

HIV/AIDS expert joins USC as new director of 5P21 Clinic

The story seems apocryphal, she admits.

When Kathleen Squires was a little girl growing up overseas in places like Indonesia, she saw people around her with elephantiasis—enlarged, bulging legs due to lymphatic infection—and asked her dad why they suffered from the deforming condition.

“They don’t have good medical care,” he explained.

And so, though no one in her family worked in medicine, she decided she would be a doctor.

Today, she is one of the newest medical faculty members of the Keck School of Medicine of USC, focusing on infectious diseases. Specifically, Squires—visiting associate professor of medicine—treats patients with HIV and

AIDS and performs research on drugs that might better help such patients.

She also logs long hours of administrative duties as the new medical director of the LAC+USC Medical Center HIV/AIDS clinic known as “5P21,” one of the largest AIDS clinics in the nation.

The responsibilities have diverged from her one-time dream of working in the developing world, but Squires does not seem to mind.

“This clinic serves a population that is very disenfranchised and really in need of care,” Squires said, from her not-quite-yet-lived-in 5P21 office.

“The county has made a commitment of providing multidisciplinary care that HIV-positive patients need, in one building. The physician assistants are

the backbone of this clinic, along with the nurses. And the whole mix of physicians, from faculty to county... it all makes for a very good model to take care of HIV-positive patients.”

So how did she get here?

Squires was born in Australia of Australian and American parents. Her father’s work moved the family around to locales such as Indonesia, Nigeria and Brazil, but by high school, she moved to upstate New York.

In medical school, she grew interested in women’s issues, and did her internship in obstetrics and gynecology. Later, spurred by her overseas background, she pursued a fellowship in infectious diseases.

As an infectious diseases fellow in New York in the 1980s, she began to

learn about HIV and AIDS. “At that time, mostly gay men were dying of this horrific disease,” she said. “I believe in causes, and we took care of people who were being discriminated against actively.”

“And when I started seeing it in women, that really brought it all home that this is a universal disease.”

Working with patients with HIV and AIDS in an academic medical setting seemed a perfect fit. “I didn’t want to work with lab animals or cell cultures,” she said.

“Clinical research satisfied my need. I can ask questions of patients and treat them. You’re caring for people, but ex-



Kathleen Squires

panding the knowledge about a disease as well,” she said.

Early on, she married Matthew Carabasi, a physician specializing in bone marrow transplantation. The couple nearly moved to Southern California in the early 1990s, she to USC

and he to City of Hope National Medical Center in Duarte. But the University of Alabama at Birmingham offered them both positions, and they headed south.

Squires handled women’s care at the HIV/AIDS clinic at UAB for more than seven years before Southern California again lured them west—but this time,

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New USC neuro-oncologist seeks new ways to fight brain cancer

In the 30 or so years that scientists have waged a war on cancer, frustratingly little progress has been made on solid brain tumors.

Marc Chamberlain hopes to change all that.

The new professor of neurology and neurosurgery at the Keck School of Medicine of USC is a neuro-oncologist—a specialist in tumors of the brain and spine. He will team with surgeon Tom Chen at the USC/Norris Cancer Center to create a new neuro-oncology program that will take a multidisciplinary approach to some of the most difficult cancers of the brain and spine.

“As a complement to Tom’s surgical perspective, I bring a medical background that includes chemotherapy,” said the former director of the brain tumor program at UC San Diego. “We’re putting together a team that will be able to offer a variety of medical and surgical therapeutics to deal



Marc Chamberlain

with cancers of the brain and spine, including clinical trials.”

In fact, Chamberlain is just about to begin the first of those trials: a new product containing a nitrosourea (carmustine) that is dissolved in ethanol. When injected into the

tumor, he said, “the alcohol carries the drug rapidly through the capillary system that exists in tumors but not in normal brain tissue. So it fills the entire tumor but once it enters normal brain it is quickly metabolized and removed from the brain.” USC/Norris is one of only seven sites in the country that will test this drug, said Chamberlain, and “it has potential. We’re excited.”

