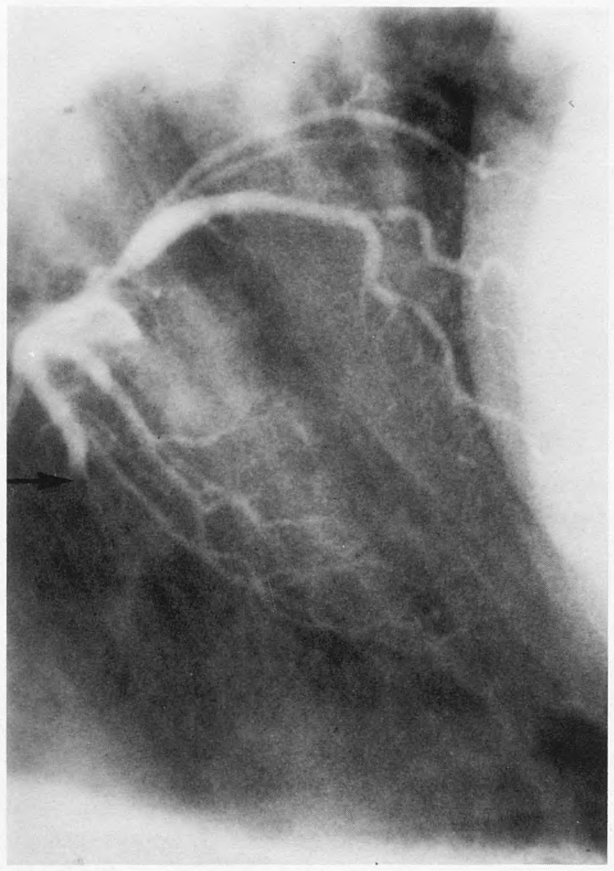
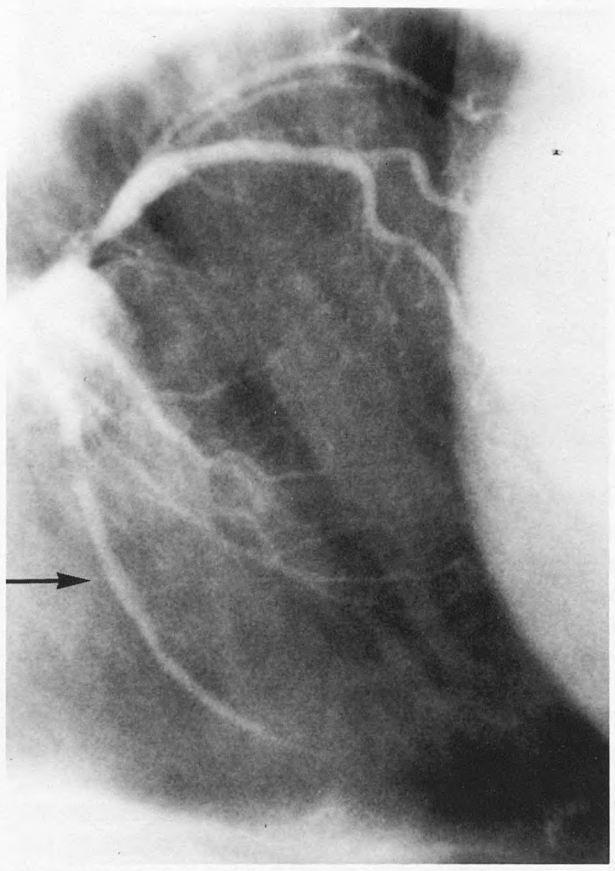
Barnes
Bulletin

Barnes Hospital, St. Louis, Mo.
April, 1984, Vol. XXXVIII, No. 4



Before: A blockage in a coronary artery cuts off the supply of oxygen-rich blood to the heart muscle. A heart attack results.



After: A new drug, t-PA, moves directly to the clot and dissolves the blockage, re-establishing blood flow to the heart muscle.

Drug researched here may prevent heart attack

A new drug, tissue plasminogen activator (t-PA), researched by Barnes Hospital/Washington University School of Medicine staff members, may save as many as 100,000 to 200,000 lives each year in the United States alone by dissolving the blood clots which cause heart attacks, according to a published report in the March 8 issue of *The New England Journal of Medicine.*

Last September, Barnes/WU researchers received FDA approval to conduct the world's first clinical trial of t-PA on human patients in the early stages of heart attack. In six of seven patients studied, t-PA stopped the attack within minutes by dissolving the blood clot that was causing it and restoring blood flow to the tissue beyond, without putting the patient at risk of bleeding elsewhere in the body.

For several years, Barnes Hospital and Washington University School of Medicine have played a critical role in t-PA research. The center is the first in the world at which t-PA was used to dissolve clots causing heart attacks in animals. It is also the first, in collaboration with a Belgian center, at which the drug was used on human patients. It is the first to publish work which reported that genetically engineered t-PA had dissolved coronary artery clots in animals. The center is participating in on-going clinical studies of t-PA, in combination with other centers and with the National Institutes of Health.

T-PA is an enzyme naturally occurring in the cells that line blood vessels. It can be produced in at least two ways: (1) by harvesting a human tissue culture system through a lengthy and expensive process of extraction and purification (to produce the amount of t-PA necessary to treat one heart attack victim, two technicians must work full-time over three to four weeks); (2) by genetically engineering it through a process developed last year.

T-PA dissolves a blood clot which is causing a heart attack. Administered intravenously, during the early stages (the first one to two hours) of an attack, it circulates in the bloodstream but is, in biological terms, relatively inactive until it comes into contact with a clot. There it activates the body's natural clot-dissolving reaction in the immediate vicinity of the clot, thus stopping the attack, usually within seven to 30 minutes after injection. Blood flow resumes to areas beyond the clot deprived of blood during the attack.

T-PA may become an important form of early treatment for suspected or incipient heart attack patients. It dissolves the clot selectively, without producing a tendency to bleeding elsewhere in the body ("systemic lytic state"). Streptokinase and urokinase, two other clot-dissolving drugs, both produce a systemic lytic state and therefore put the patient at risk of serious bleeding. And with its low risk, emergency personnel, even heart disease patients themselves, may ultimately inject t-PA when a heart attack is suspected.

It is possible, researchers say, that of the 400,000 to 500,000 deaths from heart attack in the U.S. each year, some 100,000 to 200,000 lives might be saved through t-PA. For some patients, other forms of treatment will still be required. But even a cautious evaluation indicates that "in the relatively near future, t-PA will become part of general medical practice in the treatment of heart attack. It should definitely save the lives of many patients," says Dr. Burton E. Sobel, Barnes Hospital cardiologist-in-chief and director of the cardiovascular division at Washington University School of Medicine.

Front cover: *In the fight against cancer, new laboratory techniques are enabling doctors to detect disease sooner and diagnose it more accurately, while medical and surgical advances in cancer treatment and management are giving many victims hope for a cure. (See centerspread.)*

Auxiliary celebrates 25th anniversary

Twenty-five years of dedicated service and financial support will be celebrated by the Barnes Hospital Auxiliary at its annual spring luncheon and business meeting April 26. Elaine Viets, a feature columnist with the *St. Louis Post-Dispatch,* will be the guest speaker.

The Auxiliary's annual meeting begins at 11 a.m., with a cash bar and the silver anniversary luncheon following. The event is being held at the Radisson Hotel, Ninth Street and Convention Plaza.

One of the afternoon's highlights will be the presentation of a check by Auxiliary president Mary Ann Fritschle to Barnes board of directors chairman Harold E. Thayer representing the Auxiliary's final installment of a $1 million pledge, made in 1981, to help finance the construction of new trauma center facilities at Barnes. The Auxiliary has already donated $685,000 to the project, which should be completed in early 1985.

Since its inception in 1959, the Auxiliary, frequently named as the top such organization in the state, has given $3,260,723.72 to Barnes. The Auxiliary makes its yearly donations to the hospital through its sponsorship of the Wishing Well Gift and Flower Shops, Nearly New Shop, Tribute Fund and Baby Photo Service. The 665-member Auxiliary also coordinates the hospital's highly successful volunteer services program, whose 460 volunteers provided 50,809 hours of service in 1983.

1983 *Annual Report* highlights mission

Barnes' 1983 *Annual Report,* published this month, highlights the sweeping changes in technology and the delivery of health care that have occurred during the past year and outlines the advances that are enabling Barnes to continue fulfilling its mission as one of the world's pre-eminent providers of health care.

The report also describes Barnes' role as a national resource for health care and education and the institution's increasing responsibility as a major midwestern referral center. It is divided into seven major sections, including technology, cancer therapy, VIP services, facilities, community outreach, people/finances and future plans.

