



TOP SPIN: The April “Top Doctors” issue of *New Hampshire* magazine named 49 Dartmouth-Hitchcock physicians in 36 different specialties to its annual list of leading physicians in the state. In addition, Dr. Kari Rosenkranz, a DH breast surgeon, was featured on the issue’s cover.

MEDIA MENTIONS: DMS & DHMC IN THE NEWS



Among the people and programs coming in for prominent media coverage in recent months was Dartmouth microbiologist **David Leib**, in the *Economist* magazine. The article, about bioluminescence, described how Leib had tagged the herpes simplex virus type 1 with a light-producing enzyme, luciferase, and then injected the altered virus into mice. “Suddenly we had the opportunity to track interactions between the virus and the immune system in real time and use far fewer mice,” Leib told the *Economist*.



“In recent years, many cancer centers have been offering Reiki, a form of healing which originated in Japan in the early 1900s,” noted the *Wall Street Journal*. Among the those interviewed for the story was “**Deborah Steele**, manager of patient and family support services” at Dartmouth’s Norris Cotton Cancer Center, who said of Reiki: “How it works is a mystery, but we see anecdotally the amount of delight’ it brings patients.”



Several media outlets recently turned to Dr. **Elliott Fisher** for insight on health policy issues. In *CNN Money*, he commented on the future of pay-for-performance initiatives and accountable care organizations (ACOs): “If we do it right, doctors should be improving care, but if the payment models are badly implemented, doctors may instead try to skimp on care,”



says Fisher . . . who helped develop the idea of ACOs.” A week later, in a piece that attempted to decode ACOs, *PBS NewsHour* reported as follows: “Fisher and other supporters of this idea believe better coordinated care would spell less expense because there would not be so many duplicative tests performed.” In addition, Fisher’s name popped up in the *Milwaukee Journal-Sentinel* and the *Pittsburgh Post-Gazette*.

PBS NewsHour also covered a *Dartmouth Atlas* report showing “that elderly Medicare patients are spending fewer days in the hospital at the end of life, but the care they received is more aggressive and expensive.” The show consulted “Dr. **David Goodman**, one of the principal investigators. . . Goodman said often doctors ‘aren’t doing a very good job of listening to patients’ when very ‘robust research’ shows most elderly patients do not want intensive treatments at the end of life but would prefer ‘to be at home with their families.’”



Another *Dartmouth Atlas* study, about high rates of prostatectomies in some areas of the United States, caught the attention of a columnist in San Luis Obispo County, Calif. That county has “the highest rate of radical prostatectomy in the country . . .’ according to **Eva Fowler** of the *Dartmouth Atlas*.” But “do we know for sure that the men in San Luis Obispo . . . were not fully informed? And were not demanding prostatectomies? No, that’s a pretty tall order and a very specialized study,’ **Shannon Brownlee**, one of the study’s authors, wrote in an e-mail” to the *San Luis Obispo Tribune* columnist. “But it’s a reasonable inference from what we know,” Brownlee continued, “that

many were not fully informed, and that many were going on what their doctor recommended.”

A Dartmouth epidemiologist was recently quoted in several articles about the multi-generational effects of a now-banned drug called diethylstilbestrol (DES), which was used for decades to prevent miscarriages. “If [defects] are being transmitted to the third generation—and it’s not 100 percent certain that they are—we don’t know how that’s happening,” said Dr. **Linda Titus-Ernstoff**” to the wire service Reuters. And in the *Boston Globe*, she commented on the 1 in 1,000 risk that DES daughters have of developing a rare vaginal cancer. “That’s very small, but it’s still 40 times greater than the average woman’s risk, points out Titus-Ernstoff.”



When the *Washington Post* covered some changes proposed by the nation’s organ transplant network—changes that favored younger patients over older patients—the paper sought comment from a Dartmouth transplant surgeon. A “better solution” to maximize the use of healthy kidneys, he suggested, was “to give recipients the option of choosing what donor kidneys to accept. ‘Some younger people may accept a donor that is higher risk and may not last as long if they could get it sooner,’ said Dr. **Richard Freeman**, chair of surgery at Dartmouth Medical School. ‘It should be more patient-based and less driven by absolute gain in life years.’”

