

Seniors Take the Cake at Match Day

Amid anxious applause, giddy outbursts and audible sighs of relief, fourth-year DMS students received their Match Day envelopes on March 20 and discovered where they would be spending their years of residency training. In a room packed with fellow students, parents, children, spouses and other well-wishers, it was apparent that, with every joyous outburst, all were witnessing a successful match for the seniors.

Of the 60 DMS seniors scheduled to receive their medical degree in June, 55 were among 23,965 graduating medical students across the nation in the National Residency Matching Program to receive an envelope representing the culmination of their medical school experience. Three other students matched to military programs,



one to a hospital in Canada and one obtained an early match.

Dr. Ethan Dmitrovsky, acting dean, opened the ceremony by congratulating the outgoing students on their diligence and devotion to the Dartmouth Medical Community. Then, succumbing to the students' desire to learn their fates before another torturous minute passed, his statement, "Let's get on with it!" was met with deafening cheers and applause.

Dmitrovsky handed the floor to Dr. Susan Harper, assistant dean for medical education, who passed out the envelopes that would send the graduates across the country. Ten students, the largest proportion of the class, will be heading to California for their training. Nine will be working in Massachusetts, eight in New York and six will remain in New Hampshire, at Dartmouth-Hitchcock Medical Center.



Michael Bartholomew receives his match letter from Assistant Dean Susan Harper.

Twelve DMS seniors chose to train in internal medicine, followed by the second most popular choices of pediatrics and preliminary medicine, each with eight students. Five graduates chose orthopaedics or radiology, four family medicine, and three students respectively chose anesthesiology, primary medicine or pathology. Compared to seniors across the country, 8.3 percent of DMS seniors chose orthopaedics, versus 4 percent nationally and 3.3 percent chose emergency medicine, versus 7.2 percent nationally. Also, points out Dr. David Nierenberg, senior associate dean for medical education, "Only 3.3 percent of our graduates decided to look for a preliminary or transitional internship at this time, whereas about 10 percent of national graduates chose that route."

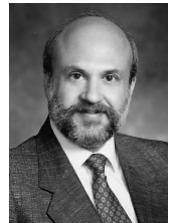


David Gibbons shares the good news with his family.

DMS Dean Named

Noted pediatrician and pharmacologist will be the next dean of Dartmouth Medical School. Dartmouth President James Wright has named Dr. Stephen Paul Spielberg, a leader in medical teaching and research and an advocate nationally and internationally for children's health, as DMS dean and Dartmouth's vice president for health affairs, effective July 1.

Spielberg, whose appointment follows a year-long national search, will also be professor of pediatrics and of pharmacology and toxicology. He succeeds Dr. John C. Baldwin, who served as DMS dean from 1998 to 2002. Dr. Ethan Dmitrovsky, chair of pharmacology and toxicology, has been acting dean.



Stephen P. Spielberg

Since 1997, Spielberg has been vice president for pediatric drug development at Johnson & Johnson Pharmaceutical Research and Development in Titusville, NJ. Over the previous 20 years, he held positions at the Johns Hopkins University School of Medicine, the University of Toronto, the Hospital for Sick Children (Toronto) and Merck Research Laboratories.

"Dr. Spielberg is a person of both great medical talent and leadership ability whose background equips him to help Dartmouth Medical School and Dartmouth College reach new heights in education and research, both medical and interdisciplinary," Wright said.

"As my family and I look forward to joining the Dartmouth community, I am energized by the future of Dartmouth Medical School and Dartmouth-Hitchcock Medical Center," Spielberg said. "Building on a tradition of excellence, even at this time of national and international uncertainty, we have an opportunity — indeed we have a responsibility — to continue to grow and to integrate our three-part mission: development of new knowledge, training the next generation of medical scientists and physicians, and ultimately providing scientifically sound and compassionate care to the patients and community

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Deans Column

When Acting Dean Ethan Dmitrovsky greeted our first year class in August, he reminded them that Dartmouth Medical School is dedicated to four missions: excellent patient care, cutting-edge discovery, superb education and service — to our school, our neighbors and the world. I will focus on the DMS mission of service.

