



Message from Alliance for Retired Americans Leaders

Biden Announces \$36 Billion in Relief to Avoid Cuts to Promised Pension Benefits



Robert Roach

President Biden announced **\$36 billion in financial relief** on Thursday to prevent pension benefit cuts for thousands of union

workers.

Biden was joined by Labor Secretary Marty Walsh, union leaders including AFL-CIO President Liz Shuler and workers as he detailed the funding for the Central States Pension Fund. The plan provides benefits mostly for Teamsters union employees that include truck drivers, warehouse workers, construction workers and others; the money will come from the American Rescue Plan's Special Financial Assistance Program.

The Central States Pension Fund reported in August that it had \$7.4 billion in assets and had applied for \$35.1 billion in

relief. The White House estimated that retirees would have faced approximately a 60% reduction in benefits without the financial relief.

Following the announcement on Thursday, Central States will be able to pay pension benefits earned by the affected Teamsters workers through at least 2051. The Biden Administration estimated that the funds will protect the benefits of more than 350,000 retirees and current union workers.

Thursday's action was possible because Biden won approval of a multibillion-dollar fund to help the Pension Benefit Guaranty Corp.

(PBGC), the federal government's insurer of last resort, as part of his COVID-19 relief bill in early 2021. That provision helped shore up multiemployer pension plans set up for union members that were under financial threat of failing.

"Workers have earned their pensions with their blood, sweat

and tears over several decades. President Biden is absolutely right to honor the promise that was made to them," said Robert



Joseph Peters

Roach, Jr., President of the Alliance. "The Alliance worked with President Shuler and the entire AFL-CIO Retirement Security Working

Group to bring about this outcome. We will continue to fight so that all retirees receive the Social Security and pension benefits they have earned."

Kevin McCarthy Faces Debt-limit Dilemma in Bid For Speaker as House GOP Hardliners Ratchet Up Demands

House GOP Leader Kevin McCarthy is facing pressure from House Republicans to detail how he will handle the issue of raising the debt limit before they will commit to supporting him for House Speaker.

A growing number of Republicans have signaled a willingness to force the country to default and set off a global economic crisis unless Democrats and President Biden accept changes to earned benefit programs including Social Security and Medicare.

Some moderate Republicans have **expressed uneasiness** over using the debt ceiling as a bargaining chip, risking not only a default but also the political blame. However, seniors' advocates warn that older Americans cannot rely on moderate Republicans to protect them from cuts to Social Security and Medicare in this situation.

"Republicans are going to try to force cuts to the Social Security and Medicare benefits we've earned," said Joseph Peters, Jr., Secretary-Treasurer of the Alliance. "We must remain vigilant and work with the elected officials who are our allies so that does not happen."



*To All The Rhode Island Alliance for Retired Americans Members,
 The Alliance for Retired Americans, Their Families,
 Friends and RI ARA E-Newsletter readers*

***A Very Merry Christmas &
 A Happy, Healthy New Year***



This will be the last RI ARA E-Newsletter for 2022. The next issue will be January 8, 2023.

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New Issue Brief Explores Proposed Rule's Potential to Stabilize Medicare Savings Program and Medicaid Coverage

Earlier this year, the Centers for Medicare & Medicaid Services (CMS) published a proposed rule to **streamline Medicaid and Medicare Savings Program** applications, determinations, and redeterminations. The Kaiser Family Foundation (KFF) has now released a **new issue brief** that explores how many Medicare-eligible people might be affected by the proposed changes.

Medicare-eligible individuals with lower incomes may be enrolled in both Medicare and Medicaid. Full Medicaid coverage is through "Aged, Blind, and Disabled" (ABD) Medicaid. Medicare Savings Programs (MSPs) also help many individuals afford Medicare costs. Both ABD

Medicaid and MSPs have strict eligibility criteria in many states. The ABD Medicaid and MSP populations rarely see major increases in their incomes from month to month.

Currently, some states require people with ABD Medicaid and MSP coverage to confirm their eligibility multiple times a year and provide detailed financial information rather than relying on data from state and federal government sources that demonstrate eligibility. The repeated burden of demonstrating eligibility may result in **churn**, a cycle of gaining, losing, and regaining coverage.

The KFF analysis strongly suggests that individuals lose coverage for administrative



reasons such as redeterminations and lack of data matching. In 2018, 38% of all people with ABD Medicaid lost at least one month of Medicaid coverage in their first year. The number is even higher (46%) for people under 65 years old. Most lost coverage for more than three months and about a quarter of those who lost ABD Medicaid coverage retained MSP coverage.

In that same year, 33% of all people with MSPs lost at least one month of MSP coverage. Again, this number was higher for people under 65, with 36% losing at least one month of coverage. As with ABD Medicaid, most who lost MSP coverage lost it for more than three months.

These data show that the

proposed rule has the potential to reduce churn by lessening the paperwork burden on ABD Medicaid and MSP enrollees, limiting redeterminations of eligibility to once per year, and requiring states to use already available financial data sources to demonstrate eligibility.

Medicare Rights strongly supports these proposals, especially given the coming end of the COVID-19 public health emergency (PHE). The PHE's end will trigger states to restart the process of redetermining eligibility for Medicaid programs and may result in losses of coverage for millions as states and individuals struggle with administrative burdens.

Wait Times Increase for Disability Benefits as Social Security Offices Struggle Financially



Rich Fiesta

State operations that review Social Security disability claims face massive backlogs, leaving Americans with disabilities waiting months and even years for judgments. To combat the crisis, House and Senate Democrats are calling for a drastic boost in funding for the Social Security

Administration (SSA) to increase staffing, improve technology and expand other investments as the agency confronts the situation.

Senate Finance Committee Chairman Ron Wyden (OR) is Rusty Swain, 59, has neck and back injuries from a job-related accident 10 years ago. His claim for federal disability benefits has been pending for a year. among

those sounding the alarm about unacceptable delays facing disabled Americans to even find out if they are eligible for benefits. The calls for action follow a **Washington Post report** Monday on delays at state offices that process applications for Social Security's two disability programs.

"The additional SSA funding is badly needed, or the delays will get even worse," said Richard Fiesta, Executive Director of the Alliance. "People with disabilities cannot afford to wait years to learn whether they are eligible for benefits. Their bills are due now."

Ageing Organizations Identify Priorities for the Current Lame Duck Session in Letter to Congressional Leadership

Last week, the Leadership Council of Aging Organizations (LCAO) sent a **letter** to U.S. Senate and House leaders identifying policy priorities that should be included in year-end or omnibus legislation.

