

The Alumni NEWSLETTER

*News from the
Lahey Clinic
Medical Center
Alumni Association*

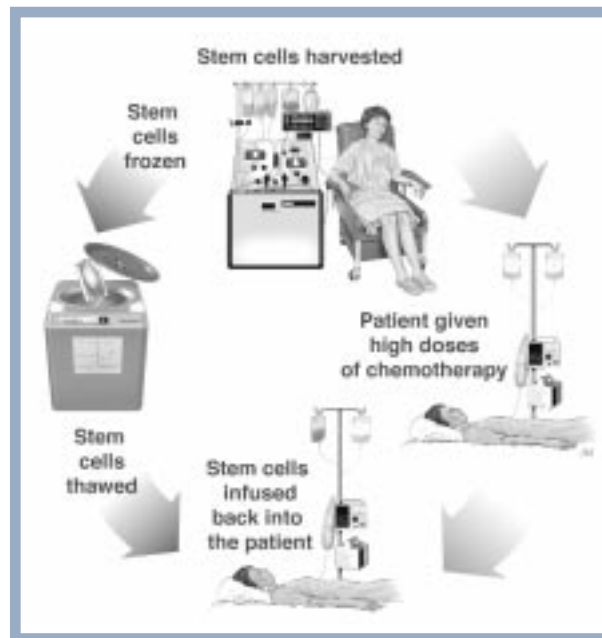
Fall 2000

A Restorative Transplant

An autologous stem cell transplant (ASCT) is often referred to as a “rescue,” for it can revive blood counts brought dangerously low by high-dose chemotherapy. The transplant uses primitive stem cells extracted from the patient’s own blood, which are cryopreserved and reinfused after the intensive treatment.

Cancer patients undertake the procedure in hopes of prolonging their survival or extending the time before relapse. High-dose chemotherapy followed by stem cell transplantation is effective for treating Hodgkin’s disease, non-Hodgkin’s lymphoma, multiple

... continued on page 2



A dedicated, multidisciplinary team is vital to the success of stem cell transplants at Lahey. The 18-member team includes: staff hematologists, the medical director of the Collection Facility and Cell Processing Laboratory, blood bank technologists, inpatient and outpatient nurses, a social worker, dietitian, oncology pharmacist, physical therapist, case manager and financial services representative.

Video Conferencing

When Ellen Locke received a stem cell transplant for lymphoma at Lahey, a video-conferencing system made the three weeks she spent away from home more bearable. The technology allowed her to see her family frequently. She could chat with her two young children and husband through a small camera and microphone and see their images on a television in her room. And they could see her on a big screen TV at home. While her family also visited in person (healthy visitors are welcome), the video-conferencing system let them stay in contact without trekking to the hospital.

Ellen Locke and her husband, Gregg, began exploring the use of communications technology after hearing of a video phone at a Boston hospital. When they inquired at the Clinic, they were put in touch with John Collier, MD, who heads the telemedicine program. He contacted Caduceus Health Care Ltd., a technology company he had been working with in Halifax, Nova Scotia. As a result, the company generously donated thousands of dollars of

equipment and support services to enable the system to be set up at Lahey

“The video device developed by Caduceus can transmit not only the image and voice but can also be used for patient data, such as blood pressure, weight, oxygen saturation, and electrocardiogram,” says Collier. “What makes this so attractive is that the patient can use a standard television set. A computer is not required. Furthermore, this is all done over regular phone lines.”

“We were unbelievably pleased with how it went,” adds Gregg Locke. “It was incredible. We had the reassurance that any time Ellen was not up for a visit in person, she could still spend five minutes with the kids. And most every night the kids could say good night before bed. It was high-tech on a personal level.”

