High Technology
The Patient as Epicenter

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High tech, high touch dual goals at CHM

The stereotype of technology, especially technology in medicine, is hard-edged, cold and impersonal – machines that come between doctors and patients. But here at the College of Human Medicine, we are actively working to develop, employ and teach technology that is liberating for doctors, freeing them to be true health care mentors to those for whom they care. These are machines that enhance, not block, the human relationships so important to healing.

From sophisticated imaging techniques to paperless medical records to whole databases that slip into pockets, CHM faculty are finding ways to increase efficiency, reduce error, simplify information management, enhance noninvasive diagnostic techniques, and identify new therapies.

A perfect example is the work being conducted by Dr. Michael Zaroukian and others on electronic medical records (EMR). When first conceived, EMRs were mere shadows of paper records, but now they include histories, alerts, reminders, scheduling, potential pharmaceutical interactions and more. With increased accuracy, faster access, inherent data checks and other tools, they give us more time to be human with our patients. (See page 4.)

New imaging techniques in the Department of Radiology extend our vision to parts and functions of our patients before unknown to us, all without harming the body we seek to heal. Cancer, heart disease, Alzheimer’s, carotid artery disease and more can be easily detected with cutting-edge facilities on the MSU campus. (See page 2.)

Technological tools for medical decision-making, essentially medical libraries and databases portably packaged, have become powerful accessory brains for physicians, providing data, medical formulas, information on drugs and drug interactions, texts and more. (See page 6.)

Through our new Learning Assessment Center, our medical students will learn to meld high tech and high touch, using these tools efficiently to assist their patients. The more facile they become, the more time they will have to devote to the doctor-patient partnership, to patient education, to improving compliance through patient knowledge, and to administering the balm of compassion. They will know the best of healing, with the power of good tools well used, and the power of positive human relationship.

Glenn Davis, M.D., Dean
The MSU Radiology Center has launched new science for the new century with next-generation imaging technology for the early detection and treatment planning of cancer, heart disease, and other conditions. The center is administered jointly by the MSU Colleges of Human and Osteopathic Medicine through the Department of Radiology.

**MSU: A world demonstration site for PET/CT technology**

The latest addition to the center’s comprehensive array of imaging services is PET/CT. The acronyms stand for positron emission tomography/computed tomography. PET/CT imaging fuses two technologies in a single machine — the GE Discovery ST. The highly sensitive PET system detects activity emitted from radioisotopes injected into the patient to create images. The x-ray-based CT technology produces high-resolution tomographic images of patient anatomy. The fusion of the two images allows physicians to pinpoint the spread of diseases like cancer.

The radiopharmaceutical used in oncology PET/CT exams is produced by the center’s new cyclotron located in the same facility as the scanner.

Dr. Kevin Berger, director of PET/CT, says, “If you have cancer, you want to come to our Radiology Center and use the best technology available to help diagnose or stage your disease. PET/CT can also let you know accurately and noninvasively whether your treatment plan is working for you.”

“Right now, the PET/CT scanner is primarily used for oncology,” says Dr. Berger, “but other novel applications hold great promise and were recently approved by the government — such as diagnosis of Alzheimer’s disease.”

PET can also be used to detect heart disease. MSU is a leading developer and world demonstration site for applications of this technology.

When purchased by the radiology department almost two years ago, the PET/CT scanner was the first GE commercial, large-bore fusion machine installed in the world. According to Dr. Berger there are now more than 300 PET/CT scanners installed. To date, the MSU scanner has been used to diagnose almost 2,000 patients.

The MSU Radiology Center, in partnership with Cardinal Health, also markets the radioactive isotopes produced by its multimillion-dollar cyclotron throughout Michigan and parts of Ohio and Indiana.

**Superior CT technology focuses on colon/heart health**

The center has also upgraded its lineup of CT technology with a new-
Three dimensional rendering obtained on the GE CT scanner. The scanner is being used for routine body imaging applications and advanced procedures such as “virtual” colonoscopies and cardiac scoring to assess heart health. The procedures are quick, noninvasive, and require little preparation on the part of the patient. Currently eight to ten patients a day undergo these procedures at the clinic.

Colorectal cancer is the second leading cause of cancer-related deaths for both men and women in the United States. Fear is one reason that nearly 70 percent of people who should have their colons checked for polyps and potentially cancerous tumors don’t do it. CT colonoscopy may be the answer for such people. The procedure is more comfortable, does not require anesthesia, and according to some studies is as effective as and safer than standard colonoscopies.

Preparation includes eating a low-residue diet for two days, taking a laxative preparation, and drinking a barium solution. The colon is inflated with carbon dioxide gas and then the CT scanner takes over, gathering three-dimensional computer-generated images from the entire length of the colon—a virtual tour of the colon providing radiologists with a clear image that makes it easier to spot polyps and tumors.

The CT scanner is also used for cardiac scoring, a procedure that produces a highly detailed picture of the arteries around a person’s heart and calcium buildup within them, which is one of the earliest signs of heart disease. The scan combines an x-ray and a computer to produce a digital image that is much more detailed than that provided by the standard x-ray method of imaging coronary arteries.

The procedure requires no advance preparation on the part of the patient and takes about 10 minutes. The resulting digital image is analyzed by a physician to produce a score from 0 to 400. A score of 0 indicates no buildup of arterial calcium.

A physician reviews the digital images and score with the patient, who receives a copy of his or her heart scan on a CD-ROM to take home. Patients and their primary physicians can then discuss the next steps, from maintaining a healthy lifestyle to more advanced tests and follow-up.

“The images produced by the CT scanner are superior to anything else we currently have in our arsenal,” says Dr. E. James Potchen, chairperson of the MSU Department of Radiology. “This technology will help tremendously in our fight against heart disease.”

The scanner is also used in CT angiography studies, CT pulmonary venography, and for guiding needle biopsies. It is owned and operated by Mid-Michigan MRI Inc., a joint venture of MSU Radiology and Lansing’s Sparrow Hospital.

For more information on the MSU Radiology Center, visit the Web site at www.rad.msu.edu

by Kathleen V. McKevitt

Field strength of MRI technology doubled

MRI — magnetic resonance imaging — has been an essential diagnostic tool at the MSU Radiology Center for 20 years. The technology, which uses no radiation, combines a strong magnetic field and radio frequency waves to produce detailed images that allow for early diagnosis and assessment of many diseases.

Two years ago, the center powered up by replacing a scanner with a 3T MRI machine, which has twice the magnetic field strength of the previously existing 1.5T MRI scanner. “We’re doing new things with MRI,” says Dr. Berger, “such as diagnosing breast cancer earlier in high-risk women. We’re the most productive site in the world for spinal 3T MRIs.” MRA — magnetic resonance angiography — to study carotid artery disease is also on the horizon, he says.

In January 2005, the center put a second 3T MRI machine on line. This machine will be used principally for research — for example, a research collaboration among MSU radiologists and researchers in psychology and linguistics to explore how the human brain functions.

The MSU Radiology Center also offers ultrasound procedures and digital mammography — the latter considered one of the biggest advances in the fight against breast cancer in more than 30 years. Digital mammography is faster than standard mammography — four minutes as opposed to 12 — and offers a wider dynamic range that allows examination of all areas of the breast. Images can be sent electronically to other health care givers at other locations.