Nuclear magnetic resonance, ophthalmology's YAG laser, chemonucleolysis for dissolving herniated discs in the lumbar spine, percutaneous nephrolithotripsy or the use of ultrasound to remove kidney stones, microsurgery and streptokinase/t-PA infusion to reduce the amount of heart tissue muscle death during heart attack are just some of the technological advances, many of which have been partially developed here, that are giving Barnes patients new hope for a normal life and are capsulized in the 1983 *Annual Report.*

The report also features the multitude of advances that have taken place here in cancer therapy, including the liver pump, which allows potent cancer-fighting drugs to be infused directly into the liver, Moh's chemosurgery for facial cancers,

(continued on page 2)

Annual Report

(continued from page 1)

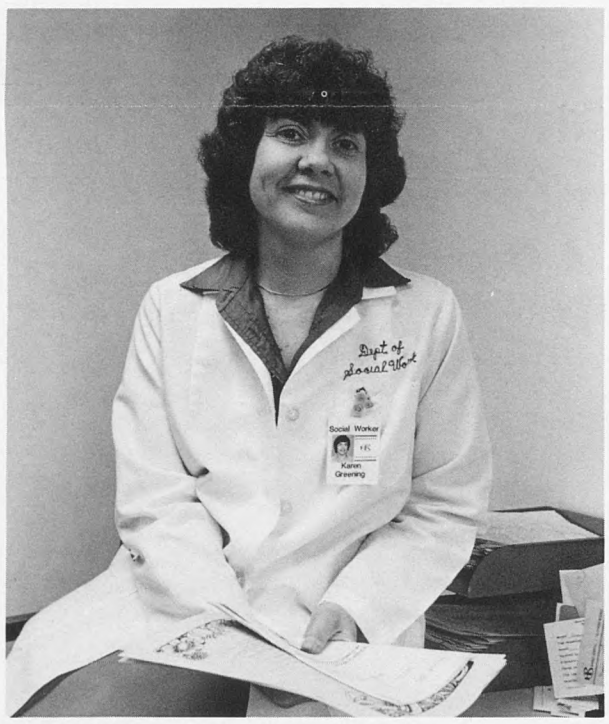
nerve-sparing prostate surgery that preserves potency in men with bladder or prostate cancer, hyperthermia for superficial tumors of the head and neck, breast or chest wall and new techniques in surgical pathology that are detecting cancer sooner and more precisely than previously possible.

Statistics in the *Annual Report* show that 37,276 patients were admitted resulting in an occupancy rate of 82.35 percent for the hospital's 1,158 beds in use. (Barnes holds licensure for 1,208 beds.) Barnes also had 31,620 emergency department visits; 29,392 surgical procedures (up from 28,977 in 1982) and 2,792 babies delivered. The total budget for 1983 was $188,667,660.

Wages and benefits accounted for 49 cents of every dollar, while 32 cents of each dollar was spent on medicines and supplies. Other expenses include food, insurance, repairs, depreciation, maintenance and utilities.

Since Barnes receives no government or tax support, the hospital's inpatients constitute its major source of income, contributing 83 cents of every dollar of revenue. Other sources of income include interest, gifts, clinic outpatient revenues, private outpatient revenues and sales to other institutions.

Copies of the 1983 *Annual Report* are available from the public relations department, 362-5290. The complete audited financial statement may be obtained from the controller's office, 362-5592.



S.H.A.R.E. coordinator Karen Greening

Support groups offer hope to cancer victims

Breast cancer. It is an insidious disease that often strikes women in the prime of their lives and is the leader in cancer-related deaths in women in the United States. Although early diagnosis and treatment are assuring more of its victims a physical victory over the disease, the individual's emotional, psychological and sociological recovery may often lag far behind in terms of progress.

At Barnes, many women who are struggling to cope with breast cancer and the emotional devastation that can accompany it are finding renewed hope through two breast cancer support groups: Reach To Recovery and S.H.A.R.E.

Reach To Recovery (RTR), a joint project of the American Cancer Society and the hospital's volunteer department, provides breast cancer patients emotional support and information during their hospitalization for mastectomy, the surgical removal or partial removal of the diseased breast.

During this critical time, volunteers, all former mastectomy patients who have received special training from the ACS, visit patients and share their related experiences. Information is also given on breast prosthesis, shopping for clothes, exercise and other tips. Patients are referred to RTR volunteers by their doctors.

S.H.A.R.E. (Support Has A Reinforcing Effect) is a breast cancer support group that was started at Barnes in 1981 and provides ongoing support through monthly meetings, newsletters, small informal group sessions, a hotline and a lending library. Two S.H.A.R.E. publications, "Coping with Breast Cancer—Strategies for Dealing with the Limitations, Problems and Discomforts of Breast Cancer" and "Breast Cancer Resources for Patients and Families" are also available, while carpool and mailing services provide transportation to and from meetings and keep those unable to attend meetings in touch.

S.H.A.R.E. members also sponsor an annual breast cancer educational conference that features speakers from the medical profession and, along with RTR volunteers, they are actively involved in community health fairs.

"S.H.A.R.E. helps women deal with many sensitive and highly personal things such as relating to children or dealing with their self-image and sexuality after mastectomy," said Karen Greening, a Barnes oncology social worker who serves as the group's advisor. "I've seen women come into the group crying because they couldn't cope and three months later they are serving as one of its leaders."

There are no dues for membership in S.H.A.R.E. It is supported through the voluntary donations of its members and grants from various companies and societies. Many family members have also donated to S.H.A.R.E. through Barnes' development office.

Seven other breast cancer support groups, including three in Illinois, have grown from S.H.A.R.E., whose stated purpose is "to improve the quality of life for persons with breast cancer through education and mutual support."

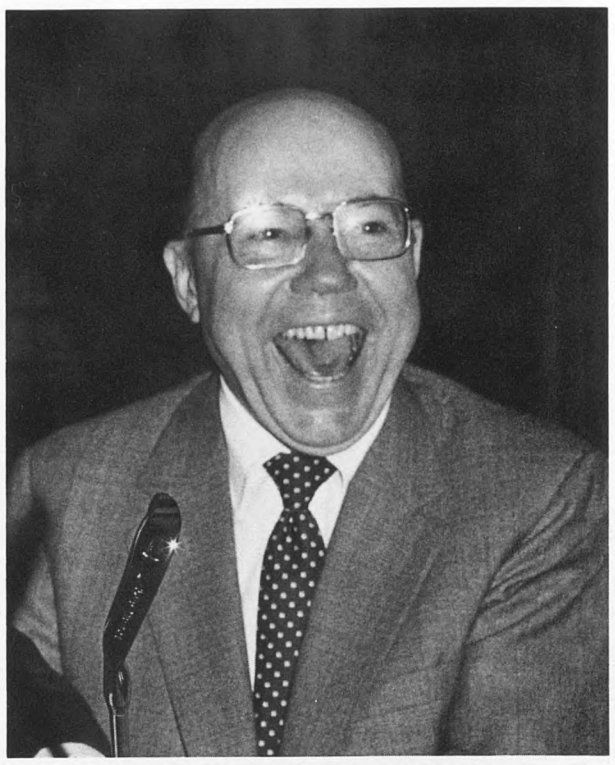
There are currently about 50 active members in Barnes' S.H.A.R.E. chapter, while more than 200 are in the group's mailing list, according to Mrs. Greening. The next S.H.A.R.E. meeting, marking the group's third anniversary, begins at 7 p.m., April 26, in the fourth floor classroom of the Rand-Johnson building at Barnes. (Meetings are always held the fourth Thursday of the month.)

For more information about S.H.A.R.E., contact Mrs. Greening at 362-5585. For more information about Reach to Recovery, call 362-5326.

Barnes fact cards now available in PR

Barnes Hospital Facts, a wallet-size card printed with 1983 statistics, is now available from the public relations department. The cards answer such commonly asked questions about Barnes as how many beds, admissions per year, patient days per year, occupancy rate, room rates, average length of stay and the 1984 operating expense budget.

The card also includes annual statistics concerning the number of operating rooms, deliveries, operating room procedures, emergency visits, and number of doctors, residents and interns on staff. To obtain a fact card, stop by the public relations department, ground floor Queeny Tower, or call 362-5290.



John Keppel retires after 30 years of service

Keppel, Telthorst, Thurman retire

Patient accounts director John Keppel, Jr., assistant administrator Don Telthorst and safety and employee health director Edward J. Thurman retired recently from Barnes with a combined total of more than 70 years of service. All three received certificates of appreciation for their years of dedication and service.

Mr. Keppel, who retired February 25, first joined Barnes in 1946 as an accounting trainee. He left the hospital briefly in 1950, only to return in 1951 as chief cashier. In 1957, he was promoted to credit manager. Later, the position title was changed to director of patient accounts.

