

Henry Ford Health System Publication List - July 2010

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You can access this page at <http://www.henryfordconnect.com/sliden.cfm?id=436>.

Anesthesiology

Frogel, J. and D. Galusca (2010). "Anesthetic considerations for patients with advanced valvular heart disease undergoing noncardiac surgery." Anesthesiol Clin **28**(1): 67-85. [PDF Full-Text](#)

Department of Anesthesiology, Henry Ford Hospital, 2799 West Grand Boulevard, Detroit, MI 48202, USA. jfrogel1@hfhs.org

Patients with valvular heart disease represent a growing segment of the population and can present major challenges to clinical anesthesiologists. This review focuses on patients with advanced left-sided valvular disease undergoing noncardiac surgery. The pathophysiology and anesthetic implications of aortic stenosis and insufficiency and mitral stenosis and insufficiency are discussed, with a focus on optimizing perioperative management and decision making for patients with these conditions.

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Behavioral Health

Ketterer, M. W. (2010). "Emotional distress and social relationship dysfunction: The clinical implications of Type D?" Journal of Psychosomatic Research **69**(2): 91-92. [Article Request Form](#)

[Ketterer, Mark W.] Wayne State Univ, Henry Ford Hosp, Detroit, MI 48202 USA.

[Ketterer, Mark W.] Univ Michigan, Ann Arbor, MI 48109 USA.

Ketterer, MW, Wayne State Univ, Henry Ford Hosp, Detroit, MI 48202 USA.

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Behavioral Health

Ketterer, M. W., W. Knysz, A. Khandelwal, S. J. Keteyian, A. Farha and S. Deveshwar (2010). "Healthcare utilization and emotional distress in coronary artery disease patients." Psychosomatics **51**(4): 297-301. [PDF Full-Text](#)

Henry Ford Hospital/PP, 2799 West Grand Boulevard, Detroit, MI 48202, USA.
MarkWKetterer@cs.com

BACKGROUND: No studies to-date have examined the various types of emotional distress (ED) for their relative power at predicting costs in patients with coronary artery disease (CAD). OBJECTIVE: The authors investigated the association between expenditure for CAD patients and various measures of emotional/psychological functioning. METHOD: The authors assessed dollars spent in relation to dimensions of

2799 W Grand Blvd, K-17
Detroit, MI 48202

henryfordconnect.com/sladen
sladen@hfhs.org
313 916-2550 voice
313 874-4730 fax

Hours
8:30am-7:30pm M-Th
8:30am-5:00pm F

the Symptom Checklist 90-Revised and traditional risk factors in the year preceding referral of 164 CAD patients for stress management. RESULTS: Total costs were associated with the Anxiety, Phobic Anxiety, and Psychoticism scales. Hypertension was also associated with increased costs. CONCLUSIONS: Present results indicate an association of higher costs with anxiety. Because the symptoms of anxiety overlap with those of cardiac disease, increased vigilance by both patients and practitioners, resulting in more testing and longer hospital stays is not surprising. Results suggest that there is a potential for substantial cost savings with enhanced detection and treatment of anxiety-spectrum emotional distress.

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Biostatistics & Research Epidemiology

Alford, S. M., R. E. Lappin, K. Wells, A. R. Barone and V. K. Dalton (2010). "Adolescent and Young Adult Women's Use of Emergency Contraception." J Pediatr Adolesc Gynecol **EPub Ahead of Print**. [Article Request Form](#)

Department of Biostatistics and Research Epidemiology, Henry Ford Hospital, Detroit.

STUDY OBJECTIVE: To determine differences in the use of emergency contraception (EC) between adolescent (11-17 years old) and young adult women (18-24 years old) in an insured, population based cohort. DESIGN AND PARTICIPANTS: Females 11-24 years old were divided into two groups: adolescents (11-17) and young adults (18-24) at their first captured EC prescription fill. A medical record review followed. MAIN OUTCOME MEASURES: The main outcomes of our study were reason for EC use, timing of EC use, and repeat use. Chi-square tests were used to compare dichotomous variables between groups by age and for ever vs repeat use. An independent t-test was used to compare continuous variables. A person-time analysis was used to compare rates of repeat use. RESULTS: 344 women were identified as having filled at least one prescription for an EC drug. Among ever users, adolescents were more likely than young adults to cite no contraception as their reason for seeking EC (30% for 11-17 and 24% for 18-24 year olds; $P = 0.38$). For both ever and repeat users, young adults reported condom failure as their main reason for seeking EC. We calculated t-tests on the hours since unprotected sex. For adolescents the mean was 42 hours and for young adults the mean was 34 hours ($P = 0.13$). Both are within the recommended 72-hour window for administration and were not significantly different. The rate of repeat use was essentially the same for both age groups. CONCLUSIONS: We found that adolescent use of EC was similar to young adult use and support the recommendation that 17-year-olds have behind-the-counter access to EC.

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Biostatistics & Research Epidemiology

Harel, Z., K. Wolter, M. A. Gold, B. Cromer, A. Bruner, M. Stager, L. Bachrach, P. Hertweck, A. Nelson, D. Nelson, S. Coupey, C. C. Johnson, R. Burkman and H. Bone (2010). "Inadequate Vitamin D Status in Adolescents with Substantial Bone Mineral Density Loss During the Use of Depot Medroxyprogesterone Acetate Injectable Contraceptive: A Pilot Study." Journal of Pediatric and Adolescent Gynecology **23(4)**: 209-214. [PDF Full-Text](#)

[Harel, Z.] Hasbro Childrens Hosp, Div Adolescent Med, Providence, RI 02903 USA. [Harel, Z.] Brown Univ, Providence, RI 02912 USA. [Wolter, K.] Pfizer Global R&D, New London, CT USA. [Gold, M. A.] Univ Pittsburgh, Pittsburgh, PA USA. [Cromer, B.; Stager, M.] MetroHlth Med Ctr, Cleveland, OH USA. [Bruner, A.] Johns Hopkins Univ, Sch Med, Baltimore, MD USA. [Bachrach, L.] Stanford Univ, Sch Med, Stanford, CA 94305 USA. [Hertweck, P.] Univ Louisville, Louisville, KY 40292 USA. [Nelson, A.] Univ Calif Los Angeles, David Geffen Sch Med, Torrance, CA USA. [Nelson, D.] Wayne State Univ, Sch Med, Detroit, MI USA. [Coupey, S.] Childrens Hosp Montefiore, New York, NY USA. [Johnson, C. C.] Henry Ford Hlth Syst, Detroit, MI USA. [Burkman, R.] Baystate Med Ctr, Springfield, MA USA. [Bone, H.] Michigan Bone & Mineral Clin, Detroit, MI USA.

Harel, Z, Hasbro Childrens Hosp, Div Adolescent Med, 593 Eddy St, Providence, RI 02903 USA.

Zharel@Lifespan.org

Study Objective: To examine vitamin D and parathormone (PTH) levels in adolescents who experienced substantial bone mineral density (BMD) loss during depot medroxyprogesterone acetate (DMPA) use. Design: A non-randomized, multi-center study, during which DMPA was administered every 12 weeks and evaluation of lumbar spine and hip BMD by dual-energy X-ray absorptiometry (DXA) was conducted every 6 months. A blood sample for vitamin D and PTH measurements was obtained from adolescents who experienced >5% BMD loss. Vitamin D deficiency was defined as 25-hydroxyvitamin D (25OHD) level of <20ng/mL, insufficiency

as 25OHD level of 20-30ng/mL, and sufficiency as 25OHD level of >30ng/mL. Results: Evaluation of vitamin D and PTH was carried out in 15 participants who experienced BMD loss of $\geq 5\%$ during DMPA use. At initiation of DMPA, participants had mean (+SE) age 17+1years, gynecologic age 61+4 months, and body mass index 24+1.5kg/m². Racial/ethnic distribution was: Caucasian-7 girls, Hispanic-4 girls, African-American-3 girls, and other-1 girl. Six participants had BMD loss of $>5\%$ after 2 DMPA injections, five after 3 injections, one after 5 injections, one after 8 injections, one after 10 injections, and one after 13 injections. Only one girl (7%) had sufficient vitamin D. The other participants had vitamin D insufficiency (50%) or deficiency (43%). Participants' mean (+SE) PTH was 22+4pg/mL (reference range 7-53pg/mL), and mean (+SE) 1,25-dihydroxyvitamin D was 56+5pg/mL (reference range 22-67pg/mL). Conclusions: Inadequate vitamin D status was evident among the majority of female adolescents who experienced a substantial BMD loss while using DMPA.

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Biostatistics & Research Epidemiology

Joseph, C. L., S. L. Havstad, D. Johnson, J. Saltzgeber, E. L. Peterson, K. Resnicow, D. R. Ownby, A. P. Baptist, C. C. Johnson and V. J. Strecher (2010). "Factors associated with nonresponse to a computer-tailored asthma management program for urban adolescents with asthma." *J Asthma* **47**(6): 667-73. [Article Request Form](#)

Department of Biostatistics and Research Epidemiology, Henry Ford Health System, Detroit, Michigan, U.S.A.

Background. The ability to identify potentially resistant participants early in the course of an intervention could inform development of strategies for behavior change and improve program effectiveness. **Objective.** The objective of this analysis was to identify factors related to nonresponse (i.e., lack of behavior change) to an asthma management intervention for urban teenagers. The intervention targeted several behaviors, including medication adherence, having a rescue inhaler nearby, and smoking. **Methods.** A discriminate analysis was conducted using data from a randomized trial of the intervention. Included in this analysis are participants who reported a physician diagnosis of asthma, completed a baseline questionnaire, were randomized to the treatment group, completed ≥ 2 of 4 educational sessions, and completed ≥ 2 of 3 follow-up questionnaires. Ninety students met criteria for inclusion in this subgroup analysis. **Results.** In logistic regression models for medication adherence, nonresponse was related to low baseline asthma self-regulation, odds ratio = 3.6 (95% confidence interval = 1.3-9.5). In models for having an inhaler nearby, nonresponse was related to low baseline self-regulation and to rebelliousness, OR = 4.7 (1.6-13.2) and 5.6 (1.7-18.0), respectively. Nonresponse to smoking messages was related to rebelliousness, low emotional support, and low religiosity, ORs = 7.6 (1.8-32.3), 9.5 (1.4-63.5), and 6.6 (1.5-29.8) respectively. **Conclusions.** Certain variables had the ability to discriminate the likelihood of response from that of nonresponse to an asthma program for urban, African American adolescents with asthma. These variables can be used to identify resistant subgroups early in the intervention, allowing the application of specialized strategies through tailoring. These types of analyses can inform behavioral interventions.

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Biostatistics & Research Epidemiology

Wegienka, G., C. C. Johnson, S. Havstad, D. R. Ownby and E. M. Zoratti (2010). "Indoor pet exposure and the outcomes of total IgE and sensitization at age 18 years." *J Allergy Clin Immunol* **126**(2): 274-9, 279 e1-5. 2917521. [PDF Full-Text](#)

Department of Biostatistics and Research Epidemiology, Henry Ford Hospital, Detroit, Mich, USA.

BACKGROUND: Early-life exposure to household pets has been shown to be protective against allergic sensitization in childhood. **OBJECTIVE:** We sought to evaluate the association between early-life pet exposure and allergic sensitization at age 18 years. **METHODS:** Teenagers who had been enrolled in the Detroit Childhood Allergy Study birth cohort in 1987-1989 were contacted at age 18 years. Serum total and allergen-specific IgE levels to 7 common allergens (dust mite, cat, dog, ragweed, Timothy grass, Alternaria species, and peanut; atopy was defined as any specific IgE level $>$ or $=0.35$ kU/L) were measured at age 18 years. Annual interview data from childhood were used to determine indoor dog and cat ($>$ or $=50\%$ of their time in the home) exposure during early life. Exposure was considered in various ways: first year, cumulative lifetime, and age groups, as well as multiple pets. **RESULTS:** Dog or cat exposure in the first year of life was not associated with atopy (relative risk, 0.97; 95% CI, 0.83-1.12). Those living with pets in the first year and atopic at 18 years had lower total IgE levels. Neither cumulative exposure nor exposure at a particular age was

strongly and consistently associated with either outcome. Although not statistically significant, there was a pattern of decreased odds of sensitization among those with 2 or more pets versus no pets in the first year of life. **CONCLUSIONS:** Early-life pet exposure can be associated with lower total IgE levels among atopic subjects but is not strongly associated with decreased likelihood of sensitization to common allergens at age 18 years.

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Biostatistics & Research Epidemiology

Yood, M. U., P. F. Wang, S. H. Alford, S. Oliveria, K. Wells, S. Phillips, H. Ali and C. D. O'Malley (2009). "Treatment-related toxicities in patients with squamous cell carcinoma of the head and neck (SCCHN)." Journal of Clinical Oncology **27**(15): e17041. [Meeting Abstract](#)

EpiSource LLC, Hamden, CT USA. Amgen Inc, Cambridge, MA USA. Henry Ford Hlth Syst, Detroit, MI USA.

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Bone & Joint Center

Arnoczky, S. P., O. Caballero and Y. N. Yeni (2010). "Platelet-rich Plasma To Augment Connective Tissue Healing: Making Sense of It All." Journal of the American Academy of Orthopaedic Surgeons **18**(7): 445-446. [PDF Full-Text](#)

[Arnoczky, Steven P.; Caballero, Oscar] Michigan State Univ, Lab Comparat Orthopaed Res, E Lansing, MI 48824 USA. [Yeni, Yeller N.] Henry Ford Hosp, Ctr Bone & Joint, Detroit, MI 48202 USA. Arnoczky, SP, Michigan State Univ, Lab Comparat Orthopaed Res, E Lansing, MI 48824 USA.

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Bone & Joint Center

Desai, S., A. Sethi, C. C. Ninh, S. Bartol and R. Vaidya (2010). "Pedicle screw fixation of the C7 vertebra using an anteroposterior fluoroscopic imaging technique." Eur Spine J **EPub Ahead of Print**. [PDF Full-Text](#)

Department of Orthopedic Surgery, Henry Ford Hospital, 2799W Grand Blvd, Detroit, MI, 48202, USA.

Cervical pedicle screws have been reported to be biomechanically superior to lateral mass screws. However, placement of these implants is a technical challenge. The purpose of this investigation was to use an anatomic and a clinical study to evaluate a technique for placement of the pedicle screws in the C7 vertebra using fluoroscopic imaging in only the anteroposterior (A/P) plane. Ten adult cadaver C7 vertebrae were used to record the pedicle width, inclination and a suitable entry point for placement of pedicle screws. A prospective study of 28 patients undergoing posterior instrumentation of the cervical spine with C7 pedicle screw placement was also performed. A total of 55 C7 pedicle screws were placed using imaging only in the A/P plane with screw trajectory values obtained by the anatomic study. Radiographs and CT scans were performed post-operatively. The average posterior pedicle diameter of C7 vertebra was 9.5 +/- 1.2 mm in this study. The average middle pedicle diameter was 7.1 mm and the average anterior pedicle diameter was 9.2 mm. The average transverse pedicle angle was 26.8 on the right and 27.3 on the left. CT scans were obtained on 20 of 28 patients which showed two asymptomatic cortical wall perforations. One screw penetrated the lateral wall of the pedicle and another displayed an anterior vertebral penetration. There were no medial wall perforations. The preliminary results suggest that this technique is safe and suitable for pedicle screw placement in the C7 vertebra.

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Bone & Joint Center

Najibi, S., M. Tannast and J. M. Latini (2010). "Civilian Gunshot Wounds to the Genitourinary Tract: Incidence, Anatomic Distribution, Associated Injuries, and Outcomes." Urology **EPub Ahead of Print**. [PDF Full-Text](#)

Hip and Pelvis Institute, Saint John's Hospital, Santa Monica, California, and Department of Orthopedic Surgery, Henry Ford Health System, Detroit, Michigan.

OBJECTIVES: Gunshot wounds (GSW) affecting the genitourinary (GU) system in civilians are uncommon. This study describes the incidence, anatomic distribution, demographics, associated injuries, management, and outcomes after civilian GU GSW. **METHODS:** A Level 1 Trauma Center Registry was used to retrospectively identify all patients who sustained GU GSW (January 1997-December 2008). Patient information was abstracted from the Registry, medical, and autopsy records. Multivariate regression detected significant factors associated with mortality. **RESULTS:** Of 2941 civilian GSW patients, 309 (10.5%) sustained GU injury with/without associated injuries. Mean age was 30.4 +/- 11.9 years (range 6.6-80.6 years); 289 patients (93.5%) were male. Mean Injury Severity Score (ISS) 22.2 +/- 15.4 (1-75). Incidence of GU GSW increased during the study period. GSW affected the kidneys (55%), scrotum (21%), bladder (19%), testicle (12%), penis (8%), some patients having more than 1 GU organ injured. A total of 284 patients (92%) experienced at least 1 other organ injury. Most GU GSW were managed surgically (mean 2.2 +/- 2.0; 0-13 surgeries/patient). There was a 27% (n = 84) overall mortality, with 16% (n = 50) dead on arrival. Mortality and ISS were correlated (P = 0.002; hazard ratio = 3.0; 95% confidence interval 3.0-3.0CI). Large vessel, head/neck, kidney, vascular, heart, lung, spine, and spinal cord injury were statistically significant risk factors for death. **CONCLUSIONS:** GU injury occurred in 10.5% of 2941 civilian GSW patients. Associated injuries were very common, with many cases involving multiple organs. Most injuries (90%) were managed surgically. Mortality is usually the result of associated nongenitourinary injuries. A high index of suspicion for injuries affecting other organs is necessary in managing GU GSW trauma patients.

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Bone & Joint Center

Nekkanty, S., J. Yerramshetty, D. G. Kim, R. Zael, E. Johnson, D. D. Cody and Y. N. Yeni (2010). "Stiffness of the endplate boundary layer and endplate surface topography are associated with brittleness of human whole vertebral bodies." [Bone EPub Ahead of Print. PDF Full-Text](#)

Bone and Joint Research Center, Department of Orthopaedics, Henry Ford Hospital, Detroit, MI, USA.

Stress magnitude and variability as estimated from large scale finite element (FE) analyses have been associated with compressive strength of human vertebral cancellous cores but these relationships have not been explored for whole vertebral bodies. In this study, the objectives were to investigate the relationship of FE-calculated stress distribution parameters with experimentally determined strength, stiffness, and displacement based ductility measures in human whole vertebral bodies, investigate the effect of endplate loading conditions on vertebral stiffness, strength, and ductility and test the hypothesis that endplate topography affects vertebral ductility and stress distributions. Eighteen vertebral bodies (T6-L3 levels; 4 female and 5 male cadavers, aged 40-98years) were scanned using a flat-panel CT system and followed with axial compression testing with Wood's metal as filler material to maintain flat boundaries between load plates and specimens. FE models were constructed using reconstructed CT images and filler material was added digitally. Two different FE models with different filler material modulus simulating Wood's metal and intervertebral disc (W-layer and D-layer models) were used. Element material modulus to cancellous bone was based on image gray value. Average, standard deviation, and coefficient of variation of von Mises stress in vertebral bone for W-layer and D-layer models and also the ratios of FE parameters from the two models (W/D) were calculated. Inferior and superior endplate surface topographical distribution parameters were calculated. Experimental stiffness, maximum load and work to fracture had the highest correlation with FE-calculated stiffness while experimental ductility measures had highest correlations with FE-calculated average von Mises stress and W-layer to D-layer stiffness ratio. Endplate topography of the vertebra was also associated with its structural ductility and the distribution parameter that best explained this association was kurtosis of inferior endplate topography. Our results indicate that endplate topography variations may provide insight into the mechanisms responsible for vertebral fractures.

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Cardiology

Cavalcante, J. L., M. Al-Mallah and M. Hudson (2010). "Isolated Right Ventricular Infarct Presenting as Ventricular Fibrillation Arrest and Confirmed by Delayed-Enhancement Cardiac MRI." [Heart Lung Circ EPub Ahead of Print. Article Request Form](#)

Henry Ford Hospital, Heart and Vascular Institute, 2799 West Grand Blvd, K-14, Detroit, MI 48202, United States.