The Lockes have set up a fund to further support video conferencing for other stem cell patients in isolation. Donations to the “Locke Fund” can be made payable to Lahey Clinic and sent to the Department of Philanthropy. ■

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*deceased

A RESTORATIVE TRANSPLANT *from page 1*

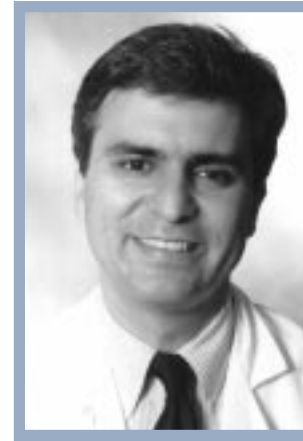
myeloma, acute myelogenous leukemia, neuroblastoma and amyloidosis.

Lahey began an ASCT program in 1996 and has performed 43 transplants to date. "Candidates for the treatment are otherwise healthy and have responded to conventional chemotherapy," says Arthur Rabinowitz, MD, director of Lahey's ASCT Program. "Ideally they are in partial or full remission. Patients also must have an adequate number of stem cells cryopreserved."

A dedicated, multidisciplinary team is vital to the success of stem cell transplants at Lahey. The 18-member team includes: staff hematologists, the medical director of the Collection Facility and Cell Processing Laboratory, blood bank technologists, inpatient and outpatient nurses, a social worker, dietician, oncology pharmacist, physical therapist, case manager and financial services representative.

Day 0

ASCT starts with the collection of stem cells. To accomplish this, granulocyte colony-stimulating factor (G-CSF) is given to the patient either alone or following conventional



ASCT
Program
Director
Arthur
Rabinowitz,
MD

chemotherapy. This increases, or mobilizes, the number of stem cells in the blood. When the appropriate number of stem cells is achieved, blood is withdrawn through an intravenous catheter in the chest and processed in a cell separator to extract the stem cells. The rest of the blood cells are returned to the patient. The procedure takes four to six hours and is performed one to three times until a sufficient number of stem cells has been collected. Stem cells are then frozen in liquid nitrogen until needed.

Next the patient enters the hospital and receives very high doses of chemotherapy for four to six days. After one or two days of "wash-out," thawed stem cells are reinfused intravenously, and they migrate to the bone marrow.

"We refer to the day the stem cells are reinfused as 'day 0,'" says Rabinowitz. "For the next 10 days, the blood count is low, and the patient is vulnerable to infection. During this time G-CSF is given again to hasten the recovery of the white blood cells. By day 13, the granulocytes are near normal. The platelet count goes up slowly and can take from 12 days to three weeks to reach normal."

Patients are generally in the hospital for three weeks — the first week for chemotherapy and then two weeks for recovery. During the hospitalization, patients are closely monitored in a special sterile unit.

Advances Increase Safety

Advances in ASCTs have decreased the deaths once associated with the proce-

The Alumni Association

LAHEY
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ture from 15 to 20 percent to just under 3 percent nationwide.

"The reduction in mortality is due in large part to the shift from bone marrow to peripheral blood as the source of stem cells," says Rabinowitz. "Stem cells procured from the peripheral blood are more mature than in the bone marrow, so they develop into mature circulating blood cells — white cells, red cells and platelets — about a week earlier. This decreases the risk of infection."

This method, now used in more than 90 percent of U.S. programs, also allows patients to avoid general anesthesia and other complications of bone marrow harvesting. In addition, the use of G-CSF after the infusion of stem cells helps to hasten the time it takes to increase the blood count.

"For a subset of patients, a transplant is better than an alternative therapy. The challenge is to identify the appropriate patients."

ARTHUR RABINOWITZ, M.D

ASCT for Breast Cancer?

Until recently ASCT was most commonly used to treat women with metastatic breast cancer. But preliminary results of four studies now suggest that high-dose chemotherapy with bone marrow transplant does not prolong the survival of breast cancer patients compared to lower doses of chemotherapy alone. A fifth study, however, showed a significant increase in survival for women receiving the high-dose regimen.