The admissions committee, selecting candidates from an ever-competitive pool, knows how important the commitment to service is in the lives of our applicants. DMS has created an environment that keeps this “fire in the belly” for service burning. “The Healer’s Art” is an elective offered in response to students who, during the course of their medical educations, were afraid they would forget why they were studying medicine in the first place. The final session, “Recapturing the Soul of Medicine,”



Joe O'Donnell

Mark Austin-Washburn

reminds students that service is at the center of the tradition of medicine and that as physicians, we belong to a large community with shared values.

Service implies solidarity and

builds relationships to promote dignity, trust and empowerment among fellow medical professionals and patients alike.

DMS provides the infrastructure to act on these integral values. Through the student-initiated, student-run community service committee, 70 to 80 percent of our first and second years are working with the local community. In addition to providing a strong sense of accomplishment, these experiences offer the opportunity to apply the lessons of the classroom to real people with tangible issues. Each recent dean has told me that he cannot go to a social event in the Upper Valley without hearing of the “wonderful” work DMS students are doing. The school, especially through the Student Affairs Office and Donna Difillippo, provides administrative support and practical advice for these activities.

Another opportunity to live one’s values comes through the Albert Schweitzer Fellowship. The New Hampshire/Vermont program follows the example of Dr. Schweitzer who said it’s important to “grow into your ideals so that life can never rob you of them.” Fellows from DMS, Vermont Law School and University of Vermont College of Medicine perform hundreds of hours of direct service, assemble community symposia, and meet often to help each other.

Schweitzer pointed out that when you try to engage in good works, boulders are often put in your path. DHMC is generous in support of his program and takes a leadership role in identifying projects and helping to remove “boulders.” In the near future, DHMC will focus its resources on solutions to problems of substance abuse and will continue to rely on the DMS community service students and Schweitzer fellows to implement these efforts.

Yet, our commitment to service extends beyond the borders of the local community. In addition to the DMS-Kosovo exchange, the Dartmouth International Health Group (DIHG) continues to provide DMS student service experiences all over the world; participants return to Hanover to share their wisdom with their peers.

When I was collecting data for our students from their residency programs, the overwhelming response was that our graduates were such citizens of their programs, continually striving to “make things better” for their co-workers and patients. Dr. Howard Gardner from Harvard School of Education studies what he calls “good work,” which occurs when “excellence and ethics” meet.

This fall DMS will host a conference on this topic and will explore how DMS students in the Upper Valley and across the world are doing this “good work” and learning to be “citizens.” Something tells me that there will be no shortage of material.

Joe O'Donnell

Joseph F. O'Donnell, MD
Senior Advising Dean
Director of Community Programs

Medicine Chair Appointed

Distinguished endocrinologist and cancer biologist Dr. Murray Korc has been appointed chair of the Department of Medicine at DMS and DHMC, effective September 1.

Since 1989 Korc has been a member of the faculty of the University of California at Irvine where he is professor of medicine, biological chemistry and pharmacology. He also serves as chief of the Division of Endocrinology, Diabetes and Metabolism, as well as director of the UCI Diabetes Care Program and of the UCI Osteoporosis Care and Prevention Group.



Murray Korc

“We are delighted to recruit Dr. Korc who is internationally recognized for his work on pancreatic cancer,” said Dr. Ethan Dmitrovsky, acting dean of DMS. “He is a highly accomplished and active scholar and educator as well as an effective administrator and clinical leader.”

Dr. Thomas A. Colacchio, president of the Dartmouth-Hitchcock Clinic, added, “This is an enormously important position for the medical school and the medical center — one that helps set the tone and the direction for our research and clinical missions. Dr. Korc is extremely qualified and I look forward to working closely with him as the Department of Medicine continues to grow and excel in the coming years.”

Korc succeeds former medicine chair Dr. Harold Sox as the Joseph M. Huber Professor, and Dr. Donald St. Germain who has been acting chair since Sox left for another post in July 2001. The appointment is pending approval by the Dartmouth College Board of Trustees.

