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ARA Welcomes Alan K. Matsumoto, M.D.

Margaret Dieckhoner, Administrator

Alan K. Matsumoto, M.D. comes to Arthritis and Rheumatism Associates, P.C. (ARA) from Johns Hopkins University School of Medicine where he has been since 1993. He was an Assistant Professor on the full time faculty, Division of Rheumatology, where he directed the rheumatology teaching programs for residents at Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center.

Dr. Matsumoto is a native of Chicago, IL, where his parents still reside. He received his B.S. degree from Stanford University, and returned to his home city to attend medical school at the University of Illinois at Chicago. When he was at Stanford, Dr. Matsumoto met and dated his future wife, Ms. Susan Morita. However, before they married (at the completion of his residency), she moved to Tokyo where she studied languages and then went on to receive her law degree from Harvard University.

During that time, Dr. Matsumoto served his Internal Medicine internship and residency at the University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School, where in his final year he was Chief Resident at the Medical Center at Princeton. He completed his fellowship training in Rheumatic Diseases at the Johns Hopkins University School of Medicine where he was awarded a Howard Hughes Postdoctoral Fellowship for Physicians. Dr. Matsumoto is Board Certified in Internal Medicine and Rheumatology.

When asked what stimulated his interest in becoming a rheumatologist, Dr. Matsumoto shared that he went to medical school with other plans for his future in mind. All through college, his plan was to be a scientist. To prepare himself, he thought he would get a graduate degree in bio-chemistry from Harvard. But, along the way, he received what he felt was good advice—to go to medical school instead. It made good sense to him. Dr. Matsumoto felt that taking the opportunity to learn about all aspects of health and disease, from the molecular to the psychological, would not be a wasted one, even if he spent his entire career sitting in a lab and never saw a patient.

Even as he embarked on his rheumatology fellowship, his thoughts were of basic science and research. This, however, was not to be. Dr. Matsumoto states that being a rheumatologist and having the opportunity to make a difference in peoples lives is a *gift* that he now knows he could never replace with any other work. It is work that for him, is the *best of all worlds.* As a rheumatologist he gets to deal with multi-system disorders, with the complex, the unusual and the difficult to diagnose. Rheumatology, however, remains a very *clinical* sub-specialty. Scientific facts can

be gathered and data collated, but you have to interact with patients and be integrated into their lives to get all the pieces of the puzzle to fit.

Dr. Matsumoto explains that current advances in basic science and molecular immunology have resulted in the ability to obtain a better understanding and provide new therapies for complex rheumatologic diseases. This provides a wonderful opportunity for rheumatologists to help people in new and significant ways.

When Dr. Matsumoto is not seeing patients he enjoys spending time with his family—he and his wife have three children, Kara 7, Eric 5, and Kendall 2. He also enjoys tennis, photography, skiing and reading. Dr. Matsumoto will see patients in our Wheaton and Laurel offices.

Points on Joints

The Estrogen Controversy:
Postmenopausal Health Decisions
by Robert L. Rosenberg, M.D.

For over 50 years Estrogen (Premarin, Estradiol, Ogen) has been the mainstay of postmenopausal therapy for women facing the prospect of hot flashes (vasomotor symptoms-VMS), osteoporosis and cardiovascular disease. Estrogen alone (ERT) or in combination with progesterone (HRT) has been demonstrated in **observationa**l studies to be effective in treatment of VMS, in reducing the risk of osteoporotic fracture and in reducing the risk of heart attacks and strokes by as much as 30-50%.

Observational studies look back retrospectively at variables of treatments or conditions that may explain clinical findings and have many limitations. **Prospective** controlled trials look ahead, matching groups of patients similar except for the variable being studied. Prospective, randomized, controlled clinical trials are the gold standard in evaluating outcomes of therapy.