Malignant ventricular arrhythmias resulting from isolated right ventricular myocardial infarction (RVMI) without left ventricular myocardial ischaemia or infarction occur rarely. We present a case of a 61-year-old male with acute onset of chest pain and ventricular fibrillation cardiac arrest requiring prompt defibrillation. Subsequent 15-lead EKG, showed ST-segment elevation in the anterior and right precordial leads without ST-segment elevation in the inferior leads. Angiography documented occlusion of a large RV marginal branch. Delayed enhancement cardiac magnetic resonance imaging (DE-CMR) with gadolinium performed 2 days post-infarct showed isolated RVMI. Patient remained symptom free and haemodynamically stable throughout his hospital stay. The clinical presentation of isolated RV infarct can be misleading and diagnosis difficult. EKG findings can resemble acute anterior wall myocardial infarction, while its course can be accompanied by life-threatening ventricular arrhythmias. This case uniquely combines this rare clinical sequence with DE-CMR images using gadolinium to confirm isolated RVMI. A brief review of RVMI presentation and associated EKG patterns is also discussed.

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Cardiology

Dhar, R., S. Bhojraj and M. H. Al-Mallah (2010). "Training in cardiovascular computed tomography: The Fellows-In-Training perspective." J Cardiovasc Comput Tomogr 4(2): 92-5.

[Article Request Form](#)

Henry Ford Hospital, Detroit, MI 48202, USA.

BACKGROUND: Cardiovascular computed tomography angiography (CCTA) is an emerging diagnostic technique in the evaluation of patients with suspected coronary artery disease. The recent CoCATS guidelines recommend that all cardiovascular fellows be exposed to CCTA in their training programs; however, not all programs have the ability to provide such training. OBJECTIVE: This study aims to describe the present opinions of Fellows-in-Training (FIT) toward CCTA training. METHODS: Cardiovascular FITs in the state of Michigan were contacted through the American College of Cardiology, Michigan chapter, e-mail list and were asked to complete a 12-question anonymous survey examining attitudes toward CCTA. RESULTS: Sixty (54%) of 112 FITs completed the survey. Ninety-one percent of respondents had a CCTA program at their hospital and 52 (87%) considered CCTA important toward increasing their professional competitiveness. In addition, 93% had interest in obtaining at least level 2 training irrespective of their future career plans. The most important factors influencing their choice of third-party courses were cost, number of live cases, and student-to-faculty ratio. Finally, 47% supported creating an additional fourth year of training in advanced imaging, and 40% would pursue such training. CONCLUSION: Most cardiovascular FITs are interested in seeking advanced training in CCTA. Cardiovascular training programs should incorporate CCTA in their core curriculum to meet the increasing interest in CCTA among trainees.

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Cardiology

Lanfear, D. E. (2010). "Genetic variation in the natriuretic peptide system and heart failure." Heart Fail Rev 15(3): 219-28. [PDF Full-Text](#)

Henry Ford Heart and Vascular Institute, Section of Advanced Heart Failure and Cardiac Transplantation, Henry Ford Hospital, 2799 W. Grand Boulevard, K14, Detroit, MI 48202, USA. dlanfea1@hfhs.org

Heart failure (HF) is a modern epidemic and is one of the few cardiovascular diseases which is increasing in prevalence. The growing importance of the Natriuretic Peptide (NP) system in HF is well recognized. Laboratory tests for B-type Natriuretic Peptide (BNP) have proven value as diagnostic and prognostic tools in HF and are now part of routine clinical care. Furthermore, recombinant atrial natriuretic peptide (ANP) (carperitide) and BNP (nesiritide) and are approved HF therapies in Japan and the US, respectively and additional natriuretic peptides (e.g., CNP, urodilatin, and designer NPs) are under investigation for use in HF. Common genetic sequence variants are increasingly being recognized as determinants of disease risk or drug response and may help explain a portion of the inter-individual variation in the human NP system. This review describes current knowledge of NP system genetic variation as it pertains to HF as well as ongoing studies and where the field is expected to progress in the near future. To briefly summarize, NP system genetic variants have been associated with alterations in gene expression, NP levels, and cardiovascular disease. The next step forward will include specific investigations into how this genetic variation can advance 'Personalized

Medicine', such as whether they impact the utility of diagnostic BNP testing or effectiveness of therapeutic NP infusion. This is already in progress, with pharmacogenetic studies of nesiritide currently underway. We expect that within 5 years there should be a reasonable idea of whether NP system genetic variation will have important clinical implications.

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Center for Health Services Research

Kumar, R., M. A. Seibold, M. C. Aldrich, L. K. Williams, A. P. Reiner, L. Colangelo, J. Galanter, C. Gignoux, D. L. Hu, S. Sen, S. Choudhry, E. L. Peterson, J. Rodriguez-Santana, W. Rodriguez-Cintron, M. A. Nalls, T. S. Leak, E. O'Meara, B. Meibohm, S. B. Kritchevsky, R. L. Li, T. B. Harris, D. A. Nickerson, M. Fornage, P. Enright, E. Ziv, L. J. Smith, K. A. Liu and E. Gonzalez-Burchard (2010). "Genetic Ancestry in Lung-Function Predictions." New England Journal of Medicine **363**(4): 321-330. [PDF Full-Text](#)

[Kumar, Rajesh] Childrens Mem Hosp, Div Allergy & Immunol, Chicago, IL 60614 USA. [Colangelo, Laura; Smith, Lewis J.; Liu, Kiang] Northwestern Univ, Feinberg Sch Med, Chicago, IL 60611 USA. [Seibold, Max A.] Natl Jewish Hlth, Denver, CO USA. [Aldrich, Melinda C.; Galanter, Joshua; Gignoux, Christopher; Hu, Donglei; Sen, Saunak; Choudhry, Shweta; Ziv, Elad; Gonzalez-Burchard, Esteban] Univ Calif San Francisco, San Francisco, CA 94143 USA. [Williams, L. Keoki; Peterson, Edward L.] Henry Ford Hlth Syst, Detroit, MI USA. [Reiner, Alex P.; O'Meara, Ellen; Nickerson, Deborah A.] Univ Washington, Seattle, WA 98195 USA. [Rodriguez-Santana, Jose] Pediat Pulm Program San Juan, San Juan, PR USA. [Rodriguez-Cintron, William] Univ Puerto Rico, Sch Med, San Juan Vet Affairs Med Ctr, San Juan, PR 00936 USA. [Nalls, Michael A.] NIA, Neurogenet Lab, Intramural Res Program, Bethesda, MD 20892 USA. [Harris, Tamara B.] NIA, Lab Epidemiol Demog & Biometry, Intramural Res Program, Bethesda, MD 20892 USA. [Leak, Tennille S.] Univ Pittsburgh, Grad Sch Publ Hlth, Pittsburgh, PA USA. [Meibohm, Bernd] Univ Tennessee, Hlth Sci Ctr, Coll Pharm, Memphis, TN USA. [Li, Rongling] Univ Tennessee, Hlth Sci Ctr, Coll Med, Memphis, TN USA. [Kritchevsky, Stephen B.] Wake Forest Sch Med, Sticht Ctr Aging, Winston Salem, NC USA. [Fornage, Myriam] Univ Texas Hlth Sci Ctr Houston, Sch Publ Hlth, Houston, TX USA. [Enright, Paul] Univ Arizona, Coll Publ Hlth, Tucson, AZ USA.

Kumar, R, Childrens Mem Hosp, Div Allergy & Immunol, 2300 Childrens Plaza, Box 60, Chicago, IL 60614 USA. rkumar@childrensmemorial.org

BACKGROUND Self-identified race or ethnic group is used to determine normal reference standards in the prediction of pulmonary function. We conducted a study to determine whether the genetically determined percentage of African ancestry is associated with lung function and whether its use could improve predictions of lung function among persons who identified themselves as African American. **METHODS** We assessed the ancestry of 777 participants self-identified as African American in the Coronary Artery Risk Development in Young Adults (CARDIA) study and evaluated the relation between pulmonary function and ancestry by means of linear regression. We performed similar analyses of data for two independent cohorts of subjects identifying themselves as African American: 813 participants in the Health, Aging, and Body Composition (HABC) study and 579 participants in the Cardiovascular Health Study (CHS). We compared the fit of two types of models to lung-function measurements: models based on the covariates used in standard prediction equations and models incorporating ancestry. We also evaluated the effect of the ancestry-based models on the classification of disease severity in two asthma-study populations. **RESULTS** African ancestry was inversely related to forced expiratory volume in 1 second (FEV₁) and forced vital capacity in the CARDIA cohort. These relations were also seen in the HABC and CHS cohorts. In predicting lung function, the ancestry-based model fit the data better than standard models. Ancestry-based models resulted in the reclassification of asthma severity (based on the percentage of the predicted FEV₁) in 4 to 5% of participants. **CONCLUSIONS** Current predictive equations, which rely on self-identified race alone, may misestimate lung function among subjects who identify themselves as African American. Incorporating ancestry into normative equations may improve lung-function estimates and more accurately categorize disease severity.

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Dermatology

Eide, M. J., D. Johnson, R. Krajenta, G. Jacobsen, D. S. Rao, H. W. Lim and C. C. Johnson (2010). "Vitamin D and nonmelanoma skin cancer in a cohort of Caucasian health maintenance organization osteoporosis patients." Journal of Investigative Dermatology **130**: 372. [Meeting Abstract](#) (Scroll down to abstract #372)

[Eide, M. J.; Johnson, D.; Krajenta, R.; Jacobsen, G.; Rao, D. S.; Lim, H. W.; Johnson, C. C.] Henry Ford Hosp, Detroit, MI 48202 USA.

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Dermatology

Hamzavi, I. H. (2010). "Top-Accessed Article: Hair Removal in Pigmented Skin." Archives of Dermatology **146**(7): 718-718. [PDF Full-Text](#)

Henry Ford Hosp, Dept Dermatol, Multicultural Dermatol Ctr, Detroit, MI 48202 USA.

Hamzavi, IH, Henry Ford Hosp, Dept Dermatol, Multicultural Dermatol Ctr, Detroit, MI 48202 USA.

ihamzav1@hfhs.org

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Dermatology

Hood, A. F. (2010). "Dermatopathology calendar." Journal of Cutaneous Pathology **37**(9): 1026-1026. [PDF Full-Text](#)

Henry Ford Hlth Syst, Amer Board Dermatol, Detroit, MI 48202 USA. Hood, AF, Henry Ford Hlth Syst, Amer Board Dermatol, 1 Ford Pl, Detroit, MI 48202 USA. abderm@hfhs.org

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Dermatology

Lopiccolo, M. C. and D. J. Kouba (2010). "Single-Stage Reconstruction of a Combined Upper Lip and Nasal Ala Defect." Dermatol Surg **Epub Ahead of Print**. [PDF Full-Text](#)

Division of Mohs Micrographic Surgery, Department of Dermatology, Henry Ford Health System, Detroit, Michigan.

The authors have indicated no significant interest with commercial supporters.

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Dermatology

Mahmoud, B. H., E. Ruvolo, C. L. Hexsel, Y. Liu, M. R. Owen, N. Kollias, H. W. Lim and I. H. Hamzavi (2010). "Impact of Long-Wavelength UVA and Visible Light on Melanocompetent Skin." Journal of Investigative Dermatology **130**(8): 2092-2097. [PDF Full-Text](#)

[Mahmoud, Bassel H.; Hexsel, Camile L.; Owen, Michael R.; Lim, Henry W.; Hamzavi, Iltefat H.] Henry Ford Hosp, Dept Dermatol, Multicultural Dermatol Ctr, Detroit, MI 48202 USA. [Ruvolo, Eduardo; Liu, Yang; Kollias, Nikiforos] Johnson & Johnson Consumer Prod Inc, Skillman, NJ 08558 USA.

Hamzavi, IH, Henry Ford Hosp, Dept Dermatol, Multicultural Dermatol Ctr, 3031 W Grand Blvd, Suite 800, Detroit, MI 48202 USA. ihamzav1@hfhs.org

The purpose of this study was to determine the effect of visible light on the immediate pigmentation and delayed tanning of melanocompetent skin; the results were compared with those induced by long-wavelength UVA (UVA1). Two electromagnetic radiation sources were used to irradiate the lower back of 20 volunteers with skin types IV-VI: UVA1 (340-400 nm) and visible light (400-700 nm). Pigmentation was assessed by visual examination, digital photography with a cross-polarized filter, and diffused reflectance spectroscopy at 7 time points over a 2-week period. Confocal microscopy and skin biopsies for histopathological examination using different stains were carried out. Irradiation was also carried out on skin type II. Results showed that although both UVA1 and visible light can induce pigmentation in skin types IV-VI, pigmentation induced by visible light was darker and more sustained. No pigmentation was observed in skin type II. The quality and quantity of pigment induced by visible light and UVA1 were different. These findings have potential implications on the management of photoaggravated pigmentary disorders, the proper use of sunscreens, and the treatment of depigmented lesions.

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Dermatology

Medeiros, V. L. and H. W. Lim (2010). "Sunscreens in the management of photodermatoses." *Skin Therapy Lett* **15**(6): 1-3. [PDF Full-Text](#)

Department of Dermatology, Henry Ford Hospital, Detroit, MI, USA.

Key to the management of photodermatoses is photoprotection, which includes seeking shade; wearing photoprotective clothing, wide brimmed hats, and sunglasses; and applying sunscreens. The process of selecting the most effective sunscreen depends on identification of the wavelengths of photons that are responsible for inducing the sensitivity reaction, which can be determined through assessment of patient history or by phototesting. Sunscreens with sun protection factor (SPF) >30 that incorporate photostable or photostabilized ultraviolet A (UVA) filters (labeled as 'broad spectrum' in the US) are usually the appropriate choice for adequate photoprotection.

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Dermatology

Sage, R. J., M. C. Lopiccolo, A. G. Laungani and D. J. Kouba (2010). "Mohs Micrographic Surgery for the Treatment of Cellular Neurothekeoma and Review of Its Use in Surgical Management of Benign Tumors." *Dermatologic Surgery* **36**(7): 1214-1218. [PDF Full-Text](#)

[Sage, Robert J.; Lopiccolo, Matteo C.; Laungani, Anjeli G.; Kouba, David J.] Henry Ford Hlth Syst, Dept Dermatol, Div Mohs Microg Surg, Detroit, MI 48202 USA.

Kouba, DJ, Henry Ford Hlth Syst, Dept Dermatol, Div Mohs Microg Surg, 3031 W Grand Blvd, Suite 800, Detroit, MI 48202 USA. dkouba1@hfhs.org

The authors have indicated no significant interest with commercial supporters.

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Dermatology

Sage, R. J., R. L. Moy, J. Kampp and D. J. Kouba (2010). "Intermediate-Thickness Skin Grafting for Repair of Cutaneous Defects After Mohs Micrographic Surgery." *Dermatologic Surgery* **36**(8): 1305-1308. [PDF Full-Text](#)

[Sage, Robert J.; Kouba, David J.] Henry Ford Hlth Syst, Dept Dermatol, Div Mohs Microg Surg, Detroit, MI 48202 USA. [Moy, Ronald L.; Kampp, Jeremy] Univ Calif Los Angeles, David Geffen Sch Med, Div Dermatol, Los Angeles, CA 90095 USA.

Kouba, DJ, Henry Ford Hlth Syst, Dept Dermatol, Div Mohs Microg Surg, 3031 W Grand Blvd, Suite 800, Detroit, MI 48202 USA. dkouba1@hfhs.org

The authors have indicated no significant interest with commercial supporters.

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Dermatology

Wang, H., K. Li, R. Qi, K. Seo, Z. Zheng, D. Kaplan, Q. Mi and L. Zhou (2010). "Deletion of microRNAs mediated by Langerin-Cre impairs epidermal Langerhans cell development." *Journal of Investigative Dermatology* **130**: 708. [Meeting Abstract](#) (Scroll down to abstract #708)

[Wang, H.; Li, K.; Qi, R.; Seo, K.; Mi, Q.; Zhou, L.] Henry Ford Hlth Syst, Dept Dermatol, Detroit, MI USA.

[Wang, H.; Li, K.; Qi, R.; Seo, K.; Mi, Q.; Zhou, L.] Henry Ford Immunol Program, Detroit, MI USA. [Kaplan, D.] Univ Minnesota, Minneapolis, MN USA. [Zheng, Z.] Henry Ford Hlth Syst, Detroit, MI USA.

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Diagnostic Radiology

Jain, R., S. Ellika, N. L. Lehman, L. Scarpace, L. R. Schultz, J. P. Rock, M. Rosenblum and T. Mikkelsen (2010). "Can permeability measurements add to blood volume measurements

in differentiating tumefactive demyelinating lesions from high grade gliomas using perfusion CT?" J Neurooncol **97**(3): 383-8. [PDF Full-Text](#)

Division of Neuroradiology, Department of Radiology, Henry Ford Health System, 2799 West Grand Blvd, Detroit, MI 48202, USA. rajanj@rad.hfh.edu

Tumefactive demyelinating lesions (TDLs) can mimic a neoplasm on conventional imaging and may necessitate biopsy for diagnosis. The purpose of this study was to differentiate TDLs from high grade gliomas based on physiologic (permeability) and hemodynamic (blood volume) parameters using perfusion CT. Five patients who presented with tumefactive enhancing lesions on initial MRI that mimicked a neoplasm underwent perfusion CT. We compared the perfusion CT parameters of these patients with those of 24 patients with high grade gliomas. TDLs showed lower permeability surface area product (PS) (0.8 +/- 0.2 vs 2.4 +/- 1.4 ml/100 g/min, P-value 0.014) and lower cerebral blood volume (CBV) (1.0 +/- 0.2 vs 2.8 +/- 1.2 ml/100 g, P-value 0.006) as compared to high grade gliomas. TDLs show lower PS and CBV as compared to high grade gliomas, to which they can mimic on conventional MR imaging, due to lack of neoangiogenesis and vascular endothelial proliferation and hence perfusion CT can be used to differentiate the two entities.

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Diagnostic Radiology

Spencer, L. A., D. L. Spizarny and T. R. Williams (2010). "Imaging features of intrapancreatic accessory spleen." British Journal of Radiology **83**(992): 668-673. [PDF Full-Text](#)

[Spencer, L. A.; Spizarny, D. L.; Williams, T. R.] Henry Ford Hosp, Detroit, MI 48202 USA. Spencer, LA, 803 Royal Ave, Royal Oak, MI 48073 USA. spencer_la@hotmail.com

Although accessory spleens are commonly identified on CT, intrapancreatic accessory spleen (IPAS) is often not recognised or is mistaken for other pancreatic lesions. Currently, with improved cross-sectional techniques and spatial resolution, IPAS is more detectable. We report the imaging features and work-up for the differentiation between IPAS and other pancreatic lesions. An index case of a suspected pancreatic tail islet cell tumour, subsequently confirmed as IPAS, led to inquiries into the incidence of IPAS and the means of preventing unnecessary surgery. For 2 years, we searched for IPAS during our daily interpretations and compared these cases with those taken from our institution's database to determine the distinguishing characteristics. Three proven cases of IPAS, which mimicked pancreatic tail lesions on CT, are presented. Nine patients with suspected IPAS, based on imaging characteristics and stability, are also described. All cases of IPAS are well defined, 1-3 cm in size, follow the density and intensity of the spleen on CT and MRI, and accumulate technetium-99m (Tc-99m) sulphur colloid and Tc-99m heat damaged red blood cell scintigraphy (in contrast to other lesions). In conclusion, radiologists should be aware that a subtle pancreatic tail lesion could be an IPAS. A high index of suspicion will lead to correlative imaging. A combination of CT, MRI and nuclear medicine examinations can confirm the diagnosis and prevent unnecessary surgery.

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Emergency Medicine

Loud, H., B. St Amour, K. Johnson, K. Scarce and J. Walker (2010). "Prevalence and Characteristics of Psychiatric Illness in a Large Community Emergency Department." Journal of Investigative Medicine **58**(4): 118. [Article Request Form](#)

[Loud, H.; St. Amour, B.; Johnson, K.; Scarce, K.; Walker, J.] Henry Ford Wyandotte Hosp, Wyandotte, MI USA.

