

# Inquiring Minds

News and notes from the Department of Clinical Investigation, WRAMC  
January 2001



Happy  
New  
Year!!

## The 27th Annual Bailey K. Ashford Research Award

The Department of Clinical Investigation, Walter Reed Army Medical Center, is proud to announce the 27th Annual Bailey K. Ashford Clinical and Laboratory Research Award and Symposium. This year the symposium will be held on 3 May 2001 at 1300 hours in Joel Auditorium.

The BKA award is presented annually to the graduating trainee who has contributed the most significant research during his/her years of training at WRAMC. An award for clinical research, as well as laboratory research, will be made.

Any attending staff member assigned to WRAMC or to an integrated GME program may submit nominations. A selection committee determines the award finalists, who are then invited to present their major research findings at the symposium.

An engraved medallion, certificate, and monetary prize are presented to the awardees at the joint NNMC and WRAMC graduation exercise in June. A poster session will be included as part of the symposium, with an award being presented for the best poster presentation.

This award is named in honor of Colonel Bailey K. Ashford for his work in solving the problem of hookworm induced anemia in Puerto Rico during the early 1900s.

The POC for this year's awards is CPT Ken Capps (202-782-7823). Please do not hesitate to call if you are interested in knowing more about this award or the upcoming symposium.

## IRB Calendar

The following Institutional Review Board (IRB) meetings will be held in the months of January, February, and March 2001:

### CLINICAL INVESTIGATION COMMITTEE (CIC):

02 January  
09 January  
06 February  
13 February  
06 March  
13 March

### HUMAN USE COMMITTEE (HUC):

16 January  
23 January  
20 February  
27 February  
20 March  
27 March

### INSTITUTIONAL BIOSAFETY COMMITTEE (IBC):

8 March

All meetings will begin at 1300 and will be held in the fourth floor conference room, Building 6, WRAMC.

## Psychological Factors and Coronary Heart Disease

Congratulations to MAJ Partick G. O'Malley, MC and team for their recent article in *The New England Journal of Medicine*! According to their recently published study (O'Malley PG, Jones DL, Feuerstein IM, Taylor AJ. "Lack of correlation between psychological factors and subclinical coronary artery disease." *N Engl J Med*. 2000 Nov 2; 343(18): 1298-1304), depression, anxiety, hostility, and stress are not related to coronary artery disease.

Major O'Malley et al of WRAMC studied the relationship between multiple psychological variables and coronary-artery calcification, a well-known indicator of atherosclerosis. 630 active-duty U.S. Army personnel, 39

to 45 years of age, without known coronary artery disease, were assessed for depression, anxiety, somatization (the number and severity of durable physical symptoms), hostility and stress. The group was predominantly well-educated, white men. The amount of calcification in each participant's heart was compared to scores on three psychological tests that assess moods and feelings. Subclinical coronary artery disease was identified by electron-beam computed tomography.

Researchers found no positive association between the coronary-calcification score and multiple psychological variables. Evidence of calcification was apparent in 21

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# A Quick, Painless, & Inexpensive Treatment for Snoring

Researchers at Walter Reed Army Medical Center have shown that a procedure known as Injection Snoreplasty ends excessive snoring. It is a low-cost alternative to traditional snoring treatments, and is effective and relatively painless. It can be performed in about 15 minutes in a physician's office for about \$35.

LTC Eric Mair, MC, USAF and CPT Scott Brietzke, MC, USA reported the findings of their study, "Injection Snoreplasty: How to Treat Snoring Without All the Pain and Expense" at the Annual Meeting/Oto Expo of the American Academy of Otolaryngology -- Head and Neck Surgery Foundation, on 24 September 2000 at the Washington, DC Convention Center.

In their study, 27 patients (25 males and 2 females; mean age of 42) were injected with sodium tetradecyl sulfate, a chemical usually used to treat varicose veins. This chemical is injected into the soft palate and causes the tissue to stiffen and shorten. Each patient had been previously diagnosed with primary snoring. According to Dr. Mair, "Half of the patients needed only one injection to either eliminate snoring where it was no longer a problem. The other half needed 2 and sometimes 3 injections."

Ninety-two percent of the patients reported that their snoring was no longer a problem after the injection and that they experienced minimal pain. No complications have been reported after a one-year follow-up. Will the snoring recur with time? Injection Snoreplasty has only been performed in patients for over a year, so the long-term effect will have to wait a few years. But according to Dr. Mair, "If snoring does recur, the immediate answer is only an injection away."

More than 40 million Americans are affected by sleep disordered breathing ranging from snoring to

Obstructive Sleep Apnea (OSA). Snoring is primarily the result of an overly floppy soft palate.

Traditional surgical remedies involve either removing part of the soft palate or rearranging the tissue so that the remainder is stiffer. There are several surgical options available including: Uvulopalatopharyngoplasty (UPPP) and laser-assisted uvulopalatoplasty (LAUP), which are painful and costly procedures, as well as cautery-assisted palatal stiffening operation (CAPSO), an inexpensive and simple option that causes considerable pain and requires several days recuperation. Radiofrequency ablation (RFA) is the latest development in the treatment of snoring and is relatively painless and invasive, yet the cost may exceed \$2000 with multiple treatments needed.

Injection Snoreplasty has been proven to be an effective and safe in-office treatment for snoring. In comparison to traditional snoring treatment options, Injection Snoreplasty has the advantages of being simple, considerably less expensive, and fairly painless with almost no convalescence.

However, Injection Snoreplasty will not eliminate all snoring. "Patients with snoring due primarily to nasal congestion, large tonsils, or large tongue base will not benefit from the palatal injection. A full otolaryngology exam can help determine the anatomic cause for snoring," noted Dr. Mair.

Injection Snoreplasty may replace many traditional palatal snoring treatments, with future research directed at evaluating this procedure in the treatment of Obstructive Sleep Apnea.

