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BUSM News and Notes

1993-03

BUSM News & Notes: March 1993

no. 159

<https://hdl.handle.net/2144/20956>

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School of Medicine

News & Notes

March 1993
Issue #159

RWJ Foundation awards \$8.7-million grant for SPH substance abuse program

Boston University School of Public Health has received the largest single grant ever awarded by the Robert Wood Johnson Foundation in the area of substance abuse. The \$8.7-million, four-year grant is to be used to promote a national program to aid communities fighting drug and alcohol abuse.

The program, called Join Together, was created in 1991 to learn about—and ultimately to assist—community organizations active in the fight against substance abuse. With the RWJ Foundation grant, Join Together will provide a national resource for community groups by helping them to identify the substance abuse problems in their areas, determining what strategies will be most effective, getting community leaders to participate in these coalitions and evaluating their effectiveness.

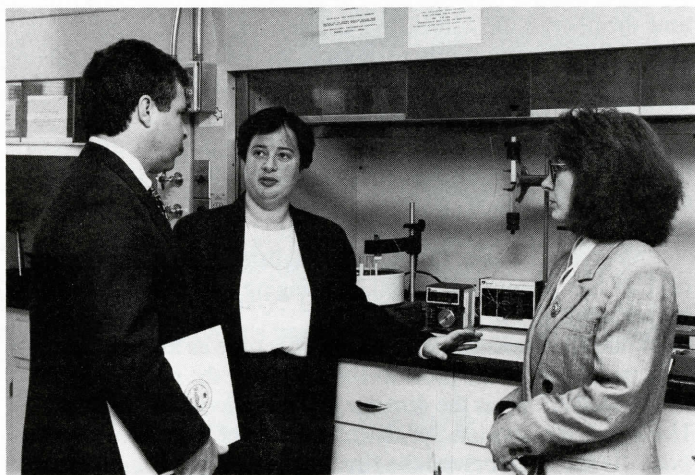
Join Together's first effort was to conduct an extensive survey of anti-alcohol and anti-drug groups in more than 2,000 communities across the country. The results revealed that much of the war on drugs is being fought at the community level, in coalitions that bring together individuals, businesses, religious groups, schools, police, government agencies and social organizations.

"We believe that communities need to organize all of their key leadership and institutions into a single strategy against substance abuse that covers prevention, treatment, law enforcement and jobs in order to be more successful," said David L. Rosenbloom, Ph.D., director of Join Together and an associate professor at the School of Public Health.

Over the past year, Rosenbloom said, Join Together has selected and trained a cadre of 30 leaders from 24 states in its National Fellows Program, and plans to include 120 more between now and 1996, when the program is scheduled to end. It also has established two public policy panels—one to explore the problems communities face in preventing youth access to alcohol, and a second to consider substance abuse coverage as part of the nation's health care reform. In addition, over the next four years, Join Together will provide help in coalition-building and strategy-development to coalitions in over 800 selected cities. These cities can then exchange ideas through Join Together's national computer network.

"Substance abuse, including illegal drugs, alcohol and tobacco, is the most important preventable health problem plaguing our nation," said Steven Schroeder, president of the Princeton, N.J.-based Robert Wood Johnson Foundation, the nation's largest health-care philanthropy. "Join Together was created to assist community coalitions take the lead in the fight against alcohol and drugs."

Join Together also monitors community anti-drug activity and the effectiveness of various ways of fighting drug abuse, and is-



Stephen Tocco, secretary for economic affairs for Gov. William Weld, recently visited Boston University's CityLab at 809 Albany St. CityLab, a biotechnology learning laboratory for high school teachers and their students, is a joint venture between Boston University's School of Medicine and School of Education. CityLab is one of the many educational/training programs here that addresses the growing workforce demand in biotechnology and health care in Massachusetts. Pictured with Tocco are CityLab supervisor Leslie Wolfe, Ph.D., center, and Connie Phillips, director of the CityLab program. (photo by Tracy Russo, BUSM's Educational Media Support Services)

sues an annual report describing how communities rate their leaders. The results are made available each spring in Join Together's publication, *Who Is Really Fighting the War on Drugs?*

School of Medicine's new chair honors Sandson and Chobanian

The School of Medicine recently recognized the years of leadership and achievement contributed consecutively by Dean Emeritus John I. Sandson and Dean Aram V. Chobanian by naming a chair in honor of Sandson and making Chobanian the first recipient.