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Emergency Medicine

Morris, D. C., M. Chopp, L. Zhang and Z. G. Zhang (2010). "Thymosin beta4: a candidate for treatment of stroke?" Ann N Y Acad Sci **1194**: 112-7. [PDF Full-Text](#)

Department of Emergency Medicine, Henry Ford Health Systems, Detroit, Michigan, USA. morris@neuro.hfh.edu

Neurorestorative therapy is the next frontier in the treatment of stroke. An expanding body of evidence supports the theory that after stroke, certain cellular changes occur that resemble early stages of development. Increased expression of developmental proteins in the area bordering the infarct suggest an active repair or reconditioning response to ischemic injury. Neurorestorative therapy targets parenchymal cells (neurons, oligodendrocytes, astrocytes, and endothelial cells) to enhance endogenous neurogenesis, angiogenesis, axonal sprouting, and synaptogenesis to promote functional recovery. Pharmacological treatments include statins, phosphodiesterase 5 inhibitors, erythropoietin, and nitric oxide donors that have all improved functional outcome after stroke in the preclinical arena. Thymosin beta4 (Tbeta4) is expressed in both the developing and adult brain and it has been shown to stimulate vasculogenesis, angiogenesis, and arteriogenesis in the postnatal and adult murine cardiac myocardium. In this manuscript, we describe our rationale and techniques to test our hypothesis that Tbeta4 may be a candidate neurorestorative agent.

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Emergency Medicine

Rivers, E. P., A. K. Jaehne, L. Eichhorn-Wharry, S. Brown and D. Amponsah (2010). "Fluid therapy in septic shock." *Curr Opin Crit Care* **16**(4): 297-308. [PDF Full-Text](#)

Department of Emergency Medicine, Henry Ford Hospital, Wayne State University, Detroit, Michigan, USA.
erivers1@hfhs.org

PURPOSE OF REVIEW: To examine the role of fluid therapy in the pathogenesis of severe sepsis and septic shock. The type, composition, titration, management strategies and complications of fluid administration will be examined in respect to outcomes. **RECENT FINDINGS:** Fluids have a critical role in the pathogenesis and treatment of early resuscitation of severe sepsis and septic shock. **SUMMARY:** Although this pathogenesis is evolving, early titrated fluid administration modulates inflammation, improves microvascular perfusion, impacts organ function and outcome. Fluid administration has limited impact on tissue perfusion during the later stages of sepsis and excess fluid is deleterious to outcome. The type of fluid solution does not seem to influence these observations.

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Emergency Medicine

Shapiro, N. I., S. Trzeciak, J. E. Hollander, R. Birkhahn, R. Otero, T. M. Osborn, E. Moretti, H. B. Nguyen, K. Gunnerson, D. Milzman, D. F. Gaieski, M. Goyal, C. B. Cairns, K. Kupfer, S. W. Lee and E. P. Rivers (2010). "The Diagnostic Accuracy of Plasma Neutrophil Gelatinase-Associated Lipocalin in the Prediction of Acute Kidney Injury in Emergency Department Patients With Suspected Sepsis." *Annals of Emergency Medicine* **56**(1): 52-59. [PDF Full-Text](#)

[Shapiro, Nathan I.] Beth Israel Deaconess Med Ctr, Boston, MA 02116 USA. [Trzeciak, Stephen] Cooper Univ Hosp, Camden, NJ USA. [Hollander, Judd E.; Gaieski, David F.; Goyal, Munish] Univ Penn, Philadelphia, PA 19104 USA. [Birkhahn, Robert] New York Methodist Hosp, Brooklyn, NY USA. [Otero, Ronny; Rivers, Emanuel P.] Henry Ford Hlth Syst, Detroit, MI USA. [Osborn, Tiffany M.] Univ Virginia, Charlottesville, VA USA. [Moretti, Eugene; Cairns, Charles B.] Duke Univ, Med Ctr, Durham, NC USA. [Nguyen, H. Bryant] Loma Linda Univ, Med Ctr, Loma Linda, CA USA. [Gunnerson, Kyle] Virginia Commonwealth Univ, Richmond, VA USA. [Kupfer, Kenneth; Lee, Seok-Won] Biosite Inc, San Diego, CA USA. [Milzman, David] Georgetown Univ, Sch Med, Washington Hosp Ctr, Washington, DC USA.

Shapiro, NI, Beth Israel Deaconess Med Ctr, 1 Deaconess Rd, CC2-W, Boston, MA 02116 USA.
Nshapiro@bidmc.harvard.edu

Study objective: We assess the diagnostic accuracy of plasma neutrophil gelatinase associated lipocalin (NGAL) to predict acute kidney injury in emergency department (ED) patients with suspected sepsis. **Methods:** We conducted a secondary analysis of a prospective observational study of a convenience sample of patients from 10 academic medical center EDs. Inclusion criteria were adult patients aged 18 years or older, with suspected infection or a serum lactate level greater than 2.5 mmol/L; 2 or more systemic inflammatory response syndrome criteria; and a subsequent serum creatinine level obtained within 12 to 72 hours of enrollment. Exclusion criteria were pregnancy, do-not-resuscitate status, cardiac arrest, or dialysis dependency. NGAL was measured in plasma collected at ED presentation. Acute kidney injury was defined as an increase in serum creatinine measurement of greater than 0.5 mg/dL during 72 hours. **Results:** There were 661 patient enrolled, with 24 cases (3.6%) of acute kidney injury that developed within 72 hours after ED

presentation. Median plasma NGAL levels were 134 ng/mL (interquartile range 57 to 277 ng/mL) in patients without acute kidney injury and 456 ng/mL (interquartile range 296 to 727 ng/mL) in patients with acute kidney injury. Plasma NGAL concentrations of greater than 150 ng/mL were 96% sensitive (95% confidence interval [CI] 79% to 100%) and 51% (95% CI 47% to 55%) specific for acute kidney injury. In comparison, to achieve equivalent sensitivity with initial serum creatinine level at ED presentation required a cutoff of 0.7 mg/dL and resulted in specificity of 17% (95% CI 14% to 20%). Conclusion: In this preliminary investigation, increased plasma NGAL concentrations measured on presentation to the ED in patients with suspected sepsis were associated with the development of acute kidney injury. Our findings support NGAL as a promising new biomarker for acute kidney injury; however, further research is warranted. [Ann Emerg Med. 2010;56:52-59.]

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Endocrinology & Metabolism

Bhan, A., A. D. Rao and S. Rao (2010). "Osteomalacia as a Result of Vitamin D Deficiency." Endocrinology and Metabolism Clinics of North America **39**(2): 321-+. [PDF Full-Text](#)

[Rao, Sudhaker] Henry Ford Hosp, Bone & Mineral Res Lab, Detroit, MI 48202 USA. [Bhan, Arti] Henry Ford Hosp, Div Endocrinol Diabet & Bone & Mineral Disorders, Detroit, MI 48202 USA. [Rao, Ajay D.] Brigham & Womens Hosp, Div Endocrinol Diabet & Hypertens, Boston, MA 02115 USA.

Rao, S, Henry Ford Hosp, Bone & Mineral Res Lab, E&R Bldg 7th Floor, 2799 W Grand Blvd, Detroit, MI 48202 USA. srao1@hfhs.org

Osteomalacia is an end-stage bone disease of chronic and severe vitamin D or phosphate depletion of any cause. Its importance has increased because of the rising incidence of vitamin D deficiency. Yet, not all cases of osteomalacia are cured by vitamin D replacement, and furthermore, not all individuals with vitamin D deficiency develop osteomalacia. Although in the past osteomalacia was commonly caused by malabsorption, nutritional deficiency now is more common. In addition, recent literature suggests that nutritional vitamin D deficiency osteomalacia follows various bariatric surgeries for morbid obesity. Bone pain, tenderness, muscle weakness, and difficulty walking are all common clinical manifestations of osteomalacia. Diagnostic work-up involves biochemical assessment of vitamin D status and may also include a transiliac bone biopsy. Treatment is based on aggressive vitamin D repletion in most cases with follow-up biopsies if patients are started on antiresorptive or anabolic agents.

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Endocrinology & Metabolism

Gao, L. J., T. Y. Fan, Y. Q. Chen and S. J. Qiu (2010). "Reference values for vertebral shape in young Chinese women: implication for assessment of vertebral deformity." European Spine Journal **19**(7): 1162-1168. [PDF Full-Text](#)

[Gao, Lingjun; Fan, Tianyou; Chen, Yongqiang; Qiu, Shijing] Shanghai Univ Tradit Chinese Med, Dept Orthopaed Surg, Shanghai Tradit Chinese Med Hosp, Shanghai 200071, Peoples R China. [Qiu, Shijing] Henry Ford Hosp, Bone & Mineral Res Lab, Detroit, MI 48202 USA.

Chen, YQ, Shanghai Univ Tradit Chinese Med, Dept Orthopaed Surg, Shanghai Tradit Chinese Med Hosp, 274 Middle Zhi Jiang Rd, Shanghai 200071, Peoples R China.

chenyongqiang@medmail.com.cn qiu@bjc.hfh.edu

The race- and sex-specific reference values for vertebral shape are important to determine the prevalence of osteoporotic vertebral fracture. However, these reference values are absent in Chinese women. In the present study, the anterior, middle and posterior heights and the ratios of these heights were measured from 14 vertebral bodies (T4-L5) in 60 premenopausal Chinese women (aged 19-25 years). Cutoff values were set as standard deviations (3 and 3.5 SD) and percentages (15 and 20%) below the means of vertebral height (VH) ratios to define vertebral deformities. The number of subjects with a VH ratio lower than -15% cutoff were significantly more than those with a VH ratio lower than -3 SD cutoff ($p < 0.05$), but this difference did not occur when a -20% cutoff was selected. A few VH ratios were distributed below -20% and -3 SD cutoffs, and none was below -3.5 SD. The vertebral shape defined by VH ratios was different between Chinese and European women. We conclude that 3.5 SD below the reference mean is an ideal cutoff value for the definition of prevalent vertebral fractures in Chinese women, and reference data should be obtained from young premenopausal women.

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Eye Care Services

Alzaga Fernandez, A. G., H. Demirci, D. A. Darnley-Fisch and D. W. Steen (2010). "Interstitial Keratitis Secondary to Severe Hidradenitis Suppurativa: A Case Report and Literature Review." Cornea **Epub Ahead of Print**. [PDF Full-Text](#)

From the Department of Ophthalmology, Henry Ford Health System, Detroit, MI.

PURPOSE: To report a patient who presented with bilateral interstitial keratitis in association with severe hidradenitis suppurativa. **METHODS:** Case report. **RESULTS:** An 18-year-old African American woman with severe active hidradenitis suppurativa of the axillae and groin presented with a 2-week history of bilateral blurry vision. On examination, best-corrected visual acuity was counting fingers in the right eye and 20/70 in the left eye. Slit-lamp examination revealed diffuse vascularization of the corneal stroma with surrounding infiltrates bilaterally. In the left eye, corneal thinning and an epithelial defect were present in an area of infiltrate. Our clinical impression at that time was bilateral interstitial keratitis with secondary bacterial keratitis in the left eye. Topical therapy, prednisolone acetate 1% in the right eye, and ofloxacin in the left eye, was instituted. A systemic workup, including antinuclear antibody, rheumatoid factor, Lyme titer, cytoplasmic staining antineutrophil cytoplasmic antibodies, perinuclear staining antineutrophil cytoplasmic antibodies, erythrocyte sedimentation rate, Venereal Disease Research Laboratory, rapid plasma reagin, basic metabolic panel, angiotensin-converting enzyme level, and a chest x-ray was negative. Topical steroids were used in the left eye after resolution of the bacterial keratitis. The interstitial keratitis responded to topical steroids and remained in remission after steroid taper. However, bilateral interstitial keratitis recurred coincident with a severe flare of hidradenitis suppurativa within 1 month of discontinuing the topical steroids. A course of subcutaneous adalimumab injections (40 mg/mL every 2 weeks) for hidradenitis suppurativa was implemented. Both her dermatological and ocular conditions responded to this therapy and have remained in remission through 7 months of follow-up. **CONCLUSIONS:** Hidradenitis suppurativa is a rare cause of bilateral interstitial keratitis. Patients may experience simultaneous exacerbations of both dermatological and ocular manifestations. Systemic treatment with adalimumab can improve both dermatological and ocular conditions.

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Eye Care Services

Demirci, H., C. L. Shields, C. G. Bianciotto and J. A. Shields (2010). "Topical Imiquimod for Periocular Lentigo Maligna." Ophthalmology **Epub Ahead of Print**. [PDF Full-Text](#)

Ocular Oncology Service, Wills Eye Institute, Thomas Jefferson University, Philadelphia, Pennsylvania. Dr Hakan Demirci is currently at the Department of Ophthalmology, Henry Ford Hospital, Detroit, Michigan.

PURPOSE: To evaluate the efficacy of topical imiquimod 5%, a local immune response modifier, in the treatment of periocular lentigo maligna. **DESIGN:** Retrospective, interventional case series. **PARTICIPANTS:** Five consecutive patients with biopsy-proven periocular lentigo maligna. **METHODS:** Periocular lentigo maligna was treated with topical imiquimod 5%. The clinical features, treatment schedule, response to treatment, and complications were analyzed retrospectively. **MAIN OUTCOME MEASURES:** Response to treatment and complications. **RESULTS:** The mean patient age was 73 years. The anatomic location of lentigo maligna was the medial canthal area in 2 patients, the lateral canthal area in 1 patient, and the lower eyelid in 2 patients. Topical imiquimod 5% was used for 5 days per week in 3 patients and for 7 days per week in 2 patients. The medication was placed only on the skin and not the globe. The mean duration of treatment was 9 months (range, 1-14 months). Lentigo maligna partially resolved in 3 patients and completely resolved in 2 patients. The most common side effects included localized erythema and discomfort (n = 4), swelling (n = 3), and cutaneous excoriation (n = 2). There were no patients with toxicity to the conjunctiva, cornea, or globe. Treatment was discontinued in 2 patients (one temporarily and the other permanently) because of intolerable local side effects of discomfort, redness, swelling, and cutaneous excoriation. There was no recurrence of lentigo maligna in those with complete or partial response (mean follow-up, 20 months). **CONCLUSIONS:** Periocular lentigo maligna seems to respond to topical imiquimod 5% treatment. Topical imiquimod 5% treatment for periocular lentigo melanoma deserves further study. **FINANCIAL DISCLOSURE(S):** The author(s) have no proprietary or commercial interest in any materials discussed in this article.

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Gastroenterology

Layden, J., M. Lucey, K. Brown, S. Eswaran, H. Te, C. Fimmel, S. Cotler, T. Layden and N. Clark (2010). "The Impact of Recipient Race on Fibrosis Progression after HCV Related

Liver Transplant Depends on the Race of the Donor." [American Journal of Transplantation](#) **10**: 157-157. [Meeting Abstract](#) (Scroll down to page 157)

[Layden, Jennifer; Cotler, Scott; Layden, Thomas; Clark, Nina] Univ Illinois, Chicago, IL USA. [Lucey, Michael] Univ Wisconsin, Madison, WI USA. [Brown, Kimberly] Henry Ford, Detroit, MI USA. [Eswaran, Sheila; Fimmel, Claus] Loyola Univ, Maywood, IL 60153 USA. [Te, Helen] Univ Chicago, Chicago, IL 60637 USA.

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Gastroenterology

Ralston, R., J. Vierling, E. Lawitz, J. McCone, S. Gordon, D. Pound, M. Davis, J. Galati, I. Jacobson, L. Rossaro, F. Anderson, J. King, W. Cassidy, M. Bourliere, R. Esteban-Mur, N. Ravendhran, G. Galler, J. Long, N. Boparai, P. Mendez, C. Brass and J. Albrecht (2010). "Long-term follow-up of patients treated with boceprevir in combination with PEG-Intron/ribavirin (P/R): durability of responses and rates of reversion of resistance mutations." [Antiviral Therapy](#) **15**(4): 22. [Article Request Form](#)

[Ralston, R.; Long, J.; Boparai, N.; Mendez, P.; Brass, C.; Albrecht, J.] Merck Res Labs, Kenilworth, NJ USA. [Vierling, J.] Adv Liver Therapies St Lukes Episcopal Hosp, Houston, TX USA. [Lawitz, E.] Alamo Med Res, San Antonio, TX USA. [McCone, J.] Mt Vernon Endoscopy Ctr, Alexandria, VA USA. [Gordon, S.] Henry Ford Hosp, Detroit, MI 48202 USA. [Pound, D.] Indianapolis Gastroenterol Res Fdn, Indianapolis, IN USA. [Davis, M.] S Florida Ctr Gastroenterol, Wellington, New Zealand. [Galati, J.] Liver Specialists Texas, Houston, TX USA. [Jacobson, I.] Cornell Univ, Weill Med Coll, New York, NY 10021 USA. [Rossaro, L.] Calif State Univ Sacramento, Davis Med Ctr, Sacramento, CA 95819 USA. [Anderson, F.] Liver & Intestinal Res Ctr, Vancouver, BC, Canada. [King, J.] Louisiana State Univ, Med Ctr, Baton Rouge, LA 70803 USA. [Cassidy, W.] Louisiana State Univ, Baton Rouge, LA 70803 USA. [Bourliere, M.] St Joseph Hosp, Marseille, France. [Esteban-Mur, R.] Hosp Valle De Hebron, Barcelona, Spain. [Ravendhran, N.] Digest Dis Associates, Baltimore, MD USA. [Galler, G.] Kelsey Res Fdn, Houston, TX USA.

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Gastroenterology

Tang, J., O. Sharif, C. Pai and A. L. Silverman (2010). "Mesalamine protects against colorectal cancer in inflammatory bowel disease." [Dig Dis Sci](#) **55**(6): 1696-703. [PDF Full-Text](#)

Department of Internal Medicine, Division of Gastroenterology, Henry Ford Health System, Henry Ford Hospital, Detroit, MI 48202, USA. jtang2@hfhs.org

BACKGROUND: Individuals with inflammatory bowel disease (IBD) are at increased risk of developing colorectal cancer (CRC) compared with the general population. Previous studies show this risk is strongly associated with dysplasia, extent of disease, duration of disease, and degree of inflammation, while chemoprevention of CRC has less support. **AIM:** Evaluate factors influencing risk of colorectal cancer development in inflammatory bowel disease patients. **METHODS:** IBD patients with CRC were matched to controls by IBD type, age at diagnosis, sex, race, extent of disease, and disease duration. We compared body mass index, family history of IBD, family history of CRC, tobacco use, and cumulative and daily use of aminosaliculates, immunomodulators, folic acid, steroids, and nonsteroidal anti-inflammatory drugs. Statistical analysis was performed with logistic regression and receiver operating characteristic (ROC) curves. **RESULTS:** Of 1,594 IBD patients, 30 CRC patients were identified. Of these, 18 CRC patients were matched to 30 controls. More control patients used a cumulative aminosaliculate dose of $\geq 4,500$ g (46.6% versus 5.6%; $P = 0.047$), folic acid (40.0% versus 16.7%; $P = 0.002$), cumulative folic acid dose of $\geq 1,400$ mg (30.0% versus 11.1%; $P = 0.014$), and average daily folic acid dose of ≥ 1 mg (30.0% versus 16.7%; $P = 0.002$) compared with CRC patients. Multivariate analysis showed that a cumulative aminosaliculate dose of $\geq 4,500$ g reduced the risk of CRC by 97.6% ($P = 0.047$). Folic acid reduced CRC risk by 89% ($P = 0.002$). **CONCLUSIONS:** Aminosaliculate and folic acid use may decrease the risk of CRC among IBD patients.

