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Cancer center knife set could grow
ECU seeks state's OK to purchase CyberKnife

By Jimmy Ryal

Officials at the Leo Jenkins Cancer Center hope to make a $5.3 million addition to their cancer treatment options.

East Carolina University is seeking the state's OK to buy a CyberKnife. The surgical system would expand the center's less invasive radio surgery offerings for cancer treatment.

If approved, "it's going to open the door to patients who are not getting cancer treatment, and it's also going to open the door to making the treatments the very, very best that's technologically available any place in the world," said Dr. Ron Allison, chairman of radiation oncology at the cancer center. "And we can offer that here in Greenville."

The state Division of Facility Services will decide whether to give ECU a certificate of need for the CyberKnife by July 28, said Lori Walston, a spokeswoman for the N.C. Department of Health and Human Services. With state approval, the CyberKnife would be operational six to 12 months later, Allison said.

The CyberKnife would be a companion to the Gamma Knife, which Pitt County Memorial Hospital bought for the cancer center in 2005. The Gamma Knife, a helmet-like device, focuses large doses of radiation on brain tumors. The CyberKnife would offer similar treatment for tumors elsewhere in the body, said Allison, who is also chief of radiation oncology at PCMH.

"Right now, we can do a fantastic job with the Gamma Knife above the clavicles (shoulders)," Allison said. "The CyberKnife lets us do it below."

The new system won't require the multimillion-dollar facility upgrades that accompanied the Gamma Knife, for which PCMH built a special facility. Built in the mid-1980s, the cancer center already has a vault large enough for the eight-foot-tall CyberKnife, Allison said.

For patients, the CyberKnife would offer an anesthesia-free alternative to time-consuming radiation therapy, Allison said. Cancer patients receiving traditional radiation treatment often require six or eight weeks of regular treatments.

The new system would produce similar results in one to five sessions, he said. Each treatment lasts between 30 and 90 minutes, focusing up to 200 short bursts of radiation from different angles, according to Accuray, which manufactures the system.

"If it's approved, it's going to make, I think, a difference to rural patients," Allison said. "Because what happens now is a lot of patients live so far away that they won't come for daily radiation treatments."

Between 100 and 150 patients are likely to get CyberKnife treatment annually, Allison said. That number could rise as cancer patients who wouldn't travel for weeks of radiation take advantage of the more abbreviated CyberKnife treatments, he added.

Brody School of Medicine officials also expect the CyberKnife to help their bottom line. At full capacity, it could generate up to $1.5 million per year in revenue, according to data projections consultant Chris Collins shared at February meeting of the ECU Physicians steering committee. The committee is overseeing a reorganization of the medical school's finances.
Duke, former players agree on settlement

Judge says he will suspend Nifong from his office today

By Aaron Beard
The Associated Press

DURHAM—Duke University has reached an undisclosed financial settlement with three former lacrosse players falsely accused of rape, the school said Monday.

"We welcomed their exoneration and deeply regret the difficult year they and their families have had to endure," the school said in a statement. "These young men and their families have been the subject of intense scrutiny that has taken a heavy toll."

Reade Seligmann, Collin Finnerty and Dave Evans were indicted last year on charges of rape, kidnapping and sexual offense after a woman told police she was attacked at a March 2006 team party where she was hired to perform as a stripper. Duke suspended all three, canceled the team's season and forced coach Mike Pressler to resign.

The allegations were debunked in April by state prosecutors, who said the players were the "innocent" victims of Durham County District Attorney Mike Nifong's "tragic rush to accuse." Nifong was disbarred Saturday for breaking more than two dozen rules of professional conduct in his handling of the case.

The players' families racked up millions of dollars of legal bills in their defense, and appear likely to file a civil lawsuit against Nifong.

Duke said it reached a private agreement with each former student after determining "it is in the best interests of the Duke community to eliminate the possibility of future litigation and move forward." Earlier this month, Duke said it had reached an undisclosed financial settlement with Pressler, who is now the coach at Division II Bryant University in Rhode Island.

The players said in a joint statement, also released by the school, they hoped the agreement would "begin to bring the Duke family back together again."

"The events of the last year tore the Duke community apart, and forcibly separated us from the university we love," they said. "We were the victims of a rogue prosecutor concerned only with winning an election, and others determined to railroad three Duke lacrosse players and to diminish the reputation of Duke University."

The announcement came the same day Nifong—who said he planned to resign during his five-day ethics trial last week—released a letter sent to Gov. Mike Easley saying that he planned to leave office July 13.

That isn't soon enough for Superior Court Judge Orlando Hudson, who decided late Monday to suspend Nifong from office. As part of the suspension, which Hudson will formally issue Tuesday, the judge will order the Durham County sheriff to prevent Nifong from carrying out any duties of the district attorney.

"I have thought about the situation, and this is why I wish to proceed," Hudson said.

A disciplinary committee of the North Carolina State Bar concluded Saturday that Nifong had lied to the court, made inflammatory statements about the three indicted players and their teammates, and withheld critical DNA evidence from defense attorneys. After some administrative steps, Nifong will have 30 days to turn in his law license.

Dick Ellis, a spokesman for the state Administrative Office of the Courts, said Nifong will still be eligible for his full retirement benefits that he accrued while working a state employee for nearly 30 years.

There was no word of whom Easley will choose to replace Nifong. The governor said Monday he would immediately remove Nifong—who has worked in the district attorney's office since 1978—from his position.

