About Ochsner

Stolier Appointed Director of Ochsner Breast Center

Dr. Alan Stolier, surgeon and breast disease specialist, has joined Ochsner as Director of the Ochsner Breast Center, one of the most comprehensive, multi-disciplinary breast care programs in the Gulf South. He will be working alongside a team of dedicated nurse specialists, radiologists, oncologists, and surgeons to provide breast screening programs, medical oncology, surgery, and supportive services. Stolier and breast surgeons Dr. George Fuhrman and Dr. John Bolton also continue to improve breast care and surgery programs through new and innovative techniques such as sentinel node mapping, investigative treatments, and clinical trials.

"Dr. Stolier's experience and commitment will be vital in coordinating our clinical, educational, and research programs in breast diseases," said Dr. Fuhrman, Staff Surgeon and Director of the Ochsner Surgical Residency Program.

Recruiting Dr. Stolier to lead the program solidifies the Ochsner commitment to provide state-of-the-art, compassionate, and personalized breast care treatment and services for women and families in the New Orleans community and the Gulf South region.

Dr. Stolier received his medical degree from LSU and completed fellowships at M.D. Anderson Cancer Institute in Houston and Hammersmith Hospital in London. He has also worked with the LSU Stanley S. Scott Cancer Center and the Breast Center at Memorial Medical Center. Dr. Stolier began seeing patients in March.

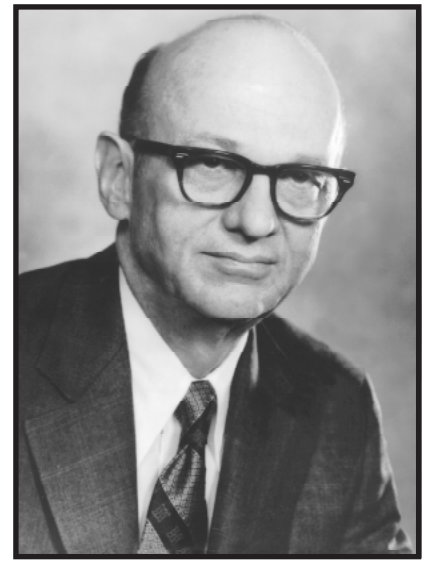
Merrill O. Hines, MD: A Remarkable Legacy

Dr. Merrill "Mo" Hines, a legend within the Ochsner organization who served in the institutions for nearly half a century, passed away December 16, 1999 at the age of 90.

Dr. Hines served as Medical Director of the Ochsner Clinic from 1959-1975, as President of Alton Ochsner Medical Foundation from 1968-1974, and as Chairman of the Foundation Board from 1974-1980. He guided the development of Ochsner Clinic in its formative years and coordinated the construction of the clinic building, as well as the consolidation of all the facilities on the Jefferson Highway campus.

Before joining the Ochsner Clinic, Dr. Hines served as a battalion surgeon in North Africa and Sicily during World War I and in General Patton's Third Army in World War II.

Dr. Hines is survived by his wife Margaret Davis Hines; two children, Merrill, Jr. and Margaret Ann Godfrey; and five grandchildren.



Ochsner Pet Therapy Wins National Award

Ochsner's snow–white Arctic Samoyed and pet therapist, Snuggles, won the national 1999 *Beyond Limits*™ Special Service Award from the Delta Society recognizing Service and Therapy Animals of the Year. The Delta Society (www.deltasociety.org) promotes the use of animals to help people improve their health, independence, and quality of life. The awards, sponsored by Ralson Purina®, recognize companion animals that are specially trained to help people overcome physical disabilities and achieve greater independence.

Snuggles has been working with patients at Ochsner since 1997 as a part of the Pet Therapy Program of the Rehab Services Department. He is licensed by the Delta Society and the LASPCA. Bonny Barry-Pullen, Physician Liaison and Pet Therapy Coordinator, has seen Snuggles bring smiles and inspiration to many Ochsner patients, employees, and visitors.

One patient, 4-year-old Mathew Surgenor, suffers from two disorders that affect his muscle tone and deplete his energy level. With these disorders, speech is a struggle and even walking can be difficult. Mathew began pet therapy 2 years ago when he could take only a dozen steps at a time. According to Mathew's mother, Bobbie Harrigan, the progress that took place when the two met was miraculous. "Thanks to Snuggles, Mathew has made strides that no other child with his challenges would ever have accomplished."

Mathew comes to Ochsner to work with the speech therapists, physical therapists, and occupational therapists, and of course, Snuggles and Pet Therapy. Throughout the past 2 years, Mathew has been able to take great strides in walking, talking, and even riding a tricycle with the help of Snuggles and Ochsner's Pet Therapy Program. Harrigan says that Mathew's love for Snuggles has helped him to work through some of his disabilities and motivates him to try things, pushing his endurance level to accomplish more difficult activities such as ride a tricycle. He is doing things to strengthen his muscles much sooner than expected with his disorder.