## WRAMC Research Course Set for 21 March

The next WRAMC Research Course, presented by the Department of Clinical Investigation, is scheduled for Wednesday, 21 March 2001. This one-day course will be held from approximately 0800 to 1630 in Stanford Auditorium at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, MD.

Completion of this course is required for all individuals wishing to serve as a Principal Investigator (PI) and desiring to start a WRAMC research protocol. All personnel involved in research (associate investigators, data analysts, etc.) are strongly encouraged to attend. Certificates will be given at the completion of the sessions.

The objective of this course is to educate WRAMC medical personnel on the ethical issues, current regulations, and design considerations in conducting medical research. Topics for this course include: an overview of DCI and resources available to investigators; elements on obtaining informed consent; commonly-made mistakes in protocol applications and how to avoid them; and scientific misconduct.

Registration is available on the DCI Web page or by calling Mr. Dan Rosen at (202) 782-6389. For further updates on the 21 March Research Course, see the DCI website ([www.wramc.amedd.army.mil/departments/dci](http://www.wramc.amedd.army.mil/departments/dci)).

# Child Research Study Halted

A recent article reprinted from the *Washington Post*, 7 November 2000

Federal regulators have suspended a research study involving almost 200 children on the National Institutes of Health campus in Bethesda, saying the experiment posed a larger risk to the children than is allowed by law and should not have been approved.

The suspension, imposed Friday, is the fourth research shutdown imposed by the Office for Human Research Protections (OHRP) since it was created in June as part of an effort by the Department of Health and Human Services to beef up its oversight of human research.

But this latest case is especially worrisome, advocates for volunteers in human studies said, because the experiments involved young children, ages 6 to 10. Moreover, none of the children stood to directly benefit from participating.

NIH officials yesterday sought to reassure the parents of the 193 children that the study was safe. Led by Jack A. Yanovski of the NIH's National Institute of Child Health and Human Development, it was planned as a 15-year study of the metabolic underpinnings of obesity and sought to learn how to identify children who are at risk of becoming obese later in life.

An NIH institutional review board, which considers the scientific and ethical merits of intramural, or on-campus, human research, approved the study in 1996 for obese youngsters and also for children with normal weight but deemed at abnormally high risk of obesity because they have obese parents.

Over the years, each child was to repeatedly undergo a battery of procedures, including psychological testing, X-rays, blood sugar tests and an MRI exam of the abdomen.

Of most concern, though, were a handful of other comprehensive tests requiring an overnight hospital stay, each of which required the insertion of several intravenous blood lines and required the children to experience extremely high and extremely low blood sugar levels for hours at a time.

Such studies pose risks, OHRP investigators concluded, including the risk of more than minimal pain, allergic reactions or, most problematic, blood clots or phlebitis.

Studies in healthy children are allowed under federal regulations only if the research poses no more than a minimal risk of harm. When the institutional review board first looked at the protocol in 1996, it concluded that the research did pose more than a minimal risk. But it recommended that the study be approved anyway, invoking a federal regulatory clause that allows such risks with children if the research promises to provide

information that will help in the fight against the children's ailment.

That decision was controversial, though, because it considered the healthy children of the obese parents to have an "ailment" by virtue of their having obese parents.

The following month, the review board met again. This time it heard testimony from Yanovski, who emphasized that no children to his knowledge had ever been harmed by the tests in question. Yanovski convinced the committee that the risks were no greater than those a child might encounter "while playing in traffic," according to the meeting minutes. The board reversed its earlier determination and deemed the experiment no more than a minimal risk.

Experts said the OHRP suspension highlights a difficulty in interpreting current regulations regarding medical research involving children, since they require researchers and ethics overseers to define "minimal risk" on a case-by-case basis. But after consultation with many experts, the OHRP said in its suspension letter to Michael M. Gottesman, NIH deputy director for intramural research, it determined that the research clearly exceeded minimal risk.

Moreover, OHRP concluded, healthy children of obese parents "do not have a disorder or condition" and thus do not qualify to be in research with more than a minimal risk.

OHRP Director Greg Koski said yesterday through a spokesman that he could not comment because the investigation isn't over. But Gottesman defended the research.

"I have absolute faith in Dr. Yanovski," Gottesman said. "As far as we know there's been absolutely no risk to anyone in the study." He also suggested it may be appropriate to consider children of obese parents--whom he called "so-called normal" children--abnormal, since they have a substantially increased risk of becoming obese themselves.

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# Researchers Discover Gene That Plays Role in Autism

A recent article reprinted from the Washington Post, 29 November 2000

Scientists have long theorized that about 15 genes play a role in who is born with the severe brain disorder autism--and now they've finally found one of those genes.

A study of 57 autism patients found that 40 percent carry a mutated version of the HOXA1 gene, which plays a crucial role in early brain development, University of Rochester scientists reported this week.

Children need to inherit just one copy of the mutated gene from one parent to have autism. In fact, scientists found only one patient, a severe case, who inherited a copy of the bad gene from both parents. The finding suggests that when that happens, the fetus usually dies, said lead researcher Patricia Rodier, who heads the university's autism research center, which is funded by the National Institutes of Health.

The NIH called the finding a significant step in understanding what predisposes people to developing autism. More than 400,000 Americans have the disorder, characterized by profound social withdrawal, repetitive behavior and an inability to communicate. Research

suggests it is caused when something goes wrong during critical fetal brain development--a theory supported by the gene discovery, which was reported in the December issue of the journal *Teratology*. Why don't parents who harbor the defective gene have autism themselves? Some do have subtle symptoms, suggesting that something else, perhaps some other gene, keeps the autism-related gene in check, Rodier said.

HOXA1 is one of a family of genes vital to early embryo development because genes in the group turn other genes on or off. HOXA1's specific role is in brain development. Mice that lack the gene have brainstem damage, malformed ears and other classic signs of autism--one reason Rodier's research team decided to check the gene's role in people.

