

UPDATE

News from University Physicians

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Patients learn complete care at Diabetes Center

Dr. Nolph leads dialysis field

Nephrologist earns international fame as CAPD pioneer

Effecting a positive influence on thousands of people around the world is no easy feat, but it is something Karl D. Nolph, M.D., accomplished as a pioneer of a dialysis technique called Continuous Ambulatory Peritoneal Dialysis.

The treatment, first developed in the late 1970s, was a collaborative effort between Dr. Nolph, professor and director of the Division of Nephrology at the University of Missouri Health Sciences Center, and two of his colleagues and friends, chemical engineer Robert Popovich and nephrologist Jack Moncrief, M.D., of Austin, Texas. The development of CAPD freed many hemodialysis patients from the need to schedule their lives around machine treatment several times a week.

"The basic idea of CAPD is to instill dialysis fluid into the peritoneal cavity, allow it to remain there for four to six hours, then drain the fluid containing wastes," Dr. Nolph explains.

During the treatment, the peritoneal cavity is filled with the dialysis solution through an abdominal catheter. Through diffusion, wastes move from the small blood vessels beneath the peritoneum into the solution. The high concentration of glucose in the solution raises the osmotic pressure, drawing out excess fluids containing the toxins that accumulate when the kidneys aren't working. About every six hours, the fluid is drained back into the solution bag and the procedure is repeated with fresh solution. Each of the four daily exchanges takes half an hour during which patients can continue activities with limited movement. Best of all, patients are able to administer their own therapy at home.

The rapid evolvement of the technique over the last decade has enabled more and more dialysis patients to choose CAPD as their form of treatment. "Today there are probably 65,000 to 70,000 people worldwide who are being maintained on peritoneal dialysis, and most of those are on CAPD," Dr. Nolph says.

In acknowledging the success of CAPD, Dr. Nolph recognizes the work of Ramesh Khanna, M.D., and Zbylut Twardowski, M.D., two fellow nephrologists at the Health Sciences Center who have done significant work with him on the dialysis treatment. Along with their research, the three have been instrumental in coordinating the largest annual peritoneal dialysis meeting in the world. Sponsored by the University of Missouri Departments of Internal Medicine and Continuing Medical Education, the international conference showcases current research and features lectures and workshops. "They come from all over the

world," Dr. Nolph says, adding that 2,300 people from 35 countries attended the 1992 conference.

In addition to the annual conference, Dr. Nolph also helped run the United States CAPD registry program at the Health Sciences Center from 1981-88. Through the registry, he worked with 400 centers following more than 25,000 patients.

His work with peritoneal dialysis has brought Dr. Nolph considerable honors and respect from the international medical community. He received the 1990 National Torchbearer Award from the American Kidney Fund and was one of three Health Sciences Center physicians listed in the 1992-93 edition of "The Best Doctors in America." He also was awarded the School of Medicine Loren E. Broad Distinguished Professorship and was named a Board of Curators Professor. Traveling the world, he has given more than 600 presentations, sharing his knowledge with his national and international colleagues.

During his numerous travels, Dr. Nolph sometimes has received the royal treatment from royal people. While in the Netherlands, he was introduced to Queen Julianna; while in Hong Kong, he was made an honorary emperor. "They even gave me a robe and crowned me," Dr. Nolph laughs. His travel memorabilia includes a photograph of him dressed in the emperor garb.

Of the many mementos that dot his office walls, Dr. Nolph finds a sign announcing a presentation he gave in Japan the most intriguing. The only word on the sign not in Japanese script is his middle initial, "D." "I found it so interesting that they didn't have a Japanese letter for 'd' that I asked if I could keep the sign," Dr. Nolph says.

Back in the United States, he and his wife, Georgia, who is a physician in the Health Sciences Center Department of Family and Community Medicine, are very much at home in Columbia. "I was recruited to come to Columbia in 1969. We've liked it so much here that we've stayed," the Pennsylvania native says. The couple has two children, both of whom are following in the medical footsteps of their parents. The Nolphs' daughter, Erika Ringdahl, is a family medicine physician practicing in Iowa, and their son, Kris, is a pre-medical student at St. Olaf College in Northfield, Minn.

To contact Dr. Nolph or to refer a patient, please call 1 (800) 877-7197, Ext. 7991, or in Columbia, (314) 882-7991. ☎

Karl D. Nolph, M.D.



Ellis Fischel to take part in cancer study

Trial investigates drug treatment for breast cancer prevention

Women age 60 and older or those who have a high risk for breast cancer may decrease their chances for getting the disease through research being conducted by Ellis Fischel Cancer Center.

Approximately 16,000 women nationwide – at least 200 at Ellis Fischel – are expected to take part in the first large-scale breast cancer prevention study using the investigational drug tamoxifen, says Steven Standiford, M.D., a surgical oncologist at Ellis Fischel. Dr. Standiford is coordinating the Breast Cancer Prevention Trial at the cancer center. The trial is being conducted by the National Surgical Adjuvant Breast and Bowel Project and is sponsored by the National Cancer Institute.

"We expect to see a 35 percent decrease in the incidence of cancer in these women for nine years," Dr. Standiford says. "This is cutting edge research. Ellis Fischel truly is at the forefront of cancer research."

Tamoxifen has been used for almost 20 years to treat breast cancer. That use has led medical experts to believe the drug may not only prevent breast cancer from recurring, but also may stop new cancers from developing, Dr. Standiford says.

To be eligible for the trial, women must be at least 60 years or older or be at high risk for breast cancer. Women at risk include females with

fibrocystic disease and those who have a first-degree relative who has had breast cancer.

Interested women first will be evaluated to determine their risk for developing breast cancer, Dr. Standiford says. After Ellis Fischel sends this information to the NSABP in Pittsburgh, a risk profile will be outlined for each woman. If this assessment indicates the woman's risk is high enough to make her a viable candidate for the trial, she will undergo further evaluation, including a physical exam, blood tests and mammograms. If these tests appear normal, the woman will become part of the study group.

