



Breast Health Day featured informational sessions and more than 18 interactive booths, such as the one at right, which provided instruction on breast self-exams and cancer support programs. The event included a keynote address by Hester Lampert Hill, (above) an oncology social worker and cancer survivor, who discussed the psychological issues of cancer. At far right, Assistant Professor of Medicine and Director of USC/Norris Breast Center Christy Russell honors Marie Eckstrom whose father's trust sponsored the event.



David Robertis Photography

## Breast Health Day '97

More than 500 people attend day-long series of events

## Cardiothoracic Surgery Dept. announced

Dean Stephen J. Ryan informed the School of Medicine Faculty Executive Council at its Sept. 10 meeting of the formation of a Department of Cardiothoracic Surgery.

Later, Ryan met with prospective members of the new department and informed them that he would form a search committee to recommend appointment of a department chair.

He reviewed the search process for a department chair and responded to questions.

Subsequently, Ryan also appointed and met with the search committee, consisting of Robert Adler, Robbin Cohen, Peter Jones, Alexandra Levine, Don Skinner and the committee chair, Joseph Van Der Meulen.

"We view the development of the new department with mixed emotions," said Tom DeMeester, professor and chair of the Department of Surgery. "The faculty of our division of cardiothoracic surgery have been an integral part of the growth and development of the Department of Surgery. We will miss their energy and creativity," he said.

DeMeester added that "on the other hand, the times demand flexibility in order to meet new challenges in the delivery of health care and to keep USC's clinical programs strong."

## Creation of an alternative medicine program considered

Inspired by growing interest both in the general public and among medical students, USC Vice President for Health Affairs Joseph Van Der Meulen has asked Shri Mishra, professor of neurology, to explore the possibility of developing a new program in complementary/alternative medicine.

"The goal of such a program would be to establish the scientific basis of complementary medicine, such as doing outcomes studies and establishing clinical guidelines," said Mishra, who holds an M.D. from the University of Toronto and a doctorate in Aryvedic medicine, a traditional healing practice common in India. "I can see the benefits of both forms of medicine, because I have degrees in both."

Although some complementary/al-

ternative medicine classes and services have been available at the Health Sciences Campus for the past few years, Mishra expects that it would take time to establish a formal program. He is now interviewing interested faculty in different departments, and has expressions of interest from 50 faculty members on both campuses — including those representing medicine, dentistry, gerontology, music, public administration, religion, nursing, occupational therapy and physical therapy.

The emphasis of the program, said Mishra, will be on establishing how and when alternative therapies might complement traditional western medicine. "A person must continue to receive regular medicine," he insisted. "If I see someone with appendicitis, I send

them in for surgery. On the other hand, chemotherapy can have significant side effects and there may be alternative treatments that lessen or eliminate those effects without interfering."

To establish that complementary approach, said Mishra, "will mean this program has to emphasize the team approach." Mishra said the program as planned will have three functions:

□ **Clinical Care:** Through a Center for Complementary Health, it will offer therapeutic modalities such as Aryvedic medicine, mind/body medicine, yoga, acupuncture, herbal therapies, massage and system cleansing. The Center would treat a variety of conditions, from osteoarthritis to cardiovascular disease. "A number of USC faculty are already trained in these

skills, and our goal would be to use the clinical setting to familiarize medical students and other health care professionals with some of the complementary options," Mishra said.

□ **Education:** On an undergraduate level, USC already offers some courses about eastern medicine. "We plan to enhance the educational program to medical, pharmacy and dental students," Mishra said. "We will participate in educational programs at USC-affiliated institutions such as the USC/Norris Comprehensive Cancer Center. We'll also offer continuing medical education for residents."

□ **Research:** Mishra is already conducting a survey on the use of complementary/alternative medicine at medical schools around the country. He and

others are submitting proposals for research funding to the National Institutes of Health in a variety of areas, including basic science, clinical and health services research.

The entire program, said Mishra, will emphasize prevention as well as complementary/alternative approaches to medical problems. "We want to stress a healthy lifestyle for healthy individuals," he said.

Mishra emphasized that USC is ahead of the curve in developing this new program. "By the year 2000, this non-conventional health care discipline will be a \$50 billion industry," he said. "The university sees the need, our students see the need and there's a public demand for such a center."

