# About Ochsner

*Patrick J. Quinlan, MD*

## Ochsner Clinic Confirms CEO

In March, the physician partnership of Ochsner Clinic voted Patrick J. Quinlan, MD, to the position of Chief Executive Officer of Ochsner Clinic. Dr. Quinlan has played a pivotal role in the organization serving as interim CEO and, previously, Chief Medical Officer.

As CEO of Ochsner Clinic, Dr. Quinlan is responsible for ongoing commercial and medical operations, strategic development and operations of Ochsner Clinic and the Ochsner Health Plan, and the Clinic's relationships with the Alton Ochsner Medical Foundation and other business partners.

Ochsner Clinic, based in New Orleans, employs 430 physicians and 2000 staff in 32 clinic locations throughout southeast Louisiana and Baton Rouge.

Prior to joining Ochsner Clinic, Dr. Quinlan served as the Chief Medical Officer of Lovelace Health Systems in Albuquerque, New Mexico. He earned his BA in Economics at the University of Texas at Austin and received his MD from the University of Texas Medical Branch at Galveston. Dr. Quinlan completed his internship at Carraway Methodist Center in Birmingham, Alabama and his Dermatology residency at the University of Alabama.

## Measuring the Risk of Stroke: A Faster, Cheaper Screening

A team of radiologists from across the country, led by Ochsner's Edward Bluth, MD, Chairman of the Department of Radiology, has developed a faster, cheaper screening test for carotid stenosis that compares with mammography in its accuracy (89%), cost-effectiveness ($50-$80), and speed (5-7 minutes). Using ultrasound power doppler imaging (PDI) technology to visualize and measure blood flow through the carotid arteries, the team has been able to identify asymptomatic patients at risk of stroke and limit expensive testing procedures to those patients truly at risk. Patients with PDI screenings demonstrating greater than 40% stenosis are referred for a more detailed examination. The study (Bluth et al, *Radiology*, June 2000) suggests that PDI screening should focus on patients with at least one risk factor in addition to age (smoking, high blood pressure, high cholesterol).

Stroke is the third leading cause of death in the United States according to a 1997 US Census Report. For more information contact Ochsner's Department of Radiology at 504 842-3450.

# CME Calendar

For more information on any of these events, call Ochsner's CME Department at 800 778-9353 or 504 842-3702. Online registration is also available at www.ochsner.org/gmeweb/cme.

**July 31-August 5, 2000**

## 22nd Annual New Orleans Internal Medicine Board Review Course

**Hyatt Regency, New Orleans, Louisiana**
**Co-Sponsors: LSUMC Foundation and Tulane University Medical Center**
**Conference Co-Directors: Edward D. Frohlich, MD, Russell Klein, MD, and N. Kevin Krane, MD**
**Program Coordinator: Danielle DeGrushe**

The Board Review is designed for internists as a comprehensive review of internal medicine as preparation for taking the American Board of Internal Medicine Certification and Recertification Examinations or as a review for Board-certified physicians. After participating in this educational activity, the registrant should be better able to: diagnose and treat the diseases of the adult population, implement strategies of prevention of diseases, and successfully take the board exam. The host this year is LSUMC. For registration information, please telephone LSUMC, Continuing Medical Education at 800 648-5272.

**August 11-12, 2000**

## Colorectal Surgery: Issues and Updates; Piedmont Society Meeting

**The Greenbriar, White Sulphur, West Virginia**
**Conference Director: Frank Opelka, MD**
**Program Coordinator: Brandi Orgeron**

This conference is targeted to General and Colorectal Surgeons and Residents, and it provides a forum for disseminating information and for encouraging open discussion between the society members and the academic surgeons. The small forum promotes the dialogue surrounding the controversial treatment and diagnostic issues. The Alton Ochsner Medical Foundation designates this educational activity for a maximum of 7 hours of Category 1 credit towards the AMA Physician's Recognition Award. The registration fee for this conference is $200.00.

**September 17, 2000**

## Outpatient Management and Prevention of Deep Vein Thrombosis with Lower Molecular Weight Heparin

**Held in conjunction with the Primary Medicine Today Conference**
**Hynes Convention Center, Boston, MA**
**Conference Director: Steven Deitelzweig, MD**
**Program Coordinator: Jocelyn Arnold**

This symposium has been designed to meet the educational needs of physicians who provide care to patients at risk for developing deep vein thrombosis. The Alton Ochsner Medical Foundation designates this educational activity for a maximum of 1.5 hours in category 1 credit towards the AMA Physician's Recognition Award.