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by Kathleen V. McKevitt
Electronic Medical Records: A New Way to Look at Medical Care

A massive shift is under way at CHM to improve quality and decrease waste in health care. It may look like a technology-based initiative to move paper-based medical records to computers, but Dr. Michael Zaroukian, director of Electronic Medical Record (EMR) Systems, also sees it as a transformation requiring profound changes in organizational culture.

“Implementing EMR systems is not just about technology,” says Dr. Zaroukian. “It’s about using technology to redesign a fundamentally broken health care delivery system in which incredibly talented and dedicated health professionals struggle with patient information that is too often incomplete, disorganized, inaccurate, illegible, and inaccessible.

“Even when we can lay our hands on the information we need, it is often recorded on paper in a manner that makes it difficult to provide care, measure our performance, and improve how we work.”

In recent months, President Bush has been urging doctors and hospitals to eliminate paper medical records by 2015, pointing to a possible reduction in medical costs by as much as 20 percent. CHM began exploring the idea more than a decade ago and rolled out the first version of EMR in the Department of Family Practice in 2001. A year later, the system “went live” across other campus clinics.

At a national conference in February, Dr. Zaroukian was invited to lead U.S. health “czar” David Brailer, National Coordinator for Health Information Technology responsible for drafting and leading the national health information network, on a guided personal tour of electronic health records interoperability.

EMR systems have the potential to reduce the vast number of opportunities for error that are typical of complex systems such as health care. Dr. Zaroukian points out two sobering statistics

- It has been estimated that preventable medical errors — e.g., medication errors — cause or contribute to nearly 100,000 deaths each year in hospitalized patients alone. The number of deaths attributable to errors in outpatient settings is estimated to be even greater
- Between 30-50 percent of the $1.5 trillion expended annually for health care in the United States is considered “pure waste.”

What’s more, he says, data from the Institute of Medicine show that in a paper-based system, an average of 38 percent of clinicians’ time is spent writing medical chart notes; 38-39 percent of hospital operating costs are spent moving information around; 30 percent of the time the paper chart cannot be found when needed; and 95 percent of information placed in a patient’s paper chart is never looked at again.

The benefits of EMR systems are abundant. For example, they support

- A structured set of patient data that can be built upon over time and easily accessed by authorized health providers anywhere, anytime. Recent data show that EMR systems are available 99.9 percent of the time
- Integration of patient data with knowledge resources and alert systems
- Clinical decision support, including patient-specific chronic disease management tools
- Clinical reminders — e.g., for preventive care or interval testing
- A rich clinical data repository that can facilitate research in many fields
- Data and reporting tools with which provider, staff, and system performance can be measured and used to continuously improve and reward quality, efficiency, and safety.

Dr. Zaroukian says the security level of EMR systems is comparable to that built into electronic records systems used by financial institutions.

Six Sigma, a process improvement strategy, is among the processes used to continuously assess the quality of MSU’s Centricity Physician EMR system (formerly called Logician; GE Health care Information Technologies). (See sidebar.) The ultimate goal of Six Sigma in health care is to measure the processes of care and achieve breakthrough improvements in quality, safety, efficiency, and costs.

This comes at an important time, says Dr. Zaroukian, as government and employer payers contemplate strategies to pay providers for the demonstrated quality of their work, rather than on the basis of the volume of care they deliver.

Quality care also includes meeting the information needs of patients for test results, advice, health updates, and prescriptions. Patients are also increasingly interested in “e-visits” conducted using e-mail or web technology. MSU is currently piloting a secure e-mail and clinical messaging system that allows patients and providers to exchange information while protecting the confidentiality of their personal health information. Dr. Zaroukian says that patient feedback has been very positive so far. “People are saying, ‘Thank you so much for not making me wait on the phone.’”

Establishing EMR systems and getting people to use them are related but different challenges. “Strong leadership is critical,” says Dr. Zaroukian, “to effect the cultural transformation needed.” Medical students generally prove to be early adopters and increasingly use the availability of an EMR system as an important criterion in choosing residencies.

Early and robust adoption of the EMR system by providers and staff in the CHM Internal Medicine Clinic, of which Dr. Zaroukian is director, has led to a positive but unexpected benefit: an increase in same-day or next-day “open access” appointments. “For us,” says Dr. Zaroukian, “the EMR system has achieved one of its central purposes: to make it easy to do it right.”

For more information on EMR, visit the MSU EMR Web site at www.emr.msu.edu

by Kathleen V. McKevitt
Six Sigma in Brief

Six Sigma is a mathematical framework commonly used by today’s major companies to compare the number of defects in a process per million opportunities for error. As a system improves its processes, eliminates wasteful or error-prone steps, and limits unnecessary variability, errors decrease, quality improves and costs decrease. Six Sigma levels of quality are represented using a scale that ranges from one to six.

“For example,” explains Dr. Zaroukian, “an average sigma (σ) quality level of 3σ, which is roughly where U.S. health care is right now, represents approximately 66,800 defects per million opportunities for error. If you had a 20 x 20 foot carpet in your home professionally cleaned to this level of quality, you might not be willing to pay the cleaner because the size of the inadequately cleaned area would be larger than an oversized chair. On the other hand, if the quality of the carpet cleaner's work approached 6σ, the dirty spot left at the end would be barely larger than the head of a pin, or virtually invisible. We need to move quality in health care much closer to 6σ for those processes that are critical to the health of the population.

Promoting the Cultural Shift to EMR Systems

From a PowerPoint presentation by Dr. Michael Zaroukian

Imagine doctors being able to
- Keep records organized and legible
- Share information at a moment’s notice
- Get preventive care reminders and safety alerts
- Have test results automatically placed in flowsheets and graphs
- Access any chart, anytime, anywhere
- View patient-related images, video, audio
- Use built-in clinical decision support
- Get abnormal test results sent directly to their pagers
- Tally elements of care such as E&M coding
- Measure and improve performance

Imagine patients being able to
- View and update their personal health information electronically
- Get timely, personalized information and advice delivered automatically
- Request a summary of their record
- Use the Internet to easily and efficiently communicate with the office for nonurgent issues

Imagine office staff being able to
- Access any patient chart in seconds
- Use a chart in two places at one time
- Avoid duplication or omission
- Process referrals efficiently

Imagine employers and consumers
- Benefiting from a healthier workforce
- Having data to reward quality
- Having data on performance of providers and health systems
- Getting the best value for their health care dollars

Help us update our database. Please send your e-mail address to sutberry@msu.edu
Medical Decision Support Tools:
The Family Physician’s New Stethoscope

Ten thousand.

That’s the estimated number of questions that come up in the day-to-day clinical practice of a family physician.

At MSU’s Department of Family Practice, tools are being developed, piloted, and used that put the best and most valid answers to such questions literally in a physician’s pocket for use in real time — 60 seconds or less — at the point of patient care.

Called medical decision support tools, these resources can be “mined” for information on hand-held devices otherwise known as PDAs (personal digital assistants).

According to Dr. Henry Barry, associate chairperson of family practice who spearheaded the development of one such tool, some are better for accessing medical articles and databases and others are better for global synthesis. “Physicians need both kinds of tools,” he says.