—Monika Guttman

# Plastic surgeon runs at hectic pace to help children and adults

Susan Downey could use a clone. The associate professor of clinical surgery divides her plastic surgery practice between two specialties: children and adults (with an emphasis on breast reconstruction).

She is chief of plastic surgery at the USC/Norris Comprehensive Cancer Center while at the same time operating an active surgery practice at USC-affiliated Children's Hospital Los Angeles (CHLA).

Some of the planning is easy: she lives half-way between the Health Sciences Campus (HSC) and CHLA. She schedules her days and surgeries in one location only so that she doesn't "waste time," as puts it, driving across town on any given day.

Yet some of her logistics would make a military planner break into a cold sweat. She lugs a briefcase stuffed with papers that contains mail sent to USC that belongs at CHLA, and vice versa.

She has two offices, support staff in two locations, who she credits with holding her practice together—and she wouldn't have it any other way.

"The only thing that would make my life perfect," she joked, looking out the window of her HSC office, "is if they could move Children's Hospital across the street here."

Downey fell into the reconstructive work, as a surgical resident at a Philadel-

phia hospital. "Because I was one of the few female residents around, patients used to ask me questions about reconstruction," she recalled. "And then one said to me, 'You really should know something about this, because you're a woman in surgery.'"

So Downey started to study reconstruction and began following reconstructive patients from the time of diagnosis through surgery. That led to her interest in plastic surgery.

During her residency, "I realized that I really liked working with kids," she said. She began exploring more about children's plastic surgery. "With kids, especially with cleft lip and cleft palate, you can follow them from the time they're a few days old to the time they're teens," she said. "They're wonderful."

So when the chance for a fellowship in pediatric plastic surgery at USC and CHLA came up, Downey jumped.

That was in 1988. The next year she was appointed to the faculty at USC.

In addition to working with cancer patients and children who've been burned or have asymmetrical breast development, she's branching into plastic surgery for patients treated surgically for obesity. And she's focused her research on the clinical aspects of breast reconstruction, cleft lip and cleft palate.

Part of that research involves new



Susan Downey, associate professor of clinical surgery, shows a breast implant to a patient. Downey is chief of plastic surgery at the USC/Norris Comprehensive Cancer Center and also operates an active surgery practice at USC-affiliated Children's Hospital Los Angeles.

techniques for breast reconstruction and cleft lip and cleft palate. She has been involved in a study on secondary surgery after palate surgery. "There haven't been any huge leaps, just sort of a slow shift over to a different type of surgical technique that seems to work much better," she said.

She's also working with basic scientists to understand scarring, in particular why some kids have invisible scars and others have thicker scars.

"We have some kids who come in,

and even we can't spot the surgery," she said. "Obviously, that's our goal. It may be the timing of certain medications, or it may be using different techniques on different types of skin."

She holds great hope for research into growth factors. "They will probably change what we do in the future," she predicted. "They affect the way the cells heal. We'll also get to the point where we can take skin samples and predict what type of scarring will occur. Or we'll be able to say 'You've got Type A blood

and you need to take this kind of medication during surgery.' That's the future."

There are some patients who overlap: Downey sees young teen women with irregularities in breast growth who she follows as adults in her adult practice. She is conducting research into the psychological impact of breast asymmetry, where one breast simply doesn't develop. "It's such an emotional thing to the teen girls," she said.

"Typically, the mother doesn't know, and she inadvertently walks in on the daughter getting dressed. Or the daughter will say 'My one breast is smaller than the other' and the mother will say 'Yes, well everybody is a little bit off.' She doesn't realize the magnitude."

For now, insurance does not cover the cost of breast reconstruction for many patients.

Downey expects new techniques and types of breast implants will increase a woman's reconstruction options in the near future.

And down the road, "Researchers are working on a way to hook up nerves using the patient's own tissues, so there would be some way to have sensation return to the breast after reconstruction," she said. "That would be a significant help for patients."

—Monika Guttman

## Good Neighbor campaign seeks support for community outreach efforts

Faculty and staff can make a difference in the neighborhoods surrounding the university's two campuses by giving to USC Neighborhood Outreach during the 1997 USC Good Neighbors Campaign, which kicks off this week.