Mr. Keppel has always been an active member of numerous professional organizations, many of which he has served as president or in other leadership roles. He has been a charter member of the Society of Certified Consumer Credit Executives since 1967 and served as the group's president from 1976-1977. He has also served as chairman of the International Consumer Credit Association and received its Distinguished Service Award in 1971. He is currently serving on the ICCA's board of directors.

Don Telthorst, assistant administrator-facilities, retired January 27 after 20 years of service to Barnes. Mr. Telthorst had been in Barnes' employ since August of 1963, when he joined the hospital as an executive assistant.

Throughout the years, Mr. Telthorst held numerous administrative positions, many of which included responsibilities for purchasing and long-range planning for future building needs. During his tenure with Barnes, he was involved in several construction projects, including the East and West Pavilions, which were completed in 1974 and 1980, respectively.

Safety and employee health director Ed Thurman retired March 16 after nearly 20 years of service to Barnes. A safety engineer, Mr. Thurman first joined the hospital in 1964 as director of safety and security. His responsibilities at that time included the writing, implementation and enforcement of fire, employee, visitor and patient safety and security programs and policies.

Mr. Thurman served in that capacity until 1974, when he was named director of safety/employee health, and security became a separate department. His responsibilities have included the development of the hospital's Risk Management Program, which has been in operation since 1976.

Barnes sponsors Cardiology Update '84

Barnes cardiologists, radiologists and cardiothoracic surgeons, in cooperation with the hospital's department of education and training, are sponsoring "Cardiology Update '84"—a May 4-5 conference for practicing physicians that is focusing on the latest technological advances in cardiovascular disease care.

The conference's course of study has been divided into three major areas, including modification of infarct size, advances in non-invasive imaging and electrophysiologic study and therapy. Application in the clinical setting will be emphasized. Discussion times and informal luncheons are scheduled to complement the presentations and to aid doctors in managing their patients' individual problems.

"Cardiology Update '84" speakers, all of whom serve on the Barnes/WU medical staff, include Drs. Daniel R. Biello, radiologist (nuclear medicine); Michael E. Cain, cardiologist and director of the Clinical Electrophysiology Laboratory; James L. Cox, cardiothoracic surgeon-in-chief and head of the WUMS division of cardiothoracic surgery; Edward M. Geltman, program chairman and medical director of the Cardiac Diagnostic Laboratory (CDL); Fernando R. Gutierrez, cardiac radiologist; Allan S. Jaffe, medical director of the Cardiac Care Unit; Robert G. Levitt, radiologist; Julio E. Perez, assistant medical director of the CDL; Kenneth E. Shafer, cardiology fellow and Barnes chief resident in medicine; Burton E. Sobel, cardiologist-in-chief and director of cardiovascular medicine for WUMS.

In addition to the medical conference, "Cardiology Update '84" also includes a program for the doctors' spouses. Tours through the Missouri Botanical Gardens (Shaw's Garden), St. Louis Art Museum and the St. Louis Mississippi Riverfront (including the Arch and Laclede's Landing), plus shopping at either Plaza Frontenac or Maryland Plaza highlight the spouses' program, which also features a special fashion presentation.

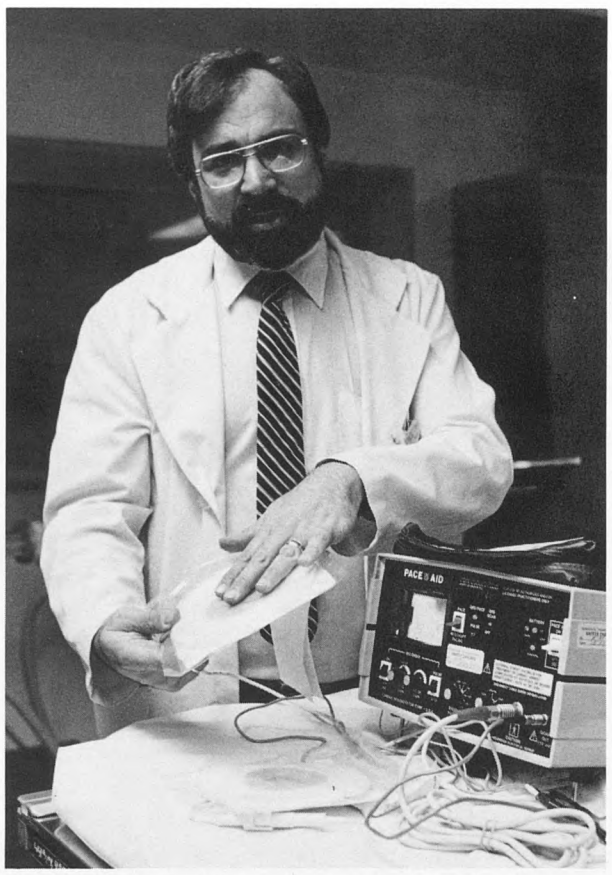
Fees for the conference are $100 (physician only) and $150 (physician and spouse) and include enrollment, instructional materials, a hotel room reserved at Queeny Tower (located within the hospital complex) or the nearby Chase Park Plaza, meals, Friday social hour, parking, transportation and entrance fees for spouses' activities, plus tickets to the Fox Theatre's presentation of "42nd Street" on May 4.

The registration deadline is April 16; registration will be confirmed within two weeks of receipt. All conference fees are tax deductible and application has been made for CME credit. For more information, call the department of education and training, (314) 362-5250.

Barnes dietitian honored by state organization

Linda Gobberdiel, director of clinical dietetics for the food and nutrition department at Barnes Hospital, will receive the Recognized Young Dietitian of the Year Award for 1984 during the Missouri Dietetic Association's annual meeting April 26-27 in Kansas City, Missouri.

Ms. Gobberdiel was selected by the organization's executive board in recognition of her contributions to the profession as well as to the state and district dietetic associations. She has served on Barnes staff since 1978 and holds a bachelor of science degree in medical dietetics from the University of Missouri—Columbia and a master of art degree in management from Webster University.



CCU director Dr. Allan Jaffe explains the advantages of the external pacemaker.

CCU's external pacemaker is area first

Patients in Barnes Cardiac Care Unit (CCU) now benefit from a new external pacemaker that can stimulate cardiac activity through leads placed on the chest during the critical period just prior to invasive pacemaker placement or other kinds of therapies, according to Dr. Allan S. Jaffe, CCU director.

The pacemaker, the first of its kind in St. Louis, is used short-term, anywhere from 30 minutes to more than an hour, according to Dr. Jaffe, to stabilize the condition of a patient whose heart rate is life-threateningly slow.

"We can use the external pacemaker on patients who are suffering from a slow heart rate and are acutely ill because of it," says Dr. Jaffe. "More definitive types of therapies, such as pacemaker placement, take time—less than half an hour here, but much longer at institutions that do not have the same rapid access to cardiac support that Barnes provides. Treatment during this interim period can be critical to the patient's recovery."

The external pacemaker is seldom used at Barnes for more than an hour, according to Dr. Jaffe, as the electric currents flowing through the chest muscle wall to the heart cause uncomfortable muscle twitching and some pain. "It's not something you would want to use long-term," comments Dr. Jaffe, "but it's very useful during that interim period."

An abnormally slow heart rate can be caused by any one of a number of factors, including heart attack or conducting system disease.

New Children's Hospital opens this month

Patients will begin moving this month into the new $84 million Children's Hospital, which is located adjacent to Barnes on a 2.5 acre site bounded by Kingshighway, Audubon, Euclid and Parkview Avenues. The 500,000 square foot facility will house 235-beds and will more than double the space of the existing structure.

The new facility will also feature eight operating rooms and support space that includes a 12-bed recovery area. (Previously, all Children's Hospital surgical procedures were performed in Barnes operating rooms.) In addition, there will be two operating areas specifically for oral surgery and 11 diagnostic/treatment rooms for the radiology service, which is run by the Mallinckrodt Institute of Radiology. Anesthesiology, pathology and expanded rehabilitation services will also be provided with the opening of the new facility.

Patient care areas are also being increased, including 22 intensive care beds (up from the current 13) and 52 neonatal intensive care beds (which almost doubles the existing number). Additional provisions for patient and parent comfort include parent sleeping space in all patient rooms and in-room toilet facilities.

The emergency room and outpatient clinic areas have also been expanded, while access to the hospital is being improved through the addition of a heliport that will serve the entire Washington University Medical Center. The new hospital has an all-weather link to Barnes and the rest of the medical center and has a structural capacity for future expansion to one million square feet. The new hospital's annual budget is $46 million.

