

Grant income goes up by four more percentage points

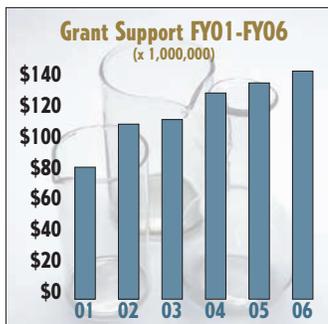
Funding for grants and contracts at DMS grew 4% in FY06, to \$137,269,833. Overall, external support has increased by 70% since 2001.

These gains are considerable, since federal research funding has stagnated in recent years. In fact, the budget of the National Institutes of Health (NIH)—the largest source of funding for DMS and many other medical schools—decreased slightly from fiscal year 2005 to 2006.

Pot: Yet despite the smaller federal pot, DMS still drew \$91.6 million from the NIH and other Health and Human Services agencies. Funds also came from the state of New Hampshire (\$12.9 million), other government entities (\$9.9 million), foundations (\$8.1 million), and corporations (\$6.8 million).

The Departments of Medicine, Ob-Gyn, Physiology, and Psychiatry all saw increases of \$1 million or more over their FY05 totals. Several departments held steady in FY06, and only a handful saw significant decreases.

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MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was a DMS epidemiologist who wrote an editorial to accompany a large Harvard-led study showing that women who regularly take aspirin reduce their risk of dying from any cause. “The dissenting editorial, by **John Baron** of Dartmouth Medical School,” noted the *Atlanta-Journal Constitution*, “was based in large part on results . . . from the Women’s Health Study, which followed almost 40,000 women for 11 years and found” no such benefit. The *Baltimore Sun*, the *Orlando Sentinel*, *U.S. News & World Report*, Reuters, and BBC News also made mention of Baron’s editorial. “Which of these mega-studies is right?” Reuters quoted Baron as asking. “Both somehow? Neither?”



An editorial drew another faculty member into the press, too. In an article about lung cancer screening, the *New York Times* consulted “Dr. **William Black**, a radiologist at Dartmouth, who wrote an editorial accompanying” a recent Cornell study showing that screening with CT scans for lung cancer improves survival rates. “The flaw” in that study, Black pointed out, was the “assumption that every untreated lung cancer was ultimately fatal.” But, he explained on National Public Radio’s *Morning Edition*, “we do know from autopsy studies that we can find a lot of small cancers . . . [that] do not appear to have been related to the patient’s death. . . . If you were to find such a small cancer with CT screening and treat it, you might falsely assume that you’ve prevented a death.”



DMS’s **James Sargent** told the *Voice of America* that although “research findings are strong and consistent, many people are skeptical when they hear that movies might contribute to adolescent smoking.” And the *Philadelphia Inquirer* said: “Research from James Sargent, who has been studying this subject for years, seems to indicate that the more children are exposed to movie smokers, the higher the likelihood they’ll start smoking as teens.”

In a piece about the trend among some parents to forgo vaccinating their children, a *Chicago Sun-Times* writer talked with “Dr. **Henry Bernstein** of the Children’s Hospital at Dartmouth.” Bernstein, “a member of the American Academy of Pediatrics’ Committee on Infectious Diseases, . . . believes that vaccines were ‘the No. 1 public health breakthrough of the last century.’” Of a now-discredited study linking autism to a mercury-based preservative in some vaccines, he said, “It’s pretty discouraging when something like that can lead so many people not to vaccinate their children.”



“For those wondering what the future holds” regarding health-care transparency, “it’s worth visiting the website of Dartmouth-Hitchcock Medical Center in Lebanon, N.H. (www.dartmouth-hitchcock.org), part of the system that includes Dartmouth Medical School.” That’s according to *USA Today*, which highlighted the Quality Reports and payment estimator features of the DHMC website and quoted “**Melanie Mastanduno**, the hospital’s director of quality measurement,” as saying, “Fundamentally, we believe we’re in a partnership with patients . . . Only if they have information can they make good decisions about their health care.”



The *Wall Street Journal* reported on three screening tests for strokes, aneurysms, and other arterial problems that got “a big endorsement” from the Society for Vascular Surgery. The tests range from free to more than \$1,000, the *Journal* noted, “so how can people be sure they are getting accurate tests at a fair price? . . . Dartmouth Medical School vascular surgeon **Robert Zwolak**, a leader in the effort to get these screening tests widely embraced, . . . suggests that patients start by looking into screening programs made available free by vascular medical groups and listed at www.vascularweb.org.” The *Arizona Republic* also quoted Zwolak, “who is



A N D D H M C I N T H E N E W S

chairman of the National Aneurysm Alliance, the group whose efforts led to federal legislation directing Medicare to offer abdominal aortic aneurysm (AAA) screening; he told that paper that “one of the most frustrating situations” he faces is trying to save a patient with a ruptured AAA.