Running from Oct. 6 through Oct. 24, the fourth annual USC Good Neighbors Campaign lets university employees make a direct contribution to the local community. Founded in 1993, the nonprofit corporation supports projects and programs that are vital to the success of USC's neighborhood outreach initiatives. Employees may also contribute to United Way and other nonprofit organizations, using United Way as a processing agent.

Since the first Good Neighbors fund-raising drive in 1994, faculty and staff have pledged more than \$1 million toward nonprofit organizations. Of that amount, employees have designated about \$797,000 to USC Neighborhood Outreach, directly enhancing the quality of life in the neighborhoods surrounding the University Park and Health Sciences campuses.

USC Neighborhood Outreach cultivates "partnership programs between USC faculty and staff and community-based organizations that have a visible, positive impact in our neighborhoods," said Jane G. Pisano, campaign chair and vice president for external relations.

President Steven B. Sample said faculty and staff contributions to Neighborhood Outreach are already creating tangible results in the communities near the two campuses.

To name a few examples, USC-community partnership programs such as the Afterschool Enrichment Program and the Community Service Work-Study Program (USC Readers) are enriching local schools and sparking kids' interest in reading; Kid Watch and CARE (Clean and Restore Our Environment) are improving safety and aiding neighborhood beautification; and Health Care Screenings for Head Start Programs and Operation Safe House are enhancing health and social services for low-income families.

"By bringing together USC's vast resources and the strengths of the community, there's no question in my mind that the University Park and the Health Sciences Campus neighborhoods can emerge as two of the most vibrant, thriving neighborhoods in the city," Sample said. Urging faculty and staff to participate, Sample said, "In a very real way, all of us who are faculty and staff call these neighborhoods home, and I'm pleased that this campaign allows us to make a better home for everyone."

This past year, 16 new and continuing USC-community partnership programs received \$330,800 in Neighborhood Outreach grants – ranging from \$2,000 to \$37,790 – through the 1996 USC Good Neighbors Campaign. That marked the largest number of programs supported by the campaign so far.

Pisano pointed out that the Neighborhood Outreach programs not only bring dollars to the community, but also the expertise and hard work of USC faculty, staff and students, who are develop-

ing relationships with community partners. Neighborhood Outreach is contributing to an increase in jobs and property values and a decrease in crime, she said.

"USC is not viewed simply as a large institution which is located here," Pisano said. "The university is seen as a true partner with the communities surrounding our two campuses."

When faculty and staff give to USC Neighborhood Outreach, 100 percent of every dollar is invested in the community, since the university covers all administrative costs, Pisano said.

Pisano said this year's goal is to reach \$425,000 – a 9 percent increase over last year's \$390,079 in gifts and pledges. The dollar goal lays the groundwork for reaching the campaign's long-term goal of raising \$1 million annually, she said.

The total number of pledges last year – 3,048 – also marked a 17 percent increase in participation from the previous year.

Participation in the campaign has climbed steadily each year, from 25 percent of university employees during the first year to 35 percent.

In addition, each school and department has set an individual dollar goal, based on their participation rate last year.

With three years under its belt, Neighborhood Outreach is generating more support and participation among faculty members, campaign organizers said.

Also, a new 15-minute documentary about Neighborhood Outreach, produced by graduates of the School of Cinema-Television, is expected

to spark more interest in this year's campaign.

"By investing in our neighborhood, we are also investing in our university," said Morton Owen Schapiro, dean of the College of Letters, Arts and Sciences. "But what is especially gratifying is the

See **NEIGHBOR**, Page 4

### HSC Weekly

*HSC Weekly* is published on Fridays, except for academic holiday periods. Copies are distributed throughout the Health Sciences Campus, University of Southern California. It is written and produced by the staff of Health Sciences Public Relations. Permission to reprint articles with attribution is freely given.