Brain tumors are an often-ignored stepchild of chemotherapy research and development, said Chamberlain, because the market is relatively small: brain cancer makes up only about two

See **TUMOR**, Page 2



Jon Nalick

Above, Harold Freeman, chair of the Cancer Panel, listens as fellow panelists discuss the health and social costs of smoking. Right, USC/Norris Cancer Center Director Peter Jones, joins the discussion after kicking off the event and delivering opening remarks. Below right, a cancer survivor describes her experiences during the treatment of her disease.

USC/Norris hosts President’s Panel

A crowd gathered at USC’s Mayer Auditorium, Thursday night, Feb. 1, for a town hall meeting on cancer. Cancer survivors and caregivers gave testimony to the President’s Cancer Panel, which heard the challenges of extending quality cancer care to all Americans and will report those findings to President George W. Bush.

The Western Regional meetings of the Panel began with official testimony earlier in the day that included speakers from six Western states and the Pacific Territories. These meetings are part of a series of seven regional meetings that are scheduled across the country through May 2001.

The two-day Western Regional meetings were hosted by the USC/Norris Comprehensive Cancer Center.



Brook Photography



Brook Photography

President to deliver annual address Feb. 27

President Sample will update faculty and staff with his annual state-of-the-university remarks from 11 a.m. to noon in Bovard Auditorium.

The faculty luncheon following the event has been moved to Truesdale Plaza, in front of the Mudd Hall of Philosophy. For more information, call Liz McCann at University Special Events Services, (213) 740-6786.

'Dr. A' makes Super Bowl appearance

USC neurosurgeon is a Giant on the field and off

It doesn't take a brain surgeon to enjoy football.

But one USC neurosurgeon—Michael Apuzzo, M.D., — was on his feet during the entire Super Bowl.

That's not just because he's a sports enthusiast (he is). Apuzzo, who pioneered techniques in deep cerebral and minimally invasive brain surgery, also serves as the chief neurosurgical consultant for the New York Giants Football team. So "Dr. A", as he is called by team members, was standing on the field watching every play as the Giants lost to the Baltimore Ravens in football's most famous competition.

"I've been through a lot of major sporting events —the Olympics, the Rose Bowl, Fiesta Bowl —but I've never felt anything like this," said Apuzzo, who is also the principal neurosurgical consultant for the USC Athletic Department. "The emotional connections within the team, including the administration, the coaches, the doctors, the trainers, the entire Giants family was incredible."

In the best of circumstances, said Apuzzo, all he does is observe and there's no call for his services. In this Super Bowl, there was one scare when Giants running back Tiki Barber had what appeared to be a head injury.

"We do a neurological exam very quickly, ask certain questions, examine and check the equipment to make sure it's in order," said Apuzzo. "It's an evaluation that's accomplished under fire. Fundamentally you have to know

the athletes and their temperament so you can make the right decisions. You can make a mistake by holding somebody out or by putting them in."

Even if Apuzzo and the principal team doctor give a thumbs up, provided that there is no significant injury and the athlete seems competent, a teammate or coach gives a secondary check. "They run them through a number of plays and see how they respond to a rapid series of game related questions." If everyone approves, the athlete is O.K.'d to return to play. "Then you have to observe very closely under game conditions to make sure they're reacting well," he said. "During games the athletes have a highly disciplined focus, and you have to compare their performance to their normal performance in game conditions."

Often Apuzzo consults on other injuries besides those to the head. "There are frequent questions about injuries to the neck," he said. During one recent game against the Cleveland Browns, for example, "we thought someone had a fractured odontoid (high cervical spine)." Fortunately, it wasn't. Then there are neural plexus and peripheral nerve injuries which occur when a player suffers a blow or soft tissue strain. "The goal is to protect the athlete, to know what's important and what isn't, medically."