Swedish consultants observe QCCs here

Consultants from a firm in Storfors, Sweden, spent a day at Barnes last month, discussing and observing the hospital's Quality Control Circle (QCC) program, which was started here in 1981 as a means of improving employee morale and productivity by encouraging problem solving at the "grass roots" level.

The Swedish consultants, whose firm, EKAB, has installed approximately 800 QCCs in 40 companies in Sweden, Finland, Norway, Belgium and Ireland, journeyed to Barnes to learn first-hand how QCCs can function in the hospital setting. Barnes was one of the first health care institutions to establish a QCC program.

Burn patient group sponsors Alarms for Life

Members of Barnes burn patient support group, Dealing With Feelings, have initiated a fundraising campaign to purchase and donate 1,000 smoke detectors to the St. Louis City Fire Department for eventual installation in the homes of the area's poor and elderly.

The group, which is composed of recovered burn patients from Barnes Burn Center, hopes that the program, called Alarms for Life, will have a significant impact on burn prevention. "We feel that Alarms for Life will save lives," says Sara Schmeer, Burn Center social worker and the group's coordinator. "Our members are strongly committed to the prevention of burn-related injuries and deaths."

The city's poor and elderly have been targeted to receive the alarms because recent studies have shown that they are the most susceptible to the threat of accidental fire. "It is well established that the poor and elderly have a high rate of fire deaths and are less likely to have smoke detectors than are higher income families or younger people," says Ms. Schmeer. "It is also well established that fire deaths in residences have declined as smoke detector usage has increased."

Tax-deductible donations are now being accepted for the Alarms for Life program. (Make checks payable to Barnes Hospital/Alarms for Life.) Donations should be sent c/o Sara Schmeer, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Missouri, 63110. For more information call Ms. Schmeer at 362-1025.

Cancer Care

Ask anyone about state-of-the-art care in cancer and a few institutions leap instantly into mind. The Mayo Clinic, Memorial Sloan-Kettering and M.D. Anderson are a few commonly expressed examples. Yet, here in St. Louis, buried in the heart of America, is perhaps one of the best kept "secrets" of the medical world when it comes to cancer research, diagnosis, treatment and prevention: Barnes Hospital and the Washington University School of Medicine.

"Barnes rivals the more famous cancer hospitals as a complete, comprehensive cancer center, and Washington University's total biomedical research activities are among the largest in the world," says Dr. David M. Kipnis, Barnes physician-in-chief and head of the department of medicine for WUMS.

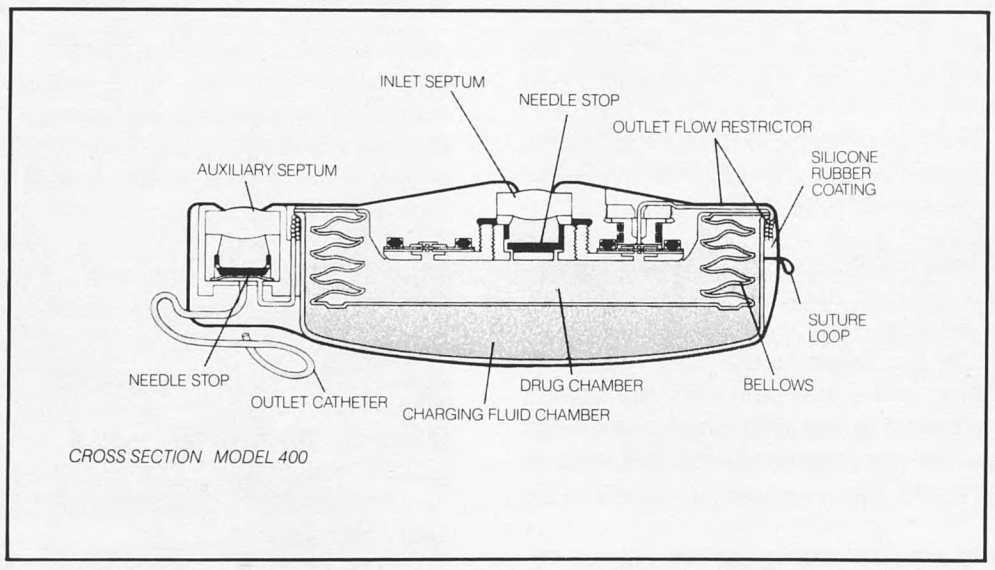
But what makes Barnes or any other hospital a true cancer center? A team approach to care where cooperation between researchers and clinicians, physicians and surgeons, nurses and dietitians, social workers and chaplains and others intricately involved in the care of cancer patients yields an interchange of knowledge and expertise that is winning the fight against this dreaded disease.

"A team approach to treating cancer patients is essential," says Dr. Jay Marion, Barnes/WU oncologist. "Most people who take care of cancer patients are more than just technicians; there is simply too much to the disease to be that one-sided. Even just saying the word 'cancer' has a strong psychological impact. Consequently, there has to be a strong interaction between doctors, surgeons, social workers, nurses, psychiatrists, psychologists, husbands, brothers, in-laws—anyone who says, 'Yes, I have a key to this person's psyche, I understand, I can help.'"

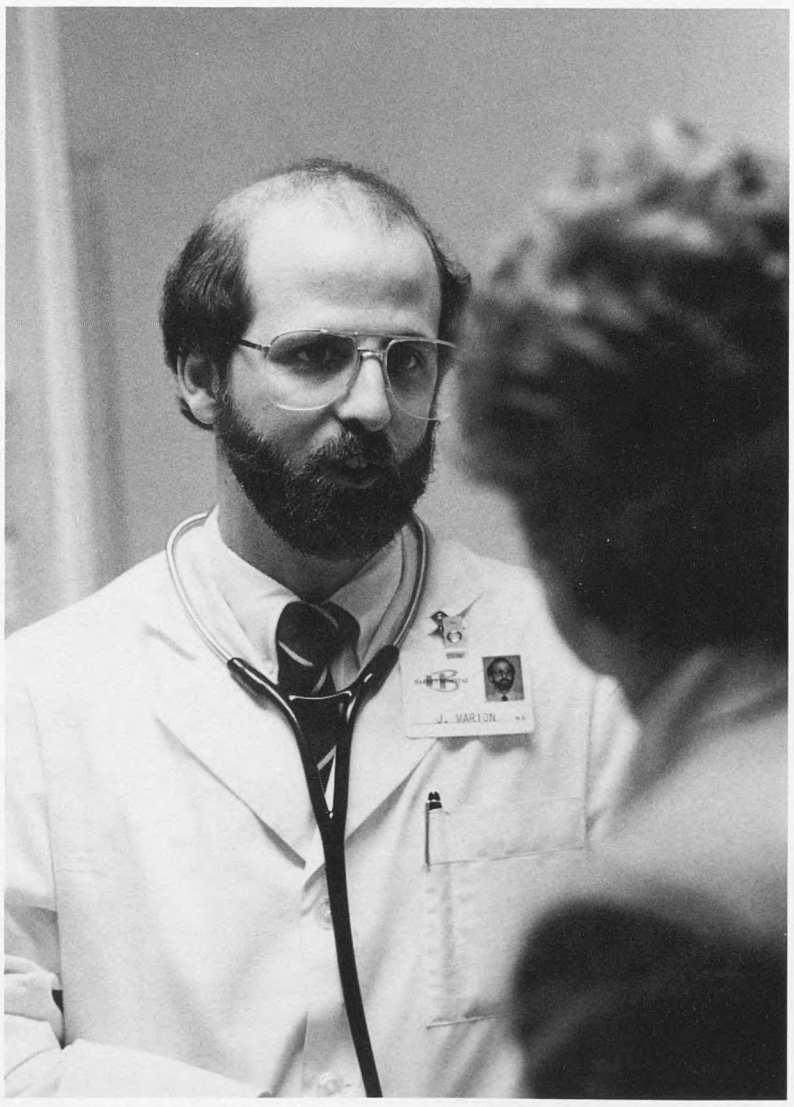
At a large institution such as Barnes, with over 1,000 doctors on the attending staff representing all medical/surgical specialties and subspecialties, this cooperative spirit is being carefully orchestrated and facilitated through specially formed committees and task forces within the hospital structure.

The Barnes Hospital Cancer Committee and Tumor Registry, both initiated in 1980, are two such forces that are fostering a coordinated, multi-disciplinary approach to cancer care at Barnes. The Cancer Committee, whose members include representatives from all medical/surgical specialties, nursing and ancillary services, is prompting interdepartmental communication and the sharing of information through quarterly symposiums on the latest advances in treating various forms of cancer. Topics covered within the last year include cancer of the breast, prostate, chest and, coming in May, non-Hodgkins lymphoma.