Faculty member and physician Dr. Vincent Winkler-Prins, senior editor of the information that goes into another decision tool, says patients assume that physicians all draw from a universal set of answers to clinical questions such as: “What is the best way to treat a urinary tract infection? What medicine should I use? How long should treatment continue? What’s the best way to diagnose it? What works? What doesn’t?”

In fact, he says, answers vary from doctor to doctor and among family physicians and specialists. Decision support tools can give answers that synthesize the best information that is known about a subject. Dr. Winkler-Prins calls them “little textbooks for your pocket.”

“Every time a question comes up in a clinical encounter,” says Dr. Barry, “it forces me to take an active step. Each of these steps is an opportunity for failure. What’s really exciting about decision support tools is that I can pursue these questions immediately with a high degree of assurance that they will be answered reliably.”

At this point, decision support tools are stand-alone resources, but ultimately they will be linked to electronic medical record systems (see story on pages 4-5).

InfoRetriever—
Successful MSU Technology Transfer

The brainchild of Dr. Mark Ebell, InfoRetriever is a medical reference developed by MSU Department of Family Practice faculty. It has since been spun off into a separate corporation of which Dr. Barry is a board member.

InfoRetriever includes such features as:
- InfoPOEMS (Patient-Oriented Evidence that Matters) — more than 1,800 brief critical appraisals of the most important primary care literature
- Griffith’s 5 Minute Clinical Consult — 1,029 brief summaries of symptoms and diagnoses
- The Cochrane Database of Systematic Reviews — more than 1,350 abstracts
- Clinical rules and calculators, more than 500 medical photos, drug information, a Family Practice Inquiries Network interface (see below), and treatment guidelines.

For more information visit the Web site at www.infopoems.com

FPIN and PEPID—MSU Input Underpins Output

Family Practice Inquiries Network (FPIN) — an independent corporation of which MSU Department of Family Practice was one of eight founding academic departments — is developing a decision support tool called PEPID Primary Care Plus. Dr. Winkler-Prins and Dr. William Wadland, chairperson of family practice, sit on the FPIN board of directors.

PEPID began as a system of 3 x 5 cards used by an emergency room physician to answer clinical questions. PEPID Primary Care Plus is now one of a number of primary care evidence-based projects that FPIN is working on and is available in both PDA and on-line versions (as is InfoRetriever). FPIN’s other work projects can be viewed on their Web site.

Dr. Winkler-Prins and Dr. Linda French, associate chairperson of family practice, are among 10 senior editors nationwide of information that goes into the product. “We’ve been working on what needs to be in this tool and whom we can get to help write it,” says Dr. Winkler-Prins. He is working on a project to assist MSU family practice residency faculty to do more scholarly work using FPIN and PEPID tools. This is part of a faculty development fellowship he is taking through the Office of Medical Education Research and Development (OMERAD).

PEPID Primary Care Plus includes such features as:
- 1,800 medical topics with comprehensive pathophysiology, epidemiology, diagnostics, therapeutics, follow-up, prognosis, and preventive information accessible by medical specialty or organ system
- A preventive medicine chapter
- Resources for complementary and alternative medicine and geriatrics
- An acute care reference.
- A complete drug database, medical calculators, drug interactions, and embedded illustrations.

For more information visit the Web site at www.fpin.org

by Kathleen V. McKevitt
Drop by Jim Potchen’s office in the Radiology Building on a hot summer’s day. You’ll leave with some freshly-picked tomatoes and eggplant and squash, but the sense of incongruity only lasts a few seconds. It’s a living metaphor. Hospitality, ignoring perceptual limits, and bringing everything he touches to full fruition have characterized Dr. Potchen’s 30 years as chairperson of the Department of Radiology.

When a 1975 issue of the MSU News-Bulletin reported his appointment, his list of credentials was already intriguing: professor of radiology and dean of management resources at Johns Hopkins University School of Medicine, founder of nuclear medicine departments at Harvard Medical School and Washington University School of Medicine, and author of 14 books.

In three decades, he’s led others in achievements that are legion. The department has accumulated the best of imaging technology available for patient care and research (see story on pages 2-3), and housed it in buildings surrounded by exquisite gardens, all purchased with revenue independent of state funding. Interdisciplinary collaborations among radiology faculty are exemplary, with its technology being used in applications ranging from engineering to studies of molecular functions. The department has developed a worldwide network for virtual radiology consultation. Faculty are involved in teaching subjects like leadership and management, even at the undergraduate level. Radiology conference rooms are often the site for hosting internationally recognized scholars and entrepreneurs.

Dr. Potchen’s memories are rich and epitomize his journey:

- “When Dean (Andrew) Hunt and (Donald) Weston approached me, they needed radiology to be accredited, but they didn’t have an x-ray machine, a hospital or any money for it. Nobody would take the job. But I was very impressed with their approach to teaching and to patient care, so I bit.”
- “When I decided to get a law degree without taking a sabbatical, it was very controversial. The most interesting moment was when the Detroit News published the top ten academic salaries in the state, and I, as a student, made more than the dean of my law school – in salary alone.”
- “When they were building the bridge in our gardens, I watched a man carefully place a huge rock, adjusting its position with great effort. I asked him why he was being so precise about a rock, and he replied that he wanted that rock to be perfect even 100 years from now. The man was buying his immortality. Everyone teaches me.”

Dr. Potchen’s Aphorisms for Life

- Enhance others’ opportunities, increase human capital, add value to others’ lives. The only thing that matters is people.
- If you work hard at what you love, the revenue will follow.
- Everyone you encounter has something to teach you. Seek it.
- Invest every day in what will make the most of the future.

by Pat Grauer
A recent newspaper article pointed out some of the difficulties in making sound ethical and public policy decisions for nursing home patients. The Detroit News and the Lansing State Journal printed a front-page expose’ of dehydrated and malnourished patients in Michigan nursing homes.

One of us (HB) cringed when we read this, because of fears that this well-intentioned story would have unintended, deleterious consequences. The other (LL) had direct evidence that these consequences were occurring.

The problem with the story is that it fails to distinguish between two very different populations of patients. One consists of people with early dementia or mild physical problems, who enjoy their lives and can eat and drink with assistance. In an understaffed nursing home where that help is unavailable, they gradually become more and more dehydrated and malnourished, and eventually develop severe physical problems and die. This is a form of abuse or neglect and is indefensible.

One of us (LL) spends a good portion of his time trying to promulgate guidelines for good nursing home care to prevent these abuses. Admittedly, there are still many bad nursing homes out there and we wish they could be put out of business.

A totally different group of people are in advanced stages of Alzheimer’s dementia. This is a terminal disease. The natural form that the dying process takes is that these people gradually lose interest in food and lose any sensation of hunger or thirst. Trying to force-feed them with feeding tubes or IV lines has been widely shown not to improve either length or quality of life, but does lead to a number of medical complications and possibly increased misery. The most compassionate treatment for these people, as experts in hospice care have long recognized, is to accept the inability to eat and drink as part of normal dying and simply do everything possible to keep them comfortable.

