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Drugs as good as stents for many heart patients, study says

BY MARILYNN MARCHIONE
The Associated Press

Milwaukee

People with chronic chest pain who are not in big danger of a heart attack now may have even less reason to rush into an artery-opening angioplasty. There's more evidence drugs should be tried first and often are just as effective.

The slim early advantage for angioplasty at relieving pain in these non-emergency cases starts to fade within six months and vanishes after three years, according to a new report from a landmark heart study.

That is sooner than the five years doctors estimated last year after their first analysis of the study. The new information comes from patients' own reports of how they fared after treatment. Results are in today's New England Journal of Medicine.

"This study should be enlightening and practice-changing for doctors and patients alike," and should lead more to try drugs before resorting to the $40,000 heart procedure, said Duke University's Dr. Eric Peterson, who co-authored an editorial in the medical journal.

The number of angioplasties has been falling since the first results from this big study came out in 2007, according to new figures requested by The Associated Press from an American Col-

lege of Cardiology database.

Angioplasty remains the top treatment for people having a heart attack or hospitalized with worsening symptoms. It involves using a tiny balloon to flatten a clot and propping the artery open with a mesh tube called a stent.

However, at least a third of angioplasties are done on people not in imminent danger, to relieve chest pain. These patients are no more likely to die or suffer a heart attack if initially treated with drugs alone, the big 2,287-patient study revealed.

Still, angioplasty's fans tout it as a quick fix that improves quality of life. That benefit is fairly small and short-lived, compared to good medication use alone, the new report found.

Researchers did follow-up health surveys of about 70 percent of the study's participants. At the start, 78 percent had chest pain.

Three months after treatment, 53 percent of patients who had angioplasties plus drug treatment and 42 percent of the drugs-alone patients were free of chest pain. Both groups continued to improve, and the gap started to narrow within six months. After three years, their scores on chest pain, quality-of-life and treatment satisfaction did not significantly differ.

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STUDY

Continued from D1

"Patients get better," regardless of which initial treatment they have, said study leader Dr. William Weintraub of Christiana Care Health System in Newark, Delaware.

One exception: Those who started out with more severe chest pain fared better with angioplasty.

And not everyone did well on drugs alone — about one-third ultimately needed an angioplasty or heart bypass surgery.

The study was funded by the U.S. Department of Veterans Affairs, the Medical Research Council of Canada and a host of drug companies.

Many of the researchers have consulted for drug makers, and many of the study's critics have consulted for stent makers.

People in the study were properly tested to ensure they were medically stable, said Dr. Spencer King, a cardiologist at St. Joseph's Heart and Vascular Institute in Atlanta and past president of the cardiology college.

"My greatest fear" is that some patients now may be given medications without adequate testing to show angioplasty can safely be delayed, he said.

The study patients also received an ideal mix of medicines, potentially including aspirin, cholesterol-lowering statins, nitrates, ACE inhibitors, beta-blockers and calcium channel blockers.
Ammons: I thought program was OK'd

Ex-NCCU leader talks of satellite venture

BY ERIC FERRERI
STAFF WRITER

DURHAM — As chancellor at N.C. Central University, James Ammons routinely attended meetings of the NCCU trustees and the UNC system's governing board. But Wednesday he said he always assumed a satellite NCCU campus that operated for years at a suburban Atlanta megachurch had been properly approved, even though neither of those boards ever voted on it.

Asked how he never realized the oversight, Ammons said only, "In the end, I accept responsibility for it."

In a conference call Wednesday, Ammons, who left NCCU last year and is now president at Florida A & M University, spoke at length for the first time since The News & Observer reported on Sunday the rise and fall of the i.LIFE College program at New Birth Missionary Baptist Church in Lithonia, Ga. The church's pastor is Eddie Long, an NCCU trustee.

NCCU shut the program down in June after it ran afoul of an accrediting agency. In accepting blame for it, Ammons on Wednesday also shifted some responsibility to the academic units that operated under him while the program was being created in 2004. He said it was presented to him by faculty members and the University College, the NCCU division that administers distance education programs.

