

WORLDLY-WISE: In a March 3 *New York Times* op-ed essay, DMS researcher Kendall Hoyt called attention to the need for better preparedness—especially the development of better vaccines—against the global health threat of avian flu.



Clinical trials: Hunting for a stroke of luck

Fran Hunt stumbled into her office at DHMC one day last October. She'd felt fine while driving to work but started to feel strange as she walked in from the parking lot. She began veering and bumped into the door as she entered the building.

"I go in my office and I sit down and I realize I can't move my right hand, I can't move my right leg," she recalls. "If I didn't know any better, I'd think I was having a stroke," she remembers thinking. But she considered herself too healthy for that.

Then the phone rang. "My speech was slurred when I tried to speak," says Hunt. The caller, a colleague in another office, thought at first Hunt was kidding around but soon realized she was in trouble and called for help. Within minutes, Hunt was being rushed to the emergency department, where Dr. Timothy Lukovits, a neurologist who specializes in stroke, treated her right away. His team administered tis-

sue plasminogen activator (tPA), which dissolved a blood clot that had lodged in a cerebral artery. She recovered completely. In fact, after a two-night hospital stay, she drove herself home.

But not everyone is as lucky. Stroke is the third-leading cause of death in the U.S., killing about 160,000 people a year—out of the 700,000 who suffer a new or recurrent stroke. There are about 5.5 million stroke survivors in the U.S., many with permanent disabilities.

Act: Administering tPA within three hours is one proven way to treat stroke. Rapid evaluation and treatment of stroke patients is now routine at DHMC, thanks to a "stroke alert" system. When the emergency department gets word a stroke victim is en route, staff are prepared to act even before the patient arrives.

Lukovits and an interdisciplinary team of colleagues are also collaborating on three clinical trials to find other ways to treat and prevent the devastating consequences of stroke.

Lukovits is principal investigator at DHMC for a trial called CLOSURE-I, for patients with patent foramen ovale—a hole in the septum, or wall, separating the upper chambers of the heart. The defect allows blood to circulate back to the body without going through the lungs first. If debris is present, it may travel to the brain and cause a stroke. The standard treatment is blood thinners to reduce the risk of clots. Trial participants are randomly assigned to take standard blood

thinners or to get a device implanted to repair the defect. The multicenter trial is sponsored by the device manufacturer.

Another trial, sponsored by the National Institutes of Health, is for patients with narrowed carotid arteries, which supply the brain with blood. The Carotid Revascularization Endarterectomy vs. Stenting Trial (CREST) is comparing carotid endarterectomy, surgical removal of arterial plaque, to stent-assisted carotid angioplasty, in which a tiny balloon is temporarily inflated in the artery and a mesh tube inserted to hold the vessel open. Dr. Richard Powell, a DHMC vascular surgeon, is the principal investigator and DHMC is one of 110 participating centers. It is "the largest trial comparing stenting and endarterectomy ever," says Lukovits.

Factor: And Lukovits is the principal investigator of a trial DHMC just joined, to determine if Factor VII, a clotting factor typically administered to hemophiliacs, is a safe and effective way to stop bleeding in patients with acute intracerebral hemorrhaging. About 15% of strokes are due to such hemorrhaging. Currently, "there's no proven treatment," says Lukovits.

While Hunt is not participating in any of the trials, she and Lukovits are working hard to ensure that she won't have another stroke. She doesn't smoke or have high blood pressure, two risk factors. But she discovered that she has high cholesterol and diabetes, also risk factors. She's being treated for both.

Laura Stephenson Carter

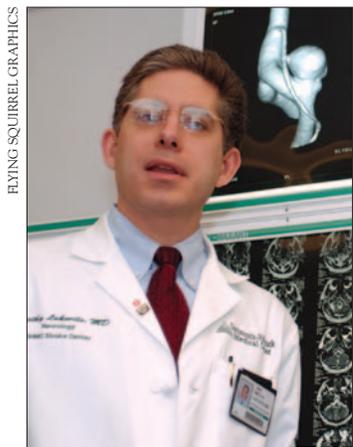
Tanzanian agreement targets the global impact of AIDS

In Tanzania, when you hire someone for a new position, you often have to hire two people because one will [soon] be dead from AIDS": Dr. Stephen Spielberg, the dean of Dartmouth Medical School, was sharing something he'd been told by Dr. Kisali Pallangyo, his counterpart at a Tanzanian medical school. Tanzania has some of the highest HIV infection rates in the world, Spielberg went on, and its social fabric is unraveling as many young, potentially productive members of society are lost to AIDS. And those who've died have left behind more than a million orphans.