The Tumor Registry, on the other hand, acts as the statistical basis for the Cancer Committee and aids clinicians and researchers by providing more



The implantable liver pump injects cancer-fighting drugs directly into the liver and can double or triple the life expectancy of patients with this kind of cancer.



"You have to be more than just a technician," says Dr. Jay Marion, oncologist. "You have to consider patients' psychological needs as well."

accurate and detailed information on cancer patients treated at Barnes and throughout the state. The Tumor Registry is currently following 6,053 patients on an annual basis. As many as 8,402 patients have been entered into the registry since its inception nearly four years ago.

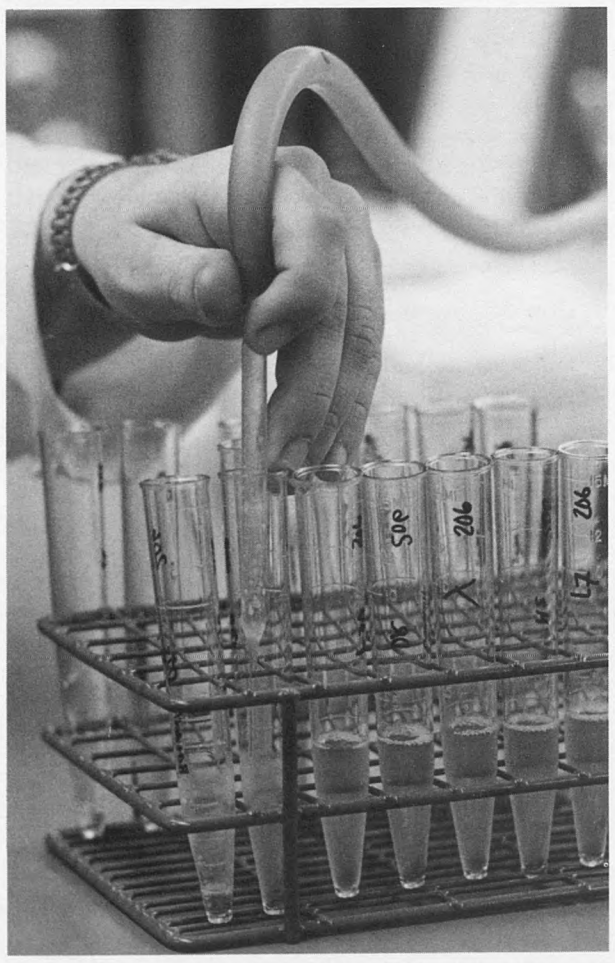
"The primary advantage of the registry is going to be the information it will yield through careful, long-term follow-up of individual patients concerning the effectiveness of various treatments," says Judy Herron, medical records assistant director and Tumor Registry coordinator.

In addition to the Cancer Committee and Tumor Registry, several patient education subcommittees for oncology nursing divisions meet regularly to plan methods to increase the patient's understanding of cancer and to improve each individual's ability to cope with a frightening and often debilitating disease. The social work department, whose comprehensive discharge planning ensures that patients receive the best and least stressful follow-up care, also provides in-hospital counseling and referrals for patients and their families. Barnes patients are also benefiting from the numerous self-help groups in action here that provide emotional support and inspiration, as well as information on the latest advances in diagnosis and treatment.

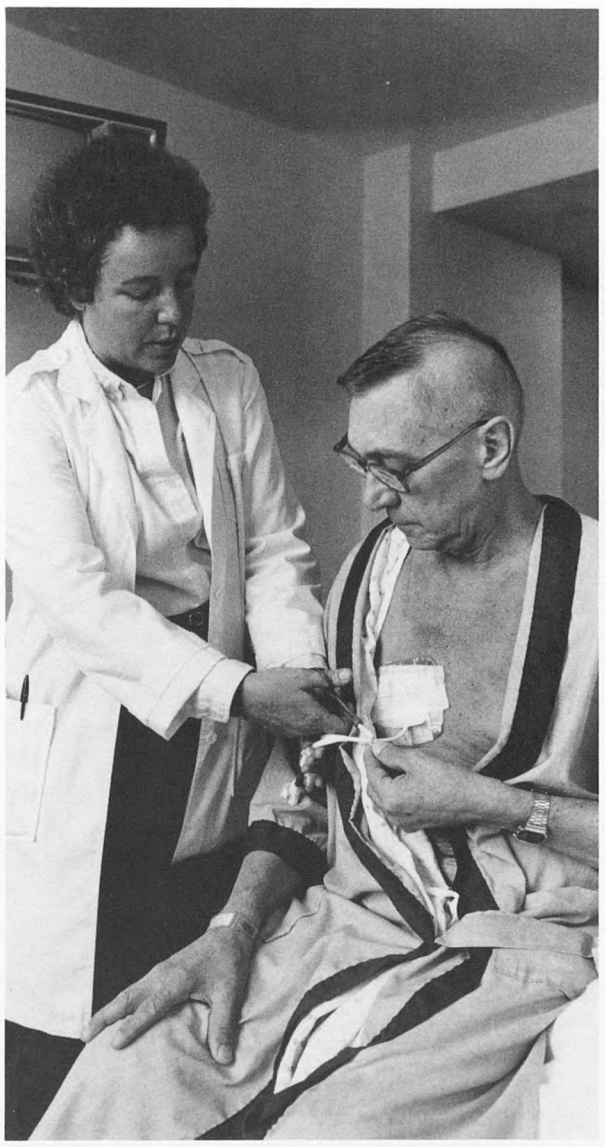
Providing nursing care for cancer patients requires special expertise not only in administering chemotherapy and other technological aspects of rendering care, but in dealing with the psychological implications of the disease as well. Barnes oncology nurses, led by oncology nurse specialist Mary Dyer, receive extensive in-hospital education and training in all aspects of cancer care and are widely respected as ranking among the best in this highly specialized area of nursing.

Barnes cancer patients also benefit from the hospital's affiliation with the Washington University School of Medicine, one of the nation's finest medical schools. This close association helps bridge the gap that often exists between researchers and clinicians and reduces the lag time between the development of new therapies or procedures in the laboratory and actual patient use.

Barnes was among a limited number of hospitals participating in the investigational use of the "liver



New lab procedures are helping doctors diagnose hard-to-detect cancers and to plan more effective treatment.



Oncology nurse specialist Mary Dyer teaches cancer patient George E. Sobottka how to care for his catheter in preparation for his discharge from Barnes.

pump" to treat liver cancer, one of the most deadly forms of metastasis, for example. Preliminary findings show that the implantable pump, which allows potent cancer-fighting drugs to be infused directly into the liver, can double or triple the life expectancy of these patients.

Other breakthroughs in cancer treatment available at Barnes, and in some cases, pioneered here, include Mohs' chemosurgery, which has raised the cure rate for certain facial cancers from 50 percent to 98 or 99 percent; nerve-sparing prostate surgery, available at only one other hospital in the United States, that preserves potency in men with bladder or prostate cancer; immunotherapy with BCG, a weak form of a tuberculosis vaccine widely used in Europe, for superficial (surface) bladder cancer—a treatment offered in only three cities other than St. Louis; hyperthermia, or the use of extreme heat to kill cancer cells in tumors of the head, neck, breast or chest wall; new interdisciplinary surgical techniques for removing life-threatening tumors involving both the brain and the neck or ear.

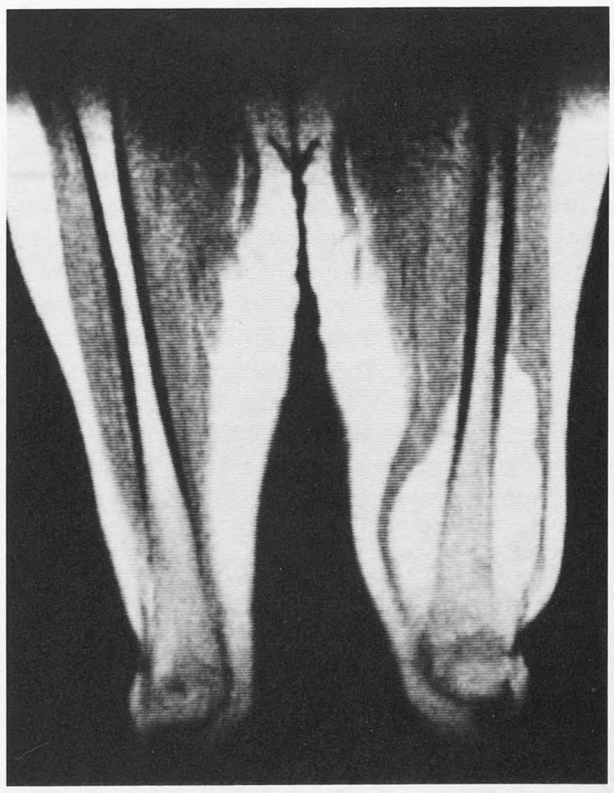
Barnes/WU is also breaking ground in the treatment of leukemia and certain lymphomas through autologous and allogeneic bone marrow transplants. Barnes is one of four or five centers in the United States performing autologous transplants, in which the patient's marrow is removed during a time of disease remission, treated with cancer-fighting drugs, frozen, stored and then returned if the cancer recurs. The procedure, still considered experimental, is improving the prognosis for patients with acute lymphocytic leukemia, acute non-lymphocytic leukemia, Hodgkin's disease and non-Hodgkin's lymphoma—diseases against which more conventional therapies have proved largely ineffective.