**September 30, 2000**

## Endoscopic Diagnosis and Treatment of Gastrointestinal Bleeding

**Joint Sponsor: Boston Scientific/Microvasive**
**Brent House Hotel, New Orleans, LA**
**Conference Director: James Smith, MD**
**Program Coordinator: Brandi Orgeron**

This conference is designed for Gastrointestinal Endoscopists at the level of the practitioner and fellow. The content of the sessions has been selected to focus on the clinical presentation of gastrointestinal bleeding. Specific techniques will be covered during lectures and hands-on workshops. This conference is limited to the first 50 registrations received. There will be a $25.00 registration fee per participant. Microvasive has provided support for the $300.00 conference fee per participant. The Alton Ochsner Medical Foundation designates this educational activity for a maximum of 7.5 hours in category 1 credit towards the AMA Physician's Recognition Award.

**October 2-5, 2000**

**Windows on Healthcare VI: IT Tools and Strategies for Physicians and Other Healthcare Professionals**

**The Hilton Hotel, Las Vegas, NV**

**Conference Director: Lawrence Blonde, MD**

**Program Coordinator: Jocelyn Arnold**

The purpose of the Windows on Healthcare Physician Track is to increase awareness of existing IT tools and the value that they can bring to the clinical environment. This program particularly emphasizes the increasing application of the Internet to every component of healthcare.

**October 20-22, 2000**

**Pearls and Pitfalls for Primary Care Physicians**

**Hilton Hotel, Baton Rouge, LA**

**Conference Director: Harold L. Ishler, Jr., MD**

**Program Coordinator: Danielle DeGrushe**

This conference is designed for physicians in family practice, general internal medicine, and pediatrics. This conference features new innovative, yet practical approaches designed to assist primary care physicians, physician assistants, and physicians in training in understanding and working with new alternatives. Topics that relate to common illnesses and problems faced by primary care physicians/providers will be presented in a format to permit easy recognition of evolving, new concepts of patient care.


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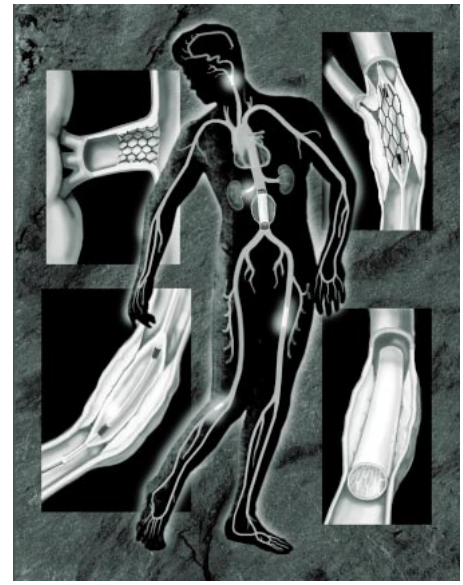

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# Ongoing Clinical Protocols at Ochsner

At any given time, there are between 600 and 800 active clinical trials taking place at Ochsner Clinic and Ochsner Foundation Hospital. A selected few are listed here. Those with patients meeting the listed criteria for a given trial, please call the contact numbers for more information on enrollment. For more information about Ochsner's research programs, please call Ochsner Research Administration at 540 842-3265.

## Breast Cancer

**Sponsor:** National Surgical Adjuvant Breast and Bowel Project
**Contact:** Carl G. Kardinal, MD 504 842-3708
Kate Roger, RN 504 842-3708

**Title:**
**NSABP B-31: A randomized trial comparing the safety and efficacy of adriamycin and cyclophosphamide followed by taxol (T+h) to that of adriamycin and cyclophosphamide followed by taxol plus herceptin (T+H) in node-positive breast cancer patients who have tumors that over-express HER2.**

**Study Design:**
This study, involving 2700 patients, will be conducted in two stages. The primary aim of the first stage is to evaluate cardiac safety and determine the toxicities of adding weekly Herceptin to four cycles of adjuvant Taxol after completion of four cycles of Adriamycin and cyclophosphamide, with or without 5 years of treatment with tamoxifen. Provided that the incidence of cardiac toxicity in the study arm falls within the boundaries set by the protocol, the study will proceed to the second stage, which is to evaluate the efficacy of adding Herceptin to chemotherapy in prolonging survival. The Herceptin will be given weekly for one year.

