



# Scoop

Feb. 18, 2005

THE UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON

## Events to Know

### February

**26, 27 NOTICE:** Construction of a “containment room” around the blue terrazzo circle on the ground floor, Medical School, about to commence. Questions? Call **Paul Ehrhardt**, 713-500-6654.

## UTMost Interest

**Dr. Jerry Wolinsky**, Bartels Family Professor of Neurology, was selected to the 2004 National Multiple Sclerosis Society Volunteer Hall of Fame.

## AWF CONFERENCE IS NETWORKING SUCCESS

At the Association of Women Faculty’s (AWF) Professional Development Conference held at Trevisio’s last week, **Dr. James T. Willerson** introduced the keynote speaker, **Dr. Patricia Buffler**, with anecdotes about the challenges faced by his mother and sister as they pursued their careers. “I’m still infuriated by the way they were treated,” he said. “They were told, ‘I can’t promise you a job, but if any of you ever need advice, call me.’ I welcome women to science. You are, in my opinion, better equipped. You are mentally top-notch, see projects through to completion, and have the patience and vision to rise above adversities.”

Buffler, a former professor of epidemiology at the School of Public Health, presently is dean emerita of the School of Public Health at the University of California at Berkley. She also is a 1985 Texas Women’s Hall of Fame inductee in Science and Technology. She extolled faculty women attending the conference to “develop your skills in an area you feel strongly about. Think the impossible. Sometimes it happens.”

### Dr. Patricia Buffler

The AWF exists to support and promote the career development of women faculty, and to study and influence practices that impact the professional woman.

## CULLEN TRUST FOR HEALTH CARE FUNDS TELEMEDICINE CLINIC

Cantu Elementary marked a special event Feb. 10, with The University of Texas Health Science Center at Houston bringing in the first school-based telemedicine clinic in the Rio Grande Valley. The clinic, based in the school’s nursing office, allows the nurse to beam back audio and video images to UT physicians, using a special stethoscope, dermascope, and otoscope. The clinic will serve about 700 children in the rural border region.

Last week, **Dr. Margaret McNeese**, the medical director of the program, and the school’s nurse, were on hand to attend to the schoolchildren’s medical needs and to debut the long-distance technology. “Through the generosity of the Cullen Trust for Health Care, we have established a school-based telemedicine clinic staffed by UT physicians located in the Student Health Clinic,” McNeese said.

This project is part of the Medical School’s mobile health clinic, a free service, which has been providing health care in Hidalgo County for 15 years as a result of a special line-item approved by the state Legislature. Large rates of diabetes, in both adults and children, a growing obesity problem, and parasitic infections in the children are a growing concern. The mobile clinic this past fiscal year provided primary health care to 4,552 patients, not including the more than 1,000 children from 20 schools in Hidalgo County immunized during August.

**Dr. Kathleen Becan-McBride**, director of border health projects for the health science center, said, “We are very aware of the need for immediate health care in this region.”

## TUBERCULOSIS RESEARCHER GARNERS TWO GRANTS

**Lisa Y. Armitige, M.D., Ph.D.**, Internal Medicine, Division of Infectious Diseases, is a native Houstonian, and a ’98 Medical School graduate. She also is a recent recipient of two grants — a \$70,000 United Negro College Fund/Merck Postdoctoral Science Research Fellowship Award and a \$40,000 Infectious Diseases Society of America Bayer/Harold Neu Postdoctoral Fellowship Award. Armitige, who received her undergraduate degree in biochemistry from Rice University, was the 50<sup>th</sup> graduate in the Medical School’s M.D./Ph.D. program in 2002 (see *Scoop* Aug. 16, 2002). Her research specialty is in *Mycobacterium tuberculosis*, and she works closely with **Drs. Robert Hunter** and **Pablo Okhuysen**, as well as **Drs. Barbara Murray** and **Dianna Milewicz**.



**Dr. Lisa Y. Armitige**

“Dr. Armitige is one of the most remarkable young women I have had the good fortune to get to know,” Murray said. “She is very bright and determined with a remarkable work ethic and is the epitome of the type of physician-scientist we seek to develop in our Infectious Diseases program.”

Armitige is a microbiology lecturer; a faculty adviser in a medical immunology course; and a preceptor in fundamentals of clinical medicine. She has submitted a Mentored Minority Faculty Development Award proposal to the National Institutes of Health, which is under review.