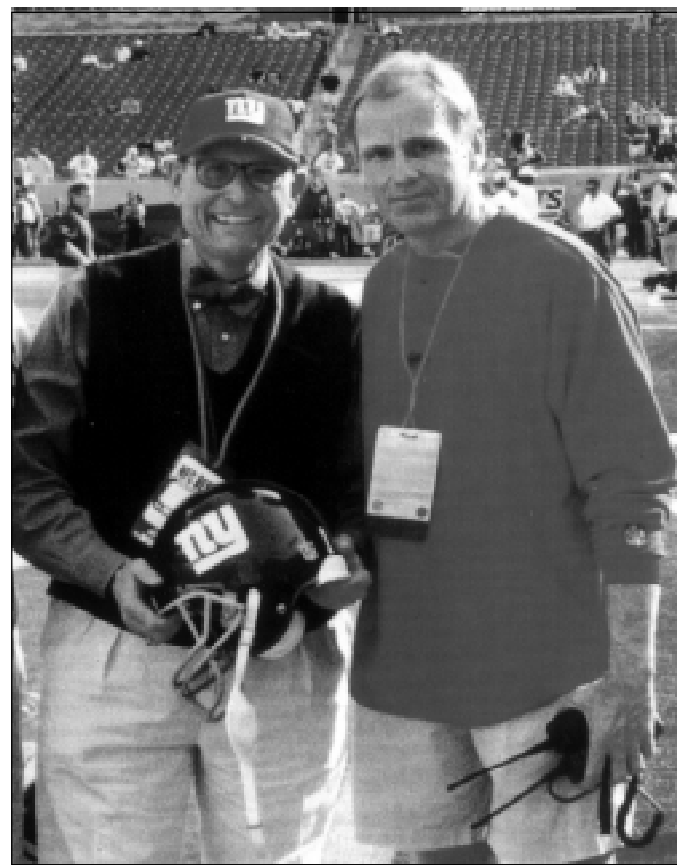
Working with a team often involves other medical consultations as well. Apuzzo flew to Tampa, Florida several days before the game to observe pre-

game preparation. A large ballroom at the team's hotel was set up for rehabilitation and medical exams, and family members who accompanied the players would often show up needing medical attention. "Many people had the flu, and during one pregame dinner one of the older family members had a seizure," Apuzzo said.

Apuzzo's work with the Giants organization involves more than just game-side consultations, although he does attend about half the season's games. He also attends Giants summer camp, an important step, he said, in getting to know the players and set the season's foundation.

"Neurosurgery is one of the most threatening consultations for any athlete," he said. "Traditionally they only see neurosurgeons at the end of their career, when something's gone terribly wrong." To make team members more comfortable, Apuzzo tries to be around as much as possible. "I try to get to know everyone, to let them know that the neurosurgeon is approachable."

In addition to treating the players, Apuzzo consults with team trainers, coaches and administration. Over time, he said, "people who know you will move on and they continue to consult with you." As a result, Apuzzo has consulted with both the National Hockey League and the National Basketball Association. Apuzzo was also consulted concerning the design and development of a new football helmet that will be widely used by players in 2002.



Michael Apuzzo, left, and Giants equipment manager Ed Wagner staff the sidelines before the Super Bowl. Apuzzo holds one of the new football helmets developed for the National Football League.

"Head protection is so key, and we don't take helmets for granted," he says. The best helmets today use double airbags—one for protection and one for fit—and the new design includes a face mask made of titanium, which is exceptionally light and strong. "The lightness, fit and general protection are a real improvement," he said.

Apuzzo hopes to continue his four years of active involvement with the Giants next year. But the Super Bowl was a particular highlight. "When I

was in the military I worked in a nuclear powered submarine where we'd be submerged for three months doing very dangerous things," he recalled. "We were dependent on each other for life and death, and it was an extremely moving bonding experience. Until this game I'd never experience anything else like it. Everyone was very aware of what it meant to be a part of this game, to be a part of the team that came so far."

—Monika Guttman

TUMOR: Better drugs needed to target cancers of the brain

Continued from Page 1

percent of all cancers, or about 17,000 cases per year. "That's not much when compared with breast cancer, which has 180,000 new cases a year."

Of the 45 chemotherapy agents in use in the U.S., "about one quarter can be used for brain tumors," said Chamberlain. "Many of the drugs used for brain tumors were not developed for brain tumors specifically. We're still looking for brain-specific chemotherapy agents."