The gene is not the kind that could ever be fixed with gene therapy. But the discovery may help doctors unravel just how the brain changes when said. "If you figure out the way, we hope, to finding bet

## Major Amendments to NIH Guidelines for Gene Therapy Research

On 10 October 2000, the NIH-Office of Biotechnology Activities announced in the *Federal Register* that guidelines for research involving recombinant DNA molecules have been revised. The amendments change the timing of review of human gene transfer protocols by the Recombinant DNA Advisory Committee (RAC).

Formerly, approvals by the local Institutional Biosafety Committee (IBC) and Institutional Review Board (IRB) were prerequisites to the initiation of the RAC review process. Now, RAC review of human gene transfer protocols will occur before local level approvals are obtained. NIH's goal in making these changes is to "ensure that no research participant is enrolled in a human gene transfer research protocol before local level oversight bodies and investigators have the benefit of the RAC's broad perspective and experience in protocol review and risk assessment."

The amendments make the following changes: 1) human gene transfer research protocols may be submitted to RAC review prior to local IRB review and approval; 2) human gene transfer research protocols must be submitted for RAC review prior to local IBC approval; 3) for any human gene transfer research protocols selected

for public discussion by the RAC, RAC discussion of the protocol must occur prior to final IBC approval; and 4) no research participant may be enrolled in a clinical study until the RAC review process is completed and IBC and IRB approvals and applicable regulatory authorizations are obtained.

Gene therapy protocols conducted at or sponsored by WRAMC must now be reviewed and approved by the appropriate committees in the following order: 1) CIC (Clinical Investigation Committee), 2) RAC, and 3) IBC. Human Use Committee (HUC) review will occur prior to or following review by IBC since HUC meets twice a month and IBC meets quarterly. If the protocol has not been approved by RAC, it is necessary to be reviewed by the CIC to assure the medical, scientific and statistical issues are well delineated. The WRAMC HUC/IRB will be the final approval board.

All gene therapy protocols must still meet all the requirements set forth in Appendix M of the NIH Guidelines before RAC review can be initiated. The amended NIH Guidelines and a copy of Appendix M are available at the Office of Biotechnology Activities' (OBA) Internet site at [www4.od.nih.gov/oba/guidelines.html](http://www4.od.nih.gov/oba/guidelines.html).

# Penn Settles Gene Therapy Suit

A recent article reprinted from the *Washington Post*, 4 November 2000

The University of Pennsylvania announced yesterday that it had reached an out-of-court settlement with the family of Jesse Gelsinger, the Tucson teenager whose death in a gene therapy experiment 14 months ago prompted a national reassessment of protections for research volunteers.

Details of the settlement, which grew out of a civil suit the family filed in a Pennsylvania state court in September, were not disclosed.

Gelsinger, who was 18 and had an inherited liver disorder, died Sept. 17, 1999, just four days after getting an experimental infusion of trillions of genetically engineered viruses. Researchers had hoped the treatment might lead to a cure for his disease, ornithine transcarbamylase deficiency, and other ailments.

A subsequent investigation by the Food and Drug Administration found numerous breaches of federal research rules. The study was also widely criticized because of apparent financial conflicts of interest through which one of the principal investigators, Penn researcher James Wilson, stood to profit from the experiment through a biotechnology company he had founded, Genovo of Sharon Hill, Pa.

Paul Gelsinger, Jesse's father, said yesterday he had undergone a painful change of heart in the year after his son's death, at first fully trusting the researchers and holding them blameless and then gradually, as disclosures of apparent wrongdoing emerged, concluding that he had been duped by scientists who cared more about profits than safety.

"Dealing with the money end of this [settlement] was probably one of the most difficult aspects of this because this experiment was all about money, and it was never about money for Jesse," Gelsinger said.

Gelsinger was the first person known to have died directly as a result of gene therapy, an experimental approach that seeks to cure diseases by giving people new genes. The field, which has yet to enjoy a proven long-term success after more than a decade of efforts in thousands of patients, has been criticized over the years for moving too quickly from animal studies to humans--a trend that has coincided with increasing investment from biotechnology and pharmaceutical companies.

Gelsinger's death drew widespread attention to shortcomings in the federal system for protecting research volunteers. It prompted several congressional hearings and various ongoing efforts by the FDA, the

National Institutes of Health and the Department of Health and Human Services to improve human subject protections.

In January, as a result of its investigation, the FDA suspended all human experiments at Penn's Institute for Human Gene Therapy, once considered one of the world's premier gene therapy centers. Among its findings:

\* Four patients who had enrolled ahead of Gelsinger suffered reactions to the treatment so serious as to require, according to rules Penn had agreed to in advance, that the study be halted and the FDA notified immediately. But the agency was not notified at the time nor was the study halted.

\* Informed consent forms that were supposed to tell volunteers about the potential risks of participation were changed without the knowledge of the FDA to eliminate all mention of monkeys that had died after getting a similar treatment.

\* Gelsinger was given the experimental treatment even though his blood ammonia levels--a measure of liver failure--were higher than the highest allowable level deemed safe for the experiment. Moreover, that highest allowable level had previously been raised by the researchers without the knowledge or permission of the FDA.

In May, the university announced that, rather than comply with all of the FDA's demands for changes, human experiments would no longer be conducted at the institute and Wilson would limit his studies to animals. But even that level of work came into question in July, when FDA investigators announced they had uncovered serious lapses in the institute's animal research as well.

Parties to yesterday's settlement include Penn, Genovo, Wilson and his co-workers Mark L. Batshaw and Steven E. Raper, and those two colleagues' institutions, Children's National Medical Center of Washington and Children's Hospital of Philadelphia, respectively.