LCAO is a coalition of 66 national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena. Medicare Rights is an active member and co-chairs the LCAO Health Committee with Community Catalyst. Key coalition asks include finalizing **appropriations** for fiscal year 2023 without further continuing resolutions; **passing** the Elder

Justice Reauthorization and Modernization Act; and strengthening income security by improving **retirement savings opportunities, restoring and clarifying** protections for older workers, and modernizing the Supplemental Security Income (SSI) asset limits. The letter also highlights the need to permanently extend two critical Medicaid policies that help older adults and people with disabilities live with choice, dignity, and independence: the home and community-based services (HCBS) Money Follows the Person (MFP) program and the spousal impoverishment protections. Since it began, MFP



has helped **over 107,000 people** move out of institutions and into the community, **improving** their health outcomes and quality of life while **saving** state, federal, and taxpayer dollars. The HCBS spousal impoverishment protections have also been crucial, allowing married couples to meet basic needs without jeopardizing Medicaid HCBS eligibility or forcing community spouses to spend down to poverty. Making these proven initiatives permanent is long overdue.

Further, the coalition reiterates its **support** for several bipartisan proposals to streamline mental health and substance use disorder (SUD) treatment for people with

Medicare, like authorizing Medicare Part B coverage of Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs), improving access to clinical social worker services, and establishing coverage of intensive outpatient (IOP) services.

LCAO also urges permanently increasing federal Medicaid funding for the U.S. territories, calls on Congress to lift the debt ceiling, cautions against prematurely ending the COVID-19 public health emergency (PHE), and seeks an extension of the PHE Medicare telehealth waivers to allow for additional analysis.

Read the full letter **here**.

Dear Marci, Should I enroll in Medicare if I have Marketplace coverage?

Dear Marci,

I have a Qualified Health Plan (QHP) from my state's health insurance Marketplace. I'm turning 65 soon, though. Should I enroll in Medicare if I have Marketplace coverage?
-Tina (Cortland, NY)

Dear Tina,

If you have a **Qualified Health Plan (QHP)**, deciding what to do as you approach Medicare eligibility depends on your circumstances. In most cases, you should enroll in Medicare and disenroll from your QHP, but there are two exceptions:

◆ You have **End-Stage Renal Disease (ESRD)**.

- If you have kidney disease that requires dialysis or transplant and are eligible for Medicare, you have the choice to enroll in or stay

enrolled in a QHP with cost assistance (tax credits).



- Be sure to consider how the QHP's coverage and costs compare to Medicare before deciding to delay Medicare enrollment.

- For counseling regarding your insurance options, contact your **State Health Insurance Assistance Program (SHIP)**.

◆ You do not qualify for **premium-free Medicare Part A**.

- If you are eligible for Medicare but would have to pay a premium for Part A, you can keep your QHP with cost assistance as long as you do not enroll in any part of Medicare.

◆ You should consider all

consequences carefully before deciding to keep a QHP instead of Medicare. If you ever decide to enroll in Medicare, you may have to wait for the **General Enrollment Period (GEP)** to sign up. Using the GEP to enroll means you may experience gaps in coverage and incur a **late enrollment penalty (LEP)**.

- ◆ If you qualify for premium-free Part A, you should not continue using the Marketplace to get health and drug coverage. Enroll in Medicare when you are first eligible and disenroll from your QHP in a timely manner to avoid paying extra premiums.

Here are additional notes to remember when considering whether to enroll in Medicare if

you have a QHP from the Marketplace:

- ◆ You are ineligible for cost assistance (tax credits) to help pay for your QHP premium once you are eligible for premium-free Part A.
- ◆ It is likely not cost-effective to have both Medicare and a QHP.
- ◆ There is no guarantee that a QHP will pay for your care if you have or are eligible for Medicare Part B, meaning you may have little or no coverage.
- ◆ You may experience gaps in coverage and late enrollment penalties when attempting to enroll in Medicare late.

I hope this helps you with your decision to enroll in Medicare or not.

-Marci

Five Medicare issues for Congress in 2023

The new year is less than a month away and with it will come a Republican-led House of Representatives and a divided Congress. People hoping for improvements to Medicare should not be holding their breath. Allison Bell reports for **Think Advisor** on Medicare issues policymakers might take up in the next Congress.

It's more than likely that the Republican-controlled House of Representatives will do its best to push reforms that cut Medicare spending. Of course, House Republicans will only succeed if they can find Democrats who buy into their agenda. But, that is very possible.

Republicans in the Senate, for example, might find support from Senators Joe Manchin of West Virginia and Kyrsten Sinema of Arizona. Though they have been Democrats in name, they often do not support Democratic health care reform proposals. Indeed, Sinema has just announced that she is switching parts and will be an independent hereon in. Among the Medicare proposals with bipartisan appeal are:

1. **Direct payments to physicians:** It is currently illegal for physicians who

are **Medicare "participating providers"** to charge patients privately out-of-pocket for their services on top of Medicare's approved rate. "Non-participating providers" who see Medicare patients can charge no more than 15 percent above Medicare's approved rate and the limit is less in some states. Only **physicians who opt out of Medicare** (who are few and far between) and have their patients sign waivers acknowledging that they must pay totally out of pocket for their services can charge patients what they please. For good reason. If it were legal for all physicians to charge Medicare patients whatever they pleased, people with Medicare would have no protection from large and unaffordable out-of-pocket costs. People in traditional Medicare would have to think twice before going to the doctor. As it is, people in Medicare Advantage often **skip care because of out-of-pocket costs**. People in traditional Medicare without supplemental coverage do as



well. But, with supplemental coverage, they generally have no financial barriers to care.

2. **Health savings accounts:** Some

Republicans love the idea of giving people with Medicare cash to cover their medical costs, through **health savings accounts**. But, that is a recipe for discriminating against the sick, for whom the cash will never be enough to cover their care needs. It would likely keep people from getting needed care.

3. **Health care and prescription drug price transparency:** It's hard to find fault with this proposal. People should know what they are paying. But, the proposal sounds a lot better in theory than in practice. Prices fluctuate and depend on the services you receive, which you usually cannot predict in advance. Moreover, if you want to rely on referrals from your physicians, you have little choice as to who you see. For emergency care, transparency offers few if any benefits in keeping costs down.

4. **Physician assistants and nurse practitioners practicing without direct**

physician supervision: No question, there's a shortage of primary care physicians. Many conservatives support expanding "scope of practice laws" to allow physician assistants and nurse practitioners to step in and care for patients without direct physician supervision. For a variety of basic needs, such as treating a cold or a wound, it makes sense. But, primary care physicians have far more training than these other providers and, at least in some cases, are better able to identify and address bigger issues. So, the devil is in the details.