'Tamoxifen has been used for almost 20 years to treat breast cancer . . . Medical experts believe the drug may not only prevent breast cancer from recurring, but also may stop new cancers from developing.'

Steven Standiford, M.D.
Surgical Oncologist

The clinical trial will be a double-blind study in which one-half of the participants will be given tamoxifen and one-half will take placebos. All women participating in the study will benefit from its active screening program, regardless of whether they receive the tamoxifen or the placebo, Dr. Standiford says. Physicians' fees associated with the Breast Cancer Prevention Trial, yearly

mammograms, and blood tests and breast examinations every six months will be free to the participants for five years.

Women in the study will take two pills once a day for at least five years, and they are required to keep a diary noting any discomfort, irritations or unusual feelings. The study will follow the patients for 10 years. Women who have complications or toxicity or become pregnant will be removed from the study.

"Tamoxifen has few serious side effects," Dr. Standiford says. "The most common are hot flashes, which can be countered with medication. Also, there may be additional benefits beyond the prevention of breast cancer in women taking tamoxifen. Some research shows the drug may help fight heart disease and osteoporosis."

Researchers will use the trial to determine whether tamoxifen prevents breast cancer, reduces deaths due to heart attacks or lowers the number of bone fractures in women taking the drug. Tamoxifen works to partially block the action of estrogen, which is known to cause cancerous tumors to grow. But because tamoxifen does not totally block estrogen production, the woman still receives the positive effects of estrogen.

Ellis Fischel is one of 119 primary centers in the United States and Canada selected to conduct the study, which Dr. Standiford believes may draw women from surrounding states. He says Ellis Fischel was selected because of its strong relationship with the NSABP and its comprehensive cancer screening program.

For more information about the trial or to refer a patient to the study, please call 1 (800) 877-7197, Ext. 8545, or in Columbia, call (314) 882-8545. ☎



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COVER STORY

New service at Rusk helps paraplegics

Parastep System allows users to stand, take steps

After a car crash at the age of 17, Penny Lorenz-Bailey was told she would never walk again. Now, nine years later, Bailey is able to walk short distances with the aid of the Parastep System, an electrical stimulation device that allows paraplegics to stand and eventually take steps.

The Parastep System is a new addition to the services offered at Rusk Rehabilitation Center, the first facility in Missouri to receive the system. "There are only 25 other facilities across the country and one facility in France that use Parastep," says Greg Critchfield, supervisor of physical therapy at Rusk.

The system uses electrodes attached to the surface of the skin to send signals to the muscles in both legs, triggering them to move upward and forward. The electrical impulses come from a microcomputer — about the size of a Walkman stereo — attached to the user's waist. Users of the Parastep System control the electrical impulses with finger switches on a specially designed walker.

While Parastep allows a crude approximation of walking, Critchfield cautions that walking is not the main objective of the system. "The goal of the system is not for normal ambulation," he says. "But it is a form of exercise that has not been easily available to this patient population previously."

To be considered for the Parastep program, patients must meet certain criteria. "First, they must have complete injuries because if they have any feeling, they wouldn't be able to tolerate the electrical jolt," says Michael Acuff, M.D., Parastep

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program director at Rusk. "Patients must also have been injured for at least six months before they can be accepted into the program."

Bailey first learned the device was being developed several years ago and began calling the Miami Project to Cure Paralysis at Jackson Memorial Hospital in Miami, where training on the Parastep System was part of a research project. In spring 1991, a physical therapist in Miami called Bailey and asked if she could come to Miami to test the device. She was there by December.

"The first week I was in Miami, they stood me up," Bailey recalls. "I did great the first two days, but on the third day, my legs were really swollen. I had to sit and do nothing for almost four weeks."

The early setback Bailey experienced in Miami is something the Rusk staff members hope to avoid in their program. "Initially when a patient actually begins on the Parastep System, there will be a period of strengthening," Dr. Acuff says. "We'll give them different exercise units to take home and let them do exercises for a couple of weeks. A big part of this program is just getting strong enough to even stand and hold up your body weight."

Through firsthand knowledge, Bailey can relate to the hard work required in pre-program conditioning. "I worked out a lot before I went to Miami, and I thought I was in pretty good shape," she says. "But there is no physical training to prepare you for this."

'(The Parastep System) strengthens muscles, stretches out the joints, has a positive impact on spasticity and makes your legs look better because you've got more muscle bulk.'

Greg Critchfield
Supervisor, Rusk Physical Therapy

During the four months Bailey spent in Miami, she gradually progressed from being able to stand to walking one step, then one foot, then ten feet. "By the time I worked up to 50 feet, I would be dripping sweat and my heart rate would be 180," she says. "But it was worth it to look in the mirror and see my bare legs and my feet in tennis shoes.



Michael Acuff, M.D., left, and Greg Critchfield, physical therapy supervisor, are two Rusk team members who will work with paraplegics in the Parastep System program.

I've seen my legs in heavy leg braces and hand-made shoes reinforced with metal, but to see just tennis shoes"

The psychological benefits gained from using the Parastep System can be tremendous to the patient, but the psychological state before using the system is an important factor in deciding whether a patient is appropriate for Parastep. "The biggest point for candidates for this program is their attitude and their perspective on what they're actually going to be getting from this," Critchfield says. "They're not going to be getting up and walking a thousand feet the first time they get up. It takes hard work."

But the hard work will yield physiological benefits, including increased muscle bulk, Dr. Acuff says. Studies also are being done on the effects electrically stimulating muscles has on osteoporosis. In Bailey's case, over the course of three months, she showed a moderate increase in her bone density.