**Cantu Elementary School nurse Sandra Llanes examines a 7-year-old student.**



### Dr. Patricia Buffler

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## PARTICIPANTS SPEAK OUT ABOUT CLINICAL RESEARCH TRIALS

What is it like to participate in a clinical research trial? Do patients really understand all of those consent forms they sign? Do they have an unrealistic expectation that they will be cured?

These are the types of questions that weigh upon the minds of clinical research physicians and nurses. Who better to ask than those who have actually participated?

Getting the answers in an effort to improve clinical research was the idea behind “In Their Own Words – A Panel Discussion with Research Subjects,” which was sponsored by the Association of Clinical Research Nurses Jan. 11, and moderated by **Eugene Boisaubin, M.D.**, professor of internal medicine, and an ethicist for The University of Texas Health Science Center’s Clinical Research Center at Memorial Hermann Hospital (UCRC).

Panelists shared their stories of their participation in clinical trials at the UCRC and left the audience with a better understanding of their motivations and feelings of clinical research. Whether they perceived they received extra special care, or were participating because they had nowhere else to turn, all of the panelists had positive results to report from their participation in clinical trials.

**Juan Ibanez** had a heart attack April 29 and was approached the next day about participating in an acute cardiac trial. “I saw it as an opportunity for extra care, not as a guinea pig. I was monitored closely, and it made me feel very secure. The doctors took care of me quite well, and there was no information lacking,” he said.

Ibanez acknowledged that the patient consent forms that must be signed to participate in the trial were “a bunch of gobbledygook,” but that he signed them anyway because he trusted the words of his nurse, **Lynette Westbrook**, and the primary investigator, **H.V. “Skip” Anderson, M.D.**, professor of internal medicine.

Patient **Bob Pruett**, who participated in a high-risk carotid artery study, said that he was so desperate, he would have signed a “pact with Satan.”

“I had four neurosurgeons turn me away because I was too high risk to operate on. I found out about the study to put the stents in, and it has given me a second chance at life – I was completely without hope and didn’t feel like I could go on



**Juan Ibanez**  
any more,” Pruett said.

Pruett had stents put in one carotid artery, which was 70 percent blocked, and then two months later had the other one done, which was 50 percent blocked.

“I’m not the same man I was 18 months ago – I was overweight and depressed. This program has saved my life, and I’m so thankful for **Dr. Smalling** and his staff and Memorial Hermann Hospital,” he said.

Scleroderma patient **Shannon Abert** has participated in two clinical research studies and said she is interested in participating in more. She has become an advocate not only for scleroderma patients but also for clinical research as a result of her study participation.

“I was so excited about getting into the first study, and my friends were excited that there was someone who could help me. There is just so little known about scleroderma that I want to be right there on top as the technology changes,” she said.

Abert said signing the consent forms did not trouble her. “Everything I do, from being here talking to you to doing a radio show requires me signing a consent form. I wish a consent form could just follow my Social Security number,” she laughed.

Abert added that when one of the study medications she was taking seemed to make her scleroderma worse, she learned that the primary investigator, **Maureen Mayes, M.D.**, was more interested in her as a patient than a research subject.

“The disease was progressing rapidly, so Dr. Mayes took me off of the study medication and put me on something she knew would work, which boosted my confidence that she was concerned about my health,” she said.

Panelist **Crystal Selensky’s** 7-year-old son was a patient in a Ewing’s sarcoma trial, which required him to go to weekly visits at the UCRC for almost a year.

“It was hard dealing with a kid who had to get poked with a needle every single Monday, and he didn’t like it when he didn’t have his regular nurse,” Selensky said.

In all, the patients said that the relationship and trust they had in the study physicians and nurses was the most important aspect of participating in the clinical trial. The risks had to be well explained by the health care providers, the panelists agreed.

“Over and over again we heard it is that human connection that keeps people participating in and understanding clinical research. As clinical research nurses, it’s important for us to remember that and not to spend so much time worrying about the consent forms,” said **Madelene Ottosen, R.N.**, a UCRC nurse manager.

This panel discussion was the first of an 11-series Research Ethics Seminar coordinated by the Association of Clinical Research Nurses. The full listing of courses put on by this group may be found at <http://www.acrn.info>.



**Bob Pruett**



**Shannon Abert**



**Crystal Selensky**