John Wennberg, M.D., the Peggy Y. Thomson Professor of the Evaluative Clinical Sciences and the founding director of Dartmouth’s Center for the Evaluative Clinical Sciences (CECS), recently received three significant honors: He was named “the most influential health-policy researcher of the past 25 years” by the journal Health Affairs. He received the 2007 Ernest Amory Codman Award from the Joint Commission, the accreditation body for healthcare organizations, for his leadership in using outcomes measures to improve health-care quality and safety. And he received the Vermont Medical Society 2007 Founders’ Award for his pioneering work in evaluating the practice of medicine. For more about Wennberg’s career, see this issue’s cover story, starting on page 30.

Jonathan Skinner, Ph.D., a professor of community and family medicine at DMS and the John Sloan Dickey Third Century Professor of Economics at Dartmouth College, was elected recently to the Institute of Medicine, the premier health advisory organization in America.

Among the people and programs coming in for prominent media coverage in recent months was a DMS pharmacologist who commented on a study suggesting that a smear of broccoli extract may prevent damage from ultraviolet light and arrest skin cancer. The Washington Post was among the news outlets reporting on the finding: “It’s very important work,” said Michael Sporn, professor of pharmacology at Dartmouth Medical School, who for nearly two decades headed the National Cancer Institute’s program on cancer prevention by means of natural products. “The use of dietary substances, like the antioxidant vitamins C and E, has been pretty much a colossal failure for protection against almost any kind of human disease,” Sporn said, ‘because when you eat them they don’t go where you want them to . . . and as soon as your body uses them up, they’re gone.’”

Public Radio International’s Fair Game featured Dr. Diane Harper, a member of the DMS faculty and a lead researcher in the development of new HPV [human papillomavirus] vaccines.” She told PRI: “This is the most common virus that infects humans and yet, most of the time, it goes away. But when it stays, it can actually cause cervical cancer . . . without any symptoms or any warning at all.” Harper also commented on the claim that the vaccines promote promiscuity, saying, “In part, that was propagated by the fact that there was a big push put on to make sure that young girls, prior to sexual activity, were vaccinated.” Now, she said, evidence shows “that the vaccines are equally effective in women who have and have not had previous HPV infections.”

The Boston Globe wrote about football helmets fitted with motion-sensing chips to help doctors study concussions. “Over the last 10 years, there’s been an increasing recognition that even though we classify concussion as a ‘mild’ brain injury, there is a group of people . . . who don’t seem to get better,” said Dr. Tom McAllister, director of neuropsychiatry at Dartmouth Medical School, who works with [Dartmouth’s] football team. “The helmet research helps us understand sports-related concussion and perhaps will lead to improvements in helmet technologies, or perhaps rule changes.”

“U.S. plans for an influenza pandemic have failed to take into account children, who will likely be among the biggest spreaders of the disease and its most vulnerable victims,” reported Reuters News Service. “Federal and state governments haven’t stockpiled enough flu-fighting drugs, and no one has laid out a coherent plan for what to do with tens of millions of schoolchildren if schools and day-care centers are closed, the experts said. ‘We at this point are not adequately prepared to insure the children and the wellbeing of our nation’s children if and when a pandemic strikes,’ said Henry Bernstein, of the Children’s Hospital at Dartmouth.”

“When young grade-schoolers find an animal or character they like, it’s common for them to fixate on it,” reported Parenting magazine in an article on kids’ obsessions. “Sometimes it’s a coping mechanism—if a best friend’s just moved away, for instance, he may develop an intense interest in a favorite book series or hobby as a way to deal. Repeating a certain kind of play can also help kids master skills,” says Craig Donnelly, M.D., chief of child psychiatry at Dartmouth-Hitchcock Medical Center. Other kids are simply imagining what life as a pirate or princess is like, and they can spend days—or months—acting out that fantasy.”

“With their efforts to win more government funding stymied in Washington, medical researchers . . . are taking their lobbying campaign on the road—and into the presidential campaign,” according to the Baltimore Sun. “The doctors and scientists plan to raise the profile of their issue by advertising and organizing in the early voting states of Iowa, New Hampshire, Nevada, and South Carolina. . . . Despite intense lobbying,
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funding has not kept up with inflation since the National Institutes of Health’s budget climbed to $27 billion in 2003. . . . Advocates will assert in ads and e-mails—and when confronting candidates at campaign events—that an effective and affordable health-care system depends on the scientific advances that research brings. ‘In the long run, funding of NIH is going to equate into saving lives, saving money,’ said John Wahrenberger, a cardiologist at Dartmouth-Hitchcock Medical Center.”