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Hematology, Medical Oncology & Josephine Ford Cancer Center

Ali, S. A., V. Shah, R. McKinnon, M. Van Harn and N. Janakiraman (2010). "Frequent expression of C4d in hepatic graft-versus-host disease: Potential clue for diagnosis and distinguishing acute and chronic form." Transplant Immunology **23**(1-2): 77-80. [PDF Full-Text](#)

[McKinnon, Rick; Janakiraman, Nalini] Henry Ford Hosp, Dept Hematol & Oncol, Div Bone Marrow Transplant, Detroit, MI 48202 USA. [Ali, Sharif A.; Shah, Veena] Henry Ford Hosp, Dept Pathol & Lab Med, Detroit, MI 48202 USA. [Van Harn, Meredith] Henry Ford Hosp, Dept Biostat & Res Epidemiol, Detroit, MI 48202 USA. Janakiraman, N, Henry Ford Hosp, Dept Hematol & Oncol, Div Bone Marrow Transplant, 2799 W Grand Blvd, Clara Ford Bldg, 5th Floor, Detroit, MI 48202 USA. sali2@hfhs.org njanaki1@hfhs.org

Background: Graft-versus-host disease (GVHD), a common complication of hematopoietic stem cell transplant, is generally regarded to develop through cell-mediated immune response following activation of helper T cells. Since production of antibodies is also mediated by helper T cells, the role of humoral immunity in GVHD is questioned and has not yet been explored in clinical practice. We conducted a pilot study to evaluate the role of antibody production in hepatic H-GVHD and whether it can distinguish acute and chronic forms. Results: C4d expression was increased in portal vessels and hepatic sinusoids of patients with histological proven evidence of GVHD 11/16 (P = 0.007). Patients classified as chronic GVHD were statistically more likely to have C4d expression in the portal vasculature and liver sinusoids (P = 0.011). Conclusion: Humoral activation seems to play a role in pathophysiology of hepatic, especially chronic GVHD. (C) 2010 Elsevier B.V. All rights reserved.

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Hematology, Medical Oncology & Josephine Ford Cancer Center

Brahmer, J. R., S. L. Topalian, J. Powderly, I. Wollner, J. Picus, C. G. Drake, E. Stankevich, A. Korman, D. Pardoll and I. Lowy (2009). "Phase II experience with MDX-1106 (Ono-4538), an anti-PD-1 monoclonal antibody, in patients with selected refractory or relapsed malignancies." Journal of Clinical Oncology **27**(15): 3018. [Meeting Abstract](#)

[Brahmer, J. R.; Topalian, S. L.; Powderly, J.; Wollner, I.; Picus, J.; Drake, C. G.; Stankevich, E.; Korman, A.; Pardoll, D.; Lowy, I.] Johns Hopkins Univ, SKCCC, Baltimore, MD USA. [Brahmer, J. R.; Topalian, S. L.; Powderly, J.; Wollner, I.; Picus, J.; Drake, C. G.; Stankevich, E.; Korman, A.; Pardoll, D.; Lowy, I.] Carolina BioOncol Inst, Huntersville, NC USA. [Brahmer, J. R.; Topalian, S. L.; Powderly, J.; Wollner, I.; Picus, J.; Drake, C. G.; Stankevich, E.; Korman, A.; Pardoll, D.; Lowy, I.] Henry Ford Hosp, Detroit, MI 48202 USA. [Brahmer, J. R.; Topalian, S. L.; Powderly, J.; Wollner, I.; Picus, J.; Drake, C. G.; Stankevich, E.; Korman, A.; Pardoll, D.; Lowy, I.] Washington Univ, Siteman Canc Ctr, St Louis, MO USA. [Brahmer, J. R.; Topalian, S. L.; Powderly, J.; Wollner, I.; Picus, J.; Drake, C. G.; Stankevich, E.; Korman, A.; Pardoll, D.; Lowy, I.] Medarex Inc, Bloomsbury, NJ USA.

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Hematology, Medical Oncology & Josephine Ford Cancer Center

Farhat, M. H., B. de Souza and A. Hanbali (2009). "Cancer-related TTP: Role of plasma exchange." Journal of Clinical Oncology **27**(15): e13527. [Meeting Abstract](#)

[Farhat, M. H.; de Souza, B.; Hanbali, A.] Henry Ford Hosp, Detroit, MI 48202 USA.

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Hematology, Medical Oncology & Josephine Ford Cancer Center

Morse, M., R. Chapman, J. Powderly, T. Keler, L. He, V. Ramakrishna, L. Vitale, T. Clay, J. Green and T. Davis (2009). "Phase I clinical results of an APC-targeted hCG beta vaccine (CDX-1307) with TLR agonists." Journal of Clinical Oncology **27**(15): 3006. [Meeting Abstract](#)

[Morse, M.; Chapman, R.; Powderly, J.; Keler, T.; He, L.; Ramakrishna, V.; Vitale, L.; Clay, T.; Green, J.; Davis, T.] Duke Univ, Med Ctr, Durham, NC USA. [Morse, M.; Chapman, R.; Powderly, J.; Keler, T.; He, L.; Ramakrishna, V.; Vitale, L.; Clay, T.; Green, J.; Davis, T.] Henry Ford Hlth Syst, Detroit, MI USA. [Morse, M.; Chapman, R.; Powderly, J.; Keler, T.; He, L.; Ramakrishna, V.; Vitale, L.; Clay, T.; Green, J.; Davis, T.]

Carolina BioOncol Inst, Huntersville, NC USA. [Morse, M.; Chapman, R.; Powderly, J.; Keler, T.; He, L.; Ramakrishna, V.; Vitale, L.; Clay, T.; Green, J.; Davis, T.] Celldex Therapeut Inc, Phillipsburg, NJ USA.

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Hematology, Medical Oncology & Josephine Ford Cancer Center

Slovin, S. F., T. M. Beer, C. S. Higano, S. Tejwani, O. Hamid, J. Picus, A. Harzstark, H. I. Scher, Z. Lan and I. Lowy (2009). "Initial phase II experience of ipilimumab (IPI) alone and in combination with radiotherapy (XRT) in patients with metastatic castration-resistant prostate cancer (mCRPC)." Journal of Clinical Oncology **27**(15): 5138. [Meeting Abstract](#)

Mem Sloan Kettering Canc Ctr, New York, NY 10021 USA. Oregon Hlth & Sci Univ, Portland, OR 97201 USA. Univ Washington, Sch Med, Seattle, WA 98195 USA. Henry Ford Hlth Syst, Detroit, MI USA. Angeles Clin & Res Inst, Santa Monica, CA USA. Washington Univ, Sch Med, St Louis, MO USA. Medarex Inc, Bloomsbury, NJ USA.

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Hypertension & Vascular Research

He, Q. (2010). "Tafazzin knockdown causes hypertrophy of neonatal ventricular myocytes." Am J Physiol Heart Circ Physiol **299**(1): H210-6. [PDF Full-Text](#)

Hypertension and Vascular Research Division, Department of Internal Medicine, Henry Ford Hospital, 2799 W. Grand Blvd., Detroit, MI 48202-2689, USA. ghe1@hfhs.org

Mutation of the mitochondrial protein tafazzin causes dilated cardiomyopathy in Barth syndrome. We employed an adenovirus as a vector to transfer tafazzin small hairpin RNA (shRNA) into neonatal ventricular myocytes (NVMs) to investigate the effects of tafazzin knockdown. The tafazzin shRNA adenovirus consistently knocked down tafazzin mRNA and lowered cardiolipin while significantly decreasing the production of ATP by the mitochondria. The phosphorylation of AMP-activated protein kinase and mitochondrial density were both increased in tafazzin knockdown NVMs compared with scrambled shRNA controls. When we tested whether tafazzin knockdown causes hypertrophy in vitro, we found that the surface area of NVMs infected with tafazzin shRNA adenovirus was significantly increased, as were the protein synthesis and expression of the hypertrophic marker gene, brain natriuretic peptide. Taken together, our data support the concept that a decreased tafazzin expression causes cardiomyocyte hypertrophy in vitro.

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Hypertension & Vascular Research

Herrera, M., G. B. Silva and J. L. Garvin (2010). "Angiotensin II Stimulates Thick Ascending Limb Superoxide Production via Protein Kinase C alpha-dependent NADPH Oxidase Activation." Journal of Biological Chemistry **285**(28): 21323-21328. [PDF Full-Text](#)

[Herrera, Marcela; Silva, Guillermo B.; Garvin, Jeffrey L.] Henry Ford Hosp, Hypertens & Vasc Res Div, Dept Internal Med, Detroit, MI 48202 USA.

Herrera, M, Henry Ford Hosp, Hypertens & Vasc Res Div, Dept Internal Med, E&R 7018,2799 W Grand Blvd, Detroit, MI 48202 USA. mherrer1@hfhs.org

Angiotensin II (Ang II) stimulates thick ascending limb (TAL) O(2)radical anion. production, but the receptor(s) and signaling mechanism(s) involved are unknown. The effect of Ang II on O(2)radical anion is generally attributed to the AT(1) receptor. In some cells, Ang II stimulates protein kinase C (PKC), whose alpha isoform (PKC alpha) can activate NADPH oxidase. We hypothesized that in TALs, Ang II stimulates O(2)radical anion via AT(1) and PKC alpha-dependent NADPH oxidase activation. In rat TALs, 1 nM Ang II stimulated O(2)radical anion from 0.76 +/- 0.17 to 1.97 +/- 0.21 nmol/min/mg (p < 0.001). An AT(1) antagonist blocked the stimulatory effect of Ang II on O(2)radical anion (0.87 +/- 0.25 nmol/min/mg; p < 0.006), whereas an AT(2) antagonist had no effect (2.16 +/- 0.133 nmol/min/mg; p < 0.05 versus vehicle). Apocynin, an NADPH oxidase inhibitor, blocked Ang II-stimulated O(2)radical anion by 90% (p < 0.01). Ang II failed to stimulate O(2)radical anion in TALs from p47(phox-/-) mice (p < 0.02). Monitored by fluorescence resonance energy transfer, Ang II increased PKC activity from 0.02 +/- 0.03 to 0.13 +/- 0.02 arbitrary units (p < 0.03). A general PKC inhibitor, GF109203X, blocked the effect of Ang II on O(2)radical anion (1.47 +/- 0.21 versus 2.72 +/- 0.47 nmol/min/mg with Ang II alone; p < 0.03). A PKC alpha- and beta-selective inhibitor, Go6976, also blocked the stimulatory

effect of Ang II on O(2)radical anion (0.59 +/- 0.15 versus 2.05 +/- 0.28 nmol/min/mg with Ang II alone; $p < 0.001$). To distinguish between PKC alpha and PKC beta, we used tubules expressing dominant-negative PKC alpha or -beta. In control TALs, Ang II stimulated O(2)radical anion by 2.17 +/- 0.44 nmol/min/mg ($p < 0.011$). In tubules expressing dominant-negative PKC alpha, Ang II failed to stimulate O(2)radical anion (change: -0.30 +/- 0.27 nmol/min/mg). In tubules expressing dominant-negative PKC beta 1, Ang II stimulated O(2)radical anion by 2.08 +/- 0.69 nmol/min/mg ($p < 0.002$). We conclude that Ang II stimulates TAL O(2)radical anion production via activation of AT1 receptors and PKC alpha-dependent NADPH oxidase.

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Hypertension & Vascular Research

Zhu, L., O. A. Carretero, T. D. Liao, P. Harding, H. Li, C. Sumners and X. P. Yang (2010). "Role of Prolylcarboxypeptidase in Angiotensin II Type 2 Receptor-Mediated Bradykinin Release in Mouse Coronary Artery Endothelial Cells." [Hypertension EPub Ahead of Print. PDF Full-Text](#)

Hypertension and Vascular Research Division, Department of Internal Medicine, Henry Ford Hospital, Detroit, Mich; Department of Physiology and Functional Genomics, University of Florida, Gainesville, Fla.

Activation of angiotensin II type 2 receptors (AT2R) causes the release of kinins, which have beneficial effects on the cardiovascular system. However, it is not clear how AT2R interact with the kallikrein-kinin system to generate kinins. Prolylcarboxypeptidase is an endothelial membrane-bound plasma prekallikrein activator that converts plasma prekallikrein to kallikrein, leading to generation of bradykinin from high-molecular-weight kininogen. We hypothesized that AT2R-induced bradykinin release is at least in part mediated by activation of prolylcarboxypeptidase. Cultures of mouse coronary artery endothelial cells were transfected with an adenoviral vector containing the AT2R gene (Ad-AT2R) or green fluorescent protein only (Ad-GFP) as control. We found that overexpression of AT2R increased prolylcarboxypeptidase mRNA by 1.7-fold and protein 2.5-fold compared with Ad-GFP controls. AT2R overexpression had no effect on angiotensin II type 1 receptor mRNA. Bradykinin release was increased 2.2-fold in AT2R-transfected cells. Activation of AT2R by CGP42112A, a specific AT2R agonist, increased bradykinin further in AT2R-transfected cells. These effects were diminished or abolished by AT2R blockade or a plasma kallikrein inhibitor. Furthermore, blocking prolylcarboxypeptidase with a small interfering RNA partially but significantly reduced bradykinin release by transfected AT2R cells either at the basal condition or when stimulated by the AT2R agonist CGP42112A. These findings suggest that overexpression of AT2R in mouse coronary artery endothelial cells increases expression of prolylcarboxypeptidase, which may contribute to kinin release.

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Infectious Diseases

Shorr, A. F., N. Haque, C. Taneja, M. Zervos, L. Lamerato, S. Kothari, S. Zilber, S. Donabedian, M. B. Perri, J. Spalding and G. Oster (2010). "Clinical and Economic Outcomes in Patients with Healthcare-Associated Staphylococcus aureus Pneumonia." [J Clin Microbiol EPub Ahead of Print. PDF Full-Text](#)

Washington Hospital Center, Washington, DC; Henry Ford Health System, Detroit, MI; Policy Analysis Inc. (PAI), Brookline, MA, US; Astellas Pharma US, Inc., Deerfield, IL.

Background. While the increasing importance of MRSA as a pathogen in healthcare-associated S. aureus pneumonia has been widely documented, information on the clinical and economic consequences of such infections is limited. Methods. We retrospectively identified all patients admitted to a large US urban teaching hospital between January 2005 and May 2008 with pneumonia and positive blood or respiratory cultures for S. aureus within 48 hours of admission. Among these patients, those with suspected healthcare-associated pneumonia (HCAP) were identified using established criteria (eg, recent hospitalization, admission from nursing home, hemodialysis). Subjects were designated as having methicillin-resistant (MRSA) or methicillin-susceptible (MSSA) HCAP, based on initial S. aureus isolates. Initial therapy was designated "appropriate" versus "inappropriate" based on expected susceptibility of the organism to the regimen received. Results. We identified 142 patients with evidence of S. aureus HCAP; mean (SD) age was 64.5 (17) years. Eighty-seven patients (61%) had initial cultures positive for MRSA. Most (approximately 90%) patients received appropriate initial antibiotic therapy (86% for MRSA vs 91% for MSSA, $p=0.783$). There were no significant differences between MRSA and MSSA patients in mortality (29% vs 20% respectively), surgery for pneumonia (22% vs 20%), receipt of mechanical ventilation (60% vs 58%), or admission to ICU (79% vs 76%). Mean (SD) total

charges per admission were universally high (\$98,170 [\$94,707] for MRSA vs \$104,121 [\$91,314]) for MSSA [$p=0.712$]). Conclusions. Almost two-thirds of patients admitted to hospital with *S. aureus* HCAP have evidence of MRSA. *S. aureus* HCAP, irrespective of MRSA versus MSSA, is associated with significant mortality and high healthcare costs, despite appropriate initial antibiotic therapy.

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Internal Medicine

Kumar, R., M. A. Seibold, M. C. Aldrich, L. K. Williams, A. P. Reiner, L. Colangelo, J. Galanter, C. Gignoux, D. L. Hu, S. Sen, S. Choudhry, E. L. Peterson, J. Rodriguez-Santana, W. Rodriguez-Cintron, M. A. Nalls, T. S. Leak, E. O'Meara, B. Meibohm, S. B. Kritchevsky, R. L. Li, T. B. Harris, D. A. Nickerson, M. Fornage, P. Enright, E. Ziv, L. J. Smith, K. A. Liu and E. Gonzalez-Burchard (2010). "Genetic Ancestry in Lung-Function Predictions." New England Journal of Medicine **363**(4): 321-330. [PDF Full-Text](#)

[Kumar, Rajesh] Childrens Mem Hosp, Div Allergy & Immunol, Chicago, IL 60614 USA. [Colangelo, Laura; Smith, Lewis J.; Liu, Kiang] Northwestern Univ, Feinberg Sch Med, Chicago, IL 60611 USA. [Seibold, Max A.] Natl Jewish Hlth, Denver, CO USA. [Aldrich, Melinda C.; Galanter, Joshua; Gignoux, Christopher; Hu, Donglei; Sen, Saunak; Choudhry, Shweta; Ziv, Elad; Gonzalez-Burchard, Esteban] Univ Calif San Francisco, San Francisco, CA 94143 USA. [Williams, L. Keoki; Peterson, Edward L.] Henry Ford Hlth Syst, Detroit, MI USA. [Reiner, Alex P.; O'Meara, Ellen; Nickerson, Deborah A.] Univ Washington, Seattle, WA 98195 USA. [Rodriguez-Santana, Jose] Pediat Pulm Program San Juan, San Juan, PR USA. [Rodriguez-Cintron, William] Univ Puerto Rico, Sch Med, San Juan Vet Affairs Med Ctr, San Juan, PR 00936 USA. [Nalls, Michael A.] NIA, Neurogenet Lab, Intramural Res Program, Bethesda, MD 20892 USA. [Harris, Tamara B.] NIA, Lab Epidemiol Demog & Biometry, Intramural Res Program, Bethesda, MD 20892 USA. [Leak, Tennille S.] Univ Pittsburgh, Grad Sch Publ Hlth, Pittsburgh, PA USA. [Meibohm, Bernd] Univ Tennessee, Hlth Sci Ctr, Coll Pharm, Memphis, TN USA. [Li, Rongling] Univ Tennessee, Hlth Sci Ctr, Coll Med, Memphis, TN USA. [Kritchevsky, Stephen B.] Wake Forest Sch Med, Sticht Ctr Aging, Winston Salem, NC USA. [Fornage, Myriam] Univ Texas Hlth Sci Ctr Houston, Sch Publ Hlth, Houston, TX USA. [Enright, Paul] Univ Arizona, Coll Publ Hlth, Tucson, AZ USA.

Kumar, R, Childrens Mem Hosp, Div Allergy & Immunol, 2300 Childrens Plaza, Box 60, Chicago, IL 60614 USA. rkumar@childrensmemorial.org

BACKGROUND Self-identified race or ethnic group is used to determine normal reference standards in the prediction of pulmonary function. We conducted a study to determine whether the genetically determined percentage of African ancestry is associated with lung function and whether its use could improve predictions of lung function among persons who identified themselves as African American. **METHODS** We assessed the ancestry of 777 participants self-identified as African American in the Coronary Artery Risk Development in Young Adults (CARDIA) study and evaluated the relation between pulmonary function and ancestry by means of linear regression. We performed similar analyses of data for two independent cohorts of subjects identifying themselves as African American: 813 participants in the Health, Aging, and Body Composition (HABC) study and 579 participants in the Cardiovascular Health Study (CHS). We compared the fit of two types of models to lung-function measurements: models based on the covariates used in standard prediction equations and models incorporating ancestry. We also evaluated the effect of the ancestry-based models on the classification of disease severity in two asthma-study populations. **RESULTS** African ancestry was inversely related to forced expiratory volume in 1 second (FEV₁) and forced vital capacity in the CARDIA cohort. These relations were also seen in the HABC and CHS cohorts. In predicting lung function, the ancestry-based model fit the data better than standard models. Ancestry-based models resulted in the reclassification of asthma severity (based on the percentage of the predicted FEV₁) in 4 to 5% of participants. **CONCLUSIONS** Current predictive equations, which rely on self-identified race alone, may misestimate lung function among subjects who identify themselves as African American. Incorporating ancestry into normative equations may improve lung-function estimates and more accurately categorize disease severity.