The John I. Sandson Distinguished Professorship of Health Sciences, the result of four-and-a-half years of accumulating donations by former students, colleagues and friends of Sandson's, recognizes the major contribution he made to the School as dean for 14 years (1974 to 1988) and continues to make in his ongoing activities here as dean emeritus.

Sandson increased the School's annual budget five-fold, from \$20 million a year to \$100 million a year, and increased research and other sponsored-program activities to a value of \$50 million a year in 1987. His impact extended into the structure of the School, as well. He oversaw the establishment of the School of

Public Health, the development of a flexible curriculum—as reflected in the establishment of the MMEDIC (modular medical integrated curriculum) and the Early Medical School Selection Program—and was an advocate for the Student Revolving Loan Fund.

As dean emeritus, Sandson has pursued his interests in health care manpower, the financing of medical education and enhancing opportunities for minorities in medicine. He also is a full-time member of the admissions committee, which, he said, has given him the opportunity to observe the increase in applications during the last few years and the diverse, well motivated applicants who are applying.

Meanwhile, Chobanian whose internationally recognized research in hypertension dates back to the ground-breaking studies done under Robert W. Wilkins, M.D., has shifted his primary focus to leading the School since becoming dean in 1988.

“As dean,” he said, “I am very interested in getting the Medical Campus closely integrated, in bringing in new leadership, and in recruiting young faculty.”

While Chobanian spends most of his time as an administrator, he remains one of the preeminent leaders in the study of hypertension today. He is the director of the National Institutes of Health's Hypertension Specialized Center of Research. In addition, Chobanian received the first Lifetime Achievement Award in Hypertension from the American Heart Association and was a co-recipient of the 1990 Modern Medicine Award for Distinguished Service with former Surgeon General C. Everett Koop, M.D.

Researchers find no evidence of new virus in AIDS-like illness

In a study of four patients with idiopathic CD4 + T-lymphocytopenia (ICL), the mysterious AIDS-like illness reported at the international conference on AIDS last summer, researchers have found no evidence that the syndrome is caused by a virus or by any other infectious agent.

“At this point, there is no compelling evidence for an infectious etiology,” said the principal investigator, Robert A. Duncan, M.D., a fellow in infectious diseases at the School of Medicine and at Boston City Hospital.

Like AIDS, ICL is characterized by a precipitous drop in the number of a key group of immune cells called CD4 + T-lymphocytes. This depletion of CD4 cells often is accompanied by rare opportunistic infections, such as *Pneumocystis carinii pneumonia*, that are considered hallmarks of AIDS, yet there is no evidence of HIV infection.

In this study, which was published in the Feb. 11 issue of *The New England Journal of Medicine*, the patients reported none of the risk factors traditionally associated with AIDS, and all family members and sexual contacts of the patients were healthy. All tested negative for HIV, and researchers found no evidence of any other retrovirus, the family of viruses to which HIV belongs. Moreover, the course of the illness differed from patient to patient: After treatment of their initial illness, three of the four patients remained well and, in one case, a patient's CD4 count steadily improved over the course of a year.

CD4 is a marker on the surface of a subgroup of T-lymphocytes called helper T-cells. Helper T-cells, together with suppressor T-cells, coordinate the immune responses of other lymphocytes, monocytes, neutrophils and natural killer cells. Healthy individuals have CD4 counts of between 500 and 1,600 cells per cubic millimeter of blood, while patients with ICL have CD4 counts below 300 cells. Patients with advanced HIV infection have CD4 counts that progressively fall below 200.