5. **Expanding telehealth coverage:** There's some bipartisan support for Medicare continuing its extended coverage of **telehealth services**. That could make a lot of sense, **depending upon how the coverage is designed**.

All this said, Congress won't be doing the Medicare work it should be doing. None of these proposals will bring down Medicare costs or address overpayments and **barriers to care in Medicare Advantage**.

New Report Examines Shift to Medicare Advantage by Large Employers that Offer Retiree Health Benefits

A new Kaiser Family Foundation (KFF) [analysis](#) examines the extent to which large employers that offer retiree health benefits are turning to Medicare Advantage (MA), the reasons why they are making this shift, and the implications for retirees and federal spending.

Among the key findings:

- ◆ Currently, only 13% of large employers (200 or more workers) offer retiree health benefits. In 2022, half (50%) contracted with MA plans to provide that coverage—nearly double the share (26%) who did so in 2017.
- ◆ About 44% offered retirees no choice but to receive their health benefits through MA. As a result, those retirees are unable to choose Original Medicare (OM), unless they are willing to give up their

retiree health benefits.

- ◆ A driving reason employers cited for offering retiree health benefits through MA contracts was to lower their own financial liability. For some, the adoption of MA “appears to be a strategy to maintain benefits for their retirees, without terminating coverage or adopting other changes that more directly shift costs onto retirees.”

This shift has important implications for beneficiaries and the Medicare program. Unlike OM enrollees, people with MA are subject to narrow provider networks and utilization management tools that may [limit](#) or [delay](#) access to Medicare-covered services. Funneling more Medicare-eligible retirees into MA will



likely drive up costs, as Medicare [pays more](#) for MA enrollees (including in group plans), [on average](#), than for a similar beneficiary in OM.

As KFF notes, there are also critical transparency issues. “... the rising number of Medicare Advantage enrollees in group plans highlights the lack of transparency about these plans, including information about which employers are offering Medicare Advantage, and makes it difficult to assess the extent to which Medicare overpayments may be offsetting employers’ liability for retiree health coverage, the scope of coverage under group plans, such as provider networks for Medicare-covered and other benefits, the scope of extra benefits, and premium and cost-sharing requirements.”

The Medicare Rights Center [continues to urge commonsense reforms](#) to ensure all people with Medicare have coverage that works for them. This includes deterring overpayments; equalizing Medicare benefits; realigning payment incentives; and easing access to care, including by limiting prior authorization, preventing erroneous denials, and streamlining appeals processes. We also urge improvements to simplify Medicare enrollment, such as standardizing plan options, passing [BENES 2.0](#), and expanding access to Medigap.

Read the KFF report, “[Medicare Advantage Coverage is Rising for the Declining Share of Medicare Beneficiaries with Retiree Health Benefits.](#)”

United States At Imminent Risk Of Total Government Shutdown?

It's a [song](#) that as Americans we have unfortunately, we have become all too familiar with hearing over the last couple of decades. When the first notes ring out, we ask ourselves, how are we at these crossroads again? Nonetheless here we are facing another [Congressional](#) deadline to reach an agreement on funding for our government to avoid another governmental shutdown. A few short years ago in late 2018 and early 2019 was the [last time a government shutdown](#) occurred. It happened because Congress couldn't agree about raising the debt ceiling. During the 35-day closure, we saw a whopping 18 billion dollars in Federal spending be

delayed which sent ripple effects through our economy. According to [CNN Business](#), "gross domestic output during the first quarter of 2019 was down by 0.2%, according to the Congressional Budget Office. Fourth-quarter 2018 GDP was also hurt by 0.1%."

The potential of a government shutdown right now could have disastrous implications considering the health of our economy is on shaky footing. The possible economic recession that analysts are forecasting to be arriving soon in combination with the [economic recovery](#) from the pandemic, which saw massive job losses



and major disruptions to the global supply chain could be [catastrophic](#). S&P Global Ratings

estimates that it would cost the United States economy \$1.8 billion per week if a government shutdown were to occur.

The shutdown of the government will also affect the government's attempts to curb inflation, which has been steadily rising over the last year. That pressure will occur because government workers would eventually see their paychecks even though they were not productive. Last Thursday Democrats unveiled a deal that would keep the government funded until mid-February but at

the time of this article, it still was not clear whether that agreement would avoid the anticipated shutdown this Friday.

One of the top concerns is going to be the impact within our US Customs department because many of our key ports of entry for goods have been strained by the lingering effects of the pandemic. A government shutdown would delay their ability to process mandatory paperwork to continue to keep cargo moving through those ports. This will further compound our ability to get our supply chain issues prolonging their eventual resolution....[Read More](#)

Information About Getting Support to Continue Living at Home

Senior home care is helpful for aging individuals and their families. In-home care helps you or your loved one continue living at home, and it alleviates some of the stress that family caregivers often experience. In-home caregivers work to protect your or your family member's independence, dignity, and quality of life while providing

safe, comfortable, and compassionate care. And that's important. After all, 90 percent of people over the age of 65 have reported that they want to stay home as long as possible, according to the [Home Care Association of America](#) (HCAOA).

Home care providers can offer



everything from basic personal care to hospice support. They can even provide assistance to help manage chronic conditions, illnesses, and diseases. You can get short-term recovery or rehabilitative care or ongoing long-term care. Additionally, home care agencies frequently offer [respite](#)

[services](#) so that family caregivers are able to take breaks once in a while, such as on weekends or holidays. Support can be provided for a few hours a week or up to 24 hours a day, 365 days a year. It's all based on a client's needs....[Read More](#)

More Medicare Advantage Plans Can Make Open Enrollment Daunting

Medicare Open Enrollment is the time of year when people can make changes to their Medicare Advantage (MA) or Part D prescription drug plans. As Open Enrollment nears an end on December 7, many people with Medicare are weighing their coverage options. This process can be overwhelming due to the considerable number of plans available.

A **new analysis** from Kaiser Family Foundation finds that the average beneficiary has 43 different MA plans to choose from in 2023. The analysis does not include employer-sponsored plans, Special Needs Plans (SNPs), cost plans, or Medicare-Medicaid integrated plans, all of which are only available to some beneficiaries.

The number of MA plans to choose from depends on where a beneficiary lives. KFF found that

27 counties have more than 75 plans offered. In 4% of counties, beneficiaries have three or fewer plans to choose from.

Importantly, the large number of plans does not necessarily reflect diverse corporate ownership. Most beneficiaries (60%) have plans available from fewer than 10 companies. In 1,136 counties (accounting for 50% of beneficiaries), at least one company offers 10 or more plans. This is also reflected in the enrollment numbers. Two companies, UnitedHealthcare and Humana, accounted for 46% of MA enrollment in 2022.

