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# Hands on the future

## Rockford doctor Brian Bear a lead investigator for promising new drug that treats hand contractures

By Mike DeDoncker  
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Tom Fewell was losing the use of his hands, and putting on gloves had become almost a 10-minute ordeal.

An excessive collagen buildup in his hands, known as Dupuytren's contracture, was forcing Fewell's fingers to bend in toward the palms. Like the other approximately 14 million Americans affected by the condition, normal activities such as grasping objects, shaking hands or washing his face were becoming difficult if not impossible for the former Greenlee Textron buyer.

He'd had good results from surgeries performed on his left hand by Dr. Brian Bear of Rockford Orthopedic



Brian Bear

Associates in 1997 and 2001 but, when Rockford Orthopedic was among 16 hand centers selected last fall for a national study using an injectable drug called Xiaflex to treat the condition, Fewell volunteered to receive treatment on his right hand.

"It's a slow-moving condition," Fewell said. "The first time, it took about three to five years after I noticed it before it required surgery. You see it happening, but until it starts to interfere with your life, you just live with it."

The first operation treated the middle finger of his left hand, the second treated the ring finger. The middle finger of his right hand was bent at about an 85-degree angle when he volunteered for the study.

"Even though he'd had good results," said Bear, who was a primary investigator in the study, "the problem with surgery is that it's not always predictable." The drug had successful trials in two earlier phases, and Bear said when drug-maker Auxilium Pharmaceuticals Inc. announced the nonsurgical Phase III trial, "we started getting calls from people all over the country who had been waiting for this drug."

Fewell's treatment involved receiving an injection of Xiaflex, a collagenase containing a protein specific to the finger cords, at three locations around the affected finger. The next day, Dr. Kenneth Korcek, who performed Fewell's treatments, would manipulate the finger to try to break up the collagen buildup and physically straighten the finger.

Fewell's first injection took place Nov. 7 and he needed three injections spaced 30 days apart. Since the final injection in February, he said, his finger has been at no more than a 5-degree angle and has stayed that way through two follow-up examinations.

"With the surgeries, I would just now be healing," Fewell said. "With my left hand, it was something like six weeks before I could even put my wedding ring back on. There is some pain with the manipulation — they call it discomfort — but when they are pulling on your finger, there is a point for about 10 seconds when there is a very intense feeling.

"It went away pretty fast and, when you compare it to the aftermath of surgery and rehabilitation, it was definitely an acceptable alternative. You could feel the tissues breaking and you could tell right away that you have more use of your hand."

Korcek said previous treatments for Dupuytren's contracture included steroid injections, radiation therapy and needle epineurotomy, in which the surgeon uses a needle to "basically poke through the skin and keep trying to cut the cord from the surface down. It's a relatively brutal type of thing, but it did have a reasonable success rate."

All of those treatments were superseded by the surgical release Bear performed on Fewell.

"That was, far and away, the most successful technique," Fewell said, "but it involved opening the skin completely and, because the tissue becomes very in-

timately involved with the skin, removal sometimes means the skin is thinned out and there is some prolonged healing time."

Bear, who estimated he has performed about 30 surgeries a year for Dupuytren's contracture in his 12 years of practice in Rockford, said there is also a risk for nerve and blood vessel damage with surgery because the tissues in the affected fingers can wrap around them.

Bear and Korcek said they think the drug, which still must be approved by the federal Food and Drug Administration, shows promise.

"The results were excellent and the complication rate was very low in the data they presented," Korcek said. "It's still provisional data but it's already being evaluated by the FDA, so this is something that I think may very well be approved for use relatively soon."

"This was a very comprehensive study involving 850 patients and over 2,000 injections, so there were several patients who had more than one finger involved. That's a lot of data which gives the study a lot of power in terms of analysis and, because of the promise that it has, I think the FDA is very interested in expediting it as much as they can to see if it's a worthy drug of being used with the general public."

Bear said an injection, which could be performed in the doctor's office, involves less risk for the patient than surgery and promises faster recovery. He said a plus for the injection is that it has shown to have a safety level and results equivalent to or better than surgery.

Korcek added that, in the long run, the injection might be more cost-effective.

"You don't have the anesthesia fees, you don't have the surgery center fees," he said, "and you don't have the surgeon's fees. It's really just a one-time procedure and the cost of the medication."

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