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University of Arizona

Tucson, Arizona

Suggested Reading

Tan SL, Royston P, Campbell S, Jacobs HS, Betts J, Mason B, Edwards RG (1992). Cumulative conception and Livebirth rates after in-vitro fertilization. Lancet

For further information, call:

Physicians' Resource Line

in Tucson:

Articles

American Lung Association

A new study published by the American Lung Association has shown that surprisingly low concentrations of airborne particles can send people with asthma rushing to emergency rooms for treatment.

The Seattle-based study showed that roughly one in eight emergency visits for asthma in that city was linked to exposure to particulate air pollution.

The actual exposure levels recorded in the study were far below those deemed unsafe under federal air quality laws.

"People with asthma have inflamed airways, and airborne particles tend to exacerbate that inflammation," said Joel Schwartz, Ph.D., of the Environmental Protection Agency, who was the lead author of the study. "When people are on the threshold of having, a serious asthma attack, particles can push them over the edge."

The Seattle Study correlated 13 months of asthma emergency room visits

with daily levels of PM,,,. or particulate matter with an aerodynamic diameter of 10 microns or less. These finer particles are considered hazardous because they are small enough penetrate into the lung. Cities are considered out of compliance with clean air laws if the 24-hour average concentration of PM10 exceeds 150 micrograms per cubic millimeter of air.

In Seattle however, a link between fine particles and asthma was found at levels as low as 30 micrograms. The authors concluded that for every 30 microgram increase in the four-day average of PM10, the odds of someone with asthma needing emergency treatment increased by 12 percent.

The findings were published in the April American Review of Respiratory Disease, an official journal of the American Thoracic Society, the Lung Association's medical section.

The study is the latest in a series of recent reports to suggest that particulate matter is a greatly under appreciated health threat. A 1992 study by Dr. Schwartz and Douglas Dockery, Ph.D., of Harvard found that particles may be causing roughly 60,000 premature deaths each year in the United States. Other studies have linked particulate matter to increased respiratory symptoms and bronchitis in children.

"Government officials and the media are still very focused on ozone," says Dr. Schwartz. "But more and more research is showing that particles are bad actors as well." One problem in setting, standards for particulate air pollution is that PMIO is difficult to study. Unlike other regulated pollutants such as ozone and carbon monoxide, particulate matter is a complex and varying mixture of substances, including carbon, hydrocarbons, dust, and

acid aerosols.

"Researchers can't Put people in exposure chambers to study the effects of particulate air pollution," says Dr. Schwartz. "We have no way of duplicating the typical urban mix of particles. " Consequently, most of what is known about particulates has been learned through population-based research like the Seattle study.

Given that the EPA's current priority is to review the ozone and sulfur dioxide standards, the agency is unlikely to reexamine the PM10 standard any time soon. Until changes are made, there appears to be little people with asthma can do to protect themselves from airborne particles.

"In some areas, you can get reports on air quality, but the reports only cover the pollutant that is closest to violating its standard, and that's rarely particulate matter," says Dr. Schwartz. "However, PM10 doesn't have to be near its violation range to be unhealthy."

NIH Consensus Development Conference on Melanoma

The National Institutes of Health Consensus Development Conference on Diagnosis and Treatment of Early Melanoma brought together experts in dermatology, pathology, epidemiology, public education, surveillance techniques, and potential new technologies as well as other health care professionals and the public to address (1) the clinical and histological characteristics of early melanoma; (2) the appropriate diagnosis, management, and followup of patients with early melanoma; (3) the role of dysplastic nevi and their significance; and (4) the role of education and screening in preventing melanoma morbidity and mortality. Following 2 days of

presentations by experts and discussion by the audience, a consensus panel weighed the scientific evidence and prepared their consensus statement. Among their findings, the panel recommended that (1) melanoma in situ is a distinct entity effectively treated surgically with 0.5 centimeter margins; (2) thin invasive melanoma, less than 1 millimeter thick, has the potential for long-term survival in more than 90 percent of patients after surgical excision with a 1 centimeter margin; (3) elective lymph node dissections and extensive staging evaluations are not recommended in early melanoma; (4) patients with early melanoma are at low risk for relapse but may be at high risk for development of subsequent melanomas and should be followed closely; (5) some family members of patients with melanoma are at increased risk for melanoma and should be enrolled in surveillance programs; and (6) education and screening programs have the potential to decrease morbidity and mortality from melanoma.