Differentiating between the different plan options is also increasingly difficult with the proliferation of extra benefits. The KFF analysis shows that 97% of plans offer some vision, fitness,



telehealth, hearing, or dental benefits, but “the scope of coverage for these services varies.”

More plan options and choices can mean a greater likelihood of finding a plan that suits a person’s particular needs but can also make the process of deciding on a plan more confusing, overwhelming, and complicated. Our experience and **nationwide data show that** people are likely to forgo comparison shopping and may choose or remain in a less beneficial, more expensive plan. The report notes that “Insurers are drawn to the Medicare Advantage market **because it is profitable relative to other health insurance markets**, and this comes at a cost to Medicare, in that Medicare currently pays Medicare Advantage 104% of traditional Medicare costs, on

average, **according to MedPAC**. As the market continues to grow, and enrollment continues to climb, it will be increasingly important to assess how well Medicare Advantage is serving beneficiaries in terms of costs, quality, benefits and patient outcomes, as well as how well Medicare’s current payment methodology for Medicare Advantage is working to hold down beneficiary costs and Medicare spending.”

At Medicare Rights, we will continue to urge greater oversight and transparency around MA. When the marketplace is so saturated and confusing, and when extra Medicare dollars are spent providing extra benefits, it is unrealistic and ineffective to expect beneficiaries to use “smart shopping” to reduce costs and improve coverage.

Paxlovid Has Been Free So Far. Next Year, Sticker Shock Awaits.

Kaiser Health News

By Hannah Recht

Nearly 6 million Americans have taken Paxlovid for free, courtesy of the federal government. The Pfizer pill has helped prevent many people infected with covid-19 from being hospitalized or dying, and it may even reduce the risk of developing long covid. But the government plans to stop footing

the bill within months, and millions of people who are at the highest risk of severe illness and are least able to afford the drug — the uninsured and seniors — may have to pay the full price.

And that means fewer people will get the potentially life saving treatments, experts said.

“I think the numbers will go way down,” said Jill Rosenthal,



director of public health policy at the Center for American Progress, a left-leaning think tank. A bill for several hundred dollars or more would lead many people to decide the medication isn’t worth the price, she said.

In response to the unprecedented public health crisis caused by covid, the federal government spent billions

of dollars on developing new vaccines and treatments, to swift success: Less than a year after the pandemic was declared, medical workers got their first vaccines. But as many people have refused the shots and stopped wearing masks, the virus still rages and mutates. In 2022 alone, 250,000 Americans have died from covid, more than from strokes or diabetes...**Read More**

U.S. Health Officials Urge Indoor Masking in Major Cities as 'Triple-demic' Rages

As three highly contagious respiratory viruses spread across the United States, straining hospitals and triggering drug shortages, health officials in some major cities and states are calling for a return to indoor masking.

Over the past few weeks, COVID-19, the flu and RSV have made millions of Americans ill, and indoor masking is seen as one way to slow the spread of the viruses.

In New York City, that means wearing face coverings in stores, on public transit, at schools, in childcare facilities and in other public shared or crowded public spaces, health commissioner Dr. Ashwin Vasani **said** in a news release announcing the health advisory.

“The holiday season is about togetherness and there is a way to gather safely – even as respiratory viruses in our city are unusually high,” Vasani said. “It starts with protecting yourself. Vaccination and boosters are critical but so are common sense precautions like masking when indoors or among crowds and staying home if you don’t feel well.”

In Los Angeles County, public health director Dr. Barbara Ferrer has **advised** wearing masks indoors, saying that the county may mandate masks if cases and hospitalization require it.

“Our shared goal during this pandemic has always been to reduce the burden of disease,



hospitalization and death and we all know it takes a community to do so,” Ferrer said.

“When you put on your mask for these few weeks during this surge, it is about the people of LA County. It is about every individual, every visitor, our healthcare workers, essential workers, and other people who serve. In addition to vaccination, it is one of the easiest things everyone can do right now.”

Meanwhile, Washington and Oregon health officials have advised similar measures. In Washington state, 25 hospital executives and 12 county health officers have asked residents to mask indoors, *NPR* reported, and the Oregon Health Authority has

asked people to protect children and older adults by wearing masks in crowded indoor spaces. “The combination of surging flu, RSV and COVID-19 cases is pushing hospitals past their current ICU bed capacity, which never happened during the darkest days of the COVID-19 pandemic in Oregon,” Dr. Dean Sidelinger, the state epidemiologist, said during a media briefing on Thursday, *NPR* reported.

More areas around the country have “high” infection rates, **Dr. Rochelle Walensky**, director of the U.S. Centers for Disease Control and Prevention, told *NPR* last week....**Read More**

Assisted living facilities should do more for residents

Assisted living facilities should address people's medical and mental health needs. Older and frailer people are now living in these facilities. Judith Graham writes for **Kaiser Health News** on a report earlier this fall in **JAMA Network** that assisted living facilities are not meeting their residents' needs.

Today, more than half of assisted living facility residents are over 85. And, more than three in four need help with activities of daily living, particularly bathing. Half need help with toileting.

Most assisted living facility residents have high blood pressure. About one in three have heart disease, arthritis or depression. More than four in ten have dementia or a cognitive

impairment. And, more than one in ten suffer from a serious mental illness.

Experts on a panel addressing resident needs in assisted living facilities recommend "**a new standard of care**," including a requisite number of health aides and an on-site registered nurse. Staff need to be available to provide assistance in a timely manner when people fall or otherwise need help. At some facilities, there's just one staffperson for 40 residents.

Moreover, many assisted living facilities do not have adequately trained staff. It is not unusual for staff to lack training in caring for residents with dementia or other cognitive impairments as well as for patients taking multiple medications and controlling



infections. During Covid, one in six more residents died than prior to Covid.

Of course, all of these recommendations cost money, which each state will need to factor into any regulatory reforms it adopts.

If you're shopping for **an assisted living facility**, be sure to check the ratio of staff to residents as well as the training of staff. Well-trained staff are far more likely to provide good quality care. Also, inquire as to whether the facility does formal assessments for **dementia**, as it is so common among residents and should be properly treated.

In fact, a good assisted living facility should formally assess all patients and develop an individualized plan of care for

each resident. Patients' care goals should be understood and attended to.

If a loved one needs memory care at an assisted living facility, look for a facility with well-trained staff. You will pay a lot for a stay in the memory care unit. And, well-trained staff should be part of the package.