**Inclusion Criteria:**
Eligible patients must have invasive adenocarcinoma of the breast that is confined to the breast and ipsilateral axilla on clinical exam; patients must also have at least one axillary lymph node that is positive on routine histologic examination. Patients must have had either: 1) a mastectomy and axillary dissection, or 2) lumpectomy with tumor-free margins and axillary dissection. ER/PgR may be positive or negative. Must have normal LVEF.

**Exclusion Criteria:**
Patients with known sensitivity to benzyl alcohol are ineligible. Patients with sensory/motor neuropathy >grade 2, as defined by NCI's Common Toxicity Criteria, are ineligible. Inadequate hepatic function reflected in lab values unless investigator determines them to be clinically unremarkable.

## Breast Cancer (STAR Trial)

**Sponsor:** National Surgical Adjuvant Breast and Bowel Project
**Contact:** Carl G. Kardinal, MD 504 842-3708
Kate Roger, RN 504 842-3708

**Title:**
**Study of Tamoxifin and Raloxifene for the prevention of breast cancer.**

**Inclusion Criteria:**
Postmenopausal women age 35 or older.
Must be risk eligible determined by the Gail Model:
family history of breast cancer; age; nulliparous; having a first child after age 30; early menarche; history of benign breast disease requiring biopsies; LCIS or atypical hyperplasia.

## CMV Prevention in Transplants

**Sponsor:** Roche Global Development
**Contact:** Sandra Kemmerly, MD 504 842-4005

**Title:**
**A randomized, double-blind, double-dummy, active-comparator-controlled, multicenter study of the efficacy and safety of valganciclovir (Ro 107-9070) vs. oral ganciclovir for prevention of cytomegalovirus disease in high-risk heart, liver, and kidney allograft recipients (Protocol PV16000).**

**Inclusion Criteria:**
- Has received first heart, liver, kidney, or kidney-pancreas allograft
- Seronegative for CMV pretransplant and has received an allograft from a CMV-seropositive donor
- Adequate hematological and renal function
- Able to tolerate oral medication within 10 days posttransplantation

**Exclusion Criteria:**
- History of CMV infection
- Has received anti-CMV therapy in the past 30 days
- Allergic adverse reaction to acyclovir, ganciclovir, or valacyclovir

## Chronic Renal Failure

**Sponsor:** Shire Laboratories
**Contact:** Shannon Anderson, LPN 504 842-6526

**Title:**
**An open label, randomized, multicenter, phase III, comparator-controlled parallel group study to assess the long-term safety and efficacy of lanthanum carbonate in chronic renal failure patients receiving hemodialysis.**

**Objective:**
Safety in chronic renal failure patients with hyperphosphatemia on hemodialysis will be evaluated by monitoring biochemical and hematological parameters, adverse events, vital signs, physical examination, and psychometric assessments.

**Inclusion Criteria:**
- $\geq$ 12 years of age and able to give written informed consent prior to beginning specific protocol procedures (patient or guardian)
- Initiative and means to be compliant with the protocol
- Received hemodialysis for chronic renal failure 3 times per week for at least the previous 2 months

**Exclusion Criteria:**
- Pregnant or lactating
- Does not agree to use effective birth-control methods
- Hypocalcemia at screening
- Clinically significant abnormal laboratory values at screening (excluding markers of pathologies associated with chronic renal failure)
- Clinically significant, uncontrolled, concurrent illness, which would impair patient ability to give informed consent or take part in this clinical study
- Any significant gastrointestinal surgery or gastrointestinal disorders including GI bleeding within last 6 months, Crohn's disease or other conditions where the integrity of the GI tract may be compromised, uncontrolled peptic ulcer, past (treated within past 5 years) or present GI malignancy
- Elevated serum transaminases (ALT or AST) > 3 times the upper limit of normal
- Life threatening malignancy or current multiple myeloma
- HIV positive
- Exposure to an experimental drug within 30 days prior to screening
- Treated with any phosphate binder after the washout period prior to randomization

## Diabetes

**Sponsor:** Pfizer
**Contact:** Marilyn Carleton 504 842-2811

**Title:**
**Efficacy and safety of inhaled human insulin therapy in subjects with type 2 diabetes mellitus not optimally controlled with diet and exercise: a 3-month, outpatient, parallel comparative trial.**

**Inclusion Criteria:**
- Diagnosed type 2 (adult onset) diabetes at least 2 months
- On diet & exercise only as diabetic treatment
- Age 35-80
- Nonsmoker for at least 6 months
- Willing to perform blood glucose testing at home

**Exclusion Criteria:**
- Respiratory disease, major organ system disease, or cancer within past 5 years
- Use of glucocorticoids
- Body Mass Index >40

A home glucose meter & supplies are supplied during the study period.