Our fear is that following this recent newspaper publicity, many older people with dementia who are dying will have their few remaining weeks or months made miserable by implanting feeding tubes. Sadly, it takes understaffed nursing homes much longer to try to coax patients to eat or drink by mouth than it does to administer nutrients and water through the percutaneous gastrostomy tube. The better nursing homes are comfortable not inserting unhelpful gastrostomy tubes; but if the patient is then hospitalized for aspiration pneumonia, they often return to the home with a tube in place, without the nursing home staff having been consulted.

These newspaper articles have already irrevocably harmed one family. One of us (LL) was caring for a woman who clearly fit into the second category. Her son was wrestling with the tough decisions about end-of-life care for her. A thorough medical evaluation documented that she was in fact in the dying stage, and that artificial feeding and fluids would do nothing to improve her remaining life. The son, naturally, resisted this rather grim assessment. But he finally concluded that the palliative care approach was the best choice for his mother. He agreed and she in fact died very peacefully a short while ago.

Then LL heard from him after this article appeared. He accused the staff of lying to him and just wanting his mother dead. He was quite convinced that he’d chosen the wrong thing and that he had indirectly killed his mother.

LL judged it unlikely that this son would take any legal action. But this is a very tragic burden for the son to have to shoulder. No matter what anyone tells him now, the trust he had before will probably never be restored.

Bottom line? Often the complexities we face in making ethical decisions in end of life care are poorly reflected in the simplified accounts disseminated by the popular media.

by Howard Brody, M.D. and Larry Lawhorne, M.D.
On July 3, 1996, Miss Ruth A. McIlnay passed away at the age of 96. She had been living in retirement at John Knox Village, an elder care facility in Tampa, Florida. Miss McIlnay was born in Wichita, Kansas, and received a B.S. in home economics from Kansas State University and an M.S in home management from the University of Tennessee. In 1951, Miss McIlnay accepted a position with the MSU Extension Service. Eighteen years later, almost all of them spent in the Isabella County office, she retired.

We know little else of Ruth McIlnay’s life, except for one extraordinary decision. Miss McIlnay chose to leave the bulk of her estate to fund cancer research at Michigan State University. This gift turned out to be $276,000, prompting MSU to endow the Ruth A. McIlnay Fund for Oncology Research. Owing to prudent investment, this fund now has a value of over $330,000.

On this page you can see for yourself the impact of Ruth McIlnay’s philanthropic gesture. Who knows what her gift will ultimately inspire in these four students and the many who will succeed them as her beneficiaries. People really can make a difference.

The following link will take you sample language you can use in your own bequest to MSU: http://www.givingto.msu.edu/estate.html.

by Douglas Moffat

A Life’s Legacy . . .

The first McIlnay awards – which included a $2,500 scholarship and $500 for supplies, facilities and equipment – were made in June 2004 to four CHM students for full-time research for seven to eight weeks.

Jillian Boroniec, who worked with Dr. Susan Conrad, professor of microbiology and molecular genetics, studied the molecular events responsible for the conversion of breast cancer cells from being estrogen-dependent and antiestrogen-sensitive to being estrogen-independent and antiestrogen-resistant. Her research focused particularly on a cell line which was selected for its ability to proliferate in the absence of estrogen, but was also resistant to tamoxifen. Boroniec is a second-year medical student.

Michael Keng, second-year medical student, researched the effects of three different agents on potentiating arsenic’s effect on phosphorylated STAT3 activity in acute myeloid leukemia (AML) cells. He worked with Dr. Meir Wetzler, clinician in the Division of Leukemia Department of Medicine, and assistant research professor, Department of Immunology, of Roswell Park Cancer Institute, where he was given the opportunities both to shadow physicians who combine research with their clinical practices, and to work in the laboratory.

Piro Lito is a second-year medical student and a Ph.D. candidate in biochemistry and molecular biology in CHM’s Medical Scientist Training Program. Working with Dr. Justin McCormick, University Distinguished Professor, he used a model system, which begins with normal human fibroblasts and by sequential clonal selection of cells with more transformed characteristics, results in fully malignant cells. He has found that a gene called Spry2 plays a role in malignant transformation.

Jeffrey Radawski, a second-year medical student, worked with Dr. Jean Moran, Department of Radiation Oncology, University of Michigan. He participated in a study which compared the effects of two radiation treatment modalities – intensity-modulated radiation therapy (IMRT) and direct segmental optimization (DSO). His work used computer models to assess whether results of the quality offered by IMRT could be achieved using a segmental approach with conventional radiotherapy, with the goal of reducing complexity and cost.

by Pat Grauer

. . . Seeds Cancer Research
Michigan State University will use a grant of more than a half-million dollars to establish a partnership between MSU’s medical ethics program and the University of Malawi.

The four-year, $725,256 grant from the National Institutes of Health’s Fogarty International Center will be used by MSU’s Center for Ethics and Humanities in the Life Sciences (CEHLS) to help African scholars develop active research and teaching programs in the area of human subjects research ethics.

Under the program, scholars from Malawi and the surrounding region will spend a semester at MSU, where they will be matched with an MSU mentor, and take advanced courses and independent study matched to their discipline and research interests.

“The fellows will then return to Malawi, where further coursework will focus on issues specific to research ethics,” said CEHLS Director Tom Tomlinson.

Dr. Tomlinson said this program is unique in that the fellows will spend only one semester on the MSU campus, and then complete their training in their native country.

“We want to emphasize the importance of building capacity in the developing countries,” he said. “So rather than have all the experts here and bring fellows here to learn from us, we will try to develop a more sustainable base of expertise within the developing countries.”

Dr. Tomlinson said many developing African countries, due in part to cultural and political differences, have very different ethical issues with which to deal. A good example, he said, is informed consent.

“If you’re in a traditionally patriarchal society and want to get consent for an individual subject,” he said, “you might be expected not to go to the woman you want to enroll, but rather her husband or brother – someone who traditionally has authority over what she does.”

Once the fellows have completed their training, which will include the publication of a scholarly paper, they will be in a position to assist physicians, scientists and others who deal with the ethical issues that are unique to their countries.

“The idea is the fellows will be better equipped to act as local experts to support local institutional review boards and provide education to local scientists regarding standards of ethical research,” Dr. Tomlinson said.

The grant also will be used to recruit a faculty member who will have an MSU appointment but be based in Malawi.

Founded in 1977, CEHLS assists with developing and teaching ethics courses in all four health professional schools at MSU. Its faculty are also engaged with graduate programs in the Department of Philosophy and the Program in Bioethics, Humanities and Society. Faculty pursue research across a wide spectrum of issues in bioethics, and support a variety of public service efforts that reach health care practitioners and institutions throughout the state, and across the nation.

For additional information, visit the Web at bioethics.msu.edu

by Tom Oswald
Major clinical studies on transient ischemic attack, maternal depression, and managing rheumatoid arthritis are beginning under a new College of Human Medicine program that facilitates research in the community campus system. Under the leadership of Dr. Gregory Fink, professor of pharmacology and toxicology, and Nigel Paneth, associate dean for research, these three projects were funded through a $450,000 Strategic Partnership Grant from the Michigan State University Foundation.

“Our six campuses bring us into contact with a patient base exceeding two million people,” Dr. Fink noted, “and CHM investigators are able to collaborate with colleagues in osteopathic and veterinary medicine, nursing, engineering, the social sciences, natural sciences and other colleges. These assets position us to conduct research throughout the state that bridges bench and clinical scientists with actual patient care, precisely the target of NIH Roadmap initiatives.”