"I worked a little with Penny when she came back, and one of the things that really struck me was how hard she was working," Critchfield adds. "That's why I said it may be more appropriate to think of this system as an exercise system rather than a true ambulation system. It strengthens muscles, stretches out the joints, has a positive

impact on spasticity and makes your legs look better because you've got more muscle bulk."

Although the system, manufactured by Sigmedics, is not yet approved by the Food and Drug Administration, it is hoped the review and approval process by the FDA will be finished by the first quarter of 1993.

The cost of the system is \$10,000, which Critchfield says some insurance companies will cover. That price includes 32 sessions of physical therapy at Rusk. The program is conducted mostly on an outpatient basis, with patients attending therapy an average of three times a week for 10 to 12 weeks.

According to Critchfield, the center chose Parastep instead of other electrical stimulation systems, such as the Regys bike, because of the continued access the patient has to the equipment. "A lot of our patients will come from the outlying area. It's one thing to get them in shape in the weeks they are here, but then they go home and don't have the equipment available to use," he says. "With the Parastep System, they go home with a piece of equipment they continue to use on their own."

Bailey is the first to admit that once a patient is no longer in the clinical environment, it takes real

motivation and discipline to continue progressing on the system. "I did great when I was in Miami. I walked, I went to the beach — what more could you ask for!" she says. "But back here I'm a busy person. I make time for this even if it is at midnight and I have to get up and be at work the next morning."

She stresses the necessity of using the system on a regular basis. "If you quit using it, you have to start over. I went a week without using it because I was in San Francisco. When I stood back up with it, I could feel it. When you miss one week, you're going to know it when you go back to using it."

Critchfield is optimistic about future developments for paraplegics. "This system wasn't available to us five years ago, and I can't help but believe that anything people can do early on will better prepare them for whatever is going to happen in the next five or 10 years," he says.

Bailey, too, is optimistic about the development of the Parastep System. "Everything is so negative with a head or spinal cord injury, and this is something that's very positive," she says. "It's been nine years since my injury, so for me to be able to stand up and take ten steps — I was impressed!"

Her goals for the future include increasing the time she is able to use the system each day. "I want to get stronger with the system because I know where I came from — I was extremely weak," she says. "I can use it five minutes at a time now and I'm tired, so I want to try to increase that time." But in light of all the changes Parastep has brought to her life, Bailey is pleased. "It wasn't even there five years ago. What I'm able to do today is more than I was able to do a year ago or five years ago."

Her advice to other paraplegics considering use of the Parastep System is guarded but delivered with her usual enthusiasm. "If you go into this expecting too much, it's going to hurt mentally. It's very important that anyone who does this understands the work involved and where they're going to be physically, emotionally and mentally after 32 sessions. I doubt very seriously they're going to walk up and down a shopping mall. But if they do, that's fantastic, and I'll be cheering for them!"

For more information or to refer a patient to the Parastep System program, please call 1 (800) 877-7197, Ext. 6996, or in Columbia, (314) 882-6996. ☎

Rusk opens outpatient services facility

New site at Green Meadows to offer two rehabilitation programs

Rusk Rehabilitation Center opened a new Outpatient Rehabilitation Services facility Oct. 21 at 212-6 Green Meadows Road in the southern part of Columbia.

Two Rusk programs, the Brain Injury Rehabilitation Program and the Work Injury Rehabilitation and Consultation Services (formerly the Work Hardening Center), relocated to the new facility.

"The primary reason for the move is to free up more space in the inpatient facility and provide a separate facility for growth in outpatient services," says Paula Nickelson, manager of the new facility.

"This move should improve our accessibility to our present patients and reduce costs by performing more services on an outpatient basis," Paula explains. "Another benefit is many rural patients will be more comfortable coming to a smaller facility instead of a large hospital."

In addition to its relocation, the Work Hardening Center also had its name changed to Work Injury Rehabilitation and Consultation Services.

"We wanted the program's name to be more of an umbrella that included all the other services it really offers," Paula says. "Work hardening was only one of the services the program offered." In addition to the work hardening/tolerance program, the Work Injury Rehabilitation and Consultation Services offer a functional capacity program, vocational assessment, industrial consultation, work injury prevention training, vocational testimony and ergonomics consultation.

Both programs at the new facility will retain their original phone numbers. The Brain Injury Rehabilitation Program can be reached at 1 (800) 877-7197, Ext. 2540, or in Columbia, (314) 882-2540. The Work Injury Rehabilitation and Consultation Services can be reached at 1 (800) 877-7197, Ext. 3941, or in Columbia, (314) 882-3941. ☎

FEATURE STORY

Pediatric, adult patients learn total care at Diabetes Center

Comprehensive team makes program a center of excellence

When 15-year-old Jessica Jones was diagnosed with Type I diabetes, she and her family knew little about the disease. But they quickly became experts on diabetes care, thanks to the medical professionals at the Cosmopolitan International Diabetes Center in University Hospital.

Jessica first learned she had diabetes one day in mid-June. Although she had been having trouble with her eyesight all day, Jessica shrugged off the blurriness and double vision and went to her evening diving practice. She was preparing to dive from the 3-meter board when she realized her

vision problems were more serious and weren't going to go away on their own. "I was standing at the edge of the board and was looking at the pool, but I couldn't even see the other end," Jessica says. "I sat out the rest of practice and then went home to tell my mom and dad."

Jessica's parents took her to the Emergency Center at University Hospital and Clinics where several tests were done but failed to show what was wrong. It wasn't until her mother, Martha, mentioned that lately Jessica had been drinking a lot of water and urinating excessively that the medical staff began asking about the family history

Danita Rife, a nurse practitioner at the Diabetes Center, shows Jessica Jones and her mother, Martha, how to perform a blood glucose test.



of diabetes. Additional blood and urine tests confirmed that Jessica did indeed have diabetes.

"I guess it was more of a shock than anything," Jessica says of the diagnosis. "It was something that you hear about, like when you read a book and one of the characters has it."