Editor: Jon Nalick  
Executive Director of Public Relations:  
Brenda Maceo  
Public Relations Consultant:  
Alfred G. Kildow  
Associate Vice President,  
University Public Relations: Martha Harris

Contributors: David Cota, Eva Emerson, Monika Guttman, Alfred Kildow, Brenda Maceo, Jon Nalick, LaCarol Pratt, Richard Stone, Mary Ellen Stumpfl and Carol Varma

213/342-2830  
FAX: 213/342-2832  
hscwkly@hsc.usc.edu  
<http://www.usc.edu/hsc/info/pr/>

# Fund established to honor longtime pharmacology professor David Berman

After 45 years of teaching pharmacology at USC and more than 34 awards for teaching excellence, David Berman, emeritus professor of pharmacology and nutrition, is being honored with the establishment of the Dr. David A. Berman Fund.

The Fund will be used for two annual awards: the Dr. Berman Pharmacology Achievement Award, to be given annually to a medical student at graduation, and the Dr. Berman Medical Student Scholarship, to be given annually to a current

student for tuition.

"Dr. Berman is one of USC's greatest assets," said Rita Wilds, director of annual giving and coordinator of the fund. "His department decided that the occasion of his 80th birthday would be the perfect time to recognize his significant contribution."

Berman, who completed his undergraduate and graduate studies at USC, is acclaimed by medical, pharmacology and nutrition students, alumni and colleagues for his passion and excellence in teaching, as well as his deep

concern for his students. He has won two Kaiser Permanente Teaching Awards as best teacher in the basic sciences.

"The most important criteria for any teacher is to have a need that students should learn, that they should be excited by the subject," said Berman. His goal in each class is to have "everyone master the subject — not just learn the facts, but have an understanding of the conceptual framework of the subject. I try to give them a flexible foundation for further learning."

Known for his inventive teaching style, Berman developed 27 computer-assisted teaching programs to give students an alternative means for self-study and organized the scientific component of a summer lecture program preparing minority students for medical school.

In 1988, Berman received an Innovative Teaching Grant with which he developed the course, "Drugs in History, Literature and Art," a popular basic science elective course in the Year III curriculum that Berman still

teaches each spring. He also presents lectures from the course to alumni, student and community groups.

All donors to the fund, alumni and faculty will be invited to attend a tribute dinner for Berman on Nov. 7 at the Ritz-Carlton Huntington Hotel in Pasadena.

Tickets to the dinner are \$150 each and students can be sponsored for \$75 each.

To donate or for more information, call Rita Wilds at 342-1085.

—Mary Ellen Stumpf

## Institutional Review Board strives for efficiency in approving trials

There are currently more than 2,000 research studies involving human subjects being conducted by researchers on the USC Health Sciences Campus.

Each of those studies had to be approved before beginning to recruit subjects. The approval is handed down by the Health Sciences Campus Institutional Review Board (IRB).

IRBs, which have existed formally at all research institutions for almost three decades, are delegated the authority to review and approve research involving human subjects from the in-

stitution. They operate under regulations of both the Food and Drug Administration and the Office for Protection from Research Risks. Each IRB has the authority to approve or decline all research conducted by an institution's faculty and staff or that takes place on its premises.

On the HSC, the IRB is a committee of 36 individuals that reviews proposals to do research. The committee includes members of the Los Angeles community as well as non-scientific individuals, an attorney and members

of the USC faculty and staff. "Their diversity provides an enormous amount of help and insight to the IRB," said Assistant Dean for Clinical Studies Darcy Spicer.

The IRB now meets once a month, but given that the amount of proposals for review increased by 50 percent just last year, the IRB is expected to move to twice-monthly meetings beginning in early 1998.

"It's important for us to be efficient," said Spicer. "A number of these trials are cooperative group trials that are

conducted at a number of sites and have a limited number of people who can be enrolled. Any delays in getting that approved might mean the trial is closed before you ever get your act together."

Each month the IRB committee assembles and reviews 50-70 research proposals that come from all the schools on the Health Sciences Campus, including the School of Dentistry. The Board reviews not only each proposal, but also the "informed consent" form given to prospective study subjects

to assure an individual fully understands all the risks and benefits they take on by entering a study.

"The breadth of what we review is enormous," said Spicer. So material is handled by delegating a "primary review" to three or four individuals for close scrutiny.

These individuals may be on the IRB, or they may be consultants requested to critique the proposal. Then the full IRB reviews the written or oral report from the primary reviewers, along with

See IRB, Page 4

## HSCommentary

*The AMA Board chose to endorse Sunbeam products, then reversed itself following harsh criticism.*

## Should the American Medical Association endorse selected health products?



**Sammy Shon**  
3rd year, School of Medicine

I think it's fine as long as people realize that they're not endorsing the product to be better or superior to anything else.