The search is important not only to those with primary brain tumors but for the thousands where other cancers metastasize to brain tumors. "Melanoma, for example, often metastasizes to the brain, as does breast cancer. So brain cancer is not an insignificant disease," he said.

There have been a few chemotherapeutic bright spots, he observed—including the recent development of a drug called Temodar that is specifically for brain tumors. "It's become a favorite child because it's oral, it has few side effects and well-established efficacy," he noted. "But we still need new therapeutics and new combination therapies."

Unfortunately, he said, for the most common brain tumors—like the one that movie critic Gene Siskel suffered—despite intensive clinical research, we have not significantly impacted the

'Despite intensive clinical research, we have not significantly impacted the survival of [brain cancer]... It's not significantly different from 30 years ago. That's a bit discouraging.'

—Marc Chamberlain, professor of neurology and neurosurgery

median survival of that disease. When you sit with the family and tell them what to expect, it's not significantly different from 30 years ago. That's a bit discouraging."

However, there has been some progress in creating longer survival rates, thanks mostly to improved surgical and radiological techniques. Microsurgical techniques and tools, advances in brain mapping and even robotics mean surgeons can be more targeted and cause less harm, he said. There are still regions of the brain—the brain stem, the thalamus—that remain difficult if not impossible to resect.

Improved radiology, like the Gamma Knife used at USC, means "we can deliver extremely focused radiotherapy to essentially anywhere in the brain," Chamberlain said. "Today, treatment is more sculptured and we can deliver minimal and hopefully nondestructive doses."

Chamberlain's appointment at USC marks the first time in his career that he will not be working with children. During his residency in pediatrics in New York, Chamberlain spent several months

at Memorial Sloan Kettering, where "I discovered that neuro-oncology was the one field where I could combine my interests in neurology and pediatrics."

After neurology training at UCLA and postdoctoral work in neuro-oncology at UC San Francisco, Chamberlain moved to UC San Diego and subsequently he directed the neuro-oncology program at Southern California Kaiser Permanente. "In that context I saw disproportionately more adults, but I still had my hand in the pediatric arena."

Brain tumors, he said, are the second most common cancer in children after leukemia. "Pediatric oncologists look at brain tumors as the next tumor they're going to conquer," he said. "We're all finding that's a lot more difficult than we assumed. It's not a liquid tumor like leukemia."

Chamberlain hopes that, in the variety of therapeutic options that the new neuro-oncology program will offer at USC/Norris, "we'll be able to make some substantial gains in this field."

—Monika Guttman

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New protease inhibitor shows promise in fighting AIDS

A new protease inhibitor has been shown to be safe, tolerable and effective at warding off HIV in HIV-positive patients with only one dose a day, according to data presented recently by a USC researcher at the Eighth Conference on Retroviruses and Opportunistic Infections in Chicago.

Kathleen Squires, USC associate professor of medicine and an infectious diseases researcher, said the drug—known as BMS-232632—differs from previous protease inhibitors in part because those drugs have required patients to adhere to complex dosing schedules.

Physicians commonly prescribe one of a variety of protease inhibitors, in partnership with drugs called nucleoside analogs, in a pharmaceutical battle plan to combat HIV.

“Our study showed that BMS-232632 is a potent protease inhibitor that is well tolerated and can be used safely in combination with other anti-HIV therapies,” said Squires, who presented her findings Feb. 5. “This new drug offers patients once-daily dosing, and the additional benefit of a low pill burden.”

The drug remains active in the bloodstream for longer than other protease

inhibitors, making it effective over a longer period and at a lower dose than other protease inhibitors.

Squires was among the investigators for the first and second phases of the study, which was conducted at more than two dozen sites in numerous countries on three continents.

The double-blind randomized 48 week-long study examined the safety and effectiveness of BMS-232632 (paired with two other common anti-HIV drugs known as stavudine and didanosine) compared to a currently available protease inhibitor called nelfinavir (also paired with the same

two anti-HIV drugs).