Such patients' chances for remission or cure are also being enhanced through the hospital's 12-bed bone marrow transplant unit, which opened in 1983. The unit provides a protective environment and highly specialized nursing care for these patients, whose immune systems have been weakened temporarily through the high dose chemotherapy and radiation treatments that are given as part of bone marrow transplant therapy. Special air filters trap 99.97 percent of the bacteria, molds and viruses normally circulating through the air, while window and door seals and positive air pressure act further to prevent contamination. This added protection is particularly important as one of the biggest risks for BMT patients is infection, especially during the first few weeks following the procedure as the body begins rebuilding its defenses with the healthy marrow.

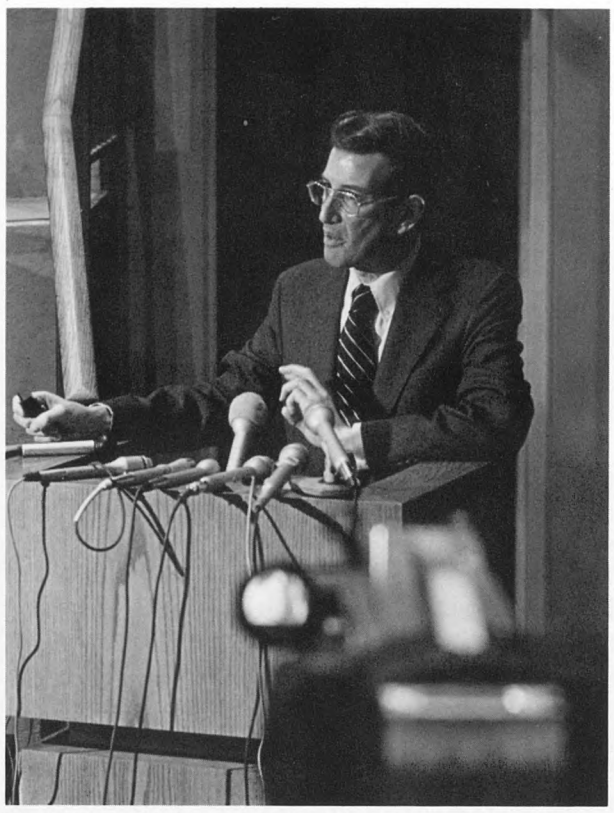
In addition to breakthroughs in treatment, the good news in cancer care today is that the earlier it is detected and the more precisely it is diagnosed, the better are the patient's chances for a cure. Barnes' surgical pathology lab is utilizing new techniques to help oncologists diagnose the exact type of tumor and determine its primary site, differentiate between malignant and benign inflammatory processes and categorize other aspects of hard-to-detect forms of cancer. The information garnered through such sophisticated procedures is enabling doctors to plan more effective treatment strategies and is improving the prognosis for many patients.

Surgical pathology is also examining genetic defects that express themselves in endocrine abnormalities that predispose an individual to certain tumors. With these new methods, doctors will be able to detect the family member at risk before the tumor actually appears.

Through this vast commingling of pioneering research, innovative clinical trials and treatment, educational committees and symposiums, and the work of the various medical/surgical specialties and ancillary services and departments, world-class cancer care emerges that is at the forefront of medicine. Yet, it is the personal care and concern received that blends this wealth of professional expertise into a positive, as well as healthy, experience for Barnes patients and their families.



NMR can detect tumors and lesions without posing any risk or pain to the patient. Unlike CT, an intravenous injection of contrast material and exposure to x-rays are not necessary. In this NMR scan, a benign tumor composed of fat cells is clearly shown in the left thigh. (To viewer's right.)



Dr. Burton Sobel announces the results of clinical research performed here proving that a new drug called t-PA can halt the progress of a heart attack and may even prevent one.

Media spotlight

As a national leader in patient care and medical research, Barnes also serves as an information resource center. In 1983, more than 900 queries from broadcast and print media representatives were made to the hospital requesting that Barnes medical and professional staff elucidate current health care concerns and discoveries. Highlights of the media's coverage of Barnes during the last month include:

Television

Barnes' participation in the Girl Scout Council of Greater St. Louis' annual "recruiting" drive of area newborns was featured on a KMOX segment March 11 with Robyn Smith. All baby girls born at Barnes between March 11-17 received free T-shirts, which read "Future Girl Scout," from the organization.

Significant clinical research findings of a new drug, tissue plasminogen activator (t-PA), that can stop a heart attack within minutes by dissolving the blood clot that was causing it, was the subject of a March 8 press conference held at Barnes which generated segments on KMOX, KSDK, KTVI and KPLR. Dr. **Burton Sobel,** Barnes cardiologist-in-chief and director of the cardiovascular division at WUMS, Dr. **Alan Tiefenbrunn** and Dr. **Philip Ludbrook,** Barnes/WU cardiologists, discussed their findings, which may have a major impact on heart attack treatment and, eventually, prevention.

Also on March 8, Dr. **Gerald A. Wolff,** Barnes/WU cardiologist, discussed on KSDK the importance of a cooling-off period following strenuous exercise. The cooling-off period is essential, according to Dr. Wolff, because the body needs time to gradually reduce the build-up of certain chemicals associated with the fight or flight instinct that occurs during exercise.

Dr. **Jerome M. Aronberg,** Barnes/WU dermatologist and president of the St. Louis Dermatological Society, discussed accutane—a relatively new, highly successful treatment for severe acne, with Dr. **John Daniels,** Barnes/WU internist and KSDK medical reporter, for a March 6 segment.

Dr. **Jay M. Marion,** Barnes/WU oncologist, discussed advances in bone marrow transplant therapy and the use of the procedure in treating rare disorders such as the complete immune deficiency suffered by David, the 12-year-old Texas boy who died recently after spending nearly all of his life in a protective "bubble" for a February 23 segment on KTVI with medical reporter Kathryn Pratt.

Also on February 23, Dr. **Lawrence Samuels,** Barnes/WU dermatologist, was interviewed by KMOX reporter Debbie Faubian for a February 23 segment on tanning beds.

Radio

Physicians Radio Network interviewed Dr. **Alan Tiefenbrunn,** Barnes/WU cardiologist, about t-PA, a new drug studied here that may change heart attack treatment.

Sleep apnea was the subject of a KMOX radio segment with announcer Jack Carney and KMOX-TV anchorman Julius Hunter. Dr. **Donald G. Sessions,** Barnes/WU otolaryngologist, was interviewed. Mr. Hunter was a recent patient at Barnes and was surgically treated for the syndrome, in which the victim's breathing stops occasionally for short periods of time when sleeping.

Headaches, their causes, prevention and cure, were discussed by Dr. **Stuart Weiss,** Barnes/WU neurologist, for a February 22 segment on KMOX.

Dr. **James L. Cox,** Barnes cardiothoracic surgeon-in-chief and head of the division of cardiothoracic surgery for WUMS, was a guest on KMOX's "Doctor to Doctor" program February 20. Dr. Cox's subject was open-heart surgery.

Vitamins and cancer was the subject of a February 19 interview between Dr. **Gary A. Ratkin,** Barnes/WU oncologist, and KMOX's Art Fleming.

Print

Dr. **Paul M. Lacy,** Barnes pathologist-in-chief and head of the department of pathology for WUMS, was featured in an in-depth article in the *Chicago Tribune's* "Tempo" section titled "The cure for diabetes: Is it within medicine's grasp?" The article, last in a five-part series on diabetes, discussed Dr. Lacy's pioneering work in transplanting the Islets of Langerhans—pancreatic cells that produce insulin. Dr. **David W. Scharp,** Barnes/WU general surgeon, was also interviewed.

Non-Hodgkin's lymphoma subject of symposium

Non-Hodgkin's lymphoma and the latest advances in its diagnosis and treatment will be discussed during a multidisciplinary symposium for the hospital's medical and professional staff beginning at 5 p.m., May 16, in the East Pavilion auditorium.