Ochsner Clinic is the only site in the area currently conducting inhaled insulin studies using experimental powdered form insulin with a device similar to an asthma inhaler for treating type 2 diabetes. Subjects who successfully complete this 3-month trial will be eligible to receive Inhaled Insulin treatment in a long-term, open-label trial.

## Erectile Dysfunction

**Sponsor:** Bayer Corporation
**Contact:** Harold A. Fuselier, MD 504 842-4083

**Title:**
**A randomized, double-blind, placebo-controlled, multicenter, fixed-dose, parallel group, 6-month comparison study to investigate the efficacy and safety of the Phosphodiesterase Type V Inhibitor Bay 38-9456 in males with erectile dysfunction (IND #57,703).**

**Inclusion Criteria:**
Males with ED for more than 6 months;stable, heterosexual relationship; age range 18 years or older

**Exclusion Criteria:**
- Medical Conditions: Penile anatomical abnormalities; primary hypoactive sexual desire; ED after spinal cord injury; history of radical prostatectomy; retinitis pigmentosa; hepatitis B or C; chronic heart, hematological, or liver disease; unstable angina pectoris; history of MI, stroke, EKG ischemia or arrhythmia within 6 months; PUD within 1 year; resting systolic B/P <90 mmHg or resting systolic B/P >170 mmHg or a resting diastolic B/P >110 mmHg; uncontrolled diabetes mellitus, hyperthyroidism or hypothyroidism; severe migraine headaches; history of malignancy < 5 years (except prostate cancer or squamous or basal cell skin cancer)
- Concomitant Meds:Nitrates, antiandrogens, ketoconazole, erythromycin, or rifampin; anticoagulants, except for antiplatelet agents; androgens or trazodone; Viagra® or other therapy for ED within 7 days of visit 1; HIV protease inhibitors
- Abnormal Lab Values: Total testosterone <285 ng/dL; LFT and creatinine, 3 times upper limit of normal and 2.5 mg/dL, respectively
- Other: Viagra® failures

*All office visits, laboratory tests, x-rays, EKGs, study medication, and parking fees are provided at no charge to the patient.*

## Hemodialysis

**Sponsor:** R&D Laboratories
**Contact:** Jamie Foret, RN, BSN 504 842-6062

**Title:**
**Crossover, randomized, blinded, prospective, multicenter clinical evaluation of the rate of adverse events to Ferrlecit® in hemodialysis patients as compared to placebo and historical controls; Protocol: FER9803.**

**Objective:**
To compare events defined as Outcomes Adverse Events (Outcomes AEs), Life-threatening Adverse Events (LAEs) after Ferrlecit® administration to two controls: (1) Outcome AE and LAEs after placebo; (2) to the same defined events identified from an historical control after iron dextran administration. To compare the incidence of all allergic reactions (as defined in sections 13.2) following Ferrlecit® administration and those following placebo administration. To assess the safety of administration of Ferrlecit® at a rate of 12.5 mg/min (the rate generally used in Europe).

**Study Design:**
Study of the safety of sodium ferric gluconate complex in sucrose infection (Ferrlecit®) in iron deficient, anemic, hemodialysis patients versus two controls-placebo and an historical control rate identified from a meta-analysis of publications describing rates of events from iron dextran.