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The college dean then was Beverly Washington Jones, who would later become provost. Ammons didn't name her specifically.

"I'm not here to place any blame on anyone," he said.

In an e-mail statement Wednesday, Jones tossed the responsibility back to Ammons, saying in part that though she was involved in some of the academic planning, the responsibility for "securing the appropriate authorizations" rested with the provost and chancellor. The provost at the time was Lucy Reuben; Jones succeeded her in late 2004. Reuben could not be reached.

Last week, UNC system President Erskine Bowles appeared to place the blame on Ammons, saying in part: "I can think of no justifiable reason why the former NCCU leadership would have completely ignored the opportunity to abide by the appropriate approval process in creating this program. Such action is contrary to all university policy. To say the least, it is very disappointing."

For four years, NCCU offered bachelor's degree programs in hospitality and tourism, criminal justice and business administration at the sprawling megachurch run by Long, a 1976 NCCU alumnus and donor who became a university trustee in 2002. Ammons said Wednesday that Long, who last week donated $1 million to the university, did not ask him to set up the satellite campus. Ammons added that he didn't know whether Long might have asked someone else at the university about the program.

"Bishop Long did not ask me to do it," he said. "Bishop Long and I didn't talk about the establishment of this program."

Long has not responded to requests for comment but did issue a statement this week saying he hoped the New Birth program could be saved. But NCCU has scrapped the program and is looking for ways to accommodate students whose educations were interrupted by its closing.

Ammons said he assumed the program was properly authorized because he knew the Faculty Senate had signed off on it. But the faculty chairman at the time, Kofi Amoeteng, said last week that the issue was contentious and won faculty approval by a slim margin, with many faculty members left feeling that the proposal had been pushed through without a proper hearing. Ammons said Wednesday he did not attend the 2004 meeting where the faculty voted on the program.

He did say he liked the idea when he first saw it. "We saw it as an opportunity to partner with Bishop Eddie Long ... and also to provide educational opportunities in what would have been a new market to N.C. Central University," he said.

The New Birth program was dissolved in June after the accrediting agency, the Southern Association of Colleges and Schools, refused to authorize it. NCCU had violated a requirement that the university notify the agency of any substantial changes to its academic offerings. The university did not tell the association about the New Birth program when it began in 2004.

Last week, NCCU officials said degrees earned by graduates of the New Birth program were valid because NCCU, which ran the program, is properly accredited. But an association official said those degrees do not carry the same weight as a regular NCCU bachelor's degree because the New Birth program was not considered the last time the agency accredited NCCU.

As a result, New Birth graduates may run into trouble with some potential employers or face difficulty in trying to get into graduate school.

Students currently enrolled may face similar problems. Though NCCU is now developing a "teach-out" program to help those students finish their educations, the Southern Association will not recognize any course work done at the Georgia site.

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 Triangle welcomes its college students

Brian Robinson, left, a senior at N.C. Central University in Durham, helps George Ennis move the belongings of Ennis' niece into her dormitory room at NCCU.

From Staff Reports

Triangle universities are welcoming new and returning students to campus this week as parents and children unload boxes and suitcases in dormitory rooms.

Moving-in days will be accompanied by activities intended to introduce students to life on campus and draw them into volunteer activities. Among the highlights:

**N.C. State:** On Saturday, the university will hold the 12th annual "legacy lunch" for students whose parents or grandparents are NCSU alumni. This year marks the largest number of new legacies with the arrival of 714 students who have a family tie to the school. Overall, NCSU has the largest freshman class of any Triangle university, with 4,700 freshmen and 1,050 new transfer students. Move-in days: Aug. 15-17.

**UNC-Chapel Hill:** On Friday, two UNC alumni will have completed a 170-mile walk as part of a historic re-creation of the trek by the university's first student, Hinton James, who walked from Wilmington to the Old Well in 1795. Bryan Jones of Charlotte and Nicholas Beckett of Washington set out on their trip on Aug. 2. Move-in days: Aug. 15-17.