“It was a difficult decision for me to leave UC Irvine after 14 wonderful years,” Korc said. “However, I was very impressed with the clinical and academic accomplishments at Dartmouth and DHMC, with the core values that are evident everywhere here, with the stunningly focused direction of the senior leadership, and with the collegial demeanor of all of the faculty members and administrators.

“Thus, the prospect of being able to lead a Department of Medicine that has a long tradition of excellence, that is loaded with talented individuals and that is based in one of the best designed hospitals in the United States simply became irresistible. Indeed, I am eagerly looking forward to working together with my new colleagues to

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Orthopaedics Department Launched

Dartmouth Medical School has established a new department of orthopaedics to heighten its leadership in research and education and meet an increasing demand for services in the growing specialty that treats bone, muscle and associated soft tissue injuries as well as joint problems, spinal disease and arthritis.

Dr. James Weinstein, professor of surgery and of community and family medicine and an expert in low back pain and other musculoskeletal disorders, is inaugural chair of the new department, an outgrowth of the surgery section he previously headed.

Injuries to the musculoskeletal system — bones, joints, muscles, ligaments, tendons — along with arthritis, osteoporosis and related conditions are the nation's chief cause of disability, says Weinstein, with back pain being the most common reason patients visit a doctor. Musculoskeletal disorders impair an estimated one in seven Americans and cost the US more than \$250 billion annually, according to the American Academy of Orthopaedic Surgeons (AAOS). Their prevalence is likely to surge as active baby

boomers age, becoming a major challenge for public health.

The new department, which uses the AAOS spelling, strengthens Dartmouth's ability to take advantage of emerging opportunities to expand and develop new programs. Plans include integrated clinical,

basic and prevention studies, coordinated teaching initiatives, new models for community and regional patient care, and development of a regional musculoskeletal arthritis center at Dartmouth-Hitchcock Medical Center.

Weinstein heads the National Institutes of Health (NIH) Spine Patient Outcomes Research Trial (SPORT), a \$14 million five-year multi-site comparison of surgery versus non-surgical treatment for back

problems that is expected to have a major impact on clinical practice and medical costs. Recently, he and colleagues received an NIH Musculoskeletal Clinical Research Center grant for nearly \$7 million to study the implications of musculoskeletal disease in America.

Dartmouth is prominent in research to improve joint replacement and to understand

practice variation. It maintains a leading retrieval laboratory for joint repair and has produced the Dartmouth Atlas of Musculoskeletal Health Care. Moreover, the orthopaedics graduate training program has led the way with a new program initiative for residents and fellows that incorporates a year of education in the evaluative clinical sciences and public health through the Center for the Evaluative Clinical Sciences.

Weinstein, whose research focuses on understanding and treating spinal disease and injury as well as pain mechanisms, is widely recognized for his work, and in 1997 received AAOS's highest award for orthopedic research. An advocate of evidence-based medicine and conservative treatment measures for low back pain, he directs the multidisciplinary Spine Center and the Center for Shared Decision Making at DHMC and collaborates with Dartmouth's Foundation for Informed Medical Decision-Making.

He is editor of the journal *Spine*, a member of the AAOS board of directors and a director of the American Board of Orthopaedic Surgery. A graduate of Chicago College of Osteopathic Medicine, Weinstein completed his residency in orthopaedics at the Rush-Presbyterian-St. Luke's Medical Center in Chicago and served on the faculty at the University of Iowa with an endowed professorship before joining Dartmouth in 1996.



James Weinstein

Kate Siepmann

Arsenic in Drinking Water May Have Links to Cancer

Building on studies from foreign countries that showed that high levels of exposure to arsenic in drinking water increases the incidence of bladder, skin and lung cancer, DMS researchers explored the role of lower levels of arsenic concentrations found in private wells of New Hampshire residents.

They found exposure to small amounts of arsenic in drinking water may inhibit expression of genes involved in a critical housekeeping function that enables cells to repair damaged DNA. The process, known as DNA repair, is considered a major biological defense in the body's ability to fight cancer.