Prospective trials of ERT/HRT have demonstrated that ERT/HRT offers no benefit in reducing risk of heart attack or stroke. The American College of Cardiology does not recommend the use of ERT/HRT in managing coronary heart disease. Also taking ERT/HRT for ten years or more can double a woman's risk of breast cancer. While ERT/HRT does increase bone density, there are no prospective studies demonstrating that the risk of osteoporotic fracture is reduced.

Raloxifene (Evista) is a SERM (Selective Estrogen Receptor Modulator). It is a non hormonal medicine with combined estrogen like effects in some tissues and estrogen blocking effects in other tissues. Raloxifene has been proven in prospective trials to reduce the risk of osteoporotic fractures by 50%. Clinical trials also show 76% reduction of invasive breast cancer risk and 40% reduction of cardiovascular risk in post menopausal women (average age 66) at high risk for heart disease. Additional large prospective trials of Raloxifene in women at risk are currently being performed (STAR for breast cancer prevention and RUTH trial for

cardiovascular event prevention) to confirm these result. Unfortunately, Raloxifene does not reduce hot flashes and in some cases may exacerbate them. Both Raloxifene and ERT/HRT carry slight increased risk for blood clot formation.

Many physicians still feel that ERT/HRT is an important part of postmenopausal health care and provides substantial patient benefit. Your consideration of ERT/HRT should include careful discussion of your individual risks of osteoporosis, heart disease and breast cancer as well as a discussion of postmenopausal symptoms such as hot flashes. ERT/HRT may be right for some patients now, but you should carefully consider all options before committing to long term therapy.

If you decide to initiate ERT/HRT a suggested approach may be to limit its use to 3-5 years at which time ERT/HRT may be discontinued or replaced with a drug like Raloxifene. For many patients Raloxifene may offer the best choice to manage postmenopausal health issues. Many other SERMS are in the new drug pipeline and will give physicians and patients additional options for postmenopausal therapy.

While ERT/HRT has traditionally been perceived as the standard of postmenopausal care, new information demonstrates that many women at risk for osteoporosis, heart disease and breast cancer would do better to consider other agents like Raloxifene. Other medications like the bisphosphonates (Fosamax, Actonel) offer substantial benefits in reducing the risk of osteoporotic fracture, but have no effect on heart disease or breast cancer. Careful discussion with your physician will help you reach your decision.

Answers To Your Questions by Evan L. Siegel, M.D.

Q. Do magnets help arthritis?

A. Despite the widespread use and proliferation of magnets for the therapy of pain and arthritis there is no convincing evidence that the application of magnets to any part of the body has any therapeutic benefit whatsoever. A search of the medical literature database showed that there have been no articles ever published in established medical journals suggesting such a benefit. The Center for Rheumatology and Bone Research, a division of Arthritis and Rheumatism Associates, P.C. did a clinical trial several years ago trying to show the benefit of applying a magnetic field to the knees of patients with osteoarthritis. There was no difference in the symptoms reported by patients who received the magnetic field, and those who received a placebo (sham) magnetic field. Patients should think twice before investing in this expensive alternative therapy.

Q. Is walking harmful for arthritis of the knee or hip?

A. In general, exercise is helpful for arthritis of the lower extremities. Many studies have shown that maintaining good muscle strength around the knee is helpful in preventing progression of degenerative changes, and helps to decrease pain as well. Low impact exercise, such as walking, swimming or other water exercise is recommended. It is always important to alternate periods of activity with rest. If significant pain occurs, or pain lasts for more than 30 minutes after exercise has ended then the amount or type of exercise should be decreased or changed respectively. Discuss your exercise regimen with your physician or physical therapist.

Visit us on the World Wide Web!