Dr. Fink said that the goal of the program is to increase community-based NIH-fundable research, forging the community campuses into an effective research network. Eight proposals were received, and three (below) were chosen for funding.

Mathew Reeves, Ph.D., Department of Epidemiology, Lansing campus
“Management, Prognosis and Outcomes of Transient Ischemic Attack (TIA) Patients Presenting to Community-based Emergency Departments”
Co-investigators: Ted Glynn, M.D., Michael Brown, M.D., Rashmi Kothari, M.D., Arshad Majid, M.D.

Working with emergency departments at Borgess Hospital in Kalamazoo, Spectrum Health System in Grand Rapids, and Sparrow Hospital and Ingham Regional Medical Center in Lansing, researchers are studying TIAS (“mini-strokes”). They are identifying patients diagnosed with TIAS and following them longitudinally to assess care and outcomes for strokes, heart attack and other vascular complications. Of particular interest will be a comparison of outcomes for patients who are admitted to the hospital versus patients who are returned home from the emergency room.

Jeanette Scheid, M.D., Ph.D., Department of Psychiatry, Lansing campus
“Predictors of Patterns of Maternal Depression (POUCHmoms)”
Co-investigators: Claudia Holzman, D.V.M., M.P.H., Ph.D., and Laura Symonds, Ph.D.
Collaborators: Barbara Wolf, Ph.D. (Flint), Dimitre Dimitrov, M.D. (Saginaw), Elizabeth Cox, M.D., (Lansing), Aileen McKenna, M.S.W. (Kalamazoo), Nancy Roberts, R.N. (Grand Rapids)

In concert with researchers on CHM campuses in Flint, Grand Rapids, Kalamazoo, Lansing, and Saginaw, this project builds on a previous NIH-funded study on pregnancy outcomes and community health conducted by Dr. Holzman. Using state-of-the-art measures of maternal depression during and after pregnancy, they will be assessing possible contributing factors, including history of depression, childhood maltreatment of the mothers, social stressors, and diurnal variation of salivary cortisol.

Richard Martin, M.D., Department of Medicine, Grand Rapids campus
“Assessing and Integrating Health Literacy Competencies into Office Patient Decision-making in Rheumatoid Arthritis”
Co-investigators: Margaret Holmes-Rovner, Ph.D., Andrew Head, M.D., Johnathan Rene, M.D., Barbara MacIntosh, M.D., Timothy Schwartz, M.D., Jasmine Joseph, M.D.

Making truly informed choices about their own medical care that can result in favorable outcomes is particularly important for patients with rheumatoid arthritis. Working with community-based rheumatology practices, researchers will assess patients to determine their health literacy, knowledge of issues related to the treatment of their disease, and factors that influence their decisions regarding treatment.
Specialists and the College of Human Medicine

by Gilbert D. A. Padula, M.D.
CHM 1997, CHM Alumni Board Member

In recent years, there appears to have been a renewed emphasis on research and specialty care at the College of Human Medicine. As a practicing radiation oncologist, I couldn’t be more pleased with these efforts.

I can still remember my years as a medical student at CHM listening to my peers. Often, one would hear, “I think I may want to be an otolaryngologist or a neurologist, or a cardiothoracic surgeon.” The given student would then state, “Well, here at CHM the administration will get mad if I want to become a specialist.” Alternatively, I would also hear: “CHM’s community-based emphasis won’t prepare me well for a career as a specialist.” I remember thinking back then that those folks couldn’t be more wrong.

I was convinced, as I still am, that there is not better place to train in the nation for people who have a passion for practicing world-class specialty care close to home, in the communities where these complex illnesses present. I believed that most specialists practice in the community and the patients that come to them for their care could benefit immensely from the biophysical model of care. A day doesn’t go by in my practice that I am not in gratitude for the training I received at CHM. In my clinic, when patients often face a very uncertain future, the ability to take one’s spirit, family, culture and community into the total package of what I care for, make the actual “radiotherapy” I deliver all the more effective.

The fact is that most specialists do receive training at tertiary-referral centers; however, most of these physicians practice directly in the community once they are done with their training. Wouldn’t it make sense to go to a medical school that mimics the model of care a future specialist would want to provide? It would make good sense to spend one’s medical school years in a community analogous to that in which the medical student will one day practice. Indeed, many of my former classmates who have gone on to become specialists share this sentiment.

Looking forward to an expansion of the college into the Grand Rapids area, CHM has a solid future given the depth of basic and clinical research that is now flourishing in that community. Regardless of the type of medicine you practice, the College of Human Medicine is poised to help all its students and faculty thrive in the upcoming years.
1970

- Steven A. Leibel, M.D., has been named medical director of the Stanford Cancer Center, Stanford, California. Chair of the Department of Radiation Oncology at Sloan-Kettering Cancer Center, New York, where he has worked since 1988, he also has served on the faculties of Johns Hopkins University School of Medicine and the University of California – San Francisco.

1976

- Jose de Jesus Trevino, M.D., of Corpus Christi, Texas, traveled to Barcelona, Spain, and Budapest, Hungary, for the fellowship certification examination in interventional pain. He is now board-certified in pain management and fellow-certified in interventional pain.

1977

- Paul Musto, M.D., has been named president of the medical staff at Quincy Medical Center, a 232-bed acute care hospital in Quincy, Massachusetts. He is board-certified in internal medicine, hematology, and medical oncology, and practices with Commonwealth Hematology/Oncology in Quincy. Dr. Musto completed his internship and residency at Butterworth Hospital in Grand Rapids and a fellowship in clinical hematology-oncology at Dartmouth Hitchcock Medical School. He is a clinical instructor in medicine at Harvard Medical School.

1992

- Kari Formsma, M.D., has joined the Carson City Center for Women’s Healthcare, and is seeing patients in Carson City and Ithaca, Michigan. Board-certified in obstetrics and gynecology, she completed her residency at Saginaw Cooperative Hospitals.

1993

- Joyce Stevens, M.D., has begun a new family practice office at the Bald Mountain Regional Medical and Surgical Complex in Lake Orion, Michigan. Dr. Stevens’ focus is on women’s health, emphasizing wellness and preventive medicine. Board-certified in family practice and a member of the American Academy of Family Practice, she completed her three-year residency at the Kalamazoo Center for Medical Studies.

1996

- Julie A. Gronek, M.D., has joined the staff of Munson Healthcare as a specialist in physical medicine and rehabilitation and will practice at Neuromuscular and Rehabilitation Association in Traverse City. She completed her residency at Wayne State University.

1997

- Mark Dibbet, M.D., has joined the staff of Mercy Family Care, Roscommon, Michigan, as a family medicine specialist. He served as a family physician in the Air Force, including caring for deployed troops in the Middle East in 2003. He completed his residency at MidMichigan Regional Medical Center in Midland.

1999

- Rami Dakkuri, M.D., has joined the Surgical Associates of MidMichigan, Midland, Michigan. A specialist in general surgery, he completed an internship and four-year surgery residency at Virginia Mason Medical Center in Seattle.

2000

- Rebecca Baumbach, M.D., completed her internal medicine residency at Beaumont Hospital, in Royal Oak, Michigan. She has accepted a position at Synergy Medical Education Alliance in Saginaw, Michigan, as director of international and rural health.