The disease took her parents by surprise, too. "Because there isn't any diabetes in our family, we didn't pick up on some of the obvious clues we might have noticed," Martha says.

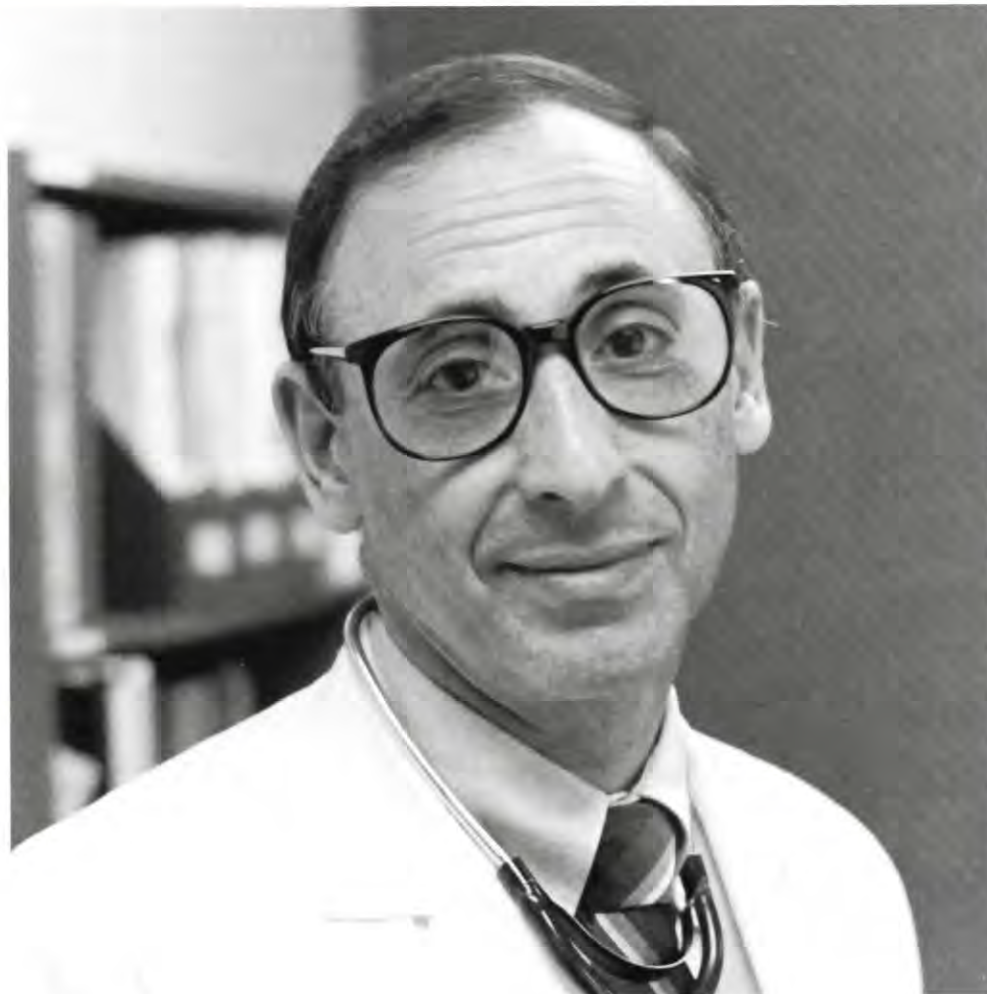
Jessica was admitted to the hospital that evening and soon was transferred to the care of David Goldstein, M.D., director of pediatric diabetes and endocrinology at the Diabetes Center. During the 10 days Jessica remained in the hospital, Dr. Goldstein and other staff members from the Diabetes Center began educating her and her family on what it meant to have diabetes and what changes the disease was going to bring to their lives.

"Diabetes is a lifestyle disease," Dr. Goldstein explains. "It requires major adjustments in routine, in eating, in activities. To educate patients about these changes, you need a team."

The team at the Diabetes Center is an extensive one. Among its core members are physicians, nurse educators, dietitians and social workers. In addition, a variety of specialists, including urologists, ophthalmologists, nephrologists and cardiologists, works closely with the Diabetes Center staff in monitoring all aspects of the patient's health. "It requires a very comprehensive network if you're going to do comprehensive diabetes care, which is necessary to do it well," Dr. Goldstein says.

In September the Diabetes Center was rewarded for meeting the national standards set for diabetes education. The American Diabetes Association recognized the center for quality patient education. The center is the first in mid-Missouri to receive the recognition and one of only 14 diabetes programs in the state to receive the recognition from the ADA.

One team member who worked with Jessica and her family was Danita Rife, a nurse practitioner. Because Jessica is insulin-dependent, she had to learn to monitor her blood glucose level and administer her own insulin shots twice a day. "After about the third day in the hospital, we were giving the injections. The nurses weren't doing it any longer," Martha says. "It became a very family-involved process." Danita worked closely with



David Goldstein, M.D., director of pediatric patient care at the Diabetes Center.

Jessica and her family while she was in the hospital, not only teaching them the technical procedures, but advising them on the warning signs of such problems as hypoglycemia and hyperglycemia.

Another aspect of diabetes care the center specializes in is nutrition. To ensure that diabetes patients eat specific amounts of foods at regularly spaced intervals, dietitians counsel patients and their families on nutrition. Karen Derrick, a dietitian at the center, explained to Jessica and her family the exchange system used by patients with diabetes and how it fits together for meal planning. "The meal planning side of it was difficult and took time," admits Jessica's father, Bob. "But we had the knowledge and the training to put it together."

Both Rife and Derrick have insulin-dependent diabetes, something that brought home the realities of the disease to Jessica. "For a little while, it just seemed so unreal," she says. "So once I found out they had it, I knew they knew what they were talking about and they were going through what they were talking about to me. It just made it seem easier to understand."