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## Washington Post Article (From Page 5)

The Gelsinger family released two other defendants from the suit: Penn bioethicist Arthur Caplan, who had provided controversial advice that led to the experiment's focus on relatively healthy adults such as Gelsinger instead of critically ill newborns as originally planned, and former Penn medical dean William Kelley, who held key patents on the gene therapy technique.

Paul Gelsinger said he planned to use some of the settlement money to fund research on Jesse's disease and to foster public awareness of the need to protect human subjects. He said he hoped to do that through groups such as the National Organization for Rare Disorders in New Fairfield, Conn., and Citizens for Responsible Care & Research, an advocacy group in New York City.

In a brief statement, Penn said the settlement will "enable

Penn to concentrate on moving forward with its aggressive efforts to improve its oversight and monitoring of human subject research, an effort to which the university has already devoted substantial resources of time, energy, and money."

The university also said it hoped the agreement would "enable the Gelsingers to bring a small measure of closure to their loss."

Gelsinger said closure was unlikely. "There's never really any satisfaction to be had," he said. But he said he was gratified that in the aftermath of Jesse's death, some wheels of change had begun to turn.

"I am just amazed at the impact that my boy has had," he said.

## Recent WRAMC Publications

Congratulations to the following WRAMC investigators on their recently published papers. This list was compiled from a recent MEDLINE search of the literature. Listed articles have been cleared through DCI and the WRAMC Public Affairs Office. If you have recently published, and we have not included your publication, please let us know so we may list your publication in the next issue of the newsletter.

Grant KW, Seitz PF. **The use of visible speech cues for improving auditory detection of spoken sentences.** *J Acoust Soc Am.* 2000 Sep;108(3 Pt 1):1197-208.

Welch PG. **Deployment dialysis in the U.S. Army: history and future challenges.** *Mil Med.* 2000 Oct;165(10):737-41.

Cord MT, Leek MR, Walden BE. **Speech recognition ability in noise and its relationship to perceived hearing aid benefit.** *J Am Acad Audiol.* 2000 Oct;11(9):475-83.

Scott L, Alvero R, Leondires M, Miller B. **The morphology of human pronuclear embryos is positively related to blastocyst development and implantation.** *Hum Reprod.* 2000 Nov;15(11):2394-2403.

Gaertner EM, Steinberg DM, Huber M, Hayashi T, Tsuda N, Askin FB, Bell SW, Nguyen B, Colby TV, Nishimura SL, Miettinen M, Travis WD. **Pulmonary and mediastinal glomus tumors--report of five cases including a pulmonary glomangiosarcoma: a clinicopathologic study with literature review.** *Am J Surg Pathol.* 2000 Aug;24(8):1105-14.

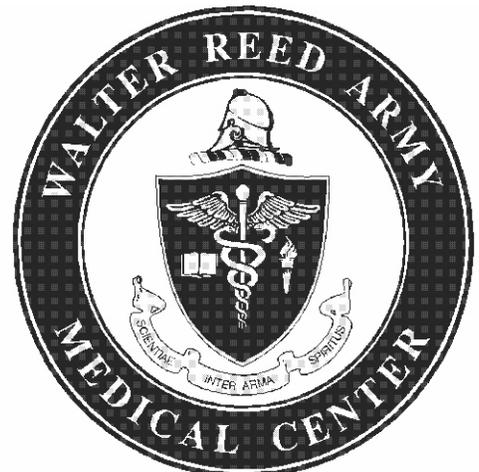
Wortmann GW, Aronson NE, Miller RS, Blazes D, Oster CN. **Cutaneous leishmaniasis following local trauma: A clinical pearl.** *Clin Infect Dis.* 2000 Jul;31(1):199-201.

Wassmuth Z, Mair E, Loube D, Leonard D. **Cautery-assisted palatal stiffening operation for the treatment of obstructive sleep apnea syndrome.** *Otolaryngol Head Neck Surg.* 2000 Jul;123(1 Pt 1):55-60.

Orchowski J, Polly DW Jr, Klemme WR, Oda I, Cunningham B. **The effect of kyphosis on the mechanical strength of a long-segment posterior construct using a synthetic model.** *Spine.* 2000 Jul 1;25(13):1644-8.

O'Malley PG, Jones DL, Feuerstein IM, Taylor AJ. **Lack of correlation between psychological factors and subclinical coronary artery disease.** *N Engl J Med.* 2000 Nov 2;343(18):1298-1304.

Lance RS, Freidrichs PA, Kane C, Powell CR, Pulos E, Moul JW, McLeod DG, Cornum RL, Brantley Thrasher J. **A comparison of radical retropubic with perineal prostatectomy for localized prostate cancer within the Uniformed Services Urology Research Group.** *BJU Int.* 2001 Jan;87(1):61-65.



# Congratulations to WRAMC and Operation SWITCH!

On 7 November 2000, the SmithKline Beecham Circle of Excellence Award was presented to Walter Reed Army Medical Center at the Association of Military Surgeons of the United States (AMSUS) meeting in Las Vegas. WRAMC earned the award in the patient safety category for Operation SWITCH (**S**tatins at **W**RAMC: **I**nterventions for the **T**reatment of **C**holesterol). This award is in recognition of outstanding work toward improving the quality of patient care. In addition to the award, a \$5,000 educational grant was also presented.

Operation SWITCH was initiated in response to the Department of Defense's Pharmacoeconomic Center (PEC) mandate for an empiric switch in the therapeutic selection of cholesterol-reducing drugs known as "statins". In an effort to save the military money, the PEC in August 1999 required that all DOD health care facilities be limited to 2 statins, cerivastatin and simvastatin, by April 2000. The WRAMC formulary had offered 5 different statins in a total of 17 different doses.