Today, there are nearly 29,000 assisted living facilities serving more than 900,000 residents. Each state has its own set of regulations governing how they operate. They are intended to meet both social and medical needs of residents, but they are all different when it comes to what they offer residents. There are no federal regulations.

Treasury Says Social-Security Cuts Would 'Decimate' Retirees

A senior US Treasury official warned Tuesday that cuts to Social Security and Medicare would "decimate" the standard of living for American retirees.

"These programs are the cornerstone of the American retirement system, and it is difficult to imagine either program sustaining substantial cuts in resources without dramatically impacting millions of beneficiaries," Ben Harris, the Treasury's assistant secretary for Economic Policy, said at an

event in Washington. While Harris didn't mention the **looming political battle**, his remarks came as GOP lawmakers and the Biden administration are headed for a showdown over the government's legal borrowing limit. Republicans have said they might demand **large spending cuts** — including to Social Security and Medicare, the retirement and health programs for the elderly and disabled — in



exchange for raising the debt ceiling.

"Roughly half of retirement-age households depend on Social Security benefits for all or almost all of their income," Harris said. "Cuts to Social Security would decimate their standard of living."

He said Medicare carried equal weight and that "any marked cuts to the program would undoubtedly mean undue suffering for the beneficiaries

who depend on the program for critical health care."

President Joe Biden said on Nov. 10 that he's willing to "work with Republicans," but wouldn't accept cuts to Social Security and Medicare.

Harris's comments, delivered at an event hosted by the Brookings Institution, were part of a **wider speech** on how conditions for US retirees have deteriorated in recent decades....[Read More](#)

4 Social Security Changes Joe Biden Wants to Make: Is 2023 the Year They Become Reality?

For most Americans, **Social Security** doesn't just provide "some check" they'll receive after they retire. According to national pollster Gallup, Social Security supplies a source of income retirees deem necessary to make ends meet. Since 2002, anywhere from 80% to 90% of annually surveyed retirees lean on their monthly payout to some degree to cover their expenses.

Although Social Security is the U.S.'s most successful retirement program, having provided retired workers with benefits for 82 years (and counting), it's on shaky ground. And as the sustainability of Social Security payouts comes into question, it's lawmakers who come into focus -- specifically President Joe Biden.

Could you handle a 23% cut to

your Social Security benefit?

Since retired worker payouts began in 1940, the Social Security Board of Trustees has released a report each year that examines the financial state of the program. This often-lengthy report takes into account **demographic changes**, fiscal policy implemented by Congress, and a multitude of other factors to provide an all-encompassing look at how firm the foundation is for Social Security over the short term (the next 10 years) and long term (the next 75 years).

The problem is that the Trustees Report has been warning that long-term revenue wouldn't be sufficient to cover payouts, including cost-of-living adjustments (COLA), since 1985.



As time has passed, the projected long-term cash shortfall has grown. The 2022 Trustees Report estimates that Social Security has a \$20.4 trillion cash deficiency through 2096.

If there's a positive takeaway here, it's that Social Security **can't go bankrupt** as long as people keep working. Around 90% of the revenue collected by Social Security comes from the 12.4% payroll tax on earned income, such as wages and salary. But just because Social Security is in no danger of insolvency, that doesn't mean it's financially healthy.

Without any changes, the Trustees Report predicts the Old-Age and Survivors Insurance Trust Fund, which is responsible

for doling out payments to more than 48 million retired workers each month, will require an **across-the-board 23% benefit cut by 2034**. For the typical retired worker, we'd be talking about thousands of dollars in reduced annual benefits.

Biden has offered a four-point plan to strengthen Social Security. With Social Security's dilemma well-known, Biden **laid out a four-point plan** to strengthen the program while on the campaign trail prior to his 2020 election. The core of Biden's proposal involves generating more payroll tax revenue, as well as increasing benefits for aged beneficiaries and lifetime low-earners who need it most....[Read More](#)

Just Being Healthy Might Prevent Many Cases of Crohn's, Colitis

Folks who follow a handful of healthy habits can dramatically reduce their risk of developing an inflammatory bowel disease, a new study reports.

Adopting and maintaining a healthy lifestyle can prevent up to 60% of cases of Crohn's disease and ulcerative colitis, according to research published Dec. 6 in the journal *Gut*.

"To our surprise, we found that a substantial proportion of cases could have been prevented by adhering to these lifestyle factors," said senior researcher **Dr. Hamed Khalili**, a gastroenterologist at Massachusetts General Hospital in Boston.

Inflammatory bowel disease (IBD) affects more than 3 million adults in the United States, researchers said in background notes. Symptoms can include diarrhea, abdominal pain, cramping and fatigue.

Previous studies have identified individual lifestyle factors associated with IBD, but researchers said it is not known whether sticking to healthy habits can prevent Crohn's or colitis.

So they developed two separate lists of health factors that are thought to influence a person's risk of IBD.

One list included a simple set

of "modifiable risk factors" that included:

Obesity (a body mass index, or BMI, of 30 or more)

Smoking

Using NSAIDs like aspirin and ibuprofen more than two times a week

Lack of physical activity

Low daily intake of fruits, vegetables, fiber, nuts and seeds

High intake of red meat

The other was a more specific and detailed list of healthy habits that researchers used to create a "lifestyle risk score" for IBD.

The second list included:

Having a BMI between 18.5 and 25

Never smoking

Working out regularly

Limiting alcohol consumption to one drink a day for women and two drinks for men

Eating at least eight daily servings of fruit and vegetables

Limiting intake of red meat to less than half a daily serving

Eating fish twice a week

Consuming at least 25 grams of fiber daily

Munching at least half a serving of nuts and seeds daily

Researchers then tested whether either set of lifestyle factors would predict whether participants in three major U.S. studies developed Crohn's or



colitis.

The three studies tracked nearly 290,000 medical professionals for decades, monitoring their lifestyle habits and noting the diseases that some eventually developed.

Researchers estimated that a low score on the modifiable risk factors list could have prevented about 2 of every 5 cases of Crohn's disease and ulcerative colitis.

Similarly, having a low lifestyle risk factor score could have prevented 61% of Crohn's disease cases and 42% of ulcerative colitis cases.

Researchers then verified the positive effect of a healthy lifestyle by testing their scoring systems on data from three large European studies involving more than 480,000 people. The results bore out their earlier findings; the healthy habits identified could prevent a large number of IBD cases.

The lifestyle factors all contribute to IBD risk in different ways, Khalili said. Some promote inflammation, while others might be harmful to digestive microbes in the gut.

These lists also might be of more benefit to older people, he added.