The Diabetes Center works with patients who have Type I diabetes like Jessica and also with non-insulin-dependent (Type II) diabetes patients, says Dr. George Griffing, director of adult diabetes and endocrinology at the center. Most of these patients are adults. "In adults the problem is usually insulin-resistance. While we can give them supplemental



George Griffing, M.D., director of adult patient care at the Diabetes Center.

insulin, the underlying problem is often that patients are insulin resistant and that they tend to be overweight," Dr. Griffing explains.

The care insulin-dependent and non-insulin-dependent diabetes patients receive at the center is similar. Both types of patients receive instruction on glucose monitoring, nutrition, exercise, foot care, complications and emergencies. Because patients with non-insulin-dependent diabetes can control their disease more easily through nutrition and exercise, these areas are stressed even more in the adult program. Dr. Griffing says, "Many diabetes patients, if they lost weight and exercised, would not have diabetes," he says. "It's one of the diseases we can cure, but the success rate with minimal

therapy is very low at the present. At the Diabetes Center, we try to motivate patients by emphasizing exercise and nutrition."

Most of the nutrition motivation comes from the dietitians. Dietitians take a diet history of the patients, who record what they have eaten and what they like and don't like. "Our dietitians are good at working with the patient's likes and dislikes," Dr. Griffing says. "If diabetes patients say they can't live without ice cream, the dietitians help them work it into their meal plan while still staying within their allotted calorie count."

The extra effort of the entire Diabetes Center staff has impressed the Joneses. "Karen told us to pick out some of our favorite recipes to send to her


so she could figure out what exchanges they equal and what substitutions needed to be made for them to be acceptable for Jessica's diet. She did that for us," Martha says. "I've probably called Danita three or four times since Jessica got out of the hospital. They are a tremendous help, and we feel very comfortable calling them and asking them questions any time of the day or night."

Dr. Goldstein takes pride in the personalized care that has made the center well-known around the country. "The name really says it all," he says. "We're a diabetes center, a center of excellence dedicated to giving the best possible diabetes care that can be given, both for children and adults."

Like any chronic disease, diabetes can be a burden. "There are days that Jessica is down. It's a pain. It's an inconvenience," Bob says. "You have two options though. Either you deal with it, or you don't and you die. They're really good in the training program about explaining that."

But despite the difficulties in adjusting to a life of insulin shots, glucose monitoring and structured eating, Jessica has kept a positive perspective and outlook for the future. "They told me I can pretty much do anything. As long as I take care of things and make sure I stay within the normal boundaries of my blood sugar, then I should be OK," she says. "It's kind of overwhelming to think I'll be doing this for the rest of my life, but it's just something I know I have to do."

As the Jones family, who have lived in Columbia for three years, continues Jessica's care at the Diabetes Center three times a year, they are thankful for one thing. "If it had to happen, it was fortunate that we were here in Columbia at that time," says Bob. "The care and concern and the treatment have just been phenomenal."

For more information or to refer a child patient to the Diabetes Center, please call 1 (800) 877-7197, Ext. 6979, or in Columbia, call (314) 882-6979. To refer an adult patient, please call 1 (800) 877-7197, Ext. 3818, or in Columbia, call (314) 882-3818. 

Mason Eye Institute one of 26 in U.S. to study disease

NIH trial accepting patients with Ischemic Optic Neuropathy

The Mason Eye Institute has been selected as one of 26 centers in the United States to participate in a national collaborative clinical study of the treatment of ischemic optic neuropathy.

The eye center, located on the main floor of University Hospital and Clinics, is one of two Missouri sites to take part in the Ischemic Optic Neuropathy Decompression Trial, sponsored by the National Institutes of Health/National Eye Institute.

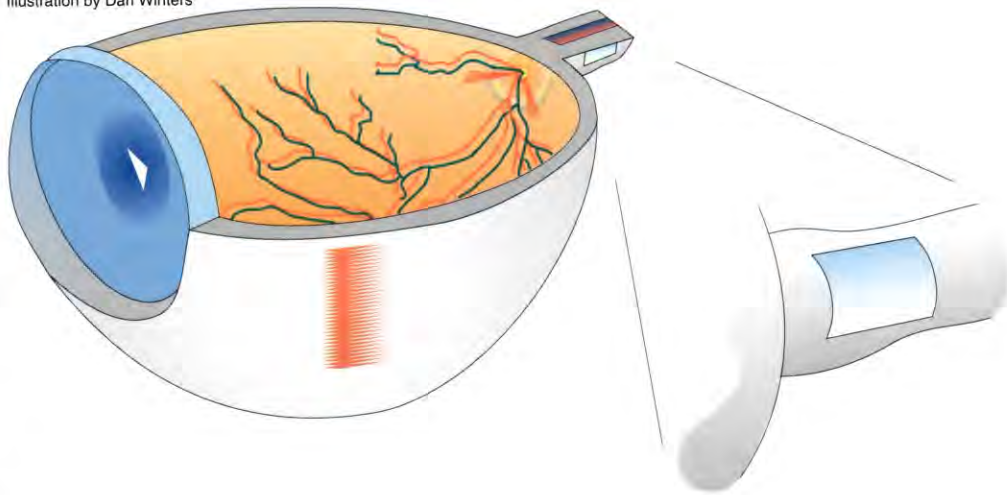
Lenworth N. Johnson, M.D., neuro-ophthalmologist and director of the study at University Hospital, describes ischemic optic neuropathy as a silent, opportunistic, blinding eye disease. "It's silent because quite often there is no pain, and it's opportunistic because, for the most part, it strikes while you are asleep," Dr. Johnson explains.

