

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Office of Communications
Academic Health Center*

*Mayo Mail Code 735
420 Delaware Street S.E.
Minneapolis, MN 55455*

MEDIA ALERT

*Office:
A395 Mayo Memorial Building
612-624-5100
Fax: 612-625-2129*

Contact: Jonell Rusinko, Academic Health Center, 612.624.5680 (office),
612.899.7471 (pager)

U of M ANATOMY TIME CAPSULE TO BE OPENED

What: An anatomy time capsule, found recently in Jackson Hall, will be opened by Frank Cerra, senior vice president for health sciences, University of Minnesota, on Wednesday, January 5. Jackson Hall, which is home to the anatomy department, first opened in 1912. An anatomy historian will be present to provide historical perspective on the contents of the time capsule and the history of the anatomy program at the University.

When: Wednesday, Jan. 5, 10:30 a.m. – 11:30 a.m.

Where: Lobby of the Molecular and Cellular Biology Building,
420 Washington Ave. S.E., University of Minnesota Minneapolis campus

Background: When University of Minnesota president George Vincent reorganized the Medical School in 1912, he invited Dr. Clarence M. Jackson to become head of the Department of Anatomy. Jackson developed a strong graduate training program in anatomy, and in his capacity as chairman of the Medical Graduate Committee he fostered the development of strong graduate programs throughout the Medical School. His contributions to the University were so many, and regard for him so high, that in 1954, on recommendation of the faculty, the Board of Regents changed the name of the Institute of Anatomy to Jackson Hall.

Please RSVP to Jonell Rusinko at 612.624.5680 or jrusinko@umn.edu to receive specific parking directions.



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Jackson Hall was a part of a quad of buildings which included Millard and Owre Halls and Lyon Laboratories. In 1999, the latter three buildings were demolished to make room for the Molecular and Cellular Biology Building. Jackson Hall had been connected to the demolished structures and so construction needed to take place to create an end cap. It was during this construction that the time capsule was unexpectedly happened upon!

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A305 Mayo Memorial Building
612-624-5100
Fax: 612-625-2129***Contact:** Jonell Rusinko, Academic Health Center, 612.624.5680
Molly Portz, Academic Health Center, 612.625.2640**U OF M'S FRANK CERRA HONORED WITH LIFETIME ACHIEVEMENT
AWARD BY THE SOCIETY OF CRITICAL CARE MEDICINE**

MINNEAPOLIS/ST. PAUL (January 11, 2005) – The University of Minnesota's Senior Vice President for Health Sciences Frank B. Cerra, M.D., will be awarded a prestigious Lifetime Achievement Award by the Society of Critical Care Medicine (SCCM) during the American College of Critical Care Medicine (ACCM) Convocation/SCCM Awards Presentation on Sunday, January 16, 2005, in Phoenix, Ariz. Cerra will be recognized for his numerous scientific and clinical advances in critical care medicine, as well as his extraordinary organizational vision and leadership.

"I am quite humbled that anyone would think that my accomplishments were worthy of this kind of peer recognition," said Cerra. "Receiving this award is very gratifying and provides a sense of responsibility to set a good example for the next generation."

Cerra currently leads the University of Minnesota's Academic Health Center, which includes the six health professional schools, as well as several health-related centers and institutes. Since assuming leadership in 1996, Cerra has guided many changes enabling the University's AHC to respond more nimbly to the evolving health care marketplace, to advance science and technology, and to translate those advances into new treatments. Those changes include the creation of the Center for Biomedical Genomics and the Stem Cell Institute and a focus on interdisciplinary research programs.

Joining the University in 1981, Cerra served as director of surgical critical care, focusing his research on the nutrition and metabolism areas of critical care. During this time, he also assumed the position of president of SCCM in 1991-92. His agenda focused on establishing SCCM as the respected leader in critical care and propelling critical care into the professional spotlight. During his presidency, Cerra worked to



change SCCM's orientation to recognize the multi-professional team and to increase awareness of critical care among medical professionals and the general population.

Cerra also strengthened the academic stature of SCCM's annual congress by emphasizing research, encouraging researchers to attend the meeting and to present academic papers. The triumph of the program was reflected in the success of the society's journal *Critical Care Medicine*. In addition, Cerra helped establish the national database of critical care patient data still in use today. He also worked with the American Medical Association to develop the Current Procedural Terminology (CPT) codes for critical care billing.

Throughout his career at the University and SCCM, Cerra has been highly regarded as a researcher, as well as administrator and clinician. He is co-developer of the bioartificial liver, a device similar to a kidney dialysis machine. Cerra also designed new forms of nutrients that actually improved metabolic function. This led to the concept of immunonutrition, which aims to preserve or enhance the immune response in critically ill patients to improve outcomes and reduce the length of hospital stay. His research played a role in understanding how nutrients improve the immune function and improve the outcomes of critically ill patients. Cerra's research was instrumental in the development of several nutritional support products that are used today.

