

HEALTH

Exercise can ward off gallstones

Associated Press

Exercise isn't just good for the heart — your gall bladder will thank you, too.

Women who exercise two to three hours a week cut their risk of excruciatingly painful gallstones by nearly one-third compared with women who don't exercise at all, according to a study at the Harvard School of Public Health.

The usual treatment for painful gallstones is removal of the gall bladder, and about 500,000 Americans, two-thirds of them women, have their gall bladders taken out each year.

The operations and hospitalization cost more than \$5 billion a year, and the problem is the most common and costly digestive disease requiring hospitalization, according to the National Institutes of Health.

An earlier study by the same group looked only at men, even though women are twice as likely to develop gallstones. This study, published in Thursday's New England Journal of Medicine, confirmed the earlier findings.

The researchers, led by Dr. Michael F. Leitzmann, looked at 60,290 women who were ages 40 to 65 in 1986 and had no history of gallstone disease. The women filled in surveys every two years about their activity.

Overall, women who exercised about 30 minutes a day cut their risk of gall bladder surgery by 31 percent.

Obesity increases the risk of gallstones, as does rapid weight loss. But even after the researchers took obesity and recent weight changes into account, the exercisers were still 20 percent less likely to undergo gall bladder surgery.

The researchers theorize that exercise may reduce the cholesterol content of bile, the digestive juice stored in the gall bladder. That could reduce the number of gallstones, since 80 percent of the gallstones in this country are solid cholesterol.

Also, people who exercise have more active large intestines and better levels of blood sugar and insulin, all of which may reduce the risk of gallstones.

Women who sit for 41 to 60 hours a week — that's most women with desk jobs — were found to be 42 percent more likely to need their gall bladders removed than those who spend six hours or less sitting down.

At more than 60 hours a week, the risk skyrockets: A woman is 132 times more likely to need gall bladder surgery than someone who spends most of her waking hours on her feet.

"I think many diseases that are problems for us in the United States are lifestyle-oriented," said Dr. Joe Hines, a professor at UCLA Medical School. "I think this is another study which points out the importance of Americans being more physically active."

Dr. Rudra Rai, a professor of gastroenterology at Johns Hopkins University, said the results aren't surprising, but the study was the first he has seen to sort the effects of exercise out from a vast array of other factors, such as weight, age, hormone replacement therapy, diabetes, smoking, alcohol and caffeine.

Test may help detect breast tumors

LONDON (AP)—Doctors have a better chance of detecting and treating hidden tumors in breast cancer patients using a relatively new method of testing tissue from underarm lymph nodes, new research shows.

A study found that the method — first used in the 1970s — was almost three times as likely to detect hidden lymph-node tumors.

Using conventional tests, researchers discovered hidden tumors in 7 percent of 736 former breast cancer patients whose lymph nodes had been classified as "disease free."

Using the newer method, called "immunohistochemical testing," hidden tumors were found in 20 percent of the same 736 patients.

The research is published in this week's issue of *Lancet*, a British medical journal. Its authors include experts from the University of Southern California, the European Institute of Oncology in Milan and the Ludwig Institute for Cancer Research in London.

Dr. Alexander Neville, of the Ludwig Institute said the tests can help doctors predict whether cancer is likely to recur, and allows them to identify patients who could benefit from early chemotherapy treatment.

"Immunohistochemical testing started in the 1970s but it's taken a long time for it to be adopted," he said. "This is so simple

anyone can do it."

Under the method, researchers add a color stain to the lymph node tissue being examined. The stain highlights the cancer cells, which allows doctors to isolate them more quickly, Neville said.

He said similar tests are available for colon cancer, lung cancer, melanoma and prostate cancer.

Research laboratories commonly use the immunohistochemical tests for patients considered at risk of recurring cancer, but rarely for patients who have been declared disease-free, said Dr. Tim Perrenn, breast cancer specialist with the Cancer Medicine Research Unit in Leeds, England.

Gordon McVie, director general of the London charity Cancer Research Campaign, said he hoped the study would push doctors to increase the use of new testing methods.

If women who died of breast cancer "had the benefit of the new technology, their lymph nodes would have been reported by the pathologist as having cancer cells in them, and they would then have gotten chemotherapy and they would have been alive," McVie said.

Perrenn classified the study results as "potentially quite exciting." But, he said, he was cautious because the research was only part of a larger study on chemotherapy.

He said he would like to see a wider, specific investigation into the findings to verify the results.

Experiment gives prostate patients hope

WASHINGTON (AP) — One of men's greatest fears about prostate cancer surgery is that it will leave them impotent. Now Texas surgeons hunting a solution have successfully transplanted a nerve from men's legs into the pelvic area to restore erectile function.

So far, only a very small number of men have received this experimental nerve graft during prostate cancer surgery. But enough are regaining erectile function that the doctors told *The Associated Press* the early results signal an important advance.

"This is no question but that it's an exciting therapy and it's going to become very widespread," said Dr. Rahul Nath, a nerve specialist at Baylor College of Medicine who meticulously stitches the new nerve into place.

Many urologists were openly skeptical — some laughed — when surgeons from Baylor and M.D. Anderson Cancer Center told medical meetings they were going to try the procedure.

"People thought this was the most ridiculous thing they'd ever heard of," recalled M.D. Anderson urologist Dr. Christopher G. Wood. "You could come up with a million explanations for why this shouldn't work — but if it does work, who cares?"

Surgery to remove the walnut-sized prostate gland can damage the delicate cavernous nerves, tiny nerves that nestle on either side of the prostate and are vital for erectile function.

"Nerve-sparing surgery," developed at Johns Hopkins University, has helped many men avoid impotency after prostate surgery. But nerve-sparing surgery doesn't always work — there's a 30 percent to 60 percent chance of erections afterwards, depending on the surgeon's skill and the extent of the cancer.

Some men must have both cavernous nerves removed for their best chance at getting rid of all the cancer, leaving them with no erectile function.

"If you have to remove a nerve, why don't you just put another one in?" Baylor urologist Dr. Edward Kim suggested.

After all, plastic surgeons have successfully transplanted other nerves, muscle or sensory nerves mostly in the face and arms. While one previous attempt in prostate cancer patients failed, microsurgical techniques have recently improved and scientists have restored erectile function in experiments with rats.

Now, the Texas urologists are offering nerve grafts as the last step in prostate surgery for certain men who need both cavernous nerves removed — those who have no chance of sexual function without it. (The procedure cannot help men who already completed surgery.)

When those nerves are cut out, stumps of nerve fibers connecting to the penis, and stumps of fibers running back to the spinal cord, are left behind. The necessary nerve signals to cause an erection can't jump the gap between the two stumps.

That's where plastic surgeons step in. They remove a piece of a sensory nerve called the sural nerve from the back of the patient's ankle, leaving a numb spot slightly larger than a half-dollar on the man's foot.

They carefully sew the sural nerve piece onto each end of the nerve stumps, creating a bridge between the nerve fibers.

Without this nourishing bridge, nerve fibers leading to the penis would immediately shrivel and die. But in the Texas study, the original nerve fibers are regrowing over the

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