The disease is the leading cause of acute visual loss from optic nerve disease among the elderly, Dr. Johnson says. "The visual loss is primarily a loss of the top half or bottom half of an individual's peripheral vision, but patients also lose visual acuity." He estimates that 40 percent to 50 percent of the patients afflicted with the disease have loss of vision near legal blindness. Once that loss occurs, it is usually permanent. About 40 percent of the time, the disease strikes both eyes, usually on a sequential basis rather than simultaneously.

Although various forms of medication have been tried, effective treatment hasn't been available for patients with the disease. But recently, investigators found that if optic nerve sheath decompression surgery is performed on patients with the condition, some will experience an improvement in their vision.

"Many investigators believe a pre-existing crowding of the optic nerve fibers contributes to compression of the blood vessels nourishing the optic nerves. Sudden loss of blood flow to the optic nerve — similar to a stroke — causes optic nerve injury, resulting in optic nerve swelling, further compression of already compromised blood

Illustration by Dan Winters



A close up shows the incision made during optic nerve sheath decompression surgery in a patient with acute ischemic optic neuropathy.

vessels, more destruction of the optic nerve and profound visual loss," Dr. Johnson explains. "We don't know why the surgery works. However, it is thought that the incisions made in the optic nerve sheath surrounding the optic nerve reduce the tension by providing an exit for cerebrospinal fluid surrounding the optic nerve, possibly improving needed blood flow."


The effectiveness of the surgery is being debated, Dr. Johnson says. "Retrospective studies show about one-third of the patients with ischemic optic neuropathy will show some improvement on their own. One-third will get worse, and one-third will have no change in the marked visual loss." According to Dr. Johnson, 30 to 70 percent of the patients who have the decompression surgery may show some improvement. "So the question is whether those individuals who had vision improvement with the surgery would have had similar improvement if they had been left alone," he says.

The study will attempt to answer that question. Each of the 26 participating institutions will recruit patients with ischemic optic neuropathy until March 1994. **To qualify for the study, patients must be over the age of 50 with new onset of**

visual loss that is less than 10 days in duration. Those patients who qualify for the study will either be surgically treated or carefully monitored in order to learn the natural history of the disease. All enrolled patients will be followed for a minimum of one year.

The surgery generally is performed on patients in the morning, and they are able to go home the next day. Without treatment, the majority of patients have profound and irreversible visual loss from ischemic optic neuropathy. Although surgery may provide hope for visual improvement, there could be direct optic nerve injury during surgery and further visual loss in two to four percent of cases.

Through the study, it is hoped to discover whether the decompression surgery is a viable therapy to be offered to patients with ischemic optic neuropathy. If it is, then those patients participating in the study can benefit through the surgical therapy if the disease should occur in their other eye.

For more information or to refer a patient to the Mason Eye Institute and the Ischemic Optic Neuropathy Decompression Trial, please call 1 (800) 877-7197, Ext. 5935, or in Columbia, call (314) 882-5935. 

New treatment offered at Ellis Fischel for lymphoma

Ellis Fischel Cancer Center is now one of two hospitals in the state to offer photopheresis, a new technology used to treat cutaneous T-cell lymphoma, a rare and disfiguring cancer affecting certain white blood cells.

"This is very encouraging news for those suffering from this type of lymphoma," says Charles Caldwell, M.D., Ph.D., director of Laboratories at Ellis Fischel. "Ellis Fischel now can care for people who otherwise might have had to seek treatment long distances from home or who may not have sought treatment at all."

Patients undergoing photopheresis are given the drug 8-methoxypsoralen, which is absorbed by the white blood cells upon entering the bloodstream. Blood then is removed from the patient and the white and red blood cells are separated. White cells are exposed to ultraviolet light, which activates the drug. When the blood is returned to the patient's body, it stimulates an immunity to the disease.

"Photopheresis works a lot like a vaccination," Dr. Caldwell says. "In this case, it helps people destroy tumors their body is creating. Photopheresis decreases disease activity in up to 75 percent of patients with CTCL and improves their quality of life. Photopheresis sometimes can put the disease into a lengthy remission, but as yet there is no known cure."

Medical directors of Ellis Fischel's photopheresis unit are William Patterson, M.D., general internal medicine, and Susan Zurovski, M.D., dermatology. The medical staff also includes Frank O'Sullivan, M.D., immunology and rheumatology, and Dr. Caldwell, pathology.

For more information or to refer a patient for photopheresis treatment, please call 1 (800) 877-7197, ext. 1283, or in Columbia, call (314) 882-1283.

CALENDAR

Genetics lecture series

University Hospital and Clinics' medical genetics team has scheduled the following brown bag luncheon lectures. Each lecture is approved for 1.0 hours of credit in Category I for the Physician's Recognition Award, CME credits under Category 2-D of the American Osteopathic Association CME program or .1 CEU by the School of Nursing.

Hannibal

"Genetic Diagnosis in Art and History"
Elizabeth Otto, M.S.
Noon - 1 p.m., Dec. 9
Regional Center, 805 Clinics Road

"Fragile X Syndrome — New Developments in Diagnosis"
Judith H. Miles, M.D., Ph.D.
Noon - 1 p.m., Feb. 3, 1993
Regional Center, 805 Clinics Road

Kirksville

"Fragile X Syndrome"
Christine Pfalz, M.S.
Noon - 1 p.m., Dec. 16
Regional Center, 1702 E. LaHarpe

"How To Take a Genetic History"
Christine Pfalz, M.S.
Noon - 1 p.m., Feb. 17, 1993
Regional Center, 1702 E. LaHarpe

Poplar Bluff

"Fragile X Syndrome — New Developments in Diagnosis"
Judith H. Miles, M.D., Ph.D.
1 - 2 p.m., Nov. 4
Regional Center, PP Highway

"Neurofibromatosis"

Elizabeth Otto, M.S.
1 - 2 p.m., Jan. 6, 1993
Regional Center, PP Highway

Rolla

"Fragile X Syndrome"
Christine Pfalz, M.S.
Noon - 1 p.m., Nov. 18
Regional Center, 105 Fairgrounds Road