A native of Buffalo, New York, Dr. Cerra, 61, received his B.A. degree in biology from the State University of New York at Binghamton and his M.D. degree from Northwestern University School of Medicine.

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Contacts: John Halstrom, Center for Spirituality and Healing, 612-624-2141
Sara E. Buss, Academic Health Center, 612-624-2449

RENOWNED AUTHOR AND STRESS REDUCTION PRACTITIONER TO SPEAK AT U of M

WHAT: Jon Kabat-Zinn, Ph.D., a mind-body medicine expert and founder of mindfulness based stress reduction, will speak on how to achieve balance, reduce stress, and live a richer life by learning to reduce stress. His talk, "Coming to our senses: healing ourselves in ways little and big through mindfulness," is sponsored by the University of Minnesota's Center for Spirituality and Healing.

WHEN: 7 p.m., Tuesday, Jan. 18

WHERE: University of Minnesota
Ted Mann Concert Hall
2128 4th Street South
Minneapolis

BACKGROUND: Kabat-Zinn, recently featured in *Newsweek*, is founding director of the Stress Reduction Clinic and the Center for Mindfulness in Medicine, Health Care and Society at the University of Massachusetts Medical School. He lectures to health care professionals as well as the public on the concept of "mindfulness," which encourages people to develop the connection between mind and body in order to promote self-understanding, healing, and personal transformation. Kabat-Zinn will speak about the power of practicing mindfulness through meditation and everyday activities.

TICKET INFORMATION: \$50 includes VIP reception; \$30 general admission; \$15 student admission. Call 612-624-2345 for tickets. Parking information is available at www.csh.umn.edu

Media representatives may contact John Halstrom, 612-624-2141, for complimentary tickets to the speech and to arrange interviews with Kabat-Zinn before or after the speech.



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612.899.7471 (pager)
Claudia Kanter, School of Dentistry, 612.625.0402 (office),
612-965-0040 (cell)

U OF M SCHOOL OF DENTISTRY TO PROVIDE FREE DENTAL CARE TO 200 UNDERSERVED CHILDREN

National "Give Kids a Smile" Program

WHAT: The University of Minnesota's School of Dentistry is proud to be participating in the American Dental Association's Give Kids a Smile program. School of Dentistry students and faculty dentists will provide free dental care for approximately 200 Minnesota children who do not have access to dental care.

VISUALS: Children will fill 28 dental chairs in one room and will be cared for by student dentists working alongside volunteer faculty dentists. American Dental Association President-elect Robert Brandjord and Dr. Patrick Lloyd, Dean of the School of Dentistry, will be available for interviews.

Entertainment will also be provided for the children.

WHEN: Saturday, February 5
8:00 a.m. - 3:00 p.m.

WHERE: 6th Floor, Moos Tower, 515 Delaware Street, S.E.
Parking available in the Washington Avenue parking ramp.

BACKGROUND: Held each February, Give Kids A Smile Day provides free oral health education, screening, and treatment services to children from low-income families across the country.

If you plan to attend, please call one of the media contacts lists above.



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For Immediate Release

Office:
A395 Mayo Memorial Building
612-624-5100
Fax: 612-625-2129**Contacts:** Mary Lawson, Cancer Center, 612-624-6165
Sara E. Buss, Academic Health Center, 612-624-2449**U OF M CANCER CENTER SPONSORS "CANCER AND THE HUMAN BODY"
Science Museum event will help the public understand cancer**

MINNEAPOLIS/ST. PAUL, MN (Feb. 7, 2005)—Why are zebrafish used in cancer research? What does cancer look like? How does a surgeon perform a minimally invasive cancer operation?

Twin Cities area residents can get answers to those questions and others about cancer at the fifth annual *Cancer and the Human Body* event. The University of Minnesota Cancer Center and the Science Museum of Minnesota have partnered to sponsor this informal educational event from 1-4 p.m., Saturday, Feb. 19, at the Science Museum, 120 W. Kellogg Blvd., St. Paul.

"Cancer is now the leading health concern in Minnesota and throughout the United States, and our goal with this event is to provide adults, students, and children with an opportunity to learn more about cancer from people who work with it," says Marva Bohlen, outreach education director at the cancer center.

Researchers, physicians, and nurses will staff exhibits and activities, including:

- Showing what normal and cancer cells look like under a microscope
- Providing a quiz about cancer and its risk factors
- Explaining the role of zebrafish in stopping blood vessel development and blocking tumor growth
- Demonstrating how radiation is focused directly on the tumor
- Using mirrors to show how minimally invasive surgery is done

The event cost is included with museum admission of \$8.50 for adults and \$6.50 for children and seniors. For more information, call the University of Minnesota Cancer Center at 612-625-4441.