Arthritis and Rheumatism Associates is now on the web, at www.washingtonarthritis.com or www.arapc.com. We have tried to provide content for both new and established patients, as well as others who are just interested in arthritis and other rheumatic conditions. Profiles with pictures of each of our physicians are available, with locations and directions to each of our five offices. New patient forms may be downloaded and printed. Information is available about our clinical trials program, with special links to Centerwatch, a clinical trials website. A wide range of information can be obtained at our site, beginning with the basic definition of a Rheumatologist, but extending to an "educational links" section connecting the user to specialty web sites packed with information about specific rheumatic problems. Nearly all of our old editions of "Rheumors" are now available online, with a search engine to help find pertinent information. We hope you will find our site both useful and educational. Please stop by and browse!

Shoelaces

For John Lawson, MD

My whole life I've tied shoes.
For children, grandfathers, great aunts
complaining of age and lumbago,
unsure of left over right.

Adolescent sons left laces untied,
soles flapping alligator jaws,
tore off their shoes in the front hall,
sailed beyond reach.

My own laces came unmoored
until I learned the sailors' lexicon
of knots: left over right, right
over left, for a trusty square.

What disjointed lives I've tried to retie,
helped a few bind theirs with rhymes.
But granny knots unravel, snarl
like webs of spiders on amphetamines.

Today I cannot reach my feet.
Ornery spine curves like a scythe,
one extra vertebra, mutation shared
with Inuits, clamps on a nerve.

Before your duller drugs untangle my
web of pain, you lean down to tie my black Nikes
so I'll run again like an antique clock that just
needs rewinding and a squirt of oil

to chime on the hour and remind
how our time goes round and round
before it winds down, dissolves
in balls of dust, expires.

Someday when *you* are old and ache
and cannot bend, I will return,
my hands no longer freckled, scarred
or cramped like blue crab claws

(my natal totem draws me ever seaward),
but supple again, alabaster pale,
bitten nails grown long in the grave
and painted in rainbows.

Then my transparent fingers will retie
your shoes with unforgotten repertoires
of square knots, clove hitches, bowlines,
cat's-paws, fisherman's bends, Gordian knots.

Elisavietta Ritchie
Washington, DC
Mrs. Ritchie is a professional poetess and a patient of John Lawson, M.D.
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Arthritis & Rheumatism Associates Needs You!!!!

Progress in the management of the various rheumatic diseases during the past four years has been unparalleled. The treatment of the inflammation and pain of rheumatic conditions has become safer and more effective. Patients with rheumatoid arthritis have been able to cut back on their prednisone and their methotrexate in many instances and look forward to a future with less pain, deformity and disability. Patients with osteoarthritis of the hip, knee, hand or spine have safer medicines to take that effectively control their pain and keeps them active and able to enjoy their lives. The patients of this practice share a large measure of the responsibility for these advances because of their participation in the many clinical trials conducted here in our Center for Rheumatology & Bone Research (CRBR). The Center was established twenty years ago with a small rheumatoid arthritis project. Since then we have participated in more than 150 clinical trials evaluating therapies in many medical conditions.

Currently we have several research projects that are actively enrolling patients.

RHEUMATOID ARTHRITIS:
Progress in the management of this disorder has been nothing short of extraordinary. We are conducting several trials of new biologic therapies, some of which have already been approved by the FDA. Projects may be as short as six weeks or as long as two years in duration.

OSTEOARTHRITIS:
We are seeking patients with knee pain for an injection trial evaluating the use of an artificial joint fluid-like agent.

We have several trials for patients with osteoarthritis of the hip, knee, hand or spine. In one of these trials we are studying the effect of various doses of Tylenol in osteoarthritis. Another compares Tylenol to a standard over-the-counter strength anti-inflammatory (NSAID).

We have three Cox-2 trials in which either completely new drugs, or drugs currently approved are being tested and compared to standard anti-inflammatory agents.

OSTEOPOROSIS:
We are actively screening patients for a number of osteoporosis studies. The goals of these different trials is varied. We have one active program to treat patients at risk for osteoporosis who don't yet have this disease. We have two protocols designed to determine the effectiveness of different regimens in managing this condition. As with all trials, participation is free and medications and diagnostic testing is done at no cost to the patient.