"How To Take a Genetic History"

Christine Pfalz, M.S.
Noon - 1 p.m., Jan. 20, 1993
Regional Center, 105 Fairgrounds Road

Springfield

"Fragile X Syndrome — New Developments in Diagnosis"
Judith H. Miles, M.D., Ph.D.
Noon - 1 p.m., Dec. 2
Regional Center, 1515 E. Pythian

"The Dysmorphology Exam"

Elizabeth Otto, M.S.
Noon - 1 p.m., Jan. 27, 1993
Regional Center, 1515 E. Pythian

Continuing Education

OB/GYN Update

6 hours, Nov. 6, Columbia

Missouri Cardiovascular Conference

12.7 hours, Dec. 10-12, St. Louis

TOLL FREE

1-800-877-7197

For physician use



Walter L. Stewart, M.D.



George Sotiropoulos, M.D.



Ellen Alper Horwitz, Ph.D.



Douglas W. Beal, M.D.



Thomas J. Selva, M.D.

Twenty-five join University Physicians

Anesthesiology

Walter L. Stewart, M.D. Medical degree: University of New Mexico, Albuquerque. Residency in internal medicine and anesthesiology: University of Missouri-Columbia.

Jon W. Taylor, M.D. Medical degree: Creighton University, Omaha, Neb. Internship in internal medicine: University of Missouri-Columbia. Residency in anesthesiology: University of Missouri-Columbia.

Child Health

Division of Adolescent Child Health

George Sotiropoulos, M.D. Medical degree: St. Louis University. Residency: Children's Mercy Hospital, Kansas City. Fellowship in sports medicine: Children's Mercy Hospital. Board certified in pediatrics.

Linda R. Strong, D.O. Medical degree: Kirksville College of Osteopathic Medicine and Surgery. Residency: University of Missouri-Columbia. Fellowship in adolescent medicine: University of Missouri-Columbia. Board certified in pediatrics.

Division of Developmental/Behavioral Child Health

Ellen Alper Horwitz, Ph.D. Doctorate in psychology: University of Missouri-Columbia. Internship in clinical psychology: Veteran's Administration Medical Center, Houston.

Division of General Child Health

Douglas W. Beal, M.D., F.A.A.P. Medical degree: University of Health Sciences/The Chicago Medical School. Internship and residency: University of Iowa Hospitals and Clinics, Iowa City. Board certified in pediatrics.

Thomas J. Selva, M.D. Medical degree: University of Mississippi College of Medicine, Jackson. Residency: University of Missouri-Columbia.

Division of Infectious Disease

Sara Sotiropoulos, M.D. Medical degree: University of Missouri-Kansas City. Residency: Baylor College of Medicine, Houston. Fellowship in infectious disease: Children's Mercy Hospital, Kansas City.

Division of Neonatology

Timothy A. O'Connor, M.D. Medical degree and residency: University of Missouri-Columbia. Fellowship in neonatology: University of Missouri-Kansas City. Board certified in pediatrics.



Sara Sotiropoulos, M.D.



Timothy A. O'Connor, M.D.



Anne Benet Fitzsimmons, M.D.



Mindy Fuchs Lokshin, M.D.



David R. Mehr, M.D.

Family and Community Medicine

Anne Benet Fitzsimmons, M.D. Medical degree and residency: University of Missouri-Columbia. Internship: Hennepin County Medical Center, Minneapolis. Board certified in family medicine.

Mindy Fuchs Lokshin, M.D. Medical degree: University of Arizona College of Medicine, Tucson. Residency: University of Iowa, Iowa City, and University of Missouri-Columbia. Fellowship in family medicine: University of Missouri-Columbia. Board certified in family medicine.

David R. Mehr, M.D. Medical degree: University of California, San Francisco. Residency: University of Missouri-Columbia. Fellowship in geriatric medicine: University of Michigan Medical School, Ann Arbor. Board certified in family practice and geriatric medicine.

Paul Schoepfoerster, M.D. Medical degree: University of Minnesota, Minneapolis. Residency: University of Missouri-Columbia. Board certified in family medicine.



Paul Schoepfoerster, M.D.



Vibhuti N. Singh, M.D.



Imam Eko Tjahja, M.D.

Internal Medicine

Division of Cardiology

Vibhuti N. Singh, M.D. Medical degree and internship: Banaras H. University Institute of Medical Sciences, Varanasi, India. Residency: Worcester City Hospital, Worcester, Mass. Fellowship in clinical cardiology: Michael Reese Hospital and Medical Center, University of Illinois, Chicago. Fellowship in interventional cardiology: University of Missouri-Columbia. Board certified in internal medicine and cardiovascular medicine.

Imam Eko Tjahja, M.D. Medical degree: Ludwig-Maximilians University of Munich School of Medicine. Residency: St. Luke's Hospital, St. Louis. Fellowship in cardiology: St. Luke's Hospital and University of Missouri-Columbia. Board certified in internal medicine and cardiology.

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For physician use



George T. Griffing, M.D.



Robert W. McMurray Jr., M.D.



William L. Salzer, M.D.



Mir F. Shuttari, M.D.



Michael Acuff, M.D.

Division of Endocrinology

George T. Griffing, M.D. Medical degree: Wayne State University, Detroit. Residency: Faulkner Hospital, Boston. Fellowship in endocrinology: Boston City Hospital. Board certified in internal medicine and endocrinology.

Division of General Internal Medicine

Timothy S. Vaughn, M.D. Medical degree, internship and residency: University of Missouri-Columbia.

Division of Immunology and Rheumatology

Robert W. McMurray Jr., M.D. Medical degree: University of North Carolina Medical School, Chapel Hill. Residency: University of Arkansas for Medical Sciences, Little Rock. Fellowship in rheumatology: University of Missouri-Columbia. Board certified in rheumatology and internal medicine.