**Inclusion Criteria:**
- Adult hemodialysis patient who can provide written informed consent
- On supplemental erythropoietin therapy for > 120 days
- Physician-identified need for at least 125 mg of elemental intravenous iron as defined by:
  - Hematocrit < 36% or hemoglobin < 12.5 gm/dL; serum apoferritin < 800 ng/mL and transferrin saturation <50% (values should be obtained within the week preceding HD#2)
- Chronic hemodialysis for > 120 days for a diagnosis of End Stage Renal Disease

**Exclusion Criteria:**
- Prior treatment with Ferrlecit
- Known sensitivity to benzyl alcohol
- First use of a dialyzer membrane
- Acute or chronic therapy with antihistamines or corticosteroids
- Clinical instability defined as: Dialysis for fluid removal at a rate of > 1 L/hour; Kt/V < 1.2 or URR < 65%; serum albumin ≤3.0 gm/dL; history of repeated missed dialysis sessions; unstable angina; history or symptoms of cerebral vascular insufficiency; inability to achieve normal oxygen saturation; blood sugar > 400 mg/dL or < 50 mg/dL in preceding 2 weeks; hospitalization within 30 days of HD session #1 (except for vascular access repair)
- Use of an Investigational Agent within 7 days of HD session #1

## Hemodialysis

**Sponsor:** VascA Inc.
**Contact:** Shannon Anderson, LPN 504 842-6526

**Title:**
**VascA LifeSite™ Hemodialysis Access System, an extended investigation; Protocol # TF 0400 Extension.**

**Study Design**
Open-label, prospective, multicenter, longitudinal clinical trial to evaluate the safety and efficacy of the VascA LifeSite™ device (a cannula and a subcutaneous valve with a needle actuated pinch clamp) as defined by the ability to provide blood access during hemodialysis. Data will be collected (3 times per week) at baseline, during implant, at initiation (Week 0), Week 2, Week 4, and at 1-month intervals for up to 12 months and quarterly thereafter for the life of the device.

**Inclusion Criteria:** (All inclusion and exclusion criteria must be met for a subject to be eligible for enrollment.)
- Requires immediate vascular access for hemodialysis while awaiting maturation or surgical creation of a permanent AV fistula or graft
- ≥ 18 years old
- Has a history of compliance with a dialysis treatment schedule or, if a new patient, expresses a willingness to be compliant with the treatment schedule
- Plans to continue hemodialysis treatment and follow-up at the investigational site
- Must be able to care for the exit site independently or have someone who is able to care for the site for them
- Must sign the informed consent document

**Exclusion Criteria:**
- A patient having had any infection associated with one or more positive blood cultures is not eligible until 14 days after blood cultures have become negative and clinical resolution of the episode has occurred
- Systemic or localized infection that is unresponsive to antibiotic therapy and/or is life threatening
- Any infection associated with the implantation site
- Local tissue factors that will prevent proper device stabilization and/or access (e.g., lack of adequate subcutaneous tissue to stabilize the valve or cannula)
- Known or suspected allergy to the device materials (titanium alloy, stainless steel, or silicone)
- Pregnant
- Known intravenous drug abuser

## Macular Degeneration

**Sponsor:** University of Pennsylvania Health System
**Contact:** Laurence Arend, MD 504 842-3995
Nancy Plater, COA 504 842-4706

**Title:**
**Radiation of age-related macular degeneration study.**

**Inclusion Criteria:**
- ≥40 years of age
- Angiographic evidence of classic, occult, or mixed CNV
- Blood, if any, obscures <50% of total lesion in the study eye
- Visual acuity ≥ 20/320 in the study eye

**Exclusion Criteria:**
- Signs of other diseases causing CNV in the study eye, such as ocular histoplasmosis, high myopia, or angioid streaks
- Previous chemotherapy, diabetes, or periorbital or ocular radiation

## Male Pattern Hair Loss

**Sponsor:** Merck and Co.
**Contact:** Aura Cole 504 842-4744

**Title:**
**A double-blind, placebo-controlled multicenter study to determine the effect of finasteride in men with advanced male pattern hair loss.**

**Study Design:** 2-year study to determine the effect of 1 mg of finasteride on advanced male pattern hair loss.

**Inclusion Criteria:**
- Healthy male 18-41 years of age
- Advanced hair loss (extensive frontal or overall)
- Willing to maintain the same hair style and use same hair products for length of study

**Exclusion Criteria:**
- History of previous treatment with any other investigational drug(s) 3 months prior to beginning study
- History of treatment with (finasteride) Proscar or Propecia, or any other five alpha reductase inhibitors (i.e. saw palmetto)
- Scalp hair loss due to reasons other than androgenic alopecia

## Prostate Cancer

**Sponsor:** Barr Laboratories, Inc.
**Contact:** Harold A. Fuselier, MD 504 842-4083

**Title:**
**A phase III, randomized, multicenter, placebo-controlled, double blind clinical trial to study the efficacy and safety of CyPat® cyproterone acetate for the treatment of hot flashes following surgical or chemical castration of prostate cancer patients and its impact on the quality of life in these patients.**