Speakers from the Barnes-WU staff include Drs. Rogers Griffith, surgical pathologist; Geoffrey P. Herzig, medical director of Barnes bone marrow transplant unit; Todd H. Wasserman, radiation oncologist, and Judy Herron, medical records assistant director and coordinator of the hospital's Tumor Registry. Dr. Jay M. Marion, Barnes/WU oncologist, will be the symposium's moderator.

Hospital notes

The following doctors are reported on staff: **Theodore M. Meiners,** assistant obstetrician/gynecologist, effective January 1, 1984; **Jeffrey D. Milbrandt,** assistant pathologist, effective October 1, 1983; **John Carl Morris,** assistant neurologist, effective February 1, 1984; **Karen J. Pentella,** assistant neurologist, effective January 1, 1984.

Dr. **Jack Hartstein,** Barnes/WU ophthalmologist, has been invited to be a guest speaker at the 24th Annual Meeting of the Rudolph Ellender Contact Lens Meeting May 24-26 in New Orleans, Louisiana, and the World's Fair of Ophthalmology Meeting June 28-July 1, also in New Orleans. He has also been invited to be the co-chairman of the Annual Ophthalmology Meeting of Hadassah Hospital June 14-15 in Jerusalem, Israel, and is responsible for that meeting's American and European speakers.

Dr. **Eli Robins,** Barnes/WU psychiatrist, has been elected to honor membership of the St. Louis Metropolitan Medical Society.

Dr. **Allan Kolker,** Barnes/WU ophthalmologist, was a guest speaker at the Royal Australian Congress of Ophthalmology in Adelaide, South Australia, where he addressed the scientific session of the Congress on Laser Surgery in Glaucoma and served as visiting professor at the Prince of Wales Hospital in Sydney.

Miriam Elizabeth Luetje, a first level student at the Barnes Hospital School of Nursing, has been nominated to serve on the National Advisory Council on Nurse Training. A graduate of McCluer North High School in Florissant, Missouri, she is currently serving as student government vice-president for Barnes School of Nursing and is a member of the Student Nurses' Association.

Dr. **Willard B. Walker,** Barnes/WU surgeon, has been elected vice-president of the Gateway Vascular Society of St. Louis. Dr. **Gregorio A. Sicard,** Barnes/WU surgeon, has been appointed to the society's council.

Dr. **Barry A. Siegel,** Barnes/WU radiologist and director of the division of nuclear medicine, has been appointed an American Medical Association (AMA) representative on the Residency Review Committee for Nuclear Medicine.

Social work hosts open-house April 24

About 75 administrators and directors from local skilled nursing and interim care facilities will tour Barnes and attend an open-house hosted by the social work department from 2 to 4 p.m., April 24. The open-house is being sponsored by social work to help expedite discharges to such facilities through better communication, according to Kim Orr, orthopedic social worker and program coordinator.

"With the implementation of DRGs (legislation that reimburses hospitals according to a fixed rate, rather than according to costs incurred), discharge planning for all patients becomes even more important," says Ms. Orr. "Through the open-house, we're hoping to establish a contact person at each facility that will enable us to help patients plan their follow-up care more efficiently and effectively."

Speaking of health . . .

. . . get a personal physician while you're well. A personal physician takes care of your body. He or she may be a general family practitioner, internist, pediatrician or an obstetrician/gynecologist. He will understand your total health and refer you to another specialist when necessary.

Having a personal physician can help you save money in many ways. He knows and understands your medical history and, through this relationship, he can often suggest ways to prevent illness or minimize its effects, financially as well as physically.

You should think of your primary care physician as your health "manager." Plan ahead—it will save you money, and maybe your life. For a physician referral or for help in getting a second opinion, call 362-2255 (St. Louis area). Toll-free numbers are also available for outstate Missouri (1-800-392-0936) and surrounding states (1-800-325-0737).

Eye clinic screens nursing home residents

Who says doctors don't make house calls anymore? On March 5, two doctors and a registered nurse from Barnes eye clinic traveled 90 miles to The Baptist Home in Ironton, Missouri, to perform complete eye exams on about 30 of the approximately 200 elderly residents there.

The eye clinic staffers made the "house call" as part of a new arrangement with the home, which previously transported its residents to Barnes as many as five times a week in a six-passenger van. The eye screenings, which cost the same as regular clinic visits, will continue on a monthly or bimonthly basis, depending upon the home's needs, according to Carol Smith, eye clinic head nurse.

"Our staff members will be performing complete eye exams, including glaucoma and vision checks, as well as writing prescriptions for eye glasses," says Mrs. Smith. A portable slit-lamp will be used for examining the anterior and posterior portions of the inner eye chambers. "It's a mutually beneficial arrangement," says Mrs. Smith. "We'll be saving them time and money, and we'll be able to screen and treat more of their residents."

Patient expresses thanks for care received

George A. Thompson, a recent patient on Barnes orthopedic surgery floors, wrote the following letter in appreciation of the care he received during his long hospitalization.

I was admitted to your hospital for three months in 1982, and for four months in 1983 after being in a motorcycle accident in Illinois. My stays were long and painful, but the staff went out of their way to make them more comfortable.

I was on 7200 and 7300 (seventh floor Rand Johnson, West Pavilion) where the nurses are very dedicated to their work. They not only took care of me, but helped me with the depression and personal trouble I went through. When they noticed my mental condition declining they saw to it quickly that I received professional help.

One of my dislikes is to hear people that are on their jobs complain to other people about supervision, shifts or other employees. During my stay I did not hear any nagging or complaining from your people—from the nurses, food service, x-ray, housekeeping, maintenance, doctors or any related employee. The rooms were as clean as possible, and the food was very good (good variety).

I forgot to fill out the card before I left the hospital, so I decided to write this letter. I wish it could be posted so employees can know that someone does care about the important jobs they perform.

Barnes Bulletin

Published monthly for employees, doctors, volunteers, Auxilians, donors, former and retired employees, patients and other friends of Barnes Hospital. Available at no charge by contacting the public relations department, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Mo. 63110, (314) 362-5290. Circulation: 13,000 copies.

Nora Carr, Editor

Daisy Shepard, Director
Charlene Bancroft, Assistant Director

Copyright 1984 by Barnes Hospital

Suzanne Lasky and Dr. Loeb shake hands after unveiling a plaque commemorating Alvin N. Lasky.

Ceremonies celebrate Alvin Lasky's life, open new service

In ceremonies March 9, a plaque was unveiled in the new outpatient transfusion facility on the third floor of Barnes, commemorating the life of Alvin N. Lasky, a cancer patient who died here in 1982, and honoring his family and friends, whose generous contributions made the facility possible.

Mr. Lasky's widow, Suzanne, assisted by hospital president Robert E. Frank and Dr. Virgil Loeb, Jr., the Barnes/WU oncologist who treated Mr. Lasky, unveiled the plaque, which reads: "These ambulatory care transfusion facilities are dedicated to the loving memory of Alvin N. Lasky and have been equipped and furnished through generous contributions of his family and friends."

Speeches by Mrs. Lasky and Dr. Loeb praised Mr. Lasky's love of life, sense of humor and fighting spirit. "We have needed a facility such as this one where cancer patients could receive their transfusions in a pleasant, comfortable atmosphere for a long time," said Dr. Loeb. "I think it is a tribute to the kind of man that Al Lasky was that so many of his family members and friends have contributed to this effort."

Gifts to Barnes Hospital

Listed below are the names of persons (honorees in **boldface**) who have made contributions during the period February 10 to March 9 to the funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of our patients.

Auxiliary Tribute Fund

IN MEMORY OF:
Nelle Connelly
M. Richard Wyman

Mrs. M. J. Mathis
Mrs. Marvin Harris

Philip Moss
M/M James H. Rowe
Barbara & Richard Speer
M/M Percy Tucker
M/M Paul L. Tucker

Connor B. Shanley
M/M George D'Arcy
Dan & Mary Ann Daues
M/M John L. Davidson, Jr.
Mrs. Campbell Deane Garrett
Marjorie & Robert Getty
Marge & Rick Harris
M/M Oscar H. Jekel
Janet & Thomas Kavitski
M/M John H. Livingston
Anna S. McCoron
Evelyn B. McCown
M/M Albert W. Winter

Vera Smith
Mrs. George DuBois

James Walker Storment, Sr.
James & Susie Storment

Mike Tripoli
Jim & Cathy Hubbard

Daughter, Theta
Mrs. Larry Tucker

IN HONOR OF:
Barnes Hospital
Malinee Srutanond

Sunny Poinsett and the Barnes Hospital Physician Referral Service
M/M John Warmbrodt

Recovery of Dr. Harry Morgan
Tillie & Frances Nornberg

Barnes Hospital Auxiliary
Sally Friedman

Barnes Annual Fund

Carl W. Adams
Joseph Anselmo
Marguerite Bartok
Thelma A. Basford
Eleanor L. Begley
Dixie Blanch
Lucille C. Boykin
Vivian F. Bristol
Ruth Burris
Charlene V. Byrd
Emil Carabelli
Andrew Carosy
Clara Dworzynski
Troy & Geneva Eye
M/M Joseph Floret
Hattie Franklin
Gretchen C. Ganschinietz
Opal Glandt
M/M Peter A. Gross (for Cardiac Research)
Cindy Gubin
Gordie & Cindy Gubin
Steve Hecinski
Carl R. Henry
John V. Holcombrink
Milton Hull
M/M Willie Jackson
M/M Harry Kay
Albert Kern
M/M H. W. Knapheide, Jr.
Pete & Carol Mannisi
Susie McKinney
Raymond McCormick
Icie McNeal
Leota Newman
Dorothy O. Reynolds
Margaret H. Riley
Lawrence Rogaliner
Emil A. Schwarz
Lester Smissman
L. Bert Swartz
George H. Wiehe, Jr.