I guess if they want to put their name on something, that's fine. Just as long as they don't claim that one product is better than the other just because the AMA endorses this product and not some other. I don't know that the public will recognize it. I think the American Dental Association does something similar. But then again, I don't know how important that is to people in choosing their toothpaste.



**Peter Kulesza**  
Ph.D candidate, Pathology

No. I don't think they should be in any way a commercial organization.

If they didn't accept money, well, it seems a little bit superfluous. I don't think that should be their role.

The biggest issue is that they are getting money from someone other than their members. And regardless of what I think the financial arrangement might be, if they do start engaging in these promotional roles, then they are subject to some kind of influence. And I wouldn't like that to happen.



**Leah Fuller**  
2nd year, School of Medicine

I would be leery of it, definitely.

Because I think it's one thing to endorse a product, but to endorse a brand of products is completely different. I guess I see a potential for problems there, because corporations are so large, and if money is the motivating factor, then it leaves the possibility open for tainting of genuine endorsements. If the price is right, they may endorse anything or endorse too quickly.

I don't think the incentive of the AMA should be to make money.



**Micha Rojany**  
2nd year, School of Medicine

No. To mix professional opinion with financial compensation, I don't think that's right.

I think it compromises their objectivity, as if they're shaking hands with a large company, and I don't think they should do that. I don't know the specifics, like what types of research they may have funded or what they're getting.

I think they should stay as objective as possible.



**Jean Chong**  
4th year, Pharmacy

I don't think it's a completely bad idea.

If it's a good product and a physician or any other health professional recommends it, that's good for the public. However, if it's abused and you're just working with a company, then I don't think it's a good idea.

There has to be some scientific research proving why the product is good.

# IRB: 'It's important to follow rules precisely'

Continued from Page 3  
a summary of the proposal and the informed consent form. "Then it gets discussed," said Spicer.

The proposals are then tabled, denied, approved or approved with stipulations, such as requiring changes to the informed consent form. "About 80 to 90 percent are approved, although the majority have stipulations," he said.

A study is only approved for one year. Each study has to be re-reviewed after one year.

"Because most studies span several years, there are what's called 'continuing review' of all the ongoing research activities," said Spicer.

Once a year, the IRB sends a request to all on-going studies for an update on the project, including information about how the study is progressing, what side effects or problems have been observed, whether there were any problems, what benefits have been observed and whether the researcher wants to

make any changes to the study.

"There are very few forceful actions taken by the IRB, other than not approving a study up front," said Spicer.

"If a study has been on-going for three years but has not signed on any patients, we put a lot of pressure on the them to close the study unless they have a very good reason for keeping it open. But it's very rare that we have any breaking of the rules. Most people have a lot of respect for the IRB," he added.

Spicer believes there have been profound changes in the way IRB's operate over the past decade.

Not only are there some new rules and regulations to follow, but "how the rules are perceived and interpreted has undergone profound change," he said.

"A decade ago, the rules were far more liberally interpreted than they are today. Today it is enormously important to follow the rules precisely."

That change, he added, is not unique to USC, but is a nationwide trend.

—Monika Guttman



Jon Nalick

LAC+USC dedicated the John T. Nicoloff General Clinical Research Center last week and honored the new center's namesake with an afternoon of ceremonies and lectures. Left, USC Vice President for Health Affairs Joseph Van Der Meulen presents Professor of Medicine John T. Nicoloff with a plaque at the center, located in General Hospital in Ward 6800.

# NEIGHBORS: Donations help make a big difference

Continued from Page 2  
fact that the groups we are supporting are so remarkable. I would be proud to contribute to them even if I didn't work at USC."

Carol Dougherty, senior associate dean of LAS administration, said the college anticipates more enthusiasm among faculty members this year. A lot of faculty were waiting to see how well the program worked and whether it would really make a difference in the neighborhood, she said.

"Now that we have a three-year track record, they can see it is extremely

worthwhile," Dougherty said. "A number of faculty and staff have partnered with neighborhood groups and received awards, and it's sort of contagious."