Data from 480 patients showed comparable effectiveness of BMS-232632, at doses five to 10 times lower than nelfinavir, Squires said. The drug was just as effective as nelfinavir in reducing the reproduction of the HIV virus and increasing the number of virus-fighting immune cells, called CD4 T-cells, in the body.

Interestingly, and potentially important for HIV-positive patients, the new drug appears to have no effect on cholesterol and triglycerides, Squires said. Today's commonly used protease inhibitors are associated with increases in cholesterol and triglycerides, which are known to increase the risk of cardiovascular problems.

The study also showed the drug produced fewer side effects. About 17 percent of patients taking BMS-232632 in the study experienced diarrhea, for example, far fewer than the 55 percent of patients taking the other protease inhibitor.

The most common side effect from BMS-232632 was hyperbilirubinemia, or too much bilirubin in the blood. Although the condition can lead to jaundice in its extreme, the cases found in the study were only detectable through lab tests and were easily managed through a small reduction in the dose.

“It remains to be seen whether BMS-232632 has the potential to avoid other long-term complications such as lipodystrophy,” Squires added. Lipodystrophy is a common problem linked to protease inhibitors in which a patient's belly swells or a pad of fat may grow behind the neck, while the arms, legs and face become gaunt.

Because the drug also has been shown to work against HIV strains that already have grown resistant to other protease inhibitors, researchers hope to pursue its potential as a back-up protease inhibitor when patients fail their current regimen.

That will become increasingly important over time as patients on highly active antiretroviral therapy, or HAART, see the virus become resistant to the drugs they are currently taking—requiring a switch to new drugs.

Squires conducted the research at the University of Alabama at Birmingham before moving to USC.

Squires and other investigators will soon begin phase III clinical trials in a number of other studies, in cooperation with the drug's maker, Bristol-Myers Squibb, to further test effectiveness. Squires will begin phase III testing at USC on the effectiveness of a 400 mg dose of the drug.

—Alicia Di Rado

Freshman dies from rare bacterial infection

A USC freshman, Jared Chesser, 19, of Cincinnati, Ohio, died Jan. 30 of meningococcal septicemia, a rare infection of the bloodstream.

All who had been in close contact with Chesser have received preventative antibiotic treatment, said Larry Neinstein, executive director of the USC Student Health Center.

The strain of bacteria that struck Chesser—and several other strains—can be prevented by vaccinations that protect for three to five years and are available at the health center. The \$75 fee is covered by the USC

student supplemental insurance health plan and many other health plans. No student will be turned away for lack of insurance, Neinstein said.

“I want to stress that there is no epidemic and no public health emergency here,” said Neinstein. “People have asked for the vaccine, so we're making it available as a general preventative health measure, but everybody who needed treatment has received it. This is a serious disease, but it is very rare.”

The disease is not easily transmitted. The meningococcal septicemia bacterium cannot live for more than a few

minutes outside the body.

It commonly spreads through sneezing, kissing or sharing drinking glasses. Early symptoms may include high fever, severe headache, neck and back stiffness, rash resembling bruises in areas such as armpits, groin and ankles and nausea.

In recent years, only one other case of the disease at USC resulted in death, that to a 21-year-old junior last March.

For more information regarding vaccinations, contact the USC Student Health Center at 213-740-0246.

Physical therapy trial aims to bolster stroke recovery

A 70-year-old grandmother, once a graceful ballet dancer, struggles just to move her arm. A retired craftsman who honed sturdy tables with his own hands now cannot bend a finger.

Stroke—a halt of blood to the brain or hemorrhaging from its blood vessels—can ravage some of the most basic ways people relate to the world, resulting in paralysis, stilted movement and difficulty speaking, among other challenges.

With that in mind, movement scientists—physical therapists are creating new forms of rehabilitation so that stroke survivors can regain some of their lost motor function.

And USC physical therapists are playing a big role in the effort, participating as one of the sites in a six-center national clinical trial on a special therapy for patients recuperating from recent stroke.