Division of Infectious Disease

William L. Salzer, M.D. Medical degree: New Jersey Medical School, Newark. Internship and residency: North Carolina Baptist Hospital, Winston-Salem. Fellowship in infectious disease: Bowman Gray School of Medicine, Winston-Salem. Board certified in internal medicine and infectious diseases.

Division of Pulmonary, Critical Care and Environmental Medicine

Mir F. Shuttari, M.D. Medical degree: Gandhi Medical College, Hyderabad, India. Internship and residency: Deaconess Hospital, St. Louis. Fellowship in pulmonary, critical care and environmental medicine: University of Missouri-Columbia.

Physical Medicine and Rehabilitation

Division of Physician Rehabilitation Services

Michael Acuff, M.D. Medical degree and residency: University of Missouri-Columbia.

Radiology

Division of Diagnostic Radiology

Mark James, M.D. Medical degree: University of Minnesota, Minneapolis. Internship: McKennan Hospital, Sioux Falls, S.D. Residency: University of Missouri-Columbia.

Surgery

Division of Neurosurgery

David F. Jimenez, M.D. Medical degree: Temple University School of Medicine, Philadelphia. Internship and residency: Temple University Hospital. Fellowship in pediatric neurosurgery: Albert Einstein College of Medicine, Montefiore Medical Center, New York.

Division of Orthopaedic Surgery

Jeffrey A. Anglen, M.D. Medical degree: Johns Hopkins School of Medicine, Baltimore. Internship and residency: Johns Hopkins Hospital. Fellowship in orthopaedic trauma: Tampa General Hospital, Tampa, Fla. Board certified in orthopaedic surgery.

Division of Plastic and Reconstructive Surgery

Constance M. Barone, M.D. Medical degree: Mount Sinai School of Medicine, New York. Internship: Temple University Hospital, Philadelphia. Residency: Temple University Hospital and New York University Medical Center, New York. Fellowship in craniofacial surgery, pediatric plastic surgery and maxillofacial trauma: Albert Einstein College of Medicine, Montefiore Medical Center, New York. Board certified in surgery and plastic surgery.



Mark James, M.D.



David F. Jimenez, M.D.



Jeffrey O. Anglen, M.D.



Constance M. Barone, M.D.

DEPARTING FACULTY

Seventeen physicians recently have left the University of Missouri Health Sciences Center:

Alan Bridges, M.D., Internal Medicine, Immunology and Rheumatology, accepted a position as associate professor of medicine at the University of Wisconsin Medical School and as chief of the rheumatology division at the Middleton VA Hospital in Madison, Wis.

Thomas W. Burns, M.D., Internal Medicine, Endocrinology, retired and was named professor emeritus. He will continue to see patients on a limited basis.

O. Joseph Dean, M.D., Urological Surgery, entered private practice in New Orleans.

Nancy C. Elder, M.D., Family Medicine, accepted a position as assistant professor in the Family Medicine Department at the University of Oregon Health Sciences University in Portland.

Melanie E. Elfrink, M.D., Family Medicine, will be doing medical relief work in New Guinea.

John W. Ely, M.D., Family Medicine, accepted a position as assistant professor of Family and Community Medicine at the University of Iowa in Iowa City.

Ann L. Grunwald, M.D., and Mark A. Grunwald, M.D., Family Medicine, entered private practice in Prairie Du Chien, Wis.

Nathan L. Kester, M.D., Diagnostic Radiology, entered private practice at the Smith-Glynn Callaway Clinic in Springfield, Mo.

Larry W. Lawhorne, M.D., Family Medicine, accepted a position as medical director of the Michigan Masonic Home in Alma, Mich.

Edith P. Mitchell, M.D., Internal Medicine, Hematology and Oncology, accepted a position as associate director of cancer research at Centocor with a concurrent position in medical oncology at Temple University School of Medicine in Philadelphia.

Arthur J. Pearl, M.D., Orthopaedic Surgery, accepted a position at Doctor's Hospital at the University of Florida-Miami.

Q. Scott Ringenberg, M.D., Internal Medicine, Hematology and Oncology, accepted a position as assistant chief of staff at the VA Hospital in Tucson, Ariz.

F. David Schneider, M.D., Family Medicine, accepted a position as assistant professor in the Department of Family Practice at the University of Texas Health Sciences Center in San Antonio.

Eleanor Shaheen, M.D., Adolescent Child Health, retired and was named professor emeritus. She will serve as a liaison between community agencies and the Department of Child Health.

Hugh E. Stephenson Jr., M.D., General Surgery, retired and was named a John A. Growden Distinguished Professor Emeritus of Surgery. He will continue to serve as Chief of Staff and will see patients on a limited basis.

Nancy VanderSluis, M.D., General Child Health, left the department and has relocated to St. Louis.

REFERRAL LINE

University Physician speakers available

Members of University Physicians are available to speak on a variety of topics to medical staffs, local medical societies and other members of the medical community.

If you are interested in scheduling a University Physician for a speaking engagement, or to receive more information, please call Referral Services at 1 (800) 877-7197 or (314) 882-7197.

If you would like to refer a patient or arrange a consultation with one of our attending physicians, please call our physicians' toll-free number, 1 (800) 877-7197. From Columbia, please call (314) 882-7197. We will be happy to forward your call to the appropriate physician or department. If you prefer to have your patients schedule their own appointments, please ask them to call 1 (800) 877-1966.

For your convenience, FAX machines are located in several areas within University Hospitals and Clinics. If you would like a copy of our complete FAX directory, please call us. Some of the more frequently used FAX numbers are:

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[314] 884=4553

Emergency Center
[314] 884=4546

Medical Records
[314] 882=3209

To refer a patient, please call
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or ask your patients to call
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From Columbia,
please dial (314) 882-7197
or ask your patients
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