"It's clear that transplants aren't the home run that many physicians thought they would be a decade ago," says Rabinowitz. "However, for a subset of patients, a transplant is better than an alternative therapy. The challenge is to identify the appropriate patients. Also, combining new monoclonal antibody therapy with transplants may turn out to be beneficial."

He adds that the demand for the treatment by breast cancer patients out-

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WELCOME RECEPTION A HUGE SUCCESS

This year's Welcome Reception for residents and fellows, sponsored by the Alumni Association and Lahey Clinic, brought the largest crowd to date. Over 300 residents, fellows, medical staff and their families gathered at the Renaissance Bedford Hotel on July 6. The evening featured a clambake buffet, calypso music and a puppeteer. In addition, boxed dinners were delivered to the Clinic for residents and fellows who were on call that night.

"This is just our way of saying welcome to Lahey Clinic and thank you for the tireless contributions you make during your training here," says Neil Weiner, MD, Executive Director of the Alumni Association. ■



◀ Standing (left to right) are: Desmond H. Birkett, MD, Chair, Department of General Surgery, and Lev Khitin, MD, fourth-year General Surgery resident. Seated are: Susan Downer, coordinator of the General Surgery Residency Program, and Diana Khitin, Dr. Khitin's wife.



▶ Gerry Orfanos, MD, of the Department of General Internal Medicine with his children.



◀ Radiology residents Reyaad Hayek, MD, and David Rusch, MD, enjoy the evening.

News, Names & Notes

Teresita L. Angtuaco (DR'79) is a 1999 Fellow of the Society of Radiologists in Ultrasound; 1999 President, American Association for Women Radiologists; 2000 Fellow of the American Institute of Ultrasound in Medicine.

Anu Chen (GE'91) is currently Chief of Staff of the Monroe Clinic, President of the Monroe Medical Foundation, and a member of both the Board of Directors and Executive Committee of the Monroe Clinic, Monroe, Wisconsin.

Charles E. Copeland (GS'64) was a finalist in Pittsburgh's "Business Times 2000 Health Care Heroes Awards" for achievement in the field of health care.

Howard E. Denbo (CD, GS'64) became semi-retired as of September 1, 1999 after more than 35 years involved in the practice of vascular surgery. He's still treating venous diseases medically and surgically.

Paul D. Dernbach (NS) reports "same old, same old" and says, "Hi to Dr. Pfeifer."

John C. Doiron (GS, CD'61) retired in 1991. His wife, Lois, died in 1989, and he was remarried to Jean in 1991.

William K. Dwyer (GS'68) has been blissfully retired since April 1, 1999.

Jack E. Farnham (IM,CD'59) retired at the end of the academic year, August 31, 2000. Prior to that, he was working part time at the University of Texas Health Center in Tyler and was a full Professor of Occupational and Environmental Medicine and Adjunct Professor at Stephen A. Austin State University, teaching master of science courses.

Sonia C. Fermin (NS'71) is the first female neurosurgeon in the Dominican Republic. She works full time as the head of the neurosurgical unit at Dr. Robert Reid C. Hospital (children's hospital) in Santo Domingo. She also is a neurosurgeon on the staff at the Center of Obstetrics and Gynecology, Centro Medico Dominicano and Clinica Gomez Patino. Married to Dr. Luis Sanchez-Limardo, she has two children, Patricia Aimee and Luis Ignacio.

Hillel S. Hammerman (GE'83) is practicing in Manhattan. He reflects with sadness on Dr. Nugent's passing and expresses gratitude for the exposure to, and for being influenced by his forthrightness, logic, integrity, insights and perspective.

Joseph K. Izes (U'92) is still a partner at Suburban Urological in Abington, Pennsylvania.

Betsy A. Izes (DR'93) now works part time (three days a week) at Mercy Medical Imaging in Upper Darby, Pennsylvania. The other two days (actually four) are spent with Katie (5) and Amanda (3)!

Edward C. Jacobs (U'73) sends greetings! After 20+ years at Loma Linda University in California, he moved in 1998. He's now practicing at Children's Medical Center in Dayton, Ohio. Last year he

was appointed Chairman for the Division of Pediatric Urology. "Best to all our friends in New England and Boston!" he says.