IN MEMORY OF:
Francis Black
Helen Laura L. Black

Andrew F. Gazdik
Margaret L. Gazdik

Patient Care Fund

Joyce Allen
Edward F. Brandes
Cecil C. Clausen
M/M John Daniel, Sr.
M/M Orren H. Freeman
M/M Jack Gelso
Mary Grubisic
M/M William E. Hill
Cora M. Johnson
Muriel H. Kiser
Philip Rider
Lucille J. Rogers
Quintin A. Siemer
M/M Kenneth G. Waller
Celia Wilson
Lilly Woolsey

IN MEMORY OF:
Joseph L. Carter
Barnes Hospital Medical Records Dept.

Ruth Glatz
Jim & Julie Wire

Scott Jablonow Endowment Fund

IN HONOR OF:
Birthday of Scott Jablonow
Hope Komm

Birthday of Nettie Jablonow
Hope Komm

Birthday of Dr. Joseph Raider
Nettie Jablonow

Barnes Hospital Endowment Fund

M/M William Tao

Sharon O'Berto Morad Fund

David M. Morad, Jr., M.D.

Louise Grove Library Fund

James Lane

IN MEMORY OF:
Cora Brooks
Florence Hess
M/M Fred Hayden

Cordonnier Lecture Fund

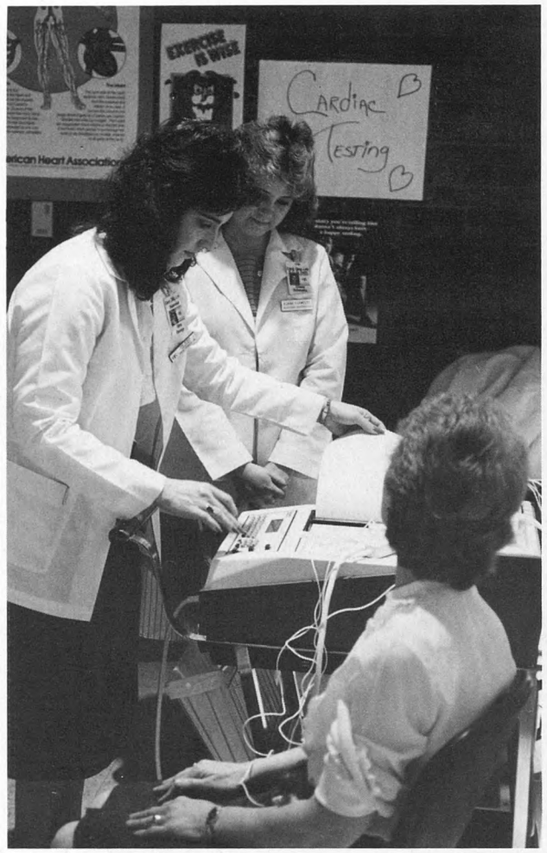
Blake S. Talbot, M.D.

Barnes Cancer Fund

IN MEMORY OF:
Ellanore Calhoun
Jim & Kathy Wire

Barnes Heart Fund

IN MEMORY OF:
Norma Hoffman
M/M Don Fortenberry
Brown Shoe Company



A large contingent of Barnes staff members representing several departments screened 135 employees of The C.V. Mosby Company during a March 14 health fair. Tests and information for glaucoma, blood pressure, stress, fitness, oral cancer, vision, anemia, nutrition, chemical dependency, breast self-exam and a counseling and referral service were provided. For more information about scheduling a health fair, contact the department of education and training at 362-5252.

Barnes Bulletin

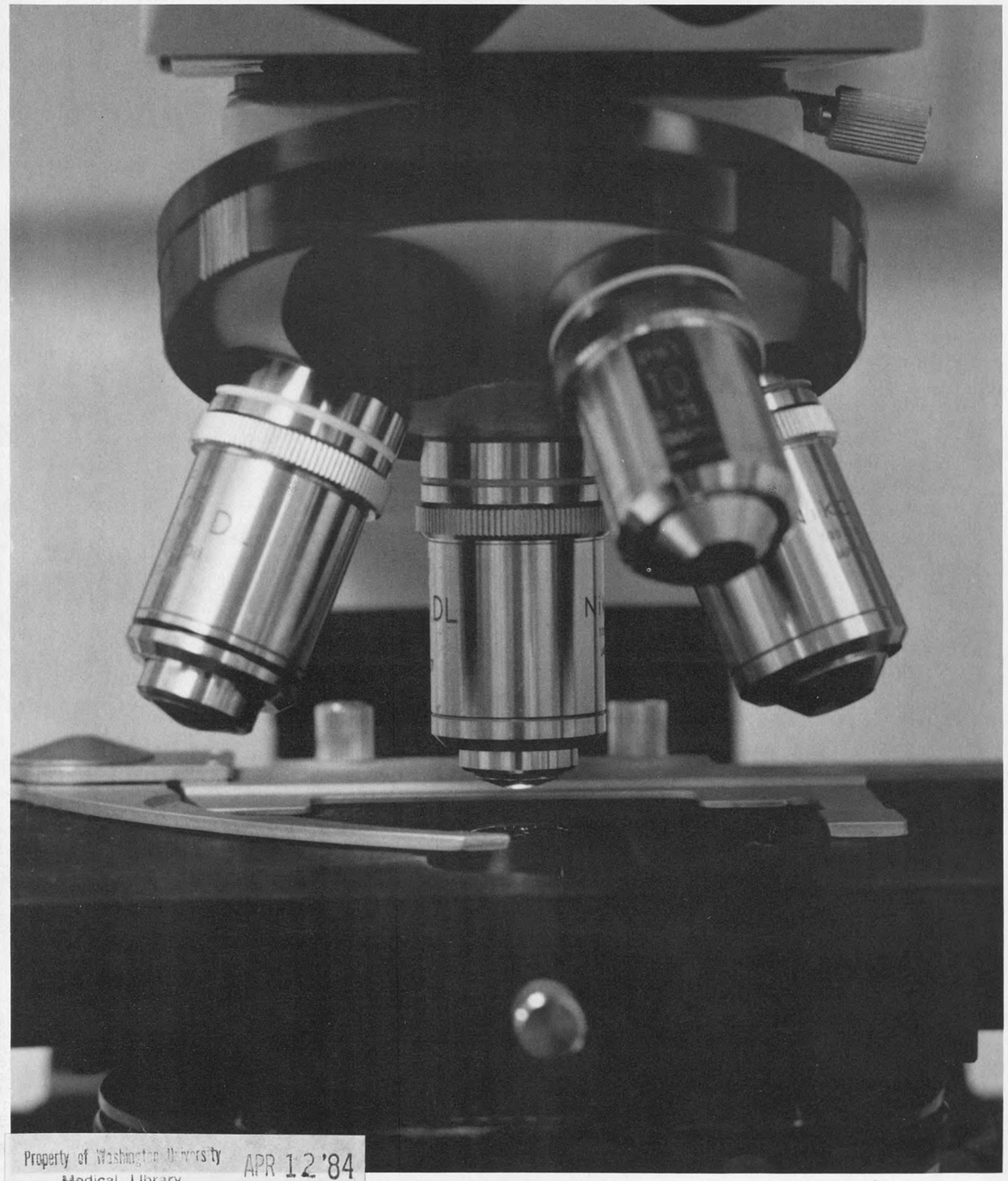
Barnes Hospital
Barnes Hospital Plaza
St. Louis, Mo. 63110

C *
SERIALS DEPT
WASH UNIVERSITY
SCH MED LIBRAR
4850 SCOTT AVE
ST LOUIS MO 63110

Indexed

Barnes Bulletin

April, 1984 Barnes Hospital, St. Louis, Mo.



Property of Washington University Medical Library APR 12 '84