**Duke:** On Aug. 23, Duke will hold an "into the city" event designed to introduce new students to Durham. They will perform volunteer service at nonprofit organizations and schools until 2 p.m. Mayor Bill Bell will welcome the students. Faculty members will also take small groups of students to visit some of their favorite area haunts. Move-in days: Aug. 13-23.

**N.C. Central University's** move-in days were Tuesday through today. Meredith College will welcome new and returning students Saturday.
Dr. Blogger

Online medical journaling raises privacy issues

By Melissa H. Healy
Los Angeles Times

For physicians of a certain age, the weekly teaching session known as grand rounds is a ritual steeped in formality and tradition. Presided over by the profession's graybeards, grand rounds are attended with white coats on and clinical details in hand. Young physicians learn to accept their elders' old-school admonishments with reverence and humility.

Grand rounds on the Internet is another thing altogether. A weekly compilation of the Internet's best medical blog postings, it is part classroom, part locker room, part group therapy session and part office party—a freewheeling collection of rants, shop talk, case studies and learned commentary (along with the occasional recipe, movie review or vacation slide show).

This rotating round-up, hosted each week by a different blogger, is the center ring of a colorful and growing circus of blogs written by medical professionals and posted for all to see. It is making the practice of medicine more transparent to patients and raising questions about safeguarding patient privacy.

"Medical blogs have the opportunity to be such a benefit to patients," says Dr. Tara Lagu, author of an article on the subject published online last week in the Journal of General Internal Medicine. "By revealing the struggles we have, they can really open patients' eyes to how to interact with doctors; they can connect patients and nurses who can be isolated from each other and they can be an important source of information for doctors as well as patients."

But as physicians increasingly use blogs to talk shop and vent their frustrations online, patient privacy has become an issue, says Lagu, who is a Robert Wood Johnson Foundation Clinical Scholar and an internal med-

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icine specialist. "It's time for us to take some responsibility and really think of how we can maintain the integrity of this process."

The Health Insurance Portability and Accountability Act, or HIPAA, gives patients strong privacy protections, but the 1996 law predates the medblog phenomenon, leaving gray areas for bloggers who write about their patients.

In a 2006 study, Lagu and her co-authors found 271 blogs written by physicians or nurses. Roughly 42 percent of those blogs included descriptions of interactions with individual patients, and almost 17 percent included sufficient information for patients to identify their doctors or themselves. Three of the blogs showed recognizable photographic images of patients.

And in a sign that blogs may increasingly become a means of indirect marketing by pharmaceutical and device makers, 11.4 percent had postings promoting health care products. Few, however, said anything about an author’s conflict of interest.

Medical blogs are the place to eavesdrop on what doctors and nurses are talking about in break rooms and at conferences and to read what medical professionals think about the latest clinical studies or health care proposals making headlines. For a growing number of the nation's more than 700,000 physicians and 2.9 million nurses, they are a gathering place like no other.

Here, members of the community jettison the facade of clinical authority, abandon forbearance with obtrusive or demanding patients; and flout the convention of paying homage to the profession's most senior practitioners.

"Like everything else on the Internet, it's just kind of the Wild West," says Dr. Allen Roberts, an emergency room doctor from Fort Worth, Texas, who is better known in the blogosphere as the author of the GruntDoc blog (gruntdoc.com). "It's very leveling ... You can write in print what you would never say to a surgeon's face about him being an overweening jerk."

Though many medblogs are filled with clinical observations and links to studies, some posts are personal and often ribald.

A growing number of people—by no means all of them medical professionals—seem to enjoy reading the unfiltered candor of a profession long hidden behind the white coat and forbidding air of authority.