Nicholas G. Lailas (U'96) and Lynn Lailas had their second child, Alexandra Nicole, on September 28, 1999.

Neville G. Leach (GS'66) is still in practice. He sends his "best regards to all."

Eugene Mironoff (GS'60) still goes downhill skiing in the Sierras. He reports the snow last year was marvelous. He works two days a week.

Nikolas Papadakis (NS'70) is Professor of Neurosurgery at Hygeia Hospital in Athens, Greece.

Alicia A. Picache (IM'66) retired early this year after being at the Edward Hines V. A. Hospital for 20 years.

Kathleen Reagan (DR'85) is Associate Professor, College of Physicians and Surgeons at Columbia University, and Chief, Division of Cardiac Radiology, Columbia-Presbyterian Medical Center in New York City.

Mark E. Richards (PS'90) was named President of the National Capital Society of Plastic Surgeons in 1999, a Washington D.C.-Maryland-Virginia metropolitan area organization of plastic surgeons. From 2000-2001 he is

President of the 2000-member Montgomery County Maryland Medical Society.

Sidney W. Rosen (IM,GE'58) stopped active practice in 1996. He spent two years in law school, then spent one year at Harvard School of Public Health and earned an MPH with a concentration in health law. He is now President and CEO of Health Benefits Reviews LLC, a firm specializing in mediation for patients denied benefits from managed care companies.

Jules R. Schwaber (IM, PUD) is still in practice of internal medicine at Beth Israel Deaconess Medical Center in Boston. His wife, Evelyn, continues to enjoy her practice of psychoanalysis. Son, Mitch, an MD, and his family have returned to Boston temporarily from Jerusalem, Israel, while he does his fellowship training in infectious diseases at Beth Israel Deaconess.

Alan Solomon (ORS'67) presented diagnostic shoulder ultrasound at Lahey Clinic Orthopaedic Grand Rounds. Dr. Solomon is spearheading a new field of expertise, diagnostic ultrasound for orthopaedics.

Douglas J. Sprung (GE'85) is currently in a group GI practice and continuing clinical research in the role of esophageal ulcers in Barrett's esophagus and the risk of gastric cancer in gastric ulcers. He lives in Maitland, Florida, with wife, Denise, and two children.

Reuben Stutch (ORS'47) retired as of January 1, 2000.

Jerome M. Swarts (IM, GE'46) is practicing part time in Chicago, Illinois.

Special Honors

Richard C. T. Dai (GE'84) was named the "Top Doctor in Gastroenterology" in the April 2000 issue of New Hampshire Magazine. He was selected based on a survey of New Hampshire physicians.

Barrie Paster, a family physician in Lahey's Amesbury practice, was named the "2000 Family Physician of the Year" by the Massachusetts Academy of Family Physicians. He received the award on June 10.

Looking Back at the Clinic's Early Days

In the fall of nineteen hundred and thirty-six, I became a trainee at Lahey Clinic," says James H. Buskirk, MD, the first appointed fellow in the Department of Anesthesiology. With salt-and-pepper hair that belies his age, the 96-year-old speaks as few can about the early days of the Clinic.

Born in West Virginia and raised in Kentucky, Dr. Buskirk graduated from Georgetown University in 1928 and Georgetown University Medical School four years later. After training and spending some time in general practice, he decided to specialize in anesthesiology. In the fall of 1936, he contacted Lahey Clinic and was accepted as a fellow. "I looked forward to anesthesia training with great enthusiasm," he says.

When he arrived in Boston, he went to the Deaconess Hospital, one of several private hospitals where Lahey Clinic surgeons operated. There he met three members of the Clinic's Anesthesiology Department — Drs. Urban Eversole, Phillip Woodbridge and Lincoln Sise, one of the founders of the Clinic.