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Internal Medicine

Sullivan, M. D., B. Gaster, J. Russo, L. Bowlby, N. Rocco, N. Sinex, J. Livovich, H. Jasti and R. Arnold (2010). "Randomized trial of web-based training about opioid therapy for chronic pain." Clinical Journal of Pain **26**(6): 512-7. [PDF Full-Text](#)

Department of Internal Medicine, Henry Ford Hospital, Detroit, MI

OBJECTIVES: The treatment of chronic noncancer pain with chronic opioid therapy has increased rapidly, but medicine residents receive little training concerning this therapy. Therefore we conducted a trial to determine if an interactive web-based training focusing on shared decision-making for chronic opioid therapy improves knowledge and competence compared with exposure to practice guidelines. **METHODS:** A randomized controlled educational trial of 213 internal medicine residents from 5 medicine residencies participating in the Residency Review Committee for Internal Medicine's Educational Innovations Project comparing access to interactive web-based training (COPE: Collaborative Opioid Prescribing Education) or access to the Veterans Affairs/Department of Defense Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain. Pretraining and immediate posttraining knowledge test; pretraining and 60-day posttraining self-reported competence, satisfaction, patient-centeredness, and selected clinical behaviors were analyzed using t tests, Pearson chi, and Generalized Estimating Equations. **RESULTS:** The web training group had greater increase in knowledge with training (chi=72.06, P<0.00001) and greater self-rated competence in the management of outpatients with chronic pain (chi=6.48, P=0.01), and specifically in the use of opioids in this management (chi=5.17, P=0.02). Residents in both groups reported more satisfaction with managing chronic pain care after training (chi=52.72, P<0.0001), though the web training was superior on subscales concerning training adequacy (chi=4.94, P=0.026) and relationship quality (chi=5.79, P=0.016). **CONCLUSIONS:** Exposure to an interactive web-based training focused on shared decision-making and communication skills was more effective than exposure to compatible practice guidelines for knowledge and self-reported competence in the management of chronic noncancer pain.

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Medical Genetics

Cowan, T. M., M. G. Blitzer and B. Wolf (2010). "Technical standards and guidelines for the diagnosis of biotinidase deficiency." Genetics in Medicine **12**(7): 464-470. [Article Request Form](#)

[Cowan, Tina M.] Stanford Univ, Med Ctr, Dept Pathol, Stanford, CA 94305 USA. [Blitzer, Miriam G.] Univ Maryland, Sch Med, Div Human Genet, Dept Pediat, Baltimore, MD 21201 USA. [Wolf, Barry] Wayne State Univ, Sch Med, Dept Med Genet, Henry Ford Hosp, Detroit, MI USA. [Wolf, Barry] Wayne State Univ, Sch Med, Ctr Mol Med & Genet, Detroit, MI USA.
Cowan, TM, Stanford Univ, Med Ctr, Dept Pathol, Stanford, CA 94305 USA.

Disclaimer: These standards and guidelines are designed primarily as an educational resource for clinical laboratory geneticists to help them provide quality laboratory genetic services. Adherence to these standards and guidelines does not necessarily ensure a successful medical outcome. These standards and guidelines should not be considered inclusive of all proper procedures and tests or exclusive of other procedures and tests that are reasonably directed to obtaining the same results. In determining the propriety of any specific procedure or test, the clinical laboratory geneticists should apply their own professional judgment to the specific clinical circumstance presented by the individual patient or specimen. It may be prudent, however, to document in the laboratory record the rationale for any significant deviation from these standards and guidelines.

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Nephrology

Karthikeyan, V., J. Chattahi, M. Goggins, A. Patel, H. Kanneh, S. Hayek, J. Koneru and K. Ananthasubramaniam (2010). "Pre-Existing Left Ventricular Dysfunction in Patients Undergoing Kidney Transplantation: Impact on Post Transplant Outcomes." American Journal of Transplantation **10**: 53-53. [Meeting Abstract](#) (Scroll down to page 53)

[Karthikeyan, Vanji; Chattahi, Joseph; Goggins, Mariella; Patel, Anita; Kanneh, Haitham; Hayek, Sylvia; Koneru, Jayant; Ananthasubramaniam, Karthikeyan] Henry Ford Hosp, Detroit, MI 48202 USA.

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Nephrology

Khan, S., M. Goggins, A. Patel and K. K. Venkat (2010). "The Magnitude of Prebiopsy Increase in the Serum Creatinine Level Predicts the Findings on Transplant Kidney Biopsy."

American Journal of Transplantation **10**: 396-397. [Meeting Abstract](#) (Scroll down to page 396)

[Khan, Salman; Goggins, Mariella; Patel, Anita; Venkat, K. K.] Henry Ford Hosp, Div Nephrol & Transplant, Detroit, MI 48202 USA.

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Nephrology

Patel, A., A. Gupta, M. Goggins and R. Lattupalli (2010). "Does Donor Race Affect Graft Survival in DCD/ECD Kidney Transplantation: Insights from UNOS Database." American Journal of Transplantation **10**: 334-334. [Meeting Abstract](#) (Scroll down to page 334)

[Patel, Anita; Gupta, Ashwani; Goggins, Mariella; Lattupalli, Rakesh] Henry Ford Hosp, Div Nephrol, Detroit, MI 48202 USA.

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Nephrology

Tolouian, R., D. S. Rao, M. Goggins, S. Bhat and A. Gupta (2010). "Seasonal variation of vitamin D in patients on hemodialysis." Clinical Nephrology **74**(1): 19-24. [Article Request Form](#)

[Gupta, A.] Rockwell Med Technol, Wixom, MI USA. [Tolouian, R.] Texas Tech Univ, Hlth Sci Ctr, Div Nephrol & Hypertens, El Paso, TX USA. [Rao, D. S.; Goggins, M.; Bhat, S.] Henry Ford Hosp, Div Nephrol, Detroit, MI 48202 USA. [Rao, D. S.; Goggins, M.; Bhat, S.] Henry Ford Hosp, Div Bone, Detroit, MI 48202 USA. [Rao, D. S.] Henry Ford Hosp, Mineral Res Lab, Detroit, MI 48202 USA. Gupta, A, Rockwell Med, Off Chief Sci Officer, Wixom, MI 48393 USA.

Background: Seasonal and racial differences in serum 25-hydroxyvitamin D levels have been studied extensively in the general population but not in patients with end-stage renal disease (ESRD) Methods Serum 25-hydroxyvitamin D levels, the best available index of vitamin D nutrition, was measured at the end of summer (September) in 142 chronic hemodialysis patients and again at the end of winter (April) in 73 of these 142 patients, to determine the prevalence and risk factors for vitamin D deficiency Results. The prevalence of vitamin D depletion, as defined by serum 25-hydroxyvitamin D level of less than 20 ng/ml (50 nmol/l), was 54% at the end of summer and further increased to 86% by the end of winter ($p < 0.0001$ summer vs winter). We observed that women and African-Americans had a greater prevalence of hypovitaminosis D ($p < 0.0002$ and $p < 0.001$ for both comparisons, respectively). Surprisingly, diabetic status, age, and the duration of ESRD were not associated with a significant increase in risk of vitamin D depletion Conclusion Vitamin D depletion is present in about half of ESRD patients with marked seasonal variations Patients with ESRD should have more frequent assessments of their vitamin D nutrition by serum 25-hydroxyvitamin D levels, and vitamin D supplementation should be routinely prescribed, which may prevent many of the complications related to vitamin D deficiency and secondary hyperparathyroidism.

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Neurology

Chopp, M., G. K. Steinberg, D. Kondziolka, M. Lu, T. M. Bliss, Y. Li, D. C. Hess and C. V. Borlongan (2009). "Who's in favor of translational cell therapy for stroke: STEPS forward please?" Cell Transplant **18**(7): 691-3. [Article Request Form](#)

Department of Neurology, Henry Ford Hospital, Detroit, MI, USA.

A consortium of translational stem cell and stroke experts from multiple academic institutes and biotechnology companies, under the guidance of the government (FDA/NIH), is missing. Here, we build a case for the establishment of this consortium if cell therapy for stroke is to advance from the laboratory to the clinic.

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Neurology

Hefzy, H., R. W. Silver and B. Silver (2010). "The No Smoking Sign-Insular Infarction." J Neuroimaging **Epub Ahead of Print**. [PDF Full-Text](#)

Henry Ford Hospital, Detroit, MI 48202.

ABSTRACT BACKGROUND Cigarette smoking is the most common preventable cause of morbidity and mortality in developed countries. Smokers with brain damage involving the insula are 136 times more likely to stop smoking immediately after the injury than smokers with brain injuries elsewhere. **METHODS** Case Report **RESULTS** A 58-year-old woman with a history of hypertension, coronary artery disease, and 40 pack-year history (1 pack per day for 40 years) of smoking presented with sudden confusion and word-finding difficulty. Initial neurological examination showed disorientation to time, difficulty following commands, and perseveration. No focal motor, sensory, or visual deficit was present. Noncontrast head CT showed a new insular ischemic stroke. Five months after discharge from the hospital, the patient reported that she had not resumed smoking cigarettes, had not used any smoking cessation aids, and had not intended to stop smoking. Her daughter reported that "it was as if she forgot that she used to smoke." **CONCLUSION** Unintentional abrupt smoking cessation serves as a unique lesion localizer. Insular hypocretin transmission plays a permissive role in the motivational properties of nicotine in animals. Whether the mechanism of smoking cessation relates to hypocretin secretion has yet to be proven in humans.

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Neurology

Lu, Y., F. Jiang, H. Jiang, K. Wu, X. Zheng, Y. Cai, M. Katakowski, M. Chopp and S. S. T. To (2010). "Gallic acid suppresses cell viability, proliferation, invasion and angiogenesis in human glioma cells." European Journal of Pharmacology **641**(2-3): 102-107. [Article Request Form](#)

[Lu, Yong; Wu, Kalina; To, Shing-Shun Tony] Hong Kong Polytech Univ, Dept Hlth Technol & Informat, Kowloon, Hong Kong, Peoples R China. [Lu, Yong; Jiang, Feng; Jiang, Hao; Zheng, Xuguang; Katakowski, Mark; Chopp, Michael] Henry Ford Hosp, Dept Neurol, Detroit, MI 48202 USA. [Cai, Yizhong] Univ Hong Kong, Dept Bot, Hong Kong, Hong Kong, Peoples R China. [Cai, Yizhong] Univ Hong Kong, Dept Zool, Hong Kong, Hong Kong, Peoples R China. [Chopp, Michael] Oakland Univ, Dept Phys, Rochester, MI USA. To, SST, Hong Kong Polytech Univ, Dept Hlth Technol & Informat, Y926, Kowloon, Hong Kong, Peoples R China. tony.to@polyu.edu.hk

Gallic acid, an organic acid, also known as 3,4,5-trihydroxybenzoic acid, is cytotoxic against certain cancer cells, without harming normal cells. The objective of this study is to evaluate whether gallic acid can inhibit glioma cell viability, proliferation, invasion and reduce glioma cell mediated angiogenesis. Treatment of U87 and U251n glioma cells with gallic acid inhibited cell viability in a dose-dependent manner. BrdU and tube formation assays indicated that gallic acid significantly decreased glioma cell proliferation and tube formation in mouse brain endothelial cells, respectively. In addition, gallic acid decreased U87 cell invasion in vitro. Western blot analysis showed that expression of ADAM17, p-Akt and p-Erk was suppressed by gallic acid in both U87 and U251n cell lines. These data suggest that suppression of ADAM17 and downregulation of P13K/Akt and Ras/MAPK signaling pathways may contribute to gallic acid-induced decrease of invasiveness. Gallic acid may be a valuable candidate for treatment of brain tumor. (C) 2010 Elsevier B.V. All rights reserved.

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Neurology

Morris, D. C., M. Chopp, L. Zhang, M. Lu and Z. G. Zhang (2010). "THYMOSIN beta 4 IMPROVES FUNCTIONAL NEUROLOGICAL OUTCOME IN A RAT MODEL OF EMBOLIC STROKE." Neuroscience **169**(2): 674-682. [PDF Full-Text](#)

[Chopp, M.; Zhang, L.; Zhang, Z. G.] Henry Ford Hlth Sci Ctr, Dept Neurol, Detroit, MI USA. [Morris, D. C.] Henry Ford Hlth Syst, Dept Emergency Med, Detroit, MI USA. [Chopp, M.] Oakland Univ, Dept Phys, Rochester, MI USA. [Lu, M.] Henry Ford Hlth Sci Ctr, Dept Biostat & Res Epidemiol, Detroit, MI USA. Zhang, ZG, Henry Ford Hlth Sci Ctr, Dept Neurol, Detroit, MI USA. zhazh@neuro.hfh.edu

Thymosin beta 4 (T beta 4) is a developmentally expressed 43-amino acid peptide that inhibits organization of the actin-cytoskeleton by sequestration of G-actin monomers. T beta 4 improves cardiac function after myocardial infarction in adult mice and promotes healing properties in both dermal and corneal wounds. We tested the hypothesis that T beta 4 improves functional neurological outcome in a rat model of embolic stroke. Experimental Procedures: Male Wistar rats (n=18) were subjected to embolic middle cerebral artery occlusion

(MCAo). T beta 4 (6 mg/kg, IP) was administered 24 h after MCAo and then every 3 days for four additional doses (n=9). Rats treated with saline were used as a control (n=9). The adhesive-removal test (ART) and modified Neurological Severity Score (mNSS) were performed to measure functional outcome. Rats were sacrificed 56 days after MCAo. Immuno-staining was performed with antibodies against NG-2 (chondroitin sulfate proteoglycan), CNPase (2", 3"-cyclic nucleotide 3'-phosphodiesterase) to detect immature and mature oligodendrocytes. Neurofilament-H (NF-H) antibodies were used to detect axons while myelinated axons were identified with Bielschowsky/Luxol (B/L) Blue staining. EBA (endothelial barrier antigen) was used for detection of mature vessels. Results: Ischemic rats treated with T beta 4 demonstrated a significant overall improvement ($P<0.01$) in the ART and the mNSS when compared to controls. Significant improvement was observed beginning at 14 and 35 days, respectively. Lesion volumes showed no significant differences between the two groups. Treatment with T beta 4 increased myelinated axons and increased vessel density in the ischemic boundary ($P<0.05$) and augmented remyelination which was associated with an increase of oligodendrocyte progenitor cells (OPCs) and myelinating oligodendrocytes ($P<0.05$). Conclusions: The present study suggests that T beta 4 improves neurological functional outcome after embolic stroke in rats. Axonal remodeling from mobilization of OPCs is proposed as contributing to T beta 4 induced functional improvement. (C) 2010 IBRO. Published by Elsevier Ltd. All rights reserved.

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Neurology

Shehadah, A., J. L. Chen, X. Cui, C. Roberts, M. Lu and M. Chopp (2010). "Combination treatment of experimental stroke with Niaspan and Simvastatin, reduces axonal damage and improves functional outcome." Journal of the Neurological Sciences **294**(1-2): 107-111.

[PDF Full-Text](#)

[Shehadah, Amjad; Chen, Jieli; Cui, Xu; Roberts, Cynthia; Chopp, Michael] Henry Ford Hlth Sci Ctr, Dept Neurol, Detroit, MI 48202 USA. [Chopp, Michael] Oakland Univ, Dept Phys, Rochester, MI 48309 USA. Chen, JL, Henry Ford Hosp, E&R Bldg, 2799 W Grand Blvd, Detroit, MI 48202 USA. jieli@neuro.hfh.edu

In this study we examined the effect of combination treatment of experimental stroke with Niaspan, a prolonged-release formulation of Niacin (vitamin B3), and Simvastatin, a cholesterol-lowering drug, on functional outcome, axonal damage, axonal density and the of Iba-1 immunoreactive microglia expression in the ischemic brain of rats. Adult male rats were subjected to 2 h middle cerebral artery occlusion (MCAo) and treated with or without Niaspan alone, Simvastatin alone and combination Niaspan and Simvastatin starting 24 h after MCAo and daily for 14 days. Neurological functional tests were performed. Axonal damage and density were evaluated by Amyloid Precursor Protein (APP) and Bielschowsky silver, respectively. Nogo66 Receptor (NgR) expression and immunoreactive microglia (Iba-1) were also measured in the ischemic brain. Niaspan and Simvastatin monotherapy and combination treatment significantly promote functional outcome after stroke ($p<0.05$) compared to MCAo control animals. Combination treatment with Niaspan and Simvastatin induces additive but not synergetic effects when compared to Niaspan or Simvastatin monotherapy groups. Combination treatment significantly decreased APP expression and increased Bielschowsky silver expression. NGR and Iba-1 expression were significantly decreased in the ischemic brain. These data suggest that treatment of experimental stroke with combination of Niaspan and Simvastatin significantly improves functional outcome, reduces axonal damage and increases axonal density. Decreased expression of the NCR and reduced activated microglia may contribute to functional recovery after stroke. (C) 2010 Elsevier B.V. All rights reserved.

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Neurology

Torcuator, R. G., R. Thind, M. Patel, Y. S. Mohan, J. Anderson, T. Doyle, S. Ryu, R. Jain, L. Schultz, M. Rosenblum and T. Mikkelsen (2010). "The role of salvage reirradiation for malignant gliomas that progress on bevacizumab." J Neurooncol **97**(3): 401-7. [PDF Full-Text](#)

[Text](#)

Hermelin Brain Tumor Center, Henry Ford Health System, 2799 W Grand Blvd, Detroit, MI 48202, USA. Roy.torcuator@gmail.com

Bevacizumab and irinotecan are effective against recurrent malignant gliomas. However, at subsequent progression, patients rarely respond to a second bevacizumab-containing chemotherapeutic regimen. Salvage re-irradiation with bevacizumab for recurrent but bevacizumab naive malignant gliomas showed encouraging

results. We performed a retrospective review of the medical records of 23 patients treated with either fractionated stereotactic radiotherapy (FSRT) or stereotactic radiosurgery (SRS) after progression on an initial bevacizumab regimen. Patients were treated after re-irradiation with bevacizumab but combined with a different chemotherapy. We then compared them to another 23 patients who progressed on an initial bevacizumab + chemotherapy regimen. These patients did not receive re-irradiation but bevacizumab was continued combined with a different chemotherapy. Patients treated with FSRT/SRS/bevacizumab had a longer median progression-free period (2.6 vs. 1.7 months, $P = 0.009$), longer median post FSRT/SRS treatment survival (7.2 vs. 3.3 months, $P = 0.03$) and higher radiographic response rate (22 vs. 0%, $P = 0.049$). FSRT or SRS followed by bevacizumab + chemotherapy may have a role for patients who progress on bevacizumab.

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Neurosurgery

Fiveash, J. B., S. A. Chowdhary, D. Peereboom, T. Mikkelsen, L. B. Nabors, G. J. Lesser, M. R. Rosenfeld, X. Ye and S. A. Grossman (2009). "NABTT-0702: A phase II study of R-(-)-gossypol (AT-101) in recurrent glioblastoma multiforme (GBM)." Journal of Clinical Oncology **27**(15): 2010. [Meeting Abstract](#)

UAB, Wallace Tumor Inst, Birmingham, AL USA. H Lee Moffitt Canc Ctr & Res Inst, Tampa, FL USA. Cleveland Clin, Cleveland, OH 44106 USA. Henry Ford Hosp, Detroit, MI 48202 USA. Univ Alabama, Birmingham, AL USA. Wake Forest Univ, Sch Med, Winston Salem, NC 27109 USA. Univ Penn, Philadelphia, PA 19104 USA. Johns Hopkins Univ, Sch Med, Baltimore, MD USA.

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Neurosurgery

Gilbert, M. R., M. Wang, K. Aldape, A. Lassman, A. G. Sorensen, T. Mikkelsen, M. Groves, M. Werner-Wasik, W. Regine and M. Mehta (2009). "RTOG 0625: A phase II study of bevacizumab with irinotecan in recurrent glioblastoma (GBM)." Journal of Clinical Oncology **27**(15): 2011. [Meeting Abstract](#)

[Gilbert, M. R.; Wang, M.; Aldape, K.; Lassman, A.; Sorensen, A. G.; Mikkelsen, T.; Groves, M.; Werner-Wasik, M.; Regine, W.; Mehta, M.] Univ Texas MD Anderson Canc Ctr, Houston, TX 77030 USA.