The study was published in the April International Journal of Cancer. It is the first to report diminished expression of DNA repair genes in cells taken directly from humans exposed to arsenic through their environment, according to lead author, Dr. Angeline Andrew, research assistant profes-

sor of community and family medicine. She and colleagues Dr. Margaret Karagas, professor of community and family medicine, and Dr. Joshua Hamilton, associate professor of pharmacology and toxicology, compared the arsenic exposure of individuals to expression of DNA repair genes isolated from samples of their blood.

"We were primarily interested in uncovering the mechanism to explain how arsenic causes cancer," said

Andrew, noting that arsenic is a well established carcinogen. "This study supports the hypothesis that arsenic may act as a co-carcinogen — not directly causing cancer, but allowing other substances, such as cigarette smoke or ultraviolet light, to cause mutations in DNA more effectively."

The study sheds light on the environmental factors that can increase cancer risk among Americans. The researchers, all faculty in Dartmouth's Center for Environmental

Health Sciences and the Norris Cotton Cancer Center, used molecular tools to expand an ongoing study analyzing cancer risk in people exposed to arsenic through their well water.

Though arsenic has been known as a poison since ancient times, people in many regions of the world consume small amounts of arsenic every day in their drinking water. Exposure to these relatively small arsenic doses has been linked to several kinds of cancer. This study is the first in a series of projects to determine the mechanisms responsible for the link between cancer and arsenic.



Angeline Andrew

Andy Northhoff

Geneticists Discover New Role for Antisense RNA

DMS geneticists studying the biological clock have opened yet another window into the role of an unusual form of RNA known as antisense that blocks the messages of protein-encoding genes. They found that antisense RNA appears to regulate core timing genes in the circadian clock that drives the 24-hour light-dark cycle of *Neurospora*, a model organism better known as bread mold.

The results, reported in the February 27 *Nature*, "provide an unexpected link between antisense RNA and circadian timing," wrote the authors, Drs. Jennifer Loros, professor of biochemistry and of genetics, and Jay Dunlap, professor and chair of genetics, and colleagues from Manchester, England.

Messenger RNA, which has a single-stranded sequence of nucleotides, is called "sense" because it can be decoded to produce a gene product (a protein). Like DNA, mRNA can form duplexes with a second RNA strand whose base sequence is

the complement of the sense message. This second strand is the antisense strand. Such a duplex with complementary antisense RNA turns off the message translation so the sense strand can no longer be decoded for a protein. As scientists identify more antisense RNAs, they are beginning to realize these might affect a wide variety of processes.

Studying bread mold, Dunlap and Loros have teased apart the molecular gears that form the basis of most living clocks. Light and dark cycles reset the clocks, the way turning clock hands does. The clock mechanism, a biological oscillator, keeps time through the delicately balanced interplay of the bread mold clock genes and proteins in a complex of feedback loops.

"We found a long RNA antisense transcript that arises from the frequency gene, known to encode factors important for the operation of the circadian clock in *Neurospora*," said Dunlap.

In normal bread mold strains living in the dark, levels of antisense frequency tran-



Jennifer Loros and Jay Dunlap

scripts are inducible by light, the researchers determined. Abolishing induction of antisense frequency RNA by light delayed the internal clock time and altered the clock resetting by light. The researchers suggest that antisense frequency RNA could confer the ability to keep accurate time by limiting the clock response to extremes in the environment.

Development Flaws May Thwart Cloning

Deep-seated flaws in embryonic development may make therapeutic cloning of nonhuman primates difficult, and reproductive cloning of primates — nonhuman and human alike — impossible, report a team that includes a DMS biochemist and University of Pittsburgh scientists in the April 11 issue of *Science*.

"The experiments look at the possibility of cloning in primates using monkeys as a model system," said Dr. Duane Compton, associate professor of biochemistry, one of the authors. "The results stand in stark contrast to the recent successes of cloning in domesticated animals (sheep, cats, cattle, pigs, mice, etc), and suggest that cloning with currently used techniques is not going to succeed in primates because of severe chromosome abnormalities."

Therapeutic cloning involves the limited cell division of an unfertilized egg cell to develop embryonic stem cells, specialized cells that have shown promise in treating various conditions ranging from spinal cord injuries to Parkinson's disease and diabetes. Reproductive cloning involves the transfer of such a manipulated egg cell into a living surrogate female for a successful pregnancy, which is how researchers created Dolly the sheep a few years ago.