Statins accounted for approximately \$1M in FY 98 at WRAMC, with cost savings estimated at \$500,000 annually for this formulary change. Although conversion of the entire DOD beneficiary population to these agents was directed, little data on the safety and efficacy of the statin formulary conversion program was available. Operation SWITCH was thus initiated to evaluate the safety and efficacy of this conversion.

A multidisciplinary team began the program by educating patients and providers in advance about the formulary change. The team included representatives from Cardiology, Internal Medicine, Nephrology, Laboratory Medicine, Nutrition, Pharmacy, and the Wellness Center.

Operation SWITCH involved a prospective study in which 983 volunteer DOD beneficiaries (mean age 68) switched from their current statin drug to either cerivastatin or simvastatin using a conversion algorithm. Cerivastatin was the primary medication used since it costs one-third less than simvastatin. The efficacy of the conversion was determined by lipid panel and liver associated enzymes (LAE) testing, with the new medication adjusted if needed.

Overall this program appears to have maximized both the safety and cost-savings of the formulary change, while achieving high levels of patient satisfaction. The proportion of patients meeting cholesterol goals increased from 71 percent to over 79 percent after conversion, with a patient satisfaction rate of 94 percent. Further, the projected Walter Reed pharmacy cost savings for this conversion was \$203 per patient treatment year.

While Operation SWITCH was the effort of many departments at WRAMC, LTC Allen Taylor, director of cardiovascular research, notes: "The lab and pharmacy really carried the ball. The lab processed huge numbers of patients in support of the study; the pharmacists diligently saw every patient, provided them with individualized counseling, and follow up."

As for the success of the program Marian Benz, SmithKline Beecham Program Promotion Manager, added: "Their program not only created a successful collaboration between a multidisciplinary team, but it also showed a great clinical benefit and increased customer satisfaction."

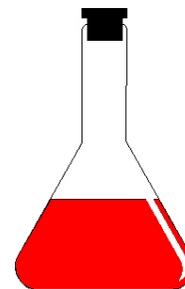
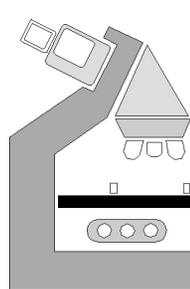
## Washington Post Article (From Page 3)

Vera Hassner Sharav, president of Citizens for Responsible Care & Research, New York-based human subjects advocacy group, said the experiment was just one of a growing number of inappropriate studies involving healthy children.

"There's a feeding frenzy for children in research now," Sharav said. "And now the federal government has contributed to the erosion of research ethics by giving its seal of approval to experiments that inflict pain on helpless children and by putting them in harm's way."

Gottesman said the review board will meet again within the next two weeks to reconsider the protocol and would decide then whether to convene a special committee of experts, as OHRP has recommended, to consider the

central question of whether the study really poses more than minimal risk.



# Recently Approved Protocols at WRAMC

Congratulations to the following principal investigators on their recently approved protocols.

## DENTAC

00-9401 Laryngeal Mask Airway Use in General Anesthesia for Outpatient Third Molar Surgery: Intra-operative Management and Postoperative Outcomes  
Taylor, Steven A., LTC, DE 9/14/2000

## Department of Allergy-Immunology

00-33003E Reading PPD Skin Tests in Two Directions versus One Direction  
Hershey, Joyce N., DAC 9/29/2000

00-33004E Adverse Cutaneous Reactions Temporarily Associated With Anthrax Vaccinations  
Loesevitz, Arthur, LTC, MC 10/2/2000

## Department of Medicine

### Endocrine Service

00-13005E Thyroglobulin Positive/Scan Negative Thyroid Cancer Patients - The Walter Reed Experience: A Retrospective Study  
Langely, Roy W., MAJ, MC 10/2/2000

00-13006E Coexistent Thyroid Malignancies: A Retrospective Review  
Stocker, Derek, CPT, MC 9/29/2000

00-1305 A 20 Week Multicenter, Double-Blind, Randomized Parallel-Group Fixed Dose Study to Prospectively Evaluate the Efficacy, Safety, and Tolerability of Oral Nateglinide Monotherapy (120 mg), Compared to Oral Rosiglitazone Monotherapy (8mg) in Patients with Type 2 Diabetes Mellitus Inadequately Controlled with Diet and Exercise Alone  
Vigersky, Robert A., COL, MC 10/5/2000

### Gastroenterology Service

00-1404 A Comparison of Pediatric and Adult Colonoscopes in Adult Patients Presenting for Routine Colonoscopy  
Cumings, Mark D., CPT, MC 8/31/2000

### General Medicine

01-10004E Nosocomial Fever - A Pilot Study  
Straight, Timothy, CPT, MC 11/15/2000

### Hematology-Oncology Service

00-1504 CALGB 89803: A Phase III Intergroup Trial of Irinotecan (CPT-11) (NSC #6163480 Plus Fluorouracil/Leukovorin (5-FU/LV) Versus Fluorouracil/Leukovorin Alone After Curative Resection

Or Patients with Stage III Colon Cancer  
Drabrick, Joseph J., LTC, MC 9/25/2000

00-1505 CALGB 19901: Phase II Study of Fludarabine Inductin Followed by Campath-1H Consolidation in Untreated Patients with Chronic Lymphocytic Leukemia  
Byrd, John C., MAJ, MC 9/25/2000

00-1506 CALGB 99208: Docetaxel and Estramustine Versus Mitoxantrone and Prednisone for Advanced, Hormone Refractory Prostate Cancer, Phase III  
Flynn, Joseph M., CPT, MC 12/1/2000

00-1507 CALGB 9764: Genetic Changes in Diffuse Aggressive Non-Hodgkin's Lymphoma  
Byrd, John C., MAJ, MC 12/12/2000

00-1607 A Study of Immunotherapy During Peripheral Stem Cell Collection and Post-Stem Cell Transplant for Patients with Lymphoproliferative Disorders  
Byrd, John C., MAJ, MC 10/11/2000