"You are given a lot of power and you can destroy a reputation in moments with just a few words," said Easley, former prosecutor. "This was much more than a mistake."

Associated Press writer Margaret Lillard contributed to this report from Raleigh.
N.C. State set to begin expansion of vet school

The Associated Press

RALEIGH — N.C. State University will soon start a 20-year, $500 million experiment that will quadruple the size of its veterinary school.

The College of Veterinary Medicine plans to break ground on a 47,500-square-foot building in a few months. The facility is meant to attract private and government researchers and is part of a plan to add more than 20 new research buildings.

The school also hopes to start work on its Randall B. Terry Companion Animal hospital as early as the spring, depending on whether $38 million in state funding arrives in time. That facility will help accommodate the roughly 22,000 animals already getting treatment each year.

When finished, the intersection at the State Fairgrounds will mirror the Centennial Campus — a village that is a joint home for university colleges, such as textiles, and firms such as software company Red Hat.
Keeping doctors ‘educated’

BY DANIEL CARLAT

The revelation that the diabetes drug Avandia can potentially cause heart disease is the latest in a string of pharmaceutical disappointments. Vioxx was pulled from the market in 2004 because it doubled the risks for heart attacks and strokes. Eli Lilly recently paid $750 million to settle lawsuits alleging that Zyprexa causes diabetes. Many have criticized the Food and Drug Administration’s being too lax about monitoring drug safety.

While those criticisms have merit, there is another culprit: the transformation of continuing medical education into an enterprise for drug marketing. The hope of teaching doctors how to practice medicine has been handed to the pharmaceutical industry. As a result, dangerous side effects are rarely on the curriculum.

Most states require that doctors obtain a minimum number of credit hours of continuing medical education each year to maintain their medical licenses. Not so long ago, most of these courses were produced and paid for by universities and medical associations. But this has changed drastically over the past decade.

According to the most recent data available from the national organization in charge of accrediting the courses, drug-industry funding of continuing medical education has nearly quadrupled since 1998, from $302 million to $1.12 billion. Half of all continuing medical education courses in the United States are now paid for by drug companies, up from a third a decade ago. Because pharmaceutical companies now set much of the agenda for what doctors learn about drugs, crucial information about potential drug dangers is played down, to the detriment of patient care.

For example, GlaxoSmithKline footed the bill for dozens of educational courses intended to emphasize the benefits of Avandia over other drugs. An influential Internet-based educational program paid for by the company focused on specific studies that highlighted Avandia’s advantages without discussing one of the drug’s most worrisome side effects, increased levels of the lipids implicated in heart disease.

Avandia’s chief competitor, a drug called Takeda Pharmaceuticals called Actos, improved lipid levels but was hardly mentioned. When GlaxoSmithKline’s program did cite Actos, it did so tepidly. The information in the course was presented by noted diabetes academics paid by GlaxoSmithKline and other drug companies.

GlaxoSmithKline is not the only offender. The major organizations in diabetes education, like the National Diabetes Education Initiative, offer dozens of continuing medical education courses on diabetes that are free of doctors and paid for by drug companies. Predictably, each course focuses on the advantages of the sponsor’s product and minimizes discussion of dangerous side effects.

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But the standards have a loophole that allows drug companies to circumvent the regulations. They hire for-profit “medical education communication companies” to organize the courses. These companies receive millions of dollars from drug companies to create course work and to pay doctors to deliver the content. Sometimes, they pay doctors to give lectures to other doctors. Other times, prominent doctors are paid to be listed as the authors of journal articles that are written by ghost writers, a practice that was extensively documented in court records from a lawsuit against Pfizer.

Either way, the content is rarely developed by the identified experts. Instead, it is developed by the undisclosed communication company, which is paid by the sponsoring pharmaceutical company.

Essentially, this is a new twist on that well-known instrument of corruption, money laundering. Drug companies don’t directly pay doctors to teach courses. Instead, they pay someone else to cut the checks. Similarly, the drug companies don’t explicitly tell doctors to say good things about their products. Instead, they hire a company to write good things about their products and to pay doctors to deliver the messages.

These shenanigans were recently spotlighted by Sen. Max Baucus, Democrat of Montana, and Sen. Charles Grassley, Republican of Iowa, of the Senate Finance Committee. In April, their committee released a report, two years in the making, concluding that drug companies have used educational grants unethically as a way of marketing their products.

In response, the guidelines regarding commercial support for continuing medical education are being reviewed. The solution could hardly be simpler: Any continuing medical education that is paid for by the drug industry should not be accredited. Drug companies could still pay for any educational event, article or pamphlet they choose, but their courses and materials would no longer bear the imprimatur and implied credibility of accreditation.

Doctors, in turn, would be encouraged to seek medical education from sources that are not financed by drug companies. A renewed commitment to unbiased education would allow doctors to learn about drug risks sooner. This would be good for doctors, and even better for their patients.

BOSTON

THE NEW YORK TIMES

Daniel Carlat, a professor at Tufts Medical School, is the editor-in-chief of The Carlat Psychiatry Report.
University seeks college-town feel

THE ASSOCIATED PRESS

CHARLOTTE - Leaders at the University of North Carolina at Charlotte are looking to build a small village of shops and amenities to give its campus a college-town feel.

The university is considering using some of its land to build shops, a hotel or a conference center — features with community-wide appeal, similar to Franklin Street at UNC-Chapel Hill.