Basic molecular obstacles were observed that blocked normal cell development in the study, despite using four different techniques of nuclear transfer. Imaging of DNA and cell structure revealed that while cell division continued in a superficially normal manner, chromosomal problems exist within each individual cell and the chromosomes do not split properly, according to Compton and colleagues from the University of Pittsburgh.

The authors conclude, "With current approaches, nuclear transfer to produce embryonic somatic cells in nonhuman primates may prove difficult — and reproductive cloning unachievable."



Duane Compton

Medicine Chair continued from page 2

support their academic and scholarly aspirations, and to guiding the department as it meets its new challenges and opportunities."

Korc's research has focused on the molecular underpinnings of pancreatic cancer, an unusually aggressive malignancy. Exploring disruptions of the cell signaling pathways that occur when growth-stimulating factors overpower growth-inhibiting factors, Korc is homing in on the role of growth factors and their receptors in promoting the malignancy. His work could help lead to novel therapies in cancer as well as other diseases by intervening at critical steps to restore the normal checks and balances. He is also interested in the mechanisms of action of peptide hormones and in diabetes mellitus and its complications.

Active in numerous professional societies, Korc is a past president of the American Pancreas Association and has been a frequent invited speaker nationally and internationally. A researcher who is well-funded by the National Institutes of Health, he is author of more than 200 publications and serves on the editorial boards of several journals, including *Pancreas*, *Journal of Biological Chemistry* and *Digestive Diseases*. Korc held posts previously at the University of Arizona and the University of California at San Francisco, after receiving his medical degree (1974) and training (1974-1977) at Albany Medical College and Medical Center.

Income Tied to Cystic Fibrosis Deaths

The risk of death from cystic fibrosis (CF) is related to the income level of the family, according to New England medical researchers. Their study, published in the April issue of *Pediatrics*, the journal of the American Academy of Pediatrics, reports those living with lower incomes are at a greater risk of death from this disease.

“Financial disadvantage has been shown to have a strong effect on the health status of individuals, but this effect has never been examined in cystic fibrosis,” said head author Dr. Gerald T. O’Connor, professor of medicine and of community and family medicine. He led a team of nine researchers from the Northern New England Cystic Fibrosis Consortium, a regional group of health care professionals that seeks to improve the quality of care for people with cystic fibrosis. Participating medical centers include DHMC, Central Maine Medical Center, Eastern Maine Medical Center, Fletcher Allen Health Care and Maine Medical Center.

Cystic fibrosis, considered the most frequently occurring lethal autosomal genetic disease in the white population, affects about 30,000 children and adults in the US. Patients produce abnormally thick mucus in the lungs and pancreas, which causes them to cough, wheeze and experience respiratory problems and infections. While there is no cure for the disease, CF patients are now living longer thanks to advanced treatments. The researchers wanted to determine if income was a factor.

For the study, the researchers selected records of white patients throughout the country who were diagnosed with CF before they reached the age of 18. Clinicians then linked these 23,817 patients with information from the US census. They adjusted the household incomes based on state differences in cost of living.

They found a strong association between household income and the death rate from CF. In the lowest income category, which included families who made less than \$20,000, the incidence of death was 90.3 per 10,000 person years compared to 62 per 10,000 person in the highest income group, which included families who made more than \$50,000. This translates to a 44-percent increased risk of death among the lowest income category.

“The strong effect of low income on outcomes is not yet fully understood,” said O’Connor. “Detailed studies are in progress to understand the mechanism by which socioeconomic status plays a role in clinical outcomes for CF patients.”

DMS Dean continued from page 1

we serve. It is an honor for me to be part of the ongoing creation of Dartmouth Medical School as a model for twenty-first century medicine.”