2002

- Curtis Young, M.D., who received an M.S. degree from CHM in 2002, has joined the medical staff at Family Orthopedic Association in Flint, Michigan, and the medical staff at McLaren Regional Medical Center. He completed a fellowship in hand and microsurgery at the Christine M. Kleinert Institute at the University of Louisville, and his residency at CHM.
All in the Family

The Alguires

When Katie Alguire, Class of 1999, became a student at CHM, she quickly realized that most of her professors already knew her name. Or her last name at least. Her family history is intertwined with the history of CHM going all the way back to the college’s founding. Her father, Thomas, was in CHM’s first class which arrived on campus in 1966.

Seven years later, Tom’s brother Pat followed in his footsteps. “When I would visit my brother at MSU,” says Pat, “I was introduced to some of the faculty members, and they took the time to talk to me and to ask about my interests. That really meant a lot.”

Pat graduated from CHM in 1975. During his residency in internal medicine, Pat met his wife-to-be Barbara Mathes, who was an emergency room nurse at the same hospital. Not long after they were married, she decided to pursue her own medical degree. Naturally, she graduated from CHM in 1980, and is now a dermatologist.

Pat and Barbara currently live in Philadelphia, but from 1979 until 1995, he served on the faculty at CHM, where he helped to develop the college curriculum as it stands today. Pat is currently the director of education and career development for the American College of Physicians. By the time Katie became a med student, her uncle had moved on but there were plenty of faculty and staff members who knew her relatives and remembered them fondly.

After a successful oncology fellowship at Dartmouth University, she now lives in Grand Haven, just minutes away from her parents. That allows her and father to share lunches and even the occasional patient.

“It’s wonderful to be able to talk to her about oncology and share what she’s learned,” says Tom.

The Aenlles

Lisa Aenlle-Matusz comes from a true medical family. Her grandfather, Eliodoro Aenlle, spent most of his career as the city physician in Hamtramck. Her father, Tony Aenlle, and his brother, Ed, are also physicians, as is Ed’s wife, Leonora Jui.

However, there a family bond that’s almost as strong as medicine – being a Spartan. Tony (Class of 1976), Ed (Class of 1975) and Leonora (Class of 1975) are all graduates of the College of Human Medicine, where Lisa is now studying for her own medical degree.

“My dad never pressured me to go into medicine,” explains Lisa, “but seeing how much he loved his work was definitely an influence on me.” The family ties go beyond CHM as well. Two of her siblings also attended Michigan State, as did Lisa’s husband, Scot, whom she met as an undergrad at MSU.

“I’m very excited for Lisa,” says her father. “It’s a wonderful place to learn.” Tony has a private practice in Clarkston, Michigan, while Ed and Leonora currently live in San Diego.

by Steven D. Bevier
In the Press and . . .

It’s a delightful read – quick, quippy, and authoritative – that leads readers down unexplored paths in medicine. Howard Brody, 1975 alumnus and University Distinguished Professor of family practice and philosophy, Center for Ethics and Humanities in the Life Sciences, is now publishing a weekly column in the Grand Rapids Press. The column is a spin-off from publishing he's done since 2002 in Lansing City Pulse.

Recent examples? He describes President Bush’s call to rein in malpractice suits in response to spiraling medical care costs as, “doing the right thing for the wrong reasons – sort of like accepting your doctor’s advice to amputate your leg that has turned black from gangrene because it clashes with your wardrobe.” Or cautioning readers against overdosing on Vitamin C because “if you are susceptible to kidney stones, that extremely high dose of it could tip you over into Pain City.”

“I was struck by how newspaper columns by physicians were usually attempts to answer individual patients’ questions about their illnesses,” Dr. Brody noted. “At CHM we are trying to teach the students the newer evidence-based approaches to medical data, and sharing decision-making with the patients requires that they too understand that approach. After trying to do this one-on-one with my own clinic patients, it struck me how much more efficient it would be to try to reach a mass audience with the same message. Now I try to balance my columns between disease-specific updates on new medical evidence, and discussions of general policy questions in health care – occasionally but not always drawing on my work in bioethics.”

On the Air

“I’ve been plugging it all week. You’d better be there on Friday.”

Dr. Jim Applegate, a 1979 alumnus of CHM, was describing his first foray into radio ten years ago. One of his patients was an on-air personality for WOOD in Grand Rapids and she had simply inserted him into the schedule to meet a demand for local programming.

“I sat down, donned the headphones and mic, had a sound check, and then, at the last second, someone reminded me that I’d be having a chat with 150,000 people.” That leap of terror resulted in ten successful years of his own program, “An Apple a Day,” aired not only on WOOD but on Clear Channel stations across the nation. In addition, he’s begun an hour-long call-in program on Sunday mornings.

“I see my role as helping people to understand what’s in the news and advertising and on the Web,” he says. “I try to give perspective, debunk pseudoscience, and apply information to people’s personal situations.”

An active family practice physician, Dr. Applegate works with Advantage Health in Grand Rapids. He’s served on the communications and public health committees of the American Academy of Family Physicians, as the president of the Michigan Academy of Family Physicians, as a team doctor for a local high school, and enjoys downhill skiing and scuba diving.

He credits CHM with teaching him to express compassion, to become comfortable in front of a microphone, to have the necessary breadth of knowledge to answer the questions he faces, and to appreciate people from a wide variety of backgrounds.
Feeling Good

“I feel good every morning when I come into the clinic, and I feel full and satisfied when I go home at the end of the day.”

Not many people can say such a thing about their jobs, but Dr. Barry Saltman does. A 1977 graduate of the College of Human Medicine, he has spent nearly 30 years as a general practitioner in Mason, Michigan.

In June 2004, Dr. Saltman closed his successful family practice and reopened as a free clinic. The new practice, Care Free Medical Inc., provides the same level of care as his previous practice, but now serves patients with no insurance or those on Medicaid.

Why the change? “I believe that we’re all put on this earth to care for one another,” says Dr. Saltman. “I consider this a responsibility and a privilege.”

Starting any new business is certainly a challenge, particularly one that relies on volunteers and outside support. Dr. Saltman has met that challenge before. In the early 1990s, he helped found a similar health clinic at the Cristo Rey Community Center in Lansing.

The new Mason clinic has received a tremendous response from the community, raising more than $50,000 in its first five months, with most of the donations coming in small amounts from individuals in the area. “The people of Mason have really come to own this place. They think of it as their own.” He has also received grants from the Dart Foundation and Gerber volunteers and students from MSU’s Colleges of Human and Osteopathic Medicine, the School of Social Work, and Lansing Community College. In addition to basic medical care, patients have access to individual and family counseling, a registered dietician, a neurology clinic, surgical consultation and a back pain clinic. For services that can't be provided in his office, Dr. Saltman works with local hospitals and diagnostic labs to offer additional care to his patients free of charge.

The clinic also works with pharmaceutical companies and a local pharmacy to procure free medication for those that can’t afford it. Care Free already serves more than 600 people and Dr. Saltman hopes to reach 1,000 patients by the end of the first year.