A copy of the full text of the consensus panel's statement is available by calling the NIH Office of Medical Applications of Research at (301) 496-1143 or by writing to: Office of Medical Applications of Research, National Institutes of Health, Federal Building, Room 618, Bethesda, MD 20892.

NCI-Designated Cancer Centers

The Cancer Centers Program is comprised of 55 NCI-designated Cancer Centers actively engaged in multidisciplinary research efforts to reduce cancer incidence, morbidity, and mortality. Within the program, there are four types of cancer centers: basic science cancer centers (14), which engage primarily in basic cancer research; clinical cancer centers (12), which focus on

clinical research; "comprehensive" cancer centers (28), which emphasize a multidisciplinary approach to cancer research, patient care, and community outreach; and consortium cancer centers (1), which specialize in cancer prevention and control research.

Although some cancer centers existed in the late 1960s and the 1970s, it was the National Cancer Act of 1971 that authorized the establishment of 15 new cancer centers, as well as continuing support for existing ones. The passage of the act also dramatically transformed the centers' structure and broadened the scope of their mission to include all aspects of basic, clinical, and cancer control research. Over the next two decades, the centers' program grew progressively.

In 1990, there were 19 comprehensive cancer centers in the nation. Today, there are 28 of these institutions, all of which meet specific NCI criteria for comprehensive status.

To attain recognition from the NCI as a comprehensive cancer center, an institution must pass rigorous peer review. Under guidelines newly established in 1990, the eight criteria for "comprehensiveness" include the requirement that a center have a strong core of basic laboratory research in several scientific fields, such as biology and molecular genetics, a strong program of clinical research, and an ability to transfer research findings into clinical practice.

Moreover, five of the criteria for comprehensive status go significantly beyond that required for attaining a Cancer Center Support Grant (also referred to as a P30 or core grant), the mechanism of choice for supporting the infrastructure of a cancer center's operations. These criteria encompass strong participation in NCI-designated high-priority clinical trials,

significant levels of cancer prevention and control research, and important outreach and educational activities--all of which are funded by a variety of sources.

The other types of cancer centers also have special characteristics and capabilities for organizing new programs of research that can exploit important new findings or address timely research questions.

Of the 55 NCI-designated Cancer Centers, 14 are of the basic science type. These centers engage almost entirely in basic research, although some centers engage in collaborative research with outside clinical research investigators and in cooperative projects with industry to generate medical applications from new discoveries in the laboratory.

Clinical cancer centers, in contrast, focus on both basic research and clinical research within the same institutional framework, and frequently incorporate nearby affiliated clinical research institutions into their overall research programs. There are 12 such centers today.

Finally, consortium cancer centers, of which there is one, are uniquely structured and concentrate on clinical research and cancer prevention and control research. These centers interface with state and local public health departments for the purpose of achieving the transfer of effective prevention and control techniques from their research findings to those institutions responsible for implementing population-wide public health programs. Consortium centers also are heavily engaged in collaborations with institutions that conduct clinical trial research and coordinate community hospitals within a network of cooperating institutions in clinical trials.

Together, the 55 NCI-Designated Cancer Centers continue to work toward creating new and innovative approaches to cancer research, and through interdisciplinary efforts, to effectively move this research from the laboratory into clinical trials and into clinical practice.

Comprehensive Cancer Centers (Internet addresses are given where available)

University of Alabama at Birmingham Comprehensive Cancer Center
Basic Health Sciences Building, Room 108
1918 University Boulevard
Birmingham, Alabama 35294

University of Arizona Cancer Center
1501 North Campbell Avenue
Tucson, Arizona 85724
Internet: syd@azcc.arizona.edu

Jonsson Comprehensive Cancer Center
University of California at Los Angeles
200 Medical Plaza
Los Angeles, California 90027

Internet: rick@jccc.medsch.ucla.edu

Kenneth T. Norris Jr. Comprehensive Cancer Center
University of Southern California
1441 Eastlake Avenue
Los Angeles, California 90033-0804