Called the Extremity Constraint Induced Therapy Evaluation study, or EXCITE, the five-year trial is supported by the NIH National Center for Medical Rehabilitation Research, with a portion of the research funded by the National Institute of Neurological Diseases and Stroke.

“We are eager to demonstrate the benefits of focused and systematic intensive practice on the recovery of arm and hand function for this disabling



Physical therapist Lisa Haubert, seen working with a client, serves as a trainer for the Extremity Constraint Induced Therapy Evaluation study.

condition, especially at a time when health-care cuts are placing limits on rehabilitation from stroke,” said Carolee J. Winstein, associate professor of biokinesiology and physical therapy, and principal investigator at the USC site.

The research has important implications for millions of Americans. According to the National Stroke Association, nearly 4 million people in the United States have survived a stroke and are living with the after-effects.

Winstein said EXCITE is the first NIH-funded multi-center clinical trial of a rehabilitation intervention to improve

motor function in patients after a stroke.

The goal of constraint-induced movement therapy, or CI therapy for short, is to improve the function of an arm weakened by stroke. Therapy involves restraining the better arm—usually with some sort of device—during a patient's waking hours, over a two-week period. The weaker arm is then “trained” for six hours in the clinic on each of the weekdays during that time period.

Researchers already have studied the technique's benefits to patients suffering chronically with the effects of a

stroke, and found that gains in treatment were clearly seen during patients' daily living activities. The gains have persisted in the two years after the initial studies were done, Winstein said.

Now, however, the physical therapy researchers are looking at whether the rehabilitation technique can help those who recently suffered a stroke—between three and six months before starting the therapy.

Pilot studies show that CI therapy may be just as effective for recent stroke sufferers, but research must be done to confirm the therapy's benefits over time.

Patients in the study will be divided into two groups: one randomized into a delayed CI therapy intervention group, and the other receiving CI therapy immediately after enrollment. After a year, patients in the delayed therapy group will cross over to receive CI therapy, while the original CI therapy patients will continue to be followed up to two years after their participation.

“Although the idea for CI therapy is not new, a positive outcome from this multi-center clinical trial will provide new evidence for its effectiveness as a therapy for people living with the effects of stroke,” Winstein said.

“There are a number of proposed companion projects to the clinical trial

that will provide additional evidence pertaining to the mechanisms that implement this recovery including improved movement control and skill acquisition, implicit (unconscious, automatic) learning, and associated brain reorganization,” she said.

The idea for CI therapy came from original research done by Edward Taub, professor of psychology at the University of Alabama at Birmingham, with application for stroke patients first tested by Steven L. Wolf, professor of rehabilitation medicine at Emory University. Wolf is the principal investigator for the EXCITE study and Taub is the co-principal investigator.

—Alicia Di Rado

EXCITE study seeks participants

Researchers are looking for participants for the five-year EXCITE randomized clinical trial testing the effectiveness of a new rehabilitation regimen for those recovering from stroke.

Participants must be within 3-6 months after their first stroke, have some motion in the weakened wrist and fingers, and demonstrate very little use of the weakened arm and hand.

For information, call Chelle Prettyman, EXCITE project coordinator, at 442-1196.

SQUIRES: 'USC is a major player in research into HIV in women'

Continued from page 1
USC tapped both Carabasi and Squires. Carabasi is now visiting associate professor of medicine in hematology and leader of the USC/Norris Cancer Center's Allogeneic Bone Marrow Transplant Program.

USC is the place to be to care for a wide range of people with HIV, she said. "And USC is a major player in research into women and HIV," she added, noting that Alexandra Levine, professor of medicine and chief of hematology, leads one of the sites of the NIH-funded Women's Interagency HIV Study.

Squires is interested in looking at possible differences in drugs' effects on HIV in women and men. HIV drugs used today were mostly tested in male patients, she noted.

But there are basic differences between the male and female body: body fat, enzyme systems that metabolize compounds, hormone systems and the like.

Drugs might be more or less effective or toxic in women than men, but it is up to researchers to shine more light on those differences—possibly leading to more customized treatment regimens.