Ochsner is one of the only facilities in the New Orleans area to provide pet therapy for patients and offers three therapy programs:

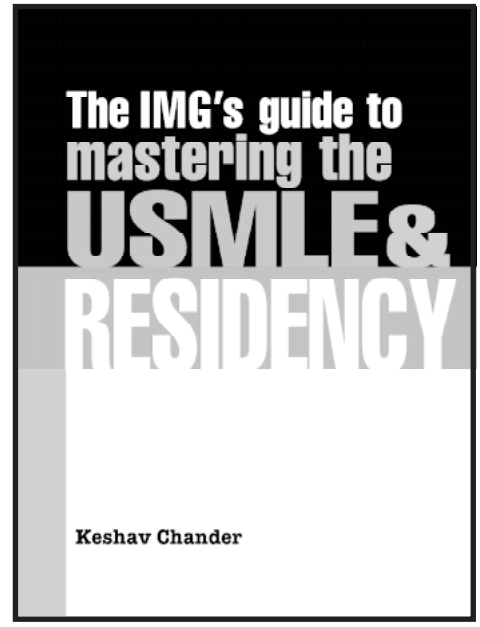
- Animal Assisted Therapy
- Animal Assisted Activities
- Personal Pet Program

For more information contact Bonnie Barry-Pullen, Ochsner Guest Services 504 842-3370.

Ochsner Fellow Publishes IMG Guide

In March, Ochsner cardiology fellow Dr. Keshav Chander's book "The IMG's Guide to Mastering the USMLE & Residency" was published by McGraw-Hill. The book is a guide for international medical graduate (IMG) physicians in different stages of training or in search of a fellowship in the United States. Dr. Chander's book also provides a resource for healthcare professionals and educators interested in learning more about residency training in the US from an IMG's perspective.

The book is available on Amazon.com and at other retail outlets in the US and around the world. For more information, Dr. Keshav Chander can be contacted at chander@img2img.com.



CME Calendar

April 7-8, 2000
Spectrums of Managing Spasticity and Painful Muscle Spasma
Beau Rivage Resort and Hotel, Biloxi, MS

For more information contact Ochsner's CME Department at 800 778-9353, 504 842-3702, or register online at www.ochsner.org/gmeweb/cme.

April 8, 2000
ADA-Best and Banting Meeting
New Orleans, LA

For more information contact Ochsner's CME Department at 800 778-9353, 504 842-3702, or register online at www.ochsner.org/gmeweb/cme.

April 27-29, 2000
Tenth Annual Endocrinology Update
(During the New Orleans Jazz and Festival)
Hyatt Regency Hotel, New Orleans, LA

This conference is designed for Endocrinologists, Internists, and Family Practice physicians as an update in new therapies that have been or will soon be available to physicians in many areas of endocrinology. A combination of lectures, question/answer sessions, audio visuals, handouts, and workshops are used to communicate the educational objectives. This conference is being conducted in classroom style seating. The Alton Ochsner Medical Foundation designates this educational activity for a maximum of 17 hours of Category 1 credit towards the AMA Physician's Recognition Award. The registration fee is $400.00. For more information contact Ochsner's CME Department at 800 778-9353, 504 842-3702, or register online at www.ochsner.org/gmeweb/cme.

April 28-30, 2000
2000 Pediatric Update for the Primary Care Physician
(During the New Orleans Jazz and Heritage Festival)
The Wyndham Hotel, New Orleans, LA

For more information contact Ochsner's CME Department at 800 778-9353, 504 842-3702, or register online at www.ochsner.org/gmeweb/cme.

April 29-30, 2000
Annual Tri-State Anesthesia Meeting
(During the New Orleans Jazz and Heritage Festival)
Hyatt Regency, New Orleans, Louisiana

This conference is both a clinical and administrative update which addresses issues pertinent to the anesthesia practice of 2000; a potpourri of disciplines will be updated including new techniques in the field of anesthesia, and governmental and legislative approaches. For more information contact Ochsner's CME Department at 800 778-9353, 504 842-3702, or register online at www.ochsner.org/gmeweb/cme.

May 3-7, 2000
Annual Meeting of the Society of Teachers of Family Medicine (STFM) "Exploring the Vision of Family Medicine: Research, Technology, and Practice"
Orlando, Florida

Further information can be obtained from Priscilla Noland at 800 274-2237 ext4510 or email: assndfm@stfm.org.

May 5, 2000

Annual Alumni Homecoming Conference

(During the New Orleans Jazz and Heritage Festival)
Brent House Hotel, New Orleans, LA

For more information contact Ochsner's CME Department at 800 778-9353, 504 842-3702, or register online at www.ochsner.org/gmeweb/cme.

May 12, 2000

18th Annual Dr. John C. Weed Obstetrics and Gynecology Resident Research Seminar

Brent House Hotel, Ochsner Hospital, New Orleans, LA

This conference is an opportunity for our residents to present data which they have accumulated in the areas of interest. This is coupled with presentations by a guest lecturer encompassing a broad spectrum of topics in the field of obstetrics and gynecology. This conference is intended for OB/GYN physicians, nurses, and nurse practitioners. This conference is being conducted in theater style seating. There is no registration fee for this conference. For more information contact Ochsner's CME Department at 800 778-9353, 504 842-3702, or register online at www.ochsner.org/gmeweb/cme.