Yale University Comprehensive Cancer Center
333 Cedar Street

New Haven, Connecticut 06510

Lombardi Cancer Research Center

Georgetown University Medical Center

3800 Reservoir Road, N.W.

Washington, D.C. 20007

Sylvester Comprehensive Cancer Center

University of Miami Medical School

1475 Northwest 12th Avenue

Miami, Florida 33136

Internet: hlam@mednet.med.miami.edu

Johns Hopkins Oncology Center

600 North Wolfe Street

Baltimore, Maryland 21205

Dana-Farber Cancer Institute

44 Binney Street

Boston, Massachusetts 02115

Internet: Kristie_Stevenson@macmailgw.dfci.harvard.edu

Meyer L. Prentis Comprehensive Cancer Center of Metropolitan

Detroit

110 East Warren Avenue

Detroit, Michigan 48201

Internet: cummings%oncvx1.dnet@rocdec.roc.wayne.edu

University of Michigan Cancer Center

101 Simpson Drive

Ann Arbor, Michigan 48109-0752

BITNET: kallie.bila.michels@um.cc.umich.edu

Mayo Comprehensive Cancer Center

200 First Street Southwest

Rochester, Minnesota 55905

Norris Cotton Cancer Center

Dartmouth-Hitchcock Medical Center

One Medical Center Drive

Lebanon, New Hampshire 03756

BITNET: edward.bresnick@dartmouth.edu

Roswell Park Cancer Institute

Elm and Carlton Streets

Buffalo, New York 14263

Columbia University Comprehensive Cancer Center

College of Physicians and Surgeons

630 West 168th Street

New York, New York 10032

Internet: janie@cuccfa.ccc.columbia.edu

Memorial Sloan-Kettering Cancer Center

1275 York Avenue

New York, New York 10021

Kaplan Cancer Center

New York University Medical Center

462 First Avenue

New York, New York 10016-9103

UNC Lineberger Comprehensive Cancer Center

University of North Carolina School of Medicine

Chapel Hill, North Carolina 27599

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Duke Comprehensive Cancer Center

P.O. Box 3814

Durham, North Carolina 27710

Cancer Center of Wake Forest University at the Bowman Gray School

of Medicine

300 South Hawthorne Road

Winston-Salem, North Carolina 27103

Internet: ccwfumail@phs.bgsm.wfu.edu

Ohio State University Comprehensive Cancer Center

300 West 10th Avenue

Columbus, Ohio 43210

Internet: dyoung@magnus.acs.ohio-state.edu

Fox Chase Cancer Center

7701 Burholme Avenue

Philadelphia, Pennsylvania 19111

Internet: s_davis@fccc.edu

University of Pennsylvania Cancer Center

3400 Spruce Street

Philadelphia, Pennsylvania 19104

Pittsburgh Cancer Institute

200 Meyran Avenue

Pittsburgh, Pennsylvania 15213-2592

The University of Texas M.D. Anderson Cancer Center

1515 Holcombe Boulevard

Houston, Texas 77030

Vermont Cancer Center

University of Vermont

1 South Prospect Street

Burlington, Vermont 05401

Fred Hutchinson Cancer Research Center

1124 Columbia Street

Seattle, Washington 98104

Internet: sedmonds@cclink.fhcrc.org

University of Wisconsin Comprehensive Cancer Center

600 Highland Avenue

Madison, Wisconsin 53792

BITNET: carbone@uwccc.biostat.wisc.edu

Clinical Cancer Centers

University of California at San Diego Cancer Center

225 Dickinson Street

San Diego, California 92103

Internet: dedavis@ucsd.edu

City of Hope National Medical Center

Beckman Research Institute

1500 East Duarte Road

Duarte, California 91010

(818) 359-8111 ext. 2292

University of Colorado Cancer Center

4200 East 9th Avenue, Box B188

Denver, Colorado 80262

University of Chicago Cancer Research Center

5841 South Maryland Avenue, Box 444

Chicago, Illinois 60637

Internet: judith@delphi.bsd.uchicago.edu

Albert Einstein College of Medicine

1300 Morris Park Avenue

Bronx, New York 10461

University of Rochester Cancer Center

601 Elmwood Avenue, Box 704

Rochester, New York 14642

Internet: rickb@wotan.medicine.rochester.edu

Ireland Cancer Center Case Western Reserve University

University Hospitals of Cleveland

2074 Abington Road

Cleveland, Ohio 44106

Roger Williams Cancer Center

Brown University

825 Chalkstone Avenue

Providence, Rhode Island 02908

St. Jude Children's Research Hospital

332 North Lauderdale Street

Memphis, Tennessee 38101-0318

Internet: meyer@mbcf.stjude.org

Institute for Cancer Research and Care

4450 Medical Drive

San Antonio, Texas 78229

Utah Regional Cancer Center

University of Utah Health Sciences Center

50 North Medical Drive, Room 2C110

Salt Lake City, Utah 84132

BITNET: hogan@cc.utah.edu

Massey Cancer Center

Medical College of Virginia

Virginia Commonwealth University

1200 East Broad Street

Richmond, Virginia 23298

Consortia

Drew-Meharry-Morehouse Consortium Cancer Center

1005 D.B. Todd Boulevard

Nashville, Tennessee 37208

General Announcments

This is to announce the establishment of an FTP site at the University of

California, for the collection of shareware, public-domain software and other information relating to Medical Education.