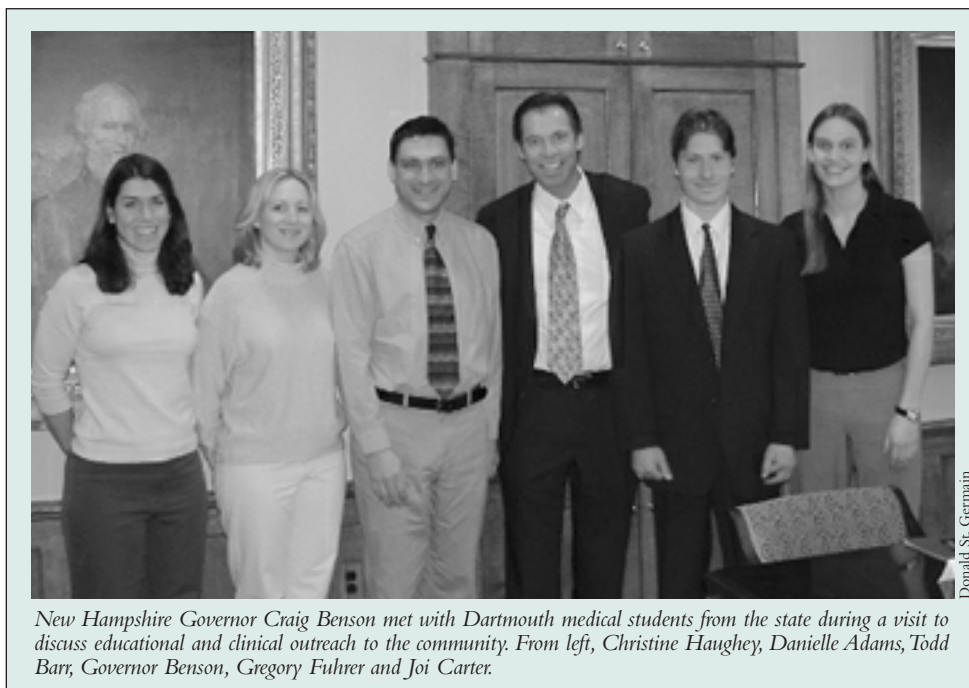
Spielberg, whose research interests include mechanisms of idiosyncratic adverse drug reactions and genetic differences in susceptibility (human pharmacogenetics), has championed the needs of ill children in clinical pharmacology and clinical trials. At Johnson & Johnson, he and his department successfully developed new knowledge for labeling medicines for safe and effective pediatric use and helped advance new approaches to clinical investigation in children. He led efforts in Congress on behalf of the Best Pharmaceuticals for Children Act, which passed and was signed into law in 2002. Also, he has promoted pediatric investigation of new medicines, international harmonization of drug development regulations for children, and the highest ethical standards in pediatric investigative programs.

His work in this area was recognized by the William B. Abrams Award and Lectureship from the US Food and Drug Administration (FDA) and the American Society of Clinical Pharmacology and Therapeutics, and by the Board of Directors Exceptional Service Award from Pharmaceutical Research and Manufacturers of America. Other honors include the Rawls-Palmer Award from the American Society for Clinical Pharmacology and Therapeutics, the first Werner Kalow Award for Pharmacogenetics and Drug Safety.

After graduating from Princeton University with an AB in 1966, Spielberg received his PhD in pharmacology in 1971 and his MD in 1973, both from the University of Chicago. He was a pediatrics intern and resident at Children’s Hospital Boston, then a fellow at the National Institute of Child Health and Human Development, before joining the Johns Hopkins University School of Medicine faculty from 1977 to 1981.

In Toronto from 1981 to 1992, he was a faculty member at the University of Toronto and director of the university’s Centre for Drug Safety Research, as well as senior scientist at the Research Institute of the Hospital for Sick Children and head of its Division of Pediatric Clinical Pharmacology and Toxicology. Joining Merck in 1992, Spielberg was executive director for exploratory biochemical toxicology and clinical and regulatory development. He then joined Johnson & Johnson in 1997, where he established a department of pediatric drug development, now the largest in the pharmaceutical industry, focused on improving therapeutics for sick children.