At that point the Clinic, which began with just a handful of doctors, already had 20 or 30 on staff. "Dr. Lahey was trying to unite leading physicians in all branches of medicine," Buskirk says.

One day during his training, the cancellation of two surgical procedures gave him the opportunity to talk to founder Frank Lahey. Recounts Buskirk, "Dr. Lahey spoke to three anesthetists and myself, a trainee, in the surgical suite at New England Baptist. We asked him questions about how he got started, and he said he first thought about forming the Clinic in 1921 or 1922. When he began in 1923, he had grave doubts as to the ultimate effects of his actions.

"Before starting the Clinic, he consulted with others. In 1922 he visited the Mayo Clinic in Rochester, Minnesota, and spoke with both Dr. Will Mayo and Dr. Charlie Mayo. He told

them he admired their successful formation of a great clinic.

"Forming a clinic is luck and strategy," said Will Mayo. 'If you're lucky and have the strategy, you will succeed.' He added that he thought Dr. Lahey was in a better position to form a clinic, because he came from a larger city."

One of the problems the Mayo brothers faced involved anesthesia. Nurses were administering deep ether anesthesia to patients, and the surgeons complained about the prolonged postoperative recovery. They pleaded for a physician anesthetist. Eventually Dr. John Lundy was hired, but not until a year after Lahey Clinic opened in Boston with its own anesthetist, Sise.

"Forming a clinic is luck and strategy. If you're lucky and have the strategy, you will succeed."

WILL MAYO, MD

Advances in anesthesia made the work of surgeons easier and allowed more intricate operations to be performed. According to *The Knife That Saves* by Dr. Herbert Adams, a surgeon and administrator of the Clinic, "One of Dr. Lahey's vibrant interests was that of improving methods in anesthesia. Lahey believed that anesthesia was as important to an operation as the surgical procedure itself, and he felt that it should be a distinct specialty and not just a stepping-stone to others."

As a more scientific approach was taken to anesthesia, operations became safer. "With the exception of thoracic surgery, I would say that anesthesiology was a specialty that was advancing faster than any other," says Buskirk. "In those days we were giving a lot of cyclopropane, epidural anesthesia, block anesthesia, and, of course, intravenous anesthesia."



James Buskirk, MD (AN'37)

In the 1930s when Buskirk was training, antibiotics were just beginning to be developed. To help prevent potentially deadly postoperative infections, Lahey performed operations in two stages, limiting bacterial exposure. Before coming to Boston, Buskirk recalls seeing a headline in *The Cincinnati Enquirer* announcing Lahey's new two-stage approach. Thyroid surgery, for which Lahey was world renowned, was often done in this manner.

"As a pioneer of two-stage surgery, he developed new thyroid surgical techniques," says Buskirk. "The operating schedule would say 'right subtotal hemi-thyroidectomy, first stage.' The left subtotal thyroidectomy would be the second stage. Sometimes there would be three stages. As a result, he reduced the mortality of thyroid surgery from 20 percent to 3 percent. I was gratified with that."

In addition to Dr. Lahey, Buskirk worked alongside such notables as Richard Cattell, MD, the surgeon who later operated on Great Britain's Foreign Secretary Anthony Eden; thoracic surgeon Richard Overholt, MD; neurosurgeon Jim Poppen, MD, and gastric surgeon Samuel Marshall, MD. He was quite fond of Blanche Wallace, Lahey's long-time surgical nurse.

"My anesthetic capability improved and during the latter part of my second training year, I was able to efficiently administer all anesthetic

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agents in a manner that pleased my teachers," Buskirk says.

After he finished his training, he returned to Kentucky, only to receive a call from Dr. Lahey urging him to look into a job at Mt. Auburn Hospital in Cambridge. Buskirk did and accepted the position of director of the Department of Anesthesiology in 1940. He stayed at Mt. Auburn until his retirement in 1972.

A year later, anesthesiologist Urban Eversole, MD, who joined Lahey Clinic in 1933, called him on the phone to announce his retirement. He told Buskirk, "I have just retired from the Clinic after being here 40 years exactly to the day."