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Neurosurgery

Jenrow, K. A., J. Liu, S. L. Brown, A. Kolozsvary, K. Lapanowski and J. H. Kim (2010). "Combined atorvastatin and ramipril mitigate radiation-induced impairment of dentate gyrus neurogenesis." J Neurooncol **EPub Ahead of Print**. [Article Request Form](#)

Departments of Neurosurgery and Radiation Oncology, Henry Ford Health System, Detroit, MI, 48202, USA, nskje@neuro.hfh.edu

Whole brain irradiation (WBI) is commonly administered therapeutically and is routinely associated with late delayed radiation injuries, manifesting as severe and irreversible cognitive impairment. Neural progenitors within the subgranular zone (SGZ) of the dentate gyrus are among the most radiosensitive cell types in the adult brain and are known to participate in hippocampal plasticity and normal cognitive function. These progenitors and the specialized SGZ microenvironment required for neuronal differentiation are the source of neurogenic potential in the adult dentate gyrus, and provide a continuous supply of immature neurons which may then migrate into the adjacent granule cell layer to become mature granule cell neurons. The extreme radiosensitivity of these progenitors and the SGZ microenvironment implicate them as potentially significant contributors to radiation-induced cognitive impairment. Previous reports suggest that statin drugs may be neuroprotective and may promote neurogenesis within the SGZ following both traumatic and ischemic brain injury. Here we investigate whether atorvastatin might similarly protect progenitors and/or preserve neurogenic potential within the SGZ when administered following radiation injury. We also investigate whether such mitigating effects might be enhanced by administering atorvastatin in combination with the angiotensin converting enzyme (ACE) inhibitor, ramipril, which has previously been shown to produce subtle mitigating effects in this context. Atorvastatin was administered to adult male Fisher 344 rats beginning 24 h post-WBI at doses of 10 and 15 Gy, and maintained daily until sacrifice at 12 weeks post-WBI. Combined atorvastatin and

ramipril (atorvastatin + ramipril) were administered according to the same protocol following WBI doses of 10 Gy. Progenitor proliferation, neuronal differentiation, and microglial activation were assayed immunohistochemically. Our results indicate that chronic administration of atorvastatin is relatively ineffective as a mitigator of radiation injury in this context, whereas atorvastatin + ramipril appear to interact synergistically to potentially and selectively mitigate radiation-induced disruption of neurogenic signaling within SGZ microenvironment.

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Neurosurgery

Mazzola, C. A., D. A. Lobel, S. Krishnamurthy, G. M. Bloomgarden and D. L. Benzil (2010). "Efficacy of Neurosurgery Resident Education in the New Millennium: The 2008 Council of State Neurosurgical Societies Post-Residency Survey Results." Neurosurgery **67**(2): 225-232. [PDF Full-Text](#)

[Mazzola, Catherine A.] Atlantic Hlth Syst Goryeb Childrens Hosp, Pediat Neurol Surg & Craniofacial Ctr, Dept Neurosci & Pediat, Morristown, NJ 07960 USA. [Lobel, Darlene A.] Univ Florida, Dept Neurosurg, Jacksonville, FL USA. [Krishnamurthy, Satish] Henry Ford Hosp, Dept Neurosurg, Detroit, MI 48202 USA. [Bloomgarden, Gary M.] Hosp St Raphael, Neurosurg Sect, New Haven, CT 06511 USA. [Benzil, Deborah L.] Westchester Brain & Spine Surg, Dept Neurosurg, Hartsdale, NY USA.

Mazzola, CA, Atlantic Hlth Syst Goryeb Childrens Hosp, Pediat Neurol Surg & Craniofacial Ctr, Dept Neurosci & Pediat, 310 Madison Ave, Suite 205, Morristown, NJ 07960 USA. catherine.mazzola@atlantichealth.org

BACKGROUND: Neurosurgical residency training paradigms have changed in response to Accreditation Council for Graduate Medical Education mandates and demands for quality patient care. Little has been done to assess resident education from the perspective of readiness to practice. OBJECTIVE: To assess the efficacy of resident training in preparing young neurosurgeons for practice. METHODS: In response to Resolution V-2007F of the Council of State Neurosurgical Societies, a survey was developed for neurosurgeons who applied for oral examination, Part II of the American Board of Neurological Surgery boards, in 2002 through 2007 (N = 800). The survey was constructed in "survey monkey" format and sent to 775 of 800 (97%) neurosurgeons for whom e-mail addresses were available. RESULTS: The response rate was 30% (233/775). Most neurosurgeons were board certified (n = 226, 97%). General neurosurgical training was judged as adequate by a large majority (n = 188, 80%). Sixty-percent chose to pursue at least 1 additional year of fellowship training (n = 138, 60%). Surgical skills training was acceptable, but 6 skill-technique areas were reported to be inadequate (endovascular techniques, neurosurgical treatment of pain, stereotactic radiosurgery, epilepsy surgery, cranial base surgery, and stereotactic neurosurgery). Respondents also noted inadequate education in contract negotiation, practice evaluation, and management. CONCLUSION: The study suggests that neurosurgeons believed that they were well trained in their surgical skills except for some areas of subspecialization. However, there is a significant need for improvement of resident training in the areas of socioeconomic and medicolegal education. Continued evaluation of the efficacy of neurosurgical education is important.

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Neurosurgery

Nabors, L. B., T. Mikkelsen, T. Batchelor, G. Lesser, M. Rosenfeld, X. Ye, S. Piantadosi, J. Olson, S. Brem and S. Grossman (2009). "NABTT 0306: A randomized phase II trial of EMD 121974 in conjunction with concomitant and adjuvant temozolomide with radiation therapy in patients with newly diagnosed glioblastoma multiforme (GBM)." Journal of Clinical Oncology **27**(15): 2001. [Meeting Abstract](#)

[Nabors, L. B.; Mikkelsen, T.; Batchelor, T.; Lesser, G.; Rosenfeld, M.; Ye, X.; Piantadosi, S.; Olson, J.; Brem, S.; Grossman, S.] Univ Alabama, Birmingham, AL USA.

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Neurosurgery

Qu, C., A. Mahmood, R. Ning, Y. Xiong, L. Zhang, J. Chen and M. Chopp (2010). "The treatment of traumatic brain injury with velcade." J Neurotrauma **EPub Ahead of Print**. [PDF Full-Text](#)

Henry Ford Hospital, Neurosurgery Research, Detroit, Michigan, United States; nscsq@neuro.hfh.edu

Traumatic brain injury (TBI) elicits a strong inflammatory response that contributes to the acute pathologic processes following TBI including cerebral edema and disruption of the blood-brain barrier (BBB), in addition to longer-term neurological damage and cognitive impairment. Proteasome inhibitors reduce vascular thrombotic and inflammatory events and consequently protect vascular function. The present study evaluated the neuroprotective effect of velcade, a potent and selective inhibitor of proteasomes, which is in clinical use for the treatment of multiple myeloma. When administered within 2 h after TBI onset, velcade reduced inflammatory responses, lesion volume, neurological functional deficits and enhanced neuronal survival. Western blot and ELISA showed that velcade decreased the expression of NF- κ B. These results suggest that velcade is an effective neuroprotective agent for the treatment of TBI.

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Neurosurgery

Supko, J. G., S. A. Grossman, D. M. Peereboom, S. Chowdhary, G. J. Lesser, L. B. Nabors, T. Mikkelsen, S. Desideri and T. T. Batchelor (2009). "Feasibility and phase I trial of tandutinib in patients with recurrent glioblastoma." Journal of Clinical Oncology **27**(15): 2039. [Meeting Abstract](#)

[Supko, J. G.; Grossman, S. A.; Peereboom, D. M.; Chowdhary, S.; Lesser, G. J.; Nabors, L. B.; Mikkelsen, T.; Desideri, S.; Batchelor, T. T.] Massachusetts Gen Hosp, Boston, MA 02114 USA.

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Obstetrics & Gynecology

Chiodo, L. M., D. E. da Costa, J. H. Hannigan, C. Y. Covington, R. J. Sokol, J. Janisse, M. Greenwald, J. Ager and V. Delaney-Black (2010). "The Impact of Maternal Age on the Effects of Prenatal Alcohol Exposure on Attention." Alcohol Clin Exp Res **EPub Ahead of Print**. [PDF Full-Text](#)

From the College of Nursing (LMC), Wayne State University, Detroit, Michigan; Department of Pediatrics (DEC), Henry Ford Hospital, Detroit, Michigan; Department of Obstetrics & Gynecology (JHH, RJS), Wayne State University School of Medicine, Detroit, Michigan; Department of Psychology (JHH), Wayne State University, Detroit, Michigan; C.S. Mott Center for Human Growth and Development (JHH, RJS), Wayne State University School of Medicine, Detroit, Michigan; Merrill Palmer Skillman Institute (JHH), Wayne State University, Detroit, Michigan; Anita Thigpen Perry School of Nursing (CYC), Texas Tech University, Lubbock, Texas; Department of Family Medicine & Public Health Sciences (JJ, JA), Wayne State University School of Medicine, Detroit, Michigan; Department of Psychiatry & Behavioral Neuroscience (MG), Wayne State University School of Medicine, Detroit, Michigan; Carman and Ann Adams Department of Pediatrics and the Children's Research Center of Michigan (VDB), Wayne State University School of Medicine, Detroit, Michigan.

Background: Prenatal exposure to alcohol has a variety of morphologic and neurobehavioral consequences, yet more than 10% of women continue to drink during pregnancy, placing their offspring at risk for fetal alcohol spectrum disorders (FASD). Identification of at-risk pregnancies has been difficult, in part, because the presence and severity of FASD are influenced by factors beyond the pattern of alcohol consumption. Establishing maternal characteristics, such as maternal age, that increase the risk of FASD is critical for targeted pregnancy intervention. Methods: We examined the moderating effect of maternal age on measures of attention in 462 children from a longitudinal cohort born to women with known alcohol consumption levels (absolute ounces of alcohol per day at conception) who were recruited during pregnancy. Analyses examined the impact of binge drinking, as average ounces of absolute alcohol per drinking day. Smoking and use of cocaine, marijuana, and opiates were also assessed. At 7 years of age, the children completed the Continuous Performance Test, and their teachers completed the Achenbach Teacher Report Form. Results: After controlling for covariates, stepwise multiple regression analyses revealed a negative relation between levels of prenatal binge drinking and several measures of attention. The interaction between alcohol consumption and maternal age was also significant, indicating that the impact of maternal binge drinking during pregnancy on attention was greater among children born to older drinking mothers. Conclusion: These findings are consistent with previous findings that children born to older alcohol-using women have more deleterious effects of prenatal alcohol exposure on other neurobehavioral outcomes.

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Obstetrics & Gynecology

Garg, G., J. P. Shah, S. Kumar, C. S. Bryant, A. Munkarah and R. T. Morris (2010). "Ovarian and Uterine Carcinosarcomas A Comparative Analysis of Prognostic Variables and Survival Outcomes." International Journal of Gynecological Cancer **20**(5): 888-894. [PDF](#)
[Full-Text](#)

[Garg, Gunjal] Detroit Med Ctr, Dept Obstet & Gynecol, Detroit, MI USA. [Shah, Jay P.; Bryant, Christopher S.; Morris, Robert T.] Wayne State Univ, Div Gynecol Oncol, Detroit, MI USA. [Kumar, Sanjeev] Wayne State Univ, Dept Obstet & Gynecol, Detroit, MI USA. [Munkarah, Adnan] Henry Ford Hosp, Div Gynecol Oncol, Detroit, MI 48202 USA.
Garg, G, Suite 304,4727 St Antoine St, Detroit, MI 48201 USA. gunjalgarg@yahoo.com

Introduction: Carcinosarcomas (malignant mixed Mullerian tumor) of the female genital tract are rare tumors associated with poor outcome. The objective of this study was to identify site-specific differences by comparing carcinosarcomas originating in the uterus and the ovaries. Methods: Data on patients with uterine and ovarian carcinosarcomas were extracted from the Surveillance, Epidemiology, and End Results database between 1988 and 2005. Kaplan-Meier log rank and Cox proportional hazards models were used for survival analysis and for identification of possible predictors for survival. Results: The identified cohort included 3683 women of whom 2759 (75%) have uterine carcinosarcoma and 924 (25%) have ovarian carcinosarcomas. The patients with uterine carcinosarcoma were older than the patients with ovarian carcinosarcoma (median age, 67 vs 65 years; $P < 0.001$). The women with uterine carcinosarcoma compared with those with ovarian carcinosarcoma were more often African American (17.3% vs 6%; $P < 0.001$) and presented more often with localized disease (47% vs 10.8%; $P < 0.001$). Uterine carcinosarcoma compared with ovarian carcinosarcoma differed significantly with regard to the performance of lymphadenectomy (62.6% vs 41.2%; $P < 0.001$) and the administration of radiotherapy (38.2% vs 4.8%; $P < 0.001$). When controlled for the extent of disease spread, uterine carcinosarcoma had a more aggressive clinical course and shorter survival compared with ovarian carcinosarcoma. Although age ($P < 0.001$), race ($P = 0.01$), stage ($P < 0.001$), lymphadenectomy ($P < 0.001$), and radiation ($P < 0.001$) were all significant prognostic factors in uterine carcinosarcoma, only age ($P < 0.001$), stage ($P < 0.001$), and lymphadenectomy ($P < 0.001$) were significant predictors in ovarian carcinosarcoma. Conclusion: Although uterine carcinosarcoma presents at an earlier stage than ovarian carcinosarcoma, it has a worse prognosis compared with ovarian carcinosarcoma, with a similar extent of disease spread. Improved survival observed in lymphadenectomy group lends support to its routine performance in patients with uterine and ovarian carcinosarcomas.

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Obstetrics & Gynecology

Morris, R. T., D. E. Cohn, J. Fowler, L. A. Solomon, A. Vay, S. Seward, L. Heilbrun, D. Smith and A. R. Munkarah (2009). "Combined weekly docetaxel (D) and gemcitabine (G) for relapsed ovarian cancer (OC) and peritoneal cancer (PC): A multi-institutional phase II study." Journal of Clinical Oncology **27**(15): 5565. [Article Request Form](#)

[Morris, R. T.; Cohn, D. E.; Fowler, J.; Solomon, L. A.; Vay, A.; Seward, S.; Heilbrun, L.; Smith, D.; Munkarah, A. R.] Wayne State Univ, Sch Med, Detroit, MI USA.

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Other

Garcia-Manero, G., S. Luger, P. Venugopal, L. Maness, M. Wetzler, S. Coutre, W. Stock, G. Borthakur, J. Chiao and H. Kantarjian (2009). "A randomized phase II study of sapacitabine, an oral nucleoside analogue, in elderly patients with AML previously untreated or in first relapse or previously treated MDS." Journal of Clinical Oncology **27**(15): 7021. [Meeting Abstract](#)

Univ Texas MD Anderson Canc Ctr, Houston, TX 77030 USA. Hosp Univ Penn, Philadelphia, PA 19104 USA. Henry Ford Hosp, Chicago, IL USA. Univ Nebraska Med Ctr, Omaha, NE USA. Roswell Pk Canc Inst, Buffalo, NY 14263 USA. Stanford Univ, Stanford, CA 94305 USA. Univ Chicago, Chicago, IL 60637 USA. Cyclacel Ltd, Berkeley Hts, NJ USA.

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Pathology

Ali, S. and V. Shah (2010). "Small-duct primary sclerosing cholangitis with hepatocellular carcinoma requiring liver transplantation." Hepatobiliary Pancreat Dis Int **9**(2): 208-12. [PDF Full-Text](#)

Department of Pathology and Laboratory Medicine, Henry Ford Health System, Detroit, MI 48202, USA.
sali2@hfhs.org

BACKGROUND: Primary sclerosing cholangitis (PSC) is a chronic progressive cholestatic liver disease, which usually affects young adults and is diagnosed by cholangiography. On a few occasions, the disease either starts in or exclusively involves the small intrahepatic bile ducts, referred to as small-duct PSC. **METHODS:** A 31-year-old man presented with severe hematemesis secondary to liver cirrhosis. Over a course of 8 years, his liver decompensated and required an orthotopic liver transplantation. In this report we discuss his disease presentation, course of management, and the post-transplantation course of management, and review the morphologic diagnosis, and differential diagnosis of the disease with large-duct type and other diseases that involve small intrahepatic bile ducts. **RESULTS:** The patient's explanted liver showed changes of PSC affecting only the small- and medium-sized bile ducts in addition to three incidental nodules of hepatocellular carcinoma. **CONCLUSIONS:** Small-duct PSC has a substantially better prognosis than the large-duct type, with less chance of developing cirrhosis and an equal risk for developing hepatocellular carcinoma, but no increased risk for developing cholangiocarcinoma. Treatment seems to help relieve the symptoms but not necessarily improve survival. Liver transplantation remains the ultimate cure.

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Pathology

Cao, D. F., Z. L. Lane, R. W. Allan, P. Wang, C. C. Guo, Y. Peng and J. P. Li (2010). "TCL1 is a diagnostic marker for intratubular germ cell neoplasia and classic seminoma." Histopathology **57**(1): 152-157. [PDF Full-Text](#)

[Cao, Dengfeng; Li, Jianping] Washington Univ, Sch Med, Dept Pathol & Immunol, St Louis, MO 63130 USA. [Lane, Zhaoli] Henry Ford Hosp, Dept Pathol, Detroit, MI 48202 USA. [Allan, Robert William] Dept Pathol Immunol & Lab Med, Gainesville, FL USA. [Wang, Peng] Beijing Ditan Hosp, Dept Pathol, Beijing, Peoples R China. [Guo, Charles Chuanhai] Univ Texas MD Anderson Canc Ctr, Dept Pathol, Houston, TX 77030 USA. [Peng, Yan] Univ Texas SW Med Ctr Dallas, Dallas, TX 75390 USA.
Cao, DF, Washington Univ, Sch Med, Dept Pathol & Immunol, St Louis, MO 63130 USA.

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Pathology

Stark, A., C. G. Kleer, I. Martin, B. Awuah, A. Nsiah-Asare, V. Takyi, M. Braman, E. Q. S, R. Zarbo, M. Wicha and L. Newman (2010). "African ancestry and higher prevalence of triple-negative breast cancer: findings from an international study." Cancer **Epub Ahead of Print**. [PDF Full-Text](#)

Department of Pathology, Ford Health System, Detroit, Michigan.

BACKGROUND:: The study of breast cancer in women with African ancestry offers the promise of identifying markers for risk assessment and treatment of triple-negative disease. **METHODS::** African American and white American women with invasive cancer diagnosed at the Henry Ford Health System comprised the primary study population, and Ghanaian patients diagnosed and/or treated at the Komfo Anokye Teaching Hospital in Kumasi, Ghana constituted the comparison group. Formalin-fixed, paraffin-embedded specimens were transported to the University of Michigan for histopathology confirmation, and assessment of estrogen and progesterone receptors and HER-2/neu expression. **RESULTS::** The study population included 1008 white Americans, 581 African Americans, and 75 Ghanaians. Mean age at diagnosis was 48.0 years for Ghanaian, 60.8 years for African American, and 62.4 for white American cases ($P = .002$). Proportions of Ghanaian, African American, and white American cases with estrogen receptor-negative tumors were 76%, 36%, and 22%, respectively ($P < .001$), and proportions with triple-negative disease were 82%, 26%, and 16%, respectively ($P < .001$). All Ghanaian cases were palpable, locally advanced cancers; 57 (76%) were grade 3.

A total of 147 American women were diagnosed as stage III or IV; of these, 67.5% (n = 46) of African Americans and 44.6% (n = 29) of white Americans were grade 3. Among palpable, grade 3 cancers, Ghanaians had the highest prevalence of triple-negative tumors (82.2%), followed by African Americans (32.8%) and white Americans (10.2%). **CONCLUSIONS:** Our study demonstrates progressively increasing frequency of estrogen receptor-negative and triple-negative tumors among breast cancer patients with white American, African American, and Ghanaian/African backgrounds. This pattern indicates a need for additional investigations correlating the extent of African ancestry and high-risk breast cancer subtypes. Cancer 2010. (c) 2010 American Cancer Society.