Spielberg is a member of the Federal Advisory Committee for the National Children’s Study (National Institute of Child Health and Human Development), the Board of the Foundation for the National Institutes of Health, the Institute of Medicine Panel on Ethics in Pediatric Clinical Trials, the FDA Pediatric Advisory Subcommittee, and the Scientific Advisory Board of the Elizabeth Glaser Pediatric Research Network.



New Hampshire Governor Craig Benson met with Dartmouth medical students from the state during a visit to discuss educational and clinical outreach to the community. From left, Christine Haughey, Danielle Adams, Todd Barr, Governor Benson, Gregory Fuhrer and Joi Carter.

Aspirin May Help Fight Colon Cancer

An aspirin a day may keep colon cancer away, DMS researchers reported. They led a seven-year study published March 6 in the *New England Journal of Medicine* showing that a daily dose of aspirin can be effective in reducing the risk of polyps that can develop into cancer if left in the bowel.

Dr. John Baron, professor of medicine and of community and family medicine, was lead author of the article, and co-author of a second *Journal* report which stated that aspirin protected against the pre-cancerous polyps — benign growths also called adenomas — of the colon and rectum. The two studies, he noted, show that low doses of aspirin help prevent polyps and so there is good reason to believe aspirin probably

reduces rates of colorectal cancer itself. The findings may be particularly valuable for people who are at increased risk for cancer because they have had polyps or have previously been treated for colorectal cancer. Cancers of the colon and rectum are the fourth most common cancers and second leading cause of cancer deaths in the United States, according to the National Cancer Institute.

“Aspirin is not a magic bullet,” Baron pointed out. “Although the incidence was reduced, all the polyps didn’t go away in our

study. Regular screenings, perhaps including colonoscopies, are still important.”

The study, conducted with Norris Cotton Cancer Center and other institutions across North America looked at 1,100 patients with previously diagnosed polyps.

Overall, those treated with a daily dose of baby aspirin (81 mg) had their risk of polyps reduced 19 percent and their risk of advanced lesions reduced by more than 40 percent.

The companion study, conducted among patients with a history of colorectal cancer, tested a regular aspirin tablet (325 mg) against placebo. It showed even larger reductions in the occurrence of adenoma — about a 35 percent reduction.



John Baron

Mark Austin-Washburn

Screening Priorities Questioned for Colon and Prostate Cancer

Cancer screening practices do not always follow scientific evidence, a DMS study shows. Researchers found that a significantly higher percentage of men are screened for prostate cancer than for colorectal cancer, despite the fact that prostate screening has not been proven to reduce prostate cancer deaths while colorectal screening can substantially reduce the mortality from colon and rectal cancer.



Brenda Sirovich

Andy Nordhoff

While there is widespread agreement in the medical community that men (and women) should be screened for colon cancer annually starting at age 50, there is no consensus about whether men should be screened for prostate cancer. The study pro-

vides the first national population-based estimates of PSA (prostate-specific antigen) test screening rates — the blood test for prostate cancer — and compared the extent US men are undergoing PSA screening to colon cancer screening.

“We wanted to see if medical practice reflects scientific evidence,” said lead author Dr. Brenda Sirovich, assistant professor of medicine. The study appeared in the March 19 issue of *The Journal of American Medical Association (JAMA)*, co-authored by Drs. Lisa Schwartz and Steven Woloshin, also assistant professors of medicine.

The results were surprising, said Sirovich. “We anticipated that if medical care was in line with scientific evidence, then the proven test — colorectal cancer screening — would be more common than the unproven prostate cancer screening. This was not the case. More men had been tested for prostate

cancer than for colon cancer in all but four states [where rates were equal]. That tells us there is a mismatch between the scientific evidence of screening benefit and what men are actually being screened for.”

Using data from a survey of almost 50,000 men conducted by the Centers for Disease Control and Prevention in all 50 states, the researchers, also members of the VA Outcomes Group, compared the prevalence of PSA screening and colorectal cancer screening — whether men had ever been tested and whether they were up-to-date on screening.

“The results make us question whether men are aware that PSA testing has not been proven to reduce the mortality from prostate cancer,” Sirovich adds. “We hope our findings enhance the conversations between physicians and their patients when a decision about screening has to be made.”

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