James Buskirk comes to Lahey as a patient these days, but he is in remarkably good health. He and his wife, Ruth, live in Belmont. ■

Fund Drive Continues

The Alumni Association will continue its campaign to upgrade Lahey's nearly 20-year-old auditorium, originally constructed through Alumni donations. The **Alumni Auditorium Fund** will enable the Clinic to carry on its tradition of hosting educational events, such as continuing education courses, medical ethics lectures and community health programs.

Alumni support is needed to help keep the 280-seat auditorium functional and attractive. Technology has changed dramatically in the past two decades, and the Alumni Auditorium needs to be updated to facilitate the kinds of presentations done today. The Auditorium also needs cosmetic improvements to compensate for wear and tear.

The Alumni Auditorium Fund will provide funds for a computer graphics projection system, enhanced lighting, an improved sound system, a lectern capable of controlling computer presentations and new carpeting.

"We appreciate the support we have already received for this fund," says Alumni Association Executive Director Neil J. Weiner, MD, "and we hope others will contribute to our efforts to improve this worthwhile educational facility." ■

Lahey Clinic Alumni 2000

The Alumni Association welcomes the following physicians who completed their training at Lahey Clinic this past June:

Department of Cardiology

Cornell A. Cohen, MD
Renee D. Espinosa, MD
Florence M. Parrella, MD
Asim Rehman, MBBS

Department of Colon and Rectal Surgery

Howard Ross, MD
Kent Sasse, MD
Benson Yip, MD

Department of Diagnostic Radiology

Linda S. Livingston, MD
Jennifer A. Nogueira, MD
Peter van der Meer, MD

Department of Endocrinology

Ferdinand C. Casis, MD
Victor Adalbert G. de Villa, MD

Department of Gastroenterology

Eric D. Goldberg, MD
Charles Y. Huh, MD

Department of General Surgery

Jeffrey H. Hsu, MD
Jacquelynn D. Thompson, MD

Division of Internal Medicine

Erik A. Cohen, MD
Elizabeth Collins, MD
Edward Courville, MD
Marcus F. Doane, MD
Peter L. Glickman, MD
Rachel A. Hitt, MD
Tsoncho A. Ianchulev, MD
Marya A. Koza, MD
Elena M. Lampros, MD
Dylan R. Luyten, MD
Lillian S. Moy-Yee, MD, MPH
John Nadai, MD
Thaddeus J. Nigborowicz, MD
Paul G. Ronco, MD
Wayne S. Saltsman, MD, PHD
Jennifer K. Sun, MD
David H. Tsai, MD
Edward Walshe, MD
Jim S. Wu, MD

Department of Interventional Neuroradiology

Eren Erdem, MD
Yao-Hung Wang, MD

Department of Neurology (EMG)

Allan Wu, MD

Department of Plastic and Reconstructive Surgery

Gregory A. Baum, MD
Angela Portia Chiou, MD

Department of Interventional Pulmonology

Michael Ayers, MD

Department of Pulmonary and Critical Care Medicine

Alis G. Gabriel, MD
Safouh Malhis, MD
Inna Vernovsky, MD

Department of Urology

Michael J. Curran, MD
Jason R. Gee, MD
Andrea Sorcini, MD
Lisa Tran, MD

Academic Honors

On June 9, Lahey Clinic held a well-attended Postgraduate Recognition Day. At this annual event, residents and fellows present research papers judged to be meritorious by a review committee comprised of Lahey Clinic physicians. Posters on various research projects are also displayed outside the Alumni Auditorium.