The *Fresno Bee* reported on a patient who may have been mistakenly declared brain dead—“a step that cleared the way for the patient’s organs to be recovered.” For comment on the situation, the *Bee* turned to “Dr. **James Bernat**, a professor of neurology at Dartmouth Medical School and former chair of



the American Academy of Neurology ethics committee, [who] said that the incident raised questions of whether proper procedures were being followed.” Bernat was also a resource for a chart in *People* magazine that defined the terms coma, vegetative state, and minimally conscious state.

“New data on the controversial HPV vaccine designed to prevent cervical cancer have raised serious questions about its efficacy,” began a recent article in the *Los Angeles Times*.



“Dr. **Diane Harper** of Dartmouth Medical School, who helped design a related Merck-funded HPV study” told the *Times* that the HPV vaccine is safe and “protects against the main HPV bad

actors,’ but . . . neither doctors nor women should be lulled into a false sense of security.” And in the *Wall Street Journal*, Harper was quoted as saying that “as many as 10% of 11- and 12-year-old girls” would not benefit from the vaccine because they “may already have HPV, either from sexual activity, sexual abuse, or transmission through nonsexual skin-to-skin contact.” (For more about Harper and the vaccine for HPV, see dartmed.dartmouth.edu/fall06/html/faculty_focus_we.php.)

To explore why seemingly rational people do irrational things, the *Seattle Times* consulted “**Peter Olsson**, assistant professor of psychiatry at Dartmouth. . . . ‘It is very common after a person gets wide publicity in the wake of an unusual or violent act that friends, neighbors, colleagues, and relatives say things that would make it sound like the action was out of character,’ Olsson said. ‘For various reasons, these people might be overprotective, or not be aware of the complex inner conflicts, struggles, or impulses that were going on. [They] only observed the external social behaviors of the person.’”

A nationwide study comparing two different surgeries for women with bladder-control problems attracted widespread media attention. The research wasn’t conducted at Dartmouth, but its importance was “underscored by an accompanying journal editorial from Dr. **Kris Strohhenn** of Dartmouth Medical School,” as the *San Diego Union-Tribune* put it. “Up to half of women suffer from some form of incontinence in their lifetime, most often after menopause. About 11% undergo surgery for it,” Strohhenn told *USA Today*. “Others try behavioral therapy or exercises to strengthen the pelvic floor, he says.”



According to the *Boston Globe*, when “a renowned Harvard economist unveiled a plan . . . to revamp the U.S. health-care system,” he held up as a model “Dartmouth-Hitchcock’s Norris Cotton Cancer Center, . . . [which] has recently revamped its system of care. . . . **Gwendolyn Natola**, the center’s project manager, said cancer specialists meet patients and consult on treatment strategies in a large open space called the ‘bullpen.’ ‘The patient does not have to go on different visits, or to different buildings at different times,’ Natola said.” The article also said that “Dr. **Burton Eisenberg**, a surgeon and the center’s deputy director, said doctors who

had worked independently on some cases now work collaboratively on behalf of patients.”



A Dartmouth physician-researcher showed up in three different stories on three different subjects. In a *Chicago Tribune* piece about using MRIs to find breast cancer, “Dr.



Steven Woloshin of Dartmouth [said], ‘The key is whether these “missed cancers” are ones that were destined to cause problems, and whether earlier detection and treatment has a net benefit.’” National Public Radio’s *Morning Edition* also sought out “Woloshin, a professor at Dartmouth,” for a segment about restless leg syndrome—which Woloshin “calls. . . the ‘poster child for disease mongering.’” In addition, Woloshin got coverage in the *Washington Post* for a study showing that doctors are often “the sole decision-maker about which hospital” a patient has surgery at.

The confined space of an MRI machine can make some patients so anxious that “they sometimes try to crawl out of the machine or require anti-anxiety drugs,” the *Orlando Sentinel* recently noted. But “one MRI expert, Dr. **Justin Pearlman** from Dartmouth, is aware of the underlying reasons for MRI claustrophobia and suggests ways



to overcome it. ‘The patients notice a change in environment and loss of sense of liberty that disturbs them,’ he told the *Sentinel*. “It is very similar to the feelings some people notice when they look over an edge from a high place. If the feeling is intense, some people can choose either to accept the feelings knowing there is no harm, or they can distance themselves by closing their eyes and thinking of lying on a beach.’”