ANKYLOSING SPONDYLITIS & PSORIATIC ARTHRITIS:
We are currently seeking patients with either of these disorders for participation in a trial comparing two previously approved NSAIDS.

PAINFUL SHOULDER:
Two trials for shoulder pain are currently being conducted. The first is for pain of less than 90 days duration and involves the use of a topical salve. The second evaluates the utility of artificial joint fluid injections into the shoulder in patients with up to five years of shoulder pain, unresponsive to comprehensive treatment. This type of treatment has been shown to be effective when injected into painful knees.

Many of you have participated in these programs over the years. You have played an important role in bringing life-altering therapies for rheumatoid arthritis (such as Enbrel and Remicade) to the market. Others have helped in the development of the Cox-2 drugs which control inflammation, but drastically reduce the risk of bleeding or complicated ulcers seen with more conventional NSAIDS. Together, we have helped to change the face of arthritis therapy and as a result we have improved the lives of many around the country and around the world.

If you or someone you know would like to learn more about our clinical trials program, call our study department at (301) 942-6610 or return this card to:

The Center for Rheumatology and Bone Research
2730 University Blvd. West, Suite 306, Wheaton, MD 20902

I am interested in learning more about participating in a clinical trial.
Name:_____ Phone #: _____
Address:_____ Best time to reach you:_____
_____ Your Physician_____
Diagnosis and/or symptoms?_____

____Check here if you are interested in receiving a free pamphlet on clinical trials.

The Fun Rheum

By David G. Borenstein, M.D.

Q	B	H	J	L	U	X	S	V	O	R	U	A	F
K	C	E	N	T	Y	G	T	S	E	H	C	O	A
L	T	V	W	C	P	A	H	C	K	S	Y	J	C
Q	S	A	C	R	A	L	O	X	Z	D	T	L	E
G	Y	O	W	R	L	S	R	P	A	W	N	T	T
C	C	X	B	U	M	P	A	S	J	F	A	E	J
N	R	S	M	R	K	I	C	S	I	D	S	V	O
N	C	B	R	E	I	N	I	W	M	M	R	O	I
L	A	C	I	V	R	E	C	D	U	N	E	I	N
R	T	H	W	C	O	T	U	S	E	G	S	X	T
P	C	S	H	A	U	R	C	M	G	D	P	W	Z
V	U	S	K	U	L	L	L	O	W	B	A	C	K
A	Z	Q	G	N	E	R	V	E	J	E	I	K	S
A	B	C	D	Q	T	J	F	S	J	A	N	I	U

WORDFIND **THE SPINE**

CERVICAL	THORACIC	LUMBAR	SACRAL	COCCYX
DISC	SPINE	MRI	NECK	LOWBACK
CHEST	PAIN	SKULL	MUSCLE	NERVE
FACET JOINT				

The Fun Rheum: Answers
By David G. Borenstein, M.D.

Q	B	H	J	L	U	X	S	V	O	R	U	A	F
K	C	E	N	T	Y	G	T	S	E	H	C	O	A
L	T	V	W	C	P	A	H	C	K	S	Y	J	C
Q	S	A	C	R	A	L	O	X	Z	D	T	L	E
G	Y	O	W	R	L	S	R	P	A	W	N	T	T
C	C	X	B	U	M	P	A	S	J	F	A	E	J
N	R	S	M	R	K	I	C	S	I	D	S	V	O
N	C	B	R	E	I	N	I	W	M	M	R	O	I
L	A	C	I	V	R	E	C	D	U	N	E	I	N
R	T	H	W	C	O	T	U	S	E	G	S	X	T
P	C	S	H	A	U	R	C	M	G	D	P	W	Z
V	U	S	K	U	L	L	L	O	W	B	A	C	K
A	Z	Q	G	N	E	R	V	E	J	E	I	K	S
A	B	C	D	Q	T	J	F	S	J	A	N	I	U

WORDFIND **THE SPINE**

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