"It really gives a glimpse behind the medical curtain that otherwise the general public wouldn't see," says Dr. Kevin Pho, an internal medicine specialist in Nashua, N.H., and author of the widely respected blog Kevin, M.D. (www.kevinmd.com)

"Some of the opinions are very raw and in some cases don't reflect on the profession in a very positive way. But they do reflect reality; we often say what people don't like to hear."

According to Lagu's analysis, 65 percent of medical blogs are penned anonymously, while the rest of the authors identify themselves by name. Some use blogs to blow off steam and share experiences; others use it to link to studies they find interesting; about half, Lagu says, make forays into the political realm of health care policy; and a few are primarily teaching tools.

But Lagu says physicians who blog may not be doing all they can to protect the identity of patients. She cited several cases in which patients had been disparaged by disgruntled physicians.

Her study found 45 blogs—16.6 percent of the 271 she combed through—that included posts describing interactions in enough detail that patients, or family and friends, could recognize themselves.

Several bloggers interviewed said they are wary of identifying patients and take pains to avoid it. Roberts says he frequently changes the gender, age or other descriptions of patients. Dr. Robert Donnell, who writes under his own name at Notes From Dr. RW (doctorw.blogspot.com), says he avoids reference to any clinical cases in which he's been personally involved.

Medical blogging is such a new feature, Lagu adds, that it has scarcely been noticed by medical community leaders who would ordinarily initiate debate on appropriate peer behavior.

Amid that leadership vacuum, she holds, the medical blogosphere has become much larger and more cacophonous, and patients' medical secrets are clearly being spilled in the process.
By Jack Hagel
Staff Writer

Craig Davis Properties might do something in West Raleigh that it isn't willing to do elsewhere in the Triangle: begin a speculative office building.

The Cary developer is planning a $28 million, 125,000-square-foot office building called Alliance Center I at N.C. State University's Centennial Campus. And it might break ground without commitments from tenants.

A couple of years ago, it was common for developers to begin building without any space reserved in advance. "Speculative" or "spec" is what developers call that gamble, one that is founded in confidence that a fertile economy would drive new and expanding companies to their properties.

As job growth has slowed, however, so too has office leasing. That has shaken the confidence of many commercial builders and, more importantly, financiers — many of whom will now only fund projects with pre-leasing.

"As we see the world today, Alliance is one of the few places where we would take a speculative stance in this market," said Jack Dunn, Davis president. "We're really focusing our attention on places where we feel like there's a special story right now. And this is one of those."

His comfort is understandable. The campus off Avent Ferry Road and Centennial Parkway has sprouted in large part because of corporate tenants who have flocked to Centennial to collaborate with university researchers or pluck from the ranks of recent graduates.

"The economy has shifted to a knowledge-based economy, and universities are knowledge-based resources," Dunn said. "The university continues to attract partners, which is a testament to the success of Centennial Campus."

Last year, McKim & Creed decided to move its Triangle division to Centennial. The engineering firm wanted to establish relationships with engineering students through internships and training initiatives, with the hopes of hiring the best when they graduate. McKim joined companies such as Swiss power conglomerate ABB, which has been expanding its power systems subsidiary.

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based at Centennial. Two years ago, packaging company MeadWestvaco decided to open a research center at Centennial.

Because of the activity, there's little available space at Centennial for more tenants. All but 1 percent of its 2.4 million square feet of labs, offices and classrooms are full, said Bob Fraser, associate vice chancellor of Centennial Campus.

And there's little room for competitors to build. The university controls what is built on the land. Davis had to compete with other developers for the deal, eventually winning a 65-year land lease for the 3.18-acre Alliance site.

Meanwhile, the campus is surrounded by two of the tightest Triangle office markets: West Raleigh and downtown.

Those factors are the same reasons MayfieldGentry Realty Advisors of Detroit led investors to pay a near-record sum for five Davis-built Centennial office buildings. MayfieldGentry paid $105 million, or $222 per square foot -- almost 50 percent above the average price of Triangle offices sold in 2007 -- for Venture I and Venture Place, which are across Main Campus Drive from the Alliance Center site.