The papers presented in 2000 were:

- ◆ “Rate of and Risk Factors for Acute Inpatient Mortality after Orthopaedic Surgery,” by Timothy Bhattacharyya, MD, Orthopaedic Surgery Resident. Discussant — Richard Iorio, MD
- ◆ “Loss of Heterozygosity and Microsatellite Instability at Chromosomal Sites 1q and 10q in Morphologically Distinct Regions of Late-Stage Prostatic Lesions,” by Jerilyn M. Latini, MD, Urology Resident. Discussant — Ian C. Summerhayes, PhD
- ◆ “Topical Phenylephrine as a Treatment for Fecal Incontinence,” by Kent C. Sasse, MD, Colon and Rectal Surgery Resident. Discussant — John J. Murray, MD
- ◆ “Molecular Analysis of PTEN and MXI1 in Primary Bladder Carcinomas,” by David S. Wang, MD, Urology Resident. Discussant — Ian C. Summerhayes, PhD



Honored for their outstanding research papers were (left to right): Drs. Timothy Bhattacharyya, Jerilyn M. Latini, David S. Wang and Kent C. Sasse.



Michael J. Michaels, MD, a resident in the Department of Urology, with his poster presentation.

A RESTORATIVE TRANSPLANT *from page 3*

paced clinical research. And, pressure from patient advocacy groups, lawyers and legislators influenced who received transplants. “The decision for any therapeutic option really needs to be based on what’s best for the individual patient, and that decision should be made with the counsel of her physician,” he says, “not insurance companies, courts, legislators, lawyers and advocacy groups, who may be well-meaning but can oversimplify the issues.”

Prolonging Life

For other cancers, ASCT still looks promising, but the extension of life varies. In patients with large cell lym-

phoma who have relapsed, for example, nearly half will be alive four years after ASCT compared to about 10 percent after conventional treatment. Among patients with acute myelogenous leukemia (AML) in the first remission, 40 to 50 percent will be cured of the disease with a transplant.

“The success rate for AML is similar to what can be accomplished with conventional chemotherapy in selected patients,” says Rabinowitz, “but the advantage of transplant is all the chemotherapy is done in a shorter period of time and may actually be less toxic than the kind of chemotherapy patients ordinarily receive for AML.” ■

In Memoriam

We sadly report the following alumni deaths in 1999:

Frederick M. Curtiss, MD (GS’52)

Nil P. LeBlanc, MD (IM, GE’63)

Drake Pritchett, MD (GS’50)

Elton Rock, MD (GI’70)

Rex L. Ross, MD (GS, CD’39)

Pettus G. Secrest, MD (IM, ’47)

Joseph M. Tapogna, MD (IM’77)

James B. Tobias, MD (IM’50)

Carl W. Werle, MD (AN’47)

Continuing Medical Education

Attend a medical education course and save! Alumni who have paid their annual dues (\$25) are eligible for a 25 percent reduction on registration fees for Lahey Clinic continuing medical education courses. Upcoming courses include:

Topics in Internal Medicine

November 10 - 12, 2000
 Sheraton Harborside Hotel
 Portsmouth, N.H.

Interventional Pulmonology

April 26 - 28, 2001
 Lahey Clinic
 Burlington, Mass.

Neurology for the Primary Care Physician

May 18 - 20, 2001
 Ocean Edge Resort & Conference Center
 Brewster, Mass.

To register, call Continuing Medical Education at 781-744-8969

Alumni Chairs



Captain's Chair

Display your Lahey Clinic heritage with a laser-engraved insignia chair. Choose a black, solid maple hardwood Boston rocker or captain's chair (with arms and crown in a cherry finish). You may also choose either the Lahey Clinic logo or Lahey Clinic Alumni Association logo.

A chair can be yours for \$242 plus a \$19 shipping charge for a total of \$261. The cost of each chair includes a tax-deductible gift of \$50 for the Alumni Auditorium Fund. The chairs are shipped via UPS fully assembled (except for the rocker runners, which are easily attached).

Allow 12 weeks for delivery.

Send your order and check payable to Alumni Association, LCF, to:

*Alumni Association, Lahey Clinic Medical Center
 41 Mall Road, Burlington, MA 01805*



Boston Rocker

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Office Phone _____ ext. _____ Home Phone _____