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420 Delaware Street S.E.
Minneapolis, MN 55455**NEWS RELEASE**

For immediate release

Office:
A395 Mayo Memorial Building
612-624-5100
Fax: 612-625-2129**Contact:** Sara Buss, Academic Health Center, 612-624-2449
Molly Portz, Academic Health Center, 612-625-2640**U OF M RESEARCH OFFERS PROMISE FOR TYPE 1 DIABETES TREATMENT**
Single-donor pancreas islet transplantation study published in JAMA

MINNEAPOLIS / ST. PAUL (Feb. 10, 2005)— Researchers at the University of Minnesota's Diabetes Institute for Immunology and Transplantation (DIIT) reversed type 1 diabetes after transplantation of insulin-producing islet cells prepared from a single-donor pancreas. All eight recipients with type 1 diabetes enrolled in the clinical trial attained insulin independence post-transplant. Five of the eight recipients remained insulin-independent for more than one year.

The research, led by Dr. Bernhard J. Hering, associate professor of surgery and holder of the Eunice L. Dwan Diabetes Research Chair at the University of Minnesota, will be published in the Feb. 16 issue of the *Journal of the American Medical Association*.

In the past, islets from more than one donor pancreas were needed for transplant into each donor recipient, but Hering and his team were able to restore insulin independence in transplant recipients after transplantation of islets prepared from a single-donor pancreas.

"For islet transplants to become a viable treatment option for those living with type 1 diabetes, we must find a way to make the process more efficient and cost-effective," Hering said. "Our findings may have implications for the ongoing transition of islet transplants from clinical investigation to routine clinical care."

Islet transplants seek to address an unmet medical need in people with type 1 diabetes who suffer frequent acute and severe chronic complications. The transplant process is performed by isolating islet cells from a donor pancreas and transplanting them into the portal vein of the liver in people with type 1 diabetes. If successful, transplanted

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Islet transplantation, page 2

islets will sense blood glucose levels on a minute-to-minute basis and release the appropriate amount of insulin to achieve tight blood glucose control. Insulin injections are no longer needed in recipients of successful transplants.

As a result, islet recipients may have fewer and less severe episodes of low blood sugar levels (hypoglycemia), which can lead to unconsciousness and seizures.

Transplantation also offers hope in reducing the risk of developing debilitating secondary complications of diabetes, such as damage to the heart and blood vessels, eyes, nerves, and kidneys.

While the reported findings may suggest a distinct advance in islet transplantation, Hering said further study in a larger population with a longer follow-up period will be critical in assessing the risk-benefit ratio of this emerging therapeutic option. The procedure is still investigational and only available to those participating in clinical trials.

The Diabetes Institute for Immunology and Transplantation (DIIT) was formed in 1994 to capitalize on the University of Minnesota's historic leadership in pancreas and islet cell transplantation. Both of these advanced treatments for diabetes were pioneered here. Under the leadership of David E.R. Sutherland, M.D., Ph.D., both procedures have continued to be refined. The University of Minnesota is the home of the world's oldest, largest pancreas transplant program, having performed over 1,600 pancreas transplants, which are frequently preceded, accompanied, or succeeded by a kidney transplant.

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Minneapolis, MN 55455**NEWS RELEASE****EMBARGOED until 5 p.m. EST Feb. 14, 2005**Office:
A395 Mayo Memorial Building
612-624-5100
Fax: 612-625-2129Contact: Jonell Rusinko, Academic Health Center, 612-624-5680
Sara E. Buss, Academic Health Center, 612-624-2449**U OF M RESEARCH SHOWS SMOKING CESSATION PROGRAM
PARTICIPATION CAN PROLONG LIFE**

MINNEAPOLIS / ST. PAUL (Feb. 14, 2005) — University of Minnesota researchers found that middle-aged smokers who participated in a smoking cessation program had a lower death rate than those who did not, even if they did not end up kicking the habit.

The study followed 5,887 middle-aged smokers with mild lung disease; some were assigned to quit-smoking programs, and others received usual care. The death rate for the people assigned to the program was 15 percent lower than the rate for the group receiving usual care, despite the fact that only about 20 percent quit smoking completely. The people in the study who quit completely fared the best, with a 46 percent lower death rate than those who continued to smoke

The research will be published in the Feb. 15, 2005, issue of the *Annals of Internal Medicine*. The findings were based on data from the Lung Health Study.

The study, "The Effects of a Smoking Cessation Intervention on 14.5-year Mortality," is the first experimental study to show that stopping smoking adds years to life. Previous studies linking smoking to death from specific diseases, such as lung cancer and heart disease, were based on observation rather than on experiment.