### Infectious Disease Service

00-1902 Clinical and Immunological Evaluations of Dengue Viruses as Challenge Strains in Susceptible Volunteers  
Lyons, Arthur G., MAJ, MC 11/17/2000

### Nephrology Service

00-11010E Incidence of Pulmonary Embolism in Hemodialysis Patients and Kidney Transplant Patients: Analysis of the USRDS  
Tveit, Daniel, LT, MC, USNR 9/6/2000

00-11011E Outcomes in End Stage Renal Disease  
Abbott, Kevin C., MAJ, MC 9/29/2000

00-1103 Measurement of Electrolytes in Microdialysis Samples by Mass Spectrometry  
Yuan, Christina, LTC, MC 12/1/2000

### Pulmonary & Critical Care Service

00-17004E Evaluation of Simple Interventions to Increase Compliance with Semi-Recumbent Positioning in the Intensive Care Unit (ICU)  
Helman, Donald, CPT, MC 9/6/2000

01-17005E Incidence of Airway Hyperreactivity in Sarcoidosis  
Shorr, Andrew, MAJ, MC 10/18/2000

01-17006E To Compare the Treatment Adherence to Positive Airway Pressure Among Patients with Upper Airway Resistance Syndrome Who Underwent Split-Night

(Continued page 9)

# Recently Approved Protocols at WRAMC (continued)

Versus Total Night Polysomnography for Diagnosis and Treatment of Upper Airway Resistance Syndrome  
Kristo, David, LTC, MC 10/18/2000

01-17007E Incidental Pulmonary Findings on Screening Cardiac Electron Beam Computed Tomography; Incidence, Evaluation, Costs, and Outcomes  
Roop, Stuart, MAJ, MC 11/1/2000

## Department of Neurology

00-7104 A Study of the Use of Telemedicine/Teleradiology in the Initial Management of Acute Stroke  
Choi, John Y., MAJ, MC 9/15/2000

00-7105 Effectiveness of Botulinum Toxin Type-A in the Treatment of Migraine Headache: A Randomized Controlled Trial  
Sartori, Roberto, CPT, MC 11/1/2000

## Department of Nursing

00-7503 Ethical Issues in Department of the Army Nursing Practice  
Brosch, Laura Ruse, LTC, AN 9/15/2000

00-7504 Nursing Experience and Critical Care Outcomes  
Patrician, Patricia, LTC, AN 9/14/2000

01-7501 A Comparison of Three Different Laryngeal Mask Airway Cuff Pressures on the Incidence and Severity of Post-Operative Sore Throat  
Newcomer, Timothy, LTC, AN 12/12/2000

## Department of Obstetrics and Gynecology

00-4302 GOG # 9901: Comparison of Quality of Life for Ovarian Germ Cell Cancer Survivors  
Maxwell, Larry G., MAJ, MC 12/11/2000

00-4303 GOG 175: A Randomized Phase III Trial of IV Carboplatin (AUC 6) and Paclitaxel 175 mg/m<sup>2</sup> Q 21 Days X 3 Courses Plus Low Dose Paclitaxel 40 mg/m<sup>2</sup>/wk vs IV Carboplatin (AUC 6) and Paclitaxel 175 mg/m<sup>2</sup> Q 21 Days X 3 Courses Plus Observation in Patients with Early Stage Ovarian Carcinoma  
Maxwell, Larry G., MAJ, MC 10/19/2000

00-4404 The Creation of a Blood and Tissue Bank and the Collection of Clinical Data From Patients Undergoing In Vitro Fertilization  
Leondires, Mark P., MAJ, MC 10/2/2000

00-4305 GOG 171: Expression of the MN Protein in Atypical Glandular Cells of Undetermined Significance (AGUS or AGCUS) as a Potential Diagnostic Biomarkers of Cervical Dysplasia/Neoplasia  
Maxwell, Larry G., MAJ, MC 11/14/2000

00-4406 Characterization of Peritoneal Fluid in Differentiating Benign from Malignant Adnexal Masses  
McBroom, John W., MAJ, MC 9/11/2000

## Department of Pediatrics

01-64006E The Role of PAX-8 in Childhood Thyroid Cancers  
Francis, Gary L., COL, MC 10/18/2000

## Department of Pharmacy

00-36003E A Survey to Optimize Pharmacy Resources at a Teaching Medical Center  
Sheikh, Aatif, CPT, MS 9/6/2000

## Department of Physical Medicine & Rehabilitation

00-9604 Determination of Low Back Muscle Usage by MRI Before and After Stepper Machine Exercise  
Marin, Raul, LTC, MC 12/26/2000

## Department of Psychiatry

01-72006E Survey of Attitudes Towards Alternative and Complementary Medicine  
Black, Nancy, MAJ, MC 11/16/2000

## Nuclear Medicine Service

00-4502 Double-Blind Placebo-Controlled Study of Samarium Sm-153 Lexidronam (Quadramet) for the Treatment of Asymptomatic Skeletal Metastases in Patients with Hormone-Refractory Prostate Carcinoma  
Allen, Thomas, LTC, MC 11/15/2000

## Department of Surgery

### Army Audiology & Speech Center

00-2507 Auditory Supplements of Speechreading  
Grant, Kenneth W., Ph.D., DAC 11/2/2000

00-2510 Characteristic of Everyday Listening Situations Which Favor Either Omnidirectional or Directional Hearing Aid Microphones  
Surr, Rauna, M.S., DAC 10/17/2000

01-2501 Performance of Directional Microphone Hearing Aids in Everyday Listening Situations  
Cord, Mary T., M.A., DAC 10/24/2000

01-2502 Performance of Custom-Fit Versus Fixed Format hearing Aids for Precipitously-Sloping High-

(Continued page 10)