June 17, 2000

Gastroenterology Conference

Brent House Hotel, New Orleans, LA

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. For more information contact Ochsner's CME Department at 800 778-9353, 504 842-3702, or register online at www.ochsner.org/gmeweb/cme.

June 25-27, 2000

17th Annual Meeting of the Association for Health Services Research (AHSR)

Los Angeles, California

For further information call 202 223-2477 or go to the website at www.ahsr.org.

July 31-August 5, 2000

22nd Annual New Orleans Internal Medicine Board Review Course

Hyatt Regency, New Orleans, Louisiana

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. This activity is co-sponsored by the Alton Ochsner Medical Foundation, Louisiana State University Medical Center and Tulane University Medical Center. The host this year is LSUMC. For registration information, please telephone LSUMC, Continuing Medical Education at (800) 648-5272 or (504) 568-6085 or contact Ochsner's CME Department at 800 778-9353, 504 842-3702, or www.ochsner.org/gmeweb/cme.

Ongoing Clinical Protocols at Ochsner

At any given time, there are between 600 and 800 active clinical trials at Ochsner Clinic and Alton Ochsner Medical Foundation. A selected few are listed below. Those with patients fitting the listed criteria for a given trial, please call the contact numbers listed. For more information on ongoing research, call Ochsner Research Administration at 504 842-3265.

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:
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; mother, sister(s), daughter(s)
- Age
- Nulliparous
- Having a first child after age 30
- Early menarche
- History of benign breast disease requiring biopsies
- LCIS or atypical hyperplasia

Sponsor: Eastern Cooperative Oncology Group
Contact: Carl G. Kardinal, MD 504 842-3708
Cindy Rittenberg, RN 504 842-3708

Title:
Protocol E1496: Randomized phase III study in low grade lymphoma comparing cyclophosphamide/fludarabine to standard therapy followed by maintenance anti-CD20 antibody.

Inclusion Criteria:
- Stage III-IV low grade non-Hodgkin's lymphoma
- Must have at least one objective measurable disease parameter

IDEC-C2B8 (rituximab) provided

Breast Cancer

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

Title:
A 3-arm randomized trial to compare adjuvant Adriamycin and cyclophosphamide followed by Taxotere; Adriamycin and Taxotere; and Adriamycin, Taxotere, and cyclophosphamide in breast cancer patients with positive axillary lymph nodes.

Inclusion Criteria:
- Tumor confined to breast and ipsilateral axilla on clinical exam (T1-3, N0-1, M0)
- At least 1 positive axillary lymph node on path exam
- Time from initial Dx to randomization < 63 days
- L VEF (MUGA or echo) > lower limit of normal

Taxotere is provided.

Hypertension

Sponsor: IntraTherapeutics
Contact: Dr. J. Stephen Jenkins 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, DBP>90 on two classes of antihypertensive medications)

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

Infectious Diseases

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

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

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

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

Liver Transplant

Sponsor: SangStat
Contact: Dr. James Eason 504 842-5763
Dr. George Loss

Title:
Randomized prospective trial using thymoglobulin induction in liver transplant recipients to eliminate steroid usage.

All adult liver transplant candidates giving informed consent.

Nephrology

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

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

Objective:
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.

Study Design:
Open-label, prospective, multi-center, longitudinal clinical trial. 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
- $\geq$ 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

Nephrology

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

Nephrology

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:
- ≥ 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 bleed 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

Rheumatology

Sponsor: Immunex Corp.
Contact: Dr. William Davis 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 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 sugical sterile or at least 5 years menopausal
- SGOT, SGPT $\leq$ two times laboratory's upper limit of normal; hemoglobin $\geq$ 8.5 g/dL; platelet count $\geq$ 125,000/cmm; white blood cell count $\geq$ 3,500 cells/cmm; serum creatinine $\leq$ 2 mg/dL

Exclusion Criteria:
- Receipt of: TNFa 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; concomitant corticosteroids > 10 mg/d (prednisone or equivalent)
- 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

Rheumatology

Sponsor: Merck & Co.
Contact: Dr. Leonard Serebro 504 842-3920

Title:
A double blind randomized stratified parallel group study to access the incidence of PUBs during chronic treatment with MK-0966 or naprosyn in patients with rheumatoid arthritis: US cohort.

Inclusion Criteria:
Male or female at least 50 years old having rheumatoid arthritis and in good health

Exclusion Criteria:
Inflammatory arthritis, history of ulcer or GI bleed or inflammatory bowel disease, active hepatitis, stroke, allergic to acetaminophen or hypersensitive to aspirin, naproxen, or other NSAIDs.

Rheumatology

Sponsor: School of Public Health and Tropical Medicine at Tulane University Medical Center
Contact: Dr. Leonard Serebro 504 842-3920

Title:
Environmental factors in the etiology of fibromyalgia in women.

Inclusion Criteria:
Primary diagnosis fibromyalgia

Exclusion Criteria:
No other connective tissue disease

All doctor visits, lab work, x-rays, endoscopies, and medication required for any of these particular studies are no charge to the patient.