**Inclusion Criteria:**
>18 years of age; bilateral orchiectomy or using an LHRH agonist; bothersome hot flashes (defined as 3-4 moderate to severe per day or 30 per week) present for at least 1 month prior to study entry; ECOG score between 0-1; life expectancy >12 months

**Exclusion Criteria:**
Any of the following therapies require a 4-week washout: antineoplastic/cytotoxic agents, estrogens, antiandrogens, progestational agents, corticosteroids, clonidine, monoamine oxidase inhibitors; uncontrolled diabetes mellitus; known cardiovascular risks; thromboembolic disease; hepatic and/or renal dysfunction; other malignancy in the last 5 years

*All office visits, laboratory tests, study medication, and parking fees are provided at no charge to patients.*

## Renovascular Hypertension Stent

**Sponsor**: IntraTherapeutics
**Contact**: J. Stephen Jenkins, MD 504 842-3724

**Title:**
**Clinical study protocol of the ITI renal stent for the treatment of renovascular hypertension.**

**Inclusion Criteria**:
At least a 70% stenosis of a renal artery, severe renovascular hypertension (SBP>140 mmHg, DBP>90 mmHg on two classes of antihypertensive medications)

**Exclusion Criteria**:
Renal artery <4mm or >8mm, creatinine >3.0 mg/dL, kidney length <7cm, contraindication to antiplatelet therapy, pregnant females, acute intraluminal thrombus of proposed lesion, previous ipsilateral bypass of the renal artery under consideration, pt. has only one kidney, previous kidney transplant, abdominal aortic aneurysm >5cm.

## Rheumatoid Arthritis

**Sponsor:** Immunex Corp.
**Contact:** William Davis, MD 504 842-3920

**Title:**
**Immunex Protocol 16.0029: double-blind, randomized, placebo-controlled study of Enbrel® (etancerept) in the treatment of rheumatoid arthritis subjects with comorbid disorders (Immunex Corp.).**

**Inclusion Criteria:**
- Adults (at least 18 years of age) capable of giving informed consent who: fulfill 1987 American Rheumatism Association criteria for RA, may benefit from Enbrel®, and are able to self-inject study drug (or have designee who can do so)
- Documented comorbidity including one of the following: diabetes mellitus requiring insulin or oral hypoglycemic agents; chronic pulmonary disease; pnuemonia in the last year; recurrent bronchitis, sinusitus, or UTI (2 or more episodes in the last year)
- Heterosexually active men and women and of childbearing potential agreeing to use medically accepted form of contraception throughout study and follow-up period
- Negative serum pregnancy test in all women (except those sugically sterile or at least 5 years menopausal
- SGOT, SGPT ≤ two times laboratory's upper limit of normal; hemoglobin ≥ 8.5 g/dL; platelet count ≥ 125,000/cu mm; white blood cell count ≥ 3,500 cells/cu mm; serum creatinine ≤ 2 mg/dL

**Exclusion Criteria:**
- Receipt of: TNFα antibody or experimental metalloproteinase inhibitors (except minocycline or doxtclycline); investigational drugs or biologics within 4 weeks of screening; anti-CD4 or diptheria IL-2 fusion protein within the previous 6 months with a subsequent abnormal absolute T cell count; introarticular corticosteroids during the 2 weeks prior to screening; cyclosporine, thalidomide, or azathioprine within 4 weeks or cyclophosphamide within 6 months before the first dose of the study drug; NSAID dose greater than the maximum recommended in product information; concomtitant corticosteroids > 10 mg/d (prednisone or equivilant)
- Pregnant breast-feeding females
- Significant concurrent medical diseases including: serious infection, open cutaneous ulcers,concurrent antibiotic treatment, MI in past year, angina pectoris, uncontrolled hypertension, severe pulmonary disease, history of cancer (other than resected cutaneous basal and squamous cell carcinoma, or in situ cervical cancer) within 5 years, HIV positive, connective tissue disease other than RA
- Current or history of psychiatric disease or alcohol or drug abuse that could interfere with study compliance

# Information for Authors

***The Ochsner Journal*** is pleased to receive manuscripts presenting practically applicable, scientific information relevant to practicing primary care physicians. All submitted manuscripts are subject to peer review by the editorial board and other experts. The final decision on publication is made by the editor-in-chief and/or the issue editor. In addition to accepting submissions on any topic for the April 2001 issue (deadline: November 6, 2000), we are currently accepting submissions for the following topic issues:

**January 2001**, *The Physician as Practitioner, Researcher, and Educator: Directions and Challenges for the Future.* This issue will explore the challenges facing medical education in the coming years and propose possible solutions to pressing problems. Deadline: August 7, 2000.