"Since only about 20 percent of people quit smoking, one may think that the program was not working. People quit, restarted, and quit again," said John E. Connett, Ph.D., professor of biostatistics with the University's School of Public Health. "However, quitting had such a statistically large impact on the overall population that even though many people quit and started smoking again, as long as they were smoke-free for periods of time, they had better outcomes than those who continued to smoke."

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Smoking cessation programs, page 2

The participants in the study all had mild lung disease, which itself increases risk for more serious lung disease in the future.

Connett said the reduction in death rate was more significant in younger people, ages 35 to 45, than older people.

"Current guidelines suggest that smokers over age 45 should be screened, but our study found that younger people have more to gain from being screened than older people," he said. "Young people who are found to have abnormal lung function should be put into an aggressive quit-smoking program."

The Academic Health Center is home to the University of Minnesota's six health professional schools and colleges as well as several health-related centers and institutes. Founded in 1851, the University is one of the oldest and largest land grant institutions in the country. The AHC prepares the new health professionals who improve the health of communities, discover and deliver new treatments and cures, and strengthen the health economy.

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Contact: Rebecca Lentz, College of Pharmacy, 612-624-7654
Sara E. Buss, Academic Health Center, 612-624-2449

U OF M ESTABLISHES CENTER FOR DIETARY SUPPLEMENT SAFETY
Center to collect data on supplement ingredients and adverse effects

MINNEAPOLIS / ST. PAUL (Feb. 14, 2005) — Researchers from the University of Minnesota's College of Pharmacy have developed a center that will shed light on the safety of dietary supplements, which are increasingly popular with the public.

The Center for Dietary Supplement Safety, based in the College of Pharmacy, will collect, analyze, and disseminate scientific information about dietary supplements, which have become a \$20 billion industry in the United States.

"The public is starved for information about dietary supplements and their safety," said Richard Kingston, Pharm.D., professor of pharmacy and director of the center. "We want to provide data to answer questions in a more systematic and ongoing basis and provide day-to-day monitoring of safety issues associated with the use of dietary supplements."

Dietary supplements are regulated by the Food and Drug Administration (FDA) under the framework of the Dietary Supplement Health and Education Act of 1994 (DSHEA). Under the act, ingredients in dietary supplements are presumed to be safe, and evaluation of whether a dietary supplement product presents a significant or unreasonable safety risk takes place after the product is on the market. While the FDA encourages manufacturers, marketers, and distributors of dietary supplements to report adverse events associated with use of their products, no mandatory requirements for reporting exist.

"I believe that this center will serve important needs of the public and of health professionals for reliable information about the safety of dietary supplements so that individuals can use them and health professionals can recommend them with

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Dietary supplements, page 2

confidence," said Marilyn K. Speedie, Ph.D., dean of the College of Pharmacy.

Highlighting the interdisciplinary strength of the University, center faculty include researchers from the College of Pharmacy, the College of Agriculture, Food and Environmental Science, School of Public Health, and Medical School.

Goals for the center include: serving as a clearinghouse for data on safety related issues associated with supplement use; publishing reports on product safety; developing a national supplement product database of ingredients; and promoting dialogue about supplements between manufacturers, health care providers, the public, and regulators including the FDA.

The center will seek funding through government grants as well as donations and service contracts from the dietary supplement industry or other non-governmental organizations. As an academic unit of the University, the center will maintain a policy of full disclosure regarding safety findings that impact public health.

Center director Kingston is a nationally recognized expert in the areas of post-market surveillance and product safety regarding consumer products. A scientific advisory panel will oversee the reporting of information to industry, the FDA, and the public.

Kingston also is a partner and clinician with SafetyCall International, a poison control-focused private medical practice and University-affiliated teaching site that provides clinical services on behalf of companies, government, and other organizations. SafetyCall clinicians manage product exposures by responding to questions and providing medical advice to consumers or health care providers reporting adverse effects during or after product use. In an effort to centralize safety information on supplements, manufacturers will be encouraged to share with the center adverse-event information collected on their behalf by SafetyCall and other poison centers with the new center.

The College of Pharmacy, the only school of pharmacy in Minnesota, offers its program on the Twin Cities and Duluth campuses. Founded in 1892, the College of Pharmacy educates pharmacists and scientists and engages in research and practice to improve the health of the people of Minnesota and society. The college is part of the Academic Health Center, which is home to the University of Minnesota's six health professional schools and colleges as well as several health-related centers and institutes.

