Re: Primary Care Patients' Willingness to Participate in Comprehensive Weight Loss Programs: From the WWAMI Region Practice and Research Network

To the Editor: The article by Cole et al[1] about primary care patients' willingness to participate in comprehensive weight loss programs is progressive in addressing a major health problem, yet some areas need improvement. One objective of this study was to determine patient characteristics associated with willingness to participate in these programs. The investigators failed to include 2 important factors in their survey: income and educational level. According to the Centers for Disease Control and Prevention, (1) among Mexican American and non-Hispanic black men, those with higher incomes are more likely to be obese than those with lower incomes, (2) women with higher incomes are less likely to be obese than women with lower incomes, and (3) women with college degrees are less likely to be obese than women with lower educational levels.[2]

Another issue is the single delivery method of the survey, that is, article format. Investigators may have lost a population of patients who may not be able to read or write well (eg, less educated people, older adults) as a result of the lack of assistance in reading the survey. They also may have lost those who are more technologically advanced. Also, clinical staff offered the surveys to patients, which may have made patients feel obliged to take the survey. Some patients may have felt that the quality of their clinical care would be affected by not participating in the clinic-offered survey.

Next, the investigators aimed to identify potential facilitators and barriers to participation in comprehensive weight loss programs, but identified only the facilitators. They asked patients to mark the top 3 of 8 listed potential factors, yet these factors were all positive and did not identify barriers to participation.

In the discussion, the investigators explained that the Patient Protection and Affordable Care Act requires insurance companies to provide coverage for obesity treatment. This study included participants who were overweight, obese, and extremely obese. Yet, the sample included participants who were considered "at risk" but not obese. Therefore, this group should be excluded from the analysis in order for the results to pertain to patients who qualify for obesity treatment.

While this article was an advancement in the understanding of primary care patients' willingness to participate in comprehensive weight loss programs, all associated factors in the health outcomes were not assessed. These factors are necessary to tailor parsimonious and appropriate comprehensive weight loss programs for primary care patients.

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2. Centers for Disease Control and Prevention. Adult obesity facts. Available from https://www.cdc.gov/obesity/data/adult.html. Updated September 1, 2016. Accessed October 27, 2016.

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The above letter was referred to the author of the article in question, who offers the following reply.

Response: Re: Primary Care Patients' Willingness to Participate in Comprehensive Weight Loss Programs: From the WWAMI Region Practice and Research Network

To the Editor: We appreciate the thoughtful comments from Fe Garcia Agana with regard to our recent article.[1] Fe Garcia Agana notes that our instrument did not assess patient income or education level as variables associated with reported willingness to participate in comprehensive weight loss programs. We agree that these patient factors are associated with risk of obesity within racial and ethnic groups, and may be important in predicting reported willingness to participate in comprehensive weight loss programs. We also acknowledge that offering the questionnaire only in written format may have limited or favored participation for certain groups.

In our project, we used a card study methodology, an established method for collecting observational data in

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practice-based research networks.[2] Card studies are, by definition, brief and limited in scope.[2] Our study was developed and conducted using participatory methods.[3] Thus, the method of administration and selected list of variables were chosen by the participating primary care practice champions to maximize simplicity during administration and minimize impact on clinical workflow. Finally, we considered excluding overweight and nearly overweight adults from our response sample, but sensitivity analysis without their responses found no changes in our primary outcomes; thus we chose to leave them in the sample.

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Re: Presenting Signs of Multiple Myeloma and the Effect of Diagnostic Delay on the Prognosis

To the Editor: The article by Goldshmidt et al[1] addresses an important issue of the impact of early diagnosis in the outcome of patients with multiple myeloma. The authors mention that some have advocated use of serum-free light-chain assay (SFLCA) for "screening." SFLCA has been promoted for diagnosing, determining the prognosis, and monitoring of monoclonal gammopathies.[2] However, empirical evidence suggests a far more limited role for SFLCA. Serum protein electrophoresis and serum immunofixation electrophoresis are the gold standards for diagnosis;[3] these two alone are sufficient to diagnose about 95% cases. Patients with light-chain gammopathy can be detected by urine protein electrophoresis and urine immunofixation electrophoresis. Among patients without monoclonal gammopathy, the κ-to-λ ratio is abnormal in >35%, and the false-positive rate is about 55% in patients with polyclonal hypergammaglobulinemia.[4] In monoclonal gammopathy there is an overall 27% false-negative κ-to-λ ratio. The false-negative rate is up to 67% for patients with monoclonal gammopathy of undetermined significance.[5] SFLCA and κ-to-λ ratio have virtually no role in the diagnosis of monoclonal gammopathy, as an abnormal κ-to-λ ratio is not diagnostic of monoclonal gammopathy and a normal κ-to-λ ratio does not exclude monoclonal gammopathy.[6]

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The above letter was referred to the author of the article in question, who offers the following reply.

Response: Re: Presenting Signs of Multiple Myeloma and the Effect of Diagnostic Delay on the Prognosis

To the Editor: We thank Dr. Gurmukh Singh for his response. We are not advocating screening for multiple myeloma using a serum-free light-chain assay, and we agree with Dr. Gurmukh Singh that no evidence exists for the efficacy of serum-free light-chain testing in asymptomatic individuals. However, we suggest that this might be a worthwhile diagnostic test for patients with unexplained back pain and other "red flag" signs or symptoms, in whom multiple myeloma is suspected.

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