**July 2001**, *Diabetes*. This issue will summarize current developments in diabetes treatment and all facets of diabetes practice management. Deadline: February 5, 2001.

***The Ochsner Journal*** intends to provide practical and applicable, scientific information on topics of great medical and societal relevance to practicing primary care physicians and physicians in training and welcomes submissions in accordance with these guidelines. The Journal accepts manuscripts that adhere to the International Committee of Medical Journal Editors Uniform Requirements for Manuscripts Submitted to Biomedical Journals, available online at www.apconline.org/journals/resource/unifreqr.htm. Address all correspondence to *The Ochsner Journal*, 1514 Jefferson Highway, New Orleans, LA 70121. The editorial offices can be reached at 504 842-6096, fax 504 842-2013, or by email at ocjournal@ochsner.org.

**Manuscripts** should be of an appropriate length to conform to our wish to feature precise, complete articles. Avoid the unnecessary use of medical jargon and abbreviations but identify all necessary abbreviations, especially laboratory and diagnostic procedures. Generic names should be used for pharmaceuticals. Hard copies of manuscripts must be double-spaced, left-justified, have margins of 1.25", and include page number and primary author in each upper right corner. Submissions should include: one hard copy, an electronic copy on diskette or by email, camera-ready copies of all figures or electronic copies at 600 dpi, photocopies of all sources/references, photo/head shot(s) of the primary author(s) [if more than two authors, only the first author's photo is needed]. Manuscripts submitted to *The Ochsner Journal* are reviewed by experts in the specific field. Authors are encouraged to identify any reviewers they feel should not be used due to potential bias. All manuscripts are subject to editorial revisions as deemed necessary by the editors to conform to the journal's style and standards. The authors clearly bear the full responsibility for all statements made and the veracity of the work reported therein.

**The Title Page** should carry: the title of the manuscript, the full name of each author and/or contributor listed in descending order of magnitude of contribution, including their academic degree(s) (only the names of those who have contributed materially to the preparation of the manuscript should be included), a 1- to 2-sentence biographical description of the author(s) (including specialty, practice location, academic appointments, primary hospital affiliation, or other credits), the date of original composition, 5 to 10 keywords for indexing purposes, and identification of sources of financial support including a declaration of any affiliations with any proprietary interests involved in the subject of the manuscript.

**The Abstract** should consist of no more than 250 words, be factual and informative rather than descriptive, intelligible on its own, contain abbreviations only when absolutely necessary, and be devoid of references. The abstract reports only what appears in the manuscript and contains a brief statement of the manuscript's purpose, the approach used, the material studied, and the results obtained.

**References** should be on separate pages immediately following the text and limited to a reasonable number. Please supply photocopies of all references. References will be critically examined at the time of review and photocopies of all sources are extremely important. All references must be cited in the text and should be arranged in order of citation. Personal communications and unpublished data should not be included in references, but should be incorporated in the text. The following form should be followed:

*Journal References:* Author(s). Title of article. Name of the journal, year of publication; volume number: inclusive page numbers.

*References to Books:* Author(s). Title, edition number. Place of publication: Publisher, year. inclusive page numbers.

**Illustrations** must be submitted in photo-ready hard copies or electronic copies of at least 600dpi. All illustrations must be referred to in the body of the text. Patients in photographic material must be unrecognizable unless specific written consent is obtained. Figure number, title of manuscript, and name of principal author should be typed on a label and affixed to the back of each illustration. Legends should be on a separate page. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend.

**Tables** should be self-explanatory and should supplement, *not duplicate*, the text. Supply a brief title for each. Place explanatory matter in footnotes, not in the heading. Identify statistical measures of variations such as standard deviation and error of the mean. Explain all nonstandard abbreviations that are used in each table in the footnotes. The standard footnote symbols, in this sequence, are: *, †, ‡, §, ‖, ¶, **, ††…

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