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Fax: 612-625-2129Contact: Jonell Rusinko, Academic Health Center, 612-624-5680
Sara E. Buss, Academic Health Center, 612-624-2449**U OF M RESEARCH SHOWS SMOKING CESSATION PROGRAM
PARTICIPATION CAN PROLONG LIFE**

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Smoking cessation programs, page 2

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A395 Mayo Memorial Building
612-624-5100
Fax: 612-625-2129**Contact:** Rebecca Lentz, College of Pharmacy, 612.624.7654
Sara E. Buss, Academic Health Center, 612.624.2449**PREGNANT WOMEN'S MEDICATION NEEDS VARIES, STUDY SAYS**
Findings to help determine drug dosages in pregnant women

MINNEAPOLIS / ST. PAUL (Feb. 15, 2005) — Findings from a University of Minnesota study will help pregnant women get the right dose of medication to successfully manage chronic conditions such as diabetes, depression, or HIV.

A pregnant woman's ability to metabolize medications depends on the stage of pregnancy and the medication taken, and dosages can't be determined by a one-size-fits all approach, said Timothy Tracy, Ph.D., a College of Pharmacy professor and lead author on the study. The findings were published in the February issue of the *American Journal of Obstetrics and Gynecology*.

"We're talking about treating the mother's chronic condition," Tracy said. "We're talking about determining what's the right dose of medication at what stage of pregnancy. The question is: Are we getting the right dose to treat her condition?"

Among the most commonly prescribed medications for pregnant women are antidepressants, antipsychotics, codeine-based pain relievers, antivirals for treatment of diseases such as HIV, blood pressure medications, and certain antibiotics.

Most medications do not have dosing guidelines for pregnant women. Dosing guidelines for drugs—including those commonly used in pregnancy—are based on studies conducted on men. The drug studies that involve women use only women who aren't pregnant.

Researchers knew pregnant women needed to have their medications adjusted, but they didn't know by how much and whether to increase or decrease those dosages. The findings from the study show that those changes depend on the stage of pregnancy and the medication given.

"You can't treat all medications the same," Tracy said. "You can't say 'She's pregnant so we automatically have to increase or decrease the medication.'"

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Drug dosage and pregnancy, page 2

As more women have children later in life, the number of women using medications to manage chronic conditions will increase, Tracy said.

"The bottom line is if a pregnant woman has a chronic condition, she needs the medication," Tracy said. "Her asthma didn't stop because she got pregnant. Her depression didn't stop because she got pregnant. The pregnancy didn't address the underlying, chronic biological imbalance."

In the study, pregnant women were given two drugs known to be safe during pregnancy. The drugs were caffeine and a dextromethorphan, a cough suppressant, which is available without a prescription.

Pregnant women were given the drugs three times: Between the 14th and 18th weeks, between the 24th and 28th weeks, and between the 36th and 40th weeks of pregnancy. They were also given the drugs between six and eight weeks after birth.

There are three enzymes in the body that metabolize about 80 percent of medications—including caffeine and dextromethorphan. Tracy studied the concentration of the drugs after they were ingested to determine whether metabolism of medication increased or decreased throughout pregnancy.

Tracy found pregnant women's metabolism of some medications increases or decreases only once, while metabolism of other medications continues to increase or decrease as pregnancy progresses. The change depended on which enzyme the body used to metabolize the drug.

Researchers can now correlate the findings to the 80 percent of medications metabolized by these enzymes.

"The dose a woman needs in pregnancy may need to be changed throughout her pregnancy," he said.

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Fax: 612-625-2129**NEWS RELEASE****For immediate release****Contact:** Rebecca Lentz, College of Pharmacy, 612.624.7654
Sara E. Buss, Academic Health Center, 612.624.2449**U of M FINDS MEDICATION COMPLIANCE A PROBLEM AMONG IMMIGRANTS
Non-English speaking patients more likely to not take medications**

MINNEAPOLIS / ST. PAUL (Feb. 28, 2005) —Despite the availability of translators in doctors' offices, non-English speaking patients aren't as compliant with taking medication as English-speaking patients, according to a study by University of Minnesota researchers.

College of Pharmacy researchers found that 31 percent of non-English speaking patients didn't adhere to medication instructions compared with 12 percent of English-speaking patients. The results of this study were recently published in the *Journal of the American Pharmacists Association*. Of those non-English speaking patients who did not adhere to therapy, 54 percent did not understand the prescribed instructions, compared to 14 percent of English-speaking patients. The lack of understanding led patients to not take their medication at all or not take them properly, the study found.

"Even though they may have access to interpreters in the clinic when they see their physician, language barriers may prevent patients from experiencing reinforcement of information in pharmacies," said Sarah Westberg, Pharm.D., lead author on the study and an assistant professor at the College of Pharmacy, Duluth.

Westberg and College of Pharmacy Associate Professor Todd Sorensen conducted the study. "Non-English speaking patients often don't get the information that others receive. They can't read the bottle. They can't read the leaflet," Sorensen said.

In 2003, 12 percent of the U.S. population was born in a country other than the U.S., according to the U.S. Census Bureau. In 1970, that number stood at 4.7 percent. In 2003, 6.1 percent of Minnesota's population was born in another country, up from 5.3 percent in 2000.