The Venture deal closed late last year amid a credit crunch that has hampered investors' ability to secure debt for commercial real estate.

The 474,000-square-foot Venture portfolio, Alliance's main competition, is 99 percent occupied. Almost 60 percent of it is leased beyond 2015 from reliable tenants, including ABB, the U.S. Department of Agriculture, and software company Red Hat.

Because that space is tied up, Davis and lenders could get more comfortable with Alliance as a speculative project.

Centennial has been a haven for Davis, one of the most prolific Triangle developers in the past decade. When the tech bust of the early 2000s halted other Triangle office developers, Davis and partner GE Asset Management pressed on with two Venture buildings at Centennial.

MayfieldGentry paid almost 50 percent above average Triangle price for Venture I.

STAFF FILE PHOTO BY CHRIS SEWARD

Today, like then, Davis' other office projects -- including Charter Square in downtown Raleigh and Butterball's Garner headquarters -- either have significant pre-leasing or need it to be built.

Even if lenders required Davis to secure pre-leasing for Alliance I, the developer has time to line up tenants. Plans for the building, a 450-space parking deck and an auxiliary 15,000-square-foot building with restaurants and services still need approval from city planners.

Dunn expects the process to take a year. He hopes to finish building in 2010. "We have a fair amount of interest already," he said.

At least one prospective tenant has signed a letter of intent for 12 percent of the space, Dunn said, declining to name the company.

Alliance is among several new buildings planned at Centennial.

The university is building a 240,000-square-foot engineering building on the campus. And in recent months, it tapped Keystone to build up to 75,000 square feet of labs cutty-cornered from Alliance. Also, funding was approved last month for a 220,000-square-foot library, which is being designed.

The name Alliance Center I leaves a pretty bold hint: Alliance II could be in the offing.

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Positive news on breast cancer

Recurrence risk is low after surviving five years

By Liz Szabo
USA TODAY

Women who survive five years after being diagnosed with breast cancer have a good chance of remaining cancer-free, a new study shows.

In the most detailed study of its kind, the report shows that 86% of such patients remain disease-free 10 years after diagnosis, and 81% are cancer-free after 15 years.

Authors of the study, published online Tuesday in the Journal of the National Cancer Institute, say their findings may reassure breast cancer survivors, many of whom assume their odds are much bleaker.

"Patients often ask me, 'Now that I've survived my breast cancer, what is my future risk of a recurrence?'" says author Abena Brewster, an assistant professor at the University of Texas M.D. Anderson Cancer Center in Houston. "This is an answer we've had a hard time giving. They remain really terrified about their risk."

Brewster notes that her study didn't include women who relapsed before five years.

Overall, 89% of breast cancer patients live at least five years, the American Cancer Society says. About 183,000 women are diagnosed with breast cancer each year, and about 40,000 die of it.

In Brewster's study, all 2,838 patients had surgery to remove the original tumor, and some also had radiation. All women also took medication — such as several months of chemotherapy, five years of the pill tamoxifen or both — to prevent cancer from returning.

Thanks to new drugs, women today may fare better than those in the study, who were treated between 1985 and 2001, says the cancer society's Len Lichtenfeld. Doctors now often prescribe aromatase inhibitors to post-menopausal women when they're diagnosed, Brewster says.

Lichtenfeld says some of the study's findings were surprising.

In the first five years, two types of tumors are less likely to relapse: those that are slow-growing and those whose growth is fueled by estrogen. Doctors don't yet fully understand how estrogen affects breast cancer or why, in the study, the two types of tumors recurred more often 10 to 15 years after diagnosis.

It's possible that women whose tumors seemed less threatening were "untreated" and could have benefited from additional therapy, says Joseph Baar, a breast cancer specialist at the Ireland Cancer Center in Cleveland. Baar notes that doctors have begun a large study to learn which women need the most intensive therapy and which might safely avoid the rigors of chemotherapy.