## Recently Approved Protocols at WRAMC (continued)

Frequency Hearing Loss  
Walden, Brian E., Ph.D., DAC 12/11/2000

### *Critical Care Medicine Service*

00-3002 Noninvasive Screening for Coronary Artery Disease Using A Digital Electronic Stethoscope  
Popa, Christian, MAJ, MC 8/31/2000

### *General Surgery Service*

00-2006 Creation of a Retrospective and Prospective Database of Patients Evaluated and Treated for Breast Cancer  
Peoples, George E., LTC, MC 10/19/2000

### *Orthopaedic Surgery Service*

00-2405 MOSS-Miami and VertiGraft 2 Open Label Study # 199901  
Polly, David W., LTC, MC 10/12/2000

00-2406 The Porous-Coated Anatomic Total Hip Prosthesis, Inserted Without Cement, Results after 15 Years in a Prospective Study  
Xenos, John S., LTC, MC 11/27/2000

### *Otolaryngology-Head & Neck Service*

00-2505 Investigation of Alternative Sclerotherapy Agents for Injection Snoreplasty Palatal Stiffening Using the Beagle Canine Model: Pilot Study  
Brietzke, Scott, CPT, MC 9/25/2000

00-2506 Investigation of Different Methods for Performing Myringotomy and Preserving Myringotomy Patency Using the Guinea Pig Model  
Pazos, George A., LCDR, MC 10/20/2000

### *Peripheral Vascular Surgery Service*

00-2102 Clinical and Pathophysiologic Efficacy of SEPS The Endoscopic Treatment of Incompetent Perforating Veins of the Lower Extremity in Patients with Chronic Venous Insufficiency (CEAP Classes 4-6)  
Gillespie, David, LTC, MC 8/31/2000

01-2101 Percutaneous Arterial Closure After Diagnostic and Interventional Endovascular Procedures: A Prospective Randomized Evaluation of the Perclose Device in Patients with Peripheral Vascular Disease  
Starnes, Benjamin W., MAJ, MC 11/27/2000

### *Urology Service*

00-2802 A Phase II Randomized-Discontinuation Study of Oral CEP-701 in Prostate Cancer Patients Who Have Failed First-line Hormonal Therapy  
McLeod, David G., COL, MC 9/27/2000

### **Deployment Health Clinical Center**

01-89003E A Descriptive Evaluation of the Specialized Care Program Population  
Engel, Charles, LTC, MC 11/8/2000

### **Landstuhl Regional Medical Center**

00-8504 Racial Differences in Central Corneal Thickness Between Caucasian and African-American Subjects  
Hess, Todd D., LTC, MC 11/6/2000

### **U.S. Army Hospital Heidelberg**

00-8503 Genetic Investigations of Psueofolliculitis Barbae, PFB, in United States Armed Forces  
Schissel, Daniel, MAJ, MC 10/20/2000

## Psychological Factors and Coronary Heart Disease (From Page 1)

percent of the men and 4 percent of the women. Coronary-artery calcification was significantly related to higher total cholesterol, LDL cholesterol, triglyceride levels, higher systolic blood pressure, higher body-mass index, and male sex.

Unexpectedly, somatization was inversely correlated with calcification scores, even after the researchers controlled for age and sex. The explanation for such a relation is unclear. Dr. O'Malley notes, "The concept of somatization is a poorly understood phenomenon. Could it be that people who are sensitive to somatic symptoms are also somehow more adherent to healthy lifestyles? One can only speculate. For one thing, this relationship needs verification in other populations to assure it is not just a chance finding."

The researchers note there are limitations to their data, including the possibility that the psychometric tools utilized were not sensitive enough to "dynamic psychological states" and thus missed possible associations. Further, their results were based on a sample with a narrow range of ages and may not allow for generalization to other age groups.

According to Dr. O'Malley, "Further research in this area is necessary to better understand the predictors of atherosclerosis, a phenomenon which is still largely not understood, as well as to explore the mechanisms of how psychological variables increase one's risk of clinical coronary artery disease. The Prospective Army Coronary Calcium (PACC) project hopes to help explore some of this as it follows-up on these participants for the next 10 years."

# Clinical Research Websites of Interest

DOE - Protecting Human Subjects ([www.er.doe.gov/production/ober/humsubj](http://www.er.doe.gov/production/ober/humsubj)): This is an excellent website with valuable information regarding human subject regulations, IRB's guidelines, consent form information, educational information & resources, and upcoming meetings & conferences. They also publish a well organized newsletter available at ([www.science.doe.gov/ober/humsubj/newslett.html](http://www.science.doe.gov/ober/humsubj/newslett.html)).

The DOE Human Radiation Experiments ([tis.eh.doe.gov/ohre/](http://tis.eh.doe.gov/ohre/)): The Office of Human Radiation Experiments, established in March 1994, leads the Department of Energy's efforts to tell the agency's Cold War story of radiation research using human subjects. This site attempts to identify and catalog relevant historical documents from DOE's 3.2 million cubic feet of records scattered across the country.

Department of Energy Human Genome Program ([www.science.doe.gov/ober/hug\\_top.html](http://www.science.doe.gov/ober/hug_top.html)): The U.S. HGP, composed of the DOE and NIH Human Genome Programs, is the national coordinated effort to characterize all human genetic material by determining the complete sequence of the DNA in the human genome. This site provides information and goals on the project together with a timeline and background history. Also provided are the divisions of HGP, contact information, research topics, research opportunities, fellowships & educational programs, and international programs.

The National Institutes of Health, Office of Human Subjects Research ([ohsr.od.nih.gov/](http://ohsr.od.nih.gov/)): The purpose of this website is to provide information about the Office of Human Subjects Research including training for researchers and IRB members, information sheets, forms & checklists, and research guidelines.