Specifically, we are interested in establishing this site as a clearinghouse for personally developed software that has been developed for local medical education programs. We welcome all contributions that may be shared with other users.

To connect to the UCI Medical Education Software Repository, ftp to:

The Repository currently offers both MSDOS and Macintosh software, and we hope to support other operating systems (UNIX, MUMPS, AMIGA?).

Uploads are welcome. We actively solicit information and software which you have personaly developed or have found useful in your local medical education efforts, either as an instructor or student.

Once you have connected to the site via FTP, cd (change directory) to either the med-ed/mac/incoming or the med-ed/msdos/incoming directories, change the mode to binary and "send" or "put" your files. Note that you won't be able to see the files with the "ls" or "dir" commands. Please compress your files as appropriate to the operating system (ZIP for MSDOS; Compactor or something similar for Macintosh) to save disk space.

After uploading, please send email to Steve Clancy (slclancy@uci.edu) (for MSDOS) or Albert Saisho (saisho@uci.edu) (for MAC) describing the file(s) you have uploaded and any other information we might need to describe it.

Note that we can only accept software or information that has been designated as shareware, public-domain or that may otherwise be distributed freely.

Please do not upload commercial software! Doing so may jeopardize the existence of this FTP site.

If you wish to upload software for other operating systems, please contact

either Steve Clancy, M.L.S. or Albert Saisho, M.D. at the addresses above.

AIDS News Summaries

AIDS Daily Summary

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse makes available the following information as a public service only. Providing this information does not constitute endorsement by the CDC, the CDC Clearinghouse, or any other organization. Reproduction of this text is encouraged; however, copies may not be sold.

April 12, 1993

"NIH Set to Test Multiple AIDS Vaccines" Reuters (04/08/93) (Frank, Jacqueline)

Washington--The Clinton administration will permit the National Institutes of Health to test multiple AIDS vaccines instead of only allowing the Army to test a single vaccine, administration sources said Thursday. The decision ends the controversy between Army AIDS researchers who had hoped to test a vaccine made by MicroGeneSys Inc. and the National Institutes of Health, which contended that multiple vaccines should be tested. Health and Human Services Secretary Donna Shalala said a final announcement on the therapeutic vaccine trials was expected to be made last Friday. Companies including Genentech Inc., Chiron Corp., and Immuno AG have already told NIH that they are prepared to participate in the vaccine tests. The testing is intended to demonstrate whether AIDS vaccines are effective in thwarting the replication of HIV in patients already infected. Shalala refuted last week's

reports that the Clinton administration had decided the Army's test of the MicroGeneSys VaxSyn should proceed without tests of others at the same time. "The report was inaccurate, and I expect there to be some announcement in the next 24 hours about that particular AIDS research project," said Shalala. Administration sources subsequently confirmed that NIH director Dr. Bernadine Healy and Food and Drug Administration Commissioner David Kessler had convinced the White House that multiple vaccines should be tested simultaneously. But MicroGeneSys president Frank Volvovitz said a test of multiple vaccines could triple the cost of the trial and delay it by two years.

"The Limits of AZT's Impact on HIV" U.S. News & World Report (04/12/93) Vol. 114, No. 14, P. 18

AZT has become the most widely used drug to fight AIDS since it was approved by the Food and Drug Administration in 1987. Burroughs Wellcome, the manufacturer of AZT, made $338 million last year alone from sales of the drug. However, a team of European researchers recently reported that although HIV-positive patients taking AZT demonstrated a slightly lower risk of developing AIDS within the first year of treatment, that benefit disappeared two years later. The Lancet published preliminary findings of the three-year study, which could give more reason for critics to argue the drug's cost, side effects, and general efficacy. Even though U.S. researchers concede the study was more comprehensive than American trials, many argue the European researchers' suggestion that HIV-positive patients experience little improvement in their illness before the development of

AIDS symptoms. In addition, researchers have long been familiar with the

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