ICL was first described in a *Newsweek* report in early July of 1992. Later that month, at the International AIDS Conference in Amsterdam, researchers described more cases. These reports provoked widespread media attention and some concern among scientists that a new strain of AIDS virus might be emerging, particularly because some of the patients did have risk factors for HIV infection.

Since that time, however, there has been little evidence to indicate the presence of a new virus. ICL has struck a broad spectrum of people—approximately 100 cases have been reported worldwide to date—with few common threads among them. If ICL were caused by a single agent and if it were a single syndrome, Duncan said, scientists would expect to see a pattern in how the disease is spread and in who contracts it. No such pattern has emerged. “My suspicion is that it has multiple etiologies and multiple clinical courses, so that this is not a syndrome, but a collection of syndromes,” said Duncan. In addition, it appears to be an old syndrome. Scientists combing the medical literature have found reports of mysterious immune defects going back to the 1950s.

In the meantime, in the absence of a single, identifiable cause, the only treatment for patients with ICL is to direct therapy at the opportunistic infections that complicate the underlying immunodeficiency.

Estrogen with progesterone lowers risk of endometrial cancer in menopausal women

Women who take estrogen replacement drugs to counter the health problems associated with menopause can significantly reduce their short-term risk of developing endometrial cancer if they also take progesterone, according to a Boston Collaborative Drug Surveillance Program study led by Herschel Jick, M.D., an associate professor of medicine.

In a 10-year study of women between 50 and 64 years of age who were members of a Washington, D.C., health maintenance organization, researchers identified 172 cases of endometrial cancer. They then compared the use of hormones in those women with that in 1,720 women who did not have cancer. The scientists found that women who used estrogen alone had a 6.5 times greater risk of developing endometrial cancer than women who used no estrogen, but that women who combined estrogen with progesterone did not have an increased risk of cancer.

Because the women in this study did not use the combined therapy in substantial numbers until 1986, these findings apply to women who have used the combined therapy for five years or less. Researchers say that it is still unknown whether long-term combined use of estrogen and progesterone can result in an increased risk of endometrial cancer.

JNC updates guidelines for treatment of hypertension, using diuretics and beta-blockers

In a recently published report, the Joint National Committee on the Detection, Evaluation, and Treatment of High Blood Pressure (JNC) has updated its treatment guidelines to advise the use of diuretics and beta-blockers over that of newer agents, such as ACE inhibitors, as the preferred, first-line therapy for hypertension.

Dean Aram V. Chobanian, a JNC member, said that two important factors influenced the committee's decision. First, while diuretics and beta-blockers have been shown to reduce morbidity and mortality among patients with hypertension, the new agents have not been tested in long-term trials to demonstrate their effectiveness. Second, treatment with diuretics and beta-blockers is usually much less expensive than therapy utilizing the newer agents.

Chobanian said that the newer agents should be selected for specific patients in whom the new drugs might have particular benefits, such as those with known cholesterol abnormalities, heart disease, diabetes or kidney problems. The report underscored an "urgent need" for trials to evaluate these new drugs, which, in addition to ACE inhibitors, include calcium antagonists and alpha-receptor blockers. The JNC report also said that pharmacologic treatment should begin only after lifestyle modifications, such as weight reduction, smoking cessation, exercise and sodium reduction, have proven insufficient to reduce a patient's blood pressure.

Fetal Alcohol Education Program receives MetPath Foundation grant

The School of Medicine's Fetal Alcohol Education Program recently was awarded a grant from the MetPath Foundation to develop a national program for pediatricians on the prevention and diagnosis of fetal alcohol syndrome. The program, which will include a training program and educational materials, is directed by Lyn Weiner, M.P.H., and Barbara A. Morse, Ph.S., executive director and program director respectively.

As part of the grant, three pilot sites around the city will be selected for intensive training sessions on FAS. Weiner and Morse, in collaboration with Sean Palfrey, M.D., chief of ambulatory pediatrics at Boston City Hospital, have initiated training for pediatric house staff at BCH. In addition, an educational handbook geared specifically to the needs of pediatricians will be developed, and distributed to pediatricians nationally.

