mark Freedman are two such speakers, part of the industry's white-coat sales force, paid to advertise Big-Pharma brand names to their colleagues under the guise of professional development conference speakers. In so doing, the lines between marketing and science become completely blurred or even erased. As most MS patients who spend time on the social blogs know, these two physicians have been tough critics of the CCSVI hypothesis.

Dr. Schapiro, President of the Schapiro Multiple Sclerosis Advisory Group, is also critical of the process that singles him out as having received payments from Big-Pharma (the records show he received about \$306,000 in payments from companies such as Pfizer, CSL Behring and Accordia Therapeutics last year) stating: "I know colleagues who have taken payments and they're not on the list." He further stated that much of the money paid for clinical research on drugs treating multiple sclerosis. "The money never went to me -- it went to my office and paid for my overhead. I have no idea where that number came from."

Meanwhile, Dr. Mark Freedman, head of University of Ottawa's MS program has disclosed financial relationships with Bayer HealthCare Pharmaceuticals and Genzyme Corporation. He has served as an advisor or consultant for Bayer HealthCare, Biogen Idec Inc, EMD Serono, Inc, sanofi-aventis, Teva Neuroscience, and Novartis Pharma. Interestingly, Novartis has just released Gilenia, a new MS medication that is publicized to "shake up the global MS market" and is forecast to bring in new sales of \$3.5 billion annually.

Both Freedman and Schapiro who speak and write frequently in opposition to the CCSVI hypothesis on behalf of MS Societies and presumably other interests, are opposed to any spending whatsoever on CCSVI research. Says Freedman: "there are going to be millions of dollars spent now to follow a hoax."

This is the same message that Dr. Schapiro recently promoted when he spoke to a group of physicians and healthcare professionals on behalf of the Manitoba Chapter of the MS Society in Winnipeg. "I think it's malarkey to spend any money to find out if CCSVI is a viable therapy for MS," and added that (as a treatment) it's in the same category as the past failures of "pregnant cow's milk, cobra venom, hyperbaric oxygen mercury amalgams, bee stings, and goat serum".

In engaging Dr. Schapiro for their October 18th Professional Conference, the MS Society of Manitoba billed him as a topical speaker who would "differentiate plausible treatments from implausible treatments". At no time did they disclose any potential conflict of interest that Dr. Schapiro, as someone in a position to control the content of their topic might have, something they are obliged to do.

Pro Publica, (the journal in the public interest), has launched a multi-article series examining the high-stakes pursuit of the nation's physicians and their prescription pads by the pharmaceutical industry. (first installment at: <http://www.propublica.org/article/dollars-to-doctors-physician-disciplinary-records>). The series will link the pharmaceutical industry to physicians in a way that is little-known by the public & expose the fact that physicians frequently learn their most-practiced therapies directly from the drug companies & as a reward for prescribing medications, are sometimes chosen for the speaker's tour for keeping their prescription levels up.

FACT: Big Pharma spends an estimated \$100 billion annually on marketing.

QUESTION: Can the public trust that there will be clear lines between where science ends and product marketing begins?

CCSVI Clinic Establishes Best Practice Protocol

In what has been described by a prominent Internationally-known Interventional Neurosurgeon, Dr. Anand Alurkar, as the “best process to treat the CCSVI condition anywhere in the world”, Noble Hospital has started to treat North American MS patients with the CCSVI condition. “It’s very important that MS patients are able to access not only the procedure on a timely basis, but be closely monitored, movement controlled, and tested afterwards for any re-occlusions or new occlusions. There’s no point in undertaking the procedure if it’s just going to stenose someplace else along the jugular, and nothing done about it. For that reason, it makes good sense to check for re-stenosis or a new stenosis along the vein within days of the original procedure. If that happens, we’ll get them back in and treat the problem. Nobody else seems to be doing that...and it’s something that would most certainly bring down the high rate of re-stenosis for CCSVI, especially in the IJV.” (In fact rates of re-narrowing of the jugular vein have been noted at as high as 50% in CCSVI patients post-op). He went on to say: “ We also recognize that patients are all getting on a plane for a very long journey after the procedure, so we want them stabilized and everything working optimally.”

In fact, CCSVI Clinic has arranged a 10-day stay at Noble hospital during which time patients will be checked for re-occlusion post-procedure. “If it’s going to happen, it’s been my experience that with venous structures, there could be an indication within hours or days of the angioplasty. So firstly, the patient will be administered the recommended incline bed therapy right in the hospital. Secondly, we will monitor the patient’s symptoms along with doing post-procedure screening, because Sonography won’t tell the whole story. Even after the procedure to open things up, there could be some blood flow abnormalities.”

Dr. Alurkar concluded: “From the point of view of patient safety and the possibility of a reoperation if anything looks suspect, we are establishing a protocol that should be mandatory everywhere the liberation treatment is done. Unfortunately this is not the case *almost anywhere*. Anyone considering the liberation procedure should also consider what options are available to them for after care.”

The single-price cost of the procedure being offered by CCSVI Clinic also includes a scheduled screening upon return in Fargo, ND to confirm normal hemodynamics. More importantly, all studies will be read by CCSVI Clinic’s Interventional Radiologists and Vascular Surgeons who will be available to the client on an ongoing basis for consultation for as long as necessary to review symptoms and health status.



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