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Pathology

Ubel, P. A., D. M. Smith, B. J. Zikmund-Fisher, H. A. Derry, J. McClure, A. Stark, C. Wiese, S. Greene, A. Jankovic and A. Fagerlin (2010). "Testing whether decision aids introduce cognitive biases: Results of a randomized trial." [Patient Education and Counseling](#) **80**(2): 158-163. [PDF Full-Text](#)

[Ubel, Peter A.; Smith, Dylan M.; Zikmund-Fisher, Brian J.; Jankovic, Aleksandra; Fagerlin, Angela] Ctr Behav & Decis Sci Med, Ann Arbor, MI 48109 USA. paubel@med.umich.edu

Objective: Women at high risk of breast cancer face a difficult decision whether to take medications like tamoxifen to prevent a first breast cancer diagnosis. Decision aids (DAs) offer a promising method of helping them make this decision. But concern lingers that DAs might introduce cognitive biases. Methods: We recruited 663 women at high risk of breast cancer and presented them with a DA designed to experimentally test potential methods of identifying and reducing cognitive biases that could influence this decision, by varying specific aspects of the DA across participants in a factorial design. Results: Participants were susceptible to a cognitive bias - an order effect - such that those who learned first about the risks of tamoxifen thought more favorably of the drug than women who learned first about the benefits. This order effect was eliminated among women who received additional information about competing health risks. Conclusion: We discovered that the order of risk/benefit information influenced women's perceptions of tamoxifen. This bias was eliminated by providing contextual information about competing health risks. Practice implications: We have demonstrated the feasibility of using factorial experimental designs to test whether DAs introduce cognitive biases, and whether specific elements of DAs can reduce such biases. Published by Elsevier Ireland Ltd.

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Pharmacy

Fleming, J. N., K. Meraw, M. Abouljoud and L. Malinzak (2010). "Standardized Medication Order Forms Post-Abdominal Transplant Reduce Medication Errors." [American Journal of Transplantation](#) **10**: 289-289. [Meeting Abstract](#) (Scroll down to page 289)

[Fleming, James N.] Henry Ford Hosp, Detroit, MI 48202 USA. [Meraw, Karen] Wayne State Univ, Eugene Applebaum Coll Pharm, Detroit, MI USA. [Abouljoud, Marwan; Malinzak, Lauren] Henry Ford Hosp, Div Transplant, Detroit, MI USA.

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Pulmonary & Critical Care Medicine

Burke, R. R., B. A. Rybicki and D. S. Rao (2010). "Calcium and Vitamin D in Sarcoidosis: How to Assess and Manage." [Seminars in Respiratory and Critical Care Medicine](#) **31**(4): 474-484. [PDF Full-Text](#)

[Burke, Robert R.] Henry Ford Hlth Syst, Div Pulm & Crit Care Med, Henry Ford Hosp, Detroit, MI 48202 USA. [Burke, Robert R.] Wayne State Univ, Sch Med, Dept Internal Med, Detroit, MI 48201 USA. [Rybicki, Benjamin A.] Henry Ford Hlth Syst, Dept Res Epidemiol & Biostat, Henry Ford Hosp, Detroit, MI 48202 USA. [Rao, D. Sudhaker] Henry Ford Hlth Syst, Div Endocrinol Diabet & Bone & Mineral Disorders, Detroit, MI 48202 USA. Burke, RR, Henry Ford Hlth Syst, Div Pulm & Crit Care Med, Henry Ford Hosp, K17,2799 W Grand Blvd, Detroit, MI 48202 USA. Rburke1@hfhs.org

The synthesis of vitamin D is altered by the granulomatous inflammation of sarcoidosis leading to increased production of 1, 25-dihydroxyvitamin D. Mounting evidence suggests that vitamin D is an immunomodulating hormone that inhibits both antigen presentation by cells of the innate immune system, and the cytokine release

and proliferation of Th1 cells. These and other extraskeletal health benefits have led to an increase in vitamin D assessment and pharmacological supplementation in the general population. This review highlights the altered synthesis and general immunomodulating properties of vitamin D with a special emphasis on known interactions with sarcoidosis. In addition, the assessment of vitamin D nutritional status, its pharmacological supplementation, and the management of bone health in patients with sarcoidosis are reviewed.

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Pulmonary & Critical Care Medicine

Ernst, A., M. Simoff, D. Ost, G. Michaud, D. Chandra and F. J. F. Herth (2010). "A Multicenter, Prospective, Advanced Diagnostic Bronchoscopy Outcomes Registry." *Chest* 138(1): 165-170. [PDF Full-Text](#)

[Ernst, Armin; Michaud, Gaetane; Chandra, Divay] Harvard Univ, Beth Israel Deaconess Med Ctr, Sch Med, Div Intervent Pulmonol & Thorac Surg, Boston, MA 02215 USA. [Simoff, Michael] Henry Ford Hosp, Div Pulm & Crit Care Med, Detroit, MI 48202 USA. [Ost, David] Univ Texas Houston, MD Anderson Canc Ctr, Div Pulm & Crit Med, Houston, TX 77030 USA. [Herth, Felix J. F.] Thoraxklinik Heidelberg, Heidelberg, Germany. Ernst, A, Harvard Univ, Beth Israel Deaconess Med Ctr, Sch Med, Div Intervent Pulmonol & Thorac Surg, 1 Deaconess Rd, Deaconess 201A, Boston, MA 02215 USA. aernst@bidmc.harvard.edu

Background: Multiple new diagnostic bronchoscopic technologies are available, but little is known about their comparative performance and specific yield when adjusted for location of lesions, target size, and diagnosis. We present a multi-institutional prospective-outcomes database to assess diagnostic yields of advanced bronchoscopic procedures, as well as related morbidity and mortality. Methods: Data were extracted and reviewed from an ongoing, paper-based, prospective, multi-institutional outcomes database for advanced diagnostic bronchoscopic procedures. All consecutive eligible patients are entered into this database, and information on demographics, procedure, and lesion characteristics as well as complications were documented. Descriptive statistical analyses were performed. Results: A total of 310 diagnostic procedures were performed over a 1-year period in four institutions by 15 different clinicians. The majority of the patients were white (66%), male (56%), former smokers (55%), with a mean age of 61 +/- 14 years. The average procedure time was 36 min, and the most common procedure was transbronchial needle aspiration (TBNA) (n = 198). Nodal tissue was obtained in 82.3% from TBNA sampling with a mean of three passes using endobronchial ultrasound guidance with a 22-gauge needle and mostly without on-site cytology. The overall diagnostic yield for all procedures was 75%. There were few complications, and none required a change in disposition. Conclusions: Prospective and ongoing data analysis for bronchoscopic procedures is feasible and valuable. Lesion-adjusted diagnostic yields can be documented and potentially used for comparative assessment of different technologies and operators, as well as benchmarking and quality improvement initiatives. Extending the number of participating centers and web-based submission to minimize missing data components are the next, already-initiated steps. CHEST 2010; 138(1):165-170

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Radiation Oncology

Rao, S., A. Patel, K. Levin, M. Lu, K. Garbarino, D. Myers, E. M. Walker, S. Ryu, J. Ho Kim and B. Movsas (2010). "How often are previously undetected radiographic abnormalities detected at the time of CT simulation for breast cancer patients?" *Am J Clin Oncol* 33(3): 262-4. [Article Request Form](#)

Department of Radiation Oncology, Henry Ford Hospital, 2799 W. Grand Blvd., Detroit, MI 48202, USA.

OBJECTIVES: In most institutions, planning computed tomography (CT) scans are not interpreted by diagnostic radiologists. The purpose of this analysis was to determine the percentage of cases in which a previously undetected radiographic finding was found on review of CT simulation images by diagnostic radiology. METHODS: At the Henry Ford West Bloomfield Center, CT simulations are prospectively interpreted by diagnostic radiologists and a formal report is generated. CT simulation scan reports of 332 consecutive breast cancer patients from 2000 to 2006 were reviewed. The percentage of these reports in which a previously undetected abnormality was noted on the planning CT was determined. Prior and subsequent diagnostic CT scans were also reviewed to determine the clinical relevance of these diagnostic abnormalities. RESULTS: Of 332 patients with CT simulations for breast cancer treatment planning, 52 patients (16%) had a newly detected abnormality noted. Of these, 31 patients (or 60% of the abnormal findings) were deemed by diagnostic radiology to have potentially significant findings (e.g., "can not exclude metastatic disease"), and a

follow-up CT or magnetic resonance imaging scan was recommended. Abnormalities in this category included previously undetected lung nodules, liver lesions, kidney/adrenal lesions, and sclerotic bony lesions. On follow-up, however, to date, these findings have demonstrated no clinical significance, although further follow-up is needed in many patients. CONCLUSIONS: In this study, a significant proportion of breast cancer patients undergoing CT planning studies were diagnosed with potential abnormalities for which follow-up was recommended by diagnostic radiology. To date, these findings have not been clinically relevant, though further follow-up is needed in many of the patients. Thus, in cases of clinical uncertainty, a diagnostic radiologist should be consulted and follow-up imaging obtained if necessary.

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Radiation Oncology

Turaka, A., M. K. Buyyounouski, A. L. Hanlon, E. M. Horwitz, R. E. Greenberg and B. Movsas (2009). "Correlation of hypoxic prostate/muscle p(O₂) (P/M P-O₂) ratio and biochemical failure in patients with localized prostate cancer: Long-term results." Journal of Clinical Oncology **27**(15): 5136. [Meeting Abstract](#)

Fox Chase Canc Ctr, Philadelphia, PA 19111 USA. Temple Univ, Philadelphia, PA 19122 USA. Henry Ford Hlth Syst, Detroit, MI USA.

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Sleep Medicine

Drake, C., T. Roehrs, N. Breslau, E. Johnson, C. Jefferson, H. Scofield and T. Roth (2010). "The 10-year risk of verified motor vehicle crashes in relation to physiologic sleepiness." Sleep **33**(6): 745-52. 2880243. [PDF Full-Text](#) (Click on View Full-Text)

Sleep Disorders and Research Center, Henry Ford Hospital, 2799 West Grand Blvd, CFP3, Detroit, MI 48202, USA. cdrake1@hfhs.org

STUDY OBJECTIVES: The purpose of this study was to determine the risk of DMV documented crashes as a function of physiological sleepiness in a population-based sample. DESIGN: 24-hour laboratory assessment (nocturnal polysomnogram and daytime MSLT) and 10-year crash rate based on DMV obtained accident records. PARTICIPANTS: 618 individuals (mean age = 41.6 +/- 12.8; 48.5% male) were recruited from the general population of southeastern Michigan using random-digit dialing techniques. RESULTS: Subjects were divided into 3 groups based on their average MSLT latency (in minutes) as follows: excessively sleepy, 0.0 to < or = 5.0 (n = 69); moderately sleepy, 5.0 to < or = 10.0 (n = 204); and alert, > 10 (n = 345). Main outcome measures were DMV data on accidents from 1995-2005. Rates for all accidents in the 3 MSLT groups were: excessively sleepy = 59.4%, moderately sleepy = 52.5%, alert = 47.3%. Excessively sleepy subjects were at significantly greater risk of an accident over the 10-year period compared to alert subjects. A similar relation was observed when we limited the database to those accident victims with severe injury (excessively sleepy = 4.3%, moderately sleepy = 0.5%, alert = 0.6%; P = 0.028). When the victim was the only occupant of the car, subjects in the lowest MSLT group (highest sleepiness) had the greatest crash rate compared with alert individuals (excessively sleepy = 52.2%, moderately sleepy = 42.2%, alert = 37.4%; P = 0.022).

INTERVENTIONS: N/A. CONCLUSIONS: These data demonstrate that the MSLT, a physiological measure of sleepiness, is predictive of an increased risk of DMV documented automotive crashes in the general population.

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Surgery

Abouljoud, M., D. Axelrod, R. Merion and G. Klintmalm (2010). "Practice Profiles of Transplant Surgeons in the United States: Results of National Survey by the American Society of Transplant Surgeons." American Journal of Transplantation **10**: 111-111. [Meeting Abstract](#) (Scroll down to page 111)

[Abouljoud, Marwan] Henry Ford Hosp, Detroit, MI 48202 USA. [Axelrod, David] Dartmouth Hitchcock Med Ctr, Lebanon, NH 03766 USA. [Merion, Robert] Univ Michigan, Med Ctr, Ann Arbor, MI USA. [Klintmalm, Goran] Baylor Univ, Med Ctr, Baylor Reg Transplant Inst, Dallas, TX USA.

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Surgery

Abouljoud, M., I. Bajjoka, K. Kippen, A. Yoshida, D. Moonka and K. Brown (2010). "In-State Geographic Variations in Liver Transplantation Rates: Access to Transplantation Is Not Addressed by Regional Allocation Policies." [American Journal of Transplantation](#) **10**: 287-287. [Meeting Abstract](#) (Scroll down to page 287)

[Abouljoud, Marwan; Bajjoka, Iman; Yoshida, Atsushi] Henry Ford Hosp, Detroit, MI 48202 USA. [Kippen, Karen] Henry Ford Hlth Syst, Corp Planning, Detroit, MI USA. [Moonka, Dilip; Brown, Kimberly] Henry Ford Hosp, Div Gastroenterol & Hepatol, Detroit, MI 48202 USA.

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Surgery

Abouljoud, M. S., M. M. Elatrache, A. Cheaito, A. Yoshida, D. Y. Kim, M. M. Kazimi, K. Brown and D. Moonka (2010). "Single Center Experience with the Up-to-Seven and Milan Criteria in Patients with 141 Cases of Liver Transplantation for Hepatocellular Carcinoma." [American Journal of Transplantation](#) **10**: 199-199. [Meeting Abstract](#) (Scroll down to page 199)

[Abouljoud, Marwan S.; Elatrache, Mazen M.; Cheaito, Ali; Yoshida, Atsushi; Kim, Dean Y.; Kazimi, Marwan M.; Brown, Kimberly; Moonka, Dilip] Henry Ford Hlth Syst, Detroit, MI USA.

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Surgery

Bajjoka, I., M. Kazimi, R. Slater, M. Kalisieski and M. Abouljoud (2010). "Thymoglobulin Induction Reduces Hepatitis C Recurrence in Patients Receiving Sirolimus Maintenance Therapy Post Liver Transplantation." [American Journal of Transplantation](#) **10**: 349-349. [Meeting Abstract](#) (Scroll down to page 349)

[Bajjoka, Iman; Kazimi, Marwan; Slater, Robert; Kalisieski, Matthew; Abouljoud, Marwan] Henry Ford Hlth Syst, Henry Ford Transplant Inst, Detroit, MI USA.

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Surgery

Birkmeyer, N. J. O., J. B. Dimick, D. Share, A. Hawasli, W. J. English, J. Genaw, J. F. Finks, A. M. Carlin and J. D. Birkmeyer (2010). "Hospital Complication Rates With Bariatric Surgery in Michigan." [JAMA-Journal of the American Medical Association](#) **304**(4): 435-442. [PDF Full-Text](#)

[Birkmeyer, Nancy J. O.] Univ Michigan, Dept Surg, Michigan Surg Collaborat Outcomes Res & Evaluat, Ann Arbor, MI 48104 USA. [Birkmeyer, Nancy J. O.; Dimick, Justin B.; Finks, Jonathan F.; Birkmeyer, John D.] Univ Michigan, Ctr Healthcare Outcomes & Policy, Ann Arbor, MI 48104 USA. [Share, David] Univ Michigan, Dept Family Med, Ann Arbor, MI 48104 USA. [Hawasli, Abdulkader] St John Hosp & Med Ctr, Dept Surg, Detroit, MI USA. [English, Wayne J.] Marquette Gen Hosp, Dept Surg, Marquette, MI USA. [Genaw, Jeffrey; Carlin, Arthur M.] Henry Ford Hosp, Dept Surg, Detroit, MI 48202 USA.

Birkmeyer, NJO, Univ Michigan, Dept Surg, Michigan Surg Collaborat Outcomes Res & Evaluat, 211 N 4th Ave, Ste 2A & 2B, Ann Arbor, MI 48104 USA. nbirkmey@umich.edu

Context: Despite the growing popularity of bariatric surgery, there remain concerns about perioperative safety and variation in outcomes across hospitals. Objective To assess complication rates of different bariatric procedures and variability in rates of serious complications across hospitals and according to procedure volume and center of excellence (COE) status. Design, Setting, and Patients Involving 25 hospitals and 62 surgeons statewide, the Michigan Bariatric Surgery Collaborative (MBSC) administers an externally audited, prospective clinical registry. We evaluated short-term morbidity in 15 275 Michigan patients undergoing 1 of 3 common bariatric procedures between 2006 and 2009. We used multilevel regression models to assess variation in risk-adjusted complication rates across hospitals and the effects of procedure volume and COE

designation (by the American College of Surgeons or American Society for Metabolic and Bariatric Surgery) status. Main Outcome Measure Complications occurring within 30 days of surgery. Results Overall, 7.3% of patients experienced perioperative complications, most of which were wound problems and other minor complications. Serious complications were most common after gastric bypass (3.6%; 95% confidence interval [CI], 3.2%-4.0%), followed by sleeve gastrectomy (2.2%; 95% CI, 1.2%-3.2%), and laparoscopic adjustable gastric band (0.9%; 95% CI, 0.6%-1.1%) procedures ($P<.001$). Mortality occurred in 0.04% (95% CI, 0.001%-0.13%) of laparoscopic adjustable gastric band, 0 sleeve gastrectomy, and 0.14% (95% CI, 0.08%-0.25%) of the gastric bypass patients. After adjustment for patient characteristics and procedure mix, rates of serious complications varied from 1.6% (95% CI, 1.3-2.0) to 3.5% (95% CI, 2.4-5.0) (risk difference, 1.9; 95% CI, 0.08-3.7) across hospitals. Average annual procedure volume was inversely associated with rates of serious complications at both the hospital level (<150 cases, 4.1%; 95% CI, 3.0%-5.1%; 150-299 cases, 2.7%; 95% CI, 2.2-3.2; and \geq 300 cases, 2.3%; 95% CI, 2.0%-2.6%; $P=.003$) and surgeon level (<100 cases, 3.8%; 95% CI, 3.2%-4.5%; 100-249 cases, 2.4%; 95% CI, 2.1%-2.8%; \geq 250 cases, 1.9%; 95% CI, 1.4%-2.3%; $P=.001$). Adjusted rates of serious complications were similar in COE and non-COE hospitals (COE, 2.7%; 95% CI, 2.5%-3.1%; non-COE, 2.0%; 95% CI, 1.5%-2.4%; $P=.41$). Conclusions The frequency of serious complications among patients undergoing bariatric surgery in Michigan was relatively low. Rates of serious complications are inversely associated with hospital and surgeon procedure volume, but unrelated to COE accreditation by professional organizations. JAMA. 2010; 304(4): 435-442

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Surgery

Hort, H. M., I. Rubinfeld, M. Mlynarek, M. M. Brandt, G. Boleski, J. Jordan, G. Gnam and W. Conway (2010). "A tight glycemic control initiative in a surgical intensive care unit and hospitalwide." Joint Commission Journal on Quality and Patient Safety **36**(7): 291-300. [PDF Full-Text](#)

Director, Surgical Critical Care Fellowship Program, Henry Ford Hospital, Detroit, MI

Background: In 2002, tight glycemic control (TGC) was mandated at Henry Ford Hospital (Detroit) to reduce surgical site infections (SSIs). The Five Steps for Improvement: The TGC initiative was developed in terms of the five primary steps of the Institute for Healthcare Improvement (IHI) framework for leadership for improvement to drive practice change and maintain continuous improvement. In terms of Steps 1-3 (set direction, establish the foundation, and build will), in April 2002 the chief executive officer of the Henry Ford Hospital (Detroit) announced a hospitalwide initiative to reduce SSIs. For steps 4 and 5 (generate ideas and execute change), the 40-bed surgical intensive care unit (SICU) was designated the practice-change setting. TGC protocols were implemented in cardiothoracic patients, followed by all SICU patients, with target glucose ranges moving from the initial < 150 mg/dL to 80-110 mg/dL. Results showed decreases in SSIs and mortality. The project's success led to initiation of hospitalwide TGC in the next two years. Responding to a Changing Evidence Base: In 2009, as studies began to show that the recommended glucose target of 80-110 mg/dL was not associated with clinical improvement in ICU patients and perhaps may cause harm (increased mortality), the target ranges were modified. Lessons Learned: Barriers to adoption of new practice change must be integrated into the planning process. Leadership champions are required across multiple levels of the organization to drive change to the bedside for effective and lasting improvement. Conclusions: A universal TGC protocol continues to be used throughout the hospital, with modifications and next-generation improvements occurring as evidence arises.