Dr. James Weinstein, chair of orthopaedics at DMS, was featured on National Public Radio’s Fresh Air. He described a national study he heads to evaluate the effectiveness of surgical and nonsurgical methods of treating back pain. Interviewer Terry Gross also asked his opinion of acupuncture and the Pilates exercise method. “There is some science” to acupuncture, he responded. “Probably modern medicine needs to do more work to understand [it] at the very basic level.” Of Pilates he said, “I think it’s fantastic. . . . I think core body strength for the spine, which Pilates focuses on, is really important.” (Weinstein is also the newly named director of the Dartmouth Institute for Health Policy and Clinical Practice—formerly the Center for the Evaluative Clinical Sciences. See the feature on page 30 for more on this transition.)

A Canadian Press article on early TV viewing quoted “Madeline Dalton, director of the Hood Center for Families and Children at Dartmouth Medical School, [who said] . . . it’s possible that ‘parents may be more likely to sit their children in front of the TV if they have behavioral problems.’ However, ‘time spent watching TV is likely to reduce the amount of time children spend interacting with adults and other children,’ Dalton said. ‘Therefore it is not surprising that this may have an impact on ability to interact socially.’ She added, ‘We are raising our children in a media-saturated world. That’s not necessarily a bad thing, but our knowledge of how media affects children—both in terms of behavior and health—has clearly lagged behind its use.’”

“Vital question, for patients and politicians: how much of the differences in life spans can be attributed to differences in medicine?” So began an editorial in Forbes. “Yes, access to care makes all the difference if the population you are looking at is the world’s,” it went on. But in the U.S., “there is still a great dispersion in outcomes; the standard deviation in life spans is in the neighborhood of 12 years. Who or what is to blame if some people die young? . . . Dr. Elliott Fisher and researchers with him at Dartmouth Medical School studied differences in Medicare utilization across the country and came to the surprising conclusion that extra spending does not confer longer life.”

“Infertile couples may be wasting time and money and setting back their chances of pregnancy by delaying IVF [in vitro fertilization] in favor of hormone-injection treatment,” the London Times reported recently. “Most clinics put patients through several treatments before trying IVF. Yet one of these treatments, the injection of follicle-stimulating hormone (FSH), achieves nothing more than lengthening the time it takes couples to conceive, according to a study . . . led by Dr. Richard Reindollar of Dartmouth-Hitchcock Medical Center in New Hampshire. . . . ‘Use of FSH injections with IUI [intra-uterine insemination] does not offer any added benefit,’ Dr. Reindollar told the American Society for Reproductive Medicine conference in Washington. ‘What we have shown is that there is no need for women to add the middle step.’”

A DMS study in the Journal of the American College of Surgeons, on paradoxical disparities in cancer care, was covered by the New York Times. “It seems only natural to assume that when cancer strikes people who live in rural areas, more time will pass before it is discovered than for people in cities. In fact, a study reports, the opposite seems to be true. Urban residents are more likely to see a doctor later than those in the country are, a lapse that can make cancers harder to treat. . . . The researchers, Dr. Ian Paquette [upper photo] and Dr. Samuel Finlayson [lower photo] of Dartmouth-Hitchcock Medical Center, based their findings on a review of information about almost 300,000 cancer patients gathered by the National Cancer Institute.”

“Tests intended to detect cancers early, before patients have symptoms, are made to be exquisitely sensitive, so as not to miss potential cancers,” reported the Boston Globe. “The result is that they wrongly indicate potential cancer of the breast, colon, cervix, and other organs 5% to 15% of the time, which translates into a cancer scare for at least 20 million Americans as a result of routine screening, according to a Dartmouth researcher. . . . Dr. H. Gilbert Welch . . . contends that, even with mammograms, many more women suffer cancer scares or unnecessary treatment for every life saved. . . . ‘We have oversold screening greatly,’ said Welch, a professor at Dartmouth Medical School.”