"In older people, environmental factors probably

play a bigger role than genetic factors," Khalili said. "It's possible if you apply this same methodology to a younger cohort, you would see a lower proportion of cases that could be prevented as a result of adhering to a healthy lifestyle, because in younger people genetics may play a bigger role."

While these lifestyle factors could help ward off IBD, it's not clear whether they could help people who have already developed Crohn's or colitis, said **Dr. Manasi Agrawal**, a gastroenterologist at the Susan and Leonard Feinstein Inflammatory Bowel Disease Clinical Center at Mount Sinai Hospital in New York City.

"Unfortunately, we don't have a cure for IBD in terms of modifying the course of the disease," Agrawal said. "Being on IBD medications and ensuring that inflammation in the gut and the body is controlled well is the most important step to maintaining health."

Agrawal added that it's always makes sense to promote a healthy lifestyle because these factors have been linked with other health issues like heart disease and cancer. She noted that the study didn't assess the impact of a healthy lifestyle once disease has occurred.

Antibody Drug Boosts Survival for Type of Advanced Breast Cancer

A relatively new drug is boosting survival rates for women with a specific type of advanced breast cancer who haven't responded to other treatments, according to a pair of clinical trials.

The targeted antibody drug — trastuzumab deruxtecan (T-DXd, sold under the brand name Enhertu) — dramatically outperformed an older antibody drug in one trial, quadrupling the number of months women survived without their cancer progressing.

T-DXd also outperformed standard chemotherapy in another clinical trial, more than doubling the number of months

of progression-free survival and reducing the risk of death by 34%.

T-DXd is aimed at helping patients who have HER2-positive breast cancers.

HER2 is a protein that promotes growth of breast cancer cells. About 20% of patients have tumors with higher levels of HER2.

Results from both clinical trials were reported Wednesday at the San Antonio Breast Cancer Symposium.

"We have a drug that is very effective and seems to be working, at least in good part, by a targeting mechanism against HER2," said **Dr. Carlos**



Arteaga, chair of comprehensive oncology for the Simmons Comprehensive Cancer Center at UT

Southwestern Medical Center, in Dallas.

Arteaga, co-director of the symposium, led a news briefing announcing the results of the two trials.

T-DXd delivers a one-two punch to breast cancer cells by combining an antibody called trastuzumab with a chemotherapy drug called deruxtecan.

The antibody part of T-DXd binds with HER2 receptors on the breast cancer tumor, blocking the ability of the protein to

promote cancer growth. This binding also serves to steer cancer-killing deruxtecan directly into tumor cells.

The U.S. Food and Drug Administration approved T-DXd in 2019 as a follow-up therapy for patients whose breast cancer had continued to spread despite prior treatments with other cancer drugs.

Ongoing clinical trials have been aimed at figuring out how effective T-DXd is compared to other drugs, and when it should be implemented in treating advanced HER2-positive breast cancers....[Read More](#)

Lasik Surgery Should Carry Warnings of Possible Complications, FDA Says

Lasik eye surgery is a common vision-correcting procedure that many Americans view as safe and effective, but the U.S. Food and Drug Administration has now drafted guidance that warns of potential complications.

Although many patients are happy with the results after surgery, the recommended **new guidance** says complications can include dry eyes, double vision, difficulty with night driving and, in rare cases, chronic eye pain. Even after surgery, some patients will still need eyeglasses.

The draft also notes that certain types of patients may be at higher risk of problems, including people with chronic conditions such as diabetes and those who take certain medications, the *New York Times* reported.

Since the recommendations were first released this summer, more than 600 people and professional organizations have weighed in on the issue.

"All we're asking for is

balance," said **Dr. Vance Thompson**, incoming vice president of the American Society of Cataract and Refractive Surgery, told the *Times*. "This document mainly emphasizes the dangers and complications of Lasik, with no mention of the advantages, and the tone is negative enough that it will scare patients."

Thompson noted that more than 90% of patients in the FDA's studies were satisfied because they were "achieving good vision without spectacles, which is the goal of most patients."

Surgeons and device manufacturers have sought to have the draft recommendations withdrawn.

But a professional organization representing optometrists recommended adding even more precautions to the draft, to include pregnant women and those with irregular astigmatism, the *Times* reported.

Paula Cofer, a Florida woman



who testified before the FDA in 2008 and again in 2018 that Lasik surgery ruined her eyesight and left her with chronic pain, told the *Times* that, "I've been waiting 14 years for this to happen."

"Right now, even if patients do research on the internet and see warnings, they think it's just one or two unhappy people. Now they see it's the FDA saying this," Cofer added.

Lasik is typically a procedure completed in just 15 minutes per eye, where the surgeon reshapes the cornea with cuts and a laser to correct poor vision. Often the procedure is not covered by insurance and can cost patients thousands of dollars out of pocket, the *Times* reported.

Still, more than 500,000 adults opt for the surgery each year and many ophthalmologists declare it safe, with complications happening very rarely.

To arrive at the draft recommendations, the FDA both

collaborated on and analyzed studies on Lasik outcomes published in the past decade.

One of those **studies** found that three months after Lasik nearly half of patients who had previously not had visual symptoms did after the procedure. This included seeing halos around lights. About one-third of the patients had dry eyes.

"Patients undergoing Lasik surgery should be adequately counseled about the possibility of developing new visual symptoms after surgery before undergoing this elective procedure," the study authors wrote.

The FDA has not said when the guidance will be finalized. The agency did respond to the *Times* with a statement dismissing some criticism and noting that it routinely issues labeling guidance for medical devices, the newspaper said.

Air Purifiers May Help the Hearts of People With COPD

Having COPD can make it hard to breathe as it taxes both the lungs and the heart, but a new study offers a possible solution: Using an air purifier helped patients' hearts work better.

Researchers found that when people with COPD, also known as chronic obstructive pulmonary disease, consistently used air purifiers, their hearts were better able to adapt their heart rates in response to daily demands, something known as heart rate

variability (HRV). HRV is a key measure of overall heart health. In fact, the participants who used air purifiers daily saw a 25% increase in their HRV.

Study author **Dr. Sarath Raju**, an assistant professor of medicine who specializes in lung diseases at the Johns Hopkins University School of Medicine in Baltimore, explained that an increase in HRV is important.



"People with poor HRVs are at risk for a number of cardiac problems, such as heart attacks or a worsening of COPD symptoms," he said. "All of these things increase the odds of someone with COPD being hospitalized, which is of course something we want to avoid."

The study also looked at the role of what scientists call ultrafine particles, tiny pieces of

irritants in the air that people breathe. Raju and his colleagues found there was an association between the presence of these particles in a person's home environment and a negative impact on lung health.