She also pursues research into finding new

drugs. Since a large proportion of patients have been on their anti-HIV medications for a long time, their virus may begin to grow resistant to the current regimen of drugs. That makes it critical to find new drugs to keep HIV at bay, she said.

Researchers also look for drugs that are easier on patients, producing fewer side effects and requiring fewer doses (*see story Page 3*).

Although answers are far off, researchers are also examining the use of vaccines to treat potentially HIV-positive patients and prevent HIV transmission.

The researchers hope that injecting certain DNA

particles through a vaccine will help patients' immune systems churn out weapons to fight the virus. USC will participate in upcoming trials of these experimental vaccines, she said.

"There's a lot we don't understand about how HIV works," Squires said. "And there is a long way to go. But we keep learning more and more.

"The numbers of women who are HIV-infected globally are huge," she noted. "Here, in the United States, that proportion has been growing, too. There's a lot to be done."

—Alicia Di Rado

Calendar

Friday, Feb. 9

Noon. "Vasopressin Induced Calcium Signaling in Cultured Cortical Astrocytes," Lixia Zhao, USC. PSC 104. Info: 442-1551

Monday, Feb 12

Noon. Department of Cardiology Management Conference. GNH 7200. Info: 442-5482

Tuesday, Feb. 13

8 a.m. Cancer Center Grand Rounds. "Molecular Prognostication of Early Prostate Cancer," David Quinn USC. Norris Tower 7th Floor Conf. Ctr. Info: 865-0102

8:45 a.m. Staff Orientation. KAM 308. Info: 442-2579

Noon. Cardiology Grand Rounds. "The Role of Ventricular Assist Devices in End State Congestive Heart Failure," Kathy Magliato, USC. AHC Aud., Room 102. Info: 442-5482

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2001. "Latest Imaging Technology for Primary Care Physician," Patrick Colletti, USC; "Assessment Tolls for Geriatric Patient," Laura Mosqueda, UCI; and "The Full Spectrum of Domestic Violence," Astrid Heger, USC. DEI Third Floor Conf. Ctr. Info: 442-1313

Thursday, Feb. 15

9 a.m. New Staff Benefits Enrollment. KAM 308. Info: 442-2579

Noon. Cardiology Grand Rounds. "Non Invasive Conference," Patrick Colletti, USC. GNH 7420. Info: 442-5482

5 p.m. Dean's Lecture Series. "The Surgeon General's Report on the Oral Health of Americans and a Call to Action," Dushanka Kleinman, NIDCR. School of Dentistry, 925 W. 34th Street, Lecture Room C. Info: (213) 740-2811

Friday, Feb. 16

Noon, "Can DZQ Target Cancer Cells?" Jerome Garcia, USC. PSC 104, Info: 442-1551.

12:15 p.m. "The Genetics of Childhood Psychopathology," James Hudziak, Univ. of Vermont. GNH 1645. Info: 226-4945

Saturday, Feb. 17

8:30 a.m. – 12 p.m. Continuing Education Seminar. "The Optic Nerve in Glaucoma," Brian Francis, Don Minckler, Rohit Varma, and Richard Wong, USC. DEI, Third Floor Conf. Ctr. Info: 442-6427

Tuesday, Feb. 20

8:45 a.m. Staff Orientation. KAM 308. Info: 442-2579

11 a.m. Endocrinology and Diabetes Grand Rounds. "Evidence Based Management of Hyperlipidemia," Kenneth Feingold, UCSF. AHC Aud., Room 102. Info: 442-2806

Noon. Cardiology Grand Rounds. "Beta Blockers and Heart Failure," Marrick Kukin, USC. AHC Aud., Room 102. Info: 442-5482

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2001. "Ventricular Dysfunction," Uri Elkayam, USC; "Hepatitis: The Alphabet," and "Respiratory Infections," Paul Holtom, USC. DEI Third Floor Conf. Ctr. Info: 442-1313

Thursday, Feb. 22

9 a.m. New Staff Benefits Enrollment. KAM 308. Info: 442-2579

Noon. Cardiology Grand Rounds. "Non Invasive Conference," Maged Azer, USC. GNH 7420. Info: 442-5482