"Is international AIDS important?" Spielberg asked. Then he answered his own question: "Yes."

Mark: DMS's dean was speaking at a ceremony in November to mark the signing of an agreement between Dartmouth and Tanzania's Muhimbili University College of Health Sciences (MUCHS).

On the Dartmouth side, the joint effort—called the Global Health Initiative—is being led by DMS and Dartmouth College's John Sloan Dickey Center for International Understanding. It also involves Dartmouth's Tuck School of Business and Thayer School of Engineering. Projects under way include the creation of a global health program in Tanzania; public programs at Dartmouth to raise



Neurologist Tim Lukovits is looking for ways to better treat and prevent stroke.

BYING SQUIRREL GRAPHICS

PAT SAINE



Tanzanian medical student Isaac Maro—foreground, visiting with friends at his Dar es Salaam campus—has also visited DMS as part of a program linking the schools.

awareness of global health issues; a new course in global health for undergraduates; and even a course in Kiswahili, one of the languages spoken in Tanzania. DMS and MUCHS students and faculty will also study and do research at each other's institutions. And Tuck students have been invited to determine the feasibility of developing a pharmaceutical industry in Tanzania.

The initiative builds on the DARDAR project, a collaboration between Dartmouth and MUCHS that began in 2000. Led by Dr. C. Fordham von Reyn of DMS and Dr. Pallangyo, DARDAR includes a clinic for children with HIV/AIDS, a trial for a tuberculosis vaccine, and a five-year Fogarty Foundation grant for training researchers in Tanzania. The word DARDAR was drawn from the first three letters of "Dartmouth" and of "Dar es Salaam," the city where MUCHS is located. In addition,

the acronym is similar to the Kiswahili word "dada," which means "sister," emphasizing the relationship between the two institutions.

Contacts: "When we go overseas, we look to . . . where there are already good contacts made with a strong academic institution we can partner with," said Dickey Center Director Kenneth Yalowitz at the November event. Yalowitz, who is a former ambassador to Belarus and Georgia, retired from the U.S. Department of State in 2001 and so has considerable experience with global initiatives.

"We're trying to approach these kinds of problems not just as isolated medical issues, and not just as isolated social issues," Spielberg said, "but as a continuum of society. Is [AIDS] important to all of us in the world?"

Yes—that's the clear answer from Dartmouth.

Laura Stephenson Carter

Students learn to lobby between classes

The furthest most busy young doctors or doctors-to-be get in advocating for public health policy is the voting booth. But the members of a DMS student group have gotten to the state capitals of Vermont and New Hampshire and even to Washington, D.C.

Chaired by second-year M.D. student Robert Lampman, a once-dormant committee of the student government has become one of its most active. Known as the Public Health Policy Advocacy Committee (PHPAC, pronounced "P-H-pack"), the organization has two goals, says Lampman. "The point of the organization is not just to try to get medical students to be active right now, but to try to get people interested and comfortable to be active later on, wherever they go," he says.

In the past year and a half, through PHPAC, DMS students have traveled to Washington, D.C., to lobby for increasing the National Cancer Institute's budget; met with local representatives to learn about the legislative process; spoken to New Hampshire legislators about raising the tax on cigarettes; attended health-care policy forums in Burlington and Barre, Vt.; and participated in advocacy training workshops. PHPAC has also hosted a series of lunchtime talks with faculty from DMS's Center for the Evaluative Clinical Sciences, which studies health policy questions.

Teaching medical students how to advocate for better

health policy "hasn't been a big agenda in medical schools," says Dr. Joseph O'Donnell, senior advising dean at DMS. "Most of the time at medical schools," adds O'Donnell, who recruited Lampman to chair PHPAC, "you educate not at the policy level but at the one-on-one patient level."

Activism: While nearly all DMS students are involved in some form of community service, few, until PHPAC's revival, were involved in health policy advocacy. Perhaps that's because "it's a different kind of activism," says Lampman of getting involved in the political process. Now, however, PHPAC has an e-mail list of 50 students and its events are well attended. For example, about 30 students came to a PHPAC-sponsored talk by a rep-



Joe O'Donnell, left, looks to get medical students like Rob Lampman, right, engaged in advocating for health policy.