"This indicates that the indoor air environment plays an especially important role for people with COPD, and both doctors and patients should be aware of this information," Raju said....**Read More**

Holiday Kitchen Accident? Here's How to Treat Minor Cuts, Burns

From burns to cuts, kitchen accidents happen, and they may be more likely as you cook for holiday gatherings.

Treating those injuries quickly and effectively can help begin the healing process and may reduce scarring, according to a skin expert at the American Academy of Dermatology.

"Whenever your skin is injured -- whether by accident or from surgery -- your body works to repair the wound. As your skin heals, a scar may form, as this is a natural part of the healing process," said **Dr. Lindsay Strowd**, associate professor and

interim chair of dermatology at Wake Forest School of Medicine in Winston-Salem, N.C.

"The appearance of a scar often depends on how well the wound heals," she said in an academy news release. "If you have minor cuts or scrapes, you can help reduce the appearance of a scar by properly treating the injury at home."

First-degree burns can occur after accidentally touching a hot stove or oven or from a mishap with holiday decorations. This only involves the top layer of skin, unlike the more severe



second- or third-degree burns.

You may experience mild swelling and your skin may be red and painful.

"If you get a minor, first-degree burn, it's important to treat it right away," Strowd said. "Not only can a first-degree burn be very painful, but it can leave a scar if not properly treated."

Start by cooling the burn by immersing it in cool tap water or applying cold, wet compresses until the pain subsides.

Do not apply ointments, toothpaste, butter or topical antibiotics to the burn. Instead

use petroleum jelly two to three times daily, Strowd recommended.

Cover the burn with a nonstick, sterile bandage. Do not pop any blisters that may form. Let them heal while keeping the area covered.

Protect your burn from the sun while it is healing by keeping it moist and covered with a nonstick bandage or gauze with paper tape. After it heals, you can prevent further scarring by wearing broad-spectrum, water-resistant sunscreen with an SPF of 30 or higher....**Read More**

Melanoma Patients Who Fail Standard Meds May Have Another Option

An experimental therapy that uses the body's own immune system cells may beat a standard treatment for patients with advanced melanoma, a new clinical trial finds.

Researchers found that the therapy doubled the amount of time melanoma patients lived without their skin cancer progressing, versus a long-used drug called ipilimumab (Yervoy).

The approach, called tumor-infiltrating lymphocyte (TIL) therapy, harnesses the natural tumor-fighting ability of patients' own immune system T cells.

Experts stressed that TIL is still experimental, and for now, patients can only receive it if they enroll in a clinical trial.

"It's very promising, but it's still investigational," said **Dr. Nikhil Khushalani**, who specializes in treating melanoma at Moffitt Cancer Center, in Tampa, Fla.

That said, the new findings show that for patients who are good candidates for TIL, it beats ipilimumab, according to Khushalani, who was not involved in the trial.

"I'd definitely utilize TIL over ipilimumab in the appropriate patients," he said.

However, the TIL process is no easy feat. And Khushalani said he foresees it being offered only at certain medical centers with the necessary expertise and



resources — akin to organ transplantation.

The study was published in the Dec. 8 issue of the *New England Journal of Medicine*.

Melanoma is the least common but deadliest form of skin cancer. Historically, the prognosis has been dismal for people with metastatic melanoma — where the cancer has spread to distant sites in the body.

But that outlook has changed drastically in the past decade, in large part due to new types of immunotherapy.

Immunotherapy refers to any treatment that enlists immune system defenses to battle a disease. There are now a number

of immunotherapy drugs approved in the United States and other countries for advanced melanoma.

Drugs called PD-1 inhibitors are usually used first. They include infusion medications like pembrolizumab (Keytruda) and nivolumab (Opdivo), and they work by easing particular "brakes" on the immune system — with the goal of freeing up T cells to seek and destroy tumors.

But while those drugs often shrink tumors and extend people's lives, they do not work for everyone. About half of patients with metastatic melanoma still die within five years....[Read More](#)

Workplace Fumes, Dust Could Raise Odds for Rheumatoid Arthritis

The air where you work could be increasing your risk of developing rheumatoid arthritis, a new study suggests.

Breathing in the fumes from commercial vapors, gases and solvents -- and even common dusts found in the workplace -- appears to increase chances of the chronic autoimmune joint disorder, researchers reported Dec. 6 in the *Annals of the Rheumatic Diseases*.

Exposure to any of these workplace pollutants is associated with a 25% increased risk of developing a form of rheumatoid arthritis that is made worse by the presence of anti-citrullinated protein antibodies (ACPA), researchers found.

That risk increased to 40% when looking at men specifically, results showed.

People with ACPA-positive rheumatoid arthritis have a worse prognosis and tend to experience higher rates of damage caused by wear and tear on their joints, researchers said.

For this study, researchers examined data on more than 4,000 people drawn from a Swedish study of rheumatoid arthritis. The people all were newly diagnosed with RA between 1996 and 2017.

The team combed through personal job histories to estimate each person's exposure to 32 airborne workplace agents.



Analysis showed that exposure to fumes and dust was associated with an increased risk of RA.

Further, that exposure also appeared to boost the risk from other factors like smoking or genetics.

In all, 17 of 32 agents -- including asbestos, quartz, diesel fumes, gasoline fumes, carbon monoxide and fungicides -- were strongly associated with an increased risk of developing ACPA-positive RA, researchers said.

Only a few agents -- quartz dust (silica), asbestos and detergents -- were strongly associated with ACPA-negative RA.

The risk increased with the number of agents and duration of a person's exposure, with the strongest links seen for exposures lasting between eight and 15 years.

Men appear to have a higher risk than women, because they tended to have been exposed to more agents for longer periods.

People exposed to a workplace agent who also smoked and had a high genetic risk for RA tended to have an extremely high risk of ACPA-positive RA, ranging from 16 to 68 times higher than people not exposed to all three risk factors....[Read More](#)

Black Patients With Brain Tumors Less Likely to Get Surgery Than Whites

Black patients with brain tumors may be less likely to have surgery recommended to them than white patients are, according to a large U.S. study.

The research, which looked at two national databases, found that on average, Black patients were less likely to have surgery recommended for any of four types of brain tumor. That included three considered benign (non-cancerous) and one that is a deadly type of brain cancer.

Experts said the reasons for the disparity are unclear. But the nature of patients' tumors -- the size, stage or location in the brain -- did not explain the gap. Nor

did differences in health insurance coverage or any of the other factors the researchers were able to assess.

The findings are being published Dec. 10 in *The Lancet*, as part of a special issue on racial disparities in health care globally.