DHHS - Office for Human Research Protections ([ohrp.osophs.dhhs.gov/](http://ohrp.osophs.dhhs.gov/)): Formerly Office for Protection from Research Risks, OHRP's site offers information on Human Subject Protection including regulations, ethical principles, IRB Guidebook, OHRP/OPRR Reports, and the Human Subject Research Subcommittee roster.

National Institutes of Health Ethical, Legal and Social Implications Research Program ([www.nhgri.nih.gov/About\\_NHGRI/Der/Elsi/](http://www.nhgri.nih.gov/About_NHGRI/Der/Elsi/)): This site provides information on the ethical, legal, and social issues surrounding human genetics research. Also supplies information on the clinical integration of new genetic technologies plus public and professional education research grants and education projects at institutions throughout the United States.

National Institutes of Health, Human Genome Project ([www.nhgri.nih.gov/](http://www.nhgri.nih.gov/)): This site provides information on grants, intramural research, ethical, legal, & social implications, policy and public affairs, scheduled workshops and conference, as well as a glossary of genetic terms and information on The Human Genome Project.

National Institutes of Health, Bioethics Resources on the Web ([www.nih.gov/sigs/bioethics/index.html](http://www.nih.gov/sigs/bioethics/index.html)): The Internet is full of resources available to those with an interest in bioethics including education, research involving human participants and animals, medical and health care ethics, and the implications of applied genetics and biotechnology. This website contains a broad collage of annotated web links, with listed resources provide background information and various positions on issues in bioethics.

Interagency HREX ([hrex.dis.anl.gov/](http://hrex.dis.anl.gov/)): The Human Radiation Experiments Information Management System was created in 1993 with a system of locating and identifying the records of human radiation experiments conducted by different agencies. The documents are related to experiments conducted at both government and non-government facilities, beginning in the 1940s. The Department of Energy desired to create a simple, accessible collection of historical records on radiation experiment research. HREX currently contains over 250,000 pages of historical documents from DoD, DOE, HHS, VA, and CIA.

National Bioethics Advisory Commission Web Site ([bioethics.gov/cgi-bin/bioeth\\_counter.pl](http://bioethics.gov/cgi-bin/bioeth_counter.pl)): Includes general information about NBAC including member roster, contact information, meeting information, and publications.

Advisory Committee on Human Radiation Experiments ([www.gwu.edu/~nsarchiv/radiation/](http://www.gwu.edu/~nsarchiv/radiation/)): ACHRE, was created by President Clinton on January 15, 1994 to investigate and report on the use of human beings as subjects of federally funded research using ionizing radiation. ACHRE constructed a gopher site to provide public electronic access to information about its activities, processes and papers.

Clinical Trials and Human Subject Protection, FDA ([www.fda.gov/oc/oha/default.htm#clinical](http://www.fda.gov/oc/oha/default.htm#clinical)): Includes contact information for IRB questions and FDA information sheets, as well as FDA contacts for IRBs and clinical investigators.

## Don't Forget Your BMAR!

In order to comply with JCAHO and WRAMC guidelines, all DCI personnel must be up to date in their BMAR training. All personnel are expected to complete BMAR using the online method at

<http://160.151.186.9/walterreed/>

Your login is your last name and SSN with no dashes or spaces. Select *Computer Assignments*.

DCI personnel are reminded to print off their evaluation sheets after they complete the training and forward these sheets to Kim Toppin. These sheets certify that you have completed the course.

The online BMAR takes approximately 2½ -3 hours to complete, with short quizzes at the end of most sections to test your knowledge of the covered material.

BMAR is still given didactically every other month. The next didactic versions of BMAR will be given on 10 January and 14 March from 0730 to 1230 in Joel Auditorium.

The following DCI personnel have birthdays in the months of January, February, and March:

COL Maria Sjogren (10 Jan)  
Bader Fileta (10 Jan)  
Timmie Merriwether (31 Jan)  
Susan Barnes (02 Feb)  
CPT Ken Capps (10 Feb)  
Jana Bednarek (08 Mar)  
Mary Jane Muchui (08 Mar)  
Elmer Jenkins (25 Mar)  
Jeffrey Anderson (31 Mar)



## USUHS Schedules Annual Research Day

The Uniformed Services University of the Health Sciences (USUHS) will hold its eighth annual Faculty Senate Research Day/Graduate Student Colloquium on 10 and 11 April 2001. This year's theme is "Emerging Research Technologies."

Research Day is held to promote basic science and clinical research collaboration among investigators at USUHS, WRAMC, the National Naval Medical Center, the Naval Medical Research Center, WRAIR, the Armed Forces Radiobiology Research Institute, the Henry M. Jackson Foundation for the Advancement of Military Medicine and other affiliated institutions.

The event seeks to promote research career enhancement and to educate the researcher in such topics as animal use, grants administration, new methodologies, ethics, patent issues, and radiation & lab safety. Research Day also aims to encourage student awareness and involvement in research activities.

The main symposium on April 10 will focus on technology transfer, career development, and a "hand-on" workshop by LRC services. The Graduate Student Colloquium will follow this with invited lectures addressing this year's theme. The keynote speaker will be announced at a later date.

The following day, 11 April, will feature the research accomplishments of USUHS graduate students and other affiliated institutions with a poster session. The event will conclude with a dinner and awards banquet.

For more information and guidelines on submitting abstracts for oral and poster presentations, see the USUHS-Office of Research website at [www.usuhs.mil/research](http://www.usuhs.mil/research) or contact Dr. Jeanette Hosseini at (301) 295-6898 or Dr. Kristin Heitman at (301) 295-3952.

**DCI is SHARPP...**  
**Striving to**  
**Help**  
**All**  
**Researchers from**  
**Planning to**  
**Publication**

*Inquiring Minds* is published four times a year by the Department of Clinical Investigation, WRAMC, as a service to DCI employees and the WRAMC research community.

Any submissions or questions about content should be directed to CPT Ken Capps at (202) 782-7823.