One of the volunteers is his wife, Suzanne, a family nurse practitioner who has worked alongside him since opening his first practice. “I could never do this without the support of my family,” he says. The Saltmans have seven children (two of whom are deceased) and six grandchildren. “They understand the commitments I have, and they never make me feel any pressure to give up my work. I couldn’t keep doing this if they did.”

Dr. Saltman shows no signs of giving up at all. “Retirement is supposed to be something you do to have fun,” he adds. “I can’t think of anything more fun than what I’m doing.”

by Steven D. Bevier
Ruth Hoppe Honored With Commissioned Portrait

Ruth Hoppe, M.D., CHM’s former senior associate dean and now director of MSU’s new Learning Assessment Center, was honored in February with the hanging of a commissioned portrait in the Student Learning Center in the lower level of the Radiology Building.

“Ruth richly deserves this recognition,” noted Dean Glenn Davis. “She has made enormous contributions to the college as a faculty member and as a leader. Her leadership, her integrity and her fierce loyalty to the college helped shape the institution. She also has achieved national prominence as a member of the National Board of Medical Examiners (NBME).”

Dr. Hoppe, at a reception hosted by Dean Davis and Dr. Naomi Breslau, was surprised by the presence of long-time friend Dr. Donald Melnick, president of the NBME, and former CHM colleagues Pat Alguire (CHM ’75) and Barb Mathes (CHM ’80). The portrait was painted by Carol Gundy Guskey of Lansing.

At the reception the creation of the Ruth Backus Hoppe, M.D. Fund was also announced. The fund will support two core components of the education of medical students: fostering skills and attitudes in conducting the doctor/patient relationship and fostering professionalism – goals toward which Dr. Hoppe has contributed funds that will be available at her death. Friends and colleagues secretly donated enough money to start the fund now.

RAPPLEY ARTICLE IN NEW ENGLAND JOURNAL OF MEDICINE

Taking a careful history, using standardized checklists to evaluate behavior, and paying attention to other mental or social conditions that may impact symptoms are among the recommendations made by Dr. Marsha Rappley, CHM associate dean for academic affairs, in a recent article published on ADHD in the New England Journal of Medicine. She explores treatment options and therapy to assist children, parents and teachers in dealing with this chronic health condition. The article, “Attention Deficit – Hyperactivity Disorder,” appears in the January 13, 2005 issue: N Engl J Med 2005: 352: 165-73 and has been downloaded from the NEJM Web site more than 68,500 times.

PENNER RECEIVES LIFETIME ACHIEVEMENT AWARD

Dr. John Penner, professor of medicine, has received a Lifetime Achievement Award from the National Hemophilia Foundation. The award cites him as the “founding father of hemophilia care in the state” of Michigan for his “significant contributions throughout his 50-year career to the care and treatment of persons with bleeding disorders. He has done pioneering work in hemophilia, and is nationally and internationally known for his work on inhibitors.”

LOEHRKE HONORED WITH HUMANISM AWARD

Dr. Mark Loehrke, associate professor of medicine at the MSU Kalamazoo Center for Medical Studies, was one of 20 physicians nationally cited for the AAMC Humanism in Medicine Award. Nominated by medical students as an “outstanding role model and mentor to us all,” Dr. Loehrke’s achievement was noted in an article in USA Today.
MSU professor earns radiology’s highest honor

Dr. Alex Gottschalk, a Michigan State University professor in the Department of Radiology who is considered a pioneer in modern medical imaging, is the recipient of the Radiology Society of North America’s (RSNA) Gold Medal, one of the field’s highest honors.

An MSU faculty member since 1989, Dr. Gottschalk received the prestigious award at the RSNA’s annual meeting, recently held in Chicago.

“It is awesome to become a Gold Medalist in this society, a group that includes many of my own role models,” said Dr. Gottschalk. “I think it also reflects well on the work we do within MSU’s Department of Radiology.”

“Alex has made great contributions to radiology and nuclear medicine over a long career, during which he has consistently published textbooks in nuclear medicine recognized for their great pedagogical value,” said Brian C. Lentle, RSNA president.

Dr. Gottschalk is currently an MSU professor of diagnostic radiology. Prior to coming to MSU, he was on faculty at Yale University, the University of California-Berkeley, and the University of Chicago, where he also was chief of the nuclear medicine section, chairman of the Department of Radiology, and director of the Argonne Cancer Research Hospital.

Dr. Gottschalk is the author or coauthor of nearly 400 publications, including peer-reviewed scientific articles, abstracts, books and book chapters. He also is the former editor-in-chief of the “Yearbook of Nuclear Medicine.”

He has served on committees for the National Heart, Lung and Blood Institute, as well as national committees for the U.S. Food and Drug Administration, the National Institute of General Medicine Sciences, and the Accreditation Council for Graduate Medical Education.

Dr. Gottschalk has been a past president of the Association of University Radiologists, the Society of Nuclear Medicine, and the Fleischner Society. He is a fellow of the American College of Radiology and the American College of Chest Physicians.

Dr. Gottschalk earned a bachelor’s degree from Harvard College and medical degree from Washington University Medical School in St. Louis.

by Tom Oswald

Alex Gottschalk, M.D., professor of radiology
Research at Michigan State University found that a new test, which provides a quicker method for determining the presence of a type of strep that can cause fatal meningitis or pneumonia in newborns, is effective more than 90 percent of the time.

The research, which was headed by Dr. Dele Davies, chairperson of CHM’s Department of Pediatrics and Human Development, is a lead article in a recent issue of the scientific journal *Clinical Infectious Diseases*.

The new molecular test, known as “real-time PCR,” quickly detects the genes of the group B streptococcus, or GBS, bacteria in pregnant women instead of relying on the bacteria to grow in a culture.

“It’s our conclusion that this test is highly sensitive and specific,” said Dr. Davies. “The results can be available in under two hours instead of the usual 48 hours for a culture. This means that in many clinics it can be used in labor-specific situations instead of cultures.”

This can be very important for women who may have contracted GBS late in their pregnancy or had no prenatal care at all. According to guidelines from the Centers for Disease Control, pregnant women should be tested for GBS at 35 weeks of pregnancy.

Unfortunately, said Dr. Davies, many women may not be tested, while others could contract the disease between the time they are tested and the time they deliver the baby.

“This is very important for women who have had no prenatal care, or women whose results, for whatever reason, were lost,” he said. “There is also a sub-set of women who deliver early and may not know the results of their tests.”

In about half of cases, if a woman is carrying strep B, she will pass it along to her baby at the time of delivery unless she receives antibiotics. Strep B can cause serious problems in newborns, including potentially fatal meningitis or pneumonia.

“Some of the symptoms can be fever, difficulty breathing and not feeding well,” Dr. Davies said. “If they get strep in the blood, it can move to the brain and result in meningitis.”

Today, due to increased testing and better diagnostic methods, less than one child in 1,000 gets the infection.

The new molecular test, known as “real-time PCR,” quickly detects the genes of the group B streptococcus, or GBS, bacteria in pregnant women instead of relying on the bacteria to grow in a culture.

In their study, Dr. Davies and colleagues from five medical centers throughout North America compared the results of the standard culture test for GBS to the new molecular test.

In 94 percent of the more than 800 women who were evaluated, the molecular test was found to be at least comparable to the standard culture test.