Friday, Feb. 23

3:30 p.m. "Role and Modulation of Efflux Pumps in Rabbit Conjunctival Epithelial Cells," Johnny Yang, USC. PSC 104. Info: 442-1451

Monday, Feb 26

Noon. Department of Cardiology Management Conference. GNH 7200. Info: 442-5482

Tuesday, Feb. 27

8 a.m. Cancer Center Grand Rounds. "Molecular Cytogenetic Analysis of Cancer," Frederic Waldman, UCSF. Norris Tower 7th Floor Conf. Ctr. Info: 865-0102

8:45 a.m. Staff Orientation. KAM 308. Info: 442-2579

11 a.m. Endocrinology and Diabetes Grand Rounds. "Pulsatile Insulin Secretion: Physiology and Role of Pathophysiology to Predict Diabetes," Neils Parksen, Aarhus University Hospital, Denmark. AHC Aud., Room 102. Info: 442-2806. Noon. Cardiology Grand Rounds. "Cardiovascular Disease: Advances in Treatment and Prevention: The Role of Antiplatelet Agents," Ezra Amsterdam, USC. AHC Aud., Room 102. Info: 442-5482

12:15 p.m. Tuesday Speaker's Forum. "Rational Refusal of Treatment," Bruce Abbott and Nancy McCarthy, USC. Hoffman Hall, Hastings Aud. Info: 226-4945

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2001. "Advanced Methods of Interventional Cardiology," Steven Burstein, St. Vincent Medical Ctr; and "Skin Surgery for the Primary Care Physician," Richard Usatine, UCLA. DEI Third Floor Conf. Ctr. Info: 442-1313

Friday, March 2

3:30 p.m. "Novel Nucleoside Transporters in the Trachea: Possible Implications in Functionality and Membrane Topology," Sharon Wu, USC. PSC 104. Info: 442-1451

Tuesday, March 6

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2001. "Type II Diabetes Update for the Primary Care Physician," Peter Butler, USC; and "Common Acute ECG Abnormalities and Their Management," Erol Kosar, USC. DEI Third Floor Conf. Ctr. Info: 442-1313

Saturday, March 10

8:30 a.m. – 12 p.m. Continuing Education Seminar. "Managing Common and Complicated Cataract Conditions," John

Irvine, Kenneth Lu, and Jonathan Song, USC. DEI, Third Floor Conf. Ctr. Info: 442-6427

Tuesday, March 13

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2001. "New Screening, Surveillance and Treatment of Prostate Cancer," Eila Skinner, USC; "Anxiety, Depression and Panic," Donna Yi, USC; and "Sexually Transmitted Diseases," Peter Katsufakis, USC. DEI Third Floor Conf. Ctr. Info: 442-1313

Tuesday, March 20

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2001. "Parkinson's and Movement Disorders," Mark Lew, USC; "Breast Cancer," Kristin Skinner, USC; and "Early

Appropriate Detection and Treatment of ADHD," Nick Roulakis, private practice. DEI Third Floor Conf. Ctr. Info: 442-1313

Thursday, March 22

5 p.m. Dean's Lecture Series. "Changing Demographics, The Aging Population, and Distance Learning," Ed Schneider, USC. School of Dentistry, 925 W. 34th Street, Lecture Room C. Info: (213) 740-2811

Tuesday, March 27

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2001. "Evaluation and Management of Abnormal Uterine Bleeding," Paul Brenner, USC; "Menopause and Hormone Replacement Therapy," Raquel Arias, USC; and "Contraception Update," Susana Gonzalez, USC. DEI Third Floor Conf. Ctr. Info: 442-1313

Notice: Deadline for calendar submission is 4 p.m. Tuesday to be considered for that week's issue. Please note that timely submission does not guarantee an item will be printed. Send calendar items to HSC Weekly, DEI 2510 or fax to 442-2832, or e-mail to hscwkly@hsc.usc.edu. Entries must include day, date, time, title of talk, first and last name of speaker, affiliation of speaker, location, and a phone number for information.

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