"We're expecting to have a greater level of participation and a few extra dollars this year," she said. LAS administration has set up more campaign leaders within the college business centers. "We're making a very concerted effort to contact every faculty and staff member individually. We're excited and looking forward to getting started," she said.



**Honoring "Mr. 500"** — The fifth annual Fund Raising Dinner for the USC Center for Arthritis and Joint Implant Surgery and USC University Hospital honored auto racer Andy Granatelli and his wife Dolly for their history of support to medical causes. At left, Lawrence Dorr, professor of orthopedics and director of the center, with Granatelli.

# Calendar

## Wednesday, Oct. 8

8:30 a.m. Pulmonary & Critical Care Medicine Conference. "Lung Pathology II," M. Koss, USC. GNH 11-321. Info: 226-7923

6 p.m. "Patients of Stone and Canvas: Adventures in Caring for our Cultural Heritage," Eric Doehne, Getty Conservation Institute. Hoffman Hall, Hastings Aud. Info: 342-1130

## Thursday, Oct. 9

Noon. Pathology: Special Topic Seminars. "Mitochondria and Regulation of Apoptosis," Ella Bossy-Wetzel, La Jolla Institute of Allergy and Immunology. AHC Aud., Room 102. Info: 342-5576

## Friday, Oct. 10

8:30 a.m. Pulmonary & Critical Care Medicine Conference. "Pulmonary / Critical Care Journal Club," GNH 11-321. Info: 226-7923

1 p.m. IPR Seminar. "The California Tobacco Control Program: 1990-1993," Andy Johnson, USC. CHP 106. Info: 342-2605

## Tuesday, Oct. 14

12:15 p.m. Speaker's Forum. "Prodromal Symptoms and Prevention of Relapse in Schizophrenia," Marvin Herz, Univ. of Rochester School of Medicine and Dentistry. Hoffman Hall, Hastings Aud. Info: (818) 457-4180

## Wednesday, Oct. 15

8:30 a.m. Pulmonary & Critical Care Medicine Conference. "Advances in Management of Thromboembolism," H. Liebman, USC. GNH 11-321. Info: 226-7923

## Thursday, Oct. 16

Noon. Biokinesiology and Physical Therapy. "Research Proposal: The Relationship Between Glenohumeral Rhythm and Subacromial Impingement Syndrome," Wendy Burke, USC. CHP 147e, Info: 342-2900

Noon. Pathology: Special Topic Seminars. "Regulation of Anchorage Microbiology & Immunology," Axel Schonthal, USC. AHC Aud., Room 102. Info: 342-5576

## Friday, Oct. 17

8:30 a.m. Pulmonary & Critical Care Medicine Conference. "Physiology," GNH 11-321. Info: 226-7923

11 a.m. Hematology Conference. "Boosting Immunity Against Cancer," Jeffrey Weber, USC. GNH 7441. Info: 764-3913

1 p.m. IPR Seminar. "The California To-

Notice: Deadline for calendar submissions is 4 p.m. Tuesday to be considered for that week's issue. Send calendar items to: HSC Weekly, DEI 2510 or faxed to 342-2832, or by e-mail to hscwkly@hsc.usc.edu. Entries must include title of talk, speaker, affiliation of speaker and a phone number for information.

USC Health Sciences  
Public Relations  
1450 San Pablo Street  
DEI 2510  
Los Angeles, CA 90033

Non-Profit Organization  
U.S. POSTAGE PAID  
University of Southern  
California

## Tuesday, Oct. 21

12:15 p.m. Speaker's Forum. "Multiple Personality Disorder," Prakashchandra Patel, USC, and Stephen Marmer, So. Calif. Psychoanalytic Inst. Hoffman Hall, Hastings Aud. Info: (818) 457-4180

## Thursday, Oct. 23

Noon. Pathology: Special Topic Seminars. "Inactivation Mechanisms in Phototransduction," Jennie Chen, USC. AHC Aud., Room 102. Info: 342-5576

## Friday, Oct. 24

8:30 a.m. Pulmonary & Critical Care Medicine Conference. "Gene Therapy for Lung Cancer," P. W. Miller, UCLA. GNH 11-321. Info: 226-7923