“Use of this test during labor is highly sensitive and specific and may lead to a further reduction in rates of neonatal GBS disease,” Dr. Davies said.

The only drawback to the molecular test, the researchers noted, is that unlike cultures, it is not able to determine whether a certain strain of strep is resistant to antibiotics.

by Tom Oswald
AAMC’s Jordan Cohen Offers MLK Day Presentation

Jordan J. Cohen, M.D., a nationally recognized advocate for diversity, health access, and affirmative action in higher education, was the 2005 Martin Luther King Day speaker for the College of Human Medicine on January 17. The president and chief executive officer of the Association of American Medical Colleges, Dr. Cohen represents 125 U.S. medical schools, nearly 400 major teaching hospitals, 98 academic and research societies, and more than 160,000 U.S. medical students and residents. Dr. Cohen’s almost 40-year career in academic medicine has included positions at some of the most prestigious institutions in the country.

Spring Commencement May 14 at Wharton Center

Donald Wilson, M.D., immediate past chair of the Association of American Medical Colleges, will be the keynote speaker for CHM graduation ceremonies, to be held from noon to 2:30 p.m. Saturday, May 14, at MSU’s Wharton Center. Dr. Wilson, the dean of the University of Maryland School of Medicine, is a founding member of the Association of Academic Minority Physicians. He was the first recipient of the AAMC’s Herbert W. Nickens M.D., Award for his dedication to the principles of diversity and equity in health care.

April 26 Symposium: The Future of Cancer Epidemiology

Two nationally prominent speakers will headline a day-long symposium, “The Future of Cancer Epidemiology: Challenges and Opportunities,” from 9:30 a.m. to 5 p.m. on April 26 at the Kellogg Center Auditorium at MSU. Douglas L. Weed, M.D., Ph.D., who is chief of the Office of Preventive Oncology and dean of education and training in the Division of Cancer Prevention at the National Cancer Institute, will present “The Future of Cancer Epidemiology.” Walter C. Willett, M.D., Dr.P.H., who is Fredrick John Stare Professor of Epidemiology and Nutrition, chairman, Department of Nutrition, Harvard School of Public Health and professor of medicine, Harvard Medical School, Brigham and Women’s Hospital, will discuss “Diet and Cancer: Past, Present, and Future.”

The symposium is sponsored by the Department of Epidemiology and the Great Lakes Cancer Institute. Other presenters include

- Victor Strecker, Ph.D., M.P.H., professor and director, Health Media Research Laboratory, Department of Health Behavior and Health Education, University of Michigan School of Public Health: “The Effectiveness of Interventions to Address Multiple Risk Behaviors”
- Ann Schwartz, Ph.D., M.P.H., associate center director, Population Sciences, Karmanos Cancer Institute and director, Metropolitan Detroit Cancer Surveillance System, and professor of internal medicine, Wayne State University School of Medicine: “The Genetic Epidemiology of Lung Cancer”
- Lois Lamerato, Ph.D., prevention and control epidemiologist, Cancer Epidemiology, Josephine Ford Cancer Center: “Utilizing Health System Information Resources for Cancer Research”
- Richard Zarbo, M.D., D.M.D., senior vice president for pathology and laboratory medicine, Henry Ford Health System: “Creating a Fresh Specimen Biorepository”
- Dorothy R. Pathak, Ph.D., M.S., professor, Departments of Epidemiology and Family Practice, MSU: “Cruciferous Vegetables and Breast Cancer Risk: Results from the Polish Women’s Health Study”
- Ellen Velie, Ph.D., M.P.H., assistant professor, Department of Epidemiology, MSU: “Adult and Early Life Body Size and Risk of Breast Cancer.”

For registration or information, contact Linda Fortin, Department of Epidemiology: (517) 353-8623 x 145 (voice), (517) 432-1130 (fax), fortinl@msu.edu. There is no cost to attend the symposium, but all participants must be registered.
## Continuing Medical Education

<table>
<thead>
<tr>
<th>Course</th>
<th>Date</th>
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<tr>
<td><strong>21st Annual Surgery Research Forum</strong></td>
<td>April 21, 2005</td>
<td>East Lansing,</td>
<td>6 CMEs</td>
<td>Sheri Clarke (517) 267-2487</td>
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<tr>
<td>For general surgeons, basic medical scientists, surgery residents, medical students, nurses, and physician assistants</td>
<td></td>
<td>Michigan</td>
<td></td>
<td>E-mail: <a href="mailto:sheri.clarke@ht.msu.edu">sheri.clarke@ht.msu.edu</a></td>
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<tr>
<td><strong>2005 Women’s Health: Clinical Update</strong></td>
<td>April 29, 2005</td>
<td>East Lansing,</td>
<td>6 CMEs</td>
<td>Diane Bannerman (517) 353-9178</td>
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<td>The Department of Medicine is offering a clinical update for health professionals in recognition of that fact that Michigan is ranked in the worst one-third of the nation for key indicators of women’s health – including lung cancer, breast cancer, obesity, diabetes, smoking and infertility. The program includes presentations on disease in Michigan women, fertility after age 35, menopausal hormone therapy, lung cancer in women, the female athlete triad, smoking cessation in women, update on obesity, and depression in women. The day will also include opportunities for morning tea with a guided nature walk through the gardens, luncheon in the atrium with harpist Morgan Dudley, and a mid-afternoon chocolate tasting.</td>
<td></td>
<td>Michigan</td>
<td></td>
<td>E-mail: <a href="mailto:diane.bannerman@ht.msu.edu">diane.bannerman@ht.msu.edu</a></td>
</tr>
<tr>
<td><strong>7th Annual Update in Headache and Pain Management</strong></td>
<td>May 5, 2005</td>
<td>Dearborn,</td>
<td>10 CMEs</td>
<td>Scott Madden (734) 677-6000</td>
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<tr>
<td>For primary care physicians, psychologists, nurses, pharmacists, students, case managers, physician assistants, and insurance rehab specialists</td>
<td></td>
<td>Michigan</td>
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<td>E-mail: <a href="mailto:smadden@mhni.com">smadden@mhni.com</a></td>
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<tr>
<td><strong>COM Sports Medicine Conference</strong></td>
<td>May 13, 2005</td>
<td>East Lansing,</td>
<td>8 CMEs</td>
<td>Jan Falls (800) 437-0001</td>
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<td>For sports medicine and primary care physicians, orthopedic surgeons, ATCs, and PTs</td>
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<td>Michigan</td>
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<td>E-mail: <a href="mailto:jan.falls@hc.msu.edu">jan.falls@hc.msu.edu</a></td>
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For more information on CME programs, see [www.chm.msu.edu/chmhome/education/cme.html](http://www.chm.msu.edu/chmhome/education/cme.html) or contact Myrna Simms, director of continuing medical education, at myrna.simms@chm.msu.edu.

For questions, please call the CME office at (517) 353-4876.
CLINICAL UPDATE IN

Women’s Health

April 29, 2005

presented by the
Department of Medicine
Michigan State University

Auditorium
MSU Radiology Building

A day-long conference covering a wide range of women’s health topics for health care professionals (See inside back cover)

CHM is accredited by the ACCME to provide continuing medical education for physicians. This activity is approved for up to 6.0 Category I CME credits. 7.6 continuing education nursing hours

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