The MetPath Foundation is funded by MetPath, Inc., a national clinical diagnostic laboratory. For more information about the grant program, call the Fetal Alcohol Education Program at 617/739-1424.

Interinstitutional task force appointed on minority faculty recruitment, retention

The Task Force on Minority Faculty Recruitment and Retention recently was convened by Dean Aram V. Chobanian, Judith Kurland, commissioner of the Department of Health and Hospitals, and J. Scott Abercrombie Jr., M.D., president of Boston University Medical Center/The University Hospital. The task force, which has begun to meet monthly under the direction of Kenneth Edelin, M.D., associate dean for student and minority affairs at the School, is composed of a diverse group of individuals from all three facilities.

The purpose of the task force is to examine current mechanisms for the recruitment of minority faculty to the Medical Campus and recommend changes that will enable department to be more successful in their recruitment efforts. The task force also will consider and recommend strategies to improve the retention of minority faculty. Edelin anticipates that the group's recommendations on this important issue will be ready by early summer.

Leeman receives 1993 FASEB Excellence in Science Award

Susan E. Leeman, Ph.D., a professor of pharmacology, recently was selected as the recipient of the 1993 FASEB (Federation of American Societies for Experimental Biology) Excellence in Science Award. The award is presented annually to a woman scientist who has contributed significantly to further the understanding of a particular discipline by excellence in research. According to Shu Chien, M.D., Ph.D., president of FASEB, Leeman has made "outstanding contributions to the field of neuroendocrinology" and has had "a major impact on scientists in a wide variety of disciplines." As the recipient of the award, Leeman will present the Excellence in Science Lecture during the Experimental Biology '93 meeting to be held in New Orleans from March 28 to April 1.

Pediatric dept. events on May 13, 14 to honor Alpert's 21-year tenure

BCH/BUSM's annual Pediatric Alumni events this year will honor Joel J. Alpert, M.D., chairman of the Department of Pediatrics at the School of Medicine. Alpert will be retiring as chairman this year after 21 years of service.

The annual Pediatric Lectureship, which will feature N. Paul Rosman, M.D., former director of BCH's Division of Pediatric Neurology and currently a professor of pediatrics and neurology at Tufts University School of Medicine, will be held on May 13 at noon in the Dowling Amphitheater at BCH. The annual Alumni Dinner will be held later that evening.

On May 14, a Festschrift in Alpert's honor will begin at 8 a.m. in the Dowling Amphitheater, followed by a luncheon at the School of Medicine's Hiebert Lounge at noon.

For more information on these events, contact Trysha Ahem, Pediatric Alumni coordinator, at 534-7408.

Briefly noted

Nancy Avis, Ph.D., an adjunct assistant professor of public health and a nationally recognized expert on menopause, discussed the psychosocial and cultural issues surrounding menopausal women during a two-day conference sponsored by Elliot Health System and the University of New Hampshire on Feb. 11 and 12. Avis currently is the director of the Institute for Women's Research and is a principal research scientist at the New England Research Institute....**Phyllis J. Stevens**, director of Minority Affairs, recently began a two-year term as chairperson of the Northeast Region Group on Student Affairs-Minority Affairs Section of the American Association of Medical Colleges (AAMC). Stevens' role, both with the School of Medicine and the AAMC, involves increasing the number of minorities in medicine and fostering mutual understanding and acceptance for medical students of different backgrounds.

Upcoming CME courses

The following is a list of upcoming courses sponsored by the Department of Continuing Medical Education:

"Controversies in Internal Medicine" will be held from May 10 through May 14 at the Hilton Resort in Hilton Head, S.C.

"Facial Skin Malignancies: Update on Diagnosis, Treatment and Reconstruction" will take place from May 14 through May 15 at the Royal Sonesta Hotel in Cambridge, Mass.

"Advances in Medicine" will be held from May 31 through June 4 at the Sheraton Hotel in Boston.

For further information, contact the Department of Continuing Medical Education, 80 E. Concord St., Boston, MA 02118, or call (617) 638-4605 (x4605).

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News & Notes

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