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Surgery

Kazimi, M. M., I. E. Bajjoka, R. R. Slater, M. Kalisieski, A. Abou-Abbass and M. S. Abouljoud (2010). "Impact of Sirolimus Use Post Liver Transplant in Hepatitis C Patients: Possible Benefits of Modulated Immunosuppression." American Journal of Transplantation **10**: 354-354. [Meeting Abstract](#) (Scroll down to page 354)

[Kalisieski, Matthew] Wayne State Univ, Sch Pharm, Detroit, MI USA. [Kazimi, Marwan M.; Bajjoka, Iman E.; Slater, Robert R.; Abou-Abbass, Ahmad; Abouljoud, Marwan S.] Henry Ford Hlth Syst, Transplant Inst, Detroit, MI USA.

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Surgery

Kazimi, M. M., I. E. Bajjoka, R. R. Slater, M. Kalisieski, V. Patil and M. S. Abouljoud (2010). "Sirolimus Immunosuppression Post Liver Transplant Is Associated with Increased Rejection by Biopsy in Hepatitis C Patients." [American Journal of Transplantation](#) **10**: 354-354. [Meeting Abstract](#) (Scroll down to page 354)

[Kazimi, Marwan M.; Bajjoka, Iman E.; Slater, Robert R.; Patil, Vrishali; Abouljoud, Marwan S.] Henry Ford Hlth Syst, Transplant Inst, Detroit, MI USA. [Kalisieski, Matthew] Wayne State Univ, Sch Pharm, Detroit, MI USA.

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Surgery

Kim, D. Y., M. Abouljoud and R. Parasuraman (2010). "The role of microscopic hematuria in the evaluation of urologic malignancy in renal transplant recipients." [Transplant Proc](#) **42**(5): 1641-2. [PDF Full-Text](#)

Department of Surgery, Division of Transplant and Hepatobiliary Surgery, Henry Ford Hospital, Detroit, Michigan 48202, USA. dkim3@hfhs.org

Urologic malignancy is a relatively uncommon but serious complication following kidney transplantation. The reported prevalence of renal cell carcinoma (RCC) of the native kidneys is 4.4% and of bladder malignancy is 2.6%. However, presently there are no universal guidelines for prospective screening of urologic malignancies after kidney transplantation. We routinely monitored all renal transplant recipients for microscopic hematuria and persistent hematuria (>3 separate occasions) results in imaging studies (ultrasound or computed tomography scan) of both native kidneys and the allograft. Cystoscopy is performed if imaging studies are negative. This retrospective study identified a total of 18 urologic malignancies among the study cohort, which consisted of 539 patients with an incidence of 3.3% (12 cases of RCC of native kidneys [10/12 had hematuria], and six cases of bladder and ureteral malignancies [6/6 had hematuria]). There were no significant differences between cyclosporine- and tacrolimus-based immunosuppression (IS). Among RCC recipients, two lost the allograft from chronic allograft nephropathy and one patient died unrelated to malignancy. Among patients with bladder and ureteral malignancies, two lost the graft possibly from IS reduction and one had BK virus nephropathy prior to diagnosis of bladder carcinoma. In conclusion, screening transplant recipients routinely for persistent microscopic hematuria may identify urologic malignancies in renal transplant recipients.

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Surgery

Miller, J. M. and V. Velanovich (2010). "The natural language of the surgeon's clinical note in outcomes assessment: a qualitative analysis of the medical record." [American Journal of Surgery](#) **199**(6): 817-822. [PDF Full-Text](#)

[Miller, J. Michael; Velanovich, Vic] Henry Ford Hosp, Div Gen Surg, Detroit, MI 48202 USA.
Velanovich, V, Henry Ford Hosp, Div Gen Surg, K-8,2799 W Grand Blvd, Detroit, MI 48202 USA.
vvelano1@hfhs.org

BACKGROUND: Physician-generated clinical notes are the central document in recording the clinical decision-making and outcome of care. This is particularly true in an environment where outcomes assessment is becoming increasingly important. The hypothesis of this study is that these notes are inadequate to assess patient-centered outcomes and determine surgeons' core competencies. **METHODS:** We performed a retrospective review of postoperative clinical notes of general surgery patients for a 1-month period. Information from these notes underwent qualitative analysis using the reductionist thematic approach for patient-centered and physician-centered outcomes. Outcomes included 2 physician-centered items (physical examination and objective tests) and 3 patient-centered items (postoperative complications, functional status, and satisfaction). The presence or absence of each item in the clinical note was recorded. **RESULTS:** Six hundred eighty-one patients of 18 general surgeons were included. Among the surgeons, 28% failed to document symptomatic change in even 1 patient; similarly, 67% failed to document functional change, and 50% failed to document satisfaction. Among all 681 clinical notes only 7% of records mentioned symptomatic change, 1% functional change, 87% physical examination, 26% objective tests, and 3% patient satisfaction. These results were not affected by procedure type or number of patients seen. **CONCLUSIONS:** In general surgery practice, the surgeon's clinical note is a poor measure of physician-centered or patient-centered

outcomes, implying that an audit of clinical notes would be an inaccurate method to assess patient outcomes. This has implications for issues surrounding maintenance of certification. (C) 2010 Elsevier Inc. All rights reserved.

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Surgery

Patel, A., V. Karthikeyan, K. K. Venkat and M. O. Goggins (2010). "Effect of Donor/Recipient Hepatitis C Status on Post Renal Transplant Patient Survival." American Journal of Transplantation **10**: 330-330. [Meeting Abstract](#) (Scroll down to page 330)

[Patel, Anita; Karthikeyan, Vanji; Venkat, K. K.; Goggins, Mariella O.] Henry Ford Transplant Inst, Detroit, MI USA.

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Surgery

Patel, A., V. Karthikeyan, K. K. Venkat and M. O. Goggins (2010). "Donor/Recipient Hepatitis C Status and Effect on Death Censored Renal Allograft Survival." American Journal of Transplantation **10**: 330-330. [Meeting Abstract](#) (Scroll down to page 330)

[Patel, Anita; Karthikeyan, Vanji; Venkat, K. K.; Goggins, Mariella O.] Henry Ford Transplant Inst, Detroit, MI USA.

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Surgery

Unitis, J., L. Malinzak and A. Patel (2010). "Can Waitlist Management Decrease Organ Turndown Rates?" American Journal of Transplantation **10**: 286-287. [Meeting Abstract](#) (Scroll down to page 286)

[Unitis, Josephine; Malinzak, Lauren; Patel, Anita] Henry Ford Hlth Syst, Transplant Inst, Detroit, MI USA.

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Surgery

Vincenti, F., H. T. Silva, S. Busque, A. Yoshida, P. O'Connell, J. Friedewald, G. Russ, S. Cohny, K. Budde, D. Cibrik, Y. S. Kim, J. Grinyo, N. Lawendy, E. Kudlacz, S. Lan and G. Chan (2010). "A Phase 2B Study of CNI-Free Immunosuppression with the JAK Inhibitor CP-690,550 in De Novo Kidney Transplant Patients: 6-Month Interim Analysis." American Journal of Transplantation **10**: 211-211. [Meeting Abstract](#) (Scroll down to page 211)

[Vincenti, Flavio] UCSF, San Francisco, CA USA. [Silva, Helio Tedesco] Hosp Rim & Hipertens, Sao Paulo, Brazil. [Busque, Stephan] Stanford Univ, Stanford, CA 94305 USA. [Yoshida, Atsushi] Henry Ford Hosp, Detroit, MI USA. [O'Connell, Philip] Westmead Hosp, Westmead, NSW, Australia. [Friedewald, John] Northwestern Univ, Evanston, IL 60208 USA. [Russ, Graeme] Queen Elizabeth Hosp, Adelaide, SA, Australia. [Cohny, Solomon] Royal Melbourne Hosp, Melbourne, Vic, Australia. [Budde, Klemens] Charite, Berlin, Germany. [Cibrik, Diane] Univ Michigan, Ann Arbor, MI 48109 USA. [Kim, Yon Su] Seoul Natl Univ Hosp, Seoul, South Korea.

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Surgery

Yalamanchili, V., M. Goggins and A. Patel (2010). "Does Donor/Recipient Ethnic Disparity Affect Graft Survival in Hepatitis C Positive Renal Allograft Recipients?" American Journal of Transplantation **10**: 331-331. [Meeting Abstract](#) (Scroll down to page 331)

[Yalamanchili, Venkata] Henry Ford Hosp, Hosp Med, Detroit, MI 48202 USA. [Goggins, Mariella; Patel, Anita] Henry Ford Hosp, Henry Ford Transplant Inst, Detroit, MI 48202 USA.

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Surgery

Yalamanchili, V., M. O. Goggins and A. Patel (2010). "Racial Differences in Patient Survival of Kidney Transplant Recipients with Hepatitis C Infection." [American Journal of Transplantation](#) **10**: 330-331. [Meeting Abstract](#) (Scroll down to page 330)

[Yalamanchili, Venkata] Henry Ford Hosp, Hosp Med, Detroit, MI 48202 USA. [Goggins, Mariella O.; Patel, Anita] Henry Ford Hosp, Henry Ford Transplant Inst, Detroit, MI 48202 USA.

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Surgery

Yoshida, A., J. Khan, D. Y. Kim, M. A. Huang, S. Gordon, K. Brown, M. Abouljoud and D. Moonka (2010). "African Americans Are Referred for Liver Transplantation at a Higher MELD Score Than Caucasian Patients." [American Journal of Transplantation](#) **10**: 358-358. [Meeting Abstract](#) (Scroll down to page 358)

[Yoshida, Atsushi; Khan, Jawad; Kim, Dean Y.; Abouljoud, Marwan] Henry Ford Hosp, Div Transplant & Hepatobiliary Surg, Detroit, MI 48202 USA. [Huang, Mary Ann; Gordon, Stuart; Brown, Kimberly; Moonka, Dilip] Henry Ford Hosp, Div Gastroenterol, Detroit, MI 48202 USA.

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Urology

Hayn, M. H., A. Hussain, A. M. Mansour, P. E. Andrews, P. Carpentier, E. Castle, P. Dasgupta, P. Rimington, R. Thomas, S. Khan, A. Kibel, H. Kim, M. Manoharan, M. Menon, A. Mottrie, D. Ornstein, J. Peabody, R. Pruthi, J. P. Redorta, L. Richstone, F. Schanne, H. Stricker, P. Wiklund, R. Chandrasekhar, G. E. Wilding and K. A. Guru (2010). "The Learning Curve of Robot-Assisted Radical Cystectomy: Results from the International Robotic Cystectomy Consortium." [European Urology](#) **58**(2): 197-202. [PDF Full-Text](#)

[Hayn, Matthew H.; Hussain, Abid; Mansour, Ahmed M.; Chandrasekhar, Rameela; Wilding, Greg E.; Guru, Khurshid A.] Roswell Pk Canc Inst, Dept Urol Oncol, Buffalo, NY 14263 USA. [Andrews, Paul E.; Castle, Erik] Mayo Clin, Phoenix, AZ USA. [Thomas, Raju] Tulane Univ, New Orleans, LA 70118 USA. [Dasgupta, Prokar; Rimington, Peter; Khan, Shamim] Kings Coll London, Guys Hosp, London WC2R 2LS, England. [Kibel, Adam] Washington Univ, St Louis, MO USA. [Manoharan, Murugesan] Univ Miami, Miami, FL USA. [Menon, Mani; Peabody, James; Stricker, Hans] Henry Ford Hlth Syst, Detroit, MI USA. [Carpentier, Paul; Mottrie, Alex] Onze Lieve Vrouw Hosp, Aalst, Belgium. [Ornstein, David] Vanguard Urol Inst, Houston, TX USA. [Pruthi, Raj] Univ N Carolina, Chapel Hill, NC USA. [Palou Redorta, Joan] Fundacio Puigvert, Barcelona, Spain. [Richstone, Lee] Arthur Smith Inst Urol, New Hyde Pk, NY USA. [Schanne, Francis] Urol Surg Associates Delaware, Wilmington, DE USA. [Wiklund, Peter] Karolinska Univ, Stockholm, Sweden. [Kim, Hyung] Cedars Sinai Med Ctr, Los Angeles, CA 90048 USA.

Guru, KA, Roswell Pk Canc Inst, Dept Urol Oncol, Elm & Carlton St, Buffalo, NY 14263 USA.

khurshid.guru@roswellpark.org

Background: Robot-assisted radical cystectomy (RARC) has evolved as a minimally invasive alternative to open radical cystectomy for patients with invasive bladder cancer. Objective: We sought to define the learning curve for RARC by evaluating results from a multicenter, contemporary, consecutive series of patients who underwent this procedure. Design, setting, and participants: Utilizing the International Robotic Cystectomy Consortium database, a prospectively maintained and institutional review board-approved database, we identified 496 patients who underwent RARC by 21 surgeons at 14 institutions from 2003 to 2009. Measurements: Cut-off points for operative time, lymph node yield (LNY), estimated blood loss (EBL), and margin positivity were identified. Using specifically designed statistical mixed models, we were able to inversely predict the number of patients required for an institution to reach the predetermined cut-off points. Results and limitations: Mean operative time was 386 min, mean EBL was 408 ml, and mean LNY was 18. Overall, 34 of 482 patients (7%) had a positive surgical margin (PSM). Using statistical models, it was estimated that 21 patients were required for operative time to reach 6.5 h and 8, 20, and 30 patients were required to reach an LNY of 12, 16, and 20, respectively. For all patients, PSM rates of <5% were achieved after 30 patients. For patients with pathologic stage higher than T2, PSM rates of <15% were achieved after 24

patients. Conclusions: RARC is a challenging procedure but is a technique that is reproducible throughout multiple centers. This report helps to define the learning curve for RARC and demonstrates an acceptable level of proficiency by the 30th case for proxy measures of RARC quality. (C) 2010 European Association of Urology. Published by Elsevier B.V. All rights reserved.

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Urology

Hayn, M. H., A. Hussain, A. M. Mansour, P. E. Andrews, P. Carpentier, E. Castle, P. Dasgupta, P. Rimington, R. Thomas, S. Khan, A. Kibel, H. Kim, M. Manoharan, M. Menon, A. Mottrie, D. Ornstein, J. Peabody, R. Pruthi, J. P. Redorta, L. Richstone, F. Schanne, H. Stricker, P. Wiklund, R. Chandrasekhar, G. E. Wilding and K. A. Guru (2010). "Reply from Authors re: Urs E. Studer, Laurence Collette. Robot-Assisted Cystectomy: Does It Meet Expectations? Eur Urol 2010;58:203-4." European Urology **58**(2): 204-206. [PDF Full-Text](#)

[Hayn, Matthew H.; Hussain, Abid; Mansour, Ahmed M.; Chandrasekhar, Rameela; Wilding, Greg E.; Guru, Khurshid A.] Roswell Pk Canc Inst, Dept Urol Oncol, Buffalo, NY 14263 USA. [Andrews, Paul E.; Castle, Erik] Mayo Clin, Phoenix, AZ USA. [Thomas, Raju] Tulane Univ, Dept Urol Oncol, New Orleans, LA 70118 USA. [Dasgupta, Prokar; Rimington, Peter; Khan, Shamim] Kings Coll London, Guys Hosp, Dept Urol Oncol, London WC2R 2LS, England. [Kibel, Adam] Washington Univ, Dept Urol Oncol, St Louis, MO USA. [Manoharan, Murugesan] Univ Miami, Dept Urol Oncol, Miami, FL USA. [Menon, Mani; Peabody, James; Stricker, Hans] Henry Ford Hlth Syst, Detroit, MI USA. [Andrews, Paul E.; Mottrie, Alex] Onze Lieve Vrouw Hosp, Aalst, Belgium. [Ornstein, David] Vanguard Urol Inst, Dept Urol Oncol, Houston, TX USA. [Pruthi, Raj] Univ N Carolina, Dept Urol Oncol, Chapel Hill, NC USA. [Palou Redorta, Joan] Fundacio Puigvert, Barcelona, Spain. [Richstone, Lee] Arthur Smith Inst Urol, Long Isl City, NY USA. [Schanne, Francis] Urol Surg Associates Delaware, Wilmington, DE USA. [Wiklund, Peter] Karoliniska Univ, Stockholm, Sweden. [Kim, Hyung] Cedars Sinai Med Ctr, Los Angeles, CA 90048 USA.

Guru, KA, Roswell Pk Canc Inst, Dept Urol Oncol, Elm & Carlton St, Buffalo, NY 14263 USA.

khurshid.guru@roswellpark.org

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Urology

Kaul, S., J. Sammon, A. Bhandari, J. Peabody, C. G. Rogers and M. Menon (2010). "A Novel Method of Urethrovesical Anastomosis During Robot-Assisted Radical Prostatectomy Using a Unidirectional Barbed Wound Closure Device: Feasibility Study and Early Outcomes in 51 Patients." J Endourol **EPub Ahead of Print**. [PDF Full-Text](#)

Vattikuti Urology Institute , Henry Ford Health System, Detroit, Michigan.

Abstract Purpose: To describe the safety and feasibility of a running urethrovesical anastomosis (UVA) in robot-assisted radical prostatectomy (RARP) using a unidirectional self-locking barbed suture. Patients and Methods: Fifty-one consecutive patients with organ-confined prostate cancer underwent RARP by one of two experienced surgeons. UVA was performed in two layers, using a unidirectional barbed suture fashioned into a double-ended stitch. Perioperative outcomes and 30-day complications were recorded. Results: All anastomoses were performed without assistance and without tying a knot. Median time for entire dual-layer anastomosis was 14.0 minutes (interquartile range [IQR]: 12-20) and that for urethrovesical anastomosis was 11 minutes (IQR: 9-15). Not having to rely on an assistant to follow the suture decreased instrument clashes, entangling of the suture around an instrument, and made the anastomosis faster. Eight patients underwent anterior/lateral reconstruction of the bladder neck, and there were no leaks on cystography at 1 week. Conclusions: We describe the first reported clinical experience with a novel technique of performing UVA during RARP that is safe and efficient. Using the barbed wound closure device prevents slippage, precluding the need for assistance, knot tying, and constant reassessing of anastomosis integrity.

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Urology

Sivanandam, A., S. Murthy, S. H. Kim, E. R. Barrack and G. P. V. Reddy (2010). "Role of Androgen Receptor in Prostate Cancer Cell Cycle Regulation: Interaction with Cell Cycle

Regulatory Proteins and Enzymes of DNA Synthesis." Current Protein & Peptide Science
11(6): 451-458. [Article Request Form](#)

[Sivanandam, Arun; Murthy, Shalini; Kim, Sahn-Ho; Barrack, Evelyn R.; Reddy, G. Prem Veer] Henry Ford Hosp, Vattikuti Urol Inst, Detroit, MI 48202 USA.
Reddy, GPV, Henry Ford Hlth Syst, 1 Ford Pl 2D, Detroit, MI 48202 USA. PReddy1@hfhs.org

The androgen receptor (AR) plays a critical role in proliferation and viability of prostate cancer cells. Therefore, suppressing AR activity by androgen deprivation or anti-androgen treatment has been the frontline therapy for over six decades. However, these treatment strategies are not curative and patients succumb to castration-resistant disease. Although AR is evidently critical for proliferation of prostate cancer cells, very little is known about its mechanism of action in this process. Over the years, the role of AR in prostate cancer cell proliferation and viability has been studied by focusing primarily on its role as a transcription factor. However, recent observations indicate that besides its role as a transcription factor, AR interacts physically with components of the pre-replication complex (pre-RC) and DNA replication machinery (replisome). These interactions may enable AR to exert control over the process of DNA synthesis. In addition, alterations in the proteins that interact with AR in complexes required for DNA synthesis could lead to the development of hormone-refractory prostate cancer. These observations suggest a paradigm shift for the role of AR in proliferation of prostate cancer cells from its role as a transcription factor to a non-transcriptional role as a component of the replication machinery, interacting with cell cycle regulatory proteins and enzymes of DNA synthesis. We propose that a detailed understanding of the structural interactions between AR and the components of pre-RC and replisome may lead to the development of new strategies for the treatment of prostate cancer.