And they add to a body of research documenting gaps in U.S. health care, across medical specialties. Black people and Hispanic Americans often face more obstacles to accessing care, and often fare more poorly when they are diagnosed with a health condition, versus white



Americans.

When it comes to cancerous brain tumors, like glioblastoma, surgery is the standard

of care, said **Dr. Andrew Venteicher**, one of the senior researchers on the study.

Surgery may also be done to remove benign tumors, in order to relieve symptoms -- like persistent headaches, hearing or vision problems, or dizziness and difficulty with balance.

But that decision is more of judgment call compared with cancerous tumors, said Venteicher, who is a neurosurgeon at the University of

Minnesota in Minneapolis.

What has not been clear, he said, is whether minority patients are any more or less likely to have surgery recommended to them than white patients are.

To find out, his team used two large national databases, one maintained by the National Cancer Institute, the other by the American College of Surgeons. Together, they held decades' worth of information on U.S. adults diagnosed with various types of brain tumors....[Read More](#)

Statins May Lower Risk of Deadly 'Bleeding' Strokes

Statins may do more than help your heart: New research shows the cholesterol-lowering drugs may also lower your risk for a bleeding stroke.

An intracerebral hemorrhage, which involves bleeding in the brain, comprises about 15% to 30% of strokes, according to the American Association of Neurological Surgeons. It is also the most deadly. With this type of stroke, arteries or veins rupture, and the bleeding itself can damage brain tissue. The extra blood in the brain may also increase pressure within the skull to a point that further harms the brain.

"While statins have been shown to reduce the risk of stroke from blood clots, there has been conflicting research on whether statin use increases or decreases the risk of a person having a first intracerebral hemorrhage," said study

author **Dr. David Gaist**, of the University of Southern Denmark in Odense.

"For our study, we looked at the lobe and non-lobe areas of the brain, to see if location was a factor for statin use and the risk of a first intracerebral hemorrhage," Gaist said. "We found that those who used a statin had a lower risk of this type of bleeding stroke in both areas of the brain. The risk was even lower with long-term statin use."

The researchers used health records in Denmark, identifying 989 people who had an intracerebral hemorrhage in the lobe area of the brain.

The lobe area includes most of the cerebrum, such as the frontal, parietal, temporal and occipital lobes. The non-lobe area includes the basal ganglia, thalamus, cerebellum and brainstem.



People included in the study had an average age of 76. Researchers compared them to 39,500 people who did not have this type of stroke and were similar in age, sex and other factors.

The researchers also looked at 1,175 people with an average age of 75 who had an intracerebral hemorrhage in the non-lobe parts of the brain, comparing them to more than 46,000 people who did not have this type of stroke.

Statin use was determined using prescription data.

After adjusting for factors like high blood pressure, diabetes and alcohol use, the researchers found that people taking statins had a 17% lower risk of having a stroke in the lobe areas of the brain. They had a 16% lower risk of stroke in the non-lobe areas of the brain.

Lower risk of stroke in both areas of the brain was associated with longer statin use. People had a 33% lower risk of having a stroke in the lobe area of the brain and a 38% lower risk of stroke in the non-lobe area of the brain when using statins for five years.

The findings were published online Dec. 7 in the journal *Neurology*. The study was supported by Novo Nordisk Foundation.

"It's reassuring news for people taking statins that these medications seem to reduce the risk of bleeding stroke, as well as the risk of stroke from blood clots," Gaist added in a journal news release. "However, our research was done in only the Danish population, which is primarily people of European ancestry. More research should be conducted in other populations."

Better Imaging Allows More Women to Opt for Breast-Conserving Surgery

Mastectomy has long been the standard of care for certain breast cancer patients, but it still may be more extensive than many women need, a new study suggests.

Researchers found that many women who have two or even three breast tumors may be able to have breast-conserving lumpectomies instead of having the entire breast removed.

That's because newer, more sensitive imaging techniques have allowed doctors to find tumors so tiny they would not have been seen in the past,

the *Associated Press* reported.

The study was presented Friday at the San Antonio Breast Cancer Symposium in Texas. Research presented at meetings is considered preliminary until published in a peer-reviewed journal.

Researchers found that in 200 women who had these types of cases and had lumpectomies followed by radiation, the cancer returned in just 3% of women in five years. That is similar to cancer recurrence rates in



previous lumpectomy studies with only one tumor, the *AP* reported.

Patients in the study were ages 40 to 87. Their tumors were less than 5 centimeters in size and were separated by about 2 to 3 centimeters of normal breast tissue.

Some doctors were already offering this alternative, even without available surgery guidelines, said lead researcher **Dr. Judy Boughey**, of Mayo Clinic in Rochester, Minn. "This will make them more

comfortable with that approach," Boughey told the *AP*. "And I think it will also make patients ask their surgeon, 'OK, I have two sites of disease. Do I have to have a mastectomy? Or can you give me breast conservation?'"

Women who had an MRI before surgery had the best results, the *AP* reported.

Patients were not randomly assigned to lumpectomy or mastectomy, because finding women willing to do that would be nearly impossible and impractical, Boughey said... [Read More](#)

Antibody Treatment Makes Inroads Against Multiple Myeloma

An experimental immunotherapy appears highly effective in attacking bone marrow cancer, with nearly three in four patients responding to the treatment, new clinical trial results show.

The drug, talquetamab, works by binding to the body's immune cells as well as to **multiple myeloma** cancer cells.

The therapy -- called a bispecific antibody -- directs white blood cells to attack and kill multiple myeloma cells. Researchers described the

strategy as bringing your army right to the enemy.

In phase 2 clinical trials, about 73% of patients were helped by the drug, researchers reported over the weekend at an American Society of Hematology meeting. A phase 2 trial reveals more about the safety and effectiveness of a treatment.

The trial included nearly 300 patients whose multiple myeloma had returned despite treatment with at least three different cancer drugs.



More than 30% of patients who responded to the drug appeared to be cancer-free following treatment with talquetamab, researchers report. Another 60% of those who responded had a very good response, where their cancer was substantially reduced.

It took a little over a month for patients to respond to the drug, and the average duration of response to date is more than nine months, researchers said.

Multiple myeloma patients whose cancer returns after

standard and targeted treatment tend to have a poor prognosis. But talquetamab targets a different receptor on the cancer cells from other myeloma drugs, offering fresh hope to those patients, researchers said.

"This means that almost three-quarters of these patients are looking at a new lease on life," said lead researcher **Dr. Ajai Chari**, director of clinical research in the Multiple Myeloma Program at Mount Sinai's Tisch Cancer Institute in New York City.... [Read More](#)