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Medication compliance, page 2

One-third of immigrants lack health insurance, according to estimates.

Westberg interviewed patients at the Community-University Health Care Center in Minneapolis. CUHCC provides a wide range of services to a diverse population and offers full translation services to its patients. CUHCC houses a pharmaceutical care clinic, where pharmacists meet with patients to identify, resolve, and prevent drug therapy problems that can adversely affect patient care.

Westberg found that once patients leave the clinic they are frequently unable to receive instructions in their native language, unable to communicate with the pharmacists in their communities, and unable to read the instructions and patient information they received.

In addition to English, she identified six primary languages—Vietnamese, Hmong, Laotian, Somali, Spanish, and Cambodian—spoken by clinic patients. To determine the availability of pharmacy-based services for non-English speaking patients, Westberg contacted about 40 pharmacies in the Minneapolis-St. Paul area. Seven pharmacies were able to provide printed instructions in a language other than English. Not all seven pharmacies were able to provide the information verbally.

Despite the presence of these pharmacies, patients may not be able to get to those pharmacies because they lack transportation, the authors say. And many patients also were unaware that pharmacies provided services in languages other than English.

The profession of pharmacy hasn't done a good job looking at language as a barrier to taking medication properly, Westberg said.

"Pharmacy must make the necessary adjustments in daily practices to accommodate patients of all demographics and education levels," the authors reported.

The College of Pharmacy, the only school of pharmacy in Minnesota, offers its program on the Twin Cities and Duluth campuses. Founded in 1892, the College of Pharmacy educates pharmacists and scientists and engages in research and practice to improve the health of the people of Minnesota and society. The college is part of the Academic Health Center, which is home to the University of Minnesota's six health professional schools and colleges as well as several health-related centers and institutes.

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Office of Communications
Academic Health CenterMayo Mail Code 735
420 Delaware Street S.E.
Minneapolis, MN 55455**NEWS RELEASE****Embargoed until 4 p.m. ET Monday, April 11, 2005**Office:
A395 Mayo Memorial Building
612-624-5100
Fax: 612-625-2129**Contact:** Jonell Rusinko, Academic Health Center, 612.624.5680
Sara Buss, Academic Health Center, 612.624.2449**U of M RESEARCHERS FIND OLDER CHILDREN CAN BENEFIT FROM
TREATMENT FOR CHILDHOOD'S MOST COMMON EYE DISORDER**

MINNEAPOLIS / ST. PAUL (Apr. 11, 2005)—Researchers at the University of Minnesota participated in a nationwide clinical trial that determined that many children ages seven through 17 with amblyopia (lazy eye) may benefit from treatments that are more commonly used on younger children. The study was the first large sample to show effective treatment for this eye condition, and will appear in the April issue of *Archives of Ophthalmology*. Treatments for amblyopia include glasses, patching, and near work, which trains the eye to see better.

Treatment improved the vision of many of the 507 older children with amblyopia studied at 49 eye centers. The study investigators found that 53 percent of children age seven through 12 years who received treatment successfully improved their vision, compared with 25 percent of those children who did not receive treatment. Previously, eye care professionals often thought that treating amblyopia in older children would be of little benefit.

"Doctors can be assured that traditional treatments for amblyopia will work for many older children," said Gail Summers, M.D., professor, Departments of Ophthalmology & Pediatrics at the University of Minnesota. Co-Investigator Stephen Christiansen, M.D. explained, "This is important news because an estimated 3 percent of children in the United States have some degree of vision impairment due to amblyopia, and many of these children do not receive treatment while they are young."

Amblyopia is a leading cause of vision impairment in children and usually begins in infancy or childhood. It is a condition resulting in poor vision in an otherwise healthy eye due to unequal or abnormal visual input while the brain is developing in infancy and childhood. The most common causes of amblyopia are crossed or wandering eye (strabismus) or significant



differences between the eyes in refractive error, such as astigmatism, farsightedness, or nearsightedness.

Children in the study were divided randomly into two groups. One group was fitted with new prescription glasses only. The other group was fitted with glasses as well as an eye patch, or the eye patch along with special eye drops, to limit use of the unaffected eye. These children were also asked to perform near vision activities. The patching, near vision activities, and eye drops force a child to use the eye with amblyopia. Patching was prescribed for periods of two to six hours daily, while the eye drops were administered daily for the children seven through 12 years of age.

The study investigators defined successful vision improvement as the ability to read (with the eye with amblyopia) at least two more lines on a standard eye chart. The study investigators found that 53 percent of children age seven through 12 years who received both glasses and treatment with patches, eye drops, and near activity met this standard, while only 25 percent of those children in this age group who received glasses alone met the standard. For children age 13 through 17 years who were treated with both glasses and patches (these children did not get drops), 25 percent met the standard while 23 percent of children of these ages who received only glasses met the standard.

The study was funded by the National Eye Institute (NEI), part of the National Institutes of Health (NIH). B-roll is available by calling 301.496.5248. Photos and other materials are available on the NEI Web site at <http://www.nei.nih.gov/ats3>.

The Academic Health Center is home to the University of Minnesota's six health professional schools and colleges as well as several health-related centers and institutes. Founded in 1851, the University is one of the oldest and largest land grant institutions in the country. The AHC prepares the new health professionals who improve the health of communities, discover and deliver new treatments and cures, and strengthen the health economy.

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*Twin Cities Campus**Office of Communications
Academic Health Center**Mayo Mail Code 735
420 Delaware Street S.E.
Minneapolis, MN 55455***NEWS RELEASE**
For immediate release*Office:
A395 Mayo Memorial Building
612-624-5100
Fax: 612-625-2129***Contact:** John Halstrom, Center for Spirituality & Healing, 612-624-2141
Sara Buss, Academic Health Center, 612.624.2449**U OF M OFFERS CONCENTRATION IN COMPLEMENTARY THERAPIES**
Public health students to study usage, effectiveness, policy

MINNEAPOLIS / ST. PAUL (April 12, 2005)—Responding to increased awareness and the need for educating health professionals in complementary and alternative therapies, the University of Minnesota's School of Public Health is now offering a Complementary and Alternative Medicine (CAM) Interdisciplinary Concentration.

Public health students will have the option of taking courses through the University's Center for Spirituality & Healing, a national leader in complementary and alternative healing practices that through education and evidence-based research, aims to integrate care of the whole person—body, mind, and spirit—into health care practices.

"The students in public health will benefit from the well-established Center for Spirituality & Healing," said Pam Schreiner, Ph.D., associate professor of epidemiology and community health, who proposed the concentration. "Public health and CAM are a natural combination where study design and statistical analysis skills can be used to evaluate complementary and alternative medicine techniques as well as to design future studies."

Developing strong scientific evidence of how complementary treatments work is becoming more important as more people turn to alternative therapies to manage their health, according to recent report from the Institute of Medicine (IOM). The IOM further recommends that information on CAM be integrated into all health sciences curricula.

"It has become increasingly recognized that optimum care integrates appropriate therapies from conventional biomedicine as well as complementary and alternative medicine," said Mary Jo Kreitzer, Ph.D., director of the Center for Spirituality & Healing.

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CAM concentration, page 2

With the partnership between the School of Public Health and the Center for Spirituality & Healing, students graduating with this concentration will be positioned to contribute to this growing area of research.

“The World Health Organization, in fact, promotes integration of modern public health practice within a cultural context that includes preserving culturally based healing practices that are safe and effective,” Kreitzer said.

The Center for Spirituality & Healing is a national leader in complementary, alternative and culturally-based healing practices whose mission is to transform healthcare to integrate care of the whole person - body, mind and spirit. The Center is part of the Academic Health Center, home to the University of Minnesota's seven health professional schools and colleges as well as several health-related centers and institutes. The AHC prepares health professionals to improve the health of communities, discover and deliver new treatment options and cures as well as strengthen the health of our economy. Founded in 1851, the University is one of the oldest and largest land grant institutions in the country.

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Twin Cities Campus

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Academic Health Center*

*Mayo Mail Code 735
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MEDIA ADVISORY

Contacts: Jonell Rusinko, Academic Health Center, 612.624.5680,
Sara Buss, Academic Health Center, 612.624.2449

*Office:
A395 Mayo Memorial Building
612-624-5100
Fax: 612-625-2129*

U OF M HOSTS THE PRESIDENT'S SECOND 21ST CENTURY INTERDISCIPLINARY CONFERENCE ON MEDICAL DEVICES

WHAT:

The University of Minnesota is proud to host "The President's Second 21st Century Interdisciplinary Conference on Medical Devices" on Friday, April 15. The theme of this year's conference focuses on leading the change for breakthroughs in health through medical device advancements. University of Minnesota president Bob Bruininks will present the opening remarks.

8:30-10:30: U.S. Senator Norm Coleman will join Frank B. Cerra, senior vice president, Academic Health Center, University of Minnesota, Timothy Mulcahy, vice president for research, University of Minnesota, Kenneth H. Keller, Hubert H. Humphrey Institute, University of Minnesota, and Tim Mahoney, Minnesota House of Representatives, to discuss "leading change through creative partnerships with the State of Minnesota on behalf of medical device breakthroughs."

10:30 - 12:30: A panel will discuss "leading change with industry to enhance research and development and engage the next generation of health professionals in the development and use of new medical devices." Panelists include Richard W. Bianco, assistant vice president for regulatory affairs, University of Minnesota, Jeffrey McCullough, director of Biomedical Engineering Institute, University of Minnesota, Jagjit Gill, vice president of marketing and business development, Advanced Bionics/Boston Scientific, and Scott Augustine, CEO, Augustine Biomedical and Design.

1:30-3:30: The topic will be "Leading change with the BioBusiness Alliance of Minnesota to ensure the state remains a leader in the medical device industry." Panelists include Dale Wahlstrom, vice president, Medtronic, Jeremy Lenz, project executive, BioBusiness Alliance of Minnesota, Tim Laske, senior director of platform technologies, CRM, Medtronic, and Timothy Mulcahy.

The President's Conference is part of the Design of Medical Devices Conference, which will be held from April 13-15.

WHEN:

Friday, April 15th
8 a.m. - 3:30 p.m.

WHERE:

Radisson Hotel Metrodome
615 Washington Ave SE, Minneapolis, MN

To register, please go to: <http://www.mc.umn.edu/dmd/2005Registration.pdf>



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NEWS RELEASE
 For immediate release

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U of M OFFERS FREE SKIN CANCER SCREENINGS

WHAT: The University of Minnesota's Dermatology Department is offering free skin cancer screenings as part of Melanoma Monday, an annual event designed to raise awareness about the importance of regular skin cancer screenings.

WHEN: Monday, May 2, 2005

WHERE: *East Bank*
 Phillips-Wangensteen Building, Room 4-175
 516 Delaware St. SE., Minneapolis
 8:30 a.m. to 3 p.m.

West Bank
 University Riverside Orthopedic Clinic, Room 102
 2512 S. 7th St., Minneapolis
 8:30 a.m. to 11 a.m.

MINNEAPOLIS / ST. PAUL (April 26, 2005) — The University of Minnesota Department of Dermatology will offer free skin cancer screenings Monday, May 2, Melanoma Monday. This American Academy of Dermatology sponsors this annual event, which is designed to raise awareness of skin cancer and encourage regular skin examinations.

Skin cancers are the most common type of cancer, and fall into three categories: basal cell carcinoma, squamous cell carcinoma, and malignant melanoma. Basal cell carcinoma is the most commonly diagnosed, with more than 1 million new cases in the United States every year, while squamous cell carcinoma is the second most common type with more than 400,000 new cases each year. Melanoma is the deadliest form of skin cancer, but like most forms of skin cancer, it can be treated if caught early.

"We are trying to teach our patients and the public the basics of sun-safety, including wearing proper clothing, using adequate sun screen, and practicing sun avoidance," said Peter Lee, M.D., Ph.D., assistant professor of dermatology and director of the University's Dermatologic Surgery and Laser Center.

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Skin cancer screening, page 2

"We also recommend routine self skin examinations and annual skin checks with a dermatologist or a physician."

Cases can appear anywhere on the body, but is most common on areas most exposed to the sun, such as the back and shoulders for men and legs for women. People should watch for moles that change in size, color or shape. An asymmetrical mole, a darkly pigmented mole, or one with an irregular border should raise a red flag. A mole does not have to be raised to be dangerous—in many cases, flat, dark lesions are cause for concern.

The skin cancer screening will be offered on a first-come, first-serve basis, and is free to the general public. For more information, please call (612) 625-7925.

NOTE: If media are planning to film at the event, please contact Sara Buss, Academic Health Center Office of Communications, at 612-624-2449, so that the proper consent forms are available. Thank you.

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May 5, 2005

**UNIVERSITY OF MINNESOTA BOARD OF REGENTS
PUBLIC NOTICE**

The Board of Regents Fairview University Medical Center (FUMC) Board of Trustees Nominating Committee will meet on Thursday, May 12, 2005, at 8 a.m. in the Board of Regents Office, 600 McNamara Alumni Center, Minneapolis.

The purpose of the meeting will be to determine nominees to fill two vacancies on the FUMC Board.

Media contact: Daniel Wolter
University News Service
612-625-8510

May 13, 2005

**UNIVERSITY OF MINNESOTA BOARD OF REGENTS
PUBLIC NOTICE**

Meetings of the following University of Minnesota Board of Regents committees have been scheduled:

Presidential Performance Review Committee
(Meetings of this committee are non-public.)

Tuesday, May 17, 2005, 1:30 p.m., 600 McNamara Alumni Center, Minneapolis

Tuesday, May 31, 2005, 10 a.m., 600 McNamara Alumni Center, Minneapolis

Tuesday, June 7, 2005, 4 p.m., 600 McNamara Alumni Center, Minneapolis

Nominating Committee

Thursday, May 19, 2005, 2 p.m., 600 McNamara Alumni Center, Minneapolis

Media